



National Death Index

About NCHS

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS uses a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective on the population's health, influences on health, and health outcomes.

National Death Index

The National Death Index (NDI), a self-supporting service of NCHS, is a component of the National Vital Statistics System. NDI is a centralized database of death record information compiled from state vital statistics offices. NCHS, in collaboration with state offices, established NDI as a resource for epidemiological follow-up studies and other types of health and medical research that require determination of the mortality status of study subjects. These mortality data are provided by the states, under contracts with NCHS that specify how these data may be used, for what purposes, and at what costs. Currently, NDI contains about 95 million records from 1979 through 2016 from 50 states, the District of Columbia, New York City, Puerto Rico, and U.S. Virgin Islands. As of 2017, Guam, American Samoa, and the Northern Marianas are also included.

Who uses NDI?

NDI clients represent all sectors of health and medical research, spanning federal and state agencies, private sector entities, and academia. The service is not accessible to anyone for legal, administrative, or genealogical purposes.

The NDI process

NCHS receives more than 100 applications to use NDI each year. The average time to complete the application review process and receive approval is 2 to 3 months.

- The researcher submits an application to NDI to ensure that: the death information is being used solely for statistical purposes in medical and health research, data confidentiality is adequately secured, approval by an Institutional Review Board (IRB) is current, and an acceptable explanation of the final disposition of data is specified.
- The NDI Advisors review the application to ensure it meets the minimum criteria for data use as specified in the state contracts, in addition to meeting other requirements related to confidentiality; IRB approval; and data retention, storage, and access. The Advisors review board consists

of two groups of eight members each from state vital statistics offices, the National Institutes of Health, Centers for Medicare & Medicaid Services, Veterans Administration, Centers for Disease Control and Prevention, and nonfederal researchers, which have the authority to approve applicant proposals to use NDI data.

- If the application is approved, the researcher searches the NDI file to determine which NDI death records qualify as possible matches with a particular user record. The matching criteria are intended to maximize the number of true matches that can be found.
 - A true match is identified through one of two mechanisms: 1) a high score through the computerized scoring algorithm, or 2) a match with the greatest number of variables matching perfectly, including a minimum number of specific variables such as: Social Security Number; month, day, and year of birth; first and last name; middle initial; and, if the subject is female, the father's surname. In addition to these data items, NDI results return an indication of agreement for up to five additional data items: age at death, race, marital status, state of residence, and state of birth.
 - NDI records involved in matches based on any of the matching criteria should only be considered possible matches. The researcher must determine which

matches are true matches, false matches, and questionable matches requiring further investigation.

- The success of the NDI matching process is determined by the effectiveness of the seven matching criteria, the quality and completeness of the data on the researcher's study subjects, the quality and completeness of the state death certificate data provided to the NDI file, and the ability of the researcher to assess the quality of the resulting matches.
- For all matches, NDI provides the names of the states in which the deaths occurred, the dates of death, and the corresponding death certificate numbers. Investigators can make arrangements with appropriate state offices to obtain copies of death certificates or specific statistical information, such as additional details about cause of death. Such efforts are independent of NDI.
- Cause-of-death codes may also be obtained using the NDI Plus service. NDI Plus was established in 1997 following negotiations with the states that permit NCHS to release underlying cause-of-death codes and multiple cause-of-death codes, at an additional cost to the researcher. These are provided for "true matches," not all matches.

How long does it take for deaths to be included in NDI?

Death records are added to the NDI file annually, approximately 11 months after the end of the calendar year. Historically, before a particular calendar year of deaths can be made available for NDI routine searches, NCHS must receive, process, and edit death records from all vital statistics offices. This delays the creation of the final NDI file for a particular year. To facilitate faster access, NCHS established the NDI Early Release Program in 2014. Through the NDI Early Release Program, death records for a particular calendar year will be available for searches when at least 90% of the year's death records have been received and processed. The Early Release Program facilitates the work of health researchers to determine the vital status, and also causes of death, of their study participants more quickly. Currently, NDI Early Release 2017 is available.

How are NDI data used?

Since 1979, there have been more than 1,000 uses of NDI in health research publications. NDI has been used to determine the mortality status of participants for studies, including:

- Survival time among people with health conditions (e.g., cancer and heart disease)
- Mortality risk among certain occupations (e.g., radiologists, pesticide applicators, and auto workers)
- Effectiveness of surgeries (e.g., gastric bypass and bone marrow transplants)
- Impact of dietary factors (e.g., sodium, vitamins, coffee, and antioxidants) on risks of death
- Intersection of health care and mortality, such as the costs associated with end-of-life intensive care
- Mortality risks among vulnerable populations such as children and adolescents with developmental disabilities, people released from prison, and psychiatric patients

LOCAL FILE NO.		U.S. STANDARD CERTIFICATE OF DEATH		STATE FILE NO.	
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)			2. SEX		3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr)		
6. BIRTHPLACE (City and State or Foreign Country)			7a. RESIDENCE-STATE		
7b. COUNTY			7c. CITY OR TOWN		
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
14. PLACE OF DEATH (Check only one: see instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):			15. FACILITY NAME (if not institution, give street and number)		
16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH			
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER OF Licensee			
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)			25. TIME PRONOUNCED DEAD		
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Enter the date of events—disease, injury, or complication—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
33. CAUSE OF DEATH (See instructions and examples)					
34. IMMEDIATE CAUSE (Final disease or condition resulting in death)					
35. INTERMEDIATE CAUSE (Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST)					
36. PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I					
37. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
39. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		40. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown (if pregnant within the past year)		41. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
42. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		43. TIME OF INJURY		44. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
45. LOCATION OF INJURY: State		46. CITY OR TOWN		47. ZIP CODE	
48. DESCRIBE HOW INJURY OCCURRED:		49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician (To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & certifying physician (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER		48. LICENSE NUMBER		49. DATE CERTIFIED (Mo/Day/Yr)	
50. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr)					
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credits, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MDiv, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LL.M., JD)		52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "1st" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify):		53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Name of the enrollee or principal tribe: <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other (Specify):	
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)					
55. KIND OF BUSINESS/INDUSTRY					