Data on suicides are a subset of mortality—that is, death—data. Under federal law, every death in the United States must be reported and recorded on death certificates, which are the ultimate source of all mortality data in the vital statistics system. The vital statistics system also includes data on births, marriages, divorces, and fetal deaths.

The Flow of Mortality Data

Mortality data flows from death certificates that originate in the community in which a death takes place to the National Vital Statistics System, which aggregates and analyzes this information for the entire country. Death certificates can originate with physicians, forensic pathologists, medical examiners, coroners, and, in some states, nurse practitioners and law enforcement officers. Medical examiners or coroners complete or append the cause-of-death section on certificates of people who die of a sudden, violent, or “non-natural” death. It is the responsibility of the funeral director to notify the medical examiner or coroner of these deaths if an attending physician or law enforcement officer has not already done so.

Demographic information on death certificates is usually provided by the funeral director, who is responsible for filing the certificate with the local city or county health department or registrar of vital statistics. These data are forwarded to the state registry of vital statistics, where they are coded and sent to the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC). CDC then enters the data into the National Vital Statistics System.

The Quality of Mortality Data

The quality of the data recorded on death certificates varies. This is especially true of data on suicides. The quality of mortality data is generally more reliable in jurisdictions that use medical examiners rather than coroners to complete death certificates. Medical examiners are required to be physicians and are appointed to their positions. Coroners are elected officials and are not required to have any medical or forensic qualifications.

Suicides can be miscoded on death certificates. It is often difficult to ascertain intent, especially in cases of drug overdoses or single car collisions. Physicians, funeral directors, or local officials may be sensitive to the social disapproval of suicides and want to spare families of this added burden.

Funeral directors are responsible for completing the demographic information on death certificates, including name, birth date, sex, marital status, military service (if applicable), and ethnicity. This information is often obtained from a family member, who may provide inaccurate information or be misunderstood by the funeral director. It is common for funeral directors to judge the ethnicity of the deceased based upon his or her appearance or name.

In the past, mortality data were kept on paper at the local level, although many localities are moving toward electronic record keeping. The CDC is encouraging state vital statistics systems to adapt uniform data elements and reporting requirements in order to improve the consistency and quality of the data that enters the National Vital Statistics System.
Flow of Mortality Data in the Vital Statistics System

The timeliness of national estimates of suicide deaths can be problematic because the certification process is complex. At the state level, the investigative and reporting processes may involve multiple parties. Then, data from the states has to be aggregated at the national level in order to obtain national numbers that are complete and accurate. Consequently, there is a two-year delay in determining the national suicide rate. This delay makes it difficult to make timely adjustments to suicide prevention programs or to re-direct prevention resources. Data from states and some counties and cities are available somewhat earlier but may be harder to access than data through national databases.

Where to Find Mortality Data

Local sources: Aggregate mortality data is usually not available from the local coroner, medical examiner, or vital statistics offices unless permission has been received to use this data for research purposes. However, this can vary from county to county. Some counties have coroners or medical examiners on their suicide prevention coalitions and can receive real-time data.

State sources: State offices of vital statistics often publish annual reports. Some states operate menu-driven, Web-based query systems from which vital statistics data may be obtained. Many will provide data files or respond to special data requests. See the National Center for Health Statistics webpage at http://www.cdc.gov/nchs/w2w.htm.

National sources: Several online menu-driven database systems provide access to mortality data from the National Vital Statistics System. These include:
- WONDER: http://wonder.cdc.gov/