

Fields: Death registration data

Field	Field-Literal	Length	Source comments
Date of Death--Year	DOD_YR	4	4 digit year; current data year
State of Death	DSTATE	2	NCHS Instruction Manual Part 8
Certificate Number	CERTNUM	6	Not available for research outside of NC DHHS. 000001-999999
Decedent's Legal Name--First (Given)	GNAME	50	
Decedent's Legal Name--Middle Initial	MNAME	1	
Decedent's Legal Name--Last	LNAME	50	
Decedent's Legal Name--Suffix	SUFF	10	
Decedent's Legal Name--Alias	ALIAS		
Father's Lastname/Surname	FLNAME	50	
Sex	SEX	1	
	M	Male	
	F	Female	
	U	Unknown	
Social Security Number	SSN	9	Requires approval for access. 000000000-999999999
Decedent's Age--Type	AGETYPE	1	
	1	Years	
	2	Months	
	4	Days	
	5	Hours	
	6	Minutes	
	9	Unknown (Not Classifiable)	
Decedent's Age--Units	AGE	3	001 - 135, 999
Date of Birth--Year	DOB_YR	4	4 digit year; <=year of death, 9999
Date of Birth--Month	DOB_MO	2	01-12, 99
Date of Birth--Day	DOB_DY	2	01-31 (based on month), 99
Birthplace--Country	BPLACE_CNT	2	NCHS Instruction Manual Part 8
Birthplace--State	BPLACE_ST	2	NCHS Instruction Manual Part 8
Decedent's Residence--City	CITYC	5	NCHS Instruction Manual Part 8
Decedent's Residence--County	COUNTYC	3	NCHS Instruction Manual Part 8
Decedent's Residence--State	STATEC	2	NCHS Instruction Manual Part 8
Decedent's Residence--Country	COUNTRYC	2	NCHS Instruction Manual Part 8

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Field	Field-Literal	Length	Source comments
Decedent's Residence--Inside City Limits	LIMITS	1	
	Y	Yes	
	N	No	
	U	Unknown	
Marital Status	MARITAL	1	
	M	Married	
	A	Married but Separated	
	W	Widowed	
	D	Divorced	
	S	Never Married	
	U	Not Classifiable	
Place of Death	DPLACE	1	
	1	Inpatient	
	2	Emergency Room/Outpatient	
	3	Dead on Arrival	
	4	Decedent's Home	
	5	Hospice Facility	
	6	Nursing Home/Long Term Care Facility	
	7	Other	
	9	Unknown	
County of Occurrence	COD	3	NCHS Instruction Manual Part 8
Method of Disposition	DISP	1	
	B	Burial	
	C	Cremation	
	D	Donation	
	E	Entombment	
	R	Removal from state	
	O	Other	
	U	Unknown	
Date of Death--Month	DOD_MO	2	01-12, 99
Date of Death--Day	DOD_DY	2	01-31 (based on month), 99
Time of Death	TOD	4	0000-2359, 9999

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Field Field-Literal Length Source comments

Decedent's Education

DEDUC

1

1	8th grade or less
2	9th through 12th grade; no diploma
3	High School Graduate or GED Completed
4	Some college credit, but no degree
5	Associate Degree
6	Bachelor's Degree
7	Master's Degree
8	Doctorate Degree or Professional Degree
9	Unknown

Decedent of Hispanic Origin?--Mexican

DETHNIC1

1

N	No, Not Mexican
H	Yes, Mexican
U	Unknown

Decedent of Hispanic Origin?--Puerto Rican

DETHNIC2

1

N	No, Not Puerto Rican
H	Yes, Puerto Rican
U	Unknown

Decedent of Hispanic Origin?--Cuban

DETHNIC3

1

N	No, Not Cuban
H	Yes, Cuban
U	Unknown

Decedent of Hispanic Origin?--Other

DETHNIC4

1

N	No, Not other Hispanic
H	Yes, other Hispanic
U	Unknown

Decedent of Hispanic Origin?--Other, Literal

DETHNIC5

20

literal; blank

Decedent's Race--White

RACE1

1

Y (box checked), N (box not checked)

Decedent's Race--Black or African American

RACE2

1

Y, N

Decedent's Race--American Indian or Alaska Native

RACE3

1

Y, N

Decedent's Race--Asian Indian

RACE4

1

Y, N

Decedent's Race--Chinese

RACE5

1

Y, N

Decedent's Race--Filipino

RACE6

1

Y, N

Decedent's Race--Japanese

RACE7

1

Y, N

Fields: Death registration data

Field	Field-Literal	Length	Source comments
Decedent's Race--Korean	RACE8	1	Y, N
Decedent's Race--Vietnamese	RACE9	1	Y, N
Decedent's Race--Other Asian	RACE10	1	Y, N
Decedent's Race--Native Hawaiian	RACE11	1	Y, N
Decedent's Race--Guamanian or Chamorro	RACE12	1	Y, N
Decedent's Race--Samoan	RACE13	1	Y, N
Decedent's Race--Other Pacific Islander	RACE14	1	Y, N
Decedent's Race--Other	RACE15	1	Y, N
Decedent's Race--First American Indian or Alaska Native Literal	RACE16	30	literal; blank
Decedent's Race--Second American Indian or Alaska Native Literal	RACE17	30	literal; blank
Decedent's Race--First Other Asian Literal	RACE18	30	literal; blank
Decedent's Race--Second Other Asian Literal	RACE19	30	literal; blank
Decedent's Race--First Other Pacific Islander Literal	RACE20	30	literal; blank
Decedent's Race--Second Other Pacific Islander Literal	RACE21	30	literal; blank
Decedent's Race--First Other Literal	RACE22	30	literal; blank
Decedent's Race--Second Other Literal	RACE23	30	literal; blank
Race of Decedent (NCHS coded and edited race 'bridged' categories)	RACER	1	

0	Other non-White
1	White
2	Black or African American
3	American Indian or Alaska Native
4	Chinese
5	Japanese
6	Native Hawaiian
7	Filipino
8	Other Asian

Fields: Death registration data

Field	Field-Literal	Length	Source comments
Hispanic Origin of Decedent (NCHS coded and edited Hispanic 'bridged' categories)	HISP	1	
C	Cuban		
M	Mexican		
N	Non-Hispanic		
O	Other Hispanic		
P	Puerto Rican		
S	Central/South American		
U	Unknown		
Decedent's Residence--Address: Building/Street Number	ADDRNUM	10	
Decedent's Residence--Address: Pre-Directional (North, West etc.)	ADDRPRED	2	SW, SE, NW, NE, N, S, W, E
Decedent's Residence--Address: Name of Street	ADDRNAME	40	
Decedent's Residence--Address: Street Suffix (e.g. Street, Avenue, Blvd, etc.)	ADDRSUFF	5	DR, ST, AVE, LN, HWY, BLVD, PKWY
Decedent's Residence--Address: Post-Directional (SW, NE etc.)	ADDRPOST	2	SW, SE, NW, NE, N, S, W, E
Decedent's Residence--Address: Apartment/Lot Number	ADDRAPT	10	
Decedent's Residence--Zipcode	ZIPCODE	5	5 digit zip code
Birthplace--County	BPLACE_CORES	3	NCHS Instruction Manual Part 8
Facility Name--Full name of facility	FACNAME	50	Enter the literal here, or have a link to a facilities table
Facility Name--City	FACCITY	5	NCHS Instruction Manual Part 8
Veteran/Armed Forces	VETERAN	1	Y, N
Last Name Prior to First Marriage	MAIDENAME	50	
Father's Name--First	DADFNAME	50	
Father's Name--Middle Initial	DADMNAME	1	
Mother's Name--First	MOMFNAME	50	
Mother's Name--Middle Initial	MOMMNAME	1	
Mother's Name--Last	MOMLNAME	50	
Case Referred to ME	MECASE	1	Y, N
Case Declined by ME	MEDECLINE	1	Y, N
Date Registered by State -- Year	REG_YR	4	4 digit year; >=year of death
Date Registered by State -- Month	REG_MO	2	01-12
Date Registered by State -- Day	REG_DAY	2	01-31 (based on month)
Batch Date	BATCHDATE	7	MM/YYYY

Fields: Death registration data

Field	Field-Literal	Length	Source comments
Data Year	DATAYEAR		YYYY
Death Place Literal	DPLACELIT	24	
Decedent Full Middle Name	MNAMEFULL	50	
City of Residence Literal	CITYRETEXT	29	
Certifier Code	CERTCODE	1	
	1	M.D., D.O., RTL	
	2	ME	
	3	P.A.	
	4	NP or FNP	
Manner of Death	MANNER	1	
	N	Natural	
	A	Accident	
	S	Suicide	
	H	Homicide	
	P	Pending	
	C	Could Not Be Determined	
	Blank	Unknown	
Place of Injury (only applicable for injury deaths)	PLACE	1	
	0	Home	
	1	Residential Institution	
	2	School, Other Institutions, Admin. Area	
	3	Sports and Recreation Area	
	4	Street/Highway	
	5	Trade and Service Area	
	6	Industrial and Construction Area	
	7	Farm	
	8	Other Specified Place	
	9	Unspecified Place	
	Blank	Unknown	
Manual	MANUAL	4	Filled when death code derived manually.
ACME Underlying Cause of Death	ACMECOD	4	PRIMARY CAUSE OF DEATH FIELD
1st Mentioned Cause of Death	COD1	4	Each additional mentioned cause follows the same format as above
2nd Mentioned Cause of Death	COD2	4	
3rd Mentioned Cause of Death	COD3	4	

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4th Mentioned Cause of Death	COD4	4	
5th Mentioned Cause of Death	COD5	4	
6th Mentioned Cause of Death	COD6	4	
7th Mentioned Cause of Death	COD7	4	
8th Mentioned Cause of Death	COD8	4	
9th Mentioned Cause of Death	COD9	4	
10th Mentioned Cause of Death	COD10	4	
11th Mentioned Cause of Death	COD11	4	
12th Mentioned Cause of Death	COD12	4	
13th Mentioned Cause of Death	COD13	4	
14th Mentioned Cause of Death	COD14	4	
15th Mentioned Cause of Death	COD15	4	
16th Mentioned Cause of Death	COD16	4	
17th Mentioned Cause of Death	COD17	4	
18th Mentioned Cause of Death	COD18	4	
19th Mentioned Cause of Death	COD19	4	
20th Mentioned Cause of Death	COD20	4	
Was Autopsy Performed?	AUTOPSY	1	

Y	Yes
N	No
U	Unknown

Were Autopsy Findings Available to Complete Cause of Death? FINDINGS 1

Y	Yes
N	No
U	Unknown
X	N/A

Did Tobacco Use Contribute to Death TOBACCO 1

Y	Yes
N	No
P	Probably
U	Unknown
C	Not on Certificate

Fields: Death registration data

Field Field-Literal Length Source comments

Field	Field-Literal	Length	Source comments
Pregnancy	PREG	1	
1	Not pregnant w/in past year		
2	Pregnant at time of death		
3	Not pregnant, but pregnant within 42 days of death		
4	Not pregnant, but pregnant 43 days to 1 year before death		
9	Unknown if pregnant within past year		
8	N/A		
7	Not on Certificate		

Field	Field-Literal	Length	Source comments
Injury at Work	WORKINJ	1	
Y	Yes		
N	No		
U	Unknown		
Blank, X	N/A		