

## Mortality Data Considerations

Data on suicide deaths are a subset of mortality data. Under federal law, every death in the United States must be reported and recorded on a death certificate. These certificates are the ultimate source of all mortality data in the vital statistics system.

### Where Mortality Data Come From

Mortality data come from death certificates that originate in the communities where deaths occur. Death certificates can be initiated by physicians, forensic pathologists, medical examiners, coroners, and, in some states, nurse practitioners and law enforcement officers.

The coroner or medical examiner is responsible for investigating and certifying specific types of deaths in medicolegal death investigations. Depending on state laws the types of deaths investigated usually include:<sup>1</sup>

- Deaths as a result of an accident, suicide, or homicide
- Drug-related deaths
- Deaths with unusual or suspicious circumstances
- Deaths from disease when the death occurred suddenly and without warning, the decedent was not being treated by a physician, or the death was unattended

It is the responsibility of the funeral director to notify the medical examiner or coroner of these deaths, if an attending physician or law enforcement officer has not already done so.

States vary in their use of coroners or medical examiners. Medical examiners are appointed to their positions and must be physicians. Coroners are elected officials and are not required to have any medical or forensic qualifications. States may have a medical examiner system, a coroner system, or a mixed system. The system may be centralized (controlled by one state office) or decentralized (controlled by county or regional offices).

Finalized data about a death are forwarded to the state registry of vital statistics, where they are coded and sent to the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC). CDC then enters the data into the National Vital Statistics System, which aggregates and analyzes this information for the entire country.

### The Quality of Suicide Data from Death Certificates

The quality of the data recorded on death certificates varies. It is generally more reliable in jurisdictions that use medical examiners rather than coroners to complete death certificates.

## Miscoding

Suicides can be miscoded on death certificates. This can occur because it is difficult to ascertain intent, especially in cases of drug overdoses or single car collisions. Also, some systems are overloaded and as a result more likely to classify a death as an accident or as an undetermined intent, when it's actually a suicide. In addition, physicians, funeral directors, coroners, medical examiners, and local officials may be sensitive to the impact of a suicide (e.g., social disapproval) and want to spare families the upset. As a result, suicide deaths may be undercounted.

## Inconsistent information Gathering

Some coroners and medical examiners collect very detailed information on a suicide decedent's life circumstances, mental health history, treatment status, etc., while others do not. Some, but not all, coroners and medical examiners request that a psychological autopsy be conducted. A psychological autopsy synthesizes information from multiple sources (e.g., interviews with family members, medical records) to determine the mental state of the deceased just prior to his or her death.

## Inaccurate Information Gathering

Funeral directors are responsible for completing the demographic information on death certificates. This information is often obtained from a family member, who may provide inaccurate information or be misunderstood by the funeral director. It is common for funeral directors to judge the ethnicity of the deceased based on the person's appearance or name.

## Improvements in Mortality Data

In the past, mortality data were kept on paper at the local level. But now, nearly all localities have an operating Electronic Death Registration System (EDRS) with support from the National Center for Health Statistics. The CDC continues to encourage state vital statistics systems to adapt uniform data elements and reporting requirements in order to improve the consistency and quality of the data that enters the National Vital Statistics System.

---

<sup>1</sup> National Center for Health Statistics. (2003). *Medical examiners' and coroner's handbook on death registration and fetal death reporting*. Hyattsville, Maryland: Centers for Disease Control and Prevention, National Center for Health Statistics.