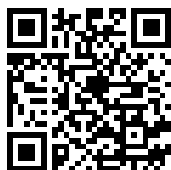

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ON
BIRTH AND DEATH
REGISTRATION

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PHYSICIANS' HANDBOOK

ON

BIRTH AND DEATH REGISTRATION

Containing
International List of Causes of Death

Ninth Edition

PREPARED UNDER THE SUPERVISION OF
DR. HALBERT L. DUNN
Chief Statistician for Vital Statistics

UNITED STATES
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112

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FOREWORD

The *Physicians' Handbook on Birth and Death Registration* takes the place of the booklet entitled *Physicians' Pocket Reference to the International List of Causes of Death* which was first prepared in 1910.

This new handbook presents in condensed form only those facts the physician should know concerning birth and death registration. For this reason, the term "vital statistics," as generally used in the handbook, is confined to the registration and statistics of births and deaths.

Besides providing a ready reference for the practicing physician, the handbook is suitable for the training of the medical student with regard to his future duties in vital statistics. It is of value also as a practical reference in other fields.

Nov. 15, 1939.

II

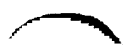
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PHYSICIANS' HANDBOOK

ON

BIRTH AND DEATH REGISTRATION

INTRODUCTION

About nine-tenths of all births and an even higher proportion of deaths which occur yearly in the United States are attended by physicians; consequently, responsibility for legal registration of the beginning and end of human existence rests largely with the medical profession.

It is incumbent upon every physician to be careful, vigilant, and conscientious in reporting accurately and completely all births and deaths attended. The physician who fails to prepare and file a certificate of birth, or who does not make medical certification as to cause of death, has neither fulfilled the requirements of the law nor discharged in full his obligation to his patients and to the families he serves.

Changed conditions and a new social concept in local and national economy have brought with them a greater need of human records. Today public opinion, as well as governmental agencies, demands strict observance of laws relating to birth and death registration. Now, more than ever before, vital statistics are the "bookkeeping records of humanity."

The information contained on birth and death certificates serves three cardinal functions: (1) To provide citizens and official agencies with authentic records of birth and death; (2) to supply public-health agencies and the medical profession with essential facts concerning birth and death; (3) to furnish for general social uses statistical data, such as life tables, population estimates, information on residence, migration, fertility, etc.

The laws of every State provide for a birth- and a death-registration system. Each system depends, in a large measure, upon the physician for the preparation of the original records; thus, the physician plays a fundamental part in a valuable service to the community and Nation. By careful observance of the suggestions herein, he will materially improve the quality of that service—thereby insuring responsible legal records for his clients and reliable vital statistics for social betterment.

I. DUTIES OF THE PHYSICIAN WITH REGARD TO FILING CERTIFICATES OF BIRTH AND DEATH

The duties of the physician with regard to filing certificates as described in this section of the handbook follow the provisions of the new *Uniform Vital Statistics Act* and *Model Rules and Regulations* recommended for adoption to the States by the United States Bureau of the Census in 1939.¹ In order to note any deviations from these model provisions, **every physician should become familiar with the law on vital statistics for his own particular State.**

Although uniform legislation by the States is desirable to secure a comparable procedure throughout the Nation for the collection of vital statistics, no guarantee exists that all States will adopt the proposed new law in its entirety. Hence, it is essential that the physician should know the law in the State where he practices.

CERTIFICATE OF LIVE BIRTH

Present conditions have greatly increased the frequency with which the individual must use a birth certificate to prove the facts of birth, date and place of birth; thus, a birth certificate is a personal record of great value to each citizen. Likewise, the statistical uses for birth data in the fields of public health, medical science, social welfare, and government have also become more valuable and widespread.

The physician alone is responsible for preparing and filing a complete certificate for every live birth he attends.

Definition of a Live Birth.

A child showing any evidence of life (action of heart, breathing, or movement of voluntary muscle) after complete birth should be registered as a live birth. Birth is considered complete when the child is altogether (head, trunk, and limbs) outside the body of the mother, even if the cord is uncut and the placenta still attached.

Directions to Physician.

1. Prepare the certificate of live birth, preferably at the bedside, on the standard form furnished by the State department of health.
2. File the certificate with the local registrar of the district in which the birth occurred.
3. File within 10 days from date of birth.
4. After the birth is registered, and within a period prescribed by the State health department, supplementary information omitted in the original certificate may be transmitted to the local registrar. Certificates completed by such supplementary reports will not be considered "delayed" or "altered."

¹ See page 27, Model Laws.

CERTIFICATE OF DEATH

The attending physician is responsible by law for filling out *only* the medical part of the death certificate. This medical certification includes the statement as to cause of death. The funeral director, or person in charge of interment, is responsible for that part of the certificate which requires personal statistical particulars and also for filing the completed certificate of death with the local registrar of the district in which the death occurred.

The attending physician should point out any errors he may note in the statement of personal and statistical data. The accuracy of all items on the certificate is necessary not only for statistical purposes, but also for insuring legal records acceptable in the courts and elsewhere.

When not otherwise reported, the attending physician himself should feel obligated in the interests of complete registration to report deaths to the proper local registrar.

Directions to Physician.

1. The physician is required to certify the cause of death under the following conditions: (a) when last in attendance on the deceased; (b) when the death does not require certification by a coroner or medical examiner.
2. Prepare the medical certification on the standard form furnished by the State department of health.
3. As soon as possible after death occurs, the certification should be made available to the funeral director, or person in charge of interment, for securing a burial permit and for filing.
4. If the cause of death cannot be determined to allow filing of the completed certificate within *at least* 3 days after death occurred, the physician must notify in writing the proper local registrar of the reason for delay and complete the certification of cause of death as soon thereafter as possible.

CERTIFICATE OF STILLBIRTH

To reduce effectively fetal and maternal losses resulting from stillbirths, health agencies need information with regard to the magnitude of this problem and a knowledge of the underlying fetal and maternal conditions associated with stillbirths.

At the present time, stillbirth registration is recognized to be inadequate in practically every section of the country. More complete registration, more carefully prepared records, and greater comparability of original data are goals to be achieved.

The attending physician is responsible for filling out *only* the medical part of the stillbirth certificate. This includes information regarding the prenatal conditions and cause of stillbirth. The funeral director, or person in charge of disposal of the fetus, is responsible for that part of the certificate requiring personal and statistical particulars and also for filing the completed certificate of stillbirth with the local registrar of the district in which the stillbirth occurred.

Occasionally a situation arises where no funeral director is employed. In such instances, the physician is urged, in behalf of improved still-birth registration, to assume responsibility for preparing the complete certificate and for filing it with the proper registrar.

Although provided for in the uniform act, some States may not have adopted a separate certificate of stillbirth. In such States both a birth certificate and a death certificate must be filed for each still-birth.

Definition of a Stillbirth.

A fetus showing no evidence of life after complete birth (no action of heart, breathing, or movement of voluntary muscle), if the 20th week of gestation has been reached, should be registered as a stillbirth.

Directions to Physician.

1. Prepare the medical part of the certificate of still-birth on the standard form furnished by the State department of health.
2. Transmit to the funeral director, or person in charge of disposal—or file personally the completed certificate with the local registrar of the district in which the stillbirth occurred.
3. The completed certificate must be filed within 3 days after the stillbirth occurs.

II. HOW TO PREPARE CERTIFICATES OF BIRTH AND DEATH

CONFIDENTIAL NATURE OF RECORDS

Original certificates of birth and death on file in State departments of health, as a rule, are not open to public inspection. Access to them for any purpose, even for legitimate scientific research, must be authorized. The publication of vital statistics reports and tabulations does not divulge the identity of individuals. The State registrar, before issuing a certified copy of any certificate, must be satisfied that the person applying has a legitimate right to it.

All answers to queries in regard to incorrect or incomplete certificates are likewise confidential; they are used only to correct or complete original certificates and for statistical purposes.

ACCURACY IN PREPARING CERTIFICATES

The legal character of birth and death certificates makes partial or incorrect statements particularly faulty when such documents are presented as evidence. In addition, omissions and inaccuracies seriously affect the interpretation and use of statistical compilations based on these certificates.

Before accepting them for filing, it is the duty of local registrars to review certificates and to secure from physicians and others responsible for preparing original certificates correction of apparent inaccuracies and missing information. Similarly, State registrars send out many thousands of queries each year for further information.

Querying on the part of those responsible for collecting birth and death certificates, in order to correct and complete certificates, is a legal requirement and a duty. Such efforts should never be construed by the physician, or other person preparing an original certificate, as a personal criticism or affront.

Queries entail extra work, delay, and expense to those who must secure the additional information; they also produce unnecessary work and inconvenience to physicians and others to whom queries are directed. Moreover, corrections and changes may later affect the legality of certificates, and prove to be a dissatisfaction to a physician's clients who may be obliged to depend upon them in future years for proof of the facts stated thereon. In order to avoid the necessity of queries concerning personal data and the medical certification as to causes of death, the physician should make every effort to prepare certificates accurately and completely.

Items Most Frequently Queried.

On birth certificates the following items are queried most often:
(a) Usual residence of mother as distinguished from place of birth

of child; (b) name and location of hospital or institution, if any; (c) exact date of birth; (d) maiden name of mother; (e) age of father and mother; (f) occupational data for the father and mother; (g) number of children born alive and dead to the mother.

Errors or inadequate statements on death certificates are most frequently found in the certification of the causes of death. Careless or incomplete certifications generally mean that the causes of death cannot be classified precisely; consequently, they are of little value for medical or public-health use.

Other points of great difficulty on death certificates are: (a) Usual residence of deceased as distinguished from place of death; (b) name and location of hospital or institution, if any; (c) correct age of the deceased; (d) occupational data; (e) location, date, and type of accidents.

THE STANDARD CERTIFICATE OF LIVE BIRTH*

(See Model Certificate, fig. 1, p. 7)

1. Write plainly and legibly with unfading ink. You are preparing a permanent record. Except for the signature requested, typewriting is desirable.
2. Supply every item of information accurately and completely.
3. If possible, state the given name of the child, but when the parents cannot decide on a name promptly, do not delay filing the certificate by waiting for this or any other item of information.

Personal and Statistical Data †

1. **Place of birth and usual residence of mother.** These sections are both highly important. Give full information.

Exact *place of birth* is necessary to provide a legal document proving where the child was born. *Usual residence of mother* is needed to compute accurate birth rates for any given community and to supply information for child- and maternal-welfare programs.

2. **Hospital or institution.** If the birth occurred in a hospital or institution, give its name and location and the length of the mother's stay before delivery. If the birth did not occur in a hospital or institution, give the street number or other location.
3. **Full maiden name of mother.** Insert the one or more given names of the mother and her surname before marriage.

The *maiden name* of the mother is of great importance in identifying the parentage of the child and in legalizing the certificate of birth.

*As given here, directions apply to the standard certificate adopted by the Bureau of the Census for the decade 1940-49. State forms may differ in varying respects.

† A provision of the Uniform Vital Statistics Act requires hospitals and other institutions to keep a record of personal and statistical data for the preparation of birth certificates.

4. **Color or race of father and mother.** When either parent belongs to the white (Caucasian) race, write *white*. Otherwise, racial origin should be described by stating to what people or race each parent belongs, as *Indian*, *Negro*, *Chinese*, etc. Avoid the use of terms such as "American" or "Canadian," which express citizenship rather than a race or people.

This information shows the color or race of the child and is used in computing birth rates by color or race.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS				STANDARD CERTIFICATE OF LIVE BIRTH		State File No. _____ Registrar's No. _____	
State of <u>VIRGINIA</u>							
1. PLACE OF BIRTH:				2. USUAL RESIDENCE OF MOTHER:			
(a) County <u>Prince Edward</u>				(a) State <u>Virginia</u>			
(b) City or town <u>Farmville</u>				(b) County <u>Essex</u>			
(c) Name of hospital or institution: <u>Southside Community Hospital</u>				(c) City or town <u>Rural</u>			
(d) Mother's stay before delivery: In hospital or institution <u>3 days</u> In this community <u>3 days</u>				(d) Street No. <u>Tappahannock, R. F. D. #1</u>			
3. Full name of child <u>George Henry Coe</u>							
5. Sex: <u>Male</u>		6. Twin or triplet <u>-</u> If so—born 1st, 2d, or 3d <u>-</u>		7. Number months of pregnancy <u>8</u>		4. Date of birth <u>Mar. 8, 1939</u> (Month) (Day) (Year)	
FATHER OF CHILD				MOTHER OF CHILD			
9. Full name <u>George T. Coe</u>				15. Full maiden name <u>Marian Jones</u>			
10. Color or race <u>white</u>				16. Color or race <u>White</u>			
11. Age at time of this birth <u>32</u> yrs.				17. Age at time of this birth <u>29</u> yrs.			
12. Birthplace <u>Crafton, Mass.</u>				18. Birthplace <u>Birmingham, Ala.</u>			
13. Usual occupation <u>Farmer</u>				19. Usual occupation <u>Housewife</u>			
14. Industry or business <u>Own farm</u>				20. Industry or business <u>Own home</u>			
21. Children born to this mother:				22. Mother's mailing address for registration notice:			
(a) How many other children of this mother are now living? <u>2</u>				<u>R. F. D. #1</u>			
(b) How many other children were born alive but are now dead? <u>1</u>				<u>Tappahannock, Virginia</u>			
(c) How many children were born dead? <u>1</u>							
23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>5</u> A. M. on the date above stated and that the information given was furnished by <u>George T. Coe</u> related to this child as <u>father</u>							
24. Date received by local registrar <u>3-10-39</u>				Attendant's own signature <u>Bryan P. Franklins</u>			
25. Registrar's own signature <u>W. B. Garfield</u>				M. D., midwife, or other <u>M. D.</u> Date signed <u>3-9-39</u>			
26. Date on which given name added <u>3-10-39</u> by <u>W. B. Garfield</u>				Address <u>Farmville, Va.</u>			

FIGURE 1.—MODEL CERTIFICATE OF LIVE BIRTH (*Hypothetical Case*).

Adopted by the Bureau of the Census and approved by cooperating agencies, January 1939.

5. **Age of father and mother.** Age should be given in whole years as of last birthday.

This serves further to identify parentage of the child and supplies data for studies of fertility among parents of different ages.

6. **Usual occupation of father and mother.** Give that occupation followed longest by each parent during the last 10 years. For a person who had no occupation whatever during the last 10 years, write *none*. For a woman whose only occupation was that of home housework, write *housewife*.

In stating usual occupation, use terms most accurately indicating the particular kind of work done, as *carpenter*, *spinner*, *clerk*, etc. A person who sells goods should be called a *salesman* and not a "clerk."

7. **Industry or business of father and mother.** This must be stated whenever the *usual occupation* of the father or mother is given. Be specific, as *coal mine, cotton mill, bank*, etc.

Usual occupation and industry or business of the father and mother further identify parentage of the child and furnish a basis for studies of fertility in relation to socioeconomic status.

8. **Children born to this mother.** Include all children born alive and dead to the mother, except that one for which the certificate is being prepared.

This information gives further identification of the child, and supplies data for studies of fertility and infant mortality.

9. **Attendant's own signature.** To be a legal record, the certificate must be signed **personally** by the physician or other birth attendant.

THE STANDARD CERTIFICATE OF STILLBIRTH*

(See Model Certificate, fig. 2, p. 9)

Registration of all stillbirths is important: First, on account of the great loss of human life occurring in the prenatal and natal periods; second, on account of the relationship between fetal deaths and maternal mortality and morbidity.

Adoption of a separate certificate of stillbirth replaces the system of reporting such cases on both a birth and a death certificate. This expands stillbirth information and expedites reporting. Certain States may not require a separate stillbirth certificate, in which case the requirement is to make out both a birth and death certificate for each stillbirth.

1. All questions on the standard certificate of stillbirth comparable to those on the standard certificate of live birth should be answered exactly the same as directed for preparing the standard certificate of live birth.
2. **Cause of stillbirth.** State only morbid conditions causing fetal death. Use definite and descriptive terms. Avoid such terms as "prematurity," "asphyxia," etc. Refer to appendix A, page 72, International List of Causes of Stillbirth.

*As given here, directions apply to the standard certificate adopted by the Bureau of the Census for the decade 1940-49. State forms may differ in varying respects.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STANDARD CERTIFICATE OF STILLBIRTH		State File No. _____
State of <u>MARYLAND</u>		Registrar's No. _____		
1. PLACE OF STILLBIRTH: <u>Hartford</u>		2. USUAL RESIDENCE OF MOTHER: <u>Illinois</u>		
(a) County <u>Bel Air</u>		(a) State <u>Illinois</u>		
(b) City or town <u>Bel Air</u>		(b) County <u>Cook</u>		
(c) Name of hospital or institution: <u>215 Mercer St.</u>		(c) City or town <u>Chicago</u>		
(d) Mother's stay before delivery in hospital or institution: <u>—</u>		(d) Street No. <u>241 Calvert</u>		
Surname of child <u>- Doe</u>		Stillbirth		
3. Sex: <u>Female</u>		4. Date of <u>Apr. 10, 1939</u>		
6. Twin or triplet <u>-</u>		7. Number months of pregnancy <u>6</u>		
8. Is mother married? <u>Yes</u>				
FATHER OF CHILD		MOTHER OF CHILD		
9. Full name <u>Alexander B. Doe</u>		15. Full maiden name <u>Bessie Smith</u>		
10. Color or race <u>Negro</u>		16. Color or race <u>Negro</u>		
11. Age at time of this birth <u>26</u> yrs.		17. Age at time of this birth <u>25</u> yrs.		
12. Birthplace <u>Newport Ky.</u>		18. Birthplace <u>Newport Ky.</u>		
13. Usual occupation <u>Feeder</u>		19. Usual occupation <u>Practical nurse</u>		
14. Industry or business <u>Stockyards</u>		20. Industry or business <u>Private practice</u>		
21. Children born to this mother:		22. Mother's usual mailing address		
(a) How many children of this mother are now living? <u>2</u>		<u>241 Calvert St.</u>		
(b) How many children were born alive but are now dead? <u>0</u>		<u>Chicago, Ill.</u>		
(c) How many other children were born dead? <u>0</u>				
23. Did child die before labor? <u>Yes</u> During labor? <u>-</u>		27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):		
24. Pregnancy, complications of <u>None</u>		(a) Fetal causes <u>Congenital syphilis</u>		
25. Labor: (a) Complications of <u>None</u>		(b) Maternal causes <u>Syphilis</u>		
(b) Induced <u>No</u>		28. I hereby certify that I attended the birth of this child who was born dead at the hour of <u>5a</u> on the date above stated.		
26 (a) Was there an operation for delivery? <u>No</u>		Signature <u>William E. Pratt M. D.</u>		
(b) State all operations, if any <u>-</u>		(Specify if M. D., midwife or other)		
(c) Did child die before operation? <u>-</u> or during operation? <u>-</u>		Address <u>Bel Air, Md.</u>		
29 (a) Informant <u>Mrs. Sam R. Smith</u>		32 (a) Statement of local registrar or coroner if physician was not present at stillbirth		
(b) Address <u>Bel Air, Md.</u>				
30 (a) Burial, cremation, or removal <u>Burial</u>		(b) Signature <u>P. P. Anderson</u> Title <u>—</u>		
(b) Date <u>4-11-39</u>				
(c) Place of burial or cremation <u>Bel Air, Md.</u>		33. Date filed with local registrar <u>4-11-39</u>		
31 (a) Signature of funeral director <u>W. C. Brown</u>		34. Registrar's own signature		
(b) Address <u>Bel Air, Md.</u>				

FIGURE 2.—MODEL CERTIFICATE OF STILLBIRTH (Hypothetical Case).

Adopted by the Bureau of the Census and approved by cooperating agencies, January 1939.

THE STANDARD CERTIFICATE OF DEATH*

(See Model Certificate, fig. 3, p. 14)

1. Write plainly and legibly with unfading ink. You are preparing a permanent record. Except for the signatures requested, typewriting is desirable.
2. Supply every item of information accurately and completely.

PERSONAL AND STATISTICAL DATA³

1. Place of death and usual residence of deceased. These sections are both highly important. Supply full information. When the deceased is an infant, give usual residence of the mother.

*As given here, directions apply to the standard certificate adopted by the Bureau of the Census for the decade 1940-49. State forms may differ in varying respects.

³A provision of the Uniform Vital Statistics Act requires hospitals and other places where deaths occur to keep a record of personal and statistical data for the preparation of death certificates.

Exact *place of death* is necessary in legal proof of death. *Usual residence of deceased* is used to compute death rates for any given community and to furnish epidemiological and statistical data by residence.

2. **Hospital or institution.** If death occurred in a hospital or institution, give its name and location, and length of stay. If death did not occur in a hospital or institution, give the street number or other location.
3. **If veteran, name war.** If the deceased was entitled to the status of a war veteran, name the war in which he took part, as "World War," "Spanish-American War," "Civil War," etc.

This entry is of legal and actuarial value to the Veterans' Administration and other veterans' agencies; it may also facilitate the payment of benefits to the family of the deceased.

4. **Social Security number.** If the deceased was covered by Federal old-age insurance or Federal unemployment insurance, his or her "social security account number" should be placed on the death certificate.

This account number is of legal and actuarial value to Social Security agencies, and it facilitates the payment of benefits to the family of the deceased.

5. **Color or race.** If the deceased belonged to the white (Caucasian) race, write *white*. Otherwise, racial origin should be described by stating to what people or race the deceased belonged, as *Indian*, *Negro*, *Chinese*, etc. Avoid the use of terms, such as "American" or "Canadian," which express citizenship rather than a race or people.
6. **Age.** State age exactly. As a check on the accuracy of the statement, the date of birth is also required. For infants under 1 day old, give the hours or even minutes of life.
7. **Usual occupation.** Make some entry for every person aged 10 years or over. Give that occupation followed longest by the deceased during the last 10 years. If the deceased had retired within the last 10 years, report the usual occupation prior to retirement. For a person who had no occupation whatever during the last 10 years, write *none*. Children not gainfully employed may be reported as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*.

In stating usual occupation, use terms most accurately indicating the particular kind of work done, as *stenographer*, *civil engineer*, *cashier*, etc. A person who sold goods should be called a *salesman* and not a "clerk."

8. **Industry or business.** This should be stated whenever *usual occupation* is given. Be specific, as *life insurance, road construction, restaurant*, etc.

Usual occupation and *industry or business* further identify the decedent and furnish a basis for mortality studies in relation to socioeconomic status.

9. **Informant's own signature.** This should be the signature of the person who supplies personal and statistical data with regard to the decedent. It should be executed **personally** by the informant.

Medical Certification of Cause of Death

What Is Expected of the Physician.

An accurate statement of cause of death can *only* be obtained if the physician is willing to give it. Since the medical profession itself is the primary beneficiary of cause-of-death statistics, the majority of the practitioners consider that accuracy in stating the cause of death is a responsibility to their colleagues.

The requirements of the physician include a statement for each of the items on the *medical certification* of the death certificate (figs. 3, 4, and 5).

1. If the physician attended a deceased in his last illness, he must certify such attendance, giving the dates of such attendance and the date he last saw the deceased alive.
2. Next, it is his duty to certify the *immediate cause of death* together with its duration and the conditions giving rise to the immediate cause of death with their durations. Such a statement of time sequence is essential if the *underlying cause of death* is to be determined.
3. He is then expected to name other conditions, existing coincidentally, which **might** have contributed to the **risk of dying**, but are not related in any clear-cut manner to the immediate or underlying cause of death. Pregnancy within 3 months of death should be included, because so many times causes of maternal death are missed unless this information is noted.
4. If there is more than one cause contributing to the death, the physician is expected to underline **that particular ONE cause** to which, in his opinion, the death should be charged for purposes of statistical tabulation.
5. If operation or autopsy findings exist, he is requested to list the major conditions which have weight in deciding the *underlying cause to which the death should be charged statistically*.
6. If the death **was** due to external causes, i. e., violence or accidental injuries, the physician, regardless of whether he is acting as a private practitioner, coroner, or medical examiner, should **certify** the

fact of accident, suicide, or homicide and furnish the supplementary data requested on the death certificate in connection with such deaths. Place of accident, as distinguished from place of death, is particularly essential if these data are to be the basis for measures of prevention and control.

7. Finally, the physician is required by law to sign the medical certification.

What Is a "Cause of Death"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

Definition of immediate cause of death:

The last of a series of disease entities which contribute to a death will be known as the *immediate cause of death*. When there is only one disease entity present, this becomes the *immediate cause of death*.

Definition of underlying cause of death:

The disease entity which initiates the series of disease entities resulting in death will be known as the *underlying cause of death*. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

In the example, figure 3, the immediate cause of death was "hypostatic pneumonia." This occurred as a result of the automobile accident which is the underlying cause.

The *duration* of a cause of death frequently cannot be stated exactly. The primary use of this information is to determine time sequence in a series of disease entities contributing to the death. State duration as accurately as possible, even if it is an approximation.

Cause-of-Death Statistics.

It is recognized that a death frequently results from a combination of two or more causes neither one of which might be sufficient by itself to cause the death of the patient. Logically, it would be desirable to count such combinations as a unit rather than as two separate causes. For instance, it is quite likely that the surgical death rate of patients suffering simultaneously from appendicitis and cholecystitis is quite different from that of appendicitis or cholecystitis alone. On the one hand, the coincidence of two conditions might have a synergetic effect, or the entire risk might be involved with only one of the diseases. Consequently, when a considerable number of people die from the same combinations of diseases they are frequently counted as one unit, so that a death rate for the combined conditions can be computed. For instance, "influenza and pneumonia" is so tabulated.

When a reliable death rate cannot be computed because of an insufficient number of people dying from such a combination, the diseases must be separated for practical purposes, and the *underlying cause of death* selected for tabulation.

In order to maintain consistency in the manner in which the underlying cause of death is selected, a "Manual of Joint Causes of Death" was developed in 1914. This represents an arbitrary method of selecting the one disease, if several are listed on the certificate, which takes priority over the others as the underlying cause of death.

Obviously such a plan of selection cannot be completely satisfactory, since it occasionally conflicts with medical practice. Marked progress in England has been made in developing a new type of plan, namely, acceptance of the physician's statement of the underlying cause. If this proves satisfactory in maintaining comparability, it might be desirable to adopt English methods in this country.

In an effort to recognize the widespread desire of the physician that his choice for the underlying cause of death should be tabulated in official statistics, he is requested to underline **that** cause of death to which he believes the death should be charged statistically. All such certificates will be separated and tabulated according to the physician's choice. The same deaths will be listed in accordance with the arbitrary procedures now in effect. Thus, it will probably be possible to recognize the physician's viewpoint and at the same time to maintain statistical comparability with tabulations of prior years.

Undesirable Terms for Causes of Death.

An understanding of the preceding section dealing with the significance of the *immediate cause of death* and *underlying cause of death* is essential for comprehending why certain terminology of cause of death is unsatisfactory.

1. Disease entities which contribute to the risk of dying are frequently confused with morbid conditions which **do not** and **cannot** contribute to such a risk. Symptoms and findings are not usually disease entities. In exceptional circumstances, such as "essential hypertension," they are so considered.
2. Certain causes of death are not sufficiently exact for the statistical clerk to know in which one of several categories they should be placed. For example, "pneumonia" is unsatisfactory if it is possible to state whether it is bronchopneumonia or lobar pneumonia.
3. Certain disease entities are real causes of death but must be related to the anatomical site to have meaning. For instance, "cancer—site unqualified" is unsatisfactory.
4. General descriptive terms are not acceptable and will be queried unless they can be linked to the cause which produced these conditions. "Abscess," for example, needs to be qualified by location and cause.

5. Vague, general, or ambiguous terminology should be avoided as a matter of principle. This includes most conditions to which the names of men are attached.
6. The index in appendix A, page 43, carries a list of acceptable titles which are in use. Undesirable terms in common use are italicized in the index, together with an indication of what would make them acceptable.
7. The physician should not feel that he is restricted to the approved terms in the index. Sometimes, rare conditions or unusual combinations demand a new usage of words. The primary thought to keep in mind when using terminology not in the index is: (a) Keep to disease entities which contribute to the risk of dying; (b) specify location when necessary; (c) specify cause for descriptive lesions which are not disease entities; and (d) avoid vague terms interpreted in several ways by different physicians.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STANDARD CERTIFICATE OF DEATH		State File No. _____ Registrar's No. _____	
		State of <u>OHIO</u>			
1. PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEASED:		
(a) County <u>Hamilton</u>			(a) State <u>Penna.</u> (b) County <u>Allegheny</u>		
(b) City or town <u>Cincinnati</u>			(c) City or town <u>Pittsburgh</u>		
(c) Name of hospital or institution: <u>Bellamy Emergency Hospital</u>			(d) Street No. <u>293 W. Bird Ave.</u>		
(d) Length of stay: In hospital or institution <u>14</u> days In this community <u>1</u> mo.			(e) If foreign born, how long in U. S. A? _____ years.		
3(a) FULL NAME <u>Harvey Jackson Roe</u>			MEDICAL CERTIFICATION		
3 (b) If veteran, <u>Spanish-American</u> No. <u>234678</u>			20. Date of death: Month <u>Nov.</u> day <u>4</u> year <u>1938</u> hour <u>7</u> minute <u>15</u> A. M.		
4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>Married</u>			21. I hereby certify that I attended the deceased from <u>Oct. 21, 1938</u> , to <u>Nov. 4, 1938</u> ; that I last saw him alive on <u>Nov. 4, 1938</u> ; and that death occurred on the date and hour stated above.		
6 (b) Name of husband or wife <u>Martha L. Roe</u> 6 (c) Age of husband or wife if alive <u>60</u> years			Immediate cause of death <u>Hypostatic pneumonia</u> Duration <u>9</u> days		
7. Birth date of deceased <u>Mar.</u> <u>2</u> <u>1876</u>			Due to <u>Fracture of femur from automobile accident</u> <u>14</u> days		
8. AGE: Years <u>62</u> Months <u>8</u> Days <u>2</u> If less than one day _____ hr. _____ min.			Other conditions <u>Chronic arthritis</u> PHYSICIAN _____		
9. Birthplace <u>Pittsburgh</u> <u>Penna.</u>			Major findings: <u>Reduction of fracture under anesthesia</u> Underline the cause to which death should be charged statistically.		
10. Usual occupation <u>Note Teller</u>			Of operations _____		
11. Industry or business <u>State Bank</u>			Of autopsy _____		
12. Name <u>William R. Roe</u>			22. If death was due to external causes, fill in the following:		
13. Birthplace <u>Pittsburgh</u> <u>Penna.</u>			(a) Accident, suicide, or homicide (specify) <u>Accident</u>		
14. Maiden name <u>Mary Smith</u>			(b) Date of occurrence <u>10-21-38</u>		
15. Birthplace <u>Albany</u> <u>N. Y.</u>			(c) Where did injury occur? <u>Near Lebanon</u> <u>Warren</u> <u>Ohio</u>		
16 (a) Informant's own signature <u>Martha L. Roe</u>			(d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>Public highway</u> # <u>14</u>		
(b) Address <u>Pittsburgh, Penna.</u>			While at work? <u>No.</u> (c) Means of injury <u>collided</u>		
17 (a) <u>Remove</u> (b) Date thereof <u>11-4-38</u>			23. Signature <u>Ben R. Wassay</u> (M. D. or other) <u>D.</u>		
(c) Place: burial or cremation <u>Pittsburgh, Penna.</u>			Address <u>Cincinnati, Ohio</u> Date signed <u>11-4-38</u>		
18 (a) Signature of funeral director <u>Donald K. Hahn</u>					
(b) Address <u>Cincinnati, Ohio</u>					
19 (a) <u>11-4-38</u> (b) <u>L. O. Wilkerson</u>					

FIGURE 3.—MODEL CERTIFICATE OF DEATH (*Hypothetical Case*).

Adopted by the Bureau of the Census and approved by cooperating agencies, January 1939.

Case Summary.

A male 62 years of age was admitted to hospital on October 21 with a compound fracture of femur sustained in an automobile accident. Physical examination showed an adenoma of the thyroid gland without hyperthyroidism, generalized arteriosclerosis, and marked chronic arthritis in the extremities.

The fracture was reduced under anesthesia the day after admission. Hypostatic pneumonia developed after several days, resulting in death on November 4.

Explanation.

It is unnecessary to note the "adenoma of the thyroid gland without hyperthyroidism" or the "generalized arteriosclerosis," since neither of these disease entities contributed to the risk of dying. Exclusion or inclusion of chronic arthritis under *other conditions* depends upon whether, in the opinion of the physician, this factor contributed to the automobile accident.

MEDICAL CERTIFICATION	
20. Date of death: Month <u>Jul.</u> day <u>30</u> year <u>1938</u> hour <u>9</u> minute <u>20</u> P. M.	
21. I hereby certify that I attended the deceased from <u>Jul. 10,</u> 19 <u>38</u> , to <u>Jul. 30,</u> 19 <u>38</u> ; that I last saw h <u>ER</u> alive on <u>Jul. 30,</u> 19 <u>38</u> ; and that death occurred on the date and hour stated above.	
Immediate cause of death <u>Pulmonary tuberculosis</u>	Duration <u>About 1 yr.</u>
Due to <u>-</u>	
Due to <u>-</u>	
Other conditions <u>Tuberculosis- intestines,</u> (Include pregnancy within 3 months of death) <u>kidneys</u>	PHYSICIAN
Major findings: Of operations <u>-</u>	Underline the cause to which death should be charged statistically.
Of autopsy <u>Tuberculosis- lungs,</u> <u>intestines, kidneys</u>	
22. If death was due to external causes, fill in the following:	
(a) Accident, suicide, or homicide (specify) <u>-</u>	
(b) Date of occurrence <u>-</u>	
(c) Where did injury occur? <u>-</u> (City or town) (County) (State)	
(d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>-</u> (Specify type of place)	
While at work? <u>-</u>	(e) Means of injury <u>-</u>
23. Signature <u>James R. Greene</u> (M. D. or other) <u>M. D.</u>	
Address <u>Richmond, Va.</u>	Date signed <u>7-31-38</u>

FIGURE 4.—MODEL MEDICAL CERTIFICATION OF DEATH.

5. Vague, general, or ambiguous terminology should be avoided as a matter of principle. This includes most conditions to which the names of men are attached.
6. The index in appendix A, page 43, carries a list of acceptable titles which are in use. Undesirable terms in common use are italicized in the index, together with an indication of what would make them acceptable.
7. The physician should not feel that he is restricted to the approved terms in the index. Sometimes, rare conditions or unusual combinations demand a new usage of words. The primary thought to keep in mind when using terminology not in the index is: (a) Keep to disease entities which contribute to the risk of dying; (b) specify location when necessary; (c) specify cause for descriptive lesions which are not disease entities; and (d) avoid vague terms interpreted in several ways by different physicians.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STANDARD CERTIFICATE OF DEATH		State File No. _____ Registrar's No. _____	
State of <u>OHIO</u>					
1. PLACE OF DEATH: (a) County <u>Hamilton</u> (b) City or town <u>Cincinnati</u> (c) Name of hospital or institution: <u>Bellamy Emergency Hospital</u> (d) Length of stay: In hospital or institution <u>1 mo.</u> days In this community <u>1 mo.</u> months or days			2. USUAL RESIDENCE OF DECEASED: (a) State <u>Penna.</u> (b) County <u>Allegheny</u> (c) City or town <u>Pittsburgh</u> (d) Street No. <u>293 W. Bird Ave.</u> (e) If foreign born, how long in U. S. A? _____ years.		
3(a) FULL NAME <u>Harvey Jackson Roe</u> 3 (b) If veteran, <u>American</u> 3 (c) Social Security No. <u>234678</u>			MEDICAL CERTIFICATION 20. Date of death: Month <u>Nov.</u> day <u>4</u> year <u>1938</u> hour <u>7</u> minute <u>15 A.</u> M. 21. I hereby certify that I attended the deceased from <u>Oct. 21, 1938, to Nov. 4, 1938;</u> that I last saw him alive on <u>Nov. 4, 1938;</u> and that death occurred on the date and hour stated above. Immediate cause of death <u>Hypostatic pneumonia</u> Duration <u>9 days</u> Due to <u>Fracture of femur from automobile accident</u> <u>14 days</u> Due to _____ Other conditions <u>Chronic arthritis</u> PHYSICIAN _____ (Exclude pregnancy within 8 months of death) Major findings: <u>Reduction of fracture under anesthesia</u> Underlies the cause to which death should be charged statistically. Of autopsy _____		
4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(e) Single, widowed, married, divorced <u>Married</u> 6 (b) Name of husband or wife <u>Martha L. Roe</u> 6 (c) Age of husband or wife if alive <u>60</u> years 7. Birth date of deceased <u>Mar. 2, 1876</u> (Month) (Day) (Year)			8. AGE: Years <u>62</u> Months <u>8</u> Days <u>2</u> If less than one day _____ hr. _____ min. 9. Birthplace <u>Pittsburgh, Penna.</u> (City, town, or county) (State or foreign country) 10. Usual occupation <u>Note Teller</u> 11. Industry or business <u>State Bank</u> 12. Name <u>William B. Roe</u> 13. Birthplace <u>Pittsburgh, Penna.</u> 14. Maiden name <u>Mary Smith</u> 15. Birthplace <u>Albany, N. Y.</u> (City, town, or county) (State or foreign country)		
MOTHER FATHER 16 (a) Informant's own signature <u>Martha L. Roe</u> (b) Address <u>Pittsburgh, Penna.</u> 17 (a) <u>Removal</u> (b) Date thereof <u>11-4-38</u> (Place, residence or funeral home) (City or town) (State or foreign country) (c) Place: burial or cremation <u>Pittsburgh, Penna.</u> 18 (a) Signature of funeral director <u>Donald Watson</u> (b) Address <u>Cincinnati, Ohio</u> 19 (a) <u>11-4-38</u> (b) <u>L. C. Wilkerson</u> (Date received local register) (Registrar's signature)			22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) <u>Accident</u> (b) Date of occurrence <u>10-21-38</u> (c) Where did injury occur? <u>Near Lebanon, Warren, Ohio</u> (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>Public highway # 14</u> <u>Two cars</u> While at work? <u>No</u> (e) Means of injury <u>Collided</u> 23. Signature <u>Ben R. Massay</u> (M. D. or other) <u>D.</u> Address <u>Cincinnati, Ohio</u> Date signed <u>11-4-38</u>		

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FIGURE 3.—MODEL CERTIFICATE OF DEATH (*Hypothetical Case*).

Adopted by the Bureau of the Census and approved by cooperating agencies, January 1939.

Case Summary.

A male 62 years of age was admitted to hospital on October 21 with a compound fracture of femur sustained in an automobile accident. Physical examination showed an adenoma of the thyroid gland without hyperthyroidism, generalized arteriosclerosis, and marked chronic arthritis in the extremities.

The fracture was reduced under anesthesia the day after admission. Hypostatic pneumonia developed after several days, resulting in death on November 4.

Explanation.

It is unnecessary to note the "adenoma of the thyroid gland without hyperthyroidism" or the "generalized arteriosclerosis," since neither of these disease entities contributed to the risk of dying. Exclusion or inclusion of chronic arthritis under *other conditions* depends upon whether, in the opinion of the physician, this factor contributed to the automobile accident.

MEDICAL CERTIFICATION			
20. Date of death: Month <u>Jul.</u> day <u>30</u> year <u>1938</u> hour <u>9</u> minute <u>20 P.</u> M.			
21. I hereby certify that I attended the deceased from <u>Jul. 10,</u> 19 <u>38</u> , to <u>Jul. 30,</u> 19 <u>38</u> ; that I last saw h <u>ER</u> alive on <u>Jul. 30,</u> 19 <u>38</u> ; and that death occurred on the date and hour stated above.			
Immediate cause of death <u>Pulmonary tuberculosis</u>			Duration <u>About 1 yr.</u>
Due to <u>-</u>			
Due to <u>-</u>			
Other conditions <u>Tuberculosis- intestines,</u> (Include pregnancy within 3 months of death) <u>kidneys</u>			PHYSICIAN
Major findings: Of operations <u>-</u>			Underline the cause to which death should be charged statistically.
Of autopsy <u>Tuberculosis- lungs, intestines, kidneys</u>			
22. If death was due to external causes, fill in the following:			
(a) Accident, suicide, or homicide (specify) <u>-</u>			
(b) Date of occurrence <u>-</u>			
(c) Where did injury occur? <u>-</u> (City or town) (County) (State)			
(d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>-</u> (Specify type of place)			
While at work? <u>-</u> (e) Means of injury <u>-</u>			
23. Signature <u>James R. Greene</u> (M. D. or other) <u>M.D.</u>			
Address <u>Richmond, Va.</u> Date signed <u>7-31-38</u>			

FIGURE 4.—MODEL MEDICAL CERTIFICATION OF DEATH.

Case Summary.

A female, age 42, was admitted to hospital on July 10 with weakness, loss of weight over 5 months, chronic cough with blood-streaked sputum, and frequency and urgency of urination. By X-ray laboratory finding and physical examination, pulmonary tuberculosis was demonstrated.

The patient became weaker and died on July 30. Autopsy showed tuberculous lesions of both lungs and disseminated tuberculosis of intestines and kidneys.

Explanation.

Pulmonary tuberculosis is listed as the immediate as well as the underlying cause of death, since tuberculosis of the intestines and kidneys is apparently secondary.

MEDICAL CERTIFICATION	
20. Date of death: Month <u>Mar.</u> day <u>17</u> year <u>1938</u> hour <u>11 A.</u> minute	
21. I hereby certify that I attended the deceased from <u>Mar. 15,</u> 19 <u>38</u> to <u>Mar. 17,</u> 19 <u>38</u> ; that I last saw <u>her</u> alive on <u>Mar. 17,</u> 19 <u>38</u> ; and that death occurred on the date and hour stated above.	<i>Duration</i>
Immediate cause of death <u>Acute appendicitis</u>	<u>4 days</u>
Due to <u>-</u>	
Due to <u>-</u>	
Other conditions <small>(Include pregnancy within 3 months of death)</small>	PHYSICIAN
Major findings: Of operations <u>Appendectomy with shock</u>	Underline the cause to which death should be charged statistically.
Of autopsy	
22. If death was due to external causes, fill in the following:	
(a) Accident, suicide, or homicide (specify) _____	
(b) Date of occurrence _____	
(c) Where did injury occur? _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (City or town) (County) (State) </div>	
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Specify type of place) </div>	
While at work? _____ (e) Means of injury _____	
23. Signature <u>R. C. Johnson</u>	(M. D. or other) <u>M.D.</u>
Address <u>Richmond, Va.</u>	Date signed <u>3-17-38</u>

FIGURE 5.—MODEL MEDICAL CERTIFICATION OF DEATH.

Case Summary.

A Negro woman, age 20, was admitted to hospital March 15 with a 48-hour history of dull and occasional cramplike pain in epigastrium and right lower quadrant. On the day of admission she was nauseated and vomited several times, after which she experienced relief from the pain. She was toxic and in shock. Physical examination showed fever of 102° and weak pulse. The leucocyte count was 12,000.

Immediate operation revealed an unsuspected ovarian cyst. Death resulted 2 days after admission.

Explanation.

It is unnecessary to note the ovarian cyst, since it had nothing to do with the death.

Case Summary.

A female, age 42, was admitted to hospital on July 10 with weakness, loss of weight over 5 months, chronic cough with blood-streaked sputum, and frequency and urgency of urination. By X-ray laboratory finding and physical examination, pulmonary tuberculosis was demonstrated.

The patient became weaker and died on July 30. Autopsy showed tuberculous lesions of both lungs and disseminated tuberculosis of intestines and kidneys.

Explanation.

Pulmonary tuberculosis is listed as the immediate as well as the underlying cause of death, since tuberculosis of the intestines and kidneys is apparently secondary.

MEDICAL CERTIFICATION	
20. Date of death: Month <u>Mar.</u> day <u>17</u> year <u>1938</u> hour <u>11</u> A. M. minute _____	
21. I hereby certify that I attended the deceased from <u>Mar. 15</u> , 19 <u>38</u> to <u>Mar. 17</u> , 19 <u>38</u> ; that I last saw her alive on <u>Mar. 17</u> , 19 <u>38</u> ; and that death occurred on the date and hour stated above.	
Immediate cause of death _____ <u>Acute appendicitis</u>	Duration <u>4 days</u>
Due to _____	
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	PHYSICIAN
Major findings: Of operations <u>Appendectomy with shock</u>	Underline the cause to which death should be charged statistically.
Of autopsy _____	
22. If death was due to external causes, fill in the following:	
(a) Accident, suicide, or homicide (specify) _____	
(b) Date of occurrence _____	
(c) Where did injury occur? _____ (City or town) (County) (State)	
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)	
While at work? _____ (e) Means of injury _____	
23. Signature <u>R. C. Johnson</u> (M. D. or other) <u>M.D.</u>	
Address <u>Richmond, Va.</u> Date signed <u>3-17-38</u>	

FIGURE 5.—MODEL MEDICAL CERTIFICATION OF DEATH.

Case Summary.

A Negro woman, age 20, was admitted to hospital March 15 with a 48-hour history of dull and occasional cramplike pain in epigastrium and right lower quadrant. On the day of admission she was nauseated and vomited several times, after which she experienced relief from the pain. She was toxic and in shock. Physical examination showed fever of 102° and weak pulse. The leucocyte count was 12,000.

Immediate operation revealed an unsuspected ovarian cyst. Death resulted 2 days after admission.

Explanation.

It is unnecessary to note the ovarian cyst, since it had nothing to do with the death.

III. WHY REGISTER BIRTHS AND DEATHS

Value to Individuals.

The primary function of the registration system is to obtain and preserve such documentary evidence concerning births and deaths as is necessary to protect the legal rights of individuals. Though valuable, the production of statistics is of secondary importance.

The constantly increasing need for proof of the circumstances of birth or death is the principal factor in the demand that registration be as complete and accurate as possible. An appreciation of this value of registration to the individual is essential to an understanding of the motives and methods of the Nation-wide registration organization.

The laws of every State provide for the permanent filing of all original certificates of birth and death. As a result, individuals concerned may refer to these files at any future time for proof as to the pertinent facts of birth or death.

Where proof concerning birth is needed:

1. To prove the fact of birth: For proving parentage; for inheritance of property; for settlement of insurance; for legal dependency; for establishing identity; for tracing ancestry.
2. To prove the date of birth: For entrance to school; for first-work permit; for automobile license; for right to vote; for right to marry; for establishing age of consent or liability; for right to enter Civil Service; for holding public office; for entering military service; for Social Security benefits to blind, dependent children, aged.
3. To prove the place of birth: For passports; for immigration and emigration; for establishing citizenship.

Where proof concerning death is needed:

1. To prove the fact of death: For life-insurance claims; for liquidation of estates.
2. To prove facts about the deceased: For tracing ancestry; for names of husband or wife, and parents; for information on circumstances and cause of death; for age, sex, and race; for recording date and place of interment.
3. To prove date of death: For settlement of pensions; for insurance adjustments; for general legal use.

Recent Social Security legislation:

In recent years vital statistics records have become increasingly important documents containing birth and death evidence upon which

the beneficiaries of social legislation, as well as administrative authorities, must rely. As time goes on, existing social legislation will affect even more individuals than at present.

The Social Security Board estimates that by June 1939 the Federal Social Security Act alone affected the following number of people:

Old-age insurance.....	45, 000, 000
Unemployment insurance.....	27, 800, 000
Old-age assistance.....	1, 850, 000
Dependent children.....	690, 000
Aid to the needy blind.....	45, 000

Vital Statistics for Public-Health Use.

Since vital statistics define the problems and measure the results of public-health work, they are a necessary foundation on which to base an intelligent public-health program. Without them, a health department can hardly perform its duties with perspective and in an effective manner. It is for this reason, primarily, that the organization for the collection of birth and death certificates has become an integral part of the State and local departments of health.

The flow of death certificates into city, county, and State departments of health enables health authorities to determine promptly the number of people who die and from what causes, where campaigns against the principal causes of sickness and death are needed, and the required scope of such campaigns. Later, when reports are issued showing data compiled from certificates by cause of death, residence, age, sex, race, etc., health authorities may compare the general level of health conditions in different areas and with past experience.

Similarly, birth certificates indicate to local and State departments of health the proper allocation of funds for child- and maternal-health programs; the districts in which most need exists for baby conferences and who should be notified of them; where special precautions against diseases fatal to infants should be instituted and how extensive they should be; who should receive literature on infant care; where to obtain knowledge of postnatal cases; whether unlicensed midwives are attending births; and other facts of value for infant and maternal welfare.

Value of Vital Statistics to Medical Science.

In addition to public-health use and other applications, vital statistics are of considerable value to individual physicians and to medical science. The increase or decrease in the number of deaths; the geographic distribution of deaths from certain diseases; the risk of death from various causes at different ages; the medical implications of the combinations of morbid conditions resulting in death; the frequency of autopsy; the proportion of births and deaths occurring in hospitals, and the proportion occurring without a physician in attendance; the frequency and causes of stillbirths; the nature and prevalence of complications in pregnancy and labor—all are problems of vital interest to the medical profession.

The importance of mortality and morbidity data in medical research directed at the control and prevention of disease is recognized by physicians. In studying the etiology and epidemiology of a particular malady, information regarding its fatality, geographic occurrence, and the age, sex, race, and other conditions of life most affected

by it are essential. The health of a community, or even a nation, may be directly dependent upon prompt and accurate information of this kind.

Vital Statistics Correlated With Other Social Needs.

New uses of vital statistics are now rapidly developing in other social fields. Foremost among these are the many problems related to population research. From the standpoint of a long-time study of the characteristics of a changing population, the use of birth and death statistics to measure the fertility and mortality of various racial, economic, or social groups is essential.

Further, a knowledge of the number of births and deaths is required in making estimates of population. The fact that a population census is taken only once in every 10 years necessitates estimates for the intervening years. Many organizations for the scientific study of society and various public and private enterprises must have such estimates for research or administrative purposes.

The planning of long-range housing programs either by private or governmental agencies; the problem of declining fertility and its relation to the national defense and international status of a country; the development of social-security plans; programs for accident prevention and the elimination of specific occupational mortality risks—all require accurate data on vital statistics.

In addition to social uses, many economic or business requirements exist for vital statistics. For example, the financial structure of the life-insurance field is dependent upon life tables prepared from natality and mortality statistics; and, more recently, data on births, deaths, and marriages have become of increasing value in both marketing and consumer research.

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IV. THE PRESENT REGISTRATION SYSTEM

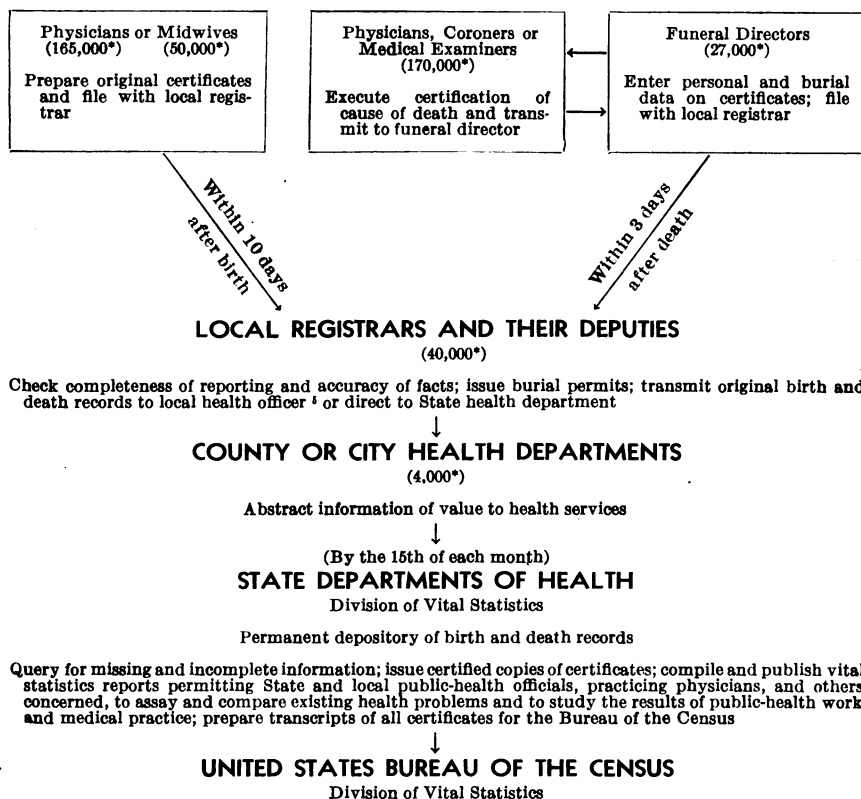
General Organization.

The organization structure by which birth and death records are collected and utilized in the United States is a combination of local, State, and Federal units. (See accompanying *Outline of Birth and Death Registration Procedure*.) Each State maintains a central division of vital statistics within its department of health.⁴ The Federal Government obtains transcripts of all original certificates from such divisions in the States and tabulates its data therefrom. The relationship between the Federal Government and the States in this respect is one of voluntary cooperation.

OUTLINE OF BIRTH AND DEATH REGISTRATION PROCEDURE

CERTIFICATES OF BIRTH

CERTIFICATES OF DEATH



Collects, tabulates, and analyzes statistics of births and deaths for the entire United States; prepares and distributes various publications containing vital statistics data; assists in coordinating the vital statistics activities of State, county, and city health departments; performs other Nation-wide services to promote complete and uniform registration

*Approximate number in the United States.

⁴ Except in Massachusetts, where the division of vital statistics is in the Department of State.

⁵ The routing of certificates in some States through full-time and well-established county health units instead of direct to the State department of health is a recent development.

The States are divided into registration districts. Each city, incorporated town, or other primary political unit (township, civil district, etc.) usually constitutes a registration district; in some instances, several political units may be combined to form a single district. A local registrar is appointed for each registration district, and where required, a deputy local registrar assists.

Preparation of Records by Physicians and Others.

The process of registration begins with the preparation of the original birth or death record by the physician, midwife, coroner, medical examiner, or member of the family. It is upon these persons, especially the physician who is usually in attendance, that the primary responsibility for complete and accurate registration rests.

The registration of births is the direct duty of the attending physician, midwife, or other birth attendant. Each birth must be reported within 10 days by filing a correctly executed birth certificate with the local registrar of the district in which the birth occurred.

In the case of death, the funeral director, or person in charge of interment, must obtain the personal and statistical particulars for the death certificate. The attending physician, coroner, or medical examiner, as the case may require, furnishes the certification of the cause of death. The completed certificate is then filed with the local registrar for the district in which the death occurred. Except when special arrangements have been made with the local registrar, the completed death certificate must be filed before a burial permit can be issued.

Local Registrars.

More than 40,000 local registrars and their deputies in every city and county of the country receive and collect records of birth and death. They inspect these records for completeness and accuracy, issue burial permits, report infractions of the registration law to county or State officials, and forward all original records each month to the local public-health officer or direct to the State departments of health.

Local Health Departments.

In many States original certificates are sent by local registrars direct to the State department of health. Through a more recent development, these records may go first to the city or county health officer, and then from him to the State office.

When local health officers receive current certificates from registrars, this aids in planning and developing local health work. Death certificates may be examined to determine the causes of death and related conditions; and they may be compared with case records to test the completeness of communicable-disease reporting. Birth certificates, as well as certificates of infant and maternal deaths, indicate the degree of need for and required scope of infant- and maternal-welfare programs. Thus, current information regarding local births and deaths, which usually cannot be secured as promptly from any other source, becomes in this way invaluable in the work of an efficient city or county health organization.

State Departments of Health.

A division of vital statistics in each State department of health is the permanent depository for all original certificates of birth and death. They are received here from all parts of a State from local registrars or local health officers on or before the 15th of each month.

The first objective in the State office is to file and preserve permanently the certificates, maintaining a cross index of names so that any certificate may be located easily. Usually the certificates are bound. Before this is done, each certificate is checked for omissions or obviously incorrect statements. Physicians, local registrars, and the other appropriate sources are then queried for the required additional information.

The value of and demand for birth and death certificates as legal documents is clearly seen from the vantage point of the State vital-statistics office. Numerous requests for copies of certificates come daily from individuals, insurance companies, school officials, public-welfare departments, governmental agencies, and elsewhere. It is necessary to maintain a staff of clerks who continually search the indexes and files and make certified copies of the original certificates upon request.

Certificates are not only filed in the State office for the future use of individuals and agencies, but information they contain is brought directly into relation to health activities throughout the State. This is accomplished through published compilations and reports on vital statistics which are more detailed and broader in scope than those of county offices; thus, State and local public-health officials, practicing physicians, and others concerned may assay and compare existing health problems and study the results of public-health work and medical practice.

A primary duty of the State vital statistics office is to enforce the law requiring that every birth and death be registered. The completeness of registration can be determined in various ways. Registered births may be checked against birth notices in newspapers or against school or baptismal records. Registered deaths may be checked against coffin sales records, hospital records, or interment reports. Other checks are made by house-to-house canvasses or by the use of post-card questionnaires. Practically every State office routinely compares infant-death certificates with birth certificates and checks communicable disease reports with death certificates for those diseases.⁶

United States Bureau of the Census.

The United States Bureau of the Census compiles and publishes official vital statistics for the entire country. For this purpose, transcripts or copies of all birth and death certificates are secured from each State by the Census Bureau. After these transcripts have been received, they are coded, classified, and tabulated by residence, age, sex, cause of death, and by numerous other categories.

Vital statistics information is made available in annual publications and in periodic releases giving current birth and death data. Special reports on a variety of subjects and other types of publications are also issued. (See appendix B, Census Bureau Publications Relating to Vital Statistics.)

⁶ Further details concerning State vital statistics offices may be found in a "Survey of Organization and Procedures in State Bureaus of Vital Statistics," U. S. Bureau of the Census, Special Reports.

The Bureau of the Census also performs various services to promote complete and uniform registration throughout the Nation. Among such services are the following: Assists in coordinating the vital statistics work of State, city, and county health departments; promotes complete registration of births, stillbirths, and deaths through field contacts; conducts educational campaigns and tests the completeness of registration; assists State officials in registration procedures by promulgating standard certificates and uniform legislation; cooperates with other Federal agencies in making joint studies of special subjects; cooperates with foreign countries in securing greater international comparability of vital statistics.

The United States Public Health Service receives current reports on the number of cases of communicable diseases from State and certain city health departments and also summarized tabulations on causes of death from the States. These data are published in weekly Public Health Reports.

V. THE DEVELOPMENT OF REGISTRATION IN THE UNITED STATES

Early Development.

A number of the original American colonies required the registration of births, deaths, and marriages as incidents to canon law. Massachusetts, however, was the first political unit in America to require the recording of births, deaths, and marriages for the purpose of preserving the evidence thereof. The decree to this effect was issued by the Massachusetts Court in 1639.

Under the earliest laws, the recording of vital statistics data was usually the duty of court officials and town clerks assisted by such informants as school teachers, ministers, cemetery sextons, and relatives of the newborn or the decedent.⁷

Prior to the middle of the nineteenth century, only six States of the Union had adopted laws requiring the registration of births and deaths. For the most part, these laws were faulty and poorly enforced. Moreover, registration requirements differed greatly in the several States.

Gradually a strong demand for the extension and improvement of legislation arose. As early as 1855 the American Medical Association led the way by adopting a resolution urging the medical profession to petition legislative bodies "to establish offices for the collection of vital statistics." At the same time, a committee was formed to report upon a uniform system of registration for births, deaths, and marriages.

At the close of the nineteenth century, nearly all of the remaining States had passed registration laws, and by 1911 every State in the Union had such laws.

Important dates in the history of birth and death registration in the United States are listed in the table on page 26.

Growth of the Registration Areas.

Notwithstanding the fact that considerable improvement was made in the various State registration systems, the United States remained, up to 1900, the only major country of the Western World which did not possess national registration. In a series of attempts to supply national data, the Bureau of the Census collected reports on births and deaths in each decennial census from 1850 to 1900. The collection of this type of data by enumerators proved unsatisfactory, resulting in published reports of limited value.

⁷ For a further discussion on the early development of registration, see: *Vital Statistics* by John W. Trask, U. S. Public Health Service Reports, Supplement No. 12, 1914. Also: *Introduction to the Vital Statistics of the United States* by Walter F. Walcott. U. S. Government Printing Office, Washington: 1933.

IMPORTANT DATES IN THE HISTORY OF BIRTH AND DEATH REGISTRATION IN THE UNITED STATES

STATE	FIRST STATE REGISTRATION LAW ENACTED		RECORDS ON FILE FOR ENTIRE STATE		ADMITTED TO REGISTRATION AREA	
	Deaths	Births	Deaths	Births	Deaths	Births
Alabama.....	1881	1881	1908	1908	1925	1927
Arizona.....	1909	1909	1909	1909	1926	1926
Arkansas.....	1881	1881	1914	1914	1927	1927
California.....	1858	1877	1905	1905	1906	1919
Colorado.....	1876	1876	1907	1907	1906	1928
Connecticut.....	1852	1852	1897	1897	1890	1915
Delaware.....	1861	1861	1881	1881	1919	1921
District of Columbia.....	1874	1871	1855	1871	1880	1915
Florida.....	1899	1899	1877	1865	1919	1924
Georgia.....	1875	1823	1919	1919	1928	1928
Idaho.....	1907	1907	1911	1911	1922	1926
Illinois.....	1877	1877	1916	1916	1918	1922
Indiana.....	1881	1907	1900	1907	1900	1917
Iowa.....	1880	1880	1880	1880	1923	1924
Kansas.....	1885	1885	1911	1911	1914	1917
Kentucky.....	1851	1851	1911	1911	1911	1917
Louisiana.....	1855	1855	1889	1870	1918	1927
Maine.....	1821	1821	1892	1892	1900	1915
Maryland.....	1880	1880	1898	1898	1906	1916
Massachusetts.....	1840	1840	1850	1850	1880	1915
Michigan.....	1867	1867	1867	1867	1900	1915
Minnesota.....	1870	1870	1900	1900	1910	1915
Mississippi.....	1878	1878	1912	1912	1919	1921
Missouri.....	1891	1891	1910	1910	1911	1927
Montana.....	1895	1895	1907	1907	1910	1922
Nebraska.....	1905	1905	1905	1905	1920	1920
Nevada.....	1911	1911	1911	1911	1929	1929
New Hampshire.....	1850	1850	1881	1881	1890	1915
New Jersey.....	1848	1848	1848	1848	1880	1921
New Mexico.....	1907	1907	1919	1919	1929	1929
New York.....	1847	1847	1880	1880	1890	1915
North Carolina.....	1877	1877	1914	1914	1916	1917
North Dakota.....	1899	1899	1908	1908	1924	1924
Ohio.....	1867	1867	1909	1909	1909	1917
Oklahoma.....	1907	1907	1917	1917	1928	1928
Oregon.....	1903	1903	1903	1903	1918	1919
Pennsylvania.....	1851	1851	1906	1906	1906	1915
Rhode Island.....	1850	1850	1852	1852	1890	1921
South Carolina.....	1878	1878	1915	1915	1916	1928
South Dakota.....	1905	1905	1905	1905	1930	1932
Tennessee.....	1881	1881	1914	1914	1917	1927
Texas.....	1873	1873	1903	1903	1933	1933
Utah.....	1898	1898	1905	1905	1910	1917
Vermont.....	1856	1856	1857	1857	1890	1915
Virginia.....	1853	1853	1912	1912	1913	1917
Washington.....	1891	1891	1907	1907	1908	1917
West Virginia.....	1866	1866	1917	1917	1925	1925
Wisconsin.....	1852	1852	1850	1840	1908	1917
Wyoming.....	1907	1907	1909	1909	1922	1922

Accordingly, in an effort to obtain more accurate statistics, the Bureau of the Census in 1880 defined a registration area for deaths. A high standard of performance in registration procedure was required from States before they were admitted to this area. The original area consisted of only two States, Massachusetts and New Jersey, and several large cities, whose registration was complete enough to justify the publication of data by the Federal Government.

In 1902 the Census Bureau, which heretofore had functioned only in census years, was made a permanent agency by an act of Congress. This act authorized that "there shall be a collection of the statistics of the births and deaths in registration areas annually, the data for

which shall be obtained only from and restricted to such registration records of such States and municipalities as in the discretion of the Director possess records affording satisfactory data in necessary detail. . . .” The death-registration area established in this manner in 1902 consisted of 10 States, the District of Columbia, and a number of large cities in nonregistration States.

The Bureau of the Census did not create a national birth-registration area until death registration was established on a firm basis, since it was felt that complete birth registration was inherently the more difficult problem. A birth-registration area consisting of 10 States was established in 1915. This area rapidly expanded in subsequent years to include other States.⁸

In 1933, for the first time, both the birth- and death-registration areas included all the States in the Union. Only since that year have the annual official vital statistics publications been based upon data from the entire United States.

Model Laws.

The Federal Government has not enacted vital statistics legislation of national extent. The Bureau of the Census has sought to obtain uniformity in State procedure solely by advice and cooperation. In every way within its power the Bureau has encouraged and assisted the States in perfecting their registration systems. Consequently, the improvement of registration, as represented by the continuous growth of the registration area, is the result of cooperative efforts of Federal, State, and local governments, assisted by nongovernmental organizations, particularly the American Medical Association and the American Public Health Association.

The first plan for uniform registration on a Nation-wide scale was formulated in 1900. At the suggestion of the Bureau of the Census, Congress passed a joint resolution on February 11, 1903, approving such a plan and requesting the States to give it favorable consideration and action.

In 1907 a *Model Vital Statistics Law* drafted with the help of the American Medical Association, the American Public Health Association, the American Bar Association, and other national societies, was submitted to the States. Its principles have been adopted in every State of the Union either by direct enactment or by rules and regulations of the State authority in charge of vital statistics.

In recent years, it has become apparent that the specific provisions, as well as the underlying legal theory of the original model law, are no longer an adequate foundation for answering the new vital-statistics problems raised by an increasingly complex society. Accordingly, in 1938 the Bureau of the Census, after an exhaustive study of existing registration laws, and in cooperation with numerous public and private agencies, drafted and recommended a *Uniform Vital Statistics Act*. (See appendix B, “Principles Underlying the Uniform Vital Statistics Act.”)

With adoption of the new uniform act, the registration system of the United States will be based, **as before**, upon a law giving authority and legal powers to the States. At the same time, it will materially strengthen the legal value of vital statistics records in the courts and

⁸ See “Growth of the Registration Areas,” U. S. Bureau of the Census, Special Reports, vol. 3, No. 1, 1936.

produce more accurate records upon which to base statistics essential to medicine, government, and other fields.

Morbidity Reporting.

Although the collection of morbidity statistics is not generally included within State birth- and death-registration systems, they are closely related to the statistics of births and deaths. For this reason, brief mention of the development of morbidity reporting in the United States is included.

The National Quarantine Act of 1878 set up the Marine Hospital Service as a central agency for the collection and publication of statistics on epidemic quarantinable diseases. International information, supplemented by meager records in States and cities within the United States, was published in a weekly bulletin.

In 1906 the present reporting system was established with the U. S. Public Health Service as the central clearing agency in the United States, for the collection and distribution of morbidity statistics and general sanitary information. National morbidity data are published in the weekly Public Health Reports. These bulletins contain current information regarding the prevalence and geographic distribution of communicable diseases in the entire United States.

APPENDIX



VI. APPENDIX A

THE INTERNATIONAL LIST OF CAUSES OF DEATH

The International List of Causes of Death is a convenient and workable system for classifying causes of death certified by physicians upon death certificates. It is intended primarily to serve as a practical guide to health officers, registration officials, and medical research workers in the statistical treatment of causes of death. It is therefore not to be regarded as a scientific classification of diseases, although it may be adapted for use in the classification of morbidity.

The chief value of the International List lies in two facts. First, it presents a means whereby the mortality statistics of various States or communities may be compared with some assurance of consistency. It is also the first and fundamental step toward international comparability of mortality records. Secondly, it provides a method of maintaining continuity and comparability over a period of years. This is highly essential if knowledge is to be gained relating to the improvement or decline of general health conditions during successive years.

A tabulation of deaths showing the different individual terms and expressions reported upon death certificates by thousands of physicians in this country would be of unwieldy proportions and of little practical value. These terms must be brought together into a set of rubrics which will reflect the information contained on death certificates with reasonable accuracy and detail and at the same time not be too numerous for practical use.

For this purpose the International List is composed of 200 rubrics, some of which are subdivided to show additional detail. Into each of these rubrics have been brought together the causes of death which are similar in character or etiology, or which are usually considered together. Thus, groups have been formed for diseases due to various organisms, e. g., bacteria, spirochetes, helminths, etc., and for other related conditions, such as diseases of pregnancy, childbirth, and the puerperal state, congenital malformations, diseases peculiar to the first year of life, and others.

While such a system of grouping together numerous related conditions may prevent the tabulation of finely detailed statistics on certain causes of death, it has been found that the rubrics of the International List lend themselves quite well to most statistical presentations relating to this subject.

The present International List of Causes of Death had its beginning in 1853, when Dr. William Farr and Dr. Marc d'Espine were appointed by the First Statistical Congress at Brussels to prepare a tentative international classification system. After several revisions, this classification system was presented to the International Statistical Institute by Dr. Jacques Bertillon and was adopted by several countries in 1893. It was adopted as the official system for classifying

causes of death in the United States in 1900. To keep the list abreast of changes and developments in medical science and public-health practice, it has been revised at the beginning of each decade. These revisions have been made by a series of international conferences held in Paris in 1900, 1909, 1920, 1929, and 1938. The list as presented in the following pages of this handbook represents the latest revision.

MAJOR GROUPS

The International List of Causes of Death is composed of 200 separate titles which are arranged into 18 major groups. For the convenience of physicians and others using this handbook these groups are given here. The rubrics included under each and the pages upon which they appear in this handbook are also indicated.

Group No.	Group title	International List Nos.	Page
I	Infectious and parasitic diseases (communicable diseases).....	1- 44	32
II	Cancer and other tumors.....	45- 57	34
III	Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases, and avitaminoses.....	58- 71	35
IV	Diseases of the blood and blood-forming organs.....	72- 76	36
V	Chronic poisoning and intoxication.....	77- 79	36
VI	Diseases of the nervous system and sense organs.....	80- 89	36
VII	Diseases of the circulatory system.....	90-103	37
VIII	Diseases of the respiratory system.....	104-114	37
IX	Diseases of the digestive system.....	115-129	38
X	Diseases of the genito-urinary system.....	130-139	38
XI	Diseases of pregnancy, childbirth, and the puerperium.....	140-150	38
XII	Diseases of the skin and cellular tissue.....	151-153	40
XIII	Diseases of the bones and organs of movement.....	154-156	40
XIV	Congenital malformations.....	157	40
XV	Diseases peculiar to the first year of life.....	158-161	40
XVI	Senility.....	162	41
XVII	Violent or accidental deaths.....	163-198	41
XVIII	Ill-defined and unknown causes.....	199, 200	42

DETAILED INTERNATIONAL LIST OF CAUSES OF DEATH

I.—INFECTIOUS AND PARASITIC DISEASES (1-44)

(Communicable diseases)

DISEASES DUE TO BACTERIA (1-26)

1. Typhoid fever.
2. Paratyphoid fever.
3. Plague.
4. Cholera.
5. Undulant fever (brucellosis).
6. Cerebrospinal (meningococcus) meningitis.
7. Anthrax (infection by bacillus anthracis).
8. Scarlet fever.
9. Whooping cough.
10. Diphtheria (infection by *C. diphtheriae*).
11. Erysipelas.
12. Tetanus.
13. Tuberculosis of the respiratory system (including the bronchial and mediastinal lymph nodes).
 - (a) With mention of occupational disease of the lungs.

(b) Without mention of occupational disease of the lungs.

(c) Tuberculosis of unspecified site.

NOTE.—Deaths from tuberculosis of two or more organs are classified under this title if the lungs are involved. Specify organs involved.

14. Tuberculosis of the meninges and central nervous system.
15. Tuberculosis of the intestines and peritoneum.
16. Tuberculosis of the vertebral column.
17. Tuberculosis of the bones and joints (except vertebral column).
 - (a) Bones.
 - (b) Joints.
18. Tuberculosis of the skin and subcutaneous cellular tissue.
19. Tuberculosis of the lymphatic system (except bronchial, mediastinal, mesenteric, and retroperitoneal lymph nodes).
20. Tuberculosis of the genito-urinary system.

21. Tuberculosis of other organs.
(a) Tuberculosis of the adrenal glands.
(b) Tuberculosis of other organs.
22. Disseminated tuberculosis.
(a) Acute (generalized) military tuberculosis.
(b) Other and unspecified generalized tuberculosis.
23. Leprosy.
24. Septicemia and purulent infection (nonpuerperal).
(a) Septicemia.
(b) Pyemia.
(c) Gas bacillus gangrene.
(d) Generalized bacillus coli infection.
25. Gonococcus infection.
26. Other diseases due to bacteria (except dysentery).
(a) Tularemia.
(b) Other diseases due to bacteria.

DYSENTERY (27)

27. Dysentery.
(a) Bacillary.
(b) Amebic.
(c) Other and unspecified forms of dysentery.

DISEASES DUE TO PROTOZOA (28, 29)

28. Malaria.
(a) Benign tertian malaria.
(b) Quartan malaria.
(c) Malignant tertian (estivo-autumnal) malaria.
(d) Malaria (unspecified form).
29. Other diseases due to parasitic protozoa (except spirochetes).

DISEASES DUE TO SPIROCHETES (30-32)

30. Syphilis.
(a) Locomotor ataxia (tabes dorsalis).
(b) General paralysis of the insane.
(c) Other syphilis of the central nervous system.
(d) Aneurysm of the aorta.
(e) Other syphilis of the circulatory system.
(f) Congenital syphilis.
(g) Other and unspecified forms of syphilis.

NOTE.—Do not report "positive" Wasserman or Kahn test in lieu of a definite statement of syphilis.

31. Relapsing fever.
32. Other diseases due to spirochetes.
(a) Spirochetosis icterohaemorrhagica (Weil's disease).
(b) Other diseases due to spirochetes.

DISEASES DUE TO FILTRABLE VIRUSES (33-38)

33. Influenza (grippe).
(a) With respiratory complications specified.
(b) Without respiratory complications specified.
34. Smallpox.
35. Measles.
36. Acute poliomyelitis and acute poli-encephalitis.
37. Acute infectious encephalitis (lethargic).
(a) Acute infectious encephalitis (lethargic).
(b) Sequelae of encephalitis lethargica.
(c) Encephalitis lethargica unqualified.

NOTE.—Specify type, if possible.

38. Other diseases due to filtrable viruses.
(a) Yellow fever.
(b) Rabies.
(c) Herpes zoster.
(d) German measles.
(e) Chickenpox.
(f) Other diseases ascribed to viruses.

DISEASES DUE TO RICKETTSIA (39)

39. Typhus fever and typhus-like diseases (due to Rickettsia).
(a) Exanthematic typhus (epidemic form).
(b) Endemic typhus fever.
(c) Rocky Mountain spotted fever.
(d) Other typhus-like diseases.

DISEASES CAUSED BY HELMINTHS (40-42)

40. Ankylostomiasis.
41. Hydatid disease.
42. Other diseases caused by helminths.

DISEASES DUE TO FUNGI (43)

43. Mycoses.

OTHER INFECTIOUS AND PARASITIC DISEASES (44)

(COMMUNICABLE DISEASES)

44. Other infectious and parasitic (communicable) diseases.
(a) Venereal diseases (except gonorrhea and syphilis).
(b) Lymphogranulomatosis.
(c) Mumps.
(d) Other infectious and parasitic (communicable) diseases.

II.—CANCER AND OTHER TUMORS (45-57)

CANCER AND OTHER MALIGNANT TUMORS (45-55)

The term "cancer" as used in titles 45-55 includes the following and all other types of malignant growth, which are classified according to the part of the body affected:

Astrocytoma.
Blastocytoma.
Blastoma (with or without prefix).
Cancer (of any variety).
Cancerous (any condition so qualified).
Carcinoma (of any variety).
Chloroma.
Chordoma.
Endothelioma.
Ependymoma.
Epithelioma.
Ewing's tumor.
Glioma (unless specified as benign).
Malignant growth (of any variety).
 neoplasm.
 reticulosis.
 tumor.
Melanoma.
Myeloma.
Papilloma choroideum.
Pinealoma.
Reticular endotheliosis.
Rodent ulcer.
Sarcoma (of any variety).
Scirrhus.
Seminoma.

NOTE.—In all cases specify histological type, site of origin, and organs involved.

45. Cancer of the buccal cavity and pharynx.
 - (a) Lip.
 - (b) Tongue.
 - (c) Mouth.
 - (d) Jaw bone.
 - (e) Unspecified parts of the buccal cavity.
 - (f) Pharynx.
46. Cancer of the digestive organs and peritoneum.
 - (a) Esophagus.
 - (b) Stomach.
 - (c) Duodenum.
 - (d) Rectum and anus.
 - (e) Intestines (except duodenum and rectum).
 - (f) Liver and biliary passages.
 - (g) Pancreas.
 - (h) Mesentery and peritoneum.
 - (m) Other and unspecified sites.
47. Cancer of the respiratory system.
 - (a) Larynx.
 - (b) Trachea.
 - (c) Bronchus.
 - (d) Lung.

- (e) Pleura.
 - (f) Mediastinum and unspecified sites.
48. Cancer of the uterus.
 - (a) Cervix.
 - (b) Other and unspecified sites.
49. Cancer of other female genital organs.
 - (a) Ovary.
 - (b) Fallopian tube and parametrium.
 - (c) Vagina.
 - (d) Vulva.
 - (e) Other and unspecified sites.
50. Cancer of the breast.
51. Cancer of the male genital organs.
 - (a) Scrotum.
 - (b) Prostate.
 - (c) Testes.
 - (d) Penis.
 - (e) Other and unspecified sites.
52. Cancer of the urinary organs (male and female).
 - (a) Kidney.
 - (b) Bladder.
 - (c) Other and unspecified sites.
53. Cancer of the skin (except vulva and scrotum).
54. Cancer of the brain and other parts of the central nervous system (including glioma, except when specified as benign).
 - (a) Glioma.
 - (b) Other and unspecified cancers of the brain and central nervous system.
55. Cancer of other and unspecified organs.
 - (a) Adrenal gland.
 - (b) Bone (except jaw bone and accessory sinuses).
 - (c) Thyroid gland.
 - (d) Nasal cavity and accessory sinuses.
 - (e) Other and unspecified organs.

NOTE.—This is a residual title which includes deaths from cancer that cannot be assigned to the preceding titles (45-55d), and especially those in which the location or origin of the disease is not known.

NONMALIGNANT TUMORS (56)

The following varieties of tumor are included, being classified according to the parts of the body affected:

Adenofibroma.
Adenoma.
Adenomyoma.
Adenomyxoma.
Angioma.
Arterial angioma.
Benign tumor.
Cavernous nevus.

Cholesteatoma.
 Chondroma.
 Craniopharyngioma.
 Cyst.
 Cystadenoma.
 Cystic hygroma.
 tumor.
 Cystoma.
 Dermoid cyst.
 Embryoma (except of kidney).
 Enchondroma.
 Endometrioma.
 Endometriosis.
 Endotheliosis.
 Epulis.
 Exostosis.
 Fatty tumor.
 Fibro-adenoma.
 Fibrocystic disease of jaw.
 tumor.
 Fibroid.
 tumor.
 Fibrolipoma.
 Fibroma.
 Glioma (stated to be benign).
 Granuloma.
 Hemangioma.
 Hematoma.
 Lipoma.
 Lymphangioma.
 Lymphatic nevus.
 Lymphatocele.
 Meningioma.
 Molluscum fibrosum.
 Myoadenoma.
 Myoma.
 Myxochondroma.
 Myxofibroma.
 Myxoma.
 Neurofibroma.
 New growth (nonmalignant).
 Odontoma.
 Osteoma.
 Papilloma.
 Polypus.
 Psammoma.
 Recklinghausen's disease.
 Reticulosis.
 Rhabdomyoma.
 Teratoma (except of ovary or testicle).
 Tumor (nonmalignant).
 Villous tumor.

NOTE.—In all cases specify histological type, site of origin, and organs involved. If the growth is malignant, specify that fact.

56. Nonmalignant tumors (including dermoid cysts).
- (a) Ovary.
 - (b) Uterus.
 - (c) Other female genital organs.
 - (d) Brain and other parts of the central nervous system.
 - (e) Other and unspecified organs.

57. Tumors of unspecified nature.
- (a) Ovary.
 - (b) Uterus.
 - (c) Other female genital organs.
 - (d) Brain and other parts of the central nervous system.
 - (e) Other and unspecified organs.

III.—RHEUMATISM, DISEASES OF NUTRITION AND OF THE ENDOCRINE GLANDS, OTHER GENERAL DISEASES, AND AVITAMINOSES (58–71)

RHEUMATIC DISEASES (58, 59)

58. Acute rheumatic fever.
- (a) Acute rheumatic pericarditis.
 - (b) Acute rheumatic endocarditis.
 - (c) Acute rheumatic myocarditis.
 - (d) Other acute rheumatic heart diseases.
 - (e) Other forms of acute rheumatic fever.
 - (f) Rheumatism (not specified as acute or chronic).

NOTE.—Any disease of the heart (or valves) classified under 90 (except chronic pericarditis), 91, 93a or 93b, when specified as "rheumatic," "acute rheumatic," or "due to rheumatic fever," are classified under 58a, 58b, or 58c, respectively. Any disease of the heart classified under 95c, when specified as "acute rheumatic," is classified under 58d.

59. Chronic rheumatism and other rheumatic diseases.
- (a) Rheumatoid arthritis.
 - (b) Other chronic articular rheumatism.
 - (c) Other and unspecified forms of chronic rheumatism.

DISEASES OF NUTRITION AND OF THE ENDOCRINE GLANDS AND OTHER GENERAL DISEASES (60–66)

60. Gout.
61. Diabetes mellitus.
62. Diseases of the pituitary gland.
63. Diseases of the thyroid and parathyroid glands.
- (a) Simple goiter.
 - (b) Exophthalmic goiter.
 - (c) Myxedema and cretinism.
 - (d) Other diseases of the thyroid glands.
 - (e) Diseases of the parathyroid glands.
64. Diseases of the thymus gland.

65. Diseases of the adrenal glands (not specified as tuberculous).
 (a) Addison's disease (not specified as tuberculous).
 (b) Other diseases of the adrenal glands.
66. Other general diseases.
 (a) Osteomalacia.
 (b) Other general diseases.

AVITAMINOSES (67-71)

67. Scurvy.
 68. Beriberi.
 69. Pellagra (except alcoholic).
 70. Rickets.
 71. Other avitaminoses.

IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS (72-76)

72. Hemorrhagic conditions.
 (a) Primary purpuras.
 (b) Hemophilia.
 (c) Other hemorrhagic conditions.
73. Anemias (except splenic anemia).
 (a) Pernicious anemia.
 (b) Other hyperchromic anemias.
 (c) Hypochromic anemias.
 (d) Other and unspecified anemias.
74. Leukemias and aleukemias.
 (a) Leukemias.
 (b) Aleukemias.
75. Diseases of the spleen.
 (a) Splenic anemia.
 (b) Splenomegaly (of undetermined nature).
 (c) Other diseases of the spleen.
76. Other diseases of the blood and blood-forming organs.
 (a) Agranulocytosis.
 (b) Erythrocytosis.
 (c) Hemoglobinemia.
 (d) Other diseases of the blood and blood-forming organs.

V.—CHRONIC POISONING AND INTOXICATION (77-79)

With the exception of "acute alcoholism," this group includes only chronic forms of poisoning. All other acute poisonings are classified as suicides (163), homicides (168), or accidents (177-179), as the case may be.

77. Alcoholism (ethylism).
 (a) Alcoholic pellagra.
 (b) Other deficiency states associated with alcoholism.
 (c) Acute alcoholism.
 (d) Chronic alcoholism.
 (e) Other and unspecified alcoholism.
78. Lead poisoning.
 (a) Specified as occupational.

- (b) Not specified as occupational.

79. Chronic poisoning by other mineral or organic substances.

- (a) Specified as occupational.
 (b) Not specified as occupational.

VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS (80-89)

80. Encephalitis (nonepidemic).
 (a) Intracranial abscess.
 (b) Other encephalitis (nonepidemic).
81. Meningitis (not due to meningococcus).
 (a) Simple meningitis.
 (b) Acute cerebrospinal meningitis (not due to meningococcus).
82. Diseases of the spinal cord (except locomotor ataxia and disseminated sclerosis).
83. Intracranial lesions of vascular origin.
 (a) Cerebral hemorrhage or effusion (excluding birth injuries).
 (b) Cerebral embolism and thrombosis.
 (c) Cerebral softening.
 (d) Hemiplegia and other paralysis of unspecified origin.
84. Mental diseases and deficiency (except general paralysis of the insane).
 (a) Mental deficiency.
 (b) Schizophrenia (dementia praecox).
 (c) Manic-depressive psychosis.
 (d) Other mental diseases.
85. Epilepsy.
86. Convulsions (under 5 years of age).
87. Other diseases of the nervous system.
 (a) Chorea.
 (b) Neuritis (except rheumatic and alcoholic).
 (c) Paralysis agitans (except result of encephalitis).
 (d) Disseminated sclerosis.
 (e) Other diseases of the nervous system.
88. Diseases of the organs of vision.
89. Diseases of the ear and mastoid process.
 (a) Otitis and other diseases of the ear.
 (b) Diseases of the mastoid process.

VII.—DISEASES OF THE CIRCULATORY SYSTEM (90-103)

NOTE.—In deaths involving cardiac affections, state, if possible, the exact type of disease and the particular valves or other parts involved. When it is known that the affection has resulted from some previous disease, state the disease, e. g., syphilis, acute rheumatic fever.

90. Pericarditis (except acute rheumatic).

(a) Chronic rheumatic pericarditis.

(b) Other pericarditis.

91. Acute endocarditis (except rheumatic).

(a) Bacterial endocarditis (acute, subacute, or unspecified).

(b) Other acute or subacute endocarditis.

(c) Endocarditis (not specified as acute, chronic, or rheumatic, under 45 years of age).

92. Chronic affections of the valves and endocardium.

(a) Diseases of the aortic valve (without mention of diseases of the mitral valve or rheumatic fever).

(b) Diseases of the mitral valve (whether or not specified as rheumatic).

(c) Diseases of other and unspecified valves and chronic endocarditis, specified as rheumatic.

(d) Diseases of other and unspecified valves and chronic endocarditis, not specified as rheumatic.

(e) Endocarditis (not specified as acute, chronic, or rheumatic, 45 years of age and over).

93. Diseases of the myocardium.

(a) Acute myocarditis (except rheumatic).

(b) Myocarditis (not specified as acute, chronic, or rheumatic, under 45 years of age).

(c) Chronic myocarditis and myocardial degeneration, specified as rheumatic.

(d) Chronic myocarditis and myocardial degeneration, not specified as rheumatic.

(e) Other myocarditis (not specified as acute, chronic, or rheumatic).

94. Diseases of the coronary arteries and angina pectoris.

(a) Diseases of the coronary arteries.

(b) Angina pectoris.

95. Other diseases of the heart.

(a) Functional diseases of the heart (without mention of organic lesion).

(b) Other diseases of the heart, specified as rheumatic.

(c) Other diseases of the heart, not specified as rheumatic.

96. Aneurysm (except of heart and aorta).

97. Arteriosclerosis (except coronary or renal sclerosis).

98. Gangrene.

99. Other diseases of the arteries.

100. Diseases of the veins.

(a) Varices.

(b) Other diseases of the veins.

101. Diseases of the lymphatic system.

102. High blood pressure (idiopathic).

103. Other diseases of the circulatory system.

VIII.—DISEASES OF THE RESPIRATORY SYSTEM (104-114)

104. Diseases of the nasal fossae and accessory sinuses.

(a) Diseases of the nasal fossae.

(b) Diseases of the accessory sinuses.

105. Diseases of the larynx.

106. Bronchitis.

(a) Acute.

(b) Chronic.

(c) Unspecified.

107. Bronchopneumonia (including capillary bronchitis).

NOTE.—If possible, specify type (1, 2, 3 . . . 32) and organism.

108. Lobar pneumonia.

NOTE.—If possible, specify type (1, 2, 3 . . . 32) and organism.

109. Pneumonia unspecified.

110. Pleurisy (not specified as tuberculous).

(a) Empyema.

(b) Other and unspecified forms of pleurisy.

111. Hemorrhagic infarction, thrombosis, edema, and chronic congestion of the lungs.

(a) Hemorrhagic infarction and thrombosis of the lungs.

(b) Acute edema of the lungs.

(c) Chronic and unspecified congestion of the lungs.

112. Asthma.

113. Pulmonary emphysema.

114. Other diseases of the respiratory system (except tuberculosis).

(a) Silicosis.

- (b) Other and unspecified forms of pneumoconioses.
- (c) Gangrene of lung.
- (d) Abscess of lung.
- (e) Other and unspecified diseases of the respiratory system.

IX.—DISEASES OF THE DIGESTIVE SYSTEM (115-129)

- 115. Diseases of the buccal cavity, pharynx, tonsils, and adnexa.
 - (a) Diseases of the teeth and gums.
 - (b) Septic sore throat.
 - (c) Diseases of the pharynx and tonsils.
 - (d) Diseases of other and unspecified parts of the buccal cavity and adnexa.
- 116. Diseases of the esophagus.
- 117. Ulcer of stomach or duodenum.
 - (a) Stomach.
 - (b) Duodenum.
- 118. Other diseases of the stomach (except cancer).
- 119. Diarrhea, enteritis, and ulceration of the intestines (under 2 years of age).
 - (a) Diarrhea and enteritis.
 - (b) Ulceration of the intestines (except duodenum).
- 120. Diarrhea, enteritis, and ulceration of the intestines (2 years of age and over).
 - (a) Diarrhea and enteritis.
 - (b) Ulceration of the intestines (except duodenum).
- 121. Appendicitis.
- 122. Hernia, intestinal obstruction.
 - (a) Hernia.
 - (b) Intestinal obstruction.
- 123. Other diseases of the intestines.
- 124. Cirrhosis of the liver.
 - (a) With mention of alcoholism.
 - (b) Without mention of alcoholism.
- 125. Other diseases of the liver.
 - (a) Acute yellow atrophy of the liver (nonpuerperal).
 - (b) Other diseases of the liver.
- 126. Biliary calculi.
- 127. Other diseases of the gallbladder and biliary ducts.
 - (a) Cholecystitis (without mention of biliary calculus).
 - (b) Other diseases of the gallbladder and biliary ducts.

- 128. Diseases of the pancreas (except diabetes mellitus).
- 129. Peritonitis (cause not stated).

X.—DISEASES OF THE GENITO-URINARY SYSTEM (130-139)

(Other than venereal or associated with pregnancy, childbirth, and the puerperal state)

- 130. Acute nephritis.
- 131. Chronic nephritis.
 - (a) Arteriosclerotic kidney.
 - (b) Other chronic nephritis.
- 132. Nephritis unspecified (10 years of age and over).
- 133. Other diseases of the kidneys and ureters (except diseases associated with pregnancy, childbirth, or puerperium).
 - (a) Pyelitis, pyelonephritis, and pyelocystitis.
 - (b) Other diseases of the kidneys and ureters.
- 134. Calculi of the urinary passages.
 - (a) Kidneys and ureters.
 - (b) Bladder.
 - (c) Other and unspecified, parts of the urinary passages.
- 135. Diseases of the urinary bladder.
 - (a) Cystitis.
 - (b) Other diseases of the bladder.
- 136. Diseases of the urethra (except calculus).
 - (a) Stricture of the urethra.
 - (b) Others under this title.
- 137. Diseases of the prostate.
 - (a) Hypertrophy of the prostate.
 - (b) Other diseases of the prostate.
- 138. Diseases of other male genital organs (not specified as venereal).
- 139. Diseases of the female genital organs.
 - (a) Ovaries, fallopian tubes, and parametria.
 - (b) Uterus.
 - (c) Other and unspecified female genital organs.

XI.—DISEASES OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM (140-150)

For purposes of classifying maternal deaths, abortion (miscarriage) is defined as the termination of a uterine pregnancy prior to 7 lunar months (28 weeks) of gestation (regardless of whether the child was born dead or alive). Childbirth, therefore, is defined as the termination of a uterine pregnancy after 7 lunar months (28 weeks) or more, of

gestation (regardless of whether the child was born dead or alive). Puerperium (puerperal state) is defined as the period of 6 weeks following the termination of pregnancy.

NOTE.—The following titles (140–150) include deaths due to childbirth, that is, all affections dependent upon pregnancy, abortion or childbirth, and all diseases of the breast during lactation. For every woman who was pregnant at the time of death or who had been pregnant within the 3 months prior to death, the physician should state this fact on the death certificate, even though the pregnancy or its termination may not have been the cause of death. On every such death certificate the physician should state whether or not death occurred before or after delivery together with the period of gestation, preferably in weeks. If the pregnancy or its termination did not cause death, the physician should state this fact on the death certificate.

140. Abortion with mention of infection (gestation less than 28 weeks).

Abortion (spontaneous, therapeutic, or of unspecified origin):

- (a) With mention of pyelitis.
- (b) With mention of other infection.

Abortion (induced for reasons other than therapeutic):

- (c) Self-induced abortion with mention of infection.
- (d) Abortion induced for nontherapeutic reasons by persons other than the woman herself with mention of infection.

141. Abortion without mention of infection (gestation less than 28 weeks).

Abortion (spontaneous, therapeutic, or of unspecified origin):

- (a) With mention of hemorrhage, trauma or shock, and toxemia.
- (b) With mention of hemorrhage, trauma or shock (but not toxemia).
- (c) With mention of toxemia (but not hemorrhage, trauma or shock).
- (d) Without mention of hemorrhage, trauma or shock, or toxemia.

Abortion (induced for reasons other than therapeutic):

- (e) Self-induced abortion.
- (f) Abortion induced for nontherapeutic reasons by persons other than the woman herself.

142. Ectopic gestation.

- (a) With mention of infection.

- (b) Without mention of infection.

143. Hemorrhage of pregnancy (death before delivery).

- (a) Placenta previa.
- (b) Premature separation of placenta.
- (c) Other and unspecified hemorrhage of pregnancy.

144. Toxemias of pregnancy (death before delivery).

- (a) Eclampsia of pregnancy.
- (b) Albuminuria and nephritis of pregnancy.
- (c) Acute yellow atrophy of liver (during pregnancy).
- (d) Other toxemias of pregnancy.

145. Other diseases and accidents of pregnancy (death before delivery).

146. Hemorrhage of childbirth and puerperium (gestation 28 weeks or over, or unspecified).

- (a) Placenta previa (with childbirth).
- (b) Premature separation of placenta (with childbirth).
- (c) Other and unspecified hemorrhages of childbirth and puerperium.

147. Infection during childbirth and puerperium (gestation 28 weeks or over, or unspecified).

- (a) Puerperal pyelitis and pyelonephritis.
- (b) General or local puerperal infection (except pyelitis).
- (c) Puerperal thrombophlebitis.
- (d) Puerperal embolism and sudden death.

NOTE.—This title includes infection, whether or not described as puerperal, when associated with childbirth or the puerperal state, unless it is known and stated that the infection was independent of, or had originated prior to, pregnancy.

148. Puerperal toxemias (excluding death before delivery) (gestation 28 weeks or over, or unspecified).

- (a) Puerperal eclampsia.
- (b) Puerperal albuminuria and nephritis.
- (c) Acute yellow atrophy of the liver (puerperal).
- (d) Other puerperal toxemias.

NOTE.—Toxemias known and stated to have originated before pregnancy, or known to have been independent of pregnancy,

childbirth, or the puerperal state, are not considered puerperal toxemias.

149. Other accidents and specified conditions of childbirth (gestation 28 weeks or over, or unspecified).
 (a) Laceration, rupture, or other trauma of pelvic organs and tissue.
 (b) Other specified conditions of childbirth.

NOTE.—Specify injury and cause which resulted in death.

150. Other and unspecified conditions of childbirth and the puerperium.
 (a) Infection of breast during lactation.
 (b) Psychosis of puerperium.
 (c) Other and unspecified conditions of childbirth and the puerperium.

XII.—DISEASES OF THE SKIN AND CELLULAR TISSUE (151–153)

151. Carbuncle, furuncle.
 152. Phlegmon, acute abscess.
 153. Other diseases of the skin and cellular tissue.

XIII.—DISEASES OF THE BONES AND ORGANS OF MOVEMENT (154–156)

154. Osteomyelitis and periostitis.
 (a) Acute.
 (b) Chronic or unspecified.
 155. Other diseases of the bones (except tuberculosis).
 156. Diseases of the joints and other organs of movement.
 (a) Diseases of the joints (except tuberculosis and rheumatism).
 (b) Diseases of other and unspecified organs of movement.

XIV.—CONGENITAL MALFORMATIONS (157)

This title applies only to children born alive. It should be restricted to congenital malformations sufficiently serious to cause death, i. e., incompatible with life.

157. Congenital malformations (stillbirths not included).
 Congenital malformations of the central nervous system:
 (a) Congenital hydrocephalus.
 (b) Spina bifida and meningocele.
 (c) Anencephalus.

- (d) Other congenital malformations of the central nervous system.

Congenital malformations of the cardiovascular system:

- (e) Congenital malformations of the heart.
 (f) Other congenital malformations of the cardiovascular system.

Other congenital malformations:

- (g) Congenital malformations of the digestive system.
 (h) Congenital malformations of the genitourinary system.
 (m) Other and unspecified congenital malformations.

XV.—DISEASES PECULIAR TO THE FIRST YEAR OF LIFE (158–161)

This group of titles includes only deaths of infants under 1 year of age, except those caused by cerebral hemorrhage (unqualified), which are restricted to under 1 month. Not all deaths of infants under 1 year are included, however, since certain causes of death not peculiar to the first year of life are classified under other titles throughout the list, e. g., 119, 157, etc. Also excluded are stillbirths, since they do not represent deaths of liveborn persons.

158. Congenital debility (no other cause stated).

NOTE.—State a more definite cause, if possible.

159. Premature birth (no other cause stated).
 160. Injury at birth.
 (a) Intracranial or spinal hemorrhage.
 (b) Other intracranial or spinal injuries.
 (c) Other injuries at birth.
 161. Other diseases peculiar to the first year of life.

- (a) Asphyxia (cause not specified), atelectasis.
 (b) Infection of the umbilicus; pemphigus and other infections (nonsyphilitic).
 (c) Other specified diseases peculiar to the first year of life.

XVI.—SENILITY (162)**162. Senility.**

- (a) Senility with mention of senile dementia.
- (b) Senility without mention of senile dementia.

NOTE.—This title is in general restricted to deaths of persons age 65 years and over.

XVII.—VIOLENT OR ACCIDENTAL DEATHS (163–198)**SUICIDE (163, 164)****163. Suicide by poisoning.**

Since drugs are used in many suicides, it is desirable to classify the drugs according to their principal toxic ingredient. The following special subdivisions used by the Bureau of the Census are subject to change:

Suicide by solid or liquid poisons:

- A. Arsenic and compounds.
- B. Barbituric acid and derivatives.
- C. Cresol compounds.
- D. Mercury and compounds.
- E. Nux vomica and strychnine.
- F. Carbolic acid and phenol.
- G. Other solid or liquid poisons.

Suicide by poisonous gases:

- H. Illuminating gas.
- M. Motor-vehicle exhaust gas.
- O. Other carbon monoxide gas.
- X. Other poisonous gases.

164. Suicide by other means:

- (a) Suicide by hanging or strangulation.
- (b) Suicide by drowning.
- (c) Suicide by firearms and explosives.
- (d) Suicide by cutting or piercing instruments.
- (e) Suicide by jumping from high places.
- (f) Suicide by crushing.
- (g) Suicide by other or unspecified means.

HOMICIDE (165–168)**165. Infanticide (homicide of infants under 1 year of age).****166. Homicide by firearms.****167. Homicide by cutting or piercing instruments.****168. Homicide by other means.****ACCIDENTAL DEATHS (169–195)**

Deaths from violence should always be specified as to whether due to homicide, suicide, or accident. If not so stated, they will be considered as accidental.

In reporting accidental deaths, the following items should be stated:

- (a) Injury which caused death.
- (b) Vehicle, machinery, or other object involved.
- (c) Manner in which injury was incurred.
- (d) Place and date of accident.
- (e) Whether accident occurred at home, on farm, in industrial place, or in public place.

169. Railway accidents (except collisions with motor vehicles).**170. Motor-vehicle accidents.**

- (a) Collisions between automobiles and trains.
- (b) Collisions between automobiles and streetcars.
- (c) Automobile accidents (except collisions with trains or streetcars).
- (d) Motorcycle accidents (except collisions with automobiles).

171. Streetcar and other road-transport accidents.

- (a) Streetcar accidents (except collisions with trains or motor vehicles).
- (b) Other and unspecified road-transport accidents.

172. Water-transport accidents.**173. Air-transport accidents.****174. Accidents in mines and quarries.****175. Agricultural and forestry accidents.**

- (a) Accidents involving agricultural machinery and vehicles.
- (b) Injury by animals in agriculture.
- (c) Other agricultural accidents.
- (d) Accidents involving forestry machinery and vehicles.
- (e) Other forestry accidents.

NOTE.—This title includes all deaths resulting from accidents specified as occurring in the course of agricultural or forestry operations, including market gardening and reforestation. If not so specified, they will be classified under other accident titles.

176. Other accidents involving machinery.

177. Food poisoning.

178. Accidental absorption of poisonous gas.

The following special subtitles used by the Bureau of the Census are subject to change:

- A. Illuminating gas.
- B. Motor-vehicle exhaust gas.
- C. Other carbon monoxide gas.
- X. Other poisonous gases.

179. Acute accidental poisoning by solids and liquids.

Since drugs are involved in many deaths from acute accidental poisoning by solids and liquids, it is desirable to classify the drugs according to their principal toxic ingredient. The following special subtitles used by the Bureau of the Census are subject to change:

- A. Arsenic and compounds.
- B. Barbituric acid and derivatives.
- C. Cresol compounds.
- D. Mercury and compounds.
- E. Nux vomica and strychnine.
- F. Carbolic acid and phenol.
- G. Lye and potash.
- H. Tobacco and derivatives.
- M. Narcotics.
- O. Methanol and other alcohols.
- X. Other and unspecified substances.

180. Conflagration.

181. Accidental burns (except due to conflagration).

182. Accidental mechanical suffocation.

183. Accidental drowning.

184. Accidental injury by firearms.

185. Accidental injury by cutting or piercing instruments.

186. Accidental injury by fall or crushing.

(a) Fall.

(b) Crushing.

187. Cataclysm (all deaths attributed to a cataclysm regardless of their nature).

188. Injury by animals (not specified as venomous or occurring in the course of agricultural and forestry operations).

189. Hunger or thirst.

190. Excessive cold.

191. Excessive heat.

192. Lightning.

193. Accidents due to electric currents (except lightning).

194. Poisoning by venomous animals (not specified as occurring in the course of agricultural and forestry operations).

195. Other accidents.

(a) Sequelae of preventive immunization, inoculation, or vaccination.¹

(b) Other accidents due to medical or surgical intervention.²

(c) Lack of care of the newborn.

(d) Obstruction, suffocation, or puncture by ingested objects.

(e) Other and unspecified accidents.³

196. Deaths of military personnel during operations of war.

197. Deaths of civilians due to operations of war.

198. Legal executions.

XVIII.—ILL-DEFINED AND UNKNOWN CAUSES (199, 200)

199. Sudden death.

200. Ill-defined or unknown causes.

(a) Ill-defined.

(b) Found dead (cause unknown).

(c) Unknown or unspecified cause.

¹ This subtitle does not include: Deaths resulting from treatment administered for curative purposes (classify under disease or injury necessitating treatment); or deaths resulting from accidental overdose of drugs (179).

² This subtitle includes deaths from anesthesia administered for unstated purposes, and operations performed for purposes other than curative. It does not include deaths following medical or surgical intervention for the alleviation of known disease or injury (classify under disease or injury involved).

³ 195c is a residual subtitle under which deaths should be classified only when the lack of information prevents their inclusion under more specific titles. Many of the deaths tabulated under this subtitle could be more satisfactorily allocated if more complete information were given as to the circumstances in which death occurred.

INDEX TO THE INTERNATIONAL LIST OF CAUSES OF DEATH

This index presents terms and expressions considered desirable for certifying causes of death, together with certain others less satisfactory but frequently reported on death certificates. Indefinite and undesirable terms have been italicized and a note attached to show the additional information needed for proper classification. It is hoped that the medical profession will cooperate to the fullest extent by using only those terms or expressions which can be classified with accuracy.

Italics indicate indefinite terms; notes indicate information needed.

Abdominal pregnancy (see Ectopic gestation)	Abscess—Continued
<i>Abortion</i>	breast
For purposes of classifying maternal deaths, abortion (miscarriage) is defined as the termination of a uterine pregnancy prior to 7 lunar months (28 weeks) of gestation (regardless of whether the child was born dead or alive).	specified as "puerperal" or as occurring during lactation 150a
Give full details on all deaths involving abortion including: cause of abortion, period of gestation, and resulting complications leading to death.	<i>without qualification</i> 139c, 152
<i>Abortion</i>	broad ligament 139a
criminal	bursa 156b
with infection 140d	cerebellum 80a
without infection 141f	cornea 88
induced for nontherapeutic reasons	ear 89a
with infection 140d	esophagus 116
without infection 141f	ethmoidal sinus 104b
self-induced	fallopian tube 139a
with infection 140c	frontal sinus 104b
without infection 141e	gallbladder 127a
spontaneous	gum 115a
with infection 140a, 140b	iliac fossa 121
without infection 141a–141d	intracranial 80a
therapeutic	ischiorectal 123
with infection 140a, 140b	joint (any joint) 156a
without infection 141a–141d	kidney 133b
tubal (see Ectopic gestation)	knee, tuberculous 17b
unknown origin	labium majus 139c
with infection 140a, 140b	liver 125b
without infection 141a–141d	amebic 27b
<i>Abscess</i>	tropical 27b
Specify cause and location. Was it tuberculous or traumatic? Give full details.	lumbar 16
<i>Abscess</i>	tuberculous 16
antrum of Highmore 104b	<i>lung</i> (specify whether tuberculous) 114d
appendix 121	<i>mammary</i>
Bartholin's gland 139c	specified as "puerperal" or as occurring during lactation 150a
bladder 135a	<i>without qualification</i> 139c, 152
brain 80a	mastoid 89b
	process 89b
	maxillary sinus 104b
	Meckel's diverticulum 123
	mediastinum 114d
	muscle 156b
	nasal fossae 104a
	nasopharyngeal 115c
	nephritic 133b

Italics indicate indefinite terms; notes indicate information needed.

Abscess—Continued

- ovary 139a
- pancreas 128
- pelvic 139a, 152
- puerperal 147b
- pericecal 121
- perineal 136b
- perinephric 133b
- periosteal 154b
- perirectal 123
- perirenal 133b
- peritonsillar 115c
- perityphlitic 121
- periuterine 139a
- puerperal 147b
- pharynx 115c
- pons varolii 80a
- postcecal 121
- postpharyngeal 115c
- prostate 137b
- psoas 16
- puerperal 147b
- pulmonary* (specify whether tuberculous) 114d
- rectum 123
- renal 133b
- retropharyngeal 115c
- retro-uterine 139a
- sphenoidal sinus 104b
- spleen 75c
- stomach 118
- subdiaphragmatic 129
- subphrenic 129
- suprapelvic 139a
- teeth 115a
- tendon 156b
- thecal 152
- thyroid gland 63d
- tonsil 115c
- tonsillopharyngeal 115c
- umbilicus 152, 161b
- urinary 136b
- vertebra, tuberculous 16
- vesical 135a
- vulva 139c
- without qualification* 152

Absorption of poisonous gas (specify type of gas involved).

- accident 169-176, 178, 180, 187
- legal execution 198
- suicide 163

Accident

Give full details on all accidental deaths, including:

- (a) injury which caused death;
- (b) vehicle, machinery, or other object involved;
- (c) manner in which injury was incurred;
- (d) place and date of accident;
- (e) whether at home, on farm, in industrial place, or in public place.

Accident (accidental)

- absorption of poisonous gas 178
- agricultural 175a-175c

Accident—Continued

- air transport 173
- airplane 173
- automobile (any motor-driven vehicle not operated on rails) 170c
 - collision with
 - automobile 170c
 - bicycle 170c
 - fixed object 170c
 - motorcycle 170c
 - pedestrian 170c
 - streetcar 170b
 - train 170a
 - truck 170c
 - wagon 170c
- bicycle 171b
- birth 160c, 195e
- boat 172
- burning 181
- cataclysm 187
- collision
 - automobile with
 - any motor vehicle 170c
 - streetcar 170b
 - train 170a
 - other object or vehicle 170c
- concussion 195e
- conflagration 180
- crushing 186b
- cutting 185
- drowning 183
- electric current 193
- electrocution 193
- elevated railway 171a
- excessive
 - cold 190
 - heat 191
- explosion 195e
 - gasoline 181
- fall 186a
- forestry 175d, 175e
- fracture 195e
- freezing 190
- heat exhaustion 191
- injury by animal
 - agricultural 175b
 - venomous 194
 - other 188
- lightning 192
- machinery
 - agricultural 175a
 - forestry 175d
 - mining 174
 - quarry 174
 - ship 172
 - other 176
- mechanical suffocation 182
- mine or quarry 174
- motorcycle (except collision with automobile) 170d
- motor-vehicle 170
- obstruction by ingested object 195d
- piercing by sharp instrument 185

Italics indicate indefinite terms; notes indicate information needed.

Accident—Continued.

- poisoning (specify poisonous substance involved)
 - food 177
 - gas 178
 - liquid 179
 - solid 179
- railway (except collision with motor vehicle) 169
- road-transport vehicle (except motor vehicle) 171b
- sequela of preventive
 - immunization 195a
 - inoculation 195a
 - vaccination 195a
- streetcar (except collision with train or motor vehicle) 171a
- subway 171a
- suffocation by ingested object 195d
- vehicle
 - agricultural 175a
 - forestry 175d
 - motor 170
 - other 171b
- water transport 172

Achondroplasia 157m

Acidosis

Specify cause. Was it due to malnutrition, pregnancy, diabetes mellitus, or cardiorenal disease?

Acidosis (except diabetic) 66b

diabetic 61

Acrodynia 66b

Acromegaly 62

Actinomyces (of any site) 43

Adams-Stokes' disease 95a

Addison's disease 65a

tuberculous 21a

Adenitis

intestine 123

tuberculous 19

without qualification 101

Adenofibroma (see Tumor)

Adenoid

growth 115c

vegetations 115c

Adenoids 115c

Adenoma (see Tumor)

thyroid gland 63a

toxic 63b

Adenomyoma (see Tumor)

Adenomyxoma (see Tumor)

Adherent placenta 146c

Adiposis dolorosa 66b

Adrenalism, tuberculous 21a

Aerogenes capsulatus infection 24c

Agranulocytosis 76a

Ainhum 98

Albuminuria

of pregnancy (death before delivery) 144b

puerperal (death during puerperium) 148b

Alcoholic diseases of nervous system 77b

liver 124a

Alcoholism

Specify whether acute or chronic; also complications, e. g., cirrhosis of liver, delirium tremens, psychosis, etc.

Alcoholism

acute 77c

chronic 77d

Aleukemia 74b

Amebiasis 27b

Amygdalitis, follicular 115c

Amyloid disease (specify organ) 66b

Amyotonia 156b

congenita 157m

Amyotrophy, progressive spinal 82

Anaphylaxis, specified as sequela of preventive immunization, inoculation, or vaccination 195a

Anemia (specify cause and type) 73d

aplastic 73d

hemolytic 73d

hyperchromic 73b

pernicious 73a

posthemorrhagic 73c

progressive 73b

secondary to acute or chronic

blood loss 73c

sickle cell 73d

simple 73c

splenic 75a

tropical macrocytic 71

without qualification 73d

Anencephalus 157c

Anesthesia administered in operation for other than curative purposes, such as:

circumcision 195b

plastic surgery 195b

sterilization 195b

Aneurysm (specify cause and organ involved)

aorta (specify whether syphilitic) 30d

arteriovenous 96

coronary artery 94a

heart 93d

other 96

without qualification 96

Angina (specify disease and organ)

cardiac 94b

heart 94b

Ludwig's 115d

pectoris 94b

Vincent's 32b

Angiocholecystitis 127a

Angiocholitis 127a

Angioma (see Tumor)

arterial (see Tumor)

Ankylostomiasis 40

Anthrax (any organ or site) 7

Aortitis (except syphilitic) 99

syphilitic 30d

Apoplexy (specify cause)

alcoholic (specify whether acute alcoholism) 77e

Italics indicate indefinite terms; notes indicate information needed.

Apoplexy—Continued

brain 83a
 alcoholic (specify whether
 acute alcoholism) 77e

bulbar 83a
 lung (specify cause) 111a
 meninges 83a

Appendicitis 121

fulminating 121
 gangrenous 121
 perforative 121
 recurrent 121
 suppurative 121

Arteriofibrosis 97

Arteriolar disease, obliterative 99

Arteriosclerosis 97
 cerebral 97
 coronary artery 94a
 diffuse 97
 general 97

Arteriosclerotic kidney 131a

Arteritis (except aortic) 99
 aortic 30d
 obliterans 99

Arthritis (specify nature of) 59b

acute 156a
 rheumatic 58e
 atrophic 59a
 chronic 59b
 deformans 59b
 degenerative 59b
 gonococcus 25
 hypertrophic 59b
 infectious (specify cause) 59a
 multiple 59b
 primary progressive 59a
 proliferative 59b
 purulent (specify cause) 156a
 rheumatoid 59a
 septic (specify cause) 156a
 tuberculous 17b

Arthropathy (specify the disease) 156a

Asbestosis 114a

Ascariasis 42

Ascaris lumbricoides, infestation by 42

Ascites, nonfilarial chylous 101

Aspergillosis (of any site) 43

Asphyxia (specify cause)

drowning 183
 neonatorum 161a
 postnatal 161a
 vomiting 195d

Asphyxiation by

falling earth 182
 gas (specify type of gas involved)
 accident 169-176, 178, 180,
 187
 legal execution 198
 suicide 163

Assassination (see Homicide)

Assault (see Homicide)

Asthma 112

bronchial 112
 cardiac (specify the heart disease
 involved) 95c
 catarrhal 112

Asthma—Continued

miners' 114b

spasmodic 112

Astrocystoma (see Cancer)

Ataxia

hereditary 82
 spinal 82

Atelectasis

(age — 1 yr.) 161a
 (age 1 yr.+) 114e
 neonatorum 161a

Atelia (specify type of malformation and organ affected) 157m

Atelocardia 157e

Atheroma

heart 93d
 valve 92d
 other 97

Atherosclerosis 97

Atony of uterus 149b

Atresia of rectum 157g

Atrophy (specify cause) 158, 162b, 200a

liver
 acute, subacute, or yellow
 125a

death during
 childbirth 148c
 pregnancy 144c
 puerperium 148c

progressive muscular 82
 thyroid gland 63d

Avitaminosis (specify cause) 71

Bacteriemia 24a

Banti's disease (specify cause) 75b

Bed sore (specify cause) 153

Beriberi 68

Bite

animal
 nonvenomous 188
 venomous 194
 insect (poisonous) 194
 mad dog 38b
 snake 194

Blackwater fever 28c

Blastocystoma (see Cancer)

Blastoma (see Cancer)

Blastomycosis (any site) 43

Bleeder (specify whether true hemo- philia) 72b

Blow (specify circumstances)

accident 195e
 homicide 168

Botulism 177

Brachycardia 95a

Bradycardia 95a

Breakbone fever 38f

Bright's disease (report as acute or chronic nephritis, and specify cause) 130-132

Bronchiectasis 106b

Bronchitis

Specify whether acute or chronic.
 Avoid the return of "bronchitis,"
 unqualified.

Italics indicate indefinite terms; notes indicate information needed.

Bronchitis

- acute 106a
- asthmatic 112
- capillary 107
- chronic 106b
 - catarrhal 106b
- croupous 106a
- fetid 106b
- fibrinous 106a
- purulent 106b
- subacute 106a
- ulcerative 106b

Bronchopneumonia

State whether primary or secondary to some other disease, as measles, whooping cough, etc. If primary, specify "primary." If secondary, state disease which preceded it.

Bronchopneumonia 107

- bilateral 107
- double 107
- due to grippe 33a
- septic 107
- terminal (specify cause) 107

Bronchopulmonitis 107**Brucellosis 5**

Bruise (any part of body) (specify manner in which received) 195e (see Accident)

Buhl's disease 161c

Burn (specify circumstances) (see Accident)

- accident 169-176, 180, 181, 187, 193
- suicide 164g

Bursitis 156b**Cachexia**

- exophthalmic 63b
- lead
 - occupational 78a
 - other 78b
- pachydermic 63c

Caisson disease 195e**Calculus**

- biliary 126
- bladder 134b
- kidney 134a
 - impacted 134a
- pancreatic duct 128
- pelvis of kidney 134a
- prostate 137b
- renal 134a
- ureter 134a
 - impacted 134a
- urethra 134b
 - impacted 134b
- urinary 134c
- vesical 134b

Cancer

Specify site of origin, organs involved, and histological type. Avoid the return of "cancer," "carcinoma," "sarcoma," etc., unqualified. The term "cancer" is considered to mean all types of malignant growth.

Cancer

- abdomen 55e
- abdominal viscera 46m
- accessory sinuses 55d
- adrenal gland 55a
- antrum 55d
 - of Highmore 55d
- anus 46d
- appendix 46e
- axilla 55e
- bile duct 46f
- bladder 52b
- bone (except jawbone and accessory sinuses) 55b
- brain 54b
- breast 50
- broad ligament 49e
- bronchi 47c
- bronchogenic 47c
- buccal cavity (specify exact location) 45e
- cardiac orifice of stomach 46b
- cauda equina 54b
- cecum 46e
- cervical node 55e
- cervix of uterus 48a
- cheek
 - external 53
 - internal 45c
- chest 55e
 - wall 55e
- choroid 55e
- clitoris 49d
- colon 46e
- disseminated 55e
- duodenum 46c
- ear 53
- epididymis 51c
- epiglottis 47a
- esophagus 46a
- eye 55e
- face 53
- fallopian tube 49b
- frontal sinus 55d
- fundus of uterus 48b
- gallbladder 46f
- gall duct 46f
- gastro-intestinal (specify exact location) 46m
 - tract 46m
- genital organ (specify exact location)
 - female 49e
 - male 51e
- glottis 47a
- groin 55e
- gum 45c
- ileocecal valve 46e
- ileum 46e
- intestinal glands 46e
- intestine (specify exact location) 46e
- intra-abdominal 55e
- jaw (specify whether bone or tissue) 45d
- jawbone 45d
- jejunum 46e

Italics indicate indefinite terms; notes indicate information needed.

Cancer—Continued

kidney 52a
labia 49d
larynx 47a
lip 45a
liver (specify site of origin) 46f
lower sigmoid flexure 46d
lung 47d
mammary gland 50
mandible 45d
maxilla (upper or lower) 45d
maxillary sinus 55d
mediastinal gland 47f
mediastinum 47f
membrane of brain 54b
meninges 54b
mesenteric gland 46h
mesentery 46h
middle ear (specify whether bone or tissue) 55b
mouth (floor or roof) 45c
nasal cavity 55d
nasopharynx 45f
neck (specify exact location) 55e
nipple 50
nose (external) 53
omentum 46h
orbit 55b
ovary 49a
palate (hard or soft) 45c
pancreas 46g
parametrium 49b
parotid gland 55e
pelvic viscera 55e
penis 51d
peritoneum 46h
pharynx 45f
pituitary gland 55e
placenta 48b
pleura (specify whether lungs are involved) 47e
prepuce 51d
prostate 51b
pylorus 46b
rectosigmoid junction 46d
rectovaginal septum 46h
rectum 46d
renal 52a
respiratory system (specify exact location) 47f
retroperitoneal gland 46h
lymph node 46h
scrotum 51a
seminal vesicle 51c
sigmoid flexure (specify whether upper or lower) 46e
skin (specify exact location) 53
spermatic cord 51e
spinal cord 54b
spleen 55e
stomach 46b
submaxillary gland 55e
suprarenal gland 55a
sympathetic nervous system 54b
testicle 51c
throat (specify exact location) 45f

Cancer—Continued

thymus gland 55e
thyroid gland 55c
tongue 45b
tonsil 45f
trachea 47b
umbilicus 53
upper sigmoid flexure 46e
ureter 52c
urethra 52c
urinary bladder 52b
uterine ligament 49e
uterus 48b
vagina 49c
Vater's ampulla (specify site of origin) 46f
vulva 49d
womb 48b
X-ray 53

Cancerous, any condition so qualified (see Cancer)

Cancerum oris 98

Capital punishment (specify means) 198

Carbuncle 151

multiple 151

Carcinoma (see Cancer)

Carcinomatosis, general 55e

Carcinosis, miliary 55e

Cardiac dilatation, failure, insufficiency, etc. (specify exact form of cardiac affection) (see Heart)

Cardionephritis 131a

Cardiorenal disease 131a

Cardiospasm 116

Cardiovascular disease 93d

arteriosclerotic 93d

hypertensive 93d

Cardiovascular-renal disease (give more specific information, if possible) 131a
hypertensive 131a

Carditis (give more specific information, if possible) 95c
rheumatic 58d

Caries

bone 154b

mastoid process 89b

middle ear 89a

sacrum, tuberculous 16

spine 16

vertebra 16

Cataract (all forms) 88

Catarrh

Avoid the use of this term if possible.

Catarrh

acute

bronchial 106a

pulmonary 106a

bile duct 127a

bronchial 106c

chronic 106b

larynx 105

throat 105

Italics indicate indefinite terms; notes indicate information needed.

- Cause unknown* (state a "probable" cause if a definite one cannot be given) 200c
- Cellulitis (see Abscess)
- Cephalhematoma
(age - 1 yr.) 160c
(age 1 yr.+) (see Tumor)
- traumatic (age 1 yr.+) 195e
- Cerebrospinal fever (meningococcus) 6
meningitis (see Meningitis)
- Cesarean section* (specify cause and complications resulting in death)
(death of child) 160c
(death of mother) 149b
- Chickenpox 38e
- Childbirth* (specify complications causing death) 150c
- Chill* (specify the condition causing the chill. Malarial fever?) 200a
- Chloroma (see Cancer)
- Chlorosis 73c
- Cholangitis 127a
catarrhal 127a
suppurative 127a
- Cholecystitis 127a
infectious 127a
suppurative 127a
- Choledochitis 127a
suppurative 127a
- Cholelithiasis 126
- Cholera
Asiatic 4
epidemic (where Asiatic cholera is prevalent) 4
infantum 119a, 120a
- Cholesteatoma (see Tumor)
- Chondroma (see Tumor)
- Chordoma (see Cancer)
- Chorea
associated with pregnancy 144d
due to acute rheumatic fever 58e
gravidarum (death during pregnancy) 144d
Huntington's 87e
progressive, chronic 87e
- Chorio-encephalitis, lymphocytic 87e
- Chylocele, nonfilarial 101
- Circumcision (for disease) 138
(not for disease) 195b
- Cirrhosis
alcoholic 124a
biliary 124b
congenital 124b, 161c
hepatic 124b, 161c
hepatic 124b
hypertrophic 124b
Laennec's 124a
liver 124b
alcoholic 124a
atrophic 124b
congenital 124b, 161c
hypertrophic 124b
portal 124b
toxic 124b
- Cleft palate 157g
- Clot on brain 83a
- Coarctation of aorta 157f
- Coccidiosis 29
- Colibacillosis 24d
- Colic
biliary 126
gallstones 126
lead
occupational 78a
other 78b
painters' 78a
renal 134a
- Colitis 119a, 120a
catarrhal (acute or chronic) 119a, 120a
croupous 119a, 120a
hemorrhagic 119a, 120a
membranous 119a, 120a
necrotic 119a, 120a
ulcerative 119b, 120b
- Collapse* (specify cause; if due to violence, give complete details) 200c
- Collision (see Accident)
- Coma* (specify cause, avoid use of coma unqualified) 200a
diabetic 61
- Compression
cerebral (injury at birth) 160b
chest (specify cause) 195e
during birth 160c
umbilical cord 160c
- Concussion (specify how incurred) (see Accident)
accidental 169-176, 180, 187, 195e
- Congenital
aneurysm 157f
ascites 161c
atresia 157m
cirrhosis 124b, 161c
liver 124b, 161c
cystic disease of kidney 157h
debility (specify cause)
(age - 1 yr.) 158
(age 1 yr.+) 200a
edema of lung 161c
fistula, vesicorectal 157h
goiter 157m
heart disease, valvular 157e
hemorrhage 161c
hernia 157m
cerebral 157d
inguinal 157g
umbilical 157g
hydrocephalus 157a
icterus 161c
imperforate urethra 157h
malformation (specify type of malformation and organ involved)
anus 157g
bladder 157h
brain 157d
cardiovascular system 157f
central nervous system 157d
digestive system 157g
esophagus 157g
genito-urinary system 157h
heart 157e
intestine 157g
multiple 157m
rectum 157g

Italics indicate indefinite terms; notes indicate information needed.

- Congenital**—Continued
 malnutrition (specify cause) 158, 200a
 obstruction of intestine 157g
 occlusion of gall duct 157g
 peritonitis 161b
 polycystic kidney 157h
 sclerema 161c
septicemia 161b
 spina bifida 157b
 stenosis
 aortic 157e
 laryngeal 157m
 pyloric 157g
 intestine 157g
 syphilis 30f
 tumor 157m
 brain 157d
 weakness 158, 200a
- Congestion**
 Merely passive congestion, as "congestion," "congestion of bowels," "congestion of lungs," etc., should not be reported as a cause of death. Instead, specify the cause of the congestion.
- Congestion**
acute pulmonary 109
alcoholic cerebral 77e
 (specify whether due to acute or chronic alcoholism)
chronic lung 111c
 glottis 105
 hypostatic 111c
 larynx 105
pulmonary 111c
without qualification 200a
- Consolidation of lung 109
 Contracted kidney 131a
 secondary 131a
- Convulsions**
 Specify cause. If eclampsia, specify whether associated with pregnancy or childbirth. Do not report "convulsions" unqualified.
- Convulsions 86, 87e
 during childbirth 148a
 pregnancy 144a
 puerperium 148a
 epileptic 85
 infantile 86
 puerperal 148a
- Coprolith 122b
 Cortical seizure, idiopathic 87e
 Coryza 104a
- Croup**
 Avoid the use of this term. Specify diphtheria when this disease is the cause of death.
- Croup
 catarrhal 105
 diphtheritic 10
 membranous 10
 spasmodic 105
 stridulous 105
without qualification 105
- Craniopharyngioma (see Tumor)
 Cretinism 63c
 endemic 63c
- Crushing (specify circumstances) (see Accident)
 accident 169–176, 180, 186b, 187
 suicide 164f
- Cutting (specify circumstances) (see Accident)
 accident 169–176, 180, 185, 187
 homicide 167
 suicide 164d
- Cyanosis** (specify cause) 161c
 due to malformation of heart 157e
 from nonclosure of foramen of Botallo 157e
 persistence of foramen ovale 157e
- Cyclone (specify nature of injury) 187
- Cyesis** (specify a more definite cause, if possible) 145
- Cyst (see Tumor)
 branchial 157m
 dermoid (see Tumor)
 hydatid (any site) 41
 pancreas 128
 urachal 157h
- Cystadenoma (see Tumor)
 Cystitis (specify cause) 135a
 gangrenous 135a
 purulent 135a
 suppurative 135a
without qualification 135a
- Cystocele 135b
 Cystoma (see Tumor)
- Deaf-mutism, endemic 63c
- Death
 due to operations of war
 civilians 197
 military personnel 196
during puerperium
 (cause unknown) 150c
- Debility** (specify cause)
congenital 158, 200a
general 158, 200a
senile 162b
- Decay** (see Debility, senile)
- Deciduoma 56b
 malignum 48b
- Decline** (see Debility)
- Decompensation of heart** (specify cause and valve involved) 95c
- Decubitus 153
- Deficiency disease** (specify disease and cause) 71
- Deformity, rachitic** (specify way in which this caused death) 70
- Degeneration**
 cretinoid 63c
 fatty
 heart 93d
 liver 124b
 myocardium 93d
 senile 162b
- Delirium tremens 77d

Italics indicate indefinite terms; notes indicate information needed.

Delivery, delayed (specify true cause of death) 149b

Dementia

Specify type. Avoid the return of "dementia" unqualified.

Dementia

epileptic 85
old age 162a
paralytica 30b
praecox 84b
primary 84b
senile 162a
terminal 84d

Dengue 38f

fever 38f

Dermatitis (specify cause)

actinica 181
ambustionis 181
exfoliative 153
gangraenosa 98
venenata 153

Diabetes

Since diabetes mellitus is often present in deaths from other causes, specify whether it really caused death or was merely present as an incidental factor.

Diabetes mellitus 61

insipidus 66b

Diabetic—any condition so qualified 61

Diarrhea 119a, 120a

catarrhal (acute or chronic) 119a, 120a
flagellate 27c
infantile 119a, 120a

Dilatation (specify cause)

bronchi 106b
heart 95c

Diphtheria 10

gangrenous 10
laryngeal 10
of any site 10

Diphtheritic—any condition so qualified 10

Diplegia

cerebral 83d
infantile 87e

Discomycosis 43

Disease

The word "disease," alone, should not be used. Give the actual name of the disease together with the organs or parts involved.

Disease

adrenal gland 65b
coronary artery 94a
frontal sinus 104b
hip, tuberculous 17b
mastoid cell 89b
suprarenal gland 65b

Diverticulitis 123

Diverticulosis 123

Dropsy

This is merely a symptom and its use should be avoided. State the disease causing it, e. g., diseases of the heart, kidney, etc.

Drowning (specify circumstances) (see Accident)

accident 169-176, 180, 183, 187
homicide 168
suicide 164b

Dysentery

amebic 27b
bacillary 27a
balantidic 27c
endamebic 27b
epidemic 27a
type unknown 27c

Dyspituitarism 62

Dystocia (specify cause) (see Injury, birth)

Dystrophy, progressive muscular 156b

Earthquake (specify nature of injury) 187

Echinococcosis (of any site) 41

Echinococcus cyst (of any site) 41

Eclampsia

Specify cause; also whether associated with pregnancy or childbirth. Avoid the return of "eclampsia," unqualified.

Eclampsia

death during
childbirth 148a
pregnancy 144a
puerperium 148a
maternal (death of child, age — 1 yr.) 161c
puerperal 148a

Ectopia of bladder 157h

Ectopic gestation

with infection 142a
without infection 142b

Edema (specify cause)

lung 111c
acute 111b
chronic 111c
neonatorum 161c

Effects of

cold (temperature) 190
corrosives 181
heat 191
radium 181
X-ray 181

Electric shock 193

Electrocution (specify circumstances)

accident 169-176, 180, 187, 193
legal execution 198
suicide 164g

Elephantiasis

filarial 42
nonfilarial 153

Italics indicate indefinite terms; notes indicate information needed.

- Congenital**—Continued
 malnutrition (specify cause) 158, 200a
 obstruction of intestine 157g
 occlusion of gall duct 157g
 peritonitis 161b
 polycystic kidney 157h
 sclerema 161c
septicemia 161b
 spina bifida 157b
 stenosis
 aortic 157e
 laryngeal 157m
 pyloric 157g
 intestine 157g
 syphilis 30f
 tumor 157m
 brain 157d
 weakness 158, 200a
- Congestion**
 Merely passive congestion, as "congestion," "congestion of bowels," "congestion of lungs," etc., should not be reported as a cause of death. Instead, specify the cause of the congestion.
- Congestion**
acute pulmonary 109
alcoholic cerebral 77e
 (specify whether due to acute or chronic alcoholism)
chronic lung 111c
 glottis 105
hypostatic 111c
 larynx 105
pulmonary 111c
without qualification 200a
- Consolidation of lung 109
 Contracted kidney 131a
 secondary 131a
- Convulsions**
 Specify cause. If eclampsia, specify whether associated with pregnancy or childbirth. Do not report "convulsions" unqualified.
- Convulsions 86, 87e
 during childbirth 148a
 pregnancy 144a
 puerperium 148a
 epileptic 85
 infantile 86
 puerperal 148a
- Coprolith 122b
 Cortical seizure, idiopathic 87e
 Coryza 104a
- Croup**
 Avoid the use of this term. Specify diphtheria when this disease is the cause of death.
- Croup**
 catarrhal 105
 diphtheritic 10
 membranous 10
 spasmodic 105
 stridulous 105
without qualification 105
- Craniopharyngioma (see Tumor)
 Cretinism 63c
 endemic 63c
- Crushing (specify circumstances) (see Accident)
 accident 169-176, 180, 186b, 187
 suicide 164f
- Cutting (specify circumstances) (see Accident)
 accident 169-176, 180, 185, 187
 homicide 167
 suicide 164d
- Cyanosis** (specify cause) 161c
 due to malformation of heart 157e
 from nonclosure of foramen of Botallo 157e
 persistence of foramen ovale 157e
- Cyclone (specify nature of injury) 187
- Cyesis** (specify a more definite cause, if possible) 145
- Cyst** (see Tumor)
 branchial 157m
 dermoid (see Tumor)
 hydatid (any site) 41
 pancreas 128
 urachal 157h
- Cystadenoma** (see Tumor)
- Cystitis** (specify cause) 135a
 gangrenous 135a
 purulent 135a
 suppurative 135a
 without qualification 135a
- Cystocele** 135b
- Cystoma** (see Tumor)
- Deaf-mutism, endemic 63c
- Death**
 due to operations of war
 civilians 197
 military personnel 196
 during puerperium
 (cause unknown) 150c
- Debility** (specify cause)
 congenital 158, 200a
 general 158, 200a
 senile 162b
- Decay** (see Debility, senile)
- Deciduoma** 56b
 malignum 48b
- Decline** (see Debility)
- Decompensation of heart** (specify cause and valve involved) 95c
- Decubitus** 153
- Deficiency disease** (specify disease and cause) 71
- Deformity, rachitic** (specify way in which this caused death) 70
- Degeneration**
 cretinoid 63c
 fatty
 heart 93d
 liver 124b
 myocardium 93d
 senile 162b
- Delirium tremens** 77d

Italics indicate indefinite terms; notes indicate information needed.

Delivery, delayed (specify true cause of death) 149b

Dementia

Specify type. Avoid the return of "dementia" unqualified.

Dementia

epileptic 85
old age 162a
paralytica 30b
praecox 84b
primary 84b
senile 162a
terminal 84d

Dengue 38f

fever 38f

Dermatitis (specify cause)

actinica 181
ambustionis 181
exfoliative 153
gangraenosa 98
venenata 153

Diabetes

Since diabetes mellitus is often present in deaths from other causes, specify whether it really caused death or was merely present as an incidental factor.

Diabetes mellitus 61

insipidus 66b

Diabetic—any condition so qualified 61

Diarrhea 119a, 120a

catarrhal (acute or chronic) 119a, 120a
flagellate 27c
infantile 119a, 120a

Dilatation (specify cause)

bronchi 106b
heart 95c

Diphtheria 10

gangrenous 10
laryngeal 10
of any site 10

Diphtheritic—any condition so qualified 10

Diplegia

cerebral 83d
infantile 87e

Discomycosis 43

Disease

The word "disease," alone, should not be used. Give the actual name of the disease together with the organs or parts involved.

Disease

adrenal gland 65b
coronary artery 94a
frontal sinus 104b
hip, tuberculous 17b
mastoid cell 89b
suprarenal gland 65b

Diverticulitis 123

Diverticulosis 123

Dropsy

This is merely a symptom and its use should be avoided. State the disease causing it, e. g., diseases of the heart, kidney, etc.

Drowning (specify circumstances) (see Accident)

accident 169–176, 180, 183, 187
homicide 168
suicide 164b

Dysentery

amebic 27b
bacillary 27a
balantidic 27c
endamebic 27b
epidemic 27a
type unknown 27c

Dyspituitarism 62

Dystocia (specify cause) (see Injury, birth)

Dystrophy, progressive muscular 156b

Earthquake (specify nature of injury) 187

Echinococcosis (of any site) 41

Echinococcus cyst (of any site) 41

Eclampsia

Specify cause; also whether associated with pregnancy or childbirth. Avoid the return of "eclampsia," unqualified.

Eclampsia

death during
childbirth 148a
pregnancy 144a
puerperium 148a
maternal (death of child, age — 1 yr.) 161c
puerperal 148a

Ectopia of bladder 157h

Ectopic gestation

with infection 142a
without infection 142b

Edema (specify cause)

lung 111c
acute 111b
chronic 111c
neonatorum 161c

Effects of

cold (temperature) 190
corrosives 181
heat 191
radium 181
X-ray 181

Electric shock 193

Electrocution (specify circumstances)

accident 169–176, 180, 187, 193
legal execution 198
suicide 164g

Elephantiasis

filarial 42
nonfilarial 153

Italics indicate indefinite terms; notes indicate information needed.

- Embolism** (specify whether of artery or vein) 99
 air 100b
 artery (except cerebral, coronary, pulmonary, and puerperal) 99
 basilar 83b
 cerebral 83b
 coronary artery 94a
 fat 99
 heart (specify whether coronary artery is meant) 94a
 lung 111a
 puerperal 147d
 pulmonary 111a
- Embryoma** (see Tumor)
- Emesis gravidarum** (death before delivery) 144d
- Emphysema**
 congenital 113
 hypertrophic 113
 interlobular 113
 lung 113
 senile 113
 vesicular 113
- Empyema** (specify site) 110a
 double 110a
 frontal sinus 104b
 gallbladder 127a
 mastoid process 89b
- Encephalitis**
 Specify whether or not infectious; also specify type, e.g., St. Louis, Vienna, etc.
- Encephalitis**
 acute 80b
 infectious 37a
 St. Louis type 37a
 Vienna type 37a
 unspecified type 37c
 epidemic 37c
 St. Louis type 37c
 Vienna type 37c
 unspecified type 37c
 infectious 37c
 St. Louis type 37c
 Vienna type 37c
 unspecified type 37c
 lead 78b
 occupational 78a
 other 78b
 lethargic 37c
 lethargica 37c
 sequelae of 37b
 nonepidemic 80b
 postinfectious (specify disease) 44d
 postvaccinal 195a
 sequela of preventive
 immunization 195a
 inoculation 195a
 vaccination 195a
 suppurative (specify whether infectious) 80b
 traumatic (specify injury) 195e
- Encephalocele** 157d
- Encephalomalacia** 83c
- Encephalomyelitis**
 equine 37c
 sequela of preventive
 immunization 195a
 inoculation 195a
 vaccination 195a
- Encephalopathy**
 lead
 occupational 78a
 other 78b
- Enchondroma** (see Tumor)
- Endarteritis** (unqualified) 99
 deformans 97
 obliterans 99
 obliterative 99
- Endocarditis**
 Specify whether acute, chronic, or bacterial, and whether of rheumatic origin. Avoid the return of "endocarditis" unqualified.
- Endocarditis**
 acute 91b
 bacterial 91a
 infectious 91a
 rheumatic 58b
 ulcerative 91a
 valvular 91b
 bacterial (specify infecting organism) 91a
 chronic 92d
 mitral 92b
 rheumatic 92c
 gonococcus 25
 malignant 91a
 septic 91a
 subacute 91b
 bacterial 91a
 ulcerative 91a
- Endometritis** (specify cause; do not report unqualified)
 puerperal 147b
 purulent 139b
 septic (specify cause) 139b
 puerperal 147b
- Endometrioma** (see Tumor)
- Endometriosis** (see Tumor)
- Endopericarditis** (specify whether acute or chronic) 91c, 92e
- Endophlebitis** 100b
- Endothelioma** (see Cancer)
- Endotheliosis** (see Tumor)
- Enlargement** (specify cause)
 prostate 137a
 spleen 75b
 thymus 64
 thyroid 63a
- Enteric fever** 1
- Enteritis** 119a, 120a
 amebic 27b
 catarrhal (acute or chronic) 119a, 120a
 croupous 119a, 120a
 hemorrhagic 119a, 120a
 infantile 119a, 120a
 membranous 119a, 120a
 phlegmonous 119a, 120a

Italics indicate indefinite terms; notes indicate information needed.

Enteritis—Continued
 pseudomembranous 119a, 120a
 ulcerative 119b, 120b
 Enterocolitis 119a, 120a
 membranous 119a, 120a
 ulcerative 119b, 120b
 Ependymitis 157a
 Ependymoma (see Cancer)
 Epididymitis 138
 Epiglottitis 105
 Epilepsy 85
 idiopathic 85
Epistaxis (state more exact cause, if possible) 103
 Epithelioma (see Cancer)
 Epulis (see Tumor)
Erysipelas
 Specify cause and site affected.
 Avoid the return of "erysipelas" unqualified.
 Erysipelas 11
 neonatorum 11
 puerperal 147b
 sequela of preventive immunization 195a
 inoculation 195a
 vaccination 195a
 Erythrocytosis 76b
 Estivo-autumnal fever 28c
 Ethmoiditis 104b
Ethylism (specify whether acute or chronic)
 acute 77c
 chronic 77d
 Excessive
 cold 190
 heat 191
 Exostosis (see Tumor)
 Explosion (specify circumstances) (see Accident)
Exposure (specify cause) 195e
 cold 190
 Extrophy of bladder 157h
 Fall (specify circumstances) (see Accident)
 accidental 169–176, 180, 186a, 187
 Fatty liver 124b
 Favus 43
 Febris melitensis 5
Fever
 Specify the disease in which the "fever" occurred, e.g., lobar pneumonia, malaria, typhoid fever, etc. Avoid the return of "fever" unqualified.
 Fever
 blackwater 28c
 breakbone 38f
 enteric 1
 estivo-autumnal 28c
 Japanese river (tsutsugamushi) 39d
 malarial 28d
 Malta 5
 Mexican 39d

Fever—Continued
 miliary (sweating sickness) 44d
 pappataci 38f
 paratyphoid 2
 Phlebotomous 38f
 rat-bite 32b
 recurrent 31
 relapsing (spirillum) 31
 rheumatic 58e
 acute 58e
 Rocky Mountain spotted 39c
 sandfly 38f
 scarlet 8
 trench 39d
 typhoid 1
 typhus 39b
 endemic 39b
 epidemic 39a
 undulant 5
 without qualification 200a
 yellow 38a
 Fibrillation, auricular 95a
 Fibro-adenoma (see Tumor)
 Fibrocyst of uterus 56b
 Fibrocystic disease of jaw (see Tumor)
 Fibroid (see Tumor)
 body of uterus 56b
 multiple 56b
 ovary 56a
 submucous 56b
 uterus 56b
 Fibrolipoma (see Tumor)
 Fibroma (see Tumor)
 Fibromyoma of uterus 56b
 Fibrosis, arteriocapillary 97
 Fistula
 biliary 127b
 bladder (nontraumatic) 135b
 thoracic 110a
 umbilical (age —1 yr.) 161c
 urinary 136b
 Floating kidney 133b
 Flood 187
 Foot and mouth disease 38f
 Foreign body in appendix 121
Found
 For persons found dead, report the probable cause if the exact cause is not known.
 Found
 dead 200b
 drowned 183
Fracture
 The return of "fracture," "fracture of skull," etc., is indefinite. State the nature of the violence that produced it (accidental, suicidal, etc.), and the means of injury. (See Accident.)
 Fracture
 accidental 169–176, 180, 187, 195e
 bone, spontaneous 155
 Fragilitas ossium 155
 Frambesia 32b
 Freezing 190
 Frostbite 190

Italics indicate indefinite terms; notes indicate information needed.

- Frozen 190
 Furuncle 151
 Furunculosis 151
- Gallstones 126
 impacted 126
- Gangosa 32b
Gangrene
 Specify cause and part of body affected. If due to violence, specify circumstances and the means or instrument of injury. Avoid the return of "gangrene", unqualified.
- Gangrene
 bladder 135a
 bone 154b
 diabetic 61
 dry 98
 foot 98
 gallbladder 127b
 gall duct 127b
 gas bacillus 24c
 intestine (any part) 123
 leg 98
 lung 114c
 moist 98
 mouth 98
 senile 98
 stomach (specify cause) 118
 symmetrical 98
 umbilicus (age — 1 yr.) 161c
 without qualification 98
- Gas bacillus infection 24c
- Gastritis*
 "Gastritis," "gastric catarrh," and "acute indigestion" are frequently unsatisfactory as a statement of the actual cause of death; the terms should not be used loosely to cover almost any fatal affection with irritation of stomach. Gastro-enteritis? Acute or chronic? Specify cause.
- Gastritis
 acute 118
 chronic 118
 hemorrhagic 118
 phlegmonous 118
- Gastroduodenitis, catarrhal (acute or chronic) 119a, 120a
- Gastro-enteritis 119a, 120a
 catarrhal (acute or chronic) 119a, 120a
 hemorrhagic 119a, 120a
- General paralysis (specify whether syphilitic)
 insane 30b
 progressive 30b
 tabetic 30b
 without qualification 83d
- Gestation (see Pregnancy)
 ectopic (see Ectopic gestation)
- Gestation—Continued
 extra-uterine (see Ectopic gestation)
- Giardia lamblia, infestation by 29
- Giardiasis 29
- Gigantism 62
- Glanders 26b
- Glaucoma 88
- Glioma (see Cancer)
 brain 54a
 nonmalignant 56d
 cerebellum 54a
 nonmalignant 56d
 eye 54a
 nonmalignant (see Tumor) *without qualification* 54a
- Glomerulonephritis
 acute 130
 chronic 131b
 subacute 130
- Glossitis 115d
- Goiter*
 Specify whether toxic. Avoid use of "goiter" unqualified.
- Goiter
 adenomatous 63a
 colloid 63a
 cystic 63a
 exophthalmic 63b
 nontoxic 63a
 toxic 63b
- Gonococcus (or gonococcie)—any condition so qualified 25
- Gonorrhea 25
- Gonorrheal—any condition so qualified 25
- Gout
 joint 60
 saturnine
 occupational 78a
 other 78b
- Grand mal 85
- Granular kidney 131a
- Granulocytopenia 76a
 primary 76a
- Granuloma (see Tumor)
 coccidioidal 43
 inguinal 44a
- Grippe 33b
- Growth
 malignant (see Cancer)
 new (see Tumor)
 nonmalignant (see Tumor)
- Gumma of brain 30c
- Gunshot
 accident 184
 homicide 166
 suicide 164c
- Hanging (legal execution) 198
 suicide 164a
- Harelip 157g

Italics indicate indefinite terms; notes indicate information needed.

Heart disease

Unless qualified, such terms as "heart disease," "heart failure," "heart paralysis," etc., are unsatisfactory. The exact form of cardiac affection should be stated, e. g., mitral regurgitation, chronic endocarditis, aortic stenosis, etc. In reporting valvular heart disease, specify the cause and the particular valve involved.

Heart

attack 95c
block 95a
disease 95c
 acute rheumatic 58d
 aortic valvular 92a
 arteriosclerotic 93d
 chronic 95c
 congenital 157e
 hypertensive 93d
 mitral valvular 92b
 organic 95c
 pulmonary valvular 92d
 tricuspid valvular 92d
 valvular 92d
 without qualification 95c
dropsy 95c
failure 200a
trouble 95c

Heat

apoplexy 191
 cramps 191
 exhaustion 191
 prostration 191
 stroke 191

Hemangioma (see Tumor)

Hematemesis (specify cause) 118, 161c

Hematoma (see Tumor)

brain 83a, 160a
 broad ligament 56c
 ovary 56a

Hematomyelia 82

Hematomyelitis 82

Hematorachis 82

Hematosalpinx 139a

Hemicephalus 157d

Hemiplegia (see also Paralysis) 83d

Hemochromatosis 66b

Hemoglobinemia 76c

Hemoglobinuria, malarial 28c

Hemopericardium 90b

Hemophilia 72b

neonatorum 72b

Hemopneumothorax 110b

Hemoptysis (specify cause) 13a, b, 161c

Hemorrhage

"Hemorrhage," "hemoptysis," "hemorrhage of lungs," etc., are unsatisfactory. State the cause of the hemorrhage. Was it caused by tuberculosis? Injury? If a female (15-45), did it involve some condition of pregnancy, childbirth, or puerperium? If due to violence, give full details.

Hemorrhage

adrenal gland 65b
 antepartum (death during pregnancy) 143c
 brain 83a, 160a
 injury at birth 160a
 bulbar 83a, 160a
 cephalic (at birth) 160a
 cerebral 83a, 160a
 injury at birth 160a
 childbirth 146c
 cutaneous 72c, 161c
 epidural 83a, 160a
 funis 161c
 intestine 123, 161c
 intracranial 83a, 160a
 injury at birth 160a
 intra-uterine 139b
 labor
 with childbirth 146b
 nonseptic abortion 141a, 141b
 septic abortion 140
 lung 13a, b, 161c
 medulla 83a
 meninges 83a, 160a
 navel 161c
 newborn 161c
 placenta
 with childbirth 146b
 nonseptic abortion 141a, 141b
 septic abortion 140
 without expulsion of fetus 143c
 pons 83a, 160a
 postpartum 146c
 pregnancy (death before delivery) 143c
 puerperium 146c
 skin 72c, 161c
 spinal cord 82, 160a
 umbilical cord 161c
 uterus
 with childbirth 146c
 nonseptic abortion 141a, 141b
 septic abortion 140
 without expulsion of fetus 143c
 without qualification 139b
 ventricular 83a
 without qualification 103
 Hemorrhagic disease of newborn 161c
 Hemorrhagica neonatorum 161c
 Hemorrhoids 100a
 Hepatitis
 acute 125b, 161c
 parenchymatous 125a
 alcoholic 124a
 chronic hypertrophic 124b
 diffuse suppurative 125b
 pregnancy (death during pregnancy) 145
 puerperal (death during puerperium) 147b

Italics indicate indefinite terms; notes indicate information needed.

- Hepatitis—Continued**
 malignant 125a, 161c
 pregnancy (death during pregnancy) 144c
 puerperal (death during puerperium) 148c
 newborn 161c
- Hepatization of lung** 108
 acute 108
- Hernia (specify type and organ)**
 gangrenous 122a
 incarcerated 122a
 inguinal 122a
 lung 114e
 spinal 157b
 strangulated 122a
 umbilical 122a
without qualification 122a
- Herpes zoster** 38c
- High blood pressure** 102
- Hirschsprung's disease** 157g
- Hodgkin's disease** 44b
- Homicide**
 State means employed, e. g., knife, blunt instrument, gun, poison, etc. Avoid the return of "Homicide" unqualified.
- Homicide**
 cutting instrument 167
 firearms 166
 gunshot 166
 justifiable 168
 piercing instrument 167
 poison 168
without qualification 168
- Hookworm disease** 40
- Hunger** 189
- Hurricane (specify nature of injury)** 187
- Hydatid** 41
 cyst (of any site) 41
disease (specify disease) 41
- Hydramnios (death before delivery)** 145
- Hydrécephalocele** 157a
- Hydrocele**
 spermatic cord 138
 tunica vaginalis 138
- Hydrocephalus**
 If tuberculous in origin, so state in order that deaths involving tuberculosis may be distinguished from other diseases of the brain or its membranes. If not of tuberculous origin, state any other primary cause of the condition. Congenital hydrocephalus should always be returned as such. Avoid use of the term "hydrocephalus" unqualified.
- Hydrocephalus**
 acquired 87e
 acute 87e
 chronic 157a
 congenital 157a
 internal 87e
without qualification 157a
- Hydromyelia** 157b
- Hydronephrosis** 133b
- Hydropericardium** 90b
- Hydrophobia** 38b
- Hydropneumopericardium** 90b
- Hydropneumothorax** 110b
- Hydrops** 161c, 200a
- Hydrothorax** 110b
 chylous 110b
 double 110b
- Hygroma, cystic (see Tumor)**
- Hyperglycemia** 61
- Hypernephroma** 52a
 kidney 52a
- Hyperparathyroidism** 63e
- Hyperpiesis** 102
- Hyperpituitarism** 62
- Hypertension** 102
 essential 102
 vascular 102
- Hyperthyroidism** 63b
- Hypertrophy**
 Specify cause and organ involved.
 Do not report without qualification.
- Hypertrophy**
 heart 95c
 prostate 137a
 thymus gland 64
- Hypo-adrenalism** 65b
- Hypoparathyroidism** 63e
- Hypopituitarism** 62
- Hypotension** 103
- Hypothyroidism** 63c
- Icterus** 125b, 161c
 catarrhal 127b, 161c
 gravis 125a
 neonatorum 161c
 pregnancy (death during pregnancy) 144c
 puerperal (death during puerperium) 148c
 hematogenous 73d, 161c
 hemolytic 73d, 161c
 hemorrhagic 125b, 161c
 malignant 125a, 161c
 pregnancy (death during pregnancy) 144c
 puerperal (death during puerperium) 148c
 neonatorum 161c
 pernicious 125a
 pregnancy (death during pregnancy) 144c
 puerperal (death during puerperium) 148c
- Idiocy, amaurotic family** 84d
- Ileocolitis** 119a, 120a
 catarrhal 119a, 120a
 membranous 119a, 120a
 ulcerative 119b, 120b
- Ileus** 122b
 paralytic 122b
- Imbecility (specify type)** 84a
 infantile 84a
- Immaturity (specify cause)** 159

Italics indicate indefinite terms; notes indicate information needed.

- Impaction of feces 122b
 Imperfect closure of foramen ovale 157e
 Imperforate
 anus 157g
 pharynx 157g
 rectum 157g
 Impervious bile duct 157g
 Inanition (specify a more precise cause if possible) 158
 Inattention after birth 195c
 Incendiarism 168
 Incompetency (specify cause)
 aortic valve 92a
 mitral valve 92b
 tricuspid valve 92d
 Inertia of uterus 149b
 Infanticide (homicide of infants age —1 yr.) 165
 Infantile paralysis (see Paralysis, infantile)
 If used as a synonym for acute anterior poliomyelitis, make a statement to that effect. Specify whether an acute attack or whether of long standing.
 Infarct of kidney 133b
 Infarction
 cerebral 83b
 lung 111a
 myocardium 94a
 Infection
 Specify the cause, organism involved, organ or part affected, and the nature of the infection.
 Infection
 aerogenes capsulatus 24c
 bacillus anthracis 7
 Brucella abortus 5
 frontal sinus 104b
 gallbladder 127a
 gas bacillus 24c
 generalized
 due to bacillus coli 24d
 meningococcus 6
 pneumococcus 24a
 staphylococcus 24a
 streptococcus 24a
 other pyogenic organism 24a
 gonococcus (of any part) 25
 peritoneal, puerperal 147b
 puerperal 147b
 septic 147b
 purulent 24b
 respiratory tract 114e
 saccharomyces 43
 sarcinal 119a, 120a
 sequela of preventive immunization 195a
 inoculation 195a
 vaccination 195a
 spleen 75c
 throat 115c
 umbilicus, septic (age —1 yr.) 161b
 uterus, puerperal 147b
 Vincent's 32b
- Infestation by
 Ascaris lumbricoides 42
 Giardia lamblia 29
 round-worms 42
 taenia saginata 42
 tapeworm 42
Infirmities of old age 162b
 Inflammation (specify cause and site)
 brain 80b
 bursa 156b
 fascia 156b
 joint (any joint) 156a
 knee, tuberculous 17b
 larynx 105
 lung 109
 acute 108
 catarrhal 107
 muscle 156b
 myocardium 93b, 93e
 prostate 137b
 sheath of tendon 156b
 thymus gland 64
 uterus 139b
 puerperal 147b
 Influenza (specify any respiratory complication involved)
 bronchial 33a
 followed by pneumonia 33a
 intestinal 33b
 with respiratory complication 33a
 without respiratory complication 33b
 Inhalation of smoke (burning building) 180
 Injury
 Give full details including:
 (a) nature of injury;
 (b) vehicle, machinery, or other object involved;
 (c) whether accident, homicide, or suicide;
 (d) place and date of injury;
 (e) whether at home, on farm, in industrial place, or in public place.
 Injury (see also Accident)
 accidental 169–195
 birth: child 160c; mother 149a
 due to
 abnormal labor
 accident of labor
 breech presentation
 cesarean section
 difficult delivery
 labor
 instrumental delivery
 inversion of uterus
 malformation of pelvic organ
 malpresentation
 podalic version
 prolonged labor
 subinvolution of uterus
 transverse presentation
 version (during labor)
 by animal 175b, 188, 194

Italics indicate indefinite terms; notes indicate information needed.

- Injury**—Continued
 homicidal 165–168
 suicidal 164
- Insanity**
 manic depressive 84c
 pellagra 69
 puerperal 150b
 senile 162a
- Insolation** 191
- Inspiration**
 foreign object 195d
 vaginal mucus 160c
- Insufficiency**
 aortic valve 92a
cardiac (specify valve) 95c
 mitral valve 92b
myocardial 93c
 tricuspid valve 92d
valvular (specify valve) 92d
- Insufficient nourishment* (specify whether because of disease or deprivation of food) 189
- Intussusception** 122b
- Iritis, gouty** 60
- Japanese river** (tsutsugamushi) fever 39d
- Jaundice**
 State the disease causing this condition.
- Jaundice** 125b, 161c
 catarrhal 127b, 161c
 acute 127b, 161c
 chronic 127b
epidemic 32a
 hematogenous 73d, 161c
 hemorrhagic 125b, 161c
 malignant 125a
 pregnancy (death during pregnancy) 144c
 puerperal (death during puerperium) 148c
 newborn 161c
 spirochetal 32a
 hemorrhagic 32a
- Kala-azar** 29
- Killed** (specify whether accident or homicide) (see Accident and Homicide)
- Knot in umbilical cord** 160c
- Labor** (specify complications actually causing death)
 precipitate 149b
 premature 141d, 150c
 prolonged 149b
without qualification 150c
- Laceration**
 Specify whether due to accident, suicide or homicide and the manner in which incurred. See also Injury.
- Laceration, perforation, or rupture of any pelvic organ, due to**
 breech presentation 149a
 cesarean section 149a
 difficult delivery 149a
 labor 149a
 instrumental delivery 149a
 inversion of uterus 149a
 malformation of pelvic organ 149a
 malpresentation 149a
 subinvolution of uterus 149a
 transverse presentation 149a
 version (during labor) 149a
 stomach (except traumatic) 118
 urethra (except traumatic) 136b
- Lack of care after birth* 195c
- La grippe** (see Influenza) 33b
- Landslide** (specify nature of injury) 186b
- Laryngismus stridulus** 105
- Laryngitis** 105
 catarrhal 105
 gangrenous 105
 infective 105
 phlegmonous 105
 spasmodic 105
 stridulous 105
 tuberculous 13b
 ulcerative 105
without qualification (avoid use of) 105
- Lead poisoning**
 In reporting deaths from lead poisoning or sequelae thereof, always specify whether or not the disease was due to the occupation of the deceased.
- Lead**
 cachexia 78
 colic 78
 encephalitis 78
 encephalopathy 78
 paralysis 78
 poisoning 78
- Legal execution** (state means: gas, electrocution, hanging, etc.) 198
- Leprosy** (any form) 23
- Leptomeningitis, suppurative** 81a
- Leptothricosis** 43
- Leukemia** 74a
 aleukemic 74b
 lymphatic 74a
 lymphoid 74a
 myelogenous 74a
 myeloid 74a
- Leukocythemia** 74a
- Leukopenia** 76a
- Leukoplakia** 115d
- Lightning** 192
- Lipoma** (see Tumor)
- Lithiasis**
 biliary 126
 urinary 134c

Italics indicate indefinite terms; notes indicate information needed.

Lockjaw 12
 Locomotor ataxia 30a
 Low implantation of placenta
 death during
 childbirth 146a
 pregnancy 143a
 puerperium 146a
 Ludwig's angina 115d
 disease 115d
 Lues (see Syphilis)
 infantum 30f
Lymphadenia (give more exact information if possible) 76d
 Lymphadenitis (any site) 101
 tuberculous 19
 tracheobronchial 13b
 without qualification 101
 Lymphadenoma
 malignant 55e
 multiple 55e
 spleen (specify exact nature) 76d
 Lymphangioma (see Tumor)
 Lymphangitis 101
 puerperal 147b
 Lymphatism 64
 Lymphatocele (see Tumor)
 Lymphoblastoma, malignant 55e
 Lymphochloroma 74a
 Lymphogranuloma
 inguinale 44a
 venereum 44a
 Lymphogranulomatosis 44b
 Lymphosarcoma 55c
 Lynching 168

 Madura disease 43
 foot 43
Malaria
 Specify whether benign tertian, quartan, or malignant tertian, if possible. Avoid reporting "chills and fever" and other indefinite expressions for malaria.
Malaria
 estivo-autumnal 28c
 fever 28d
 pernicious 28d
 quartan 28b
 tertian 28a
 benign 28a
 malignant 28c
 without qualification 28d
Malformation
 Specify type of malformation and organ involved. Congenital malformations should be returned as "congenital."
 Malformation
 abdominal wall 157m
 anus 157g
 bladder 157h
 brain 157d
 cardiovascular system 157f
 central nervous system 157d
 congenital (see Congenital malformation)
 digestive system 157g

Malformation—Continued
 esophagus 157g
 genito-urinary system 157h
 heart 157e
 intestine 157g
 multiple 157m
 nervous system 157d
 rectum 157g
Malnutrition
 Specify whether due to improper or insufficient food. If due to disease, specify the disease, e. g., tuberculosis, congenital defects, etc.
 Malnutrition
 (age — 1 yr.) 158
 (age 1 yr. +) 200a
 Malposition of placenta
 death during
 pregnancy 143a
 puerperium 146a
Malpresentation (specify injury which actually caused death)
 (death of child) 160c
 (death of mother) 149b
 Malta fever 5
 Manslaughter (state means) 168
Marasmus (give a more specific cause if possible) (age — 1 yr.) 158
 Mastitis 139c
 during lactation 150a
 puerperal 150a
 Mastoiditis 89b
 acute suppurative 89b
 chronic suppurative 89b
 Measles 35
 German 38d
 hemorrhagic 35
 Mechanical suffocation (see Accident)
 169–176, 180, 182, 187
 Mediastinitis
 acute 114e
 chronic 114e
 Mediastinopericarditis 90b
 Megacolon 157g
 Megalocephaly 157d
Megalosplenia (specify cause) 75b
 Melancholia, senile 162a
 Melanoma (see Cancer)
 Melena neonatorum 161c
 Meningioma (see Tumor)
Meningitis
 "Meningitis," "cerebral meningitis," "cerebrospinal meningitis," "spinal meningitis," etc., are not sufficiently definite for proper classification. Specify whether due to meningococcus. If so, report as cerebrospinal fever, meningococcus meningitis, or epidemic cerebrospinal meningitis. Mere terminal or symptomatic meningitis should not be entered as a cause of death; name the disease in which it occurred. Tuberculous meningitis should be reported as such.

Italics indicate indefinite terms; notes indicate information needed.

- Meningitis**
cerebral 81a
cerebrospinal
 acute 6
 meningococcus 6
 not meningococcus 81b
 chronic 81a
 epidemic 6
 meningococcus 6
 not meningococcus 81b
 pneumococcus 81a
 streptococcus 81a
 suppurative 81a
cervical 81a
 epidemic 6
 meningococcus 6
 otitic 89a
 pneumococcus 81a
 purulent 81a
 serous alcoholic 77d
spinal 81a
 epidemic 6
 streptococcus 81a
 suppurative 81a
 tuberculous 14
 without qualification 81a
- Meningocele** 157b
cerebral 157d
spinal 157b
- Meningococcus**—any condition due to 6
- Meningo-encephalitis** 81a
 syphilitic 30b
- Meningo-encephalocele** 157d
- Meningo-encephalomyelitis**, disseminated 81a
- Meningomyelocele** 157b
- Mental deficiency** 84a
- Metritis**
 hemorrhagic 139b
 puerperal 147b
 septic (specify cause) 139b
 puerperal 147b
 suppurative (specify cause) 139b
 puerperal 147b
 without qualification 139b
- Metroperitonitis**
 nonpuerperal 139b
 puerperal 147b
- Metrosalpingitis**
 nonpuerperal 139a
 puerperal 147b
- Mexican fever** 39d
- Microcephaly** 157d
- Miliary fever** (sweating sickness) 44d
- Milk-leg**, puerperal 147c
- Milk sickness** (trembles) 66b
- Miscarriage** (see Abortion)
- Missed labor** (see Labor) 145
- Mitral disease** (specify exact nature) 92b
- Mollities ossium** 66a
- Molluscum contagiosum** 38f
 fibrosum (see Tumor)
- Mongolism** 84a
- Monilia** 43
- Monster** 157m
 anencephalic 157c
- Monstrosity** 157m
- Morbus caeruleus** 157e
 senilis 162b
- Muco-enteritis** 119a, 120a
- Multiple pregnancy** (see Pregnancy)
- Mumps** 44c
- Murder** (state means)
 cutting instrument 167
 firearms 166
 piercing instrument 167
 other means 168
 of infants (age — 1 yr.) 165
- Myasthenia**, gravis 156b
- Mycetoma** 43
- Mycosis fungoides** 43
- Myelitis**
 Specify cause. If due to injury, specify injury and how incurred.
- Myelitis** 82
 acute ascending 36
 chronic 82
 disseminated 82
 due to injury (see Accident)
 pressure 82
 spinal cord 82
 transverse 82
- Myelocele** 157b
- Myeloma** (see Cancer)
- Myo-adenoma** (see Tumor)
- Myocardial disease** (specify exact nature) 93e
- Myocarditis**
 Specify whether acute or chronic, and whether of rheumatic origin. Avoid the return of "myocarditis" unqualified.
- Myocarditis**
 acute 93a
 interstitial 93a
 rheumatic 58c
 chronic 93d
 interstitial 93d
 interstitial 93d
 rheumatic 58c, 93c
 without qualification 93b, 93e
- Myoma** (see Tumor)
 uterus 56b
- Myopericarditis** (specify whether acute or chronic) 93b, 93e
- Myositis**
 fibrosa 156b
 infective 156b
 ossificans 156b
 progressive ossifying 156b
- Myotonia congenita** 157m
- Myxedema** of thyroid gland 63c
- Myxochondroma** (see Tumor)
- Myxofibroma** (see Tumor)
- Myxoma** (see Tumor)
- Natural cause* (specify the disease which probably caused death, if impossible to be more specific) 200a

Italics indicate indefinite terms; notes indicate information needed.

- Necrosis**
 antrum 104b
 bone 154b
 gallbladder 127b
 pancreas 128
 fat 128
- Neglect after birth** 195c
- Neoplasm, malignant (see Cancer)**
- Nephritis**
 State whether acute or chronic. If acute and a complication or sequela of some other disease, such as scarlet fever or a puerperal condition, give the nature of the preceding disease or condition. In females (age 15-45) state whether a complication of pregnancy or childbirth. When the cause cannot be determined, specify "cause unknown."
- Nephritis**
 acute 130
 albuminous 130
 diffuse 130
 exudative 130
 hemorrhagic 130
 interstitial 130
 parenchymatous 130
 pregnancy (death before delivery) 144b
 puerperal (death during childbirth or puerperium) 148b
 tubular 130
 arteriosclerotic 131a
 chronic 131b
 diffuse 131a
 exudative 131b
 interstitial 131a
 parenchymatous 131b
 tubular 131b
 diffuse interstitial 131a
exudative (10 yrs. +) 132
 hypertrophic interstitial 131a
interstitial 131a
parenchymatous (10 yrs. +) 132
 postdiphtheritic 10
 pregnancy (death before delivery) 144b
 puerperal (death during childbirth or puerperium) 148b
 purulent 133b
 saturnine
 occupational 78a
 other 78b
 septic 133b
 subacute 130
 suppurative 133b
tubular (10 yrs. +) 132
- Nephrolithiasis** 134a
- Nephrosclerosis** 131a
- Nephrosis (not a complication of nephritis)** 133b
- Neuralgia, trigeminal** 87b
- Neuritis (any nerve)** 87b
 alcoholic 77b
 general 87b
 infectious 87b
 multiple 87b
 peripheral 87b
 postdiphtheritic 10
 rheumatic (specify more definite cause if possible) 59c
- Neurofibroma (see Tumor)**
- Neutropenia, malignant** 76a
- Nevus, cavernous (see Tumor)**
- New growth (see Tumor)**
- Noma**
 mouth 98
 vulva 98
- Nonclosure**
 ductus arteriosus 157e
 foramen ovale 157e
- Obliteration of lymphatic vessel** 101
- Obstruction (specify cause and part affected)**
 aortic 92a
 artery by clot 99
 coronary artery 94a
 esophagus 116
 foreign body in
 digestive system 195d
 genito-urinary system 195d
 respiratory system 195d
 ingested object 195d
 intestinal 122b
 mitral 92b
 pylorus
 (age -1 yr.) 157g
 (age 1 yr. +) 118
- Occlusion**
 coronary 94a
 artery 94a
 thrombotic of coronary artery 94a
- Ochronosis** 66b
- Odontoma (see Tumor)**
- Old age**
 "Old age," "senility," etc., should not be used for the deaths of elderly persons when a more definite cause is known.
- Old age (give a more specific cause, if possible)** 162b
- Omphalitis**
 (age -1 yr.) 161b
 infectious (age -1 yr.) 161b
- Omphalocele** 157g
- Oophoritis** 139a

Italics indicate indefinite terms; notes indicate information needed.

Operation

State the cause, findings, and date.

If an operation had been performed which was related to the cause of death, state the operation and the condition necessitating it. In the case of appendectomy, state whether appendicitis was present or whether the operation was performed as part of an exploratory or other abdominal operation. Do not report indefinite expressions such as "operation," "surgery," "surgical shock," "hysterectomy," "laparotomy," etc., without stating the disease or condition for which performed.

Ophthalmia (specify whether due to gonococcus)

- due to gonococcus 25
- neonatorum 25
 - due to gonococcus 25
 - not due to gonococcus 88
- not due to gonococcus 88

Orchitis 138

Osteitis deformans 155

fibrosa cystica 63e

Osteo-arthritis 59b

Osteo-arthropathy, pulmonary 155

Osteoclastomatosis (see Tumor)

Osteogenesis imperfecta 157m

Osteoma (see Tumor)

Osteomalacia 66a

Osteomyelitis 154b

- acute 154a
 - infective 154a
 - suppurative 154a
- chronic 154b
- tuberculous 17a

Osteoperiostitis 154b

acute infective 154a

Otitis

- externa 89a
- media 89a
 - acute suppurative 89a
 - chronic suppurative 89a
 - purulent 89a
 - suppurative 89a

Ovaritis 139a

Overlaid 182

Ozena 104a

Pachymeningitis 81a

- cerebral 81a
- external 81a
 - suppurative 81a
- hemorrhagic 81a
- internal 81a
- suppurative 81a
- internal 81a

Paget's disease of nipple 50

Painters' colic 78a

Paludism 28d

Pancarditis (give exact nature of disease, if possible) 95c

rheumatic 58d

Pancreatitis (specify cause) 128

- acute 128
 - gangrenous 128
 - hemorrhagic 128
 - suppurative 128
- chronic interstitial 128
- suppurative 128

Papilloma (see Tumor)

choroideum (see Cancer)

Pappataci fever 38f

Paralysis

State cause, if possible. The vague use of such terms as "paralysis" or "general paralysis" should be avoided. State the precise form, such as "acute ascending paralysis," "paralysis agitans," "bulbar paralysis." To indicate "general paralysis of the insane," use the complete statement since this term is classified under syphilis (30b). Use acute anterior poliomyelitis rather than infantile paralysis when it is the cause of death; specify whether an acute attack or whether of long standing. See also General paralysis.

Paralysis

- acute ascending 82
- agitans, not result of encephalitis 87c
 - postencephalitic 37b
- alcoholic 77b
- bulbar 82
- cerebral 83d
 - infantile 87e
- colon 123
- diaphragm 87e
- enteric 123
- glottis 105
- heart 200a
- infantile 36
 - acute 36
 - spastic 87e
- insane 30b
- intestine 123
- labioglossolaryngeal 82
- labioglossopharyngeal 82
- larynx 105
- lead
 - occupational 78a
 - other 78b
- phrenic nerve 87e
- pneumogastric nerve 87e
- progressive bulbar 82
 - multiple 82
- pseudohypertrophic 82
- spastic 82

Italics indicate indefinite terms; notes indicate information needed.

Paralysis—Continued

spinal

- acute ascending 36
- progressive 82
- spastic 82

Paramyoclonus multiplex 87e

Paranoia 84d

Paraplegia

Distinguish from hemiplegia. State whether of spinal origin.

Paraplegia 83d

hereditary spastic 87e

Paratyphoid fever (if possible, specify as to type A, B, or C) 2

Paresis (if general paralysis of insane is meant, specify) 30b

senile 162a

Paretic dementia 30b

Parkinson's syndrome 87c

result of encephalitis 37b

Parotitis

- infectious 44c
- signifying mumps 44c
- without qualification* 44c

Patent

- ductus arteriosus 157e
- foramen ovale 157e
- urachus 157h

Peliosis rheumatica 72a

Pellagra 69

- alcoholic 77a
- insanity of 69

Pemphigus

- (age — 1 yr.) 161b
- (age 1 yr. +) 153
- malignant 153
- neonatorum 161b

Pentosuria 66b

Perforation

State cause, e. g., ulcer, fall, other external injury, etc., and in case of injury, state whether suicidal, homicidal, or accidental.

Perforation

- bile duct 127b
- bowel 123
- gallbladder 127b
- gall duct 127b
- intestine 123
- ulcerative 119b, 120b
- stomach (except traumatic) 117a

Peribronchitis 106b

Pericarditis 90b

- chronic 90b
- purulent 90b
- rheumatic 58a
- acute 58a
- chronic 90a
- suppurative 90b

Periendocarditis (specify whether acute or chronic) 91c, 92e

Perihepatitis 125b

Periostitis 154b

- acute infective 154a
- chronic 154b
- circumscribed 154b

Periostitis—Continued

diffuse 154b

suppurative 154b

Periphebitis 100b

Periproctitis 123

Peritonitis

Was this condition a sequela of appendicitis, hernia, perforating ulcer of stomach or intestines, any puerperal condition, tuberculosis or other underlying disease? If so, name the cause. When due to traumatism, state means of injury and whether accidental, homicidal, or suicidal. Avoid the use of "peritonitis" unqualified.

Peritonitis

acute 129

fibrinous 129

fibrinopurulent 129

general 129

hemorrhagic 129

serofibrinous 129

suppurative 129

cause unknown 129

general purulent 129

gonococcus 25

puerperal 147b

pelvic 147b

septic 147b

tuberculous 15

Perityphilitis 121

Persistence

foramen ovale 157e

thymus gland 64

Pertussis 9

Pest (plague) 3

Phagedena

penis 98

tropical 98

vulva 98

Pharyngitis, acute or chronic 115c

Phimosis (not congenital) 138

Phlebitis 100b

any vein or sinus (except in puerperal deaths) 100b

migrans 100b

puerperal 147c

umbilicus (age — 1 yr.) 161b

uterus, septic (specify cause) 139b

Phlebotomus fever 38f

Phlegmasia alba dolens

puerperal 147c

without qualification 100b

Phlegmon 152

broad ligament 139a

Phthisis (see also Tuberculosis) 13b

pulmonary 13b

Piercing by sharp instrument

accident 169–176, 180, 185, 187

homicide 167

suicide 164d

Pinealoma (see Cancer)

Italics indicate indefinite terms; notes indicate information needed.

Placenta**ablatio**

- death during
 - childbirth 146b
 - pregnancy 143b
 - puerperium 146b

abruptio

- death during
 - childbirth 146b
 - pregnancy 143b
 - puerperium 146b

accreta 146c**previa**

- death during
 - childbirth 146a
 - pregnancy 143a
 - puerperium 146a

Plague 3

- bubonic 3
- pneumonic 3
- septicemic 3

Pleurisy

State the cause, as pneumonia, tuberculosis, traumatism. If due to violence, state the means or instrument of injury, and whether accidental, homicidal, or suicidal.

Pleurisy 110b

- diaphragmatic 110b
- effusion 110b
- exudative 110b
- fibrinous 110b
- fibrous 110b
- plastic 110b
- purulent 110a
- rheumatic 58e
- serofibrinous 110b
- seropurulent 110a
- subacute 110b
- suppurative 110a
- tuberculous 13b

Pleuritis, double 110b**Pleuropneumonia 108**

- acute 108
- chronic 114e
- double 108
- septic (specify infecting organism) 109

Plumbism

- occupational 78a
- other 78b

Pneumococcus

- generalized infection due to 24a
- pyemia due to 24b
- septicemia due to 24a

Pneumoconiosis 114b**Pneumomycosis 43*****Pneumonia***

"Pneumonia" unqualified is indefinite; it should be stated as bronchopneumonia or lobar pneumonia. If bronchopneumonia, state whether primary or secondary. When occurring in course of, or following a disease, the disease should be clearly stated, with date of onset. The term "typhoid pneumonia" should not be used as it may mean typhoid fever with pulmonary complications, or pneumonia with typhoid symptoms. Whenever possible, state the type (1, 2, 3, . . . 32) and organism involved. Do not report hypostatic pneumonia (a terminal condition) as cause of death if the disease causing death can be ascertained.

Pneumonia

- acute interstitial 108
- ascaris 42
- aspiration (specify cause) 107
- bilateral 108
- catarrhal 107
- chronic interstitial
 - occupational 114b
 - other 114e
- croupous 108
- deglutition 107
- double 108
- fibrinous 108
- grippe (due to) 33a
- hypostatic 111c
- influenzal 33a
- inhalation 107
- inspiration 107
- lobar (specify infecting organism) 108
 - bilateral 108
 - double 108
 - terminal 108
- lobular 107
- pneumococcus (specify type) 108
- septic 109
- suppurative 109
- terminal 111c
- tuberculous 13b
- unresolved 109
- without qualification 109
- Pneumopericarditis 90b
- Pneumopericardium 90b
- Pneumothorax
 - artificial 13b
 - other 114e

Italics indicate indefinite terms; notes indicate information needed.

Podagra 60

Poisoning

Specify solid, liquid, or gas involved; also whether accident, homicide, or suicide. State whether the poisoning was due to the occupation of the deceased.

Poisoning

acute

accident 179
homicide 168
suicide 163

alcohol (ethyl) 77e

chronic

any substance except lead
occupational 79a
other 79b

lead

occupational 78a
other 78b

food 177

gas

accident 178
homicide 168
suicide 163

lead

occupational 78a
other 78b

liquid

accident 179
homicide 168
suicide 163

solid

accident 179
homicide 168
suicide 163

Polioencephalitis

acute 36
inferior 82
superior 87e

Polioencephalomyelitis, acute 36

Poliomyelitis

acute 36
anterior 36
ascending 36
anterior 36
progressive ascending 36

Polyarthrititis 59b

Polycythemia 76b

Polymyositis 156b

Polyneuritis 87b

alcoholic 77b

Polypus (see Tumor)

Pott's disease 16

Preeclampsia of pregnancy 144b

Pregnancy

State the period of gestation, preferably in weeks; also whether death occurred during pregnancy, during childbirth, or puerperium. If the cause of death was independent of pregnancy, make a definite statement to that effect. Do not return "pregnancy" or "childbirth" as the cause of death, but give the actual condition which resulted in death, e. g., infection, albuminuria, acute nephritis, etc.

Pregnancy

abdominal (see Ectopic gestation)
ectopic (see Ectopic gestation)
extra-uterine (see Ectopic gestation)

multiple (death before delivery) 145
tubal (see Ectopic gestation)

Premature

birth (state a more definite cause, if possible) (child) 159

separation of placenta

death during

childbirth 146b
pregnancy 143b
puerperium 146b

Procidencia

rectum 123
uterus 139b

Prolapse

funis (age — 1 yr.) 160c
pregnant uterus 145
umbilical cord (age — 1 yr.) 160c
uterus 139b

Prostatitis 137b

Prostatocystitis 137b

Psammoma (see Tumor)

Pseudoleukemia

Hodgkin's disease 44b
infantile 73d
without qualification 76d

Psittacosis 38f

Psychosis

alcoholic 77b
epileptic 85
exhaustive 84d
infective 84d
manic depressive 84c
puerperal 150b
senile 162a
toxic 84d

Puerperal fever (specify cause and exact type of infection) 147b

Italics indicate indefinite terms; notes indicate information needed.

Puncture by foreign body in
digestive system 195d
genito-urinary system 195d
respiratory system 195d

Purpura
 haemorrhagica 72a
 rheumatica 72a
 thrombocytopenic 72a

Pustule, malignant 7

Pyelitis 133a
 calculous 134a
 puerperal 147a
 suppurative 133a

Pyelocystitis 133a
 puerperal 147a

Pyelonephritis 133a
 calculous 134a
 puerperal 147a

Pyemia (specify cause) 24b
 due to
 bacillus coli 24d
 pneumococcus 24b
 staphylococcus 24b
 streptococcus 24b
 other pyogenic organism (except meningococcus) 24b
 puerperal 147b
 with abortion 140b-140d
 ectopic gestation 142a

Pylephlebitis 100b

Pylorospasm 118, 157g

Pyocystitis 135a

Pyogenic organism (except bacillus coli and meningococcus)
 generalized infection due to 24a
 pyemia due to 24b
 septicemia due to 24a

Pyometra 139b

Pyonephritis 133b

Pyonephrosis 133a
 calculous 134a
 puerperal 147a

Pyo-oophoritis 139a

Pyopericardium 90b

Pyopneumopericardium 90b

Pyopneumothorax 110a

Pyorrhea alveolaris 115a

Pyosalpinx 139a

Pyothorax 110a

Quinsy 115c

Rabies 38b

Rachitis 70

Rat-bite fever 32b

Raynaud's disease 99

Recklinghausen's disease (see Tumor)

Recurrent fever 31

Regurgitation
 aortic 92a
 mitral 92b

Regurgitation—Continued

tricuspid 92d

Relapsing fever (spirillum) 31

Retained
 membranes
 with abortion 141d
 childbirth 146c

placenta
 with abortion 141
 childbirth 146d

secundines
 with abortion 141d
 childbirth 146c

Retention of dead ovum (state complications resulting in death) 145

Reticulosis (see Tumor)

malignant (see Cancer)

Retroversion
 uterus, pregnant 145
 not pregnant 139b

Rhabdomyoma (see Tumor)

Rhabdomyosarcoma of kidney 52a

Rheumatic
 carditis 58d
 endocarditis 58b, 92c
 acute 58b
 chronic 92c

fever 58e
 acute 58e

myocarditis 58c, 93c
 acute 58c
 chronic 93c

pancarditis 58d

pericarditis 58a
 acute 58a
 chronic 90a

valvular disease (specify valve) 92c

Rheumatism
 This term is often used loosely to indicate pains in the joints and muscles, especially in elderly persons. Do not use it unless true rheumatism (acute articular, inflammatory, etc.) is present. If the heart is involved, specify the cardiac affection.

Rheumatism 58f
 articular
 acute 58e
 chronic 59b
 chronic 59c
 inflammatory 58e
 acute 58e

Rhinitis 104a

Rhinorrhea, cerebrospinal 104a

Rhinoscleroma 44d

Rickets 70

Ringworm 43

Rocky Mountain spotted fever 39c

Round-worms, infestation by 42

Rubella 38d

Italics indicate indefinite terms; notes indicate information needed.

Rubeola (when signifying measles) 35
Rupture

State cause of rupture, e.g., ulcer, external injury, etc. In case of external injury, state whether accidental, homicidal, or suicidal. Avoid using the term "rupture" when signifying hernia.

Rupture

appendix 121
bile duct 127b
bladder (not from external violence) 135b
blood vessel in brain 83a
brain (injury at birth) 160b
coronary artery 94a
duodenum 123
fallopian tube 139a
gallbladder 127b
gall duct 127b
membrane, premature 160c
rectum 123
stomach (except traumatic) 118
urethra (except traumatic) 136b
varicose vein 100a

Salpingitis

State cause. If of gonorrheal, syphilitic, puerperal, or traumatic origin, state the facts as fully as possible. Specify infecting organism when known.

Salpingitis

acute 139a
chronic 139a
gonorrheal 25
puerperal 147b

Sandfly fever 38f

Sapremia, puerperal 147b

Sarcoma (see Cancer)

Sarcomatosis, general 55e

Saturnism

occupational 78a
other 78b

Scald 181

Scarlatina 8

Scarlatinal (any condition so qualified except puerperal) 8

Scarlet fever 8

puerperal 147b

Schizophrenia 84b

Scirrhous (see Cancer)

Sclerema neonatorum 161c

Scleroderma 153

Sclerosis

Distinguish between general arteriosclerosis, sclerosis of the brain and sclerosis of the spinal column. In reporting sclerosis of the brain, indicate whether or not cerebral arteriosclerosis is meant.

Sclerosis

arteriolar 97
cerebral 87d
coronary artery 94a
disseminated 87d

Sclerosis—Continued

hereditary 82
kidney 131a
lateral 82
 amyotrophic 82
 primary 82
lobular cerebral 87d
multiple 87d
spinal cord 82
 combined 82
 lateral 82

Scorbutus 67

Scrofulide 18

Scurvy 67

infantile 67

Seminoma (see Cancer)

Senility

Specify a more definite cause if possible.

Senility

with senile dementia 162a
without senile dementia 162b

Separation of placenta (premature)

death of mother
 during pregnancy 143b
 childbirth 146b
 puerperium 146b

death of child 160c

Sepsis (see Septicemia)

Septic fever (see Septicemia)

Septicemia

Always state the cause of "septicemia," "sepsis," "septic infection," etc., and if localized, state the part affected. In deaths of females (age 15-45), state whether or not associated with pregnancy, childbirth or the puerperal state.

Septicemia 24a

due to

bacillus coli 24d
meningococcus 6
pneumococcus 24a
staphylococcus 24a
streptococcus 24a
 other pyogenic organism 24a
puerperal 147b
umbilicus (age - 1 yr.) 161b
with abortion 140b-140d
ectopic gestation 142a

Sequelae of preventive

immunization 195a
inoculation 195a
vaccination 195a

Shingles 38c

Shock (during childbirth) (state cause)

149b
 obstetric 149b
 paralytic 83a

Shooting

accidental 184
homicidal 166
suicidal 164c

Sigmoiditis 119a, 120a

Italics indicate indefinite terms; notes indicate information needed.

- Silicosis (state whether associated with tuberculosis) 114a
- Sinusitis (specify site) 104b
- ethmoidal 104b
- frontal 104b
- maxillary 104b
- sphenoidal 104b
- Sleeping sickness
- lethargic encephalitis (specify type) 37a, 37c
- trypanosomiasis 29
- Sloughing appendix 121
- Smallpox (any form) 34
- Sodoku 32b
- Softening of brain 83c
- Solidification of lung 109
- Sore throat
- septic 115b
- streptococcus 115b
- Spasm
- glottis 105
- infantile* (age — 5 yrs.) (specify cause) 86
- larynx 105
- Specific*
- The word "specific" should never be used without further explanation since it may signify syphilis, tuberculosis, gonorrhea, diphtheria, etc. State the disease.
- Spermatocoele 138
- Sphenoiditis 104b
- Spina bifida 157b
- Spinal paralysis* (specify cause) 82
- Spirochetosis, bronchopulmonary 32b
- Splenomegalia* (specify cause) 75b
- Splenomegaly* (specify cause) 75b
- Spondylitis
- deformans 59b
- infectious 59a
- Sporotrichosis 43
- Spotted fever, Rocky Mountain 39c
- Stab (homicidal) 167
- Staphylococemia 24a
- Staphylococcus
- generalized infection due to 24a
- pyemia due to 24b
- septicemia due to 24a
- Starvation (not malnutrition) 189
- Stasis, pulmonary* (specify cause) 111c
- Status
- epilepticus 85
- lymphaticus 64
- thymicolymphaticus 64
- thymicus 64
- Stenocardia 94b
- Stenosis (specify cause)
- aortic 92a
- bile duct 127b
- bronchi 114e
- esophagus 116
- gall duct 127b
- larynx 105
- mitral 92b
- Stenosis—Continued
- pulmonary 92d
- pylorus 118, 157g
- hypertrophic 118, 157g
- stomach 118, 157g
- trachea 114e
- tricuspid 92d
- Still's disease 59a
- Sting of poisonous insect 194
- Stokes-Adams disease 95a
- Stomatitis 115d
- mycotic 43
- Stomatomycosis 43
- Stone
- bladder 134b
- common duct 126
- kidney 134a
- Strangulation
- accidental 195e
- bowel (state cause) 122b
- during birth 160c
- homicidal 168
- suicidal 164a
- umbilical cord 160c
- Streptococemia 24a
- Streptococcus
- generalized infection due to 24a
- pyemia due to 24b
- septicemia due to 24a
- Streptothricosis 43
- Stricture (state cause)
- anus 123
- common duct 127b
- esophagus 116
- gallbladder 127b
- gall duct 127b
- pharynx 115c
- pylorus 118, 157g
- rectum 123
- stomach (nonmalignant) 118
- cardia (nonmalignant) 118
- urethra 136a
- Stroke
- apoplectic 83a
- paralytic 83a
- Struck by falling object 195e
- Submersion, accidental 183
- Sudden death
- during delivery 147d
- puerperium 147d
- embolus
- during delivery 147d
- puerperium 147d
- without qualification* 199
- Suffocation (specify circumstances)
- bed clothes 182
- cave-in, mine or quarry 174
- drowning 183
- during birth 160c
- foreign body in respiratory tract 195d
- ingested object 195d
- mechanical 169-176, 180, 182, 187
- pressure 182

Italics indicate indefinite terms; notes indicate information needed.

- Suffocation**—Continued
 smoke (burning building) 180
 submersion 183
- Suicide** (state means employed)
 burning 164g
 crushing 164f
 cutting instrument 164d
 drowning 164b
 explosive 164c
 fire 164g
 firearm 164c
 hanging 164a
 jumping before any moving object
 or vehicle 164f
 from high place 164e
 piercing instrument 164d
 poisonous gas 163
 liquid 163
 solid 163
 strangulation 164a
without qualification 164g
- Sunburn** 181
- Sunstroke** 191
- Suppuration** (specify cause and site)
 breast 139c, 150a
 gallbladder 127a
 labyrinthine 89a
 mammary gland 139c, 150a
 sinus 104b
 thyroid gland 63d
- Swelling of joint, tuberculous** 17b
- Sycosis** 43
- Syncope** 199
 heart 199
- Syncytioma** 48b
- Synovitis**
 gouty 60
 infective 156a
 purulent 156a
 suppurative 156a
 tuberculous 17b
- Syphilis**
 Be specific in reporting deaths due to syphilis or sequelae thereof. State organ affected. Do not state "positive" Wasserman or Kahn test in lieu of "syphilis," because such tests do not always indicate that the disease was in a sufficiently advanced state to cause death.
- Syphilis** 30g
 acquired 30g
 central nervous system 30c
 cerebral 30c
 cerebrospinal 30c
 circulatory system 30e
 congenital 30f
 hereditary 30f
 inherited 30f
 meningovascular 30c
 neonatorum 30f
 tertiary 30g
- Syphilitic**—any condition so qualified is classified as syphilis 30a–30g
- Syringomyelia** 82
- Syringomyelocele** 157b
- Tabardillo** (Mexican typhus) 39d
- Tabes dorsalis** (do not abbreviate to "tabes") 30a
 mesenterica 15
- Taboparesis** 30b
- Tachycardia** (state cause) 95a
paroxysmal 95a
- Taenia saginata**, infestation by 42
- Tapeworm**, infestation by 42
- Telescoped bowel** 122b
- Tenontosynovitis** 156b
- Tenosynovitis** 156b
- Teratoma**
 ovary 49a
 testicle 51c
 other (see Tumor)
- Tetanus** (state whether following injury) following
 minor injury 12
 serious injury (see Accident)
 puerperal 147b
- Tetany** 86, 87e
 parathyroprival 63e
- Thermic fever** 191
- Thrombophlebitis** 100b
 puerperal 147c
- Thrombosis**
 Specify whether artery or vein. Avoid the return of "thrombosis," unqualified.
- Thrombosis** 99
 artery (except cerebral, coronary, pulmonary and puerperal) 99
 basilar 83b
 cardiac 94a
 cavernous sinus 104b
 cerebral 83b
 coronary 94a
 artery 94a
 lateral sinus 104b
 mesenteric 99
 puerperal 147c
 pulmonary 111a
 artery 111a
 sinus 104b
 vein 100b
 puerperal 147c
- Thrombocytopenia** 72a
- Thrush** 43
- Thunderbolt** 192
- Thyrotoxicosis** 63b
- Tic douloureux** 87b
- Tonsillitis**
 acute 115c
 follicular 115c
 parenchymatous 115c
 suppurative 115b
without qualification (state whether septic) 115c
- Tornado** (specify nature of injury) 187
- Torticollis** 156b
 spasmodic 156b

Italics indicates indefinite terms; notes indicate information needed.

Toxemia

State whether albuminuria, eclampsia, acute nephritis, etc. Avoid using the term "toxemia" without further qualification. In all cases, specify whether the toxemia originated before or during pregnancy.

Toxemia

death during
 childbirth 148d
 pregnancy 144d
 puerperium 148d
maternal (death of child age — 1 yr.) 161c
nephritic, death during
 childbirth 148b
 pregnancy 144b
 puerperium 148b
pregnancy 144d
puerperal 148d

Toxic thyroid gland (state disease) 63b

Tracheitis 106c

Tracheobronchitis 106c

Tracheostenosis 114e

Trachoma 88

Trauma, intracranial (injury at birth) 160b, 195e

Traumatic—any disease so qualified (specify nature of injury, how and when incurred) 195e

Traumatism (see Injury)

Trembles (milk sickness) 66b

Trench fever 39d

Trichinosis 42

Trypanosomiasis

 Africana 29

 Americana (Chagas') 29

Tubal gestation (see Ectopic gestation)

Tubercle of brain, solitary 14

Tuberculide 18

Tuberculosis

Always specify the organ or part of the body affected. If the lungs are involved, state whether due to the occupation of the deceased. If tuberculosis is "arrested" or "healed," state this fact. Do not return "pulmonary hemorrhage" or "hemoptysis" without stating the cause, e. g., tuberculosis of lung, cancer of lung, etc.

Tuberculosis

adrenal glands 21a
articular 17b
bladder 20
bone (except vertebral column) 17a
bronchopneumonic 13b
central nervous system (any part) 14
 chronic 13c
 disseminated 22b
 general 22b
 glandular 19
 generalized 22b

Tuberculosis—Continued

genito-urinary system (any part) 20

hip 17b

intestinal tract (any part) 15

joint (any joint) 17b

kidney 20

lung 13b

lymphatic 19

lymph nodes

 bronchial 13b

 mediastinal 13b

 mesenteric 15

 retroperitoneal 15

 other 19

meninges 14

miliary 22a

 acute 22a

 chronic 22b

 general 22a

 acute 22a

 chronic 22b

 lung 13b

osseous 17a

osteal 17a

pneumonic 13b

pulmonary 13b

respiratory system (any specified part) 13b

skin 18

spinal column 16

spine 16

suprarenal glands 21a

vertebra 16

Tularemia 26a**Tumor**

The terms "tumor," "neoplasm" and "new growth" should never be used without the qualifying words "malignant," "nonmalignant" or "benign." In all cases, specify the organ or part affected. For types of nonmalignant growths, see list p. 34.

Tumor

basilar (*unqualified*) 57d
 nonmalignant 56d
brain (*unqualified*) 57d
 nonmalignant 56d
broad ligament (*unqualified*) 57c
 nonmalignant 56c
cerebellar (*unqualified*) 57d
 nonmalignant 56d
corpora quadrigemina (*unqualified*) 57d
 nonmalignant 56d
Ewing's 55b
fallopian tube (*unqualified*) 57c
 nonmalignant 56c
intracranial (*unqualified*) 57d
 nonmalignant 56d
meningeal (*unqualified*) 57d
 nonmalignant 56d
meninges (*unqualified*) 57d
 nonmalignant 56d

Italics indicate indefinite terms; notes indicate information needed.

- Tumor—Continued**
 motor tract (*unqualified*) 57d
 nonmalignant 56d
 ovarian (*unqualified*) 57a
 nonmalignant 56a
 ovary (*unqualified*) 57a
 nonmalignant 56a
 pons varolii (*unqualified*) 57d
 nonmalignant 56d
 uterine ligament (*unqualified*) 57c
 nonmalignant 56c
 uterus (*unqualified*) 57b
 nonmalignant 56b
 vagina (*unqualified*) 57c
 nonmalignant 56c
 vulva (*unqualified*) 57c
 nonmalignant 56c
- Twist of bowel** 122b
- Typhlitis** 121
- Typhoid fever** 1
- Typhus**
 abdominalis 1
 fever 39b
 endemic 39b
 epidemic 39a
 exanthematic 39a
 Mexican (tabardillo) 39d
- Ulcer of bronchi** 114e
 colon 119b, 120b
 duodenum 117b
 perforating 117b
 esophagus 116
 gastric 117a
 perforating 117a
 gastroduodenal 117a
 gastro-esophageal 117a
 gastro-intestinal 117a
 intestine 119b, 120b
 perforating 119b, 120b
 peptic 117a
 pylorus 117a
 rodent 53
 stomach 117a
 perforating 117a
 round 117a
 trachea 114e
- Ulceration of colon** 119b, 120b
 ileum 119b, 120b
 intestine 119b, 120b
 labium majus 139c
- Ulcus**
 rotundum 117a
- Ulcus—Continued**
 ventriculi 117a
- Ulorrhagia** 115a
- Uncinariasis** 40
- Undulant fever** 5
- Uremia**
 Name the disease causing death, i.e., the underlying cause, not the mere terminal condition or symptoms, and state the date of onset of the underlying cause.
- Uremia** 130, 132
 pregnancy (death during pregnancy) 144b
 puerperal (death during childbirth or puerperium) 148b
- Urticaria** 153
- Valvular heart disease (see Heart disease)**
- Varicella** 38e
- Varices** 100a
- Varicocele** 100a
- Variola (major or minor)** 34
- Varix (any specified site)** 100a
 aneurysmal 100a
- Vascular disease, hypertensive** 102
- Vertigo, labyrinthine** 89a
- Vincent's**
 angina 32b
 infection 32b
- Violence (see Accident, Homicide, and Suicide)**
- Volvulus** 122b
- Vomiting of pregnancy (death before delivery)** 144d
 persistent (death before delivery) 144d
- Warts, infectious** 38f
- Whooping cough** 9
- Woolsorters' disease** 7
- Wound**
 accidental (see Accident)
 homicidal (see Homicide)
 suicidal (see Suicide)
- Xerophthalmia** 71
- Yaws** 32b
- Yellow fever** 38a
- Zona** 38c

INTERNATIONAL LIST OF CAUSES OF STILLBIRTH

(As adopted by the International Commission, Paris, 1938)

The classification of causes of stillbirth as reported on stillbirth certificates is still in the experimental stage. Numerous classification lists have been developed, both in this country and abroad, but no one of them has yet been applied on a sufficiently wide scale to warrant its adoption on an international basis. In order to promote interest in the subject, and to furnish a basis for uniform experimentation, the International Commission for Revision of the International List of Causes of Death in 1938 adopted the following list for the classification of causes of stillbirth.

This list is recommended for use in the United States with the realization that it will undoubtedly be necessary and desirable to make numerous changes and additions, since in many instances greater detail is required than could be obtained by the list as presented. It is hoped that sufficiently reliable data relating to the classification of causes of stillbirth will be available by 1948, when the next International Conference is to be held, to permit the adoption of an international classification system which will meet with universal approval.

I. STILLBIRTH CAUSED BY DISEASE IN, OR ACCIDENT TO, THE MOTHER

1. Chronic disease in the mother.
 - a. Syphilis.
 - b. Other¹ (tuberculosis, chronic malaria, chronic nephritis, chronic heart disease, diabetes mellitus, chronic alcoholism, chronic occupational poisoning, etc.).
2. Acute disease in, or accident to, the mother.
 - a. Toxemia during pregnancy (albuminuria, eclampsia).
 - b. Other¹ (retroplacental hemorrhage, detachment of normally inserted placenta, etc.).
3. Overexertion.
 - a. As a result of overwork.
 - b. Other.
4. External violence: abdominal trauma, trauma to other parts of the body.¹
5. Others.

II. ANOMALIES OF THE FETUS, PLACENTA, OR CORD

6. Congenital malformations incompatible with life.
7. Vicious insertion of placenta.
8. Other anomalies of the placenta and cord.

III. DEATH OF THE FETUS BY INJURY OR OTHER CAUSES

9. Abnormal presentation of the fetus.
10. Malformations of pelvis (contracted pelvis).
11. Prolapse of the cord.
12. Prolonged labor or uterine inertia.
13. Obstetrical operations (without indication as to the object of the operation).
 - a. Operations causing mutilation.
 - b. Other obstetrical operations.
14. Other causes¹ (malformations of the genital organs, pelvic tumors, ruptured uterus, etc.).

¹ Each of these causes might constitute an optional subdivision.

IV. STILLBIRTH DUE TO OTHER CAUSES

15. Other and unspecified causes.

Definition of Stillbirth

The statistical definition of "stillbirth" as adopted for use in the United States does not agree with that recommended by the League of Nations and the International Institute of Statistics:

UNITED STATES DEFINITION

A fetus showing no evidence of life after complete birth (no action of heart, breathing, or movement of voluntary muscle), if the 20th week of gestation has been reached, should be registered as a stillbirth.

LEAGUE OF NATIONS DEFINITION

"A dead-birth (still-birth) is the birth of a (viable) foetus, after at least twenty-eight weeks pregnancy, in which pulmonary respiration does not occur; such a foetus may die either: (a) before, (b) during or (c) after birth, but before it has breathed."

The differences between these two definitions relate to the period of gestation required and to the criterion for determining life. Since the point of differentiation between liveborn and stillborn is highly controversial, the final decision as to the definition of stillbirth really rests with obstetricians and other members of the medical profession who are faced with making this decision in actual practice. It is urged, therefore, that persons actually engaged in the practice of obstetrics voice their opinions on the practical application of the controversial points involved. Only by the expression of such opinions can State health departments and vital statistics offices become cognizant of the desires of the medical profession with regard to this important subject.

Meanwhile it is essential that physicians follow the United States definition, so that information relating to stillbirths may be comparable in the various States and in the Nation as a whole.

VII. APPENDIX B

DEFINITIONS OF TERMS AND RATES

Glossary

Birth and death queries.—Questions regarding apparently incorrect or incomplete entries on certificates of live birth, stillbirth, or death. See discussion, page 5.

Birth-registration area.—The area, consisting of States and cities, from which the Bureau of the Census collects transcripts of birth certificates. Before admission to the birth-registration area, each State was tested and found to have 90 percent or more of births registered. Since 1933 the area has included the entire country.

Complete birth.—A live birth or stillbirth is considered "complete" when the child or fetus is altogether (head, trunk, and limbs) outside the body of the mother, even if the cord is uncut and the placenta still attached.

Death-registration area.—The area, consisting of States and cities, from which the Bureau of the Census collects transcripts of death certificates. Before admission to the death-registration area, each State was tested and found to have 90 percent or more of deaths registered. Since 1933 the area has included the entire country.

Disease entity.—A combination of symptoms or findings in the individual, which is recognized by the medical profession as a distinct morbid condition.

External causes of death.—These consist of homicidal, suicidal, and accidental deaths.

Immediate cause of death.—See definition, page 12.

International List of Causes of Death.—See page 31.

Life table.—A life table gives mortality and longevity factors for a hypothetical group of newborn infants if exposed to the actual age-specific death rates in a specified area at a certain time. Such a table assumes a specified number of live births and usually shows the number of survivors at the beginning of each year of age, the number dying during each year of age, and the mortality rate for each age group. The life table is used as a basis for computing the risk of dying of insured groups and individuals.

Live birth.—See definition, page 2.

Local registrar.—A person duly appointed and authorized by law, who, under the supervision and direction of the State registrar, is in charge of the registration of births, stillbirths, and deaths, within a registration district.

Morbidity reporting.—Periodic reporting on communicable diseases and causes of death received by the United States Public Health Service from States and cities.

Physician.—A person authorized to practice medicine under the medical-practice laws of any State.

Place of occurrence.—The State, county, city or town or rural location, and the name of hospital or institution (if any) where a live birth, stillbirth, or death occurs.

Place of residence.—The State, county, and city or town or rural location where (a) a woman giving birth to a child or stillborn fetus usually lives, or (b) a deceased person usually lived.

Registration district.—A division of a State created for convenience in filing vital statistics records. Boundaries of registration districts are usually the same as political units, such as cities, towns, townships, civil districts, etc.

Stillbirth.—See definition and discussion, pages 4 and 72.

Underlying cause of death.—See definition, page 12.

Vital statistics.—The collection, tabulation, and interpretation of data concerning human natality, mortality, morbidity, marriage, and divorce. In this handbook, the term generally refers only to natality and mortality.

Commonly Used Statistical Terms

Frequency distribution.—A statistical table constructed from a series of observations, showing the number of observations in each classification group. For example, a table showing the number of deaths occurring in each age group.

Arithmetic mean or average.—The sum total of values recorded in a series of observations, divided by the number of observations.

Median.—The center value in a series of observations, when the observations are ranged in order from highest to lowest.

Mode.—The value which occurs most frequently in a series of observations.

Range.—The distance between the lowest and highest values recorded in a series of observations.

Mean deviation.—The arithmetic mean of all the differences between each observation in a series and the mean or median of the series, the differences being added without regard to their sign, i. e., whether an observation is above or below the mean of the series.

Standard deviation.—The square root of the arithmetic mean of the squares of the differences between the observations in a series and the mean of the series.

Standard error.—A measure of the sampling error of a statistical quantity, such as the mean, standard deviation, percentage, etc., which shows the variability of that quantity when repeated samples are drawn at random from the same universe of observations.

Probable error.—The probable error of a value is 0.6745 times its standard error.

Coefficient of correlation.—A measure of the degree of association found between two characteristics in a series of observations. Either a plus 1 or minus 1 denotes complete dependence of one characteristic on the other; zero denotes no association whatever between them. A plus sign indicates that an upward movement of one characteristic is accompanied by an upward movement in the other; a negative sign, that an upward movement of one is accompanied by a downward movement of the other.

Rates in Vital Statistics

Crude birth rate.—The number of live births reported in the calendar year per 1,000 actual or estimated population at the middle of the year.

Method of computing:

$$\frac{\text{Number of live births}}{\text{Population}} \times 1,000$$

Crude death rate.—The number of deaths reported in the calendar year per 1,000 actual or estimated population at the middle of the year.

Method of computing:

$$\frac{\text{Number of deaths}}{\text{Population}} \times 1,000$$

Stillbirth ratio.—The number of stillbirths per 1,000 live births.

Method of computing:

$$\frac{\text{Number of stillbirths}}{\text{Number of live births}} \times 1,000$$

Age-specific birth rate.—The number of births to women in a specified age group (e. g., 15–25 years, etc.) per 1,000 women in the same specified age group of the population. (For certain purposes, the number of married women in each age group is used, instead of the total number of women.)

Method of computing:

$$\frac{\text{Number of births to women in a specified age group}}{\text{Total women in the same specified age group (or total married women)}} \times 1,000$$

Age-specific death rate.—The number of deaths in a specified age group (e. g., 25–35 years, etc.) per 1,000 population in the same specified age group.

Method of computing:

$$\frac{\text{Number of deaths in specified age group}}{\text{Total population in the same specified age group}} \times 1,000$$

Standardized death rate.—The number of deaths which would have occurred per 1,000 in some standard population (e. g., the population of England and Wales in 1901), if its age-specific death rates were the same as that of a given community.

Method of computing:

$$\frac{\text{Sum of } \left(\begin{array}{c} \text{Standard population} \\ \text{in each age group} \end{array} \right) \times \left(\begin{array}{c} \text{Specific death rates in each} \\ \text{corresponding age group of} \\ \text{the given community} \end{array} \right)}{\text{Total standard population}} \times 1,000$$

Specific-cause-of-death rate.—The number of deaths from a specific disease (e.g., measles, pneumonia, etc.) per 100,000 population.

Method of computing:

$$\frac{\text{Number of deaths from a specific disease}}{\text{Total population}} \times 100,000$$

Maternal-mortality rate.—The number of deaths ascribed to puerperal causes per 1,000 live births. (In some instances "total births" including stillbirths is used, rather than "live births." However, on account of the great variation in stillbirth reporting "live births" is the usual basis.)

Method of computing:

$$\frac{\text{Number of maternal deaths}}{\text{Total number of live births}} \times 1,000$$

Infant-mortality rate.—The number of deaths of infants under 1 year of age per 1,000 live births.

Method of computing:

$$\frac{\text{Number of infant deaths under 1 year}}{\text{Total number of live births}} \times 1,000$$

Neonatal-mortality rate.—The number of deaths of infants under 1 month of age per 1,000 live births.

Method of computing:

$$\frac{\text{Number of infant deaths under 1 month}}{\text{Total number of live births}} \times 1,000$$

Morbidity rate.—The number of reported cases of a given disease (e.g., tuberculosis, whooping cough, etc.) per 100,000 (10,000 or 1,000) population.

Method of computing:

$$\frac{\text{Number of cases of a given disease}}{\text{Total population}} \times 100,000 \text{ (10,000 or 1,000)}$$

Case-fatality rate.—The number of deaths ascribed to a specified disease or condition per 100 (or 1,000) reported cases of the same disease or condition.

Method of computing:

$$\frac{\text{Number of deaths from a specified disease or condition}}{\text{Reported cases of the specified disease or condition}} \times 100 \text{ (or 1,000)}$$

Fertility rate.—A number of rates have been designed to indicate whether or not the birth rate in a given population, if continued at the same level, will result in a stationary, an increasing, or a decreasing population.

Birth-death ratio.—The number of live births per 100 deaths in a specified population.

Method of computing:

$$\frac{\text{Number of live births}}{\text{Number of deaths}} \times 100$$

PRINCIPLES UNDERLYING THE UNIFORM VITAL STATISTICS ACT

The Uniform Vital Statistics Act, recommended in 1939 to the States for adoption, modernizes and takes the place of the Model Vital Statistics Law formerly promulgated by the Bureau of the Census and cooperating agencies. The need for a uniform law among the States, embodying new provisions and a change in basic legal theory, was expressed not only by representative bodies dealing with vital registration—as for example, the American Association of State Registration Executives—but also by private and public agencies whose duty it is to study the problems of our changing population.

The Bureau of the Census began work early in 1938 on a draft of the new law. Among those agencies which cooperated in developing the draft were the Social Security Board, United States Public Health Service, Children's Bureau, American Medical Association, American Bar Association, American Association of State and Provincial Registration Executives, and State and Territorial health officers. The National Emergency Council, acting as the final authority within the Federal Government for clearing legislation of this type, has given approval to a tentative draft of the law. Approval is now being sought from the National Conference of Commissioners on Uniform State Laws. Indications are that this approval, involving minor revisions of the existing draft, will probably be secured by July 1940. The new law will then be submitted to the States in final form.

New Features of the Uniform Act

Type of Law.

The Model Vital Statistics Law of 1907 was drafted simply as a guide to the States in framing their own laws. Although its principles were adopted in every State, uniformity in various details was not attained. When approved and recommended by the National Conference of Commissioners on Uniform State Laws, it is expected that the present "uniform" law will be adopted by the States without major changes in form or content. As a result, vital statistics for the Nation as a whole will be wider in scope and more valuable.

Since the Federal Government has no express constitutional power to enact national vital statistics legislation, it merely encourages and aids the States to enact comparable registration laws. Under the uniform act, as under the model law, authority and legal power will remain with the States.

Form of the Law.

In addition to substantive law, the act gives only the more general principles of procedural and administrative law to be followed, leaving detailed rules and regulations to the State authority in charge of vital statistics. This form of statute may be termed a "frame" or "skeleton" law. Many topics which were formerly the subject matter of the law itself are now treated in a more summary manner. This has the advantage that changes in procedural and administrative details can be effected immediately by rules and regulations of the State vital statistics authority (i. e., usually the State Board of Health) without recourse to the cumbersome process of legislative repeal and statutory amendment. Moreover, the law becomes more elastic to fit varying conditions in the different States.

Scope of the Law.

Major new items in the law include marriage and divorce registration, a standard certificate of stillbirth separate from those of live birth and death, provisions regarding delayed registration and regarding the altering and amending of records already on file in the central State office.

Besides supplying legal documents for the use of citizens, the compulsory and uniform registration of marriages and dissolution of marriages by divorce or annulment is desirable for a better synthesis of the three essential demographic phenomena: Birth, death, and reproduction. The data are also vital to an interpretation of trends in reproduction. In view of the falling birth rate in this country, it is likely during the next decade that here, as already in the countries

of Europe, great public interest will focus on the problems of fertility and reproduction. In addition, marriage and divorce data are useful in many other types of social research.

Since the act provides for a standard certificate of stillbirth, the making of a birth and death certificate to cover a single stillbirth is no longer necessary.

Because of the increasing legal need for and value of vital statistics records, it was deemed important to include in the act, as substantive law, a definite policy with regard to "delayed" and "changed or amended" certificates. Consequently, special provisions regulate delayed registration and altering or amending of records already on file in the central office.

Underlying Legal Theory.

A broadened legal theory stresses the evidentiary or "competent evidence" character of certain selected items on vital statistics records.

The justification for State vital statistics laws has been based upon the State's responsibility to preserve public health. This justification is founded exclusively, in legal theory, upon the police power of the State, of which public health is an inherent attribute. To consider vital statistics entirely a concern of public health and merely an incident in the State's police power, overlooks not only historical precedent from colonial days,¹ but it appears also too narrow a concept to include conveniently present-day necessities for stressing the "competent evidence" character of vital statistics records. At the same time, this concept tends to limit the subject matter of vital statistics to birth and death registration, since marriage and divorce registration can be considered only remotely as a public-health measure.

Therefore, in drafting the uniform act, a principle was incorporated which provides for an administrative-legal technique for the "protection of rights by preserving evidence thereof." This fact enhances the value of vital statistics records for legal practice and makes it feasible to include marriage and divorce registration.

Implications for Physicians

The duties of physicians under the uniform act are the same, in general, as previously provided in most of the State laws. One departure concerns those instances in which the medical determination of the cause of death may require more than 3 days (see *Directions to Physicians*, p. 3), while another provides for supplementary information omitted on an original certificate of birth at the time of filing (see *Directions to Physicians*, p. 2).

As in the previous model law, the new act contains sections specifying penalties for neglect or refusal, of the person responsible, to report a live birth, a death, or a stillbirth. One section is devoted to the prosecuting procedure to be followed when a physician neglects or refuses to certify to the cause of death, or makes false certification. All penalties are practically the same as those already in force in a majority of the States.

As indicated above, the act provides for a standard certificate of stillbirth as well as for standard certificates of live birth and death. This decreases the registration duties of the physician, since the filing of both a birth and death certificate for each stillbirth is no longer required.

The act recognizes, particularly, the importance of the physician in the registration system, and the social duty which he performs in the preparation of vital statistics records. In preparing and signing certificates of live births, deaths, and stillbirths, the physician is serving his patients and their families in a matter which means more to them from a social and legal standpoint than ever before.

¹ *Vital Statistics, Constitutional, Statutory, and Administrative Aspects*, by W. Thurber Fales, Edwin W. Kopf, and James A. Tobey. *American Journal of Public Health*, vol. 17, No. 8, pp. 799-803, August, 1927.

CENSUS BUREAU PUBLICATIONS RELATING TO VITAL STATISTICS

VITAL STATISTICS OF THE UNITED STATES, PART I.—A volume of over 500 pages published annually. Contains official statistical tabulations of natality and mortality data for each calendar year. Detailed tables are given for live births, stillbirths, total deaths, and infant deaths, in continental United States. Supplementary tabulations for Hawaii, Puerto Rico, and the Virgin Islands are also included. The natality data are classified by geographic area, race, sex, age, nativity of parents, etc. Mortality data are classified by geographic area, sex, age, race, cause of death, etc. The geographic classification refers to place of birth or death, irrespective of the usual residence of the mother of the child, or the usual place of residence of the decedent. For sale by the Superintendent of Documents, Washington, D. C.

VITAL STATISTICS OF THE UNITED STATES, PART II.—A volume of from 300 to 500 pages published annually. Contains additional official statistical tabulations of natality and mortality data for each calendar year. Tables consist of tabulations of births and deaths classified according to the place of residence of the mother of the child, or the usual place of residence of the decedent; tabulations comparing place-of-residence data with place-of-occurrence data; and tabulations by related subjects, such as hospital or institutional births and deaths. For sale by the Superintendent of Documents, Washington, D. C.

VITAL STATISTICS—SPECIAL REPORTS.—A series of separate releases prepared annually, which supplement the basic tables found in the annual volumes, and which may be assembled and bound. They show trend analyses; comparisons between States and between cities; special data on important or unusual causes of death, on multiple causes of death, and on births; tabulations on residence; life tables; and analytical studies and discussions of important problems in the field of vital statistics. Available without charge, from the Bureau of the Census, upon request.

VITAL STATISTICS—SPECIAL REPORTS (State summaries).—Vital statistic summaries for the total United States, the District of Columbia, each State, Hawaii, Puerto Rico, and the Virgin Islands. These summaries are prepared annually in a uniform manner for the purpose of interstate comparisons, and may be assembled and bound. Available without charge, from the Bureau of the Census, upon request.

WEEKLY HEALTH INDEX.—A weekly release on general mortality and infant-mortality statistics for major cities, with data for certain cities, by race. Data are shown for the current week, the preceding week, and average of corresponding weeks in the 3 preceding years, and for the accumulated number of weeks in the current year and preceding year. Available without charge, from the Bureau of the Census, upon request.

WEEKLY ACCIDENT BULLETIN.—A weekly release on the number of deaths from motor-vehicle accidents in approximately 130 cities. Data are shown for the current week, the corresponding week of the preceding year, and for the accumulated number of weeks in the current year and preceding year. Available without charge, from the Bureau of the Census, upon request.

MONTHLY VITAL STATISTICS BULLETIN.—A monthly release on current natality and mortality statistics for each State, and for Baltimore, Boston, Chicago, New Orleans, New York, and the District of Columbia. Comparative figures are given for the corresponding period of preceding years, as well as data for the current month. Available without charge, from the Bureau of the Census, upon request.

THE REGISTRAR.—A cooperative official news bulletin released monthly for use of the field representatives of the Federal Division of Vital Statistics and the State, county, and city registration officials.

MANUAL OF THE INTERNATIONAL LIST OF CAUSES OF DEATH AND JOINT CAUSES OF DEATH.—Based on the Fifth Decennial Revision by the International Commission at Paris, 1939. A practical reference book for two purposes: (a) The statistical classification of causes of death (see also appendix A, this handbook), and (b) the method of determining the cause to be tabulated as primary when two

or more causes are reported on the death certificate. Contains an introduction and discussion; a tabular list showing approved and frequently reported terms under each title of the International List; and an index to causes of death. Formerly published in two volumes. For sale by the Superintendent of Documents, Washington, D. C.

INSTRUCTION MANUAL.—Gives procedure and rules used in the Federal Division of Vital Statistics for coding natality and mortality transcripts and for punching machine tabulation cards. Revised and published annually. This publication will be of interest only to those engaged in projects requiring the use of machine tabulation equipment. Available without charge, from the Bureau of the Census, upon request.

PHYSICIANS' HANDBOOK ON BIRTH AND DEATH REGISTRATION.—A ready reference containing instructions to physicians for preparing and filing certificates of live birth, stillbirth, and death; the International List of Causes of Death and an index to causes of death; reasons why birth registration and death registration are important to individuals and to society; and various other items of information pertinent to registration. Available without charge, from the Bureau of the Census, upon request.

WHY REGISTER?—A folder presenting, in graphic form, the important reasons for the prompt registration of all births and deaths. Available without charge, from the Bureau of the Census, upon request.



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VIII.—APPENDIX C

TABLES AND CHARTS

TABLE 1.—VITAL STATISTICS TIME TRENDS: UNITED STATES

CALENDAR YEAR	RATE PER 1,000 ESTI- MATED POPULATION		RATE PER 1,000 LIVE BIRTHS	
	Births	Deaths	Infant mortality	Maternal mortality
1937.....	17.0	11.2	54.4	4.9
1936.....	16.7	11.5	57.1	5.7
1935.....	16.9	10.9	55.7	5.8
1930.....	18.9	11.3	64.6	6.7
1925.....	21.5	11.8	71.7	6.5
1920.....	23.7	13.0	85.8	8.0
1915.....	25.1	13.6	99.9	6.1
1910.....	(1)	15.0	(1)	(1)
1905.....	(1)	16.0	(1)	(1)
1900.....	(1)	17.6	(1)	(1)

1 Data are not available except as estimates.

TABLE 2.—VITAL STATISTICS BY STATES: 1937

AREA	ESTIMATED MIDYEAR POPULATION	RATE PER 1,000 ESTI- MATED POPULATION		RATE PER 1,000 LIVE BIRTHS	
		Births	Deaths	Deaths under 1 year	Maternal deaths
United States.....	129,257,000	17.0	11.2	54.4	4.9
Alabama.....	2,895,000	21.3	10.7	62.4	6.3
Arizona.....	412,000	25.5	16.8	120.7	5.4
Arkansas.....	2,048,000	17.2	9.0	54.5	6.8
California.....	6,154,000	15.3	13.0	53.8	4.1
Colorado.....	1,071,000	18.3	12.9	73.5	5.4
Connecticut.....	1,741,000	13.1	10.3	40.4	2.5
Delaware.....	261,000	16.7	12.6	63.8	3.9
District of Columbia.....	627,000	19.7	13.9	60.8	5.8
Florida.....	1,670,000	17.7	12.6	59.8	6.8
Georgia.....	3,085,000	20.8	11.2	61.7	7.4
Idaho.....	493,000	21.0	9.6	43.7	4.5
Illinois.....	7,878,000	14.6	11.1	43.1	3.9
Indiana.....	3,474,000	16.1	11.8	49.7	3.5
Iowa.....	2,552,000	16.5	10.4	44.2	4.5
Kansas.....	1,864,000	15.7	10.3	44.4	4.3
Kentucky.....	2,920,000	19.2	10.6	59.1	4.7
Louisiana.....	2,132,000	21.6	11.7	65.6	7.2
Maine.....	856,000	17.8	13.4	65.3	6.6
Maryland.....	1,679,000	16.5	13.2	61.5	4.2
Massachusetts.....	4,426,000	13.9	11.8	44.1	4.6
Michigan.....	4,830,000	19.0	11.1	47.9	3.6
Minnesota.....	2,652,000	18.1	10.1	40.8	3.1
Mississippi.....	2,023,000	25.8	11.8	58.9	7.1
Missouri.....	3,989,000	14.3	11.3	56.5	5.1
Montana.....	539,000	19.0	11.4	50.5	3.7
Nebraska.....	1,364,000	16.3	9.7	42.1	4.1
Nevada.....	101,000	17.2	13.1	40.2	9.2
New Hampshire.....	510,000	15.0	12.8	48.1	4.5
New Jersey.....	4,343,000	12.6	10.4	39.4	3.8
New Mexico.....	422,000	32.8	15.2	123.7	5.0
New York.....	12,959,000	14.3	11.9	45.1	4.0
North Carolina.....	3,492,000	22.6	9.7	65.5	5.4
North Dakota.....	706,000	17.9	7.7	52.4	4.7
Ohio.....	6,733,000	16.0	11.9	49.6	4.6
Oklahoma.....	2,548,000	16.3	8.4	56.6	5.2
Oregon.....	1,027,000	15.1	12.0	41.5	4.0
Pennsylvania.....	10,176,000	15.8	11.3	50.3	4.8

TABLE 2.—VITAL STATISTICS BY STATES: 1937—Continued

AREA	ESTIMATED MIDYEAR POPULATION	RATE PER 1,000 ESTI- MATED POPULATION		RATE PER 1,000 LIVE BIRTHS	
		Births	Deaths	Deaths under 1 year	Maternal deaths
Rhode Island.....	681,000	15.0	12.2	47.6	3.8
South Carolina.....	1,875,000	21.7	11.0	75.6	7.7
South Dakota.....	692,000	17.2	8.6	51.1	4.0
Tennessee.....	2,893,000	18.0	10.5	61.1	6.1
Texas.....	6,172,000	18.8	10.6	73.9	5.7
Utah.....	519,000	24.5	9.6	41.4	3.3
Vermont.....	383,000	16.5	13.0	49.5	5.7
Virginia.....	2,706,000	19.2	11.5	69.7	5.4
Washington.....	1,658,000	15.1	11.5	39.9	4.6
West Virginia.....	1,865,000	22.6	10.3	61.8	5.0
Wisconsin.....	2,926,000	18.3	10.9	43.4	3.6
Wyoming.....	235,000	19.3	10.3	55.6	8.8

TABLE 3.—TREND OF DEATH RATES FOR SELECTED CAUSES: UNITED STATES

CAUSE OF DEATH	RATE PER 100,000 ESTIMATED POPULATION						
	1937	1936	1935	1930	1920	1910	1900
All causes (exclusive of stillbirths).....	1,122.1	1,151.8	1,092.2	1,133.9	1,303.8	1,496.2	1,755.0
Typhoid and paratyphoid fever.....	2.1	2.5	2.8	4.8	7.8	23.5	35.9
Smallpox.....	(1)	(1)	(1)	.1	.6	.4	1.9
Measles.....	1.2	1.0	3.1	3.2	8.8	12.3	12.5
Scarlet fever.....	1.4	1.9	2.1	1.9	4.6	11.6	10.2
Whooping cough.....	3.9	2.1	3.7	4.8	12.5	11.4	12.1
Diphtheria.....	2.0	2.4	8.1	4.9	15.3	21.4	43.3
Influenza and pneumonia (all forms).....	114.5	119.3	104.0	102.7	208.0	162.1	203.4
Influenza.....	29.4	26.3	22.1	19.5	70.9	14.4	22.9
Bronchopneumonia ¹	35.4	36.8	33.4	34.3	54.5	47.1	21.9
Lobar pneumonia.....	46.6	52.8	45.2	45.4	73.0	46.4	158.6
Pneumonia, unspecified.....	3.1	3.4	3.2	3.5	9.5	54.3	5.1
Erysipelas.....	1.0	1.6	1.7	2.1	3.1	4.5	
Epidemic cerebrospinal meningitis.....	1.7	2.4	2.1	3.6	1.6	.4	(1)
Tuberculosis of the respiratory system.....	49.0	50.6	49.8	63.4	97.0	136.0	180.5
Tuberculosis (all other forms).....	4.6	5.0	5.2	8.1	17.0	24.3	21.4
Malaria.....	2.1	3.1	3.5	2.9	3.6	2.2	7.9
Cancer and other malignant tumors.....	112.0	111.0	107.9	97.3	83.2	76.2	63.0
Diabetes mellitus.....	23.7	23.7	22.2	19.0	16.0	14.9	9.7
Cerebral hemorrhage and softening.....	77.0	81.2	76.6	81.0	81.7	75.7	71.5
Diseases of the heart ²	222.3	227.9	213.1	205.7	159.1	158.8	132.1
Bronchitis.....	3.1	3.4	3.1	4.2	13.2	23.4	45.7
Diarrhea and enteritis ³	14.6	16.3	14.1	26.3	54.3	117.4	133.2
Appendicitis.....	11.9	12.8	12.7	15.3	13.4	11.4	9.7
Hernia, intestinal obstruction ⁴	10.1	10.5	10.3	10.3	10.6	12.4	12.2
Cirrhosis of the liver.....	8.5	8.2	7.9	7.2	7.1	13.9	12.9
Nephritis.....	79.6	83.2	81.2	90.8	89.2	99.1	89.0
Puerperal septicemia.....	2.9	3.6	4.1	4.7	6.6	7.2	5.7
Other puerperal causes.....	5.4	5.9	5.8	8.1	12.5	8.5	7.6
Congenital malformations and diseases of early infancy.....	49.0	49.7	49.4	61.0	84.7	88.1	91.8
Suicide.....	14.9	14.2	14.3	15.7	10.2	16.0	11.5
Homicide.....	7.6	8.0	8.3	9.0	7.1	5.9	2.1
Automobile accidents ⁵	28.8	27.8	26.8	24.5	10.4	1.8	(1)
Automobile-railroad collisions.....	1.4	1.3	1.2	1.5	(1)	(1)	(1)
Automobile-streetcar collisions.....	.2	.2	.2	.4	(1)	(1)	(1)
Other external causes.....	51.0	56.5	50.1	54.2	60.9	82.6	79.0
Unknown and ill-defined diseases.....	15.9	16.4	16.1	21.0	17.7	23.1	73.8

¹ Less than $\frac{1}{10}$ of 1 per 100,000 population.² Includes capillary bronchitis.³ Not tabulated separately.⁴ Excludes diseases of coronary arteries.⁵ 1900-1920 includes ulcer of the duodenum.⁶ 1900-1920 excludes adhesions of intestines.⁷ Excludes deaths from collisions with railroad and streetcars.

TABLE 4.—DEATH RATES, BY AGE, FOR THE PRINCIPAL CAUSES ("THE KILLERS"): UNITED STATES, 1937

CAUSE OF DEATH	ALL AGES			CAUSE OF DEATH	YOUTH (5-19 YEARS)	
	Number	Per cent	Rate ¹		Number	Per cent
All causes.....	1, 450, 427	100.0	1, 122.1	All causes.....	58, 519	100.0
Diseases of the heart.....	346, 401	23.9	268.0	Influenza and pneumonia (all forms).....	7, 374	12.6
Influenza and pneumonia (all forms).....	148, 014	10.2	114.5	Motor-vehicle accidents.....	6, 381	10.9
Cancers and other malignant tumors.....	144, 774	10.0	112.0	Tuberculosis (all forms).....	5, 635	9.6
Nephritis.....	102, 877	7.1	79.6	Appendicitis.....	3, 959	6.8
Cerebral hemorrhage and softening.....	99, 577	6.9	77.0	Diseases of the heart.....	3, 735	6.4
Tuberculosis (all forms).....	69, 324	4.8	53.6	Drowning.....	2, 528	4.3
Congenital malformations and diseases of early infancy.....	63, 349	4.4	49.0	Puerperal state.....	1, 353	2.3
Motor-vehicle accidents.....	39, 643	2.7	30.7	Nephritis.....	1, 304	2.2
Diabetes mellitus.....	30, 587	2.1	23.7	Fall (accidental).....	1, 201	2.1
Other causes.....	405, 881	28.0	314.0	Other causes.....	25, 049	42.8

CAUSE OF DEATH	INFANT MORTALITY (UNDER 1 YEAR)		CAUSE OF DEATH	ADULT (20-59 YEARS)	
	Number	Per cent		Number	Per cent
All causes.....	119, 931	100.0	All causes.....	508, 806	100.0
Congenital malformations and diseases of early infancy.....	61, 676	51.4	Diseases of the heart.....	95, 121	18.7
Influenza and pneumonia (all forms).....	20, 286	16.9	Cancers and other malignant tumors.....	55, 872	11.0
Diarrhea and enteritis (under 2 years).....	11, 672	9.7	Influenza and pneumonia (all forms).....	52, 493	10.3
Whooping cough.....	3, 171	2.6	Tuberculosis (all forms).....	50, 645	10.0
Syphilis.....	1, 522	1.3	Nephritis.....	28, 939	5.7
Diseases of thymus gland.....	1, 140	1.0	Cerebral hemorrhage and softening.....	24, 309	4.8
Dysentery.....	1, 074	.9	Motor-vehicle accidents.....	23, 313	4.6
Accidental mechanical suffocation.....	970	.8	Suicide.....	14, 196	2.8
Hernia, intestinal obstruction.....	953	.8	Puerperal state.....	9, 410	1.8
Other causes.....	17, 467	14.6	Other causes.....	154, 508	30.4

CAUSE OF DEATH	CHILDHOOD (1-4 YEARS)		CAUSE OF DEATH	OLD AGE (60 YEARS AND OVER)	
	Number	Per cent		Number	Per cent
All causes.....	34, 392	100.0	All causes.....	727, 668	100.0
Influenza and pneumonia (all forms).....	9, 236	26.9	Diseases of the heart.....	246, 570	33.9
Diarrhea and enteritis (under 2 years).....	2, 734	7.9	Cancers and other malignant tumors.....	87, 453	12.0
Whooping cough.....	1, 638	4.8	Cerebral hemorrhage and softening.....	74, 754	10.3
Diphtheria.....	1, 397	4.1	Nephritis.....	72, 042	9.9
Tuberculosis (all forms).....	1, 303	3.8	Influenza and pneumonia (all forms).....	58, 506	8.0
Accidental burns (except conflagration).....	1, 173	3.4	Arteriosclerosis (except coronary arteries).....	20, 585	2.8
Diarrhea and enteritis (2 years and over).....	1, 145	3.3	Diabetes mellitus.....	20, 550	2.8
Motor-vehicle accidents.....	1, 137	3.3	Fall (accidental).....	17, 743	2.4
Congenital malformations and diseases of early infancy.....	759	2.2	Tuberculosis (all forms).....	11, 061	1.5
Other causes.....	13, 870	40.3	Other causes.....	118, 404	16.3

¹ Number per 100,000 estimated population.

TABLE 5.—LIVE BIRTHS BY PERSON IN ATTENDANCE: STATES, 1937

AREA	NUMBER					PERCENT				
	Total	Physician (in hospital)	Physician (not in hospital)	Mid- wife	Other and not spec- ified	Total	Physician (in hospital)	Physician (not in hospital)	Mid- wife	Other and not spec- ified
United States.....	2,203,337	987,032	982,303	220,344	13,658	100.0	44.8	44.6	10.0	0.6
Alabama.....	61,611	7,834	32,101	21,406	270	100.0	12.7	52.1	34.7	.4
Arizona.....	10,494	4,194	5,156	728	416	100.0	40.0	49.1	6.9	4.0
Arkansas.....	35,236	3,016	22,509	8,894	817	100.0	8.6	63.9	25.2	2.3
California.....	94,230	73,658	19,069	1,060	443	100.0	78.2	20.2	1.1	.5
Colorado.....	19,610	9,721	9,577	208	104	100.0	49.6	48.8	1.1	.5
Connecticut.....	22,774	18,836	3,577	336	25	100.0	82.7	15.7	1.5	.1
Delaware.....	4,355	2,500	1,290	552	13	100.0	57.4	29.6	12.7	.3
District of Columbia.....	12,343	10,935	1,397	8	3	100.0	88.6	11.3	.1	(1)
Florida.....	29,507	9,521	11,180	8,487	319	100.0	32.3	37.9	28.8	1.1
Georgia.....	64,061	11,992	27,648	24,317	104	100.0	18.7	43.2	38.0	.2
Idaho.....	10,369	5,018	5,301	30	20	100.0	48.4	51.1	.3	.2
Illinois.....	115,282	75,467	38,717	1,021	77	100.0	65.5	33.6	.9	.1
Indiana.....	22,343	22,185	33,658	218	26	100.0	39.6	60.0	.4	(1)
Iowa.....	42,105	18,569	23,492	22	22	100.0	44.1	55.8	.1	.1
Kansas.....	29,325	11,981	17,231	65	48	100.0	40.9	58.8	.2	.2
Kentucky.....	56,163	6,932	38,092	10,951	188	100.0	12.3	67.8	19.5	.3
Louisiana.....	46,006	12,636	15,891	17,456	23	100.0	27.5	34.5	37.9	(1)
Maine.....	15,246	5,634	9,612	4	3	100.0	37.0	63.0	.4	.4
Maryland.....	27,739	13,073	12,145	2,421	100	100.0	47.1	43.8	8.7	.4
Massachusetts.....	61,736	47,811	14,161	22	242	100.0	76.6	22.9	(1)	.4
Michigan.....	91,539	45,692	45,090	552	205	100.0	49.9	49.3	.6	.2
Minnesota.....	48,036	27,354	19,386	503	793	100.0	56.9	40.4	1.0	1.7
Mississippi.....	52,095	4,219	21,448	26,148	280	100.0	8.1	41.2	50.2	.5
Missouri.....	56,951	22,094	32,447	1,469	941	100.0	38.8	57.0	2.6	1.7
Montana.....	10,248	6,396	3,561	200	91	100.0	62.4	34.7	2.0	.9
Nebraska.....	22,270	8,906	13,331	11	22	100.0	40.0	59.9	(1)	.1
Nevada.....	1,742	1,139	555	10	38	100.0	65.4	31.9	.6	2.2
New Hampshire.....	7,633	2,048	5,572	4	9	100.0	26.8	73.0	.1	.1
New Jersey.....	54,607	40,484	11,510	2,578	35	100.0	74.1	21.1	4.7	.1
New Mexico.....	13,837	2,694	6,505	3,275	1,363	100.0	19.5	47.0	23.7	9.9
New York.....	185,502	147,956	34,185	3,124	237	100.0	79.8	18.4	1.7	.1
North Carolina.....	79,080	12,267	45,175	21,484	154	100.0	15.5	57.1	27.2	.2
North Dakota.....	12,637	5,485	6,194	450	508	100.0	43.4	49.0	3.6	4.0
Ohio.....	107,576	53,526	53,839	163	48	100.0	49.8	50.0	.2	(1)
Oklahoma.....	41,456	10,721	28,722	1,613	400	100.0	25.9	69.3	3.9	1.0
Oregon.....	15,457	10,956	4,449	21	31	100.0	70.9	28.8	.1	.2
Pennsylvania.....	161,288	82,557	77,127	1,248	356	100.0	51.2	47.8	.8	.2
Rhode Island.....	10,240	7,046	3,031	132	31	100.0	68.8	29.6	1.3	.3
South Carolina.....	40,643	4,731	16,558	19,328	26	100.0	11.6	40.7	47.6	.1
South Dakota.....	11,908	4,809	6,681	146	272	100.0	40.4	56.1	1.2	2.3
Tennessee.....	51,938	10,591	34,697	6,296	354	100.0	20.4	66.8	12.1	.7
Texas.....	116,057	33,975	62,145	17,489	2,448	100.0	29.3	53.5	15.1	2.1
Utah.....	12,693	7,037	5,441	161	54	100.0	55.4	42.9	1.3	.4
Vermont.....	6,326	2,816	3,505	3	2	100.0	44.5	55.4	(1)	.1
Virginia.....	51,950	10,415	27,418	13,437	680	100.0	20.0	52.8	25.9	1.3
Washington.....	25,036	18,918	5,941	112	65	100.0	75.6	23.7	.4	.3
West Virginia.....	42,240	5,292	34,358	1,825	765	100.0	12.5	81.3	4.3	1.8
Wisconsin.....	53,543	25,435	27,591	350	167	100.0	47.5	51.5	.7	.3
Wyoming.....	4,530	460	4,037	10	23	100.0	10.2	89.1	.2	.5

1 Less than 1/10 of 1 percent.

TABLE 6.—DEATHS IN HOSPITALS AND INSTITUTIONS: STATES, 1937

AREA	NUMBERS				PERCENT			
	Total	No in-stitution	Resident in-stitution	Nonres-ident in-stitution	Total	No in-stitution	Resident in-stitution	Nonres-ident in-stitution
United States.....	1,450,427	918,234	65,758	466,435	100.0	63.3	4.5	32.2
Alabama.....	30,843	24,641	861	5,341	100.0	79.9	2.8	17.3
Arizona.....	6,919	4,279	204	2,436	100.0	61.8	2.9	35.2
Arkansas.....	18,364	15,745	599	2,020	100.0	85.7	3.3	11.0
California.....	80,256	38,215	4,251	37,790	100.0	47.6	5.3	47.1
Colorado.....	13,833	7,462	541	5,830	100.0	53.9	3.9	42.1
Connecticut.....	17,892	9,475	873	7,544	100.0	53.0	4.9	42.2
Delaware.....	3,290	2,012	210	1,068	100.0	61.2	6.4	32.5
District of Columbia.....	8,727	3,421	522	4,784	100.0	39.2	6.0	54.8
Florida.....	20,960	14,376	489	6,095	100.0	68.6	2.3	29.1
Georgia.....	34,446	29,003	474	4,969	100.0	84.2	1.4	14.4
Idaho.....	4,752	3,225	142	1,385	100.0	67.9	3.0	29.1
Illinois.....	87,739	48,827	4,578	34,334	100.0	55.7	5.2	39.1
Indiana.....	40,929	28,206	2,106	10,617	100.0	68.9	5.1	25.9
Iowa.....	26,485	17,995	1,446	7,044	100.0	67.9	5.5	26.6
Kansas.....	19,204	13,129	694	5,381	100.0	68.4	3.6	28.0
Kentucky.....	30,899	24,544	963	5,392	100.0	79.4	3.1	17.5
Louisiana.....	25,010	16,775	741	7,494	100.0	67.1	3.0	30.0
Maine.....	11,465	8,353	315	2,797	100.0	72.9	2.7	24.4
Maryland.....	22,083	13,395	867	7,821	100.0	60.7	3.9	35.4
Massachusetts.....	52,248	28,561	3,128	20,559	100.0	54.7	6.0	39.3
Michigan.....	53,472	30,813	2,604	20,055	100.0	57.6	4.9	37.5
Minnesota.....	26,905	14,719	1,298	10,888	100.0	54.7	4.8	40.5
Mississippi.....	23,856	20,379	542	2,935	100.0	85.4	2.3	12.3
Missouri.....	44,974	29,818	1,850	13,306	100.0	66.3	4.1	29.6
Montana.....	6,128	3,195	303	2,630	100.0	52.1	4.0	42.9
Nebraska.....	13,199	9,270	477	3,452	100.0	70.2	3.6	26.2
Nevada.....	1,322	708	46	568	100.0	53.6	3.5	43.0
New Hampshire.....	6,528	4,132	427	1,969	100.0	63.3	6.5	30.2
New Jersey.....	45,003	24,753	2,672	17,578	100.0	55.0	5.9	39.1
New Mexico.....	6,422	4,954	104	1,364	100.0	77.1	1.6	21.2
New York.....	153,772	76,557	10,484	66,731	100.0	49.8	6.8	43.4
North Carolina.....	33,981	25,907	1,104	6,970	100.0	76.2	3.2	20.5
North Dakota.....	5,440	3,299	200	1,941	100.0	60.6	3.7	35.7
Ohio.....	80,189	51,136	3,929	25,124	100.0	63.8	4.9	31.3
Oklahoma.....	21,313	16,104	743	4,466	100.0	75.6	3.5	21.0
Oregon.....	12,341	6,736	750	4,855	100.0	54.6	6.1	39.3
Pennsylvania.....	114,949	71,909	5,949	37,091	100.0	62.6	5.2	32.3
Rhode Island.....	8,334	4,990	354	2,990	100.0	59.9	4.2	35.9
South Carolina.....	20,540	16,822	526	3,192	100.0	81.9	2.6	15.5
South Dakota.....	5,959	4,004	196	1,759	100.0	67.2	3.3	29.5
Tennessee.....	30,232	22,162	1,024	7,046	100.0	73.3	3.4	23.3
Texas.....	65,448	48,865	1,319	15,264	100.0	74.7	2.0	23.3
Utah.....	4,989	3,083	138	1,768	100.0	61.8	2.8	35.4
Vermont.....	4,981	3,618	164	1,199	100.0	72.6	3.3	24.1
Virginia.....	31,119	23,285	1,336	6,498	100.0	74.8	4.3	20.9
Washington.....	19,094	9,833	1,252	8,009	100.0	51.5	6.6	41.9
West Virginia.....	19,190	14,124	504	4,562	100.0	73.6	2.6	23.8
Wisconsin.....	31,973	19,208	1,384	11,381	100.0	60.1	4.3	35.6
Wyoming.....	2,430	2,212	75	143	100.0	91.0	3.1	5.9

TABLE 7.—TREND OF BIRTH AND DEATH RATES: FOREIGN COUNTRIES, 1926-1936

	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926
TOTAL DEATH RATE PER 1,000 POPULATION											
United States ¹	11.5	10.9	11.0	10.7	10.9	11.1	11.3	11.9	12.1	11.4	12.3
Australia.....	9.4	9.5	9.3	8.9	8.6	8.7	8.6	9.5	9.4	9.4	9.4
Austria.....	13.2	13.6	12.7	13.2	13.9	14.0	13.5	14.5	14.4	14.9	14.9
Chile.....	25.5	25.0	26.8	26.8	22.8	22.0	24.7	26.2	24.4	25.8	27.2
England and Wales.....	12.1	11.7	11.8	12.3	12.0	12.3	11.4	13.4	11.7	12.3	11.6
France.....	15.3	15.7	15.1	15.8	15.9	16.4	15.6	18.0	16.4	16.5	17.5
Germany.....	11.8	11.8	10.9	11.2	10.8	11.2	11.0	12.6	11.6	12.0	11.7
Italy.....	13.7	13.9	13.3	13.7	14.7	14.8	13.8	16.1	15.8	15.7	16.9
Japan.....	(²)	16.8	18.1	17.8	17.7	19.0	18.2	20.0	19.9	19.8	19.2
New Zealand.....	8.7	8.2	8.5	8.0	8.0	8.3	8.6	8.8	8.5	8.5	8.7
Scotland.....	13.4	13.2	12.9	13.2	13.5	13.3	13.3	14.7	13.5	13.6	13.1
Spain.....	(³)	15.6	16.0	16.4	16.4	17.8	17.3	18.0	18.4	18.9	19.0
Sweden.....	11.9	11.7	11.2	11.2	11.6	12.5	11.7	12.2	12.0	12.7	11.8
TOTAL BIRTH RATE PER 1,000 POPULATION											
United States ¹	16.7	16.9	17.1	16.5	17.4	18.0	18.9	18.9	19.8	20.6	20.7
Australia.....	17.1	16.6	16.4	16.8	16.9	18.2	19.9	20.3	21.3	21.7	22.0
Austria.....	13.1	13.6	13.5	14.3	15.2	15.9	16.8	16.7	17.5	17.8	19.1
Chile.....	34.6	34.1	33.8	33.4	34.2	34.6	39.8	41.9	43.6	42.8	40.1
England and Wales.....	14.8	14.7	14.8	14.4	15.3	15.8	16.3	16.3	16.7	16.6	17.8
France.....	15.0	15.2	16.2	16.2	17.3	17.5	18.0	17.7	18.3	18.2	18.8
Germany.....	19.0	18.9	18.0	14.7	15.1	16.0	17.5	17.9	18.6	18.4	19.9
Italy.....	22.4	23.3	23.4	23.7	23.8	24.9	26.7	25.6	26.7	27.4	27.2
Japan.....	(²)	31.6	30.0	31.6	32.9	32.2	32.4	33.0	34.4	33.6	34.8
New Zealand.....	16.6	16.1	16.5	16.6	17.1	18.4	18.8	19.0	19.6	20.3	21.1
Scotland.....	17.9	17.8	18.0	17.6	18.6	19.0	19.6	19.2	20.0	19.9	21.1
Spain.....	(²)	25.7	26.3	27.8	28.3	28.3	29.0	28.9	29.7	28.6	30.0
Sweden.....	14.1	13.7	13.7	13.7	14.5	14.8	15.4	15.2	16.1	16.1	16.8
INFANT DEATH RATE PER 1,000 LIVE BIRTHS											
United States ¹	57	56	60	58	58	62	65	68	69	65	73
Australia.....	41	40	44	40	41	42	47	51	53	54	54
Austria.....	93	98	91	94	106	103	104	112	118	126	124
Chile.....	252	251	262	258	235	232	234	224	212	226	251
England and Wales.....	59	57	59	64	65	66	60	74	65	70	70
France.....	67	69	69	75	77	76	78	96	92	83	97
Germany.....	66	69	66	77	79	83	85	96	89	97	102
Italy.....	100	101	99	100	110	113	106	125	120	120	127
Japan.....	117	107	125	121	118	132	124	142	138	142	137
New Zealand.....	31	32	32	32	31	32	34	34	36	39	40
Scotland.....	82	77	78	81	86	82	83	87	86	89	83
Spain.....	(²)	109	113	111	112	117	117	123	126	126	128
Sweden.....	43	47	47	50	51	57	55	59	59	60	56
MATERNAL DEATH RATE PER 1,000 LIVE BIRTHS											
United States ¹	5.7	5.8	5.9	6.2	6.3	6.6	6.7	7.0	6.9	6.5	6.6
Australia.....	6.0	5.3	5.8	5.1	5.6	5.5	5.3	5.1	6.0	5.9	5.3
Austria.....	5.3	3.4	2.5	2.5	2.0	2.1	2.3	2.3	2.5	2.1	1.6
Chile.....	8.5	8.5	9.1	8.4	7.1	7.5	6.8	7.8	5.9	5.8	5.8
England and Wales.....	3.8	4.1	4.6	4.5	4.2	4.1	4.4	4.3	4.4	4.1	4.1
France.....	(²)	(²)	2.5	2.5	2.6	2.5	2.7	3.0	2.9	2.9	2.5
Germany.....	(²)	4.9	5.0	5.4	5.3	5.1	5.4	5.5	5.5	5.2	4.9
Italy.....	3.0	3.0	2.7	2.9	3.0	2.8	2.7	2.9	2.8	2.6	2.6
Japan.....	(²)	2.6	2.8	2.7	2.5	2.7	2.7	2.8	2.8	2.8	2.7
New Zealand.....	3.7	4.2	4.9	4.4	4.1	4.8	5.1	4.8	4.9	4.9	4.3
Scotland.....	5.6	6.3	6.2	5.9	6.3	5.9	6.9	6.9	7.0	6.4	6.4
Spain.....	(²)	3.4	3.6	3.6	3.5	3.8	3.6	3.6	4.0	3.9	3.8
Sweden.....	(²)	3.3	(²)	3.1	3.4	3.7	3.5	3.8	3.3	2.8	2.9

¹ Figures prior to 1933 for the United States refer to the registration area.² Figures are not available.³ Figures are for puerperal septicemia.

TABLE 8.—LIFE EXPECTANCY IN THE UNITED STATES: 1930

SPECIFIED YEAR OF AGE	AVERAGE NUMBER OF YEARS OF LIFE REMAINING AT BEGINNING OF YEAR OF AGE				SPECIFIED YEAR OF AGE	AVERAGE NUMBER OF YEARS OF LIFE REMAINING AT BEGINNING OF YEAR OF AGE			
	White		Negro			White		Negro	
	Male	Female	Male	Female		Male	Female	Male	Female
At birth.....	59	63	48	50	45.....	25	27	21	21
5.....	59	62	49	50	50.....	22	23	18	19
10.....	55	58	44	45	55.....	18	20	15	16
15.....	50	53	40	41	60.....	15	16	13	14
20.....	46	49	36	37	65.....	12	13	11	12
25.....	42	44	33	34	70.....	9	10	9	10
30.....	38	40	29	31	75.....	7	8	7	9
35.....	33	36	26	27	80.....	5	6	5	7
40.....	29	32	23	24					

Source: Vital Statistics—Special Report, vol. 1, No. 20.

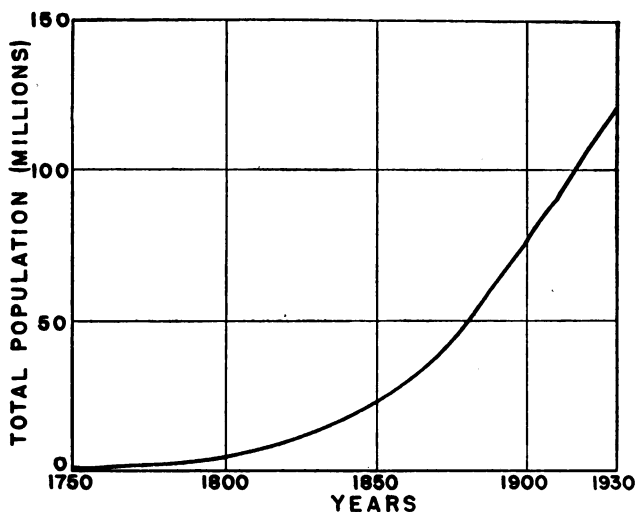


CHART 1.—GROWTH OF THE POPULATION.

This chart shows the rapid increase of population in the United States.

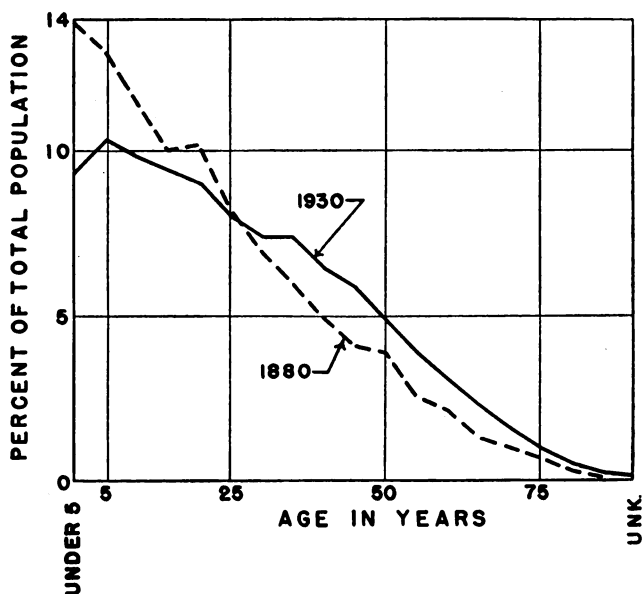


CHART 2.—AGING OF THE POPULATION.

This chart, comparing the age distribution of the population in the United States for 1880 and 1930, illustrates that at the present time there is a smaller percentage of population in the group under 25 years and a greater percentage in the older age groups.

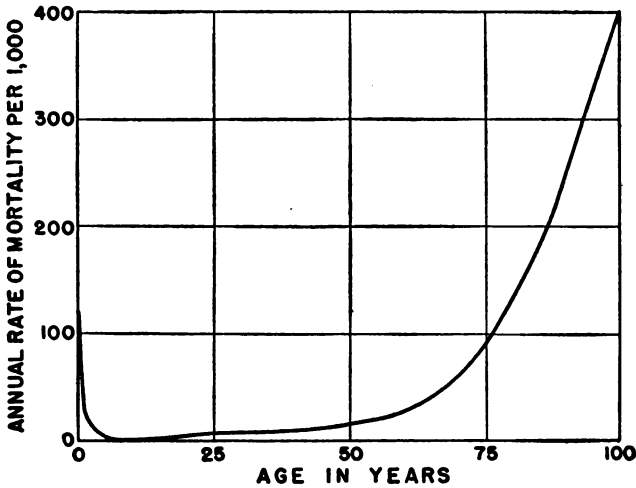


CHART 3.—MORTALITY RATES AND AGE.
(Original registration States: 1910.)

This chart illustrates that the death rate is high during infancy, decreases to a low figure in middle age, and then increases rapidly in the older ages.

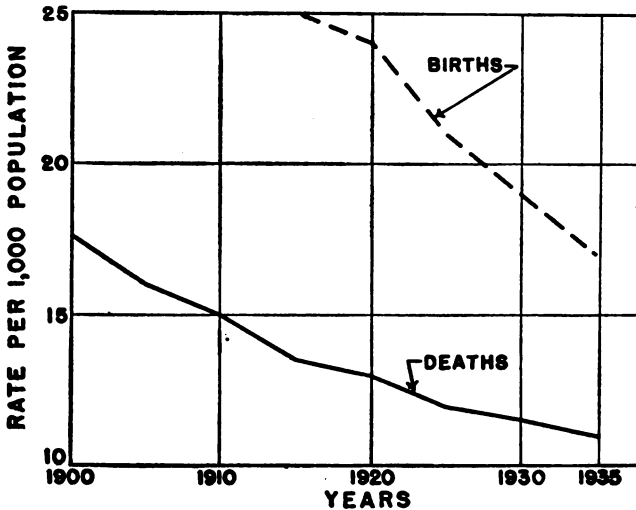


CHART 4.—BIRTH AND DEATH RATES CONVERGE.
(Registration areas.)

This chart indicates a convergence of birth and death rates in the United States. The decrease in the birth rate means fewer young people, which in turn signifies that the population will continue to grow older in composition, resulting eventually in an increased death rate.

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