Objective: To determine the completeness and accuracy of death certificates at Ramathibodi Hospital in 1999.

Design and Setting: Content analysis of death certificates filed from January 1 to December 31, 1999 among the 4 major departments (Medicine, Surgery, Pediatrics, Obstetrics and Gynecology) at Ramathibodi Hospital.

Sample: A total of 323 certificates were selected using proportional stratified sampling. Sample size was calculated based on 95% confidence level.

Main Outcome Measures: 1) percentage of death certificates that were complete; 2) percentage of death certificates that had diagnosis with corresponding ICD 10 codes; 3) percentage of death certificates with errors (major and medical certificate of cause of death).

Results: Only 14 (4.3%) of the 323 certificates were completed in an internationally acceptable manner. Of the 323 certificates, 259 (91.3%) certificates had entries with corresponding ICD 10 codes. Only 1 (0.3%) certificate had no major and minor error while 140 (44.6%) certificates had only minor errors. In 93 (28.6%), only the mechanisms of death were given (Major Error 1); in 40 (12.7%), there was improper sequencing (Major Error 2); in 39 (12.4%), the underlying cause was listed in part II (Major Error 3); in 79 (25.2%), more than one cause was listed per line (Major Error 4); in 300 (95.5%), there was no time interval (Minor Error 1); in 125 (39.8%), abbreviations were used (Minor Error 2); in 183 (58.3%), mechanisms of death were used with a legitimate underlying cause. Overall agreement between summary diagnosis and medical certificates of cause of death was 76.2% with $k = 0.452$.

Conclusion: Not all death certificates at Ramathibodi Hospital are complete and accurate. There is a need to improve the quality of death certificate completion. Among all the errors, lack of time interval (Minor Error 1) was the most common while use of mechanisms of death only (Major Error 1) was the most frequent major error. Further studies on the agreement in the underlying cause of death are needed.