表1-4 职业病相关死因死亡个案调查表

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| 序号 | 姓名 | 性别 | 身份证号 | 年龄 | 生前工作单位 | 户籍地址 | 常住地址 | 死亡日期 | 根本死因 | 根本死因ICD-10 |
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