

PRACTICAL REGISTRATION METHODS.

INFORMATION FOR LOCAL REGISTRARS AS TO THE STANDARD
CERTIFICATE, FORMS OF RECORDS, AND INDEFINITE CAUSES
OF DEATH REPORTED BY PHYSICIANS.

INTRODUCTORY.

The careful attention and earnest consideration of local registrars and registration officials is respectfully invited to the following points treated in this circular:

1. The necessity for uniformity in the details concerning deaths registered in different states and cities.
2. The use of the "Standard Certificate" everywhere, as a means of securing the exact information required to serve all of the purposes of registration.
3. The importance and use of the particular details called for by the Standard Certificate.
4. The suggestions made as to the critical examination by local registrars of each certificate presented, to see that each and every detail is properly stated before accepting it. The certificate is simply a specification, in convenient form, of the legal requirements in the case, all of which are intended to be observed. And, as the administrative officer, it is the legal duty of the registrar to *see that they are observed*. While the obligation to supply the information required is imposed upon physicians, undertakers, or others, it will invariably be found that no greater degree of compliance with the law will be observed by them than is exacted or compelled by the officials.
5. The suggestion that the usual *book* record be dispensed with altogether as incomplete and unsatisfactory for practical purposes. If the original certificates are retained on file, they themselves form a better record than the book. If they are filed elsewhere (sent to the central office, as in some registration states) a complete copy of each individual certificate should be made upon a duplicate form, bound, indexed, and preserved in the manner stated. *Examine your record and see if it gives every item of information that the certificate does*. If it does not, it should be abolished.

This circular constitutes one of a series relating to registration legislation, forms, and methods of practice prepared for the information and guidance of legislative bodies desiring to enact effective laws upon the subject; of the officials administering such laws; of physicians and others responsible for making the returns; and of statisticians and sanitarians interested in the results. It has been carefully prepared and covers a most important part of the general plan for the extension and improvement of registration methods upon lines that are essential to accurate and uniform statistics.

THE CERTIFICATE.

The Standard Certificate of Death, as printed by the Census Office (copy inclosed), was prepared in conjunction with the Committee on Demography of the American Public Health Association, after conferring with many of the principal registration officials and after a study of all forms in use, as a part of the movement for uniformity in registration laws and methods, initiated by the publication of Circular No. 71, by the Census Office.

This form of certificate has been adopted by the states of Colorado, Illinois, Indiana, Michigan, New York, and Vermont, and the authorities in other registration states and cities have approved it and announced their intention to adopt and put it into use as soon as the change can conveniently be made. This is an important step toward securing uniformity in returns and results.

The form covers all of the information generally required under an advanced system of registration, but if other items are necessary for local purposes they may be added. It is, however, best to avoid increasing the number unless further details are absolutely necessary under local laws or to meet very unusual conditions.

As presented, the form is adapted to use in a state where returns are made under state laws, applicable in all parts, and in which the certificates (or copies) are sent to a central office. In such cases the best results are obtained when the central office prints and supplies the blank forms of certificates and *all other* forms of records used. Where the form is adopted by any city in a nonregistration state the *heading* may be changed to correspond.

The size of the form given is $7\frac{1}{4}$ by $8\frac{1}{2}$ inches. This makes it compact and convenient to handle, and, when bound, the certificates occupy but little space. This size of blank may be cut from ordinary stock paper, 22 by 34 inches, without any waste.

COMPLETE RETURNS REQUIRED.

Every item called for has a distinct purpose and a specific use, either to accurately identify the deceased or to afford data for

properly disposing of the cases and for tabulating statistics showing the relation of the various factors to the mortality from different causes. The complete statement of all the facts in the returns from each state and city is absolutely essential to the production of uniform statistics, and is equally desirable for other purposes.

EXAMINATION OF CERTIFICATES PRESENTED FOR RECORD.

The purpose and intention of the laws governing registration being to secure a *proper* record of each death that occurs—*which is only secured through a complete statement of the facts required*—each registrar should critically examine every certificate when presented for record, and should insist that it be made to meet the requirements before accepting it and issuing the usual burial or removal permit.

No obligation rests upon the registrar to accept an incomplete or unsatisfactory return; on the contrary, he is bound to see that it is entirely satisfactory in every respect.

It is not to be expected that all of the facts can be accurately stated in every case, but a strict observance of the practice specified will very largely reduce the number of cases incompletely reported, and, on the other hand, any laxity in this respect will surely be followed by increased carelessness in filling out the certificates.

The important statistical items that are most frequently omitted or neglected are those relating to conjugal condition, place of birth, birthplace of father and mother, and occupation. In addition to these, the cause of death is not stated so that it can be properly classified in much too large a proportion of cases. The first-mentioned items should be stated exactly as called for by the certificate.*

Importance and use of the details required.—All of the personal and statistical particulars specified are extremely important, though they may serve different purposes. Where records are required for purposes of identification, it is obvious that the identification will not only be easiest, but will be most positive and accurate if every detail is properly stated.

Considering the data for statistical purposes, it should be remembered that the statistics of the *deaths* constitute only one factor

* A count has been made of the number of cases in which essential items were omitted in the returns for each state and city for 1900 and 1901. This shows a surprising amount of omission of necessary details, and emphasizes the necessity for a critical examination of the certificates when presented. A statement of the result of this count in any place will be sent on request.

in the computation of death rates, the other being the statistics of *population*, and that in order to compute the death rates the deaths must be reported in the same terms as the population. The primary classification of the population statistics is by color, general nativity and parent nativity, sex, age, conjugal condition, and occupation, with certain details under each head; and these and the sanitary conditions existing are the factors that exercise the greatest influence upon the mortality from different diseases. The compilation of uniform death rates for all states and cities, therefore, requires all of these details to be given for each place. If, for instance, the birthplace of father and mother is not given in the return of deaths for any city, it becomes not only impossible to determine the relative mortality of persons of native and of foreign parentage (a most important factor) in that city, in comparison with others, but also impossible to give any complete *summary* of the aggregate rates for these classes in the whole of the registration area.

So, too, if the conjugal condition of decedents is reported only as "single" or "married"—as is the case in a number of cities—death rates can not be computed with the population factor distinguished as single, married, *widowed*, and *divorced*.

These comments illustrate the necessity for a complete statement of all of the facts concerning deaths in any state or city. A more specific statement of the requirements is made under the items given below:

Name.—Give the name *in full*. If an unnamed infant, give the family name.

Color.—White, Black (Negro or Negro descent), Indian, Chinese, Japanese, etc. This term (color) includes *Race*, so far as the census takes note of racial distinctions. Each constitutes a certain distinct class for which certain tables will be compiled.

Sex.—Male, Female. The sex of each person should be positively stated and not left to be inferred from the name.

Date of birth.—Give the *Year*, *Month*, and *Day* of month. This question is important as a check upon inaccurate statements of age.

Age.—Give *Years*, *Months*, and *Days*. When "Age" is called for without the exactness specified, the question might be construed as referring to age at *last* birthday, *next* birthday, or *nearest* birthday, or as a general inquiry to be answered in approximate terms, such as "10," "20," "30," etc. An exact statement of age is particularly important.

Conjugal Condition.—Single, Married, Widowed, Divorced. Many of the certificates now in use call only for “Single” and “Married.” In such places the *Widowed* or *Divorced* may be entered, as “Single” or “Married,” according to the point of view, and when so reported can not be separated. In computing rates showing the influence of conjugal condition upon the mortality from certain causes, the distinctions indicated are equally important and should be carefully maintained.

Birthplace (of deceased).—If born in the United States give the name of the *State* or *Territory*; if of foreign birth the name of the *country*. (See “Birthplace of Mother.”)

Name of Father.—This is important for identification.

Birthplace of Father.—State in the same way as birthplace of deceased. (See “Birthplace of Mother.”)

Maiden name of Mother.—This is of great importance for purposes of accurate identification.

Birthplace of Mother.—State in the same way as birthplace of deceased. The birthplaces of parents are necessary in order to classify the deaths by parental nativity. The proportion of persons of foreign parentage in our population is so large, and the difference in the death rates so considerable, that this becomes a most important factor. The “Birthplace of Mother,” in particular, is extensively used as best indicating the influence of race characteristics and inherited tendencies.

Occupation.—The effect of “Occupation” must necessarily be taken into consideration in any comprehensive mortality statistics, but this is one of the most difficult details to obtain in the same terms that they are given for the population, as the precise instructions given to the census enumerators as to the description and classification of occupations can not be as thoroughly applied to returns of deaths and their observance secured by the physicians, undertakers, and others who make these reports to the registration officers. Occupation should be reported for all persons who pursue some *gainful employment*. Married women and children living at home and not engaged in some remunerative employment should be returned as having “None.” The general principle is to bear in mind what labor the deceased actually performed, without regard to the place or the person for whom he worked. Particular care should be taken to express the occupation in such a way as to prevent it from being confounded with other occupations. . A

few of the more important distinctions to be maintained are given as follows:

Civil, mechanical, and mining engineers, etc., should be distinguished from *locomotive* engineers, and the latter from those of stationary engines. Locomotive firemen should also be distinguished from those of stationary engines or members of the city fire departments.

Commercial travelers or salesmen should be distinguished from salesmen or clerks in stores.

Married women, female heads of families, or other women who are employed only in their own homes should not be reported as "housekeepers," "housewives," or "housework." These terms should be reserved for those who receive a monetary compensation.

Distinguish between *agricultural* laborers, *railroad* laborers, and other *day* laborers.

Mill or factory operatives should be distinguished according to the product of the mill—Woolen, Cotton, Carpet, Silk, Shoe, etc.

Miners should be distinguished as Coal, Iron, Lead, etc.

Date of Death.—Give the Month, Day, and Year. This and the physician's certificate of attendance are necessary to establish the fact and time of death.

Cause of Death.—The *disease causing death* should be definitely stated, or, if the death resulted from violence and not from disease, then the nature of the violence, and whether accidental, suicidal, or homicidal should be given. Contributory causes, complications, or sequelae of the disease causing death may be named, but mere symptoms should not be stated to the exclusion of the primary disease causing death. The duration should be stated for each cause given.

The lack of definiteness in the statement of causes of death is largely due to carelessness on the part of the physicians, who could undoubtedly make a much more satisfactory statement in many cases if their attention were called to the matter. It is the duty of the registrar accepting the certificate to see that this is invariably done when necessary.

The International classification (known as the "Bertillon" classification prior to the revision at Paris in 1900) has been adopted by all of the registration states and most of the cities, and its universal use is earnestly recommended. The form and

arrangement of this classification adopted by the Census Office and approved by the American Public Health Association is given on pages 12 to 16.

The cause of death should be stated, in every case, so that it may be accurately classified under some *specific and definite* title of the classification. To this end it should be remembered that death is the result of disease or of external causes. If from disease, the nature of the disease, and if local, the particular organ or part of the body affected should be stated. Terms indicating mere symptoms of disease, or conditions resulting from disease, should not be accepted. Deaths from violence should be distinguished as accidental, homicidal, or suicidal, and in each case the kind of accident and nature of injury or manner of suicide should be stated.

A list is appended (pages 17 to 28) of some of the indefinite, ambiguous, or unsatisfactory ways in which deaths were reported to the Census Office in the copies of the registration records for the year 1900. These represent actual cases in which the terms stated were given by physicians as the *causes of death*, and which were accepted by the registrars as such. The queries opposite each indicate the further information necessary in order to classify and tabulate the deaths with any degree of accuracy. Registrars should study this list and should refer to it when in doubt concerning the sufficiency of the statement of causes of death. It does not by any means cover all of the indefinite ways in which deaths may be reported, but if, when any of these terms, or others of a similar character, appear in certificates presented, the attention of physicians is persistently called to the necessity for proper definition of causes of death, as indicated in the queries given, it will be found that they will soon acquire the habit of making more satisfactory returns. *And the only way to secure this result is for the registrars to insist upon satisfactory returns before accepting the certificates.*

It is proposed to send a circular containing a similar list of indefinite and unsatisfactory terms used in stating causes of death to every physician in the United States. They will thus be informed upon the points which may be raised by the inquiries of the registrars.

It has been observed that, as a rule, causes of death certified by *coroners* are quite as unsatisfactory as those certified by physicians, more particularly in failing to define accidental deaths, or by reporting "heart failure" or "natural causes" in cases of deaths occurring suddenly.

SPECIAL INFORMATION CONCERNING DEATHS IN INSTITUTIONS, ETC.

In many places deaths of nonresidents are frequently registered which are not properly chargeable against the population of the places in which they occur. This is particularly true of deaths in hospitals and institutions to which persons resort for treatment for disease or injuries contracted or received elsewhere. In all such cases the information required under this heading should be supplied to permit a proper disposition of the case.

To effect this it would be well for registrars to notify the officials, proprietors, persons in charge, or house physicians of such institutions that these details will be required in case of deaths therein, so that they may be prepared to supply them when necessary.*

PRESERVATION OF CERTIFICATES AND RECORDS.

The practice with reference to permanent preservation of the information contained in the returns of deaths, after the certificates have been filed, varies so greatly that some suggestions concerning it seem proper here.

A complete *local* record is necessary, whether in states in which the original certificates (or copies) are forwarded to a central office, or in cities in which registration is governed solely by local ordinances. The general practice is to record certificates, as filed, in a record book kept for that purpose, after which the certificates are filed away or otherwise disposed of. To be of value such a book record should contain all of the details afforded by the original certificate, *but it has invariably been found that this is not the case.* It has also been found that where an index of the deaths recorded is kept it generally refers to the incomplete book record, and not to the original certificates, consequently, when a full copy of the original return is required either for legal or statistical purposes, the book record does not supply it, nor does the index indicate where the certificate itself may be found. The question therefore arises, What good purpose does such a record book serve?

Its maintenance involves the labor of making a (partial) copy of the original certificate, but it does not take the place of the certificate. The practice of keeping such an incomplete book record

* For general reasons, and aside from the necessity for certain details in case of death, all public or private institutions to which persons are committed or resort for treatment should be required by law to make a record at time of admission of certain information concerning the individual, which record should contain all of the personal particulars specified in the Standard Certificate in addition to any other necessary facts in the case. If made at the time of admission the facts can usually be ascertained and they would then be available for any future use.

and of *not* keeping the original certificates filed in an orderly and systematic manner has resulted in great vexation, trouble, and loss of most important data to this office, particularly in the cities in nonregistration states where the transcript of the records required for the census mortality statistics has been made from the record book instead of from the certificates.

The best record of a death, and the only one that serves all purposes, is the original certificate itself or an exact copy. The "Standard Certificate" is designed to be *bound*, and in this shape it occupies but little space. Before binding, the certificates can be arranged chronologically—by date of death or date of filing—alphabetically, by the registered number, or in any way desired; and they then remain permanently in shape for convenient reference. Where the records are numerous an *index* is necessary, but this can be applied to the bound certificates as well as to a book record.

If they are bound in numerical order (registered number) for each year, the registered numbers will then represent the page numbers of a volume.

To find any given record, the most complete and satisfactory method is an alphabetical *card* index, since only a card index can be made *continuously* complete. For this purpose a card $1\frac{1}{2}$ by 3 inches will be found entirely sufficient, as it need only carry the name, place and date of death, volume, and page, as given below:

MARTIN, JOHN H	11—532.
124 PINE STREET, BOSTON, MASS.	
OCTOBER 21, 1902.	

This indicates that the death of *one* John H. Martin may be found in Volume 11, page 532. If the index extends over a long period of time there may be numerous cards for the same name, and the date or place of death will facilitate location of the required record. The cards being small may be arranged in shallow drawers and many thousands can be provided for in a small space.

This constitutes the most simple, direct, and comprehensive way of preserving and indexing the records, and where this system is

employed the *book record is entirely unnecessary*. As now kept it is an obstacle to uniform statistics.

CLASSIFICATION OF CAUSES OF DEATH.

The International Classification.—The arrangement and grouping of the titles of the International Classification, as adopted by the Census Office, is given below. It will be observed that certain titles are marked with an asterisk (*). This denotes that the title is itself indefinite, and that it is very desirable that the cause of death should be so stated as to permit classification under some more specific title and thus reduce, as far as possible, cases that must otherwise be classed under any titles so marked.

The wording of some of the titles is somewhat changed to accord with American usage, but the causes included under each title are the same. Deaths are compiled under each of the 179 titles of the International Classification, but a number of them are subdivided, giving a greater amount of detail. The numbers given on the left are those of the International Classification.

ALL CAUSES.

I. GENERAL DISEASES.

(A.) *Epidemic diseases.*

1. Typhoid fever.
2. Exanthematic typhus.
3. Relapsing fever.
4. Malarial fever.
5. Smallpox.
6. Measles.
7. Scarlet fever.
8. Whooping cough.
9. { Diphtheria.
- { Croup.
10. Influenza.
11. Millary fever.
12. Asiatic cholera.
13. Cholera nostras.
14. Dysentery.
15. Plague.
16. Yellow fever.
17. Leprosy.
18. Erysipelas.
19. Other epidemic diseases.

(B.) *Other general diseases.*

- *20. Septicemia.
21. Glanders and farcy.
22. Malignant pustule and charbon.
23. Rabies.
24. Actinomyces, trichinosis, etc.
25. Pellagra.
27. Tuberculosis of lungs. *a*
26. Tuberculosis of larynx. *a*
28. Tuberculous meningitis.
29. Abdominal tuberculosis.

- 30. Pott's disease.
- *31. Tuberculous abscess.
- 32. White swelling.
- 33. Tuberculosis of other organs.
- 34. General tuberculosis.
- *35. Scrofula.
- 36. Syphilis.
- 37. Gonorrhoea of the adult.
- 38. Gonorrhoeal infections of children.
- 39. Cancer of mouth.
- 40. Cancer of stomach and liver.
- 41. Cancer of intestines and peritoneum.
- 42. Cancer of genital organs.
- 43. Cancer of breast.
- 44. Cancer of skin.
- *45. Cancer of other or unspecified organs.
- *46. Tumor (noncancerous).
- 47. Acute articular rheumatism.
- 48. Chronic rheumatism and gout.
- 49. Scurvy.
- 50. Diabetes.
- 51. Exophthalmic goiter.
- 52. Addison's disease.
- 53. Leukemia.
- *54. Anemia, chlorosis.
- 56. Alcoholism.^a
- 57. Lead poisoning.
- 58. Other professional intoxications.
- 59. Other chronic poisonings.
- 55. Other general diseases.^a

II. DISEASES OF THE NERVOUS SYSTEM.

- *60. Encephalitis.
- 61. Meningitis.
- 62. Locomotor ataxia.
- 63. Other diseases of spinal cord.
- 64. Apoplexy.
- 65. Softening of brain.
- *66. Paralysis.
- 67. General paralysis of insane.
- 68. Other forms of mental disease.
- 74 (pt). Other diseases of brain.
- 69. Epilepsy.
- *70. Convulsions (nonpuerperal).
- *71. Convulsions of children.
- 72. Tetanus.
- 73. Chorea.
- 74 (pt). Other diseases of nervous system.
- 75. Diseases of the eye and its adnexa.
- 76. Diseases of the ear.

III. DISEASES OF THE CIRCULATORY SYSTEM.

- 77. Pericarditis.
- 78. Endocarditis.
- 79. Heart disease.
- 80. Angina pectoris.
- 81. Diseases of arteries.
- 82. Embolism and thrombosis.
- 83. Diseases of veins.
- 84. Diseases of lymphatics.
- *85. Hemorrhages (except of lungs).
- 86. Other diseases of circulatory system.

IV. DISEASES OF THE RESPIRATORY SYSTEM.

- * 87. Diseases of nasal fossae.
- 88. {Laryngitis.
- {Other diseases of larynx.
- 89. Diseases of the thyroid body.
- 90. Acute bronchitis.
- 91. Chronic bronchitis.
- 92. Bronchopneumonia.
- 93. Pneumonia.
- 94. Pleurisy.
- * 95. Congestion of lungs.
- 96. Gangrene of lungs.
- 97. Asthma.
- 98. Emphysema.
- * 99. {Hemorrhage of lungs.
- {Other diseases of respiratory system.

V. DISEASES OF THE DIGESTIVE SYSTEM.

- 100. Diseases of mouth.
- 101. {Tonsillitis.
- {Diseases of pharynx.
- 102. Diseases of esophagus.
- 103. Ulcer of stomach.
- 104. {*Gastritis.
- {Other diseases of stomach.
- * ----- Dentition.
- 105. Diarrhea and enteritis (under 2 years).
- 106. Diarrhea and enteritis (2 years and over).
- 107. Intestinal parasites.
- 108. {Hernia.
- {Obstruction of intestines.
- 109. Other diseases of intestines.
- 110. Acute yellow atrophy of liver.
- 111. Hydatid tumors of liver.
- 112. Cirrhosis of liver.
- 113. Biliary calculi.
- 114. Other diseases of liver.
- 115. Diseases of spleen.
- 116. Peritonitis (nonpuerperal).
- 118. Appendicitis.^a
- 117. Other diseases of digestive system.^a

VI. DISEASES OF THE GENITO-URINARY SYSTEM.

- 119. Acute nephritis.
- 120. Bright's disease.
- 121. Other diseases of kidneys.
- 122. Calculi of urinary tract.
- 123. Diseases of bladder.
- 124. Diseases of urethra, urinary abscess, etc.
- 125. Diseases of prostate.
- 126. Nonvenereal diseases of (male) genital organs.
- 127. Metritis.
- 128. Uterine hemorrhage (nonpuerperal).
- 129. Uterine tumor (noncancerous).
- 130. Other diseases of uterus.
- 131. Ovarian tumors.
- 132. {Diseases of tubes.
- {Other diseases of female genital organs.
- 133. Nonpuerperal diseases of the breast (cancer excepted).

^a Order of titles changed.

VII. CHILDBIRTH.

- 134. Accidents of pregnancy.
- 135. Puerperal hemorrhage.
- 136. Other accidents of labor.
- 137. Puerperal septicemia.
- 138. Puerperal convulsions.
- 139. Puerperal phlegmasia alba dolens.
- 140. Other puerperal accidents.
- 141. Puerperal diseases of the breast.

VIII. DISEASES OF THE SKIN.

- 142. Gangrene.
- 143. Carbuncle.
- *144. Abscess.
- 145. Other diseases of skin.

IX. DISEASES OF THE LOCOMOTOR SYSTEM.

- 146. Diseases of bones.
- 147. Diseases of joints.
- *148. Amputation.
- 149. Other diseases of organs of locomotion.

X. MALFORMATIONS.

- 150. {Hydrocephalus.
Congenital malformation of heart, cyanosis.
Other congenital malformations.

XI. EARLY INFANCY.

- 151. {Premature birth.
*Congenital debility.
- 152. Other diseases of early infancy.
- 153. Lack of care.

XII. OLD AGE.

- *154. Old age.

XIII. VIOLENCE.

- 155. Suicide by poison.
- 156. Suicide by asphyxia.
- 157. Suicide by hanging or strangulation.
- 158. Suicide by drowning.
- 159. Suicide by firearms.
- 160. Suicide by cutting instruments.
- 161. Suicide by jumping from high places.
- 162. Suicide by crushing.
- 163. Other suicides.
- 164. Fractures.
- 165. Dislocations.
- 167. Burns and scalds.^a
- 168. Burning by corrosive substances.
- 169. Heat and sunstroke.
- 170. Cold and freezing.
- 171. Lightning.
- 172. Drowning.
- 173. Starvation, privation, etc.
- 174. Inhalation of poisonous gases.
- 175. Other accidental poisonings.
- 166. {Accidental gunshot wounds.
Injuries by machinery.
Injuries in mines and quarries.
Railroad accidents and injuries.
Injuries by horses and vehicles.
Other accidental traumatisms.^a

^a Order of titles changed.

176. { Suffocation.
Injuries at birth.
Homicide.
Other external violence.

XIV. ILL-DEFINED DISEASES.

- *177. "Dropsy."
*178. Sudden death.
 { Heart failure.
 { Inanition (over 3 months).^a
 { Debility (over 3 months).^a
*179. { Marasmus (over 3 months).^a
 { Fever.
 { Other ill-defined diseases.
 { Unknown.

The Census Office has issued, for the benefit of officials compiling mortality statistics from their records, a "Manual of the International Classification of Causes of Death," including an index giving the number of the title to which each cause of death in nearly 2,000,000 cases reported at the censuses of 1880, 1890, and 1900 were referred, with a tabular list showing all of the cases included under each title, and a large amount of information concerning the use of the classification which is essential to the production of uniform statistics. The edition of this manual is not sufficient to supply every person acting as a local registrar, but it should be in the hands of all those who tabulate statistics, and will be supplied, on application, to such as have not received it.

^a Deaths reported from this cause, under 3 months of age, are compiled under "Congenital debility" (151).

LIST OF INDEFINITE TERMS FREQUENTLY USED BY PHYSICIANS
IN STATING CAUSES OF DEATH. WHEN ANY OF THESE
TERMS ARE GIVEN AS THE SOLE CAUSE OF DEATH FURTHER
INFORMATION SHOULD BE REQUIRED, IN ACCORDANCE WITH
THE NOTES GIVEN ON THE RIGHT.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Abscess.	What caused the abscess? What organ or part of the body was affected? Was it tuberculous or result of injury? If of lung, was it not pulmonary phthisis?
Accident.	What was the nature of the accident?
Acute gastritis.	State cause. Was it due to some irritant poison?
Acute hydrocephalus.	Was this due to tuberculous meningitis?
Advanced age.	What disease caused death? See "Old age."
Albuminuria.	Name the acute or chronic disease causing the albuminuria. Was it due to scarlet fever or Bright's disease?
Amputation.	What was the disease or injury requiring the amputation to be performed? State fully, and if due to injury from violence, state nature of the accident.
Anasarca.	Name disease causing anasarca. See "Dropsy."
Anemia.	State cause of the anemia, if known. A death should not be reported thus when the cause of the anemia was pulmonary tuberculosis or other wasting disease.
Anesthesia.	Name the anesthetic and state whether it was administered for a surgical operation, in which case give the disease or injury for which the operation was undertaken.
Angina.	Was it due to scarlet fever or diphtheria? This is a suspicious return and one to be carefully scrutinized by registrars.
Ascites.	Name disease causing ascites. See "Dropsy."
Asphyxia.	How? Was it accidental? If so, state fully the nature of the accident. If by gases or poisonous vapors, give particulars. Was it a case of "overlying" (child)? If in a mine, it should be so stated. Physiologic asphyxiation (mode of death) by failure to eliminate CO ₂ should not be given as a cause alone. What disease caused this condition?
Asthenia.	A practically worthless statement. See "Debility." What was the cause?
Atrophy.	What caused the atrophy? Was it tuberculous wasting (phthisis)? Was it syphilis? What organ or part atrophied?
Autoinfection.	What caused the autoinfection? This term should not be used when cholera infantum or other diarrheal disease is meant.
Bad cold.	Was it bronchitis, pneumonia, or pulmonary consumption?
Bed sores.	What was the disease causing death and during which the patient contracted bed sores? Was it rheumatism, paralysis, etc.?
Billious attack.	Very indefinite. Name disease causing death.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Billious fever.	Was it malarial, typhoid, or other form of fever? State definitely.
Blood poisoning.	Do you mean septicemia, syphilis, or any other definite disease? If septicemia, what was the cause? Was it puerperal?
Bottle feeding.	This return is valuable but only in connection with the disease causing death. Was the disease resulting from improper feeding diarrheal in character?
Bowel disease.	What disease of the bowels? If cholera infantum or diarrheal disease of infants, state definitely.
Bowel trouble.	What was the "trouble"? Name a definite disease. Was it diarrhea, dysentery, enteritis? Was it cancer or colic or strangulated hernia? All these are "troubles," besides some others.
Brain disease.	Was it a tumor of the brain? Was it meningitis? Name disease causing death.
Brain disorder.	What was the disease causing death? Was it paralysis, apoplexy, etc.? Was it caused by tuberculosis or syphilis? Be definite.
Brain fever.	This term is thoroughly discredited. Was it meningitis? Name disease causing death.
Breaking down.	A worthless return. What disease caused the breaking down? See "Debility."
Bright's disease.	State whether acute or chronic. Acute nephritis following scarlet fever or other infectious disease should be reported under the primary cause.
Bronchitis.	Was it acute or chronic? If it extended to pneumonia, the death should be reported from bronchopneumonia. See also "Chronic bronchitis."
Cachexia.	What disease caused the cachexia? Was it cancer, syphilis, tuberculosis? State cause definitely.
Cancer.	What organ or part of the body did the cancer affect? Always state this.
Carbuncle.	Was this anthrax or malignant pustule? Was it caused by diabetes?
Carcinoma.	What organ or part of the body did the carcinoma affect?
Cardiac asthma.	Name the form of heart disease causing death.
Cardiac asthenia.	} These returns are generally equivalent to "heart failure," a return which should never be made nor accepted. See "Heart failure."
Cardiac debility.	
Cardiac failure.	
Cardiac weakness.	
Caries.	State location and cause. Was it tuberculous?
Casualty.	Give nature of accident.
Catarrh.	An unsatisfactory statement. Give location and preferably make a proper statement of disease causing death.
Catarrh of bowels.	Was this diarrhea or enteritis?
Catarrh of lungs.	Was this acute or chronic bronchitis, bronchopneumonia, or pulmonary tuberculosis?

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Catarrh of stomach.	Very indefinite and frequently secondary to other diseases. Name disease causing death.
Cellulitis.	Give location and cause. Was it erysipelas? Was it puerperal or traumatic?
Cerebral coma.	"Coma" is necessarily cerebral as resulting from interference with the functions of the brain, but the cause of it may vary widely. Was it from cerebral hemorrhage, Bright's disease, etc.? Was it due to violence? If so, give nature of accident.
Cerebral exhaustion.	A more definite statement is desirable in place of this return. Was it cerebral softening, parietic dementia, etc.?
Childbirth.	Name immediate cause of death, as puerperal hemorrhage, puerperal convulsions, etc.
Choking.	Give cause. If in course of disease, name the disease causing death.
Chronic bronchitis.	This statement frequently disguises pulmonary tuberculosis. Was the death caused by consumption?
Chronic pneumonia.	Was this not pulmonary tuberculosis?
Chronic senility.	"Senility" is never a satisfactory return. See "Old age."
Cirrhosis.	Cirrhosis of what organ? Of the brain, spinal cord, liver, or kidneys?
Cold.	Cold weather (temperature) or a "cold on the lungs"? If freezing is meant, say so. If a disease, use a more definite term. See "Bad cold."
Colic.	Name disease causing colic.
Collapse.	Collapse from what? Disease or injury? If from surgical operation, state the reason for the operation. "Collapse" alone is a most worthless statement.
Coma.	What was the cause of the coma? This is a mere symptom of little value for compilation unless explained. See "Cerebral coma."
Complicated disability.	First name the disease causing death, and then the complications, if desired.
Complications.	What "complications" of what primary disease? Name the disease causing death.
Concealed hemorrhage.	What was the cause of the concealed hemorrhage? Did it occur during pregnancy or after childbirth? Was it from rupture of aneurism? Was it cerebral hemorrhage? If caused by violence, what was the nature of the accident or injury?
Concussion of brain.	What caused it? State the nature of the accident.
Congenital causes.	What were the congenital causes? Was death due to syphilis or tuberculosis?
Congestion.	Of what organ? Did the congestion amount to inflammation? If so, it should be definitely stated. Was it passive or hypostatic congestion? If so, name the disease from which it resulted.
Congestion of brain.	Was this due to hemorrhage (apoplexy)? Was it some form of meningitis? State definitely.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Congestion of lungs.	Was it acute bronchitis, bronchopneumonia, or lobar pneumonia? If so, state definitely. Was it passive or hypostatic congestion? If so, name disease causing the condition.
Congestive chill.	Was this a symptom of malarial fever, pneumonia, or other acute disease? State definitely the disease causing death.
Congestive fever.	Was it malarial or other fever? Give name.
Continued fever.	Was it typhoid fever? State definitely.
Convulsions.	What caused the convulsions? Were they epileptic, puerperal, or caused by diarrhea or enteritis (infants)? Name the disease in which the convulsions occurred. "Convulsions" are mere symptoms and should not be given as equivalent to a proper statement of cause of death.
Cramps.	See "Convulsions" above. Inquire especially whether due to diarrheal disease (infants).
Crushed.	What was the nature of the accident? Was it in a mine, by falling earth in excavation, by railroad accident, etc.?
Cyanosis.	If due to malformation of heart in infants, so state it. If due to organic disease, state definitely.
Debilitated.	Name the disease or other cause of the debilitated condition. See "Debility."
Debilitation of heart.	See "Heart failure." This is a worthless synonym for an indefinite return that should never be accepted.
Debility.	What caused the debility? Name the acute or chronic disease. Debility might follow typhoid fever, diphtheria, tuberculosis, Bright's disease, and a host of other causes. The return is worthless and should never be made.
Decrepitude.	Entirely indefinite. What was the cause of the condition? See "Debility."
Defective circulation.	In infants inquire whether this was due to malformation of heart (cyanosis). What caused the defective circulation? Was it due to organic heart disease? This return may be equivalent to the worthless "heart failure."
Defective vitality.	Indefinite. See "Debility."
Delirium.	Give cause of delirium.
Dementia.	If any acute disease caused death it should be named, as also the cause of the dementia, if known.
Dentition.	What was the disease causing death of the teething child? "Dentition" is not a proper cause of death, and, like "infantile" and "old age," does little except to mark the approximate age of decedents.
Deranged nerves.	Worthless. Name the disease causing death.
Despondency.	Was this a death from suicide? If so, state means employed.
Diarrhea.	Diarrhea occurring as a mere symptom of other diseases, as tuberculosis, cancer, etc., should not be reported as the cause of death.
Diathesis.	Name actual disease causing death.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Died suddenly.	What caused the death? If no cause can be ascertained, this return is preferable to a mere guess. Did the death occur during an acute disease? Was it apoplexy or organic heart disease? Such cases may require investigation by the health officer or coroner.
Disease of brain, bowels, heart, liver, lungs, stomach, uterus, or other organs or parts of the body.	Name the disease causing death. Never make a return of the mere location of the disease without specifying its nature.
Dropsy.	Name the disease in which the "dropsy" occurred. This is a mere symptom and should never be accepted when possible to secure a definite statement of cause. In children inquire whether scarlet fever preceded. Was it due to organic heart, liver, or kidney disease?
Drowning.	Always state whether accidental or suicidal, if known.
Dyspepsia.	Not to be accepted as a proper statement of cause of death when more definite information can be obtained. Was there organic disease of the stomach or other organs? If so, name the disease causing death.
Eclampsia.	Give cause of convulsions. Were they puerperal?
Edema of lungs.	Give cause. See "Congestion of lungs."
Effects of age.	Name the disease causing death. See "Old age."
Electrocuted.	Was this legal execution or accidental death by electricity?
Emaciation.	What caused the emaciation? Was it pulmonary phthisis? Was it after some acute disease, as typhoid fever? Name the disease causing death.
Encephalitis.	This term is deservedly passing out of use. Name definite disease. See "Brain fever."
Endometritis.	Give cause. Was it puerperal?
Epithelioma.	What part of the body was affected?
Eruption.	Name disease causing eruption.
Eruptive fever.	Name the fever precisely. Health officers should investigate such a return in order to discover presence of some communicable disease.
Exhaustion.	What caused the "exhaustion"? This is a most worthless term, but one frequently returned from public institutions. If after a surgical operation, name the disease or injury for which the operation was undertaken.
Failure of vital powers.	A worthless statement, not better than "debility," which see. What disease caused the failure of vital powers?
Feebleness.	What disease caused death? See "Debility."
Female trouble.	What was the disease causing death? Was it a uterine or ovarian tumor or cancer? Was it a result of childbirth? Such an indefinite and worthless statement as this should never be accepted without question.
Fever.	What was the fever? Was it enteric (typhoid) fever? Was it scarlet fever? Was the fever merely symptomatic of some acute disease, as tuberculosis, pneumonia? Was it puerperal fever? It is very important that full information be given in such a case.
Filling up of lungs.	Was this due to bronchitis? Pneumonia? Pulmonary consumption? Name the disease causing death.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Fits.	Were these epileptic "fits"? See "Convulsions."
Fracture.	What was the nature of the accident causing the fracture?
Gangrene.	Did this follow an injury? If so, state nature of accident that caused it. Give cause for condition, if known.
Gastric catarrh.	See "Catarrh of stomach."
Gastric fever.	A worthless term. Was it acute gastritis (q. v.) or some definite form of fever, as typhoid, malarial, etc.?
* General anasarca. ^a	See "Dropsy."
* General asthenia. ^a	See "Asthenia."
* General breaking down. ^a	See "Breaking down."
* General debility. ^a	See "Debility."
* General decline. ^a	What caused the decline? Was it pulmonary phthisis? State disease.
* General dropsy. ^a	See "Dropsy."
* General failure. ^a	Name the disease that caused death. What organ failed especially? If heart, see "Heart failure."
* General inertia. ^a	See "Debility." In Southern states inquire as to infection from <i>melancholia</i> .
General paralysis.	If extended paralysis resulted from cerebral hemorrhage, the cause should be given and the expression "general paralysis" should be avoided. "General paralysis" should be written only for "general paralysis of the insane," or parietic dementia, and the statement of the fact of insanity should always be included.
* General prostration. ^a	What was the cause?
* General weakness. ^a	What disease led to this condition?
Gradual decay.	What disease caused the gradual decay? Was it pulmonary tuberculosis?
Gunshot wound.	Accidental, suicidal, or homicidal?
Hanging.	Suicidal, or legal execution?
Headache.	A mere symptom without definite value for statistical purposes. What disease caused death?
Head trouble.	Was this a disease of the brain or of the face or scalp? What was the disease causing death?
Heart clot.	State if caused by embolism. Did it occur in course of infectious disease? Was there organic disease of the heart?
Heart disease.	Better stated as "organic heart disease," and the exact form of the disease, with its origin, if known, would be still more desirable. Do not report "heart disease" in every case of sudden death unless it actually existed.
Heart failure.	This return, with all of its worthless synonyms, as "cardiac asthenia," "cardiac debility," "cardiac paralysis," etc., should <i>never</i> be accepted as the sole cause of death. What disease caused the "heart failure"? The heart always "fails" before death from any cause. Be particularly careful that deaths from diphtheria, tuberculosis, etc., are not so reported. If organic heart disease is meant it should be so stated.

^aAs a rule, the adjective "general" attached to an indefinite term throws no additional light upon the case. The accuracy of all such expressions is questionable.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Heart trouble.	Was it organic heart disease?
Hematemesis.	Name the cause. Was it ulcer or cancer of stomach? Was the blood derived from the lungs and was it a case of pulmonary phthisis?
Hemoptysis.	See "Hemorrhage of lungs."
Hemorrhage.	From what organ or part of the body? Was it puerperal, or from accident or injury? If the latter, state nature of injury and whether accidental, suicidal, or homicidal. If from lungs, was it not due to pulmonary tuberculosis? Was it cerebral or from rupture of aneurism?
Hemorrhage of bowels.	Did this occur in course of typhoid fever? Then the disease causing the hemorrhage of bowels should be given as the cause of death.
Hemorrhage of lungs.	Was this not due to pulmonary tuberculosis? If so, the primary cause should be reported without fail
Hereditary influence.	What is meant—tuberculosis? Syphilis? State definite disease causing death.
Hydrocephalus.	Was it congenital hydrocephalus? If acute hydrocephalus, state whether caused by tuberculous meningitis.
Hypostatic congestion.	Name the disease causing the passive or hypostatic congestion.
Icterus.	See "Jaundice."
Imbecility.	Was it congenital, or after disease of brain? If the latter, state cause of condition.
Imperfect nutrition.	State name of disease causing imperfect nutrition. Did it follow some disease? If so, give name of disease.
Inanition.	This is a particularly pernicious term and is responsible for a multitude of worthless certificates. It sounds as if it meant something definite, but, in the majority of cases, it does not. What disease caused the inanition? Was it syphilis, tuberculosis, cholera infantum? If inability to take food, state cause.
Indisposition.	Worthless. What disease caused death?
Inertia.	What disease caused death? Uterine inertia? Uncinariasis? See "Debility."
Infancy.	"Infancy" is not a disease or cause of death. Infants are peculiarly liable to certain affections, which should be definitely named. What disease caused death?
Infantile asthenia.	See "Asthenia" and "Infancy." The term "infantile" adds no precision to an indefinite statement.
Infantile atrophy.	See "Atrophy" and "Infancy."
Infantile debility.	See "Debility" and "Infancy."
Infantile marasmus.	See "Marasmus" and "Infancy."
Infirmity.	} What disease caused the "infirmity"? See "Old age."
Infirmity of age.	
Inflammation.	Inflammation of what organ or part of the body? State cause, if known.
Injury.	What was the nature of the injury, and was it accidental, suicidal, or homicidal?

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Insanity.	Give form of insanity and immediate cause of death.
Internal hemorrhage.	Hemorrhage of what organ? Rupture of aneurism? Pner-peral hemorrhage? If due to external violence, state nature of accident.
Internal injuries.	State nature of accident causing internal injuries.
Intestinal hemorrhage.	Did this follow typhoid fever? If due to injuries, state fully nature of accident.
Intestinal perforation.	Was this a result of typhoid fever? Was it due to hernia or other intestinal obstructions? Was it the result of violence? State fully the cause of this condition.
Inward convulsions.	Name disease causing convulsions. See "Convulsions."
Jaundice.	When jaundice or icterus is reported for decedents over three months of age, name disease causing this condition.
Kidney complaint.	Name the form of kidney disease as definitely as possible. "Kidney complaint" is very indefinite.
Kidney disease.	Name the disease.
Kidney trouble.	Name the disease.
Killed.	Accidental, suicidal, or homicidal? State means of death. This calls for investigation by a coroner.
Lack of energy.	Name disease causing death.
Lack of respiration.	Name the disease in which the "lack of respiration" occurred. Was it diphtheria? Was it asphyxia or suffocation? Was it atelectasis (infant)?
Lack of vitality.	What disease caused death? See "Debility."
Laparotomy.	What was the disease or nature of injury requiring operation?
Laryngitis.	Was it not diphtheritic?
Liver complaint.	Was there a definite disease of the liver? If so, state it precisely.
Liver disease.	Name the disease.
Loss of blood.	What caused the "loss of blood"? See "Hemorrhage."
Lung disease.	Was it acute or chronic bronchitis, bronchopneumonia, lobar pneumonia, or pulmonary tuberculosis? Name the definite disease causing death.
Lung trouble.	What was the name of the disease? Was it pulmonary tuberculosis? Was it pneumonia?
Malaria.	Was death caused by malarial fever? Do not use the term "malaria" loosely, but limit it to forms of disease of definite malarial origin.
Malassimilation.	What disease caused the malassimilation?
Malignant disease.	Name the disease. Was it scarlet fever, diphtheria, cancer, or other disease to which the very indefinite adjective "malignant" may be applied?
Malignant fever.	Name the fever.
Malignant sore throat.	Was not this diphtheria?
Malnutrition.	What disease caused the malnutrition?

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Marasmus.	What disease caused the "marasmus"? Was it due to tuberculosis, syphilis, or cholera infantum? State fully as this return in itself is practically worthless for compilation.
Meningitis.	Was it epidemic cerebro-spinal meningitis? If so, write exactly in this form, being particular not to omit the word "epidemic." Did it follow scarlet fever, pneumonia, or some acute infection? If so, name the primary disease. Was it traumatic? If so, state the nature of the violence which caused the meningitis. Was it tuberculous meningitis?
Mental debility.	Give cause of "mental debility," and immediate cause of death.
Metritis.	Give cause. Was it puerperal?
Metroperitonitis.	Give cause. Was it puerperal?
Milk infection.	State whether diarrhea or enteritis was caused by the milk infection.
Mortification.	State cause. See "Gangrene."
Narcotism.	Name narcotic employed, and whether accidental, suicidal, or homicidal.
Natural causes.	Name the disease causing death. The statement "natural causes" is entirely worthless, although frequently reported by coroners.
Necrosis.	Give location and cause. Was it tuberculous?
Nephritis.	Was it acute or chronic? If acute, occurring in the course of some disease, name the disease causing death.
Nervous exhaustion.	Name a definite disease causing death, if possible.
Nervous fever.	Give name of fever attended with nervous or cerebral symptoms. Was it typhoid fever?
Nervous fit.	See "Convulsions."
Nervous shock.	What caused the nervous shock? Was it due to an accident or injury? If after surgical operation, name disease or injury requiring operation.
Newborn.	What disease caused death of the newborn child? See "Infancy."
No vitality.	What disease caused death? What caused the lack of vitality?
Obstruction.	Obstruction of what? Name organ affected.
Old age.	This is not a satisfactory return. The influence of age is shown by the statement of age in years, months, and days. To this the statement of "old age" as a cause of death adds nothing of value. Name the disease to which the old person succumbed.
Operation.	Name the disease or injury requiring the operation. See "Surgical operation."
Overwork.	Name disease causing death.
Paralysis.	Give cause of paralysis, if known, or state definite form, as paralysis agitans, infantile paralysis, etc. Did the paralysis follow cerebral hemorrhage? Did it follow some acute disease? Give the primary cause.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Paralysis of heart.	This is usually a mere synonym of "Heart failure" and should never be used nor accepted. See "Heart failure."
Pelvic abscess.	What was the cause? Was it puerperal?
Pelvic peritonitis.	What was the cause? Was it puerperal?
Perforation of bowels.	See "Intestinal perforation."
Perimetritis.	What was the cause? Was it puerperal?
Peritonitis.	What was the cause of the peritonitis? "Idiopathic peritonitis" should be rarely returned. Was it puerperal or traumatic? In the latter case, state mode of injury.
Pernicious anemia.	If any definite cause can be assigned for the anemia, it should be reported. Anemia due to tuberculosis, syphilis, etc., should be returned under the primary disease.
Phlebitis.	What was the cause? Was it puerperal?
Pneumonia.	Specify definitely whether bronchopneumonia or lobar pneumonia. If sequel to influenza, state that fact.
Poisoning.	Name poison, and whether accidental, suicidal, or homicidal. Autointoxication should not be returned in this form, but the disease causing the condition should be named.
Pregnancy.	State cause of death more specifically. Was it due to abortion or miscarriage, nephritis, etc.?
Progressive asthenia.	What was the disease causing the condition? See "Asthenia."
Prostration.	What disease caused the prostration? See "Debility."
Pulmonary hemorrhage.	Was it not due to pulmonary tuberculosis?
Pyemia.	What caused the pyemia? Was it puerperal or traumatic? If traumatic, state nature of accident causing injury.
Rash.	What was the disease attended by rash? This is a suspicious return and may indicate scarlet fever, measles, etc.
Rheumatism.	Always state whether acute or chronic. If chronic rheumatism, note any organic disease of heart or other organs resulting therefrom.
Rubeola.	Was this measles or German measles (rötheln)?
Rupture.	Rupture of what? If hernia is meant, it would be better so written, as "rupture" alone may be misinterpreted.
Sarcoma.	Of what organ or part of the body?
Scarlet rash.	Was this scarlet fever?
Sclerosis.	Sclerosis of what organ? If cancer (scirrhous) is meant, state that fact definitely.
Scrofula.	A term now fortunately going out of use. State definitely the form of tuberculosis.
Senectus.	See "Old age."
Senile anasarca.	See "Old age" and "Dropsy." Neither term is satisfactory. Give disease causing death.
Senile asthenia.	See "Old age" and "Asthenia." Give disease causing death.
Senile atrophy.	See "Old age" and "Atrophy." State disease causing death.
Senile decay.	See "Old age." State disease causing death.
Senile decline.	See "Old age." Name the disease, if any, that caused the decline.

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Senile degeneration.	See "Old age." Degeneration of what organ? State disease causing death.
Senile dementia.	See "Old age."
Senile disease.	What was the disease? See "Old age."
Senile exhaustion.	See "Old age" and "Exhaustion." Name disease causing death.
Senile marasmus.	See "Old age" and "Marasmus." Name disease causing death.
Senility.	See "Old age." Name disease causing death.
Sepsis.	} What caused the "septicemia"? Was it puerperal, traumatic, or did it occur in the course of some disease? Specify fully.
Septicemia.	
Septic infection.	
Septic poisoning.	
Shock.	What caused the shock? If from injury, state nature of accident. If from surgical operation, state disease or injury requiring the operation.
Shot.	How? Accidental, suicidal, or homicidal?
Simple atrophy.	See "Atrophy."
Sloughing.	Explain fully, stating disease or injury.
Sore throat.	Was it not diphtheria? Such a return in a fatal case is extremely suspicious, and a definite statement should be insisted upon by registrars.
Specific disease.	Name the disease.
Specific infection.	Name the disease.
Spinal trouble.	Was this a disease of the spinal cord or of the spine, and, in either case, what was the disease? Was it Pott's disease of the spine?
Stillborn.	Never report a child as stillborn unless dead at birth. If the child survived any time whatever, the cause of death should be stated.
Stomach trouble.	Was it cancer, round ulcer, or other definite disease of the stomach? State fully as this, alone, is very indefinite and unsatisfactory.
Stoppage.	Stoppage of what? Explain fully and name disease causing death.
Strangulation.	Was this strangulation from disease (diphtheria), choking, or hanging? If from disease, state fully. If from hanging, state whether suicidal or legal execution.
Stricture.	Stricture of what? Was it of intestines, esophagus, urethra?
Stroke.	Was this a "stroke of apoplexy" due to cerebral hemorrhage?
Stupor.	What was the cause of the stupor, disease, or injury? State fully. See also "Coma."
Sudden.	What disease caused the sudden death? If from violence, state means and whether accidental.
Suffocation.	State very precisely the cause of the suffocation, as this term, returned alone, is very indefinite. See "Asphyxia."

Indefinite terms used in reporting deaths.	Further information required for proper classification.
Suicide.	State means of death employed.
Surgical operation.	} Always state the disease or injury requiring operation. Unless the operation was improper or unskillfully performed, it should not be given as the primary cause of death.
Surgical shock.	
Syncope.	What caused the syncope? Was death due to organic heart disease? Give disease causing death.
Teething.	Name the disease affecting the teething child. See "Dentition."
Tonsillitis.	Was death not due to diphtheria? This is a suspicious return.
Toxemia.	Was this acute or chronic poisoning due to some external agent? If so, state fully, giving name of poison, whether accidental, etc. Was it auto-intoxication, due to poisons generated in the body by disease? If so, state the name of the disease causing the condition which resulted in death. Avoid use of easily misunderstood terms of this character.
Tuberculosis.	State organ affected. Do not fail to state as pulmonary tuberculosis if lungs were affected.
Tumor.	Was it a cancer? Whether a cancer or tumor, do not fail to specify organ or part of body affected.
Typhoid condition.	Avoid this term as it is likely to be mistaken for typhoid fever.
Typhoid pneumonia.	Was the primary disease typhoid fever or pneumonia?
Typho-malarial fever.	Was it typhoid fever? Was it malarial fever? A mixture of these diseases rarely occurs, the great majority of cases of so-called "typho-malarial fever" being nothing more nor less than typhoid fever.
Typhus.	Was this not typhoid fever?
Ulcer.	State location and cause.
Uremia.	} State cause of uremia. If due to an acute disease, the latter should be named as the cause of death. If in Bright's or other organic disease, state fully. Was it puerperal?
Uremic poisoning.	
Violence.	State form of violence and whether accidental, suicidal, or homicidal.
Vital degeneration.	Worthless. State disease causing death.
Want of vitality.	See "Lack of vitality."
Wasting.	What was the disease causing "wasting"? See "Atrophy."
Weak heart.	If organic heart disease, so state it. Give the disease causing death. This return may be equivalent to "Heart failure," which see.
Weakness.	Name disease causing weakness. See "Debility."
Wounds.	What was the cause of the injury, and was it accidental or homicidal?

CENSUS PAMPHLETS RELATING TO VITAL STATISTICS.

No. 100. Legislative Requirements for Registration of Vital Statistics.

No. 101. Practical Registration Methods.

No. 102. Relation of Physicians to Mortality Statistics.

No. 103. Medical Education in Vital Statistics.

No. 104. Registration of Births and Deaths.

No. 105. Statistical Treatment of Causes of Death.

No. 106. Extension of the Registration Area for Births and Deaths.

Manual of International Classification of Causes of Death.

NOTE.—Pamphlets in this list may be obtained upon application to the Director of the Census.