

Generated by SuperMICAR or Other System

Position	Variable	Item#	Name	Format	Code Structure Description
1 - 4	Date of Death--Year	29	DOD_YR	4	Year of Death (numeric)
5 - 6	State of Death	16	ST_OCC	\$2	Alpha - see FIPS table 5-2; NCHS Part 8 Instruction Manual
7 - 12	Certificate Number		CERT_#	6	left 0 filled; 000001-999999
13	Coder status		CS	1	Numeric, Valid codes: 0 - 9
14 - 17	Lot		LOT	4	NCHS ID Information. Numeric, 0001 - 9999. (States commonly use "book number")
18	Section number		SECT	1	NCHS ID Information. Numeric, 0 - 9
19 - 21	Shipment number		SHIP	\$3	NCHS ID Information. Alpha\Numeric. Usually month of death or month of receipt
	Receipt Date Inserted at NCHS				
22 - 23	NCHS receipt date --Month		REC_MO	2	01-12
24 - 25	NCHS receipt date --Day		REC_DY	2	01-31
26 - 29	NCHS receipt date --Year		REC_YR	4	>=year of death
30 - 33	PGM version control - SuperMICAR		VER_SM	4	Computer Generated. Version number of SuperMICAR
34 - 35	Date of Death--Month	29	DOD_MO	2	01-12, 99
36 - 37	Date of Death--Day	29	DOD_DY	2	01-31 (based on month), 99
38	Sex	2	SEX	\$1	M Male
					F Female
					U Unknown
39	Age: units	4	AGETYPE	1	1 Years
					2 Months
					3 Weeks
					4 Days
					5 Hours
					6 Minutes
					9 Unknown
40 - 42	Age: number of units	4	AGE	3	001 - 135, 999
43	Incomplete data flag		INC_DATA	1	1 COMPUTER GENERATED: Information entered is incomplete. Reject record for manual review
					Blank
44 - 343	Conditions and durations	32	COD	\$300	Free format field, see MICAR Instruction Manual 2g. Information provided through use of Entity-Reference Numbers (ERN)
344	Did Tobacco Use Contribute to Death?	35	TOBAC	\$1	Y Yes

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Position	Variable	Item#	Name	Format		Code Structure Description
					N	No
					P	Probably
					U	Unknown
						Blank
					C	Not on certificate
345	Pregnancy	36	PREG	\$1	1	Not pregnant within past year
					2	Pregnant at the time of death
					3	Not pregnant, but pregnant within 42 days of death
					4	Not pregnant, but pregnant 43 days to 1 year before death
					9	Unknown if pregnant within last year
						Blank
					8	Not Applicable: Computer generated
					7	Not on certificate
346	If Female--Edit Flag: From EDR only		PREG_BYPASS	1	0	Edit Passed
					1	Edit Failed, Data Queried, and Verified
					2	Edit Failed, Data Queried, but not Verified
347	Manner of Death	37	MANNER	\$1	N	Natural
					A	Accident
					S	Suicide
					H	Homicide
					P	Pending Investigation
					C	Could not be determined
						Blank
348 - 349	Date of Injury--Month	38	DOI_MO	\$2		01-12, 99, Blank
350 - 351	Date of Injury--Day	38	DOI_DY	\$2		01-31, 99, Blank
352 - 355	Date of Injury--Year	38	DOI_YR	\$4		4-digit year, 9999, blank
356 - 359	Time of Injury	39	TOI_HR	\$4		0000-2359, 9999, blank
360	Injury at Work?	41	WORKINJ	\$1	Y	Yes
					N	No
					U	Unknown: Computer generated
					X	Not Applicable: Computer generated
						Blank

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361 - 420	Describe How Injury Occurred	43	HOWIO	\$60		Free format field, see MICAR Instruction Manual 2g. Information provided through use of Entity-Reference Numbers (ERN)
421	Was an Autopsy Performed?	33	AUTOP	\$1	Y	Yes
					N	No
					U	Unknown
						Blank
422	Were Autopsy Findings Available to Complete the Cause of Death?	34	AUTOPF	\$1	Y	Yes
					N	No
					U	Unknown
						Blank
					X	Not Applicable: Computer generated
423 - 452	Certifier	45	CERTL	\$30	D	Certifying Physician
					P	Pronouncing and Certifying Physician
					M	Medical Examiner/Coroner
						Enter Full Text for Other Individual Legally Allowed to Certify
	Date of Surgery: Applicable to States with a surgery block, blank otherwise.					
453 - 454	Date of surgery -- month		SUR_MO	\$2		01-12, 99, Blank
455 - 456	Date of surgery -- day		SUR_DY	\$2		01-31, 99, blank
457 - 460	Date of surgery -- year		SUR_YR	\$4		4-digit year, 9999, blank
461	Activity at Time of death		INACT	\$1	0	While engaged in sports activity
	<b>Computer generated</b> if file generated by SuperMICAR Codes assigned by system other than SuperMICAR				1	While engaged in leisure activities
					2	While working for income
					3	While engaged in other types of work
					4	While resting, sleeping, eating, or engaging in other vital activities
					8	While engaged in other specified activities
					9	During unspecified activity
						blank
462	Place of Injury		INJPL	\$1	A	Home
	<b>Computer generated</b> if file generated by SuperMICAR				B	Farm

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Position	Variable	Item#	Name	Format	Code Structure Description
	Codes assigned by system other than SuperMICAR				C Residential Institution
					D Military Residence
					E Hospital
					F School, Other Institutions, Administrative Area
					G Industrial and Construction
					H Garage/Warehouse
					I Trade and Service Area
					J Mine/Quarry
					K Street/Highway
					L Public Recreation Area
					M Institutional Recreation Area
					N Sports and Recreation Area
					O Other building
					P Other specified Place
					Q Unspecified Place
				Blank	
463 - 474	Auxiliary State file number		AUXNO	12	000000000001-999999999999; blank
475 - 504	State Specific Data		STATESP	\$30	Optional. Any information entered through SuperMICAR for state use only.