

## Mortality in the United States: Provisional Data, 2025

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### Abstract

**Objective**—This report presents provisional 2025 data on U.S. mortality. Death rates are presented by age, sex, and race and Hispanic origin. Data on leading causes of death are also presented.

**Methods**—Data are based on 99.9% of all 2025 death records received and processed by the National Center for Health Statistics as of May 10, 2026. Comparisons are made with final 2024 data.

**Results**—In 2025, 3,094,593 deaths occurred in the United States. The age-adjusted death rate per 100,000 population was 811.1 for males and 582.9 for females. The overall rate, 689.2 per 100,000 population, was 4.6% lower than in 2024. The rate decreased for all age groups. Overall, age-adjusted death rates in 2025 were lowest for the multiracial non-Hispanic population (187.3 per 100,000 population) and highest for the Black non-Hispanic population (869.0). The leading causes of death were heart disease, cancer, and unintentional injuries.

**Keywords:** death rates • cause of death • National Vital Statistics System (NVSS)

### Introduction

The National Center for Health Statistics' (NCHS) National Vital Statistics System (NVSS) collects and reports annual mortality statistics using U.S. death certificate data. Because of

the time needed to investigate certain causes of death and to process and review death data, final annual mortality statistics for a given year are typically released 11 months after the end of the calendar year. Provisional data, which are based on preliminary death certificate data sent to NCHS, provide an early estimate of deaths before the release of final data. NVSS routinely releases provisional mortality data for all causes of death, including deaths from COVID-19, drug overdose, and maternal mortality (1–4). This report presents an overview of provisional U.S. mortality data for 2025, including a comparison with death rates for 2024 (5). Provisional death estimates provide an early indication of shifts in mortality trends and can inform public health policies and interventions aimed at reducing mortality.

### Methods

This report analyzes provisional NVSS death certificate data for deaths occurring among U.S. residents in the United States during January–December 2025 as of May 10, 2026. Data in this analysis include more than 99% of deaths occurring in 2025. NCHS tabulated the number and rates of overall deaths (deaths from all causes) by age, sex, and race and ethnicity (categorized as Hispanic, White non-Hispanic [subsequently, White], Black non-Hispanic [subsequently, Black], Asian non-Hispanic [subsequently, Asian], American Indian and Alaska Native non-Hispanic [subsequently, American Indian

and Alaska Native], Native Hawaiian or Other Pacific Islander non-Hispanic [subsequently, Native Hawaiian or Other Pacific Islander], more than one race non-Hispanic [subsequently, multiracial], and unknown). NCHS coded the causes of death according to the *International Classification of Diseases, 10th Revision*, which details disease classification and the designation of underlying cause of death (6). Leading causes of death were ranked by counts based on underlying cause of death (7). Data in this report exclude deaths among residents of U.S. territories and foreign countries. Age was unknown for 40 decedents (less than 0.01%), and race and ethnicity were unknown for 12,728 decedents (0.4%).

Age-adjusted rates were calculated for deaths overall and by sex and race and ethnicity. Crude death rates were calculated by age. The population data used to calculate 2025 death rates are July 1, 2025, estimates based on the enumerated population from the 2020 census through the Modified Age and Race Census (MARC) file produced by the U.S. Census Bureau (8,9). Unless otherwise specified, comparisons made in the text among rates are statistically significant ( $p$  values less than 0.05 using a  $z$  test). R software (version 4.4.0, R Foundation) was used to conduct all analyses.

### Results

In 2025, 3,094,593 deaths occurred in the United States (Table). The age-adjusted rate was 689.2 deaths per

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100,000 population, a decrease of 4.6% from 722.1 in 2024. In 2025, death rates per 100,000 were lowest for children ages 5–14 years (14.0) and highest for people age 85 and older (12,787.5), similar to patterns in 2024 (Table). Death rates decreased from 2024 to 2025 for all age groups and for both males and females. In 2025, age-adjusted death rates were higher for males (811.1) than females (582.9).

Age-adjusted death rates decreased from 2024 to 2025 across several race and ethnicity groups (Table). The rate did not significantly change for Asian people and increased for American Indian and Alaska Native people (from 786.1 to 803.8) and Native Hawaiian or Other Pacific Islander people (from 682.7 to 746.0). Age-adjusted death rates were

lowest for multiracial people (187.3) and highest for Black people (869.0).

The three leading causes of death were heart disease (694,708 deaths), cancer (622,832), and unintentional injuries (184,265) (Figure). Suicide, which was the 10th leading cause of death in 2024 (48,824), was the 11th leading cause in 2025 (48,789). Influenza and pneumonia, the 11th leading cause in 2024 (48,139), was the 8th leading cause of death in 2025 (56,511).

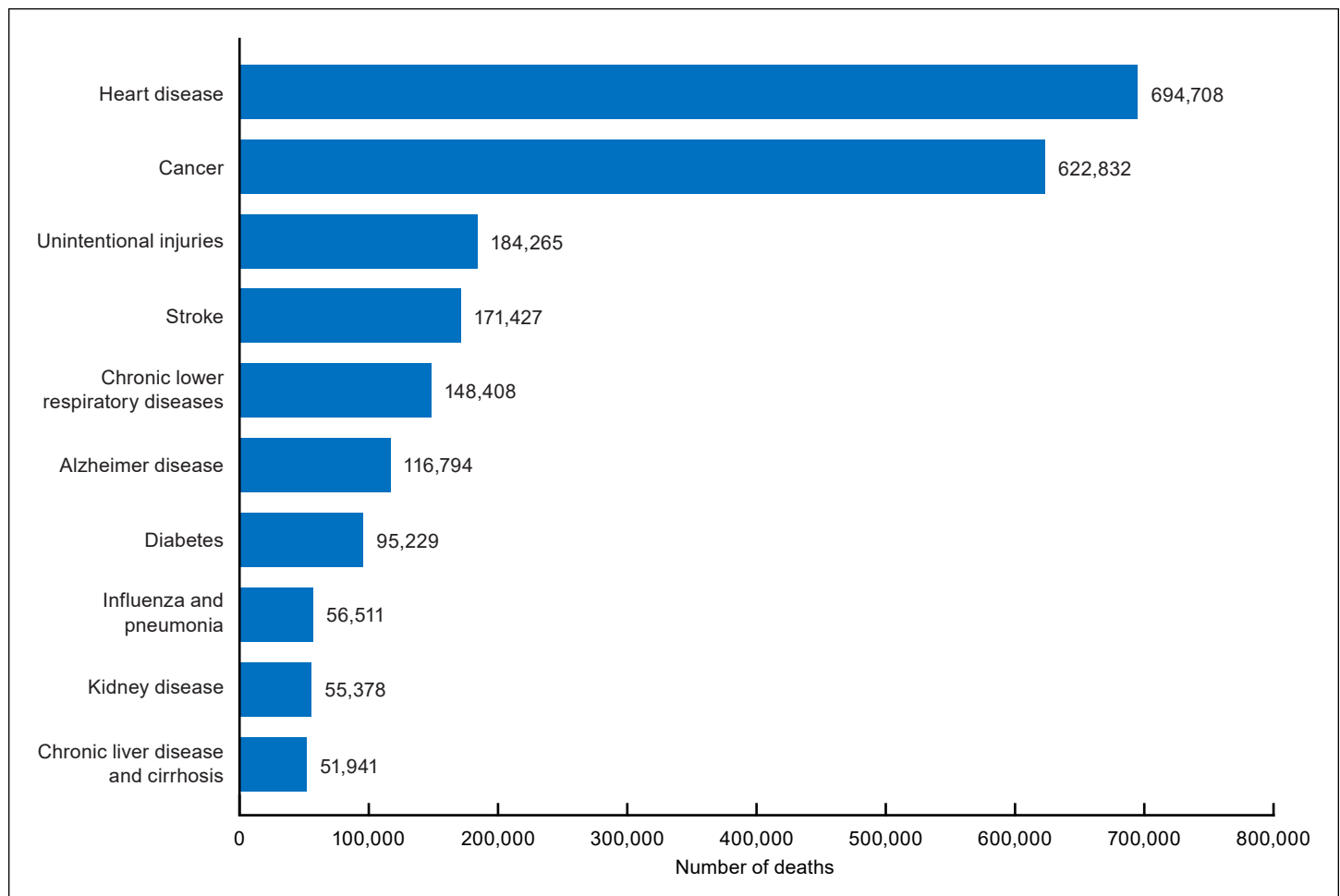
## Discussion

The estimated 2025 age-adjusted death rate, 689.2 per 100,000 U.S. standard population, was 4.6% lower than in 2024 (722.1) and was the lowest death rate

recorded in the United States (5,10,11). Death rates were highest for males, older adults, and Black people. The leading causes of death in 2025 were heart disease, cancer, and unintentional injuries. The number of deaths from heart disease increased in 2025 (694,708) compared with 2024 (683,491), and deaths from cancer in 2025 (622,832) increased from 2024 (619,876).

The death rate decreased from 2024 to 2025 for all demographic groups except American Indian and Alaska Native, Native Hawaiian or Other Pacific Islander, and Asian people. Although the death rate decreased for people age 85 and older during this period, rates for this group remained higher than those for all other age groups. Death rates also decreased for several race and ethnicity

Figure. Leading underlying causes of death: United States, 2025



NOTES: Deaths that occurred in the United States among residents of U.S. territories and foreign countries were excluded. Estimates for 2025 are based on provisional data as of May 10, 2026 (provisional mortality data are available from: <https://wonder.cdc.gov>). Provisional data are incomplete, and data from December are less complete because of reporting lags. SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

groups; however, rates for Black people remain higher than those for all other groups.

The findings in this report are subject to at least four limitations. First, the data are provisional, and numbers and rates may change as additional information is received, including updates or changes to population denominators. For instance, previously published provisional death counts for 2024 were slightly lower than the final counts (5,12). Certain causes of death (such as unintentional injury deaths) are known to be reported with a more substantial lag, so the final death count will likely be higher than currently reported (13). The described differences in rates and mortality trends may consequently be underestimates. Second, timeliness of death certificate submission can vary by jurisdiction. As a result, the national distribution of deaths may be influenced by the distribution of deaths reported from jurisdictions that report later, which may differ from the overall distribution in the United States. For example, late reporting from a jurisdiction with a large number of deaths in a particular demographic group could potentially increase the total number and rate of deaths for the United States. Third, potential exists for the misclassification of certain race categories (that is, American Indian and Alaska Native and Asian) and Hispanic ethnicity as reported on death certificates (14). As a result, death rates for some groups may be underestimated or overestimated. Lastly, the methodology for creating population estimates varied between vintage 2024 and vintage 2025. Estimates from vintage 2024 were created based on a blended base population consisting of the 2020 census data, 2020 Demographic Analysis estimates, and population estimates from vintage 2020. Estimates from vintage 2025 are based on the enumerated population from 2020 census data and the MARC file, which adjusted for several elements of the 2020 census that were not adjusted for in earlier vintages (9,15). Changes in population denominators may disproportionately affect race groups with small

populations, including American Indian and Alaska Native, Native Hawaiian or Other Pacific Islander, and more than one race. As a result, preliminary comparisons shown in this report, particularly among these groups, should be interpreted with caution and may change with final mortality or population estimates, or both.

Despite these limitations, this report provides an overview of provisional mortality in the United States during 2025. Provisional death estimates can give researchers and policymakers an early signal about shifts in mortality trends and provide actionable information sooner than final mortality data. These data can inform public health policies and interventions aimed at reducing mortality.

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### Detailed Table

Provisional number and age-adjusted rate of total deaths, by selected characteristics: United States, 2024 and 2025 .....	5
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**Table. Provisional number and age-adjusted rate of total deaths, by selected characteristics: United States, 2024 and 2025**

Characteristic	Number of deaths (rate*)	
	2024	2025
Total	3,072,666 (722.1)	3,094,593 (689.2)
Age group (years)		
Younger than 1	20,050 (554.5)	19,270 (532.5)
1–4	3,843 (25.6)	3,525 (23.7)
5–14	5,940 (14.5)	5,658 (14.0)
15–24	29,953 (66.9)	27,750 (61.6)
25–34	57,827 (124.5)	51,738 (111.1)
35–44	97,430 (213.9)	92,643 (204.4)
45–54	157,770 (386.9)	152,789 (380.7)
55–64	358,196 (859.8)	347,568 (843.8)
65–74	628,416 (1,772.9)	639,457 (1,743.0)
75–84	822,944 (4,264.0)	853,780 (4,087.4)
85 and older	890,240 (13,834.0)	900,375 (12,787.5)
Unknown	57 (---)	40 (---)
Sex		
Female	1,473,226 (613.6)	1,486,896 (582.9)
Male	1,599,440 (845.0)	1,607,697 (811.1)
Race and ethnicity		
Hispanic	260,799 (531.8)	264,768 (500.7)
Non-Hispanic:		
American Indian and Alaska Native†	20,924 (786.1)	20,918 (803.8)
Asian§	87,728 (369.0)	90,681 (366.6)
Black	380,945 (884.4)	382,579 (869.0)
More than one race†	16,782 (333.9)	17,082 (187.3)
Native Hawaiian or Other Pacific Islander†	4,431 (682.7)	4,625 (746.0)
White	2,290,348 (753.3)	2,301,212 (724.2)
Unknown	10,709 (---)	12,728 (---)

--- Data not available.

\* Deaths per 100,000 standard population. Age-adjusted death rates are provided overall and by sex and race and ethnicity.

† Changes in rates for this group may be disproportionately impacted by the differences in population estimates used between years.

§ No significant changes in rates from 2024 to 2025 were seen for Asian non-Hispanic people.

NOTES: Deaths that occurred in the United States among residents of U.S. territories and foreign countries were excluded.

Estimates for 2024 are based on final data (available from: [https://www.cdc.gov/nchs/nvss/mortality\\_public\\_use\\_data.htm](https://www.cdc.gov/nchs/nvss/mortality_public_use_data.htm)).

Estimates for 2025 are based on provisional data as of May 10, 2026 (provisional mortality data are available from: <https://wonder.cdc.gov>).

Provisional data are incomplete, and data from December are less complete because of reporting lags.

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

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