# MORTALITY EXPERIENCE OF THE AFL-CIO UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA 1969-1970 and 1972-1973

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#### ABSTRACT

The mortality experience of the members of the AFL-CIO United Brotherhood of Carpenters and Joiners of America was determined for four years during the 1969-1973 period. Expected and observed rates were calculated, and the mortality was expressed as standard mortality ratios (SMR). Data from two additional years was added to that given in HEW Publication No (NIOSH) 74-129. Detailed mortality data is given for 95 cause of death groupings, by trade, by union locals, and by geographic area. Elevated rates of job related accidental deaths were found mainly among younger workers, and were mostly the result of falls, falling objects, and electrocution. Elevated rates of lung cancer and mesothelioma among some trades are probably related to asbestos used in building insulation. No specific carcinogenic exposure is known which can explain (a) elevation of gastrointestinal cancer rates among pile drivers, (b) excess of lung, stomach and bladder cancer among locals in some urban areas, (c) excess of lung cancer among union locals in the southeastern states, and (d) excess hematopoietic cancers among wood machining trades and plywood mill workers. Further investigation of these findings is warranted. This study was supported by contract 210-75-0016 from the National Institute for Occupational Safety and Health.



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## BACKGROUND

In a study of New York State Death Records<sup>1</sup>, I showed that men dying of Hodgkin's disease more often had a wood-exposure occupation reported on their death certificates than did a matched control group.

From tumor registry data (not necessarily deaths), Acheson and coworkers<sup>2</sup> reported an excessive risk of adenocarcinoma of the nasal cavity and sinuses among woodworkers in the furniture industry in the Oxford Hospital region of England. Subsequently, a similar excess was demonstrated in other parts of England<sup>3</sup>. A recent U.S. study has also linked nasal cancer to wood-working occupations<sup>4</sup>. Another British group trying to explain the high incidence of nasopharyngeal tumours in South Chinese have found agents in the smoke of Chinese sandalwood incense which previously have been shown to be carcinogenic for mice and rats<sup>5</sup>. A Danish study reported that adenocarcinoma of the nasal cavity, inflammation of the middle ear, frequency of colds, and nasal mucostasis were all associated with exposure to wood dust.<sup>6</sup> Also, in a fortuitous observation, cedar shavings was shown to be carcinogenic for mice<sup>7</sup>.

Dublin and Vane<sup>8</sup>, in an analysis of mortality of policy holders of the Metropolitan Life Insurance Company for the years 1922-1924, showed that carpenters had the highest cancer mortality of the 33 occupational groups studied, with furniture and other woodworkers fifth highest. In a similar analysis of 1937-1939 data<sup>9</sup>, furniture and woodworking factory operatives were sixth and carpenters and cabinet makers tenth in cancer mortality of 61 occupational classes with a reported mortality figure. Harrington and co-workers recently reported a two to three fold increase in risk of lung cancer among wood, paper and construction workers in selected coastal areas of Georgia<sup>10</sup>, on the basis of a death certificate study.

U.S. and English vital statistics shed little light on the issue. Both use the standardized mortality ratio as an analytic tool. In the English data<sup>11</sup>, cabinet makers, coopers and hoopmakers are the only classes of woodworkers with an SMR increase for all cancers. The lung cancer SMR is 132 in cabinet makers, while coopers have an SMR for stomach cancers of 167. Papermakers show a high stomach cancer SMR of 141. The occupational classes with the majority of woodworkers, carpenters and joiners, and sawyers and wood machinists, show no remarkable SMR deviations.

U.S. statistics<sup>12</sup> for carpenters age 20-64 show a favorable overall mortality (SMR 84), due primarily to a favorable cardiovascular disease mortality. Cancer mortality is nearly at the all U.S. white male level, and certain cancers show a significantly elevated mortality.

To examine the current mortality patterns in a large wood-exposed population, and to shed further light on the possible wood-cancer relationship, I enlisted the cooperation of the AFL-CIO United Brotherhood of Carpenters and Joiners of America in a study of the mortality of their members. In 1970, the union had nearly 700,000 active and retired members. Counts of membership by age, residence, trade and union local were available for use as denominators. The union also has a death benefit plan which requires submission of a death certificate before a modest death benefit is paid. For nearly 80% of all member deaths, a death claim was filed which contained a death certificate.

A preliminary study of 1967 member deaths was done with the death claims on file at the national union headquarters in Washington D.C. A sample of non-claim deaths indicated that they were distributed very differently by age and cause of death (higher proportions of young men and accidental causes). I, therefore, decided to study 2 years of member deaths including both death claims and non-claim deaths. Non-claim deaths for 1969 were not available in readily accessible form, so 1971 non-claim deaths were substituted.

Death records available through Union Headquarters as a part of the member's death claim were abstracted. Death certificate information for those members who died without submitting death claims was obtained by writing to the states, or by personally abstracting the pertinent death information. Total ascertainment of cause of death for known deaths for the study was 97.3%.

New York City death information presented a special problem, No annual death index was available for recent years, so an alphabetical search of a punch card file for each New York City borough was performed. There is approximately a 10% underascertainment of cause of death for this one region.

Information collected for each member death was: age, occupation, cause of death, residence and union local number. Cause of death was coded by the nosologist of the Washington State Department of Social and Health Services using the International Classification of Diseases, eighth revision.

Denominator data was provided for 1970 U.B.C.J.A membership in the following tables:

- 1. members by age by local
- 2. members by age by local by state
- 3. members by age by local by trade

Racial data was not available.

The trades covered by the union are:

Carpenters and Joiners Millwrights Pile Drivers, Bridge, Dock and Wharf Carpenters, Divers, Underpinners, Timbermen and Core Drillers Shipwrights, Boat Builders, Ship Carpenters, Joiners and Caulkers Cabinet Makers, Bench Hands, Stair Builders, Millmen Wood and Resilient Floor Layers and Finishers Carpet Layers Shinglers Siders Insulators Acoustic and Dry Wall Applicators Shorers and House Movers Loggers, Lumber and Sawmill Workers Furniture Workers, Reed and Rattan Workers Shingle Weavers Casket and Coffin Makers Box Makers, Railroad Carpenters and Car Builders

The standardized mortality ratio  $% \left( 1\right) =\left( 1\right) +\left( 1\right) +\left$ 

$$SMR = \frac{Observed Deaths}{Expected Deaths} \times 100$$

SMRs are underlined when observed and expected deaths are statistically, significantly different ( $X_1^2 > 3.84$ ; P < .05). Statistical testing was not done on observed frequencies of 5 or less.

For those detailed causes of death with no published age sexspecific mortality rates, rates were calculated from U.S. death and census data for 1968 and 1972. Major analyses of mortality were done for:

- a. All union members
- b. Sub-trades
- c. States, selected regions and union locals

An analysis of 1969 and 1970 deaths was published by NIOSH in  $1974^{13}$ . When two more years of carpenters union mortality data became available, I decided to replicate the study to increase sample size and to corroborate the findings of the first study.

The methods used were identical to those of the 1969-1970 study. Death claim and non-claim deaths for 1972 and 1973 were added to the 1969 and 1970 data and analyzed as before.

The study reported here consists of the following member deaths.

<u>Year</u>	Death claim	Non-claim death
1969	X	
1970	X	X
1971		X
1972	X	X
1973	X	X

This represents four complete years of member deaths (32,707).

Expected deaths in Tables 1 and 2 were computed using published 1972 U.S. age and sex specific mortality rates for the 1972 and 1973 data. These were then added to the 1969 and 1970 expectations. Expected deaths were obtained in the remaining tables by doubling the 1969 and 1970 expectations because detailed populations at risk were not available by trade. This was due to a union coding change since the first study; consequently the first study of populations at risk were used. Little error would be expected from this use of 1969 and 1970 data.

# RESULTS AND DISCUSSION

# General Mortality

The major mortality patterns seen in the earlier study are again seen. The overall mortality of union members is quite favorable (Table 1). The all causes standardized mortality ratio (SMR) is 80.7, due primarily to low SMRs for non-accidental and non-cancer causes of death. This causes the proportion of deaths due to cancer to be higher for union members than it is for U.S. white males (figure 1). The low all causes SMR is due in part to selection of healthy workers into the union, but there probably also is a selective termination and lack of ascertainment of men who ultimately will have higher mortality rates. The longer a worker belongs to the union, the greater the likelihood that he will remain a member. This probably accounts for some of the increase in SMRs seen with age.

Table 2 shows mortality for 95 cause-of-death groupings in ICD order.

High mortality rates are seen for work-related accidental deaths, especially in younger men. As expected, in certain accidental death cause groups, nearly all deaths occurred at work (E881, fall on or from ladders and scaffolding; E882, fall from or out of building or other structure, other fall from one level to another; and E916, struck accidentally by falling object.)

In cause group E881, almost all deaths were due to falls from scaffolding. In cause group E882, most deaths were due to falls from the roof.

Accidental electrocution (ICD E925) on the job showed an SMR elevation. These deaths were of two general types: contact with high tension lines through cranes or metal ladders and electrocution by contact with defective power tools (drills and saws).

Work-related accidents show highest SMRs in younger workers. A five-fold excess in deaths is seen in the youngest age classes.

Mesothelioma of the pleura (ICD 163.0) shows an SMR of 181.8. This is not surprising since union members have considerable exposure to asbestos in various building operations.

Hodgkin's disease (ICD 201) shows an overall SMR of 92.5, but in men over age 60 at death, the SMR is 160 (expect 25.4 deaths, observe 40). Since Hodgkin's disease shows a bimodal age incidence curve, this would suggest that the older mode is etiologically different from the younger and may be partly occupational in origin.

Lymphosarcoma (ICD 200.1) and the lymphatic leukemias (ICD 204.0-204.9) show SMR elevations in men dying under age 50, in contrast to the Hodgkin's age pattern. The age and cell-type variation in SMR for these cancers suggest that current pathologic classifications may lump etiologically dissimilar diseases.

Cancer of lung (ICD 162.1), stomach (ICD 151), small intestine (ICD 152) and prostate (ICD 185) all show small elevation of SMR. Since construction workers are at risk of inhaling and ingesting carcinogens, the lung and upper gastrointestinal tract cancer might be expected to show increases. The prostatic cancer increase is harder to explain.

The lung cancer excess could be related to cigarette smoking habits of carpenters. However, a study of the relationship of smoking habits and occupation (Sterling, etc.)<sup>2</sup> indicates that U.S. carpenters do not smoke excessively when compared to other working men. Smoking on the job while engaged in construction tasks is difficult to accomplish.

Cancers of the sinuses and nasal cavities (TCD 160) show a very low SMR and therefore do not support the observations made in Europe<sup>2,3,6</sup>. However, since ICD coding fails to distinguish adenocarcinomas from other pathologic types, a real excess of adenocarcinomas might be obscured.

British furniture workers are exposed primarily to hardwoods, especially the European Birch. U.S. construction workers are exposed mainly to softwoods, especially Douglas Fir. If, however, U.S. furniture workers had nasal carcinomas at the same rates seen in Britain, it is difficult to see how this fact could be missed in this study.

Figure 2 shows the pattern of SMRs for all causes of deaths and for cancers by age. The all causes SMR is high for men under age 25 because of accidents. It then drops to a low at age 45 and rises gradually to a peak at age 80-85. The cancer SMR starts at a low level and rises gradually until SMRs over 100 are seen in age classes 70-74 and above.

This pattern is probably due to a number of factors. The nature of the work requires initial selection of healthy active men. The active, strenuous work pattern may confer protection from cardiovascular disease during the middle years. Cancers caused by environmental agents usually have long latent periods, so most of the high cancer SMRs show up over age 65.

Since general mortality figures were used to determine expected numbers of deaths, and since there is undoubtedly some underascertainment of deaths in union members, many of the SMRs for union members will be understated. Canadian member deaths are underascertained compared to U.S. member deaths, especially for non-accidental causes of death, but since Canadian deaths make up only 4.5% of all deaths, they do not bias the file significantly.

#### B. Trade Breakdown

Table 3 shows the all causes and cancer mortality by trade for union members. Sixty-nine percent of the U.B.C.J.A. members belong to construction worker locals, with no other trade type making up more than 10% of the membership.

- a. <u>Construction workers</u> have a low all causes SMR and a slightly elevated cancer SMR. The elevated cancer SMR is due primarily to a lung cancer SMR of <u>118</u> (expect 1,642 deaths, observe 1,934). The leukemia-lymphoma SMR (ICD number 200-209) is 97 with 534 deaths expected and 523 observed.
- b. Acoustical tile applicators and insulators have a known exposure to asbestos fibers and have an increased expectation of mesotheliomas and respiratory cancer<sup>15</sup>. The all causes SMRs for the two trades are low and the all cancer SMRs are about 150. The excess cancer SMRs are due primarily to an increased incidence of lung cancer (SMR = 250, 8 cases observed to 3.2 expected).

There were a total of 27 deaths in these two trades. Fourteen of the 27 deaths (52%) were due to cancer.

- c. Millwright locals have a mortality pattern similar to that of construction workers with a low total mortality and a slightly increased cancer mortality. The millwrights show a lung cancer SMR of 133 (51.2 deaths expected to 68 observed). The leukemialymphoma group cancers have an SMR of 89 in spite of an increased SMR for multiple myeloma of 306 (1.96 deaths expected to 6 observed). In fact, of the 14 leukemia-lymphoma deaths which occurred in millwright locals, 6 were due to multiple myeloma.
- d. Pile drivers show a moderate cancer increase (SMR 126.9), Table 4 shows that the increase is due mainly to increased mortality from lung and gastrointestinal cancer. Lung cancer shows an SMR of 136.6; Cancer of the pancreas shows an SMR of 157.7, while stomach cancer shows an SMR of 132.1.

The pattern of cancer excess in pile drivers suggests exposure to carcinogens which are both ingested and inhaled, or swallowed after inhalation.

e. <u>Ship carpenters</u> locals have an SMR pattern for total mortality and cancer like the construction worker locals. No remarkable increase in any cancer type is seen.

f. Millmen and Lumber and Sawmill workers locals have low SMRs for both all causes and cancer. However, both groups have relative elevations in SMR for various leukemia-lymphoma groups. The all cancer SMR is only 79.5, but lumber and sawmill workers locals have an SMR for causes 200-209 (leukemia-lymphomas) of 101 (44.5 deaths expected to 45 observed). This compares to a lung cancer SMR of 76 (135.0 cases expected to 110 cases observed).

Millmen also have a low lung cancer SMR of  $\overline{73}$  (158 deaths expected to 116 observed) but have elevated SMRs for leukemia (106) and multiple myeloma (115) based on 18 leukemia deaths and 6 myeloma deaths observed.

- g. <u>Cabinet makers</u> show low SMRs for all causes and for all cancers. However, the leukemia-lymphoma group SMR is 102 (expect 10.8 deaths, observe 11) which is consistent with the relative excess SMRs seen in other wood machining trades. Cabinet makers, millmen, millwrights, lumber and sawmill workers, and plywood workers all have small leukemia or myeloma excesses.
- h. <u>Furniture workers</u> have unremarkable SMRs for total mortality and for cancers. The lung cancer SMR is 97 (expect 30 deaths, observe 29) but no increase is seen in SMRs for nasal cavity and paranasal sinuses, however, the number of deaths involved is small.
- i. <u>Plywood workers</u> have an SMR for leukemia-lymphoma group cancers of 167 (expect 4.2 deaths, observe 7). This agrees with the findings in Washington plywood workers 16.
- j. Other trades involved numbers of deaths too small for detailed cause breakdowns.

## Geographic Breakdown

Breakdown of mortality pattern by geographic area is really an analysis of the distribution of the various trades and locals by geographic area.

Lumber producing areas like the Northwest, West and Southeast will have a high proportion of lumber and sawmill workers locals among total membership and will therefore carry their mortality patterns. In states with small populations at risk, one or two large locals with unusual mortality patterns will cause the state to have the same pattern.

The overall state cancer SMR pattern for union members is shown in Table 5. In general, an elevation of cancer SMR in a state is due to an elevated lung cancer SMR. Figure 3 shows those states with a 25% or greater increase in lung cancer SMR (SMR > 125). A concentration of high lung cancer SMRs is seen in states in the Southeastern U.S. I am unaware of any regional differences in smoking habits which could account for this lung cancer excess.

Within states, there is considerable variation in mortality patterns. Table 6 shows cancer SMRs for New York City versus the rest of the state. Lung cancer and stomach cancer SMRs are similar in both places with a considerable elevation of stomach cancer rates (SMRs  $\underline{159}$  and 128, respectively).

Cancer of the urinary bladder has an elevated SMR in New York City locals but not in the rest of the State. SMRs for the New York City locals are understated by about 10% because of difficulty in locating New York City death records. Since the exposure of workers in New York City construction locals are undoubtedly different than those of workers in small upstate locals, the observed differences are not surprising.

Actually, the geographic mortality analysis which makes most sense epidemiologically, in the available data, is analysis by local. Unfortunately, the population at risk in the average local is too small to yield enough deaths over a four-year period for a detailed mortality analysis. Nearly all locals with high cancer SMRs in the first study had normal or only slightly elevated SMRs when two more years of data were added. This change was presumably due to the stabilizing influence of larger numbers.

#### SUMMARY

This study has identified a number of problem mortality areas among U.B.C.J.A. Union members and is consistent with the hypothesis that wood contains carcinogens. Accidental falls, especially in young members, account for most of the elevated SMRs seen in young members. Accidental electrocution on the job also shows excess mortality.

The non-cancer causes of death have uniformly low SMRs. This is usually the case when general population figures are used to compute expected deaths.

The most interesting associations found in this study are cancer mortality patterns seen in the various trades covered by the union.

- 1. Excess lung cancer mortality in acoustical tile applicators and insulators probably related to asbestos exposure.
- 2. Excess gastrointestinal cancer (stomach and pancreas) in pile drivers, as well as a lung cancer excess.
- 3. Excess lung and stomach cancer in construction workers locals with greater excesses seen in major urban areas. Cancer of the urinary bladder shows an excess in New York City locals.
- 4. Geographically, 21 states show a 25% or greater excess of lung cancer for grouped locals. Most state excess cancer SMRs can be accounted for by increased lung cancer SMRs. There is a concentration of high lung cancer SMRs in the southeastern states.
- 5. Wood machining trades have a relative excess of hematopoietic cancers.

# RECOMMENDATIONS

- 1. Those mortality excesses which are most serious from a numerical point of view are job-related accidents and lung cancer.
  - a. Accidental falls from scaffolding could be prevented or minimized by use of scaffolding with safety railings or by use of some sort of safety harness or line.
  - b. Accidental electrocution could be reduced by use of non-conductive ladders and by engineering cranes so the cab and controls are electrically isolated from the boom.
- 2. The lung cancer excess is almost certainly related to inhaled carcinogens. On the job dust control, masks and other ventilatory control strategies could reduce the excess.

Observations of work practices in large Florida or Texas construction locals might be revealing since these areas have a sizable lung cancer excess.

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Table 1

United Brotherhood of Carpenters and Joiners of America
1969-1970 and 1972-1973 deaths

Standardized mortality ratios for selected causes of death

Cause of Death	ICD 8th	Dea	ths	SMR	SMR U.S. Carpenters
cause of Death	Rev. Codes	Expected	Observed		1950*
All causes	a11	40,525	32,707	80.7	84
Major cardiovascular diseases	390-448	21,901	17,033	77.8	81
Malignant neoplasms	140-209	7,589	7,171	94.5	97
Cerebrovascular diseases	430-438	3,303	2,505	<u>78.3</u>	74
Accidents	800-949	2,319	2,406	103.8	102
All other causes		5,413	3,592	66.4	

<sup>\*</sup> Mortality by occupational level and cause of death, men age 20-64, U.S. 1950 Vital Statistics Special Reports, Vol. 53 #5, Sept., 1963.

Table 2 Mortality by Selected Causes of Death AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

]	CD Number					010-019	•	W-14	140-209	. 3 1
Cau	ise of Death		All Causes		Tubercu	ılosis, all fo	orms	neoplasm	Neoplasms, inc s of lymphatic opoietic tiss	and and
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	291.1	383	131.6	0.1			17.3	13	75.1
	25-29	408.1	360	88.2	0.2			33.3	23	69.1
	30-34	466.7	432	92.6	0.8			47.4	39	82.3
	35-39	672.3	468	<u>69.6</u>	1.6			89.9	67	<u>74.5</u>
	40-44	1,219.3	814	66.8	3.9			190.1	156	82.1
l L	45-49	2,296.8	1,560	67.9	8,8	5	56.8	410.0	350	<u>85.4</u>
15 -	50-54	3,365.7	2,443	72.6	13.5	1	7.4	685.9	618	90.1
	55-59	4,660.0	3,274	70.3	16.7	11	65.9	1,051.4	941	89.5
	60-64	5,682,1	4,091	72.0	18.9	8	42.3	1,280.0	1,141	<u>89.1</u>
	65-69	5,288.0	4,349	82.2	16.0	6	37,5	1,162.2	1,156	99.5
	70-74	5,179.0	4,287	82.8	14.9	6	40.3	1,033.2	1,041	100.8
	75-79	4,981.1	4,438	89.1	12.3	6	48.8	861.9	874	101.4
	80-84	3,554.1	3,413	96.0	7.7	6	77.9	493.6	504	102.1
	85+	2,460.3	2,395	97.3	4.5	1	22.2	233.6	248	106.1
	TOTAL	40,524.5	32,707	80.7	119,9	50	41.7	7,589.8	7,171	94.5

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		140-149	1	İ	150-159	1		160-163	
Ca	ause of Death		Neoplasms of ty and Pharyn		Malignant Neoplasms of Digestive Organs and peritoneum			Malignant Neoplasms of respiratory system		
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.3			1.3	4	400.0	0.5		
	25-29	0.4			2,9	2	69.0	1.2		
	30-34	0.5			7.1	3	42.3	4.8	5	104.2
	35-39	1.4	2	142.9	16.7	11	65.9	20.5	15	73.2
	40-44	5.2	7	134.6	39.2	37	94.4	66.0	52	78.8
- 16	45-49	14.6	10	68.5	95.5	62	<u>64.9</u>	159.6	157	98.4
6 -	50-54	29.2	22	75.3	167.1	150	89.8	276.7	262	94.7
	55-59	45.0	18	40.0	273.5	227	83.0	423.1	415	98.1
	60-64	46.5	23	49.5	340.8	289	84.8	513.7	473	92.1
	65-69	35.4	30	84.7	323.6	300	92.7	432.8	445	102.8
	70-74	24.2	14	57.9	300.1	264	88.0	335.6	367	109.4
	75-79	18.7	8	42.8	272,0	268	98.5	223.3	248	111.1
	80-84	11.4	10	87.7	163.3	158	96.8	91.7	97	105.8
	85+	6.2	3	48.4	77.7	82	105.5	29,1	27	92.8
	TOTAL	239.9	147	61.3	2,080.5	1.857	89.3	2,579.7	2,563	99.4

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973.

	ICD number		147			150	ļ		151	
Ca	use of Death	Malignant ne	eoplasm of nas	sopharynx	Malignant 1	neoplasm of e	sophagus	Malignant r	neoplasm of st	omach
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.1				2		0.1		
	25-29	0.2			0.1			0.5		
	30-34	0.1			0.4		į	0.9		
	35-39	0,4	1	250.0	0.7	1	142.9	2,5	4	160.0
	40-44	0.6			2.6			6.6	7	106.1
ı	45-49	3.2			9.4	2	21.3	16,2	12	74.1
17	50-54	3.3	4	121.2	18.6	8	43.0	29.2	30	102.7
ſ	55-59	4.3	2	46.5	28.8	29	100.7	42.2	44	104.3
	60-64	3.8	4	105.3	35.4	21	59.3	56.0	65	116.1
	65-69	2.6	3	115.4	28.0	24	85.7	53.8	56	104.1
	70-74	1.8	1	55.6	22,5	20	88.9	54.8	56	102.2
	75-79	1.5	2	133.3	16.0	15	93.8	51.8	64	123.6
	80-84	0.4			8.3	9	108.4	33.5	52	155.2
	85+	0.2			4.4	2	45.5	15.7	17	108.3
	TOTAL	22.5	17	75.6	175,2	133	75.9	363.8	407	111.9

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		152	!		153			154	
Ca	use of Death		t neoplasm of , including d			neoplasm of			neoplasm of sigmoid junc	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24				0.4		***	0.1		
	25-29			-	1.5	1	66.7	0.2		
	30-34	0.1			3.2	2	62.5	0.8		
	35-39	0.3	1	333.3	6.1	3	49.2	1.7		
- 18	40-44	0.7	1	142.9	13.4	15	111.9	4.3	2	46.5
	45-49	1.3	2	153.8	30.2	14	46.4	9.9	8	80.8
· 000	50-54	1.6	1	62.5	53.2	43	80.8	18.4	22	119.6
	55-59	1.9	1	52.6	81.7	60	73.4	29.3	29	99.0
	60-64	2.3	3	130.4	107,0	79	73.8	37.2	37	99.5
	65-69	2.4	4	166.7	106.6	87	81.6	36,5	26	71.2
	70-74	1.7	0		107.8	84	77.9	34.7	32	92.2
	75-79	1.5	1	66.7	99.8	92	92.2	29.8	30	100.7
	80-84	0.6	1	166.7	62,9	50	79.5	19.7	18	91.4
	85+	0.3	0		29.0	38	131.0	10.3	12	116.5
	TOTAL	14.7	15	102.0	702.8	568	80.8	232.9	216	92.7

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		155.0			156.0	***************************************		156.1	
Ca	ause of Death	Malignant	neoplasm of	liver	Malignant 1	neoplasm of g	allbladder		nant neoplasm	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.2		,						
	25-29	0.3			0.1			0.1		
	30-34	0.3								
	35-39	0.5	1	200.0	0.2			0.2		
1	40-44	1.0	1	100.0	0.4			0.3	1	333.3
- 19	45-49	2.5	2	80.0	1.1	1	90.9	1.0		
ı	50-54	5.5	5	90.9	2.9	5	172.4	2.1	1	47.6
	55-59	8.2	2	24.4	5.1	3	58.8	3.1	4	129.0
	60-64	9.6	4	41.7	5.9	4	67.8	3.7	2	54.1
	65-69	10.0	5	50.0	7,5	3	40.0	3.7	3	81.1
	70-74	7.6	3	39.5	7.9	2	25.3	3.8	2	52.6
	75-79	5.7	2	35.1	7.0	3	2.9	3.6	2	55.6
	80-84	2.9	3	103.4	3.9	1	25.6	2.2		
	85+	1.1	1	90.9	2.1	1	47.6	0.9		
	TOTAL	55.4	29	52,3	44.1	23	52.2	24.7	16	64,8

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973.

	ICD number		157			160		161		
Ca	ause of Death	Malignant	neoplasm of ]	pancreas	nose, nasa	nant neoplasm al cavities, s accessory sin	Malignant neoplasm of larynx			
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24									·
	25-29	0.2			0.3	÷				
	30-34	1.0	1	100.0	0.2	1	500.0	0.1	1	1000.0
	35-39	3.9	1	25.6	0.5	0		0.2	0	
	40-44	8.5	10	117.6	1.2	1	83.3	1.8	2	111.1
20	45-49	20.9	20	95.7	1.4	0		5.8	4	69.0
í	50-54	39.3	29	73.9	2.0	1	50.0	12.3	10	81.3
	55-59	58.2	52	89.3	2.9	1	34.5	20.4	6	<u>29.4</u>
	60-64	73.6	67	91.0	3,9	2	51.3	23.5	9	38.3
	65-69	68.6	85	123.9	3.0	2	66.7	17.6	10	56.8
	70-74	60.8	62	102.0	2.6	1	38.5	13.8	11	79.7
	75-79	50.9	58	113,9	1.7	2	117.6	9,9	9	90.9
	80-84	28.2	24	85.1	1.2	0		5.1	4	78.4
	85+	12.6	7	55.6	0.7	0		2,0	0	
	TOTAL	426.7	416	97.5	21.6	11	50.9	112.5	66	58.7

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		162.1	!	163.0			
Ca	use of Death	Malignant r	neoplasm of brand lung	ronchus	Malignant	neoplasm of p	pleura	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	0.25						
	25-29	0,96			0.1			
	30-34	5.21	4	76.8				
	35-39	18,08	13	71.9	0.2	1	500.0	
	40-44	57.39	50	87,1	0.3	0		
	45-49	149.65	151	100.9	0.7	1	143.0	
. 21	50-54	268,61	249	92.7	0.6	2	333.0	
I	55-59	390,04	403	103,3	1.9	2	105.0	
	60-64	490,46	458	93.4	1.5	2	133.0	
	65-69	412.60	431	104.5	1.4	2	142.9	
	70-74	330.06	349	105.7	1.0	3	300.0	
	75-79	215.33	234	108,7	0.8	2	250.0	
	80-84	93.23	92	98.7	0.3	0		
	85+	27.63	26	94.1	0.0	1	-	
	TOTAL	2,456.50	2,460	100.1	8.8	16	181.8	

Table 2 (Continued)
Mortality by Selected Causes of Death
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973.

	ICD number		170		l.	171		172 Malignant melanoma of skin			
C	ause of Death	Malignan	t neoplasm of	bone		neoplasm of c ther soft tis					
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	0.8			0.5	1	200.0	0.8			
	25-29	0.7			0.7	0		2.3	2	87.0	
	30-34	0.7	2	285.7	0.9	0		3.9	1	25.6	
	35-39	0.7	1	142.9	0.7	2	285.7	6.1	7	114.8	
	40-44	1.2	0		1.4	2	142.9	8.3	4	48.2	
- 22	45-49	2.3	0		3.0	5	166.7	12.2	7	57.4	
ı	50-54	3.0	3	100.0	3.2	2	62.5	14.0	13	92.9	
	55-59	4.0	2	50.0	4.2	8	190.5	13.1	8	61.1	
	60-64	5.2	4	76.9	3.8	6	157.9	11.5	8	69.5	
	65-69	4.3	4	93.0	4.0	4	100.0	8.7	7	80.5	
	70-74	3.6	2	55.6	2.8	4	142.9	6.2	8	129.0	
	75-79	2.9	1	34.5	2.4	2	83.3	5.4	5	92.6	
	80-84	2.0	1	50.0	1.3	0	•	2.6	2	76.9	
	85+	1.0	2	200.0	0.7	1	142.9	1.5	0		
	TOTAL	32,4	22	67.9	29.6	37	125.0	96.6	72	74.5	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number 180-187		ŧ	188,189			170-173,190-199			
Ca	use of Death		ant neoplasms nital organs	of		ant neoplasms inary organs	of	Malignant neoplasms of all other and unspecified sites		
<del></del>	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	2.8	1	35.7	0.2			4.8	2	41.7
	25-29	5.1	2	39.2	0.2			9.7	7	72.2
	30-34	4.4	6	136.4	0.7	2	285.7	14.9	12	80.5
	35-39	4,1	2	48,8	2.6	0		21.1	20	94.8
	40-44	3.2	3	93.8	7.3	7	95.9	36.4	22	60.4
- 23	45-49	5.4	3	55.6	18.6	11	59.1	67.8	59	87.0
ı	50-54	12.9	15	116.3	33,3	26	78.1	97.0	94	96.9
	55-59	31.0	24	77.4	53.5	46	86,0	129.2	131	101.4
	60-64	62.4	58	92.9	66.6	65	97.6	142.4	160	112.4
	65-69	88.8	88	99,1	67.3	76	112.9	115.8	126	108.8
	70-74	115.8	117	101.0	67.7	77	113.7	94.8	105	110.8
	75-79	134.1	148	110.4	59,5	59	99,2	74.4	68	91.4
	80-84	102.3	110	107.5	37.0	25	67,6	40.9	50	122.2
	85+	57.5	63	109.6	18.1	27	149,2	23.6	17	72.0
	TOTAL	629,8	640	101.6	432.6	421	97.3	872.8	873	100.0

Table 2 (Continued)
Mortality by Selected Causes of Death
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number Cause of Death			185		i	186		188		
		Malignant 1	neoplasm of p	rostate	Malignant neoplasm of testis			Malignant neoplasm of bladder		
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24				2.2	1	45.5			
	25-29				4.8	2	41.7			
	30-34	0.1			4.2	6	142.9	0,2		
	35-39	0.2			3.5	2	57.1	0.4		
	40-44	0.5	1	200.0	3.0	2	66.7	1.9	1	52.6
	45-49	2.9	1	34.5	3.1	1	32.3	5.0	1	20.0
- 24	50-54	10.2	13	127,5	2.1	1	47.6	12,9	4	31.0
1	55-59	28.2	23	81.6	1.6	0		22,2	21	94.6
	60-64	61.0	56	91.8	1.3	2	153.8	35.4	32	90.4
	65-69	86.6	87	100.5	1.0	1	100.0	39.2	38	96.9
	70-74	112.0	115	102.7	0.7	1	142.9	45.2	50	110.6
	75-79	131.7	147	111.6	0.5	1	200.0	42,1	39	96.6
	80-84	104.4	109	104.4	0.3	1	333.3	28.3	18	63.6
	85+	58.0	61	105.2	0.2	1	500.0	15.9	23	144.7
	TOTAL	595.8	613	102.9	28.5	22	77.2	248.7	227	91.3

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number Cause of Death			189			191		192.9		
		Malignant neoplasm of other and unspecified urinary organs			Malignant	neoplasm of 1	brain	Malignant neoplasm of nervous system, site unspecified		
4	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.2			0.6			0.2		
	25-29	0.3			2,6	2	76.9	0.6		
	30-34	0.6	1 2	333.3	3.9	2	51.3	1.2		
	35-39	2.1	0		6.7	3	44.8	1.8		
	40-44	5.8	5	86.2	9.4	6	63.8	3.2	2	62.5
1	45-49	13.5	9	66.7	17.3	14	80.9	5,2	3	57.7
25 -	50-54	21.8	22	100.9	23.3	27	115.9	7.6	5	65.8
•	55-59	29.1	25	85.9	27.8	30	107,9	8.4	5	59.5
	60-64	32.6	33	101.2	28.0	29	103.6	7.6	11	144.7
	65-69	27.7	37	133.6	17.9	22	122.9	4,3	3	69.8
	70-74	22.4	27	120.5	10.4	11	105.8	3.4	2	58.8
	75-79	17.5	19	108.6	6.0	4	66.7	1.6	1	62.5
	80-84	8.2	7	85.4	1.6	2	125.0	0.3	1	333.3
	85+	3.4	4	117.6	0.3	0		0.1	0	
	TOTAL	185.2	190	102.6	155.8	152	97.6	45.5	33	72.5

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

		_		-				1			
ICD number Cause of Death		Malignant neoplasm of pituitary gland and craniopharyngeal duct				197.8		200.0			
						malignant neo r, unspecifie		Reticulum-cell sarcoma			
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24							0.5			
	25-29				0.1			1.0	1	100.0	
	30-34				0.3			1.4			
	35 - 39	0.1			0.7			1.9	3	157.9	
	40-44		1		1.5	1	66.7	2.8	3	107.1	
- 26	45-49	0.1	1	1,000.0	3.5	1	28.6	4.6	4	87.0	
ı	50-54				6.2	6	96.8	6.5	3	46.0	
	55-59	0.2	1	500.0	9.6	16	166.7	8.1	9	111.1	
	60-64	0.2			13.4	13	97.0	9.4	11	117.0	
	65-69	0.1			13.4	13	97.0	6.8	9	132.4	
	70-74				11.6	16	137.9	6.6	9	136.4	
	75-79	0.1			9.7	10	103.1	4.6	1	21.7	
	80-84				6.4	5	78.1	2.5	5	200.0	
	85+				2.7	3	111.1	1.0	. 1	100.0	
	TOTAL	0.8	. 3	375.0	79.1	84	106.2	57.7	59	102.3	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number			200.1		201			203		
Ca	use of Death	Lymphosarcoma			Hodgkin's disease			Multiple myeloma		
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.6			2.3	.1	43.5			
	25-29	0.8	2	250.0	5.3	2	37.7			
	30-34	1.9	4	210.5	5.6	2	35.7			
	35 - 39	2.1	3	142.9	5.6	2	35.7	0.6		
	40-44	3.7	5	135.1	5.7	3	52.6	1.8	2	111.1
	45-49	6.9	7	101.4	7,4	6	81.1	4.9	7	142.9
- 27	50-54	9.7	3	30.9	8.3	6	72.3	9.1	8	87.9
7 -	55-59	12.8	11	85.9	9.0	7	77.8	12.4	10	80.6
	60-64	14.9	14	94.0	8.5	13	152.9	18.2	9	49.5
	65-69	12.8	13	101.6	6.1	8	131.1	15.8	21	132.9
	70-74	9.7	10	103.1	5.1	7	137.3	15.4	18	116.9
	75-79	8.5	6	70.6	3.8	6	157.9	11,9	13	109.2
	80-84	4.6	4	87.0	1.4	5	357.1	6.9	8	115.9
	85+	1.8	1	55.6	0.5	1	200.0	2.6	3	115.4
	TOTAL	8,00	83	91,4	74.6	69	92,5	99.7	99	99.3

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number			204-207		•	207.0		200-203, 208, 209			
Ça	use of Death	Leukemia				and unspecifi kemia, acute	ed	Other neoplasms of Lymphatic and hematopoietic tissues			
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	3.4	3	88.2	0.6			4.5	3	66.7	
	25-29	5.2	6	115,4	0.7	1	142.9	8.5	6	70.6	
	30-34	5.5	3	54.5	0.9	0		9,8	8	81.6	
	35-39	8.3	7	84.3	1.1	0		13.1	10	76.3	
	40-44	12.3	12	97.6	1.6	1	62.5	20.7	16	77.3	
i	45,49	16.4	19	115,9	2,1	2	95.2	31.7	27	85.2	
28 -	50-54	22.7	16	70.5	2.2	1	45.5	45.8	33	72.1	
	55-59	34.1	38	111.4	3.4	4	117.5	60.8	43	70.7	
	60-64	37.7	21	55.7	3.8	4	105,3	67.6	51	75.4	
	65-69	39.5	35	88.6	4.5	2	44.4	57.7	57	98.8	
	70-74	41.9	47	112.2	4.1	5	122.0	51.3	49	95.5	
	75-79	37.5	39	104.0	3.3	7	212.1	41.3	36	87.2	
	80-84	24.1	24	99.6	1.9	3	157.9	22.1	30	135.7	
	85+	12.2	22	180.3	1.1	0		9.0	7	77.8	
	TOTAL	300.8	292	97.1	31.3	30	96.8	443.9	376	84.7	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number Cause of Death			204.0		]	204.1		204.9			
		Lymphatic leukemia, acute			Lymphatio	e leukemia, c	hronic	Lymphatic leukemia, unspecified			
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	0.9	3	333,3				0.1			
	25-29	0.7									
	30-34	0.8				•		0.1			
	35-39	0,8	1	125,0	0.1			0,2			
	40-44	0.9	2	222,2	0,6	1	166.7	0.3	2	666.7	
	45-49	8,0	1	125.0	1,6	4	250.0	0.6	0		
- 29	50-54	1.2	1	83.3	3.0	2	66.7	0.9	0		
t	55-59	1.8	5	277.8	6.4	3	46.9	1.6	5	312.5	
	60-64	2,0	2	100.0	8,0	6	75.0	2.6	1	38.5	
	65-69	2,1	2	95.2	8.5	8	94,1	2.8	2	71.4	
	70-74	1.9	2	105.3	8.7	10	114.9	2,8	2	71.4	
	75÷79	2.0	1	50.0	8.6	10	116.3	3,0	3	100.0	
	80-84	1.5	2	133.3	5.6	5	89.3	2.0	3	150.0	
	85+	8,0	0		3.8	8	210.5	1.2	1	83.3	
	TOTAL	18,2	22	120.9	54.9	57	103.8	18.2	19	104.4	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number Cause of Death			205.0	1	1	205.1	-	205.9			
		Myeloid leukemia, acute			Myeloid	leukemia, ch	ronic	Myeloid leukemia, unspecified			
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	1.1			0.4						
	25-29	2.0	4	200.0	1.0	1	100.0				
	30-34	2.6	2	76.9	1.9	0	·	0.3			
	35-39	2.6	3	115.4	1.1	2	181.8	0.2			
	40-44	3.9	3	76.9	2.5	1	40.0	1.4	2	142.9	
1	45-49	6.3	6	95.2	3.5	2	57.1	0.7	3	428.6	
30 -	50-54	6.6	6	90.9	3.8	.3	78.9	1.0	1	100.0	
•	55-59	10.2	12	117.6	3.8	2	52.6	1.4	1	71.4	
	60-64	11.4	5	43.9	4.4	0		1.8	2	111.1	
	65-69	10.2	5	49.0	3.9	2	51.3	1,7	6	352.9	
	70÷74	9.4	15	159.6	4.5	5	111.1	1.8	0		
	75-79	8.8	9	102.3	4.1	2	48.8	2.1	2	95.2	
	80-84	4.5	3	66.7	2.9	3	103.4	1.4	1	71.4	
	85+	2.1	5	238,1	1,2	2	166.7	0,8	0		
	TOTAL	81.7	78	95.5	38.3	25	65.3	14.6	18	123.3	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-Cio United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		206.0			206.1			206.9	
Ca	use of Death	Monocyt	ic leukemia,	acute	Monocyti	c leukemia,	chronic	Monocytic 1	leukemia, uns	pecified
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.2								
	25-29	0.2								
	30-34	0.2	1	500.0			•	0.1		
	35-39	0.3	1	333.3				0.1		
	40-44	0.7	0					0.1		
	45-49	0.9	1	111.1				0.4		
- 31	50-54	1.3	0					0.5	1	200.0
1	55-59	2.1	3	142,9	rel	1		0.2	0	
	60-64	1.7	0					0.5	1	200.0
	65-69	1.7	0		0.1			0.6	3	500.0
	70-74	1.8	1	55.6		1		0.9	1	111.1
	75-79	1.1	0					0.6		
	80-84	0.8	1	125.0	0.1			0.5		
	85+	0.5	0			1		0.2		
	TOTAL	13.5	8	59.3	0.2	3	1,500.0	4.7	6	127.7

Table 2 (Continued)
Mortality by Selected Causes of Death
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number	•	400, 401, 403		1	402			404	
Ca	ause of Death	]	Hypertension		Hypertens	sive Heart Dis	sease		rtensive heart renal disease	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.2			0.2					
	25-29	0.5			0.3					
	30-34	0.6	1	166.7	0.2	1	500.0			
	35-39	1.2	3	250.0	1.2			0.2		
	40-44	2.3	2	87.0	2.2	2	90.9	0.5		
- 32	45-49	4.9	3	61.2	5.9	3	50.8	2.0	1	50.0
1	50-54	7.8	4	51.3	7.7	3	39.0	3,2	1	31.3
	55-59	9.2	6	65.2	13.4	8	59.7	6,2	2	32.3
	60-64	13.2	11	83.3	16.1	13	80.7	8.7	3	34.5
	65-69	14.1	13	92.2	15.1	10	66.2	10.9	4	36.7
	70-74	18.3	17	92.9	15.0	7	46.7	12.4	12	96.8
	75-79	20.3	20	98.5	15.1	14	92.7	17.5	14	80.0
	80-84	19,8	14	70.7	10.9	6	55.0	18.8	8	42.6
	85+	16.5	15	90.9	8.3	4	48.2	17.6	11	62.5
	TOTAL	128,9	109	84.6	111.6	71	63.6	98.0	56	57.1

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		390-448		390-398	3, 402, 404,	410-429		410-413	
·C	ause of Death	Major Car	diovascular D	isease	Disea	ase of Heart		Ischem	ic Heart Dise	ase
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
_	20-24	8.2	9	109.8	5.3	5	94.3	1.5	2	133.3
	25-29	23.9	23	96.2	15.8	16	101.3	7.8	10	128.2
	30-34	59.4	39	65.7	46.0	30	65.2	32,5	19	58.5
	35-39	167.5	104	62.1	141.2	86	60.9	118.0	75	63.6
	40-44	441.6	276	62.5	308.0	237	61.1	341.8	209	61.1
1	45-49	1,012.7	627	61.9	901.4	543	60.2	813.7	488	60.0
ယ္ u	50-54	1,643.7	1,133	68.9	1,455.4	1,003	68.9	1,329.9	927	69.7
	55-59	2,370.7	1,515	63.9	2,061.9	1,339	64.9	1,891.9	1,227	64.9
	60-64	3,042.6	2,054	67.5	2,570.5	1.746	67.9	2,376.0	1.606	67.6
	65-69	2,943.8	2,312	78.5	2,383.9	1,888	79.2	2,218.9	1,743	78.6
	70-74	3,043.2	2,390	78,5	2,338.9	1,877	80.3	2,187.0	1,756	80.3
	75-79	3,067.5	2,628	85.7	2,254.1	1,963	87.1	2,107.8	1,819	86.3
	80-84	2,340.2	2,241	95.8	1,628.8	1,626	99.8	1,525.0	1,541	101.0
	85+	1,736.1	1,682	96.9	1,164.2	1,163	99.9	1,075.2	1,088	101.2
	TOTAL	21,901.1	17,033	77.8	17,355.4	13.522	77.9	16,027.0	12,510	78.1

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		410			411	!		412	
Ca	use of Death	Acute my	ocardial infa	rction		e and subacut nic heart dis		Chronic is	schemic heart	disease
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
•	20-24	1.1	1	90.9				0.4	1	250.0
	25-29	5.4	8	148.1	0.2			2.2	2	90.9
	30-34	24.5	14	57.1	0.8	1	125.0	7.3	4	54.8
	35-39	89.5	56	62.6	2.0	0		26.5	19	71.7
	40-44	363.5	162	44.6	4.0	4	100.0	74.2	43	58.0
- 34	45-49	623.8	372	59.6	9.0	7	77.8	180.5	109	60.4
1	50-54	992.0	668	67.3	13.6	12	88.2	323.2	247	76.4
	55-59	1,473.3	911	61.8	17.5	11	62.9	500.5	303	60.5
	60-64	1,660.0	1,143	68.9	20.2	14	69.3	695.2	447	64.3
	65-69	1,479.6	1,185	80.1	15.7	13	82.8	723.1	542	<u>75.0</u>
	70-74	1,333.9	1,079	80.9	13.8	7	50.7	839.6	669	<u>79.7</u>
	75-79	1,138.4	1,005	88.3	11.2	6	53.6	957.7	808	84.4
	80-84	701.7	691	98.5	7.6	8	105.3	805.2	842	104.6
	85+	395.4	369	93.3	5.3	. 7	132.1	674.3	712	105.6
	TOTAL	10,282.1	7,664	74.5	120.9	90	74.4	5,809.9	4,748	81.7

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number	420-4	23, 425-427,	129		430-438		430	, 432, 435-438	8
Ca	use of Death	All other	forms of heart	:	Cerebro	ovascular dis	ease	Cerebro	All other ovascular disc	ease
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	2.1	2	95.2	2.0	4	200.0	1.3	3	230.8
	25-29	4.5	1	22.2	6.4	4	62.5	4.5	3	66.7
	30-34	7.3	7	95.9	10.7	5	46.7	7.2	3	41.7
	35-39	10.9	9	82.6	20.5	11	53.7	12.5	8	64.0
	40-44	23.6	10	42.4	41.9	28	66.8	25.5	15	58.8
1	45-49	44.3	30	67.7	82.5	65	78.8	44.0	44	100.0
35	50-54	63.8	44	69.0	141.5	98	69.3	71.1	44	61.9
ı	55-59	86.5	59	68.2	226.9	124	54.7	108.5	67	61.8
	60-64	98.5	71	72,3	334,7	227	67.8	157.9	115	72.8
	65-69	87.2	75	86,0	400.3	300	74.9	196.4	149	75.9
	70-74	84.0	66	78.6	520.0	376	72,3	259,5	209	80.5
	75-79	77.9	77	98.8	607.2	498	82.0	316.6	253	79.9
	80-84	61.1	55	90.0	528.0	467	88,5	284,8	242	85.0
	85+	45,3	51	112.6	399.2	378	94,7	222.0	192	86.5
	TOTAL	697.0	557	79,9	3,321.8	2,585	77.8	1,711.8	1,347	78.7

Table 2 (Continued)
Mortality by Selected Causes of Death
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		431			433			434	
Ca	use of Death	Cereb	ral hemorrhage	Э	Cereb	ral Thrombosi	5	Cerel	bral embolism	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
_	20-24	0.8	1	125.0	0.1	mark in sak en samte her e keer er skele seel it in det en een sak krisie het heele seel seel krisie heele see	and an electric terms of the second s	And the second s	and the state of t	
	25-29	1.8	1	55.6	0.1					
	30-34	2.9	1	34.5	0.5	1	200.0			
	35-39	6.7	2	29.9	1.2	1	83.3			
	40-44	13.4	10	74.6	3.0	3	100.0	0.3		
ı	45-49	30.4	17	55.9	7.8	3	38.5	0.4	ī	250.0
36 -	50-54	50.1	42	83.8	19.3	12	62.2	1.1	0	
·	55-59	74.8	34	45.5	22.0	23	104.6	1.5	0	
	60-64	95.9	55	57.4	78,4	55	70,2	2,5	2	80.0
	65-69	93,8	64	68.2	107,8	87	80.7	2,3	0	
	70-74	101,6	65	64,0	155,6	101	64.9	3.1	1	32.3
	75-79	100,4	80	<u>79.7</u>	188.6	164	87.0	2,5	2	80.0
	80-84	77.0	65	84.4	164.1	160	97.5	2.0	0	
	85+	59.3	44	74.2	126,6	140	110.6	1,3	2	153.9
	TOTAL	708.9	481	67.9	875.1	750	85.7	17.0	8	47.1

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number	470	-474, 480-486			470-474			480-486	
Ca	use of death	Influe	nza and Pneumo	nia		Influenza			Pneumonia	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	4.0			0,2			3.9		
	25-29	6.4	2	31.3	0.3			6.0	2	33.3
	30-34	7.5	5	66.7	0.5	1	200.0	7,0	4	57.1
	35-39	13.4	5	37.3	1.1			12,0	5	41.7
	40-44	25.9	6	23.2	2.0			24,1	6	24.9
ı	45-49	47,1	28	59.5	4,2	2	47.6	42.6	26	61.0
37	50-54	70.2	32	45.6	7,5	3	40.0	62,8	29 .	46.2
1	55-59	94,2	52	55.2	9.9	7	70.7	84.3	45	53.4
	60-64	120.1	64	53,3	12,3	4	32,5	107,7	60	<u>55.7</u>
	65-69	122.9	83	67.5	12,5	5	40,0	110.4	78	70.7
	70-74	152.6	105	68.8	16,2	16	98.8	136,3	89	65.3
	75-79	184.2	151	82.0	14,3	7	49,0	169,9	144	84.8
	80-84	153,5	147	95.8	10.0	8	80,0	143,4	139	96.9
	85+	149,4	123	82.3	9.6	11	114,6	129.8	112	86.3
	TOTAL	1,151,4	803	69.7	100.6	64	63.6	1,040,2	739	<u>71.0</u>

Table 2 (Continued)
Mortality by Selected Causes of Death
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		440			441-448	!		466	
Ca	use of death	Arte	riosclerosis			eases of arte es and capill			te Bronchitis Bronchiolitis	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24				0,7			The second secon	na Palantarian (1986) angara gay yang anta daga sa baga sa Pilanta at Palanta at Palantaria	in eliga austri que esta de aneste in austri diferen el diferente in militari.
	25-29				1.3	3	230.8	0.2		
	30-34	0.1			2,0	3	150.0	0.4		
	35-39	0.1			4.6	4	87.0	0.3		
	40-44	1.0	1	100.0	7.2	8	111.1	0,3	1	333.3
38 -	45-49	3,0	4	133,3	20.5	12	58.5	1,4	1	71.4
	50-54	6.0	7	116.7	32,8	21	<u>64.0</u>	1.1	0	
•	55-59	13.2	9	68.2	59,3	37	62,4	1.8	2	111.1
	60-64	25.4	14	55.1	98.9	56	56.6	1.7	0	
	65-69	36.0	32	88.9	109.5	79	72.1	2,0	4	200.0
	70-74	57,2	45	78.7	108.7	75	69.0	2.4	2	83.0
	75-79	87.7	73	83,2	97.1	73	75.2	2,9	0	
	80-84	102.5	82	80.0	61.1	52	85.1	1,2	1	83.0
	85+	122.4	103	84,2	33,6	23	68,5	1,2	2	166.7
	TOTAL	454,6	370	81.4	637.3	446	70.0	16,9	13	76,9

Table 2 (Continued)

Mortality be Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		490-493			490, 491			492	
Ca	use of Death		nitis, Emphyse and Asthma	ema		e and Unquali: Bronchitis	fied		Emphysema	
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.5			0.2			0.1		
	25-29	1,2	1	83.3	0.3	1	333.3	0.2		
	30-34	1.9	1	52.6	0,5			8,0		
	35-39	3,1	0		0,8	0		1.4		
	40-44	9.9	3	30.3	2.3	0		5.8	3	51.7
. 1	45-49	24.1	14	<u>58.1</u>	4.9	1	20,4	16,6	12	72.3
39 -	50-54	56.0	15	26.8	10.1	2	19.8	42.6	11	25.8
	55-59	106.9	63	58.9	16.4	14	85.4	85,6	43	50.2
	60-64	173.4	108	62.3	28.5	18	63.2	139.0	85	61.2
	65-69	183.8	141	<u>76.7</u>	30.2	22	72.8	149.2	117	78.4
	70-74	188,0	159	84.6	31.0	26	83.9	154.1	130	84.4
	75-79	153.1	166	108.4	25.3	24	94.9	124.5	139	111.6
	80-84	82,1	81	98.7	16.3	8	49.1	63.8	71	111.3
	85+	33.6	46	136.9	7.8	10	128,2	25.1	36	143.4
	TOTAL	1,017.6	798	78.4	174.6	126	72,2	808.8	647	80.0

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		493			531-533			571	
Ca	use of Death		Asthma		1	Peptic Ulcer		Cirı	chosis of Live	er
-	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
	20-24	0.3			0.3	2	666.7	0.4		
	25-29	0.6			1.0	0		4.0	2	50.0
	30-34	0.7	1	142.9	2,0	1	50,0	13.5	6	44.4
	35-39	1,1	0,		3,4	0		35.0	11	31.4
	40-44	1.6	0		7,7	2	26.0	79.2	26	32.8
	45-49	2,6	1	38,5	14.3	8	55,9	136.5	59	43.2
- 40	50-54	3.3	2	60.6	22,2	12	54.1	165.3	81	49.0
ı	55-59	5.0	6	120.0	29.5	18	61.0	175.5	84	47.9
	60~64	5.7	5	87.7	35,4	28	79,1	157,0	76	48.4
	65-69	4.5	2	44.4	35.0	19	54.3	93.5	61	65.2
	70-74	4.0	3	75.0	28.7	19	66.2	49.2	38	77.2
	75-79	3.4	3	88.2	27.6	16	58.0	28.6	28	97.9
	80-84	2.0	2	100.0	19.7	23	116.8	10.5	12	114.3
	85+	0.7	0		10.8	10	92.6	4.3	7	162.8
	TOTAL	35.5	25	70.4	237.6	158	66.5	952.5	491	51.5

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		574-575			580-584			590	
С	ause of Death		iasis, cholecy d cholangitis	ystitis	Nephri	tis and nephro	osis	Infect	cions of kidne	у
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
_	20-24				1.4	1	71.4	0.2		
	25-29	0.1			2.7	0		0.2		
	30-34	0.4			2.6	2	76,9	0.7		
- 41	35-39	0.6			4.5	0		1.3		
	40-44	0.6			5.5	3	54.5	1.9		
	45-49	2.2	4	181.8	10.8	2	18,5	2,9	2	69.0
	50-54	3.1	6	193.5	14.9	8	53.7	4.8	1	20.8
ı	55-59	5.1	2	39.2	19.4	10	51.5	8.2	4	48.8
	60-64	7.6	5	65.8	21.3	19	89.2	10.2	4	39.2
	65-69	8.6	10	116.3	18.0	9	50.0	13.5	10	74.1
	70-74	11.8	12	101.7	17.4	12	69.0	17.8	11	61.8
	75-79	13.0	14	107.7	19.0	13	68.4	22.3	22	98.7
	80-84	9.6	10	104.2	14.0	5	35.7	18.5	18	97.3
	85+	5.9	6	101.7	9.8	17	173.5	15.2	9	59.2
	TOTAL	68.6	69	100.6	161.3	101	62.6	117.7	81	68.8

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		600			E800-E949			E810-E823	
Ca	use of Death	Hyperp	lasia of prost	ate	Ace	cidents		Motor \	/ehicle Accid	ents
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR
-	20-24				178.8	269	150.4	127.3	171	134.3
	25-29				204,2	219	107.2	128.8	128	99.4
	30-34				180.6	225	124.6	103.2	107	103.7
	35-39				172.6	176	102.0	95.1	81	85.2
	40-44				196,5	195	99.2	96,3	71	73.7
	45-49	0.2			24.4	243	101,1	112.8	97	86.0
- 42	50-54	0.5			229,2	239	104.3	106.1	103	97.1
2 -	55-59	1.3			221.6	216	97.5	94.4	89	94.3
	60-64	3.3	2	60.6	195.6	183	93.6	78.8	77	97.7
	65-69	7.1	1	14.1	136.1	118	86.7	56.1	46	82.0
	70-74	9.9	4	40.4	112.6	98	87.0	43.8	30	68.5
	75-79	14.9	6	40.3	106.2	95	89.5	37.6	39	103.7
	80-84	16.1	4	24.8	80.3	77	95.9	22.9	23	100.4
	85+	14.9	9	60.4	62.0	53	85.5	8.1	14	172.8
	TOTAL	68.2	26	38.1	2,316.7	2,406	103.9	1,111,3	1,076	96.8

Table 2 (Continued)
Mortality by Selected Causes of Death
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number		E800-E807, E825-E949			ES	950 <b>–</b> E959		E960-E978			
Cau	ise of Death	All ot	All other accidents			Suicide		Homicide			
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
-	20-24	51.6	98	189.9	27.6	37	134.1	17.7	22	124.3	
	25-29	75.3	91	120.8	47.3	35	74.0	31.6	34	107.6	
	30-34	77.4	118	<u>152.5</u>	50.0	46	92.0	31.3	34	108.6	
	35-39	77.4	95	122.7	54.8	45	82.1	32.3	18	55.7	
	40-44	100.2	124	123.8	72.1	58	80.4	32.3	18	<u>55.7</u>	
	45-49	127.6	146	114.4	98.3	77	78.3	30.8	24	77.9	
- 43	50-54	123.1	136	110.5	92.0	70	76.1	23.5	20	85.1	
1	55-59	127.1	127	99.9	86.8	69	79.5	21.7	15	69.1	
	60-64	117.6	106	90.1	76.0	52	68.4	14.3	9	62.9	
	65-69	80.0	72	90.0	49.6	40	80.6	7.3	4	54.8	
	70-74	68.8	68	98.8	33.2	22	66.3	4.1	6	146.3	
	75-79	68.6	56	81.6	24.8	24	96.8	2.2	1	45.5	
	80-84	57.5	54	93.9	15.6	16	102.6	1.4	3	214.3	
	85+	53.7	39	72.6	6.4	9	140.6	0.7	0		
	TOTAL	1205.9	1330	110.3	734.5	600	81.7	251.2	208	82.8	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number	E881 Fall on or from ladders or scaffolding				E882		E884			
Caı	use of Death					n or out of boother structu		Other fall from one level to another			
Age		Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	0.25	4	1600.0	0.95	2	210.5	0.63	2	317.5	
	25–29	0.68	3	441.2	1.76	3	170.5	1.10	8	727.3	
	30-34	0.87	7	804.6	1.51	5	331.1	1.06	4	377.4	
	35-39	0.93	3	322.6	1.52	3	197.4	1.62	4	246.9	
	40-44	1.38	7	507.2	2.02	9	445.5	1.44	7	486.1	
	45–49	2.23	8	358.7	2.23	8	358.7	2.59	5	193.1	
- 44	50-54	2.31	6	259.7	2.48	14	564.5	2.86	9	314.7	
1	55-59	3.14	5	159.2	2.75	4	145.5	2.81	9	320.3	
	60-64	2.89	11	380.6	2.49	3	120.5	2.22	5	225.2	
	65-69	1.93	1	51.8	1.67	2	119.8	2.26	1	44.2	
	70-74	1.63	0	<del></del>	1.30	2	153.8	1.61	2	124.2	
	75-79	1.44	0		1.18	2	169.5	2.44	2	82.0	
	80-84	0.50	0		0.63	1	158.7	2.19	2	91.3	
	85+	0.32	0		0.37	0		1,11	0	<del></del>	
	TOTAL	20.50	55	272.3	22.86	58	253.7	25.94	60	231.3	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

ICD number			E887			E916		E917			
Cau	se of Death	Other and unspecified fall				k accidentall alling object		Striking against or struck accidentally by objects			
<del></del>	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR	
	20-24	0.73	3	411.0	1.92	11	572.9	1.03	1	97.1	
	25-29	1.24	2	161.3	3.32	7	210.8	1.85	4	216.2	
	30-34	2.17	1	46.1	4.53	3	66.2	1.49	2	134.2	
	35-39	2.70	4	148.1	3.49	3	86.0	1.96	8	408.2	
	40-44	5.09	2	.39.3	5.56	5	89.9	2.61	4	153.3	
ı	45-49	8.56	12	140.2	5.76	8	138.9	3.43	3	87.5	
45	50-54	10.60	4	37.7	5.79	8	138.2	3.42	7	204.7	
1	55-59	12.10	14	115.7	4.44	5	112.6	3,53	3	85.0	
	60-64	15.18	9	59.3	2.35	4	170.2	1.97	3	152.3	
	65-69	13.94	7	50.2	1.68	1	59.5	1.69	2	118.3	
	70-74	16.44	14	85.2	0.77	2	259.7	1.02	0		
	75-79	22.59	23	101.8	0.59	0	<del></del>	0.92	0		
	80-84	27.29	26	95.3	0.15	0		1.45	1	69.0	
	85+	30.55	21	68.7	0.06	0		1.31	0	<b></b> .	
	TOTAL	169.18	142	83.9	40.41	57	141.1	27.68	38	137.3	

Table 2 (Continued)

Mortality by Selected Causes of Death

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

	ICD number		E918		E925					
Ca	use of Death		accidentally : tween objects	in or	Accident caused by electric current					
	Age	Deaths Expected	Deaths Observed	SMR	Deaths Expected	Deaths Observed	SMR			
7	20-24	0.88	3	340.9	2.03	7	344.8			
	25-29	1.42	3	211.3	2.90	2	69,0			
	30-34	1.81	1	55.2	2.83	13	459.4			
	35-39	1.64	2	122,0	3.09	9	291.3			
	40-44	2.02	7	346.5	2.09	2	95.7			
- 46	45-49	2,88	3	104.2	2.39	1	41.8			
i	50-54	2.12	3	141.5	1.50	2	133.3			
	55-59	2.34			1.20	2	166.7			
	60-64	1.81			1.02	2	196.1			
	65-69	0.91			0.23					
	70-74	0.38			0.33					
	75-79	0.32			0.14					
	80-84	0.07			0.07					
	85+	0.02			0.01					
	TOTAL	18,62	22	118.2	19.83	40	201.7			

Table 3

Mortality by Trade

AFL-CIO United Brotherhood of Carpenters and Joiners of America
1969-1970 and 1972-1973

Trade	Deaths du	ue to all ca	uses	Deaths due to Cancer (ICD number 140-209)			
	Expected	<u>Observed</u>	SMR	Expected	<u>Observed</u>	SMR	
Construction workers	30,866.6	25,659	83.1	5,520.6	5,635	102.1	
Acoustical Applicators	11.7	6	52.6	1.8	3	166.7	
Floor Layers	305.0	211	69.2	55.2	51	92.4	
Floor surfacers	25.2	23	91.3	4.8	5	104.2	
Insulators	38.8	21	54.1	7.0	11	157.1	
Maintenance	28.4	27	95.1	5.4	5	92.6	
Residential	26.8	27	100.7	4.6	2	43.5	
Millwright	799.4	698	<u>87.3</u>	145.0	155	106.9	
Pile drivers	671.4	695	103.5	120.6	153	126.9	
Marine carpenters	45.4	31	<u>68.7</u>	7.8	9	115.4	
Boat builders	60.6	44	72.6	11.2	14	125.0	
Navy Yard	35.4	17	<u>48.0</u>	6.8	2	29.4	
Ship carpenters	503,2	417	82,9	90.8	99	109.0	
Millmen	2,293.6	1,733	<u>75.6</u>	412.0	357	86.7	
Boxmakers	152.8	104	68.1	28.0	23	82.1	
Cabinetmakers	601.6	415	<u>69.0</u>	107.4	89	82.9	
Lumber handlers	2.4	3	125.0	0.4	1	250.0	
Stair builders	32.0	24	75,0	5,6	3	53.6	
Lumber sawmill workers	2,306.4	1,617	70.1	430.2	342	<u>79.5</u>	
Plywood	227.2	143	62.9	42,6	39	91,5	
Shingle weavers	76.8	75	97.7	13.0	13	100.0	
Furniture	504.2	330	65,5	94.6	71	<u>75.1</u>	
Miscellaneous	343.6	195	<u>56.8</u>	64.2	49	76.3	
Aircraft	139.8	51	<u>36.5</u>	27.8	11	<u>39.6</u>	
Pencil	5.4	5	92,6	1.0	2	200.0	
Piano	30.6	14	45.8	6.0	4	66.7	
Prefabricated	20.2	6	<u>29.7</u>	3.6	1	55.6	

Table 4

Pile Drivers Locals Mortality

AFL-CIO United Brotherhood of Carpenters and Joiners of America
1969-1970 and 1972-1973

Cause of Death	ICD	Deaths Expected	Deaths Observed	SMR
All Causes	A11	671.4	695	103.5
All Cancers	140-209	120,4	153	127.1
Lung cancer	162.1	38.8	53	136.6
Gastrointestinal cancer	150-159	34.6	40	115.6
Stomach	151	6.8	9	132.3
Pancreas	157	7,0	11	157.1
Large intestine	153	11.2	13	116.1
All other cancers		47.0	60	127,7

Table 5 Mortality by State AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

Chaha	Deaths du	ue to all ca	auses	Deaths due to Cancer Deaths due to Lung Cance (ICD number 140-209) (ICD number 162.1)					
State	Expected	Observed	SMR	Expected	Observed	SMR	Expected	Observed	SMR
Alabama	326.4	254	77.8	61.4	57	92,8	18.8	24	127.7
Arizona	324.0	197	60.8	60.6	44	72.6	19.2	18	93,8
Arkansas	189.0	174	92.1	35.6	49	<u>137.6</u>	11.0	14	127.3
California	6,609.4	5,157	78.0	1,196.4	1,167	97,5	362.4	420	115.9
Colorado	349.2	239	<u>68.4</u>	63.4	38	<u>59,9</u>	19.2	12	62.5
Connecticut	531.6	427	80.3	93.6	104	111.1	27.0	40	148.1
Delaware	71.2	75	105.3	13.4	16	<u>119.4</u>	4.2	8	190.5
District of Columbia	321.8	345	107.2	57.0	77	135.1	16.6	25	<u>150.6</u>
Florida	1,138.8	965	84.7	207.8	248	119.3	64.2	106	165.1
Georgia	341.2	313	91.7	64.4	54	83.9	20.0	25	125.0
Hawaii	173.6	57	32.8	33.8	16	47.3	11.6	4	34.5
Idaho	169.4	85	50,2	29,8	23	77.2	9.4	. 5	67.6
Illinois	3,108.0	2,771	89.2	535.0	559	104.5	153,6	196	127,6
Indiana	899.8	728	80.9	162.4	145	89.3	49.6	50	100.8
Iowa	352.2	345	98.0	61.2	66	107.8	17.8	18	101.1
Kansas	255,2	228	89.3	46.0	51	110.9	13,8	22	159.4
Kentucky	386.4	333	86,2	71.6	73	102.0	22.4	21	93,8
Louisiana	528.0	469	<u>88.8</u>	98.8	95	96.2	31.6	47	148.7
Maine	91.2	82	89.9	17.2	20	116.3	5.2	11	<u>211.5</u>
Maryland	227.4	216	95.0	41.6	46	110.6	12.2	13	106.6
Massachusetts	1,030.8	884	<u>85.8</u>	175.8	197	112.1	49.6	49	98.8
Michigan	1,373.0	1,104	80.4	243.8	242	99.3	72.4	78	107.7
Minnesota	966.6	671	69.4	169.0	146	86,4	49.0	45	91.8
Mississippi	233.4	223	95.5	43.6	54	123.9	13.8	19	137.7
Missouri	1,118.6	899	80.4	202.0	193	95.5	60.8	80	<u>131.6</u>

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Table 5 (Continued)

Mortality by State

AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

State	Deaths d	Deaths due to Cancer (ICD number 140-209)			Deaths due to Lung Cancer (ICD number 162.1)				
	Expected	Observed	SMR	Expected	<u>Observed</u>	SMR	Expected	<u>Observed</u>	SMR
Montana	279.8	218	77.9	51,6	51	98.8	16,0	14	87.5
Nebraska	153.4	122	79.5	27.8	29	104,3	8.4	10	119.0
Nevada	154,4	118	76.4	28.8	33	114.6	9,0	18	200.0
New Hampshire	72.6	79	108,8	13.0	20	153.8	4.0	6	150.0
New Jersey	1,050.2	903	86.0	182.0	201	110.4	51.4	62	120.0
New Mexico	126.8	77	60.7	23.4	20	85,5	7,6	6	78.9
New York	4,027.4	3,282	81.5	707.4	737	104.2	204.0	244	119.6
North Carolina	85.4	66	77.3	15.6	13	83,3	5,0	5	100.0
North Dakota	45.4	41	90.3	7.8	7	89.7	2,4	3	125.0
Ohio	1,621.6	1,423	87.8	286,6	325	<u>113.4</u>	84.8	113	<u>133.0</u>
Oklahoma	275.0	219	79.6	50,0	53	106.0	15.0	17	113.3
Oregon	1,404.4	1,086	<u>77.3</u>	258.8	268	103.6	80.2	72	89.8
Pennsylvan <b>ia</b>	1,679.4	1,430	<u>85,1</u>	302.4	279	92.3	90.6	85	93.8
Rhode Island	221.8	175	<u>78.9</u>	40.0	46	115,0	11.6	14	120.7
South Carolina	61.2	44	<u>71.9</u>	11.6	8	69,0	3.4	5	147.1
South Dakota	42,8	35	81.8	7.4	6	81,1	2.2	2	90.9
Tennessee	529.8	426	<u>80.4</u>	98.6	84	85.2	30.6	31	101.3
Texas	1,188.2	1,053	88.6	218,6	253	<u>115.7</u>	66,8	110	164.7
Utah	141,0	125	88,7	26,2	26	99,2	7.8	9	$\overline{115.4}$
Vermont	32.8	30	91,5	6,0	<b>5</b> °	83,3	1,8	2	111,1
Virginia	269.0	265	98.5	51.0	. 65	127.5	16.2	29	179.0
Washington	2,049.4	1,698	82.9	. 372.0	336	90.3	111.4	105	94.3
West Virginia	215.4	167	77,5	39.8	35	87.9	12.2	1.2	98.4
Wisconsin	1,105.6	849	76.8	196.4	189	96.2	58.2	49	84.2
Wyoming	51.0	48	94.1	9.0	10	111.1	2.4	4	166.7

Table 6

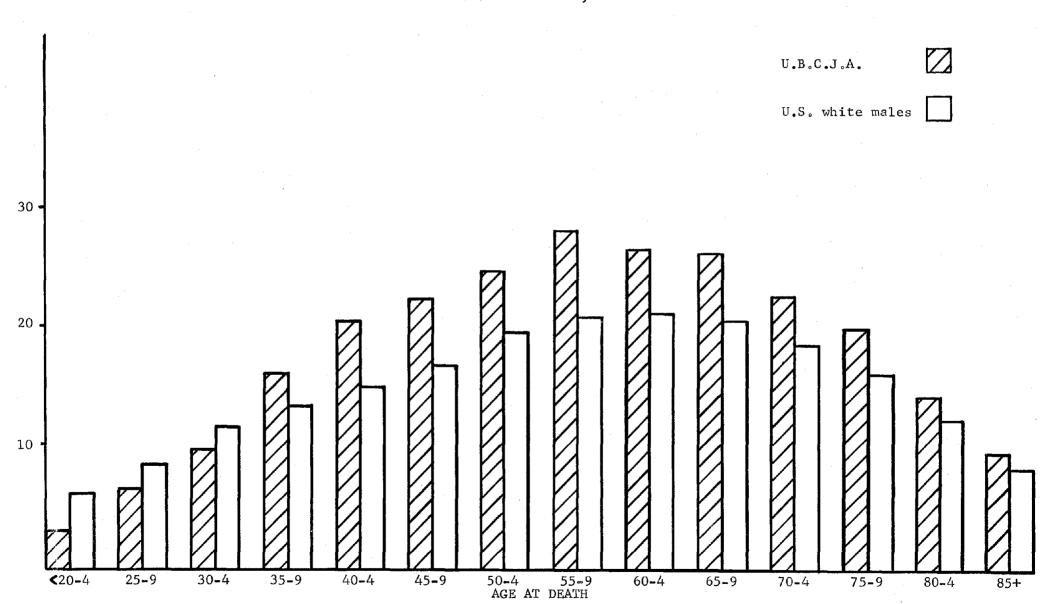
Standardized Mortality Ratios for Selected Cancers

AFL-CIO United Brotherhood of Carpenters and Joiners of America
1969-1970 and 1972-1973

New York City Locals and Rest of State

	Nev	v York City		Rest of New York State			
	Deaths	Deaths		Deaths	Deaths		
Cause of Death	Expected	<u>Observed</u>	SMR	Expected	Observed	SMR	
All cancers (140-209)	365.8	402	109.9	341.6	335	98.1	
Lung Cancer (162,1)	111.4	128	114.9	101.2	118	116,6	
Stomach Cancer (151.9)	21.4	34	<u>158.9</u>	18,8	24	127.7	
Cancer of Urinary Bladder (188)	13.8	21	152,1	12.0	10	83.3	
Cancer of Colon (153)	36,6	40	109.3	31.6	31	98.0	
Leukemia-1ymphoma group (200-209)	34.4	40	116.3	33.2	30	90,4	
All other cancers	148.2	139	93.8	196.8	151	76.7	

Figure 1
Percent of Deaths due to Cancer
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973
U.S. white males, 1968



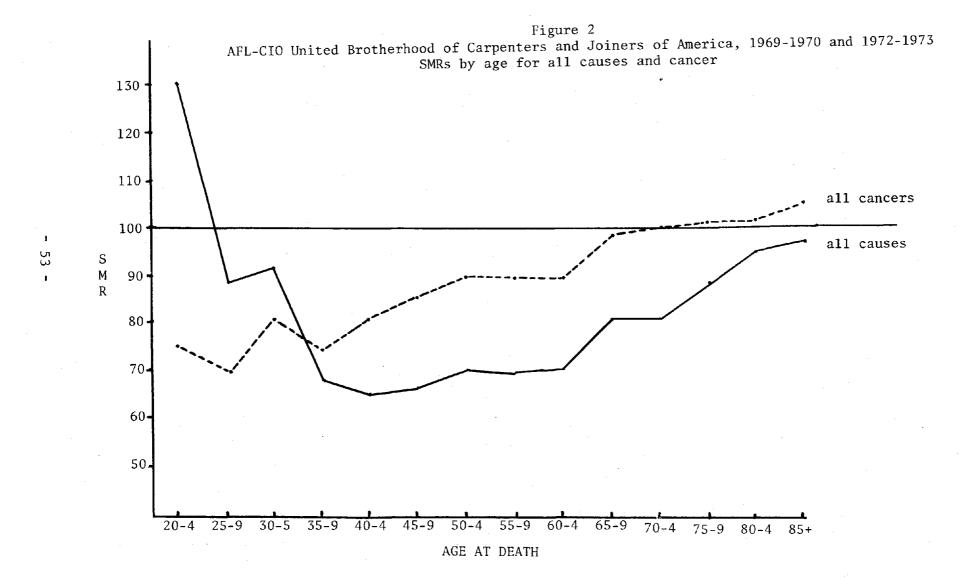
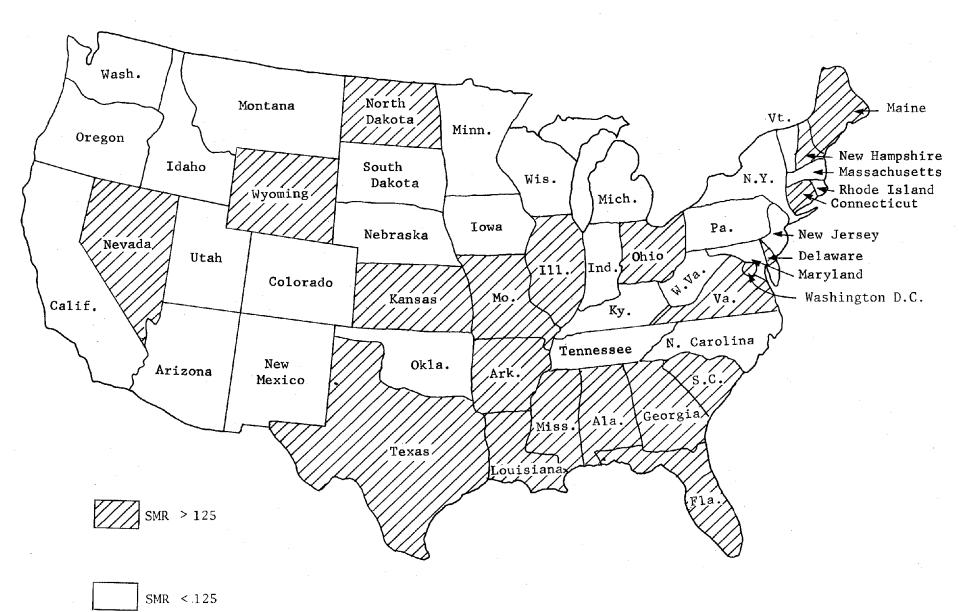


Figure 3
Lung Cancer Mortality
AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973



Mortality Experience of the AFL-CIO United Brotherhood of Carpenters and Joiners of America, 1969-1970 and 1972-1973

Washington State Dept. of Social and Health Services, Olympia

Prepared for

National Inst. for Occupational Safety and Health, Cincinnati, OH

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The mortality exper	tience of the members of the AF	L-CIO United Bro	therhood c	of Carpenters			
and Joiners of Amer	cica was determined for four year	ars during the 19	969-1973 p	eriod.			
Expected and observ	ved rates were calculated and the	ne mortality was	expressed	l as standard			
mortality ratios (S	MR). Data from two additional	years was added	to that g	given in			
HEW Publication No.	(NIOSH) 74-129. Detailed mor	tality data is g	iven for 9	4 cause of			
	trade, by union locals, and by						
	ital deaths were found mainly a						
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