










## National Center for Health Statistics

# Deaths: Preliminary Data for 2005

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This report from the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) provides selected key findings from 2005 preliminary mortality data for the United States. The findings are based on the substantial portion of the records of deaths that occurred in calendar year 2005, which were received and processed by NCHS as of May 2, 2007. Mortality records are based on information reported on death certificates as completed by funeral directors, attending physicians, medical examiners, and coroners. In this report, there are summary [Tables A, B, C](#)  [PDF – 926 KB], as well as linked detailed tables at the end of the report that further illustrate findings.

## Selected 2005 Findings

- The preliminary estimated number of deaths in the United States for 2005 was 2,447,903 ([Table A](#)  [PDF – 926 KB]).
- The estimated age-adjusted death rate, which accounts for changes in the age distribution of the population, reached a record low of 798.8 deaths per 100,000 U.S. standard population ([Table A](#)  [PDF – 926 KB]).
- The preliminary estimate of life expectancy at birth for the total population in 2005 was 77.9 years ([Table A](#)  [PDF – 926 KB]).
- The 15 leading causes of death in 2005 ([Table B](#)  [PDF – 926 KB]) were the following:
  - Diseases of heart (heart disease)
  - Malignant neoplasms (cancer)
  - Cerebrovascular diseases (stroke)
  - Chronic lower respiratory diseases
  - Accidents (unintentional injuries)
  - Diabetes mellitus (diabetes)
  - Alzheimer's disease
  - Influenza and pneumonia
  - Nephritis, nephrotic syndrome and nephrosis (kidney disease)
  - Septicemia
  - Intentional self-harm (suicide)
  - Chronic liver disease and cirrhosis
  - Essential (primary) hypertension and hypertensive renal disease (hypertension)
  - Parkinson's disease
  - Assault (homicide)
- The preliminary infant mortality rate for 2005 was 6.89 infant deaths per 1,000 live births ([Table A](#)  [PDF – 926 KB]).
- The 10 leading causes of infant mortality for 2005 ([Table C](#)  [PDF – 926 KB]) were the following:
  - Congenital malformations, deformations and chromosomal abnormalities (congenital malformations)
  - Disorders related to short gestation and low birth weight, not elsewhere classified (low birthweight)
  - Sudden infant death syndrome (SIDS)
  - Newborn affected by maternal complications of pregnancy (maternal complications)
  - Newborn affected by complications of placenta, cord and membranes (cord and placental complications)
  - Accidents (unintentional injuries)
  - Respiratory distress of newborn
  - Bacterial sepsis of newborn
  - Neonatal hemorrhage


- Necrotizing enterocolitis of newborn

## Selected Trends

- The age-adjusted death rate reached a record low of 798.8 deaths per 100,000 U.S. standard population ([Figure 1](#)). This value is 0.2 percent lower than the 2004 rate of 800.8 deaths per 100,000 U.S. standard population ([Table 1](#)  [\[PDF - 926 KB\]](#)). The age-adjusted death rate increased between 2004 and 2005 for Hispanic males (1.4 percent) and decreased for white males (0.3 percent), black males (1.9 percent), black females (1.6 percent), non-Hispanic black males (1.8 percent), non-Hispanic black females (1.5 percent), and Asian or Pacific Islander females (2.5 percent).
- Life expectancy at birth for the total population in 2005 reached a record high of 77.9 years. This represents an increase of 0.1 year relative to the life expectancy in 2004. Record-high life expectancies were reached for black males and females and maintained for white males and females ([Figure 2](#)).
- The difference in life expectancy at birth between males and females has decreased on average one-tenth of a year every year since 1980. The difference between male and female life expectancy remained 5.2 years greater for females in 2005, the smallest difference since 1946.
- The trend toward convergence in mortality figures across the major race groups continued in 2005. The rate has decreased by an average of 2 months annually since 1993. The white life expectancy in 2005 was 5.1 years higher than the black life expectancy.
- The 15 leading causes of death in 2005 ([Table B](#)  [\[PDF - 926 KB\]](#)) remained the same as those in 2004. The age-adjusted death rate declined for 4 of the 15 leading causes of death: heart disease, cancer, stroke (the three leading causes of death), and suicide. Increases occurred for chronic lower respiratory diseases, accidents, Alzheimer's disease, influenza and pneumonia, hypertension, and Parkinson's disease. The age-adjusted death rate was not statistically different for diabetes, kidney disease, septicemia, chronic liver disease and cirrhosis, and homicide.
- The observed increase in the infant mortality rate between 2004 and 2005 was not statistically significant.

## Technical Notes

### Nature and sources of data

Preliminary mortality data for 2005 are based on a substantial proportion (about 99 percent) of death records for that year. The data for 2005 are based on the continuous receipt and processing of statistical records through May 2, 2007, by NCHS. NCHS received the data from the states' vital registration systems through the Vital Statistics Cooperative Program. In this report, U.S. totals include only events occurring within the 50 states and the District of Columbia (D.C.). Data for Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Marianas are available in the table showing data by state ([Table 3](#)  [\[PDF - 926 KB\]](#)).

For 2005, individual records of infant deaths (deaths under 1 year of age) and deaths of persons 1 year of age and over are weighted (when necessary) to independent counts of deaths occurring in each state. These state-specific counts serve as control totals and are the basis for the record weights in the preliminary file.

For this report, two separate files are processed: the medical file (or cause-of-death file), which contains records that include demographic and medical information that is used to generate tables showing cause of death, and the demographic file, which includes records from the medical file as well as additional records containing demographic information only and is used to generate tables showing mortality by demographic characteristics only. A state-specific weight is computed for each file by dividing the state control total by the number of records in the preliminary sample. Because there are two separate files with two separate sets of weights, slight inconsistencies may occur among the demographic and medical tables in this report.


For certain causes of death such as unintentional injuries, homicides, suicides, and respiratory diseases, preliminary and final data differ because of the truncated nature of the preliminary file.

For selected variables in the mortality file, unknown or not stated values are imputed. Detailed information on reporting completeness and imputation procedures may be found in Technical Appendix, Vital Statistics of the United States: Mortality, 1999 (1).

## 2003 revision of the U.S. Standard Certificate of Death, multiple race data, and Hispanic origin

The U.S. Standard Certificate of Death, which is used as a model by the states, was revised in 2003 (2). Prior to 2003, the Standard Certificate of Death had not been revised since 1989 (3). In 2005, 17 states (California, Connecticut, Florida, Idaho, Kansas, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New York, Oklahoma, South Carolina, South Dakota, Utah, Washington, and Wyoming) used the 2003 revision of the U.S. Standard Certificate of Death for the entire year. D.C. continued to use the 1989 revision for part of the year before implementing the 2003 revision. The remaining 33 states collected and reported death data in 2005 based on the 1989 revision of the U.S. Standard Certificate of Death. In 2004, 10 states (California, Idaho, Michigan, Montana, New Jersey, New York, Oklahoma, South Dakota, Washington, and Wyoming) used the 2003 revision of the U.S. Standard Certificate of Death for the entire year, and 2 states (New Hampshire and Connecticut) used the 2003 revision for part of 2004. Data for New Hampshire was collected and reported using the 1989 revision until mid-April, when the state began using the 2003 revision. Connecticut began using the 2003 revision in early 2004 but was unable to transmit the data to NCHS in the revised format; therefore, Connecticut converted data received on revised certificates into the old format and layout. The remaining 38 states and D.C. collected and reported death data in 2004 based on the 1989 revision of the U.S. Standard Certificate of Death. The 1989 and 2003 revisions are described in detail elsewhere (2,3,4). Because most of the items presented in this report appear largely comparable despite changes to item wording and format in the 2003 revision, data from both groups of states are combined unless otherwise stated.

The 2003 revision of the U.S. Standard Certificate of Death allows the reporting of more than one race (multiple races). This change was implemented to reflect the increasing diversity of the population of the United States and to be consistent with the decennial census (2). The new standards of the Office of Management and Budget (OMB) mandate the collection of more than one race for federal data (5). Race categories shown in this report are consistent with the 1977 OMB standards (6). Multiple-race data was reported in 2005 for California, Connecticut, D.C., Florida, Hawaii, Idaho, Kansas, Maine, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, Oklahoma, South Carolina, South Dakota, Utah, Washington, Wisconsin, and Wyoming, and in 2004 for California, Hawaii, Idaho, Maine, Michigan, Minnesota, Montana, New Hampshire, New Jersey, New York, Oklahoma, South Dakota, Washington, Wisconsin, and Wyoming.

In order to provide uniformity and comparability of the data during the transition period (before all or most of the data are available in the new multiple-race format), the responses of those for whom more than one race (multiple race) was reported were “bridged” to one single race. The bridging procedure of mortality data is similar to the procedure used to bridge multiracial population estimates provided by the U.S. Census Bureau. Multiracial decedents are imputed to a single race (either white, black, American Indian or Alaska Native, or Asian or Pacific Islander) according to their combination of races, Hispanic origin, sex, and age indicated on the death certificate. See the [imputation procedure](#)  [PDF – 74 KB] for more information.

### Population bases for computing rates

The rates in this report use population estimates based on the 2000 census and estimated as of July 1, 2004, and July 1, 2005. See [bridged-race population estimates](#) for more information.












Reflecting the new guidelines issued in 1997 by OMB, the 2000 census included an option for individuals to report more than one race as appropriate for themselves and household members (5). Death certificates for 29 states collected only one race in the same categories as specified in the 1977 OMB guidelines (see section “2003 revision of the U.S. Standard Certificate of Death”) in 2005. In addition, those death certificate data did not report Asians separately from Native Hawaiians or Other Pacific Islanders. The death certificate data by race (the numerators for death rates) thus collected are therefore incompatible for most states with the population data collected in the 2000 census (the denominators for the rates).

In order to produce national death rates for 2004 and 2005, the reported population data for multiple-race persons had to be bridged back to single-race categories. In addition, the census counts were modified to be consistent with the 1977 OMB racial categories; that is, to report the data for Asian persons and Native Hawaiians or Other Pacific Islanders as a combined category, Asian or Pacific Islanders, and to reflect age as of the census reference date. The procedures used to produce the bridged populations are described in separate publications (7,8). Bridged data is expected to be used over the next few years for computing population-based rates. As more states collect mortality data for race according to the 1997 OMB guidelines (5), the use of the bridged populations is expected to be discontinued.




### Availability of mortality data

Mortality data are available in publications, unpublished tables, and electronic products as described on the [mortality website](#). More detailed analysis than provided in this report will be possible by using the mortality public-use data set issued each data year for final data. Since 1991, the data set has been available through NCHS in CD-ROM format. For the preliminary data, the following additional tables are linked to this report to provide additional details.

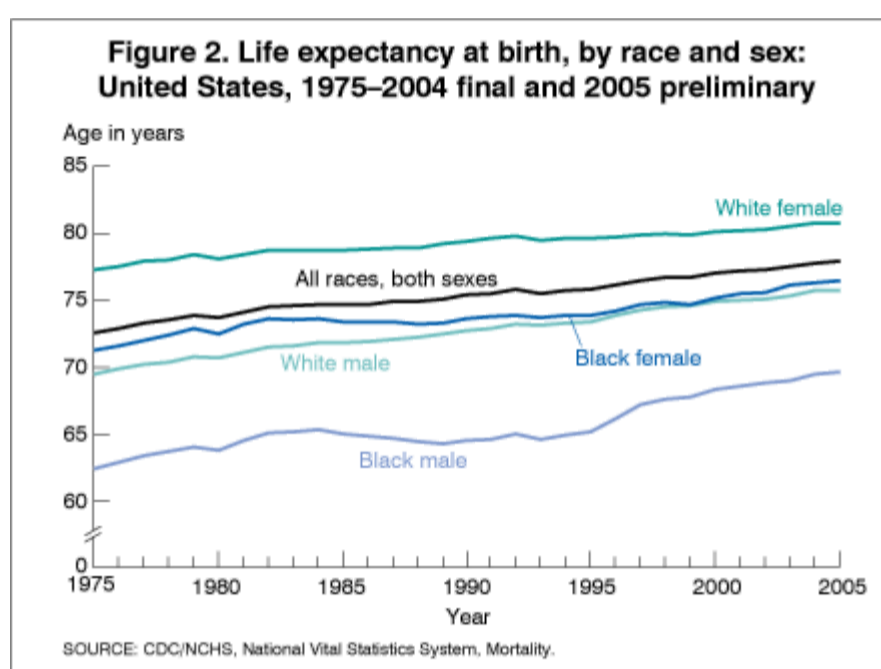
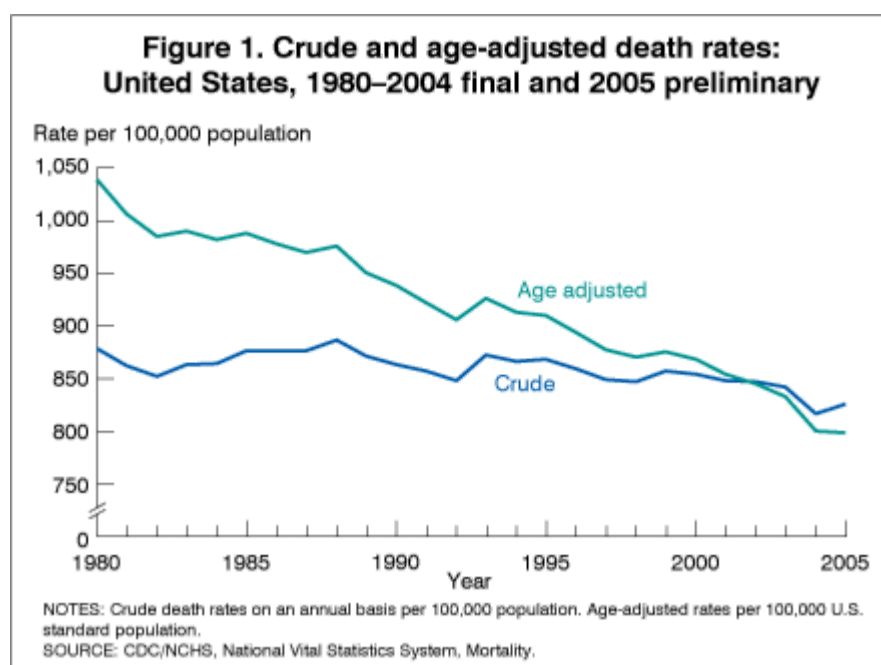
## List of Additional Tables

1. Deaths and death rates by age, sex, race, and Hispanic origin, and age-adjusted death rates by sex, race, and Hispanic origin: United States, final 2004 and preliminary 2005  [\[PDF – 926 KB\]](#)
2. Deaths, death rates, and age-adjusted death rates for 113 selected causes, injury by firearms, drug-induced deaths, alcohol-induced deaths, and injury at work: United States, final 2004 and preliminary 2005  [\[PDF – 926 KB\]](#)
3. Deaths, death rates, and age-adjusted death rates: United States and each state and territory, final 2004 and preliminary 2005  [\[PDF – 926 KB\]](#)
4. Infant deaths and infant mortality rates by age, race, and Hispanic origin: United States, final 2004 and preliminary 2005  [\[PDF – 926 KB\]](#)
5. Infant deaths and infant mortality rates for 130 selected causes: United States, final 2004 and preliminary 2005  [\[PDF – 926 KB\]](#)
6. Expectation of life by age, race, and sex: United States, final 2004 and preliminary 2005  [\[PDF – 926 KB\]](#)
7. Deaths and death rates for the 10 leading causes of death in specified age groups: United States, preliminary 2005  [\[PDF – 926 KB\]](#)
8. Infant deaths and infant mortality rates for the 10 leading causes of infant death, by race and Hispanic origin: United States, preliminary 2005  [\[PDF – 926 KB\]](#)
9. Total count of records and percent completeness of preliminary files of infant deaths and deaths 1 year and over: United States and each state and territory, preliminary 2005  [\[PDF – 926 KB\]](#)
10. Ratios of preliminary to final reported numbers of deaths from 113 selected causes: United States, 2002–2004  [\[PDF – 926 KB\]](#)
11. Ratios of preliminary to final reported numbers of infant deaths from 130 selected causes of infant death: United States, 2002–2004  [\[PDF – 926 KB\]](#)

## References

1. National Center for Health Statistics. [Technical Appendix. Vital statistics of the United States, 1999, mortality](#). Hyattsville, MD: National Center for Health Statistics. 1999.
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## Figures



## Suggested citation

Kung HC, Hoyert DL, Xu J, Murphy SL. Deaths: Preliminary data for 2005. Health E-Stats. Sept 2007.

## Acknowledgments

This report was prepared in the Division of Vital Statistics (DVS) under the general direction of Charles S. Rothwell, Director of DVS, and Robert N. Anderson, Chief of the Mortality Statistics Branch (MSB). Elizabeth Arias of MSB provided content related to life expectancy. David W. Justice of the Data Acquisition and Evaluation Branch (DAEB) contributed to the "Technical Notes." David P. Johnson, Jaleh Mousavi, Jordan Sacks, and Manju Sharma of the Systems, Programming, and Statistical Resources Branch (SPSRB) provided computer programming support and produced statistical tables under the direction of Nicholas F. Pace, Chief of SPSRB. Thomas D. Dunn of SPSRB managed population data. Steven J. Steimel and David P. Johnson of SPSRB prepared the mortality file. Staff of MSB provided content and table review. Registration Methods staff and staff of DAEB provided consultation to state vital statistics offices regarding collection of the death certificate data on which this report is based. This report was edited by Demarius V. Miller and Megan M. Cox, CDC/CCHIS/NCHM/Division of Creative Services, Writer-Editor Services Branch. Graphics were produced by Kyung M. Park, CDC/CCHIS/NCHM/Division of Creative Services, NOVA contractor, and assembled for Internet release by Christine J. Brown, Office of Information Services, Information Design and Publishing Staff.

Page last reviewed: November 6, 2015