



REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate Number

No 54404

I, the undersigned, hereby certify that I hold the office of _____ City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

FOR USE BY MEDICAL EXAMINERS ONLY



The Commonwealth of Massachusetts
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

2013-5345
OCME CASE NUMBER

0002566
REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY	1 DECEDENT - NAME (First Middle Last) Tamerlan Tsarnaev		2 SEX M.	3 DATE OF DEATH (Mo. Day, Yr.) April 19, 2013
4a PLACE OF DEATH (City/Town) Boston	4b COUNTY OF DEATH Suffolk		4c HOSPITAL OR OTHER INSTITUTION - Name of institution (give street and number) Beth Israel Deaconess Medical Center	
5 PLACE OF DEATH (check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> COCA Other (Nursing Home, Residence, Other (specify))	6 SOCIAL SECURITY NUMBER [REDACTED]		7 IF U.S. WAR VETERAN (Specify War) No	
8 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify)	9 RACE (Specify) White		10 DECEDENT'S EDUCATION (highest grade completed) (Elem. Sec. (D-12) College (1-4, 5+)) 12	
11a AGE - Last Birthday (Yrs) 26	11b MOD DAY	11c UNDER 1 DAY 1960	11d MINS 1986	11e DATE OF BIRTH (Mo. Day, Yr.) Oct. 21, 1986
12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Married	13 LAST SPOUSE (Full name at birth or address) Katherine Russell		14 USUAL OCCUPATION (Prior, if retired) Never Worked	14b TYPE OF BUSINESS/INDUSTRY At Home
15a RESIDENCE - Full and street City/Town, County, State/Country 410 Norfolk Street Cambridge, Middlesex, MA				
15b FATHER - Full name at birth or address Anzor Tsarnaev		15c STATE OF BIRTH (or if in US, name of county) Kyrgyzstan		15d MOTHER - Full name at birth or address Zubeidat Suleimanova
15e STATE OF BIRTH (or if in US, name of county) Russia		16 INFORMANT'S NAME Ruslan Tsarni		
20 INFORMANT'S ADDRESS 5 Mastenbrook Ct. Montgomery, MD 20886		22 RELATIONSHIP Uncle		
23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other		24 FUNERAL SERVICE LICENSE OR OTHER DESIGNEE Ruslan Tsarni		25 LICENSE # Other Designee
26 PLACE OF DISPOSITION (Name of Cemetery, crematory, or other) Al-Barzakh Muslim Cemetery		26b LOCATION (City/Town/State) Doswell, VA		
27 DATE OF DISPOSITION (Mo. Day, Yr.) May 9, 2013		27a NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Ruslan Tsarni 5 Mastenbrook Ct. Montgomery, MD 20886		
29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE				APPROX INTERVAL
a. Immediate Cause GUNSHOT WOUNDS OF TORSO AND EXTREMITIES				
b. Direct AND BLUNT TRAUMA TO HEAD AND TORSO				MINUTES
c. Due to				
d. Due to				
30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				31 AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No Yr: <input type="checkbox"/> No
34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation		35a DATE OF INJURY APRIL 19, 2013	35b TIME OF INJURY UNKNOWN	35c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No Yr: <input type="checkbox"/> No
36 DESCRIBE HOW INJURY OCCURRED SHOT BY POLICE AND THEN RUN OVER AND DRAGGED BY MOTOR VEHICLE		36a PLACE OF INJURY (Type) STREET		
36b LOCATION/ADDRESS OF INJURY LAUREL STREET NEAR INTERSECTION OF DEXTER AVENUE, WATERTOWN, MA		37a DATE PROMULGATED April 19, 2013		
37b APPROX TIME OF DEATH UNKNOWN		37c TIME PROMULGATED 11:35 AM		
38 MEDICAL EXAMINER CERTIFICATION (Name and Address) Henry M. Nields, MD, PhD, 720 ALBANY STREET BOSTON, MA 02118		38a DATE SIGNED April 25, 2013		
39a RITE OF BURIAL PRONOUNCEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		39b IF YES, DATE	39c NAME OF PRONOUNCER [REDACTED]	
40 DATE BURIAL PERMIT ISSUED May 8, 2013		41 RECEIVED BY CITY TOWNSHIP Boston		42 DATE OF RECORD May 10, 2013
BURIAL AGENT SIGNATURE Steve Reynolds		CLERK'S SIGNATURE Catherine A. McMahon		

PERMANENT BLACK INK ONLY

PRONOUNCEMENT FORM ON FILE

WITNESS my hand and the SEAL of the CITY REGISTRAR

MAY 10 2013

on this _____ Day of _____ A.D. _____

Catherine A. McMahon City Registrar

I further hereby certify that by annexation, the records of the following cities and towns are in the custody of the City Registrar of Boston

Annexed	
East Boston	1637
South Boston	1804
Roxbury	1868
Dorchester	1870
Charlestown	1874
Brighton	1874
West Roxbury	1874
Hyde Park	1912

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of City Registrar."

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OCME CASE NUMBER

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STATE USE ONLY

STATE USE ONLY	1 DECEDENT - NAME FIRST: Tamerlan MIDDLE: Tsarnaev LAST: Tsarnaev		2 SEX M.	3 DATE OF DEATH (Mo., Day, Yr.) April 19, 2013	
4 HOSP	4a PLACE OF DEATH (City/Town) Boston		4b COUNTY OF DEATH Suffolk		4c HOSPITAL OR OTHER INSTITUTION - Name (if not an estate, give street and number) Beth Israel Deaconess Medical Center
5 TYPE	5 PLACE OF DEATH (Check only one) Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> GER-Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify)			6 SOCIAL SECURITY NUMBER [REDACTED]	7 IF US WAR VETERAN Specify War No
8 HISP/RACE	8a WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		8b RACE (specify) White		9 DECEDENT'S EDUCATION (highest grade completed) Elem-Sec (1-12) 12 College (1-4, 5+) No
10 AGE	10a AGE - Last Birthday (Yrs) 26	10b UNDER 1 YEAR MOS DAYS	10c UNDER 1 DAY HRS MINS	10d DATE OF BIRTH (Mo., Day, Yr.) Oct. 21, 1986	11 BIRTHPLACE (City and State or Foreign Country) Elista Kalmykia, Russia
15 RES	12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Married		13 LAST SPOUSE (full name of both or adoption) Katherine Russell		14a USUAL OCCUPATION (Prior, if retired) Never Worked
15 RES	14b TYPE OF BUSINESS/INDUSTRY At Home		15a RESIDENCE - No. and Street, City/Town, County, State/Country 410 Norfolk Street Cambridge, Middlesex, MA 02139		
15 RES	16 FATHER - full name at birth or adoption Anzor Tsarnaev		17 STATE OF BIRTH (if not in US, name country) Kyrgyzstan		18 MOTHER - full name at birth or adoption Zubeidat Suleimanova
15 RES	19 STATE OF BIRTH (if not in US, name country) Russia		20 INFORMANT'S NAME Ruslan Tsarni		
15 RES	21 MAILING ADDRESS 5 Mastenbrook Ct. Montgomery, MD 20886		22 RELATIONSHIP Uncle		
23 DISP	23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Ruslan Tsarni		25 LICENSE # Other Designee
23 DISP	26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Al-Barzakh Muslim Cemetery		26b LOCATION (City/Town/State) Doswell, VA		
31/32 AUT	27 DATE OF DISPOSITION (Mo., Day, Yr.) May 9, 2013		28a,b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Ruslan Tsarni 5 Mastenbrook Ct. Montgomery, MD 20886		
34 MALE	29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE				
34 MALE	a Immediate Cause: GUNSHOT WOUNDS OF TORSO AND EXTREMITIES				
34 MALE	b Due to: AND BLUNT TRAUMA TO HEAD AND TORSO				
34 MALE	c Due to:				
34 MALE	d Due to:				
35 PLACE	30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				
35 PLACE	34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation		35a DATE OF INJURY APRIL 19, 2013		35b TIME OF INJURY UNKNOWN AM PM
35 PLACE	35d DESCRIBE HOW INJURY OCCURRED SHOT BY POLICE AND THEN RUN OVER AND DRAGGED BY MOTOR VEHICLE		35c PLACE OF INJURY (Type) STREET		
35 PLACE	35e MEDICAL EXAMINER CERTIFICATION (Name and Address) Henry M. Nields, MD, PhD 720 ALBANY STREET BOSTON, MA 02118		37c APPX TIME OF DEATH UNKNOWN		37d DATE PRONOUNCED April 19, 2013
35 PLACE	37a On the basis of examination and investigation, my opinion is that death occurred at the time, date, and place and due to the cause(s) stated (Signature) <i>[Signature]</i>		37e LICENSE # 78055		37e TIME PRONOUNCED 1:35 am PM
35 PLACE	37b On the basis of examination and investigation, my opinion is that death occurred at the time, date, and place and due to the cause(s) stated (Signature) <i>[Signature]</i>		37f DATE SIGNED April 25, 2013		
35 PLACE	40a RN/PA/NP PRONOUNCEMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40b IF YES, DATE	40c IF YES, TIME AM PM	40d NAME OF PRONOUNCER TITLE <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP	
40a PRON	41 DATE BURIAL PERMIT ISSUED May 8, 2013 2927		42 RECEIVED IN CITY/TOWN OF Boston		43 DATE OF RECORD May 10, 2013

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PRONOUNCEMENT
FORM ON FILE