



Form B9 - Apparent suicide

<p>Method (if more than one, give direct cause)</p>	<ul style="list-style-type: none"><input type="checkbox"/> Carbon monoxide poisoning<input type="checkbox"/> Suffocation<input type="checkbox"/> Hanging / strangulation<input type="checkbox"/> Burning<input type="checkbox"/> Drowning<input type="checkbox"/> Electrocution<input type="checkbox"/> Firearms<input type="checkbox"/> Cutting or stabbing<input type="checkbox"/> Jumping from a height<input type="checkbox"/> Jumping / lying before a train<input type="checkbox"/> Jumping / lying before a road vehicle<input type="checkbox"/> Other, (please specify):<input type="checkbox"/> Not known
<p>Self-poisoning</p>	<ul style="list-style-type: none"><input type="checkbox"/> Household products, (please specify):<input type="checkbox"/> Prescription medicines, (please specify):<input type="checkbox"/> Non-prescription medicines, (please specify):<input type="checkbox"/> Other, (please specify):<input type="checkbox"/> Not known