



# 2015

## Vital Statistics

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131st Report  
Relating to the  
Registry and  
Return of  
Births, Deaths,  
Marriages,  
Divorces, and  
Dissolutions

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Department of Health  
Agency of Human Services



# Vermont Vital Statistics Annual Report

## 2015

State of Vermont  
Phil Scott, Governor

Agency of Human Services  
Al Gobeille, Secretary

Department of Health  
Mark Levine, MD, Commissioner



**November 2017**

Printed on recycled paper.

We gratefully acknowledge the contributions of the medical records staff, physicians and midwives, funeral directors, lawyers and court clerks for their help in collecting and providing us with this data.

We also recognize the 251 town and city clerks, who are our local registrars. Without them, these analyses of Vermont's vital statistics would not be possible.

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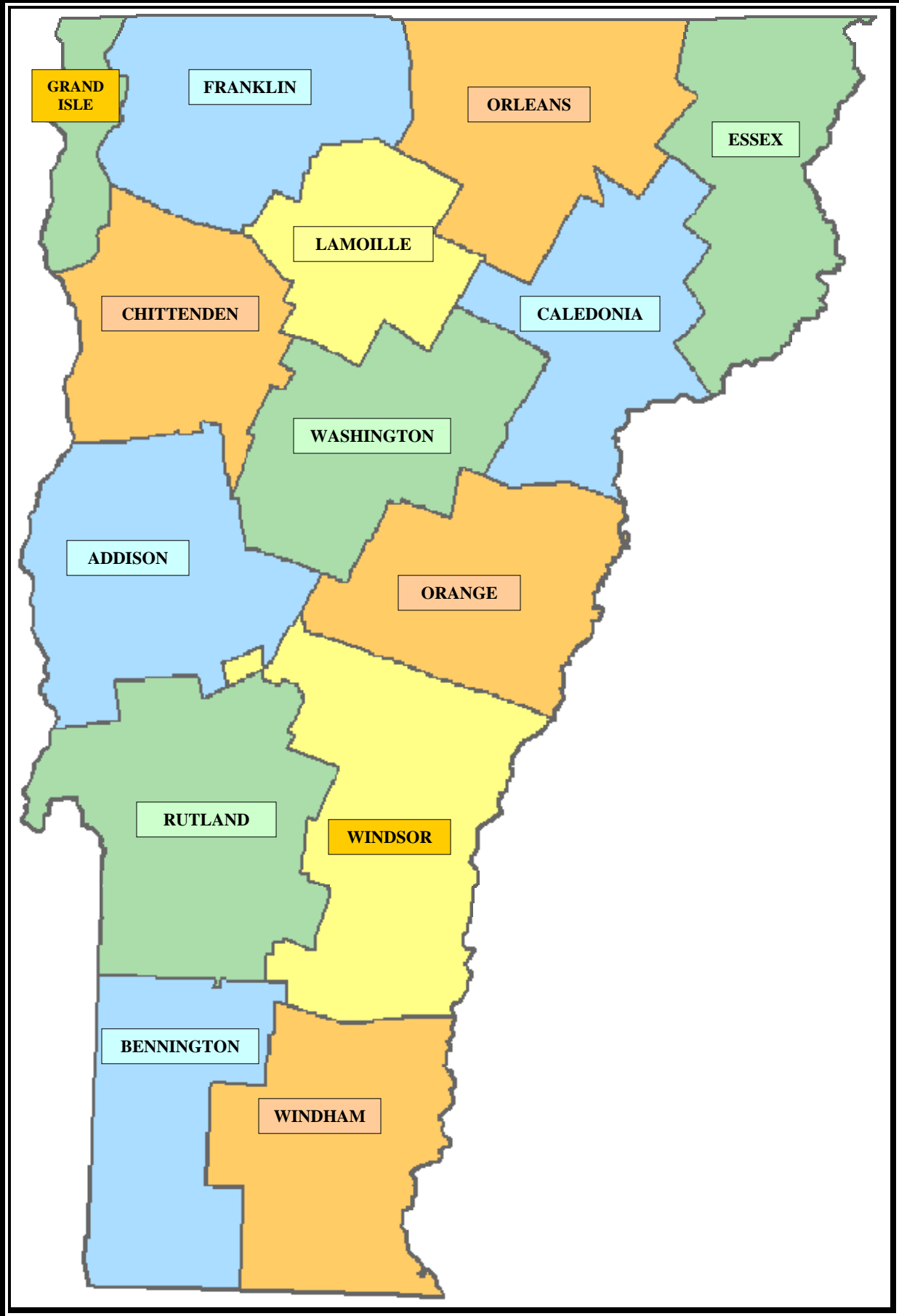
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# Introduction

Figure 1 – Vermont County Map



# THE VERMONT VITAL STATISTICS SYSTEM

Statewide vital registration began in Vermont in 1857, when the General Assembly passed a bill requiring that towns report to the Secretary of State all births, marriages, and deaths occurring in their jurisdiction. Prior to that time, some towns kept such records in order to resolve questions concerning the distribution and inheritance of property. Vital records, particularly death records, gradually became recognized as an important tool in studying the location and spread of epidemics. In 1896, the Legislature transferred responsibility for the vital statistics system to the newly formed Board of Health, the forerunner of the Vermont Department of Health. The Department of Health has retained this responsibility to the present day.

The Vermont vital statistics system monitors the following vital events: births, deaths, marriages, divorces and dissolutions, fetal deaths, and abortions. Each type of vital record follows a different path before being used to produce the statistics published here.

**Births:** When a birth occurs, the physician, midwife, or other birth attendant is required to complete a birth certificate and file it with the town clerk in the town of birth within 10 days. For hospital births, it is usually the medical records staff that enters the birth information into the Electronic Birth Registration System (EBRS) and prints the birth certificate. The birth certificate is recorded and filed in the town where the birth took place, and a certified copy is sent to the Department of Health.

**Deaths:** Although a physician is responsible for completing the death certificate, the job may be, and often is, delegated to the funeral director. Most of the information needed to complete the death certificate is obtained from the family of the deceased; however, the physician must complete and certify the cause of death information. Once a death record is completed in the Electronic Death Registration System (EDRS), it is registered and the death certificate is available to the town clerks for filing.

**Marriages:** When a couple wishes to marry in Vermont, they provide a town clerk with the information needed to complete the license. The couple takes the license to an officiant, who signs and dates it, and returns it to the town clerk. The town clerk records and files the certificate, and sends a certified copy to the Department of Health.

**Divorces and dissolutions:** A divorce certificate or certificate dissolving a civil union is initiated by a lawyer or other individual handling the divorce or dissolution. The certificate is filed with the court as part of the divorce or dissolution proceedings. The court keeps the certificate until the decree becomes final, usually three months after the court hearing. When the decree is final, the court clerk signs the certificate and sends it to the Department of Health for filing.

**Fetal deaths and abortions:** Reports of fetal death and induced termination of pregnancy (abortion) are sent directly to the Department of Health by the physician, hospital, or clinic that performs the procedure. By law, these reports are for statistical purposes only, are not public records, and are destroyed after five years.

The Department of Health also receives abstracts for Vermont resident births and deaths that occur in other states and in Canada. This allows the Department to do statistical analyses of vital events involving Vermont residents, including events which occurred outside of the state. All vital records received are data entered and stored electronically, and data from births and deaths which occur in Vermont is transmitted to the National Center for Health Statistics to become part of a national database.

## EXPLANATORY NOTES

1. The tables in this bulletin were derived from records of vital events filed at the Vermont Department of Health for calendar year 2015.
2. Rates are based on the 2015 population estimates produced by the United States Census Bureau.
3. Caution must be used in comparing rates due to the small population in Vermont and the small number of events recorded.
4. In past reports rate comparisons were made to the U.S. white population rather than entire U.S. population because less than five percent of the Vermont population was non-white. However, starting with the 2011 report, comparisons are made to the total U.S. population.
5. If you have questions about the information found in this bulletin, you may contact a statistician at the Vermont Department of Health, 802-863-7300.
6. If you have questions about the population figures found in this bulletin, you may call the Vermont Department of Health to request a copy of The Population and Housing Estimates, which also provides information about age groups other than those presented in this publication.
7. The following is a list of Vermont's counties and the county abbreviations that are used in this bulletin.

Addison	ADD	Lamoille	LAM
Bennington	BEN	Orange	ORG
Caledonia	CAL	Orleans	ORL
Chittenden	CHI	Rutland	RUT
Essex	ESX	Washington	WAS
Franklin	FRA	Windham	WHM
Grand Isle	GI	Windsor	WSR

## DEFINITIONS, RATES, AND RATIOS

**ABORTION:** The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant or other than to remove a dead fetus, and which does not result in a live birth.

**ABORTION RATE:** Number of resident abortions occurring in Vermont x 1000, divided by the total resident women ages 15 to 44.

**ABORTION RATIO:** Number of resident abortions occurring in Vermont x 1000, divided by the total resident live births.

**AGE ADJUSTMENT:** Age adjusting allows one to compare rates among populations having different age distributions by adjusting the crude rates in each population to a standard population base. In this bulletin, county rates are adjusted using the state population distribution as the standard.

The computation formula is: The sum of (age-specific rate for each age group x standard population in that age group) multiplied by 1000, and then divided by the total standard population.

**AGE-SPECIFIC DEATH RATE:** Number of resident deaths in a specific age group x 1000, divided by the total resident population in a specific age group (using population estimates as of July 1).

**AGE-SPECIFIC FERTILITY RATE:** Number of resident live births to mothers in a specific age group x 1000, divided by the total resident female population in a specific age group (using population estimates as of July 1).

**AGE-SPECIFIC PREGNANCY RATE:** Number of resident pregnancies to women in a specific age group x 1000, divided by the total resident female population in a specific age group (using population estimates as of July 1).

**ANNULMENT:** The invalidation or voiding of a marriage, or civil union, which confers on the parties the status of never having been married to each other.

**CIVIL UNION:** A civil union is a legal relationship that provides for same-sex couples in Vermont all the benefits, protections, and responsibilities under law as are granted to spouses in a marriage.

**CIVIL UNION RATE:** Total number of civil unions x 1000, divided by the total resident population (using population estimates as of July 1).

**CRUDE BIRTH RATE:** Number of resident live births x 1000, divided by the total resident population (using population estimates as of July 1).

**CRUDE DEATH RATE:** Number of resident deaths x 1000, divided by the total resident population (using population estimates as of July 1).

**CUMULATIVE ROW PERCENT:** The total number of cases in the current column plus each previous column in each row, expressed as a percentage of all cases in that row.

**DEATH:** The permanent disappearance of any evidence of life at any time after live birth.

**DIVORCE:** The final legal dissolution of a marriage.

**DIVORCE RATE:** The sum of the number of divorces and annulments x 1000; divided by the total resident population, (using population estimates as of July 1).

**DISSOLUTION:** The final legal dissolution of a civil union.

**FERTILITY RATE:** Number of resident live births to women ages 15 to 44 x 1000, divided by the total resident female population ages 15 to 44 (using population estimates as of July 1).

**FETAL DEATH:** A reportable fetal death is a death prior to the complete expulsion or extraction from the mother of a product of conception, which has passed through at least the 20th week of gestation or weighs more than 400 grams; the death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

**FETAL DEATH RATE:** Number of resident fetal deaths x 1000, divided by the total resident live births and resident fetal deaths.

**FETAL DEATH RATIO:** Number of resident fetal deaths divided by total resident live births.

**INFANT DEATH:** Death occurring in the first year of life.

**INFANT DEATH RATE:** Number of resident infant deaths x 1000, divided by the total resident live births.

**LIVE BIRTH:** The complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

**LOW BIRTH WEIGHT:** A baby weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.

**LOW BIRTH WEIGHT PERCENT:** The number of live births weighing less than 2,500 grams divided by the total number of live births.

**MARRIAGE:** The legal union of persons of opposite sex.

**MARRIAGE RATE:** Number of marriages x 1000, divided by the total resident population (using population estimates as of July 1).



**NATURAL INCREASE:** Occurs when the number of births is greater than the number of deaths.

**NEONATAL DEATH:** Death of a live-born infant before the infant becomes 28 days old (up to and including 27 days, 23 hours, 59 minutes from the moment of birth).

**NEONATAL DEATH RATE:** Number of resident neonatal deaths x 1000, divided by the total resident live births.

**OCCURRENCE:** The place where the event actually occurred.

**PERINATAL DEATH:** A fetal death or a death occurring before the infant becomes seven days old (up to and including six days, 23 hours, 59 minutes from the moment of birth).

**PERINATAL DEATH RATE:** Number of resident perinatal deaths x 1000, divided by the total resident live births and resident fetal deaths.

**PLURALITY:** The number of siblings born as a result of this pregnancy.

**PREGNANCY RATE:** Number of resident pregnancies in women ages 15 to 44 x 1000, divided by the total resident female population ages 15 to 44.

**RESIDENCE:** The usual place of residence for the person to whom the event occurred. For births and fetal deaths, residence is defined as the mother's usual place of residence.

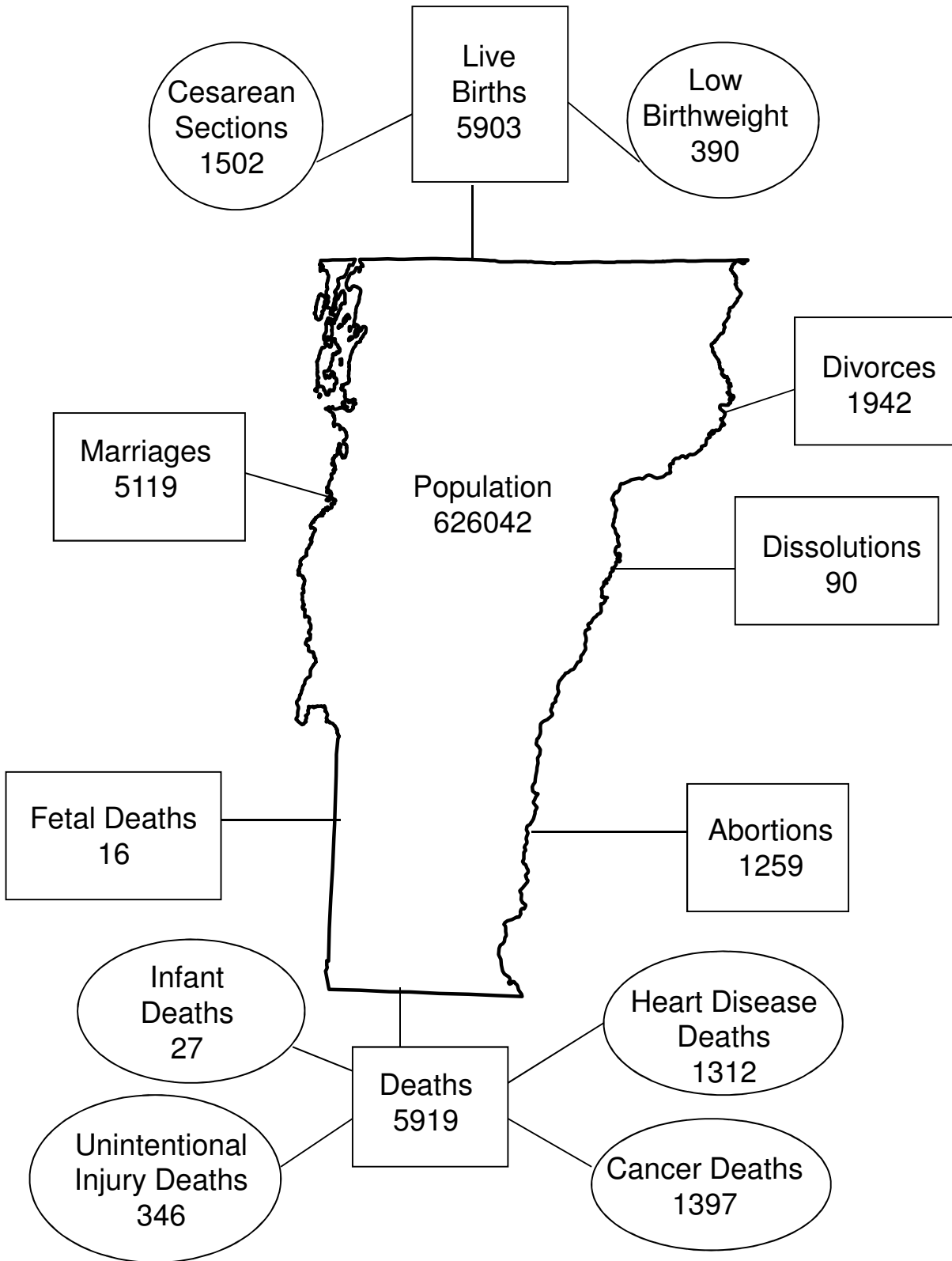
**ROW PERCENT:** The number of cases in each row expressed as a percentage of all cases in that row.

**WEEKS OF GESTATION:** The number of weeks elapsed between the first day of the last menstrual period and the date of delivery.



# Summary and Population

**Figure 2.**  
**Vermont Vital Events for 2015**



Marriages, divorces, dissolutions and abortions displayed above are occurrence data.  
All other events are resident data.

## SUMMARY STATISTICS

**Occurrence** statistics include all events recorded in Vermont, including those involving visitors living outside Vermont. **Resident** statistics are limited to the events involving people with legal residence in Vermont, including events occurring outside Vermont. In 2015, reports of births and deaths to Vermonters were received from 26 states.

### SUMMARY OF 2015 VITAL EVENTS

	<u>Occurrence Number</u>	<u>Resident Number</u>	<u>Resident Rate</u>
Births	5,720	5,903	9.4/1,000 population
Deaths	5,771	5,919	9.5 /1,000 population
Natural Increase	N/A	-16	(3)
Infant Deaths	16	27	4.6 /1,000 live births
Fetal Deaths	19	16 <sup>(1)</sup>	2.7 /1,000 live births and fetal deaths
Abortions	1,259	1,104 <sup>(1)</sup>	9.6 /1,000 population (women ages 15 to 44)
Marriages	5,119	N/A	8.2 /1,000 population <sup>(2)</sup>
Divorces	1,942	N/A	3.1 /1,000 population <sup>(2)</sup>
Dissolutions	90	N/A	(3)

2015 population: 626,042

- 
- (1) Does not include out-of-state occurrences
  - (2) Based on number of occurrences
  - (3) Rate less than 1 per 1,000



TABLE A-2

## 2015 VERMONT ESTIMATED POPULATION BY AGE &amp; SEX BY COUNTY

TOTAL												
COUNTY	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 +	TOTAL
ADDISON	324	1274	3641	6661	3539	3912	5324	5818	4038	1689	815	37035
BENNINGTON	327	1383	3933	4790	3381	3543	5242	5822	4368	2350	1178	36317
CALEDONIA	279	1178	3522	4163	3247	3520	4190	4952	3469	1543	717	30780
CHITTENDEN	1632	6344	16427	31428	22054	18502	21683	21263	12681	6092	3276	161382
ESSEX	49	216	602	622	507	652	927	1119	900	422	147	6163
FRANKLIN	565	2352	6166	5904	5922	6294	7482	7114	4257	1913	830	48799
GRAND ISLE	56	252	703	707	710	762	1061	1328	885	308	89	6861
LAMOILLE	251	1033	3089	3336	3019	3273	3609	3622	2385	1127	491	25235
ORANGE	275	1103	3093	3529	3045	3229	4264	5042	3316	1418	585	28899
ORLEANS	267	1054	3021	3112	2933	3088	3742	4262	3335	1527	759	27100
RUTLAND	522	2225	5978	7701	6329	6167	8818	9991	7102	3360	1543	59736
WASHINGTON	548	2342	6379	7599	6328	7146	8690	9167	6200	2856	1357	58612
WINDHAM	430	1599	4487	5239	4583	4581	6194	7596	5295	2317	1065	43386
WINDSOR	469	2059	5783	5828	6071	5961	8029	9649	6996	3370	1522	55737
TOTAL	5994	24414	66824	90619	71668	70630	89255	96745	65227	30292	14374	626042
MALE												
COUNTY	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 +	TOTAL
ADDISON	166	677	1941	3398	1820	1926	2644	2860	2025	796	298	18551
BENNINGTON	169	714	2113	2335	1667	1719	2494	2827	2082	1062	447	17629
CALEDONIA	142	555	1832	2227	1655	1740	2054	2417	1724	713	227	15286
CHITTENDEN	841	3385	8543	15507	11158	9136	10554	10401	5913	2475	1014	78927
ESSEX	25	110	311	319	252	334	461	577	458	205	60	3112
FRANKLIN	289	1226	3160	3067	2914	3104	3700	3524	2128	851	286	24249
GRAND ISLE	29	102	349	365	357	377	499	685	464	146	22	3395
LAMOILLE	130	475	1528	1719	1526	1660	1811	1765	1222	539	171	12546
ORANGE	140	558	1603	1885	1531	1563	2086	2519	1641	647	193	14366
ORLEANS	137	550	1521	1618	1558	1563	1913	2102	1664	701	278	13605
RUTLAND	269	1096	3088	3996	3163	3058	4344	4880	3472	1469	511	29346
WASHINGTON	279	1296	3203	4284	3094	3507	4215	4412	3006	1261	435	28992
WINDHAM	220	845	2350	2750	2262	2195	2923	3720	2552	1083	374	21274
WINDSOR	240	1072	2908	2999	3020	2991	3869	4671	3404	1544	530	27248
TOTAL	3076	12661	34450	46469	35977	34873	43567	47360	31755	13492	4846	308526
FEMALE												
COUNTY	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 +	TOTAL
ADDISON	158	597	1700	3263	1719	1986	2680	2958	2013	893	517	18484
BENNINGTON	158	669	1820	2455	1714	1824	2748	2995	2286	1288	731	18688
CALEDONIA	137	623	1690	1936	1592	1780	2136	2535	1745	830	490	15494
CHITTENDEN	791	2959	7884	15921	10896	9366	11129	10862	6768	3617	2262	82455
ESSEX	24	106	291	303	255	318	466	542	442	217	87	3051
FRANKLIN	276	1126	3006	2837	3008	3190	3782	3590	2129	1062	544	24550
GRAND ISLE	27	150	354	342	353	385	562	643	421	162	67	3466
LAMOILLE	121	558	1561	1617	1493	1613	1798	1857	1163	588	320	12689
ORANGE	135	545	1490	1644	1514	1666	2178	2523	1675	771	392	14533
ORLEANS	130	504	1500	1494	1375	1525	1829	2160	1671	826	481	13495
RUTLAND	253	1129	2890	3705	3166	3109	4474	5111	3630	1891	1032	30390
WASHINGTON	269	1046	3176	3315	3234	3639	4475	4755	3194	1595	922	29620
WINDHAM	210	754	2137	2489	2321	2386	3271	3876	2743	1234	691	22112
WINDSOR	229	987	2875	2829	3051	2970	4160	4978	3592	1826	992	28489
TOTAL	2918	11753	32374	44150	35691	35757	45688	49385	33472	16800	9528	317516

2015 VERMONT VITAL STATISTICS  
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

	2015 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES	NUMBER OF DIVORCES TO RESIDENT	
		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	OCCURRING IN TOWN	PARTY A	PARTY B
STATE TOTALS	626042	5903	5720	5919	5770	5119	1864	1666
TOWN UNKNOWN	0	0	0	0	0	0	3	12
ADDISON COUNTY	37035	301	379	318	276	312	119	99
ADDISON	1361	14	0	11	6	13	6	5
BRIDPORT	1215	12	0	11	4	20	3	4
BRISTOL	3945	31	0	28	14	17	24	16
CORNWALL	1193	9	1	4	1	7	2	2
FERRISBURGH	2764	22	0	29	21	41	6	7
GOSHEN	164	2	0	0	0	12	0	0
GRANVILLE	302	1	0	0	0	1	0	2
HANCOCK	326	5	0	3	0	0	0	0
LEICESTER	1114	8	1	11	2	3	1	2
LINCOLN	1268	5	0	12	10	14	8	3
MIDDLEBURY	8557	57	374	91	166	55	24	17
MONKTON	2071	12	0	8	4	6	4	5
NEW HAVEN	1738	20	0	20	6	19	9	4
ORWELL	1247	12	0	8	6	9	3	4
PANTON	682	7	0	5	4	3	2	2
RIPTON	593	9	0	5	1	6	4	2
SALISBURY	1131	8	0	12	7	9	7	9
SHOREHAM	1268	16	1	8	4	9	3	6
STARKSBORO	1776	15	1	11	5	13	4	1
VERGENNES	2631	28	1	29	13	44	6	6
WALTHAM	441	1	0	3	1	2	0	0
WEYBRIDGE	828	5	0	5	1	5	2	0
WHITING	420	2	0	4	0	4	1	2
BENNINGTON COUNTY	36317	365	485	447	467	366	146	108
ARLINGTON	2270	34	1	26	6	43	8	6
BENNINGTON	15345	180	480	252	376	128	85	57
DORSET	1987	14	0	15	7	38	8	10
GLASTENBURY	8	0	0	0	0	0	0	0
LANDGROVE	159	2	0	2	1	2	0	0
MANCHESTER	4323	32	1	44	31	87	12	11
PERU	364	4	0	3	0	5	0	1
POWNAI	3460	39	1	38	21	5	14	9
READSBORO	742	6	0	8	2	6	1	1
RUPERT	700	1	0	3	1	14	2	0
SANDGATE	396	1	0	6	1	2	1	2
SEARSBURG	107	0	0	2	2	0	0	1
SHAFTSBURY	3519	35	1	31	9	18	6	6
STAMFORD	819	5	0	5	3	7	2	0
SUNDERLAND	952	7	1	6	2	8	5	2
WINHALL	756	1	0	4	3	2	2	1
WOODFORD	410	4	0	2	2	1	0	1



2015 VERMONT VITAL STATISTICS  
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

	2015 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES	NUMBER OF DIVORCES TO RESIDENT	
		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	OCCURRING IN TOWN	PARTY A	PARTY B
<b>CALEDONIA COUNTY</b>	<b>30780</b>	<b>258</b>	<b>221</b>	<b>329</b>	<b>301</b>	<b>220</b>	<b>78</b>	<b>75</b>
BARNET	1674	13	0	14	5	6	2	3
BURKE	1722	17	0	16	8	20	3	1
DANVILLE	2203	15	0	23	7	20	4	1
GROTON	1005	9	0	11	7	14	1	1
HARDWICK	2937	32	3	28	13	27	9	5
KIRBY	497	0	0	3	1	2	1	2
LYNDON	5907	39	0	70	59	41	20	21
NEWARK	576	3	2	3	2	2	0	0
PEACHAM	740	3	0	3	0	9	0	1
RYEGATE	1136	12	1	17	8	2	1	4
SHEFFIELD	692	6	0	7	4	3	2	2
ST. JOHNSBURY	7442	75	212	104	164	51	30	29
STANNARD	224	1	0	0	1	1	0	0
SUTTON	1023	13	1	6	1	5	1	2
WALDEN	925	5	1	9	6	5	1	1
WATERFORD	1278	7	0	11	12	11	1	1
WHEELLOCK	799	8	1	4	3	1	2	1
<b>CHITTENDEN COUNTY</b>	<b>161382</b>	<b>1561</b>	<b>2259</b>	<b>1136</b>	<b>1584</b>	<b>1019</b>	<b>423</b>	<b>367</b>
BOLTON	1189	13	0	5	3	28	3	1
BUEL'S GORE	30	0	0	0	0	1	0	0
BURLINGTON	42452	369	2235	312	990	317	83	63
CHARLOTTE	3861	24	4	16	6	82	11	12
COLCHESTER	17383	196	1	107	75	62	44	38
ESSEX	20946	207	3	124	56	102	69	58
HINESBURG	4489	52	1	37	8	20	10	8
HUNTINGTON	1991	21	0	5	3	37	8	7
JERICO	5082	47	1	25	12	20	12	6
MILTON	10827	111	1	66	17	38	36	34
RICHMOND	4126	51	3	18	11	37	10	5
SHELBURNE	7759	69	1	96	77	75	14	18
SOUTH BURLINGTON	18791	197	3	158	59	77	66	66
ST. GEORGE	710	5	0	5	0	2	2	2
UNDERHILL	3064	26	0	9	4	28	6	4
WESTFORD	2080	21	0	8	2	5	4	7
WILLISTON	9409	61	1	84	227	51	25	25
WINOOSKI	7193	91	5	61	34	37	20	13

2015 VERMONT VITAL STATISTICS  
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	2015 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES	NUMBER OF DIVORCES TO RESIDENT	
		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	OCCURRING IN TOWN	PARTY A	PARTY B
ESSEX COUNTY	6163	59	2	68	28	31	15	10
AVERILL	24	0	0	0	0	3	0	0
BLOOMFIELD	217	0	0	2	1	2	2	0
BRIGHTON	1186	13	1	19	8	5	2	0
BRUNSWICK	117	1	0	1	0	0	0	0
CANAAN	936	7	0	9	3	4	1	2
CONCORD	1214	13	1	15	6	6	4	3
EAST HAVEN	288	5	0	1	0	3	1	2
FERDINAND	31	0	0	0	0	0	0	0
GRANBY	85	0	0	0	0	1	0	0
GUILDHALL	256	0	0	2	1	1	0	0
LEMINGTON	101	1	0	0	0	0	0	0
LUNENBURG	1281	17	0	13	6	4	5	3
MAIDSTONE	203	1	0	0	0	2	0	0
NORTON	160	1	0	6	3	0	0	0
VICTORY	60	0	0	0	0	0	0	0
WARREN'S GORE	4	0	0	0	0	0	0	0
FRANKLIN COUNTY	48799	571	425	451	356	284	120	132
BAKERSFIELD	1347	14	0	9	3	6	2	4
BERKSHIRE	1708	16	0	18	5	10	1	2
ENOSBURGH	2743	34	1	34	15	17	15	11
FAIRFAX	4578	61	3	29	8	18	9	13
FAIRFIELD	1913	28	1	13	8	17	3	5
FLETCHER	1317	9	0	6	1	7	1	1
FRANKLIN	1421	16	0	17	8	12	5	2
GEORGIA	4711	50	0	33	13	14	8	10
HIGHGATE	3629	42	0	26	10	22	7	7
MONTGOMERY	1195	10	0	7	3	23	1	3
RICHFORD	2305	29	1	25	10	14	4	2
SHELDON	2226	31	1	13	3	14	5	7
ST. ALBANS CITY	6818	87	417	71	121	37	15	18
ST. ALBANS TOWN	6401	62	1	81	118	32	16	22
SWANTON	6487	82	0	69	30	41	28	25

2015 VERMONT VITAL STATISTICS  
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	2015 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES OCCURRING IN TOWN	NUMBER OF DIVORCES TO RESIDENT	
		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN		PARTY A	PARTY B
GRAND ISLE COUNTY	6861	62	2	66	25	82	19	21
ALBURGH	1972	22	0	29	12	8	3	5
GRAND ISLE	2041	13	1	18	7	33	7	6
ISLE LA MOTTE	464	8	0	4	1	10	1	3
NORTH HERO	793	5	1	5	3	16	5	6
SOUTH HERO	1591	14	0	10	2	15	3	1
LAMOILLE COUNTY	25235	257	221	203	166	337	104	104
BELVIDERE	356	3	0	4	1	6	3	2
CAMBRIDGE	3769	46	0	24	8	42	20	22
EDEN	1353	15	0	11	7	7	3	2
ELMORE	881	10	1	4	2	19	1	1
HYDE PARK	3068	24	0	37	19	28	11	10
JOHNSON	3526	42	2	22	11	17	10	9
MORRISTOWN	5415	48	214	50	90	25	23	25
STOWE	4448	44	2	35	19	183	22	18
WATERVILLE	691	5	0	4	3	2	3	5
WOLCOTT	1728	20	2	12	6	8	8	10
ORANGE COUNTY	28899	245	176	272	199	223	89	86
BRADFORD	2766	31	0	31	21	17	15	13
BRAINTREE	1228	10	0	13	4	7	2	7
BROOKFIELD	1288	6	0	6	2	20	3	3
CHELSEA	1242	12	0	9	6	5	4	2
CORINTH	1368	18	0	13	8	6	4	6
FAIRLEE	997	8	0	7	5	30	6	4
NEWBURY	2200	14	0	22	15	11	4	6
ORANGE	1071	6	1	10	7	11	2	2
RANDOLPH	4786	42	175	52	75	23	12	10
STRAFFORD	1106	4	0	7	5	3	5	4
THETFORD	2601	18	0	16	6	23	9	6
TOPSHAM	1171	7	0	16	7	9	2	4
TUNBRIDGE	1285	15	0	12	8	17	7	6
VERSHIRE	722	9	0	7	5	7	3	3
WASHINGTON	1035	8	0	8	5	14	3	3
WEST FAIRLEE	655	6	0	4	3	2	1	1
WILLIAMSTOWN	3378	31	0	39	17	18	7	6

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		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	OCCURRING IN TOWN	PARTY A	PARTY B
<b>ORLEANS COUNTY</b>	27100	281	233	345	326	274	85	75
ALBANY	912	14	1	6	5	6	1	2
BARTON	2674	33	0	50	35	8	8	6
BROWNINGTON	961	12	2	9	5	9	1	0
CHARLESTON	997	12	0	9	3	5	6	4
COVENTRY	1049	3	0	3	4	4	1	2
CRAFTSBURY	1168	12	3	12	5	14	3	2
DERBY	4464	44	1	75	45	39	13	12
GLOVER	1089	16	1	15	13	8	5	6
GREENSBORO	742	6	0	8	13	6	2	0
HOLLAND	610	5	0	8	2	2	1	1
IRASBURG	1127	18	0	12	3	9	4	3
JAY	560	4	0	4	1	66	0	1
LOWELL	852	4	0	7	7	2	2	3
MORGAN	739	9	0	5	2	4	3	0
NEWPORT CITY	4442	54	225	82	160	38	20	11
NEWPORT TOWN	2248	15	0	17	9	13	9	12
TROY	1608	17	0	10	5	6	6	7
WESTFIELD	518	2	0	11	8	8	0	1
WESTMORE	340	1	0	2	1	27	0	2
<b>RUTLAND COUNTY</b>	59736	536	388	689	666	537	172	156
BENSON	1028	6	0	6	3	7	5	5
BRANDON	3828	47	0	58	28	31	15	7
CASTLETON	4595	27	0	47	24	21	13	12
CHITTENDEN	1231	8	0	6	5	130	5	6
CLARENDON	2489	24	0	26	11	7	9	9
DANBY	1286	14	1	16	6	5	0	2
FAIR HAVEN	2633	33	0	29	13	19	12	8
HUBBARDTON	690	2	0	8	6	5	1	0
IRA	427	1	0	5	2	1	2	0
KILLINGTON	790	8	0	6	8	56	3	3
MENDON	1033	5	0	7	3	18	2	0
MIDDLETOWN SPRINGS	731	7	0	4	2	4	1	1
MOUNT HOLLY	1221	13	0	8	3	5	2	2
MOUNT TABOR	256	3	0	3	1	0	0	0
PAWLET	1426	10	1	9	3	14	0	2
PITTSFIELD	543	3	0	6	2	23	2	2
PITTSFORD	2879	32	0	26	11	6	6	6
POULTNEY	3315	25	0	33	15	14	6	13
PROCTOR	1662	20	0	13	5	9	7	4
RUTLAND CITY	15824	160	386	230	440	77	58	51
RUTLAND TOWN	4017	21	0	61	40	15	5	5
SHREWSBURY	1024	9	0	9	6	10	3	2
SUDBURY	549	0	0	5	4	4	1	1
TINMOUTH	611	1	0	6	4	1	1	1
WALLINGFORD	2026	15	0	19	7	36	3	2
WELLS	1135	18	0	12	2	11	6	2
WEST HAVEN	258	1	0	2	0	0	0	0
WEST RUTLAND	2229	23	0	29	12	8	4	10

2015 VERMONT VITAL STATISTICS  
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		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	OCCURRING IN TOWN	PARTY A	PARTY B
WASHINGTON COUNTY	58612	559	380	533	482	478	201	170
BARRE CITY	8746	129	2	106	67	45	46	37
BARRE TOWN	7815	59	1	76	32	48	24	17
BERLIN	2815	14	353	45	220	14	7	11
CABOT	1428	14	4	8	6	11	5	5
CALAIS	1596	10	1	15	8	10	4	4
DUXBURY	1333	12	1	14	8	15	4	3
EAST MONTPELIER	2602	20	1	17	5	13	3	2
FAYSTON	1339	3	0	7	2	9	2	2
MARSHFIELD	1535	17	1	9	5	15	5	4
MIDDLESEX	1753	15	4	6	5	4	4	5
MONTPELIER	7592	82	3	79	34	56	33	21
MORETOWN	1660	15	2	14	9	15	6	6
NORTHFIELD	6072	46	0	54	38	26	6	12
PLAINFIELD	1254	13	1	10	6	8	2	3
ROXBURY	680	9	1	3	1	6	2	3
WAITSFIELD	1718	12	0	15	7	81	9	7
WARREN	1692	10	1	9	6	52	4	4
WATERBURY	5112	64	2	31	16	38	24	19
WOODBURY	889	6	2	8	5	5	7	3
WORCESTER	981	9	0	7	2	7	4	2
WINDHAM COUNTY	43386	400	378	453	339	414	127	100
ATHENS	434	1	0	1	1	4	3	1
BRATTLEBORO	11679	129	366	135	144	86	45	34
BROOKLINE	520	8	3	5	3	1	3	2
DOVER	1100	8	0	9	8	36	7	5
DUMMERSTON	1818	8	0	11	7	21	4	4
GRAFTON	663	2	0	4	2	25	3	1
GUILFORD	2070	29	1	16	10	13	5	4
HALIFAX	716	7	1	5	3	10	0	1
JAMAICA	1011	6	0	9	3	5	4	5
LONDONDERRY	1742	15	0	20	7	19	7	4
MARLBORO	1062	8	1	5	3	11	1	2
NEWFANE	1668	15	0	22	12	22	7	1
PUTNEY	2669	23	2	19	11	16	5	2
ROCKINGHAM	5118	51	2	69	29	40	9	7
SOMERSET	3	0	0	0	0	3	0	0
STRATTON	210	2	0	2	2	28	0	0
TOWNSHEND	1205	11	0	20	32	7	0	3
VERNON	2163	18	0	36	34	14	6	7
WARDSBORO	877	7	0	1	0	1	1	1
WESTMINSTER	3077	15	1	36	19	17	6	7
WHITINGHAM	1335	16	1	13	6	9	3	1
WILMINGTON	1833	19	0	14	2	23	8	8
WINDHAM	413	2	0	1	1	3	0	0

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		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	OCCURRING IN TOWN	PARTY A	PARTY B
WINDSOR COUNTY	55737	448	171	609	555	542	163	151
ANDOVER	479	3	0	8	5	5	1	0
BALTIMORE	256	0	0	5	3	2	2	1
BARNARD	924	5	1	9	7	9	3	2
BETHEL	2002	18	0	18	3	16	5	2
BRIDGEWATER	925	5	0	9	7	5	3	4
CAVENDISH	1352	13	0	13	6	20	3	7
CHESTER	3082	21	0	34	12	37	5	8
HARTFORD	9779	103	1	107	144	91	38	27
HARTLAND	3358	18	0	28	9	24	9	10
LUDLOW	1929	10	0	37	29	36	7	8
NORWICH	3376	13	0	13	8	16	9	10
PLYMOUTH	614	5	0	9	5	23	2	2
POMFRET	888	2	0	5	3	11	1	3
READING	653	9	0	4	2	3	1	1
ROCHESTER	1113	4	0	14	9	12	3	1
ROYALTON	2748	23	0	13	2	17	7	5
SHARON	1486	9	0	13	5	9	4	3
SPRINGFIELD	9170	79	168	130	157	36	30	29
STOCKBRIDGE	729	4	0	8	5	8	3	3
WEATHERSFIELD	2774	21	0	25	12	23	9	8
WEST WINDSOR	1084	6	0	10	4	9	5	2
WESTON	570	5	0	6	1	14	0	0
WINDSOR	3464	45	0	56	92	24	7	10
WOODSTOCK	2982	27	1	35	25	92	6	5

# Births

**Figure 3**  
**VERMONT 2015 RESIDENT BIRTHS**  
**NAMES MOST FREQUENTLY GIVEN**

**FEMALES**

<b>1</b>	<b>EMMA</b>	<b>35</b>
<b>2</b>	<b>SOPHIA</b>	<b>34</b>
<b>3</b>	<b>AVA</b>	<b>32</b>
<b>4</b>	<b>HARPER</b>	<b>29</b>
<b>5</b>	<b>CHARLOTTE</b>	<b>26</b>
<b>6</b>	<b>OLIVIA</b>	<b>23</b>
<b>7</b>	<b>ELIZABETH</b>	<b>22</b>
<b>8</b>	<b>ISABELLA</b>	<b>21</b>
<b>9</b>	<b>ELEANOR</b>	<b>19</b>
<b>9</b>	<b>ELLA</b>	<b>19</b>
<b>9</b>	<b>GRACE</b>	<b>19</b>

*Spellings may vary.*

**MALES**

<b>1</b>	<b>JACKSON</b>	<b>70</b>
<b>2</b>	<b>LIAM</b>	<b>39</b>
<b>3</b>	<b>OLIVER</b>	<b>36</b>
<b>4</b>	<b>WYATT</b>	<b>31</b>
<b>4</b>	<b>ALEXANDER</b>	<b>31</b>
<b>6</b>	<b>MASON</b>	<b>30</b>
<b>6</b>	<b>CARTER</b>	<b>30</b>
<b>6</b>	<b>OWEN</b>	<b>30</b>
<b>9</b>	<b>HENRY</b>	<b>28</b>
<b>9</b>	<b>LOGAN</b>	<b>28</b>

*Spellings may vary.*



## BIRTHS

On July 1, 2005 Vermont implemented a revised birth certificate based on the 2003 revision of the U.S. Standard Certificate of Live Birth. Comparisons of Vermont rates to U.S. rates are made when possible, but for those items not comparable with the prior version of the birth certificate, comparisons will be made to rates for the 48 states and the District of Columbia, who also revised their birth certificates in 2015 or earlier. In those cases, references will be made to the “revised states”.

In 2015, 5,903 babies were born to Vermont residents. This represents a decrease of 228 births from 2014. The crude birth rate in 2015 is 9.4 per 1,000 Vermont residents, a decrease from the 2014 rate of 9.8. The U.S. birth rate for 2015 was 12.4. The Vermont birth rate peaked in 1955 at 24 per 1,000 residents; it then dropped for two decades, remained relatively stable from the late 1970's through the 1980's, slowly and steadily decreased through the 1990's, and has continued a slow decline through this decade.

### FERTILITY

Although the crude birth rate is based on the total population, a better measure of birth patterns is the fertility rate which is based on the population of women ages 15 through 44, the peak child-bearing years. The 2015 Vermont fertility rate was 51.1 per 1,000 women ages 15 through 44 (Table B-6, Figure 4), a decrease from the 2014 rate of 52.9. The U.S. fertility rate was 62.5 in 2015. The fertility rate in Vermont peaked in 1960 at 126, declined through the 1960's and 1970's, leveled off slightly in the 1980's, steadily declined through the early 90's, and has remained fairly stable since 1995. Age-specific fertility rates have generally declined among the younger age groups (<30), and increased among the older age groups, with the largest increase among 35-44 year olds.

FIGURE 4  
AGE-SPECIFIC FERTILITY RATES, SELECTED YEARS 1980-2015

AGES/ YEAR	1980	1990	2000	2010	2015
<b>TOTAL</b>	<b>63.3</b>	<b>60.6</b>	<b>49.7</b>	<b>52.5</b>	<b>51.1</b>
15 – 19	38.5	34.1	23.4	17.8	11.6
20 – 24	102.4	93.9	74.1	64.0	46.7
25 – 29	113.0	114.6	102.1	97.2	98.6
30 – 34	60.2	79.5	84.0	101.0	97.8
35 – 44	12.5	19.6	21.3	24.7	29.8

Just under half of all births (47.1 %) in 2015 were to women in their twenties (Table B-5), down slightly from 49.5 percent in 2010. Women age 30 and over accounted for 48.6 percent of births, up from 44.1 in 2010 and 43.9 percent in 2000. Women age 15 through 19 accounted for 4.2 percent of births, down from 6.4 in 2010 and 8.0 percent in 2000.

### BIRTH WEIGHT

The median birth weight for all resident births in 2015 was 3,390 grams (approximately 7 pounds 8 ounces). Low birth weight infants are those born weighing less than 2,500 grams (5 pounds 8 ounces). They are much more likely than heavier babies to suffer short and long-term disabilities, and to die in infancy. In 2015, 6.6

percent of Vermont resident births were low birth weight (Table B-12) and 0.9 percent were very low birth weight (less than 1,500 grams or 3 pounds 5 ounces). The U.S. low birth weight rate for 2015 was 8.1 percent.

Low birth weight rates varied less by age group in 2015 than in previous years (Table B-12): in Vermont, the low birth weight rate among women under age 20 was 6.1 percent, compared to 6.7 percent of births among women age 20-29, 6.6 percent of births among women age 30-39, and 5.5 percent of births to women age 40 and older.

Infant birth weight is also positively associated with maternal weight gain: mothers who do not gain adequate weight during pregnancy are more likely to deliver low birth weight infants. On the other hand, there are risks associated with gaining too much weight including delivery complications, maternal and infant obesity. Although the weight gained by 20.0 percent of Vermont mothers in 2015 fell below the range recommended by the Institute of Medicine, 48.6 percent gained above the recommended range (Table B-23). Please refer to Appendix B for further information on the guidelines.

The single most important preventable risk factor for low birth weight is smoking during pregnancy. The low birth weight rate among women who smoked cigarettes during their pregnancy was 12.1 percent compared to 5.4 percent among women who did not smoke during pregnancy (Table B-19). The rate of women who reported smoking during pregnancy in 2015 was 16.6 percent, down slightly from 16.7 percent in 2014. Among those who smoked before pregnancy or during the first trimester, 27.0 percent quit, up from the 2014 rate of 25.3.

## **PRENATAL CARE**

Early, comprehensive, and high quality prenatal care is essential for a healthy pregnancy and birth. Through prenatal care, pregnant women are screened for medical conditions and counseled on nutrition, behavioral risks (such as using tobacco and alcohol), and domestic violence.

In 2015, 83.8 percent of the babies were born to mothers who began prenatal care in the first three months of pregnancy (Table B-14), down from 84.4 percent in 2014. In general, the percentage of women receiving first trimester prenatal care has steadily increased since 1987.

The proportion of births in 2015 to Vermont mothers who delayed care to the third trimester or received no prenatal care was 2.5 percent, up from 2.3 in 2014. As in previous years, the age of the mother is closely associated with the time of entry to prenatal care with young women seeking care later than older women (Table B-15).

Based on the APNCU Index, in 2015, 87.9 percent of Vermont resident mothers received at least adequate prenatal care, (Table B-25). The percent of Vermont mothers who received inadequate care was 7.6. Mothers age 15 to 19 had the highest percent of inadequate care (12.0 percent) while mothers 30 and older had the highest percent of adequate plus intensive care (90.3 percent).

## **MEDICAL RISK FACTORS**

Of those births with medical risk factors reported for the mother, the most common were gestational hypertension, previous pre-term births, and gestational diabetes. The most commonly reported characteristics of labor and delivery were spinal anesthesia during labor, augmentation of labor, induction of labor and antibiotics received by mother during labor (Table B-21).

## **DELIVERIES**

Of babies born in Vermont hospitals in 2015, 26.5 percent were delivered by cesarean section (Table B-18) compared to 32.0 percent for U.S. women in 2015. The primary cesarean section rate was 18.3 percent in Vermont for 2015, lower than the 21.8 percent for mothers in the revised states in 2015. Of mothers delivering in Vermont hospitals in 2015 who had a previous delivery by cesarean section, 20.1 percent had vaginal births, compared to 11.9 percent for mothers in the revised states in 2015.

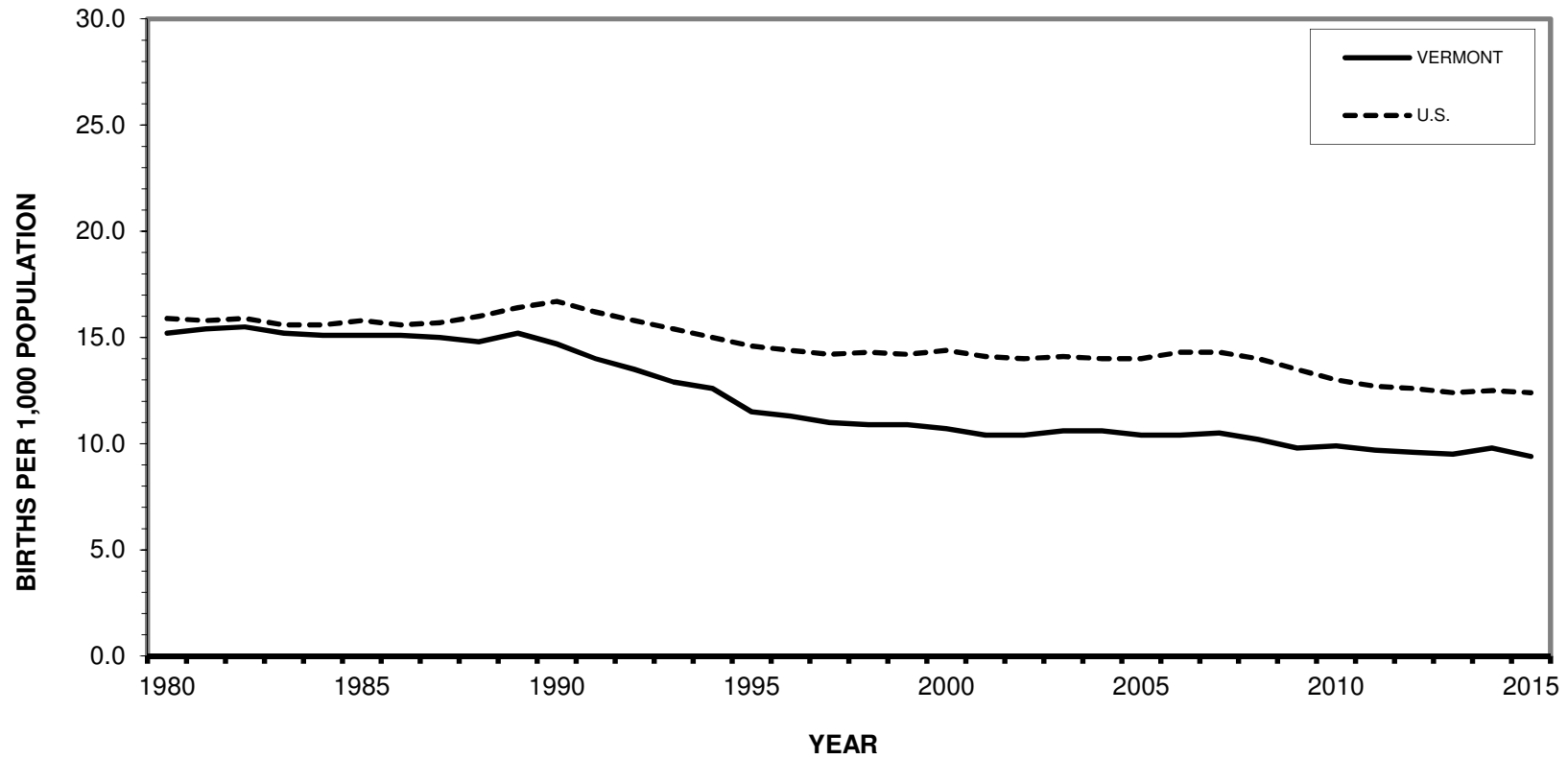
## **VERMONT RESIDENT PREGNANCIES**

The pregnancy rate is derived by adding live births, fetal deaths and abortions. The pregnancy rates presented in this report underestimate the actual number of pregnancies for two reasons. First, Vermont resident abortions and fetal deaths that occur out of state are not reported to us. Second, by statute, fetal deaths prior to 20 weeks gestation are not reportable. Since residents of some counties may be more likely to use out-of-state services, the extent of these underestimates may differ among counties.

In 2015, the pregnancy rate in Vermont was 60.5 pregnancies per 1,000 women ages 15 to 44 (Table B-31), a decrease from 62.7 in 2014. Overall, the pregnancy rate peaked at 127.6 in 1960 then dropped steadily through the next four decades to a low of 58.7 in 2001 before moving back above 60 in 2002. The pregnancy rate has been fairly stable for the past decade (Table A-1).

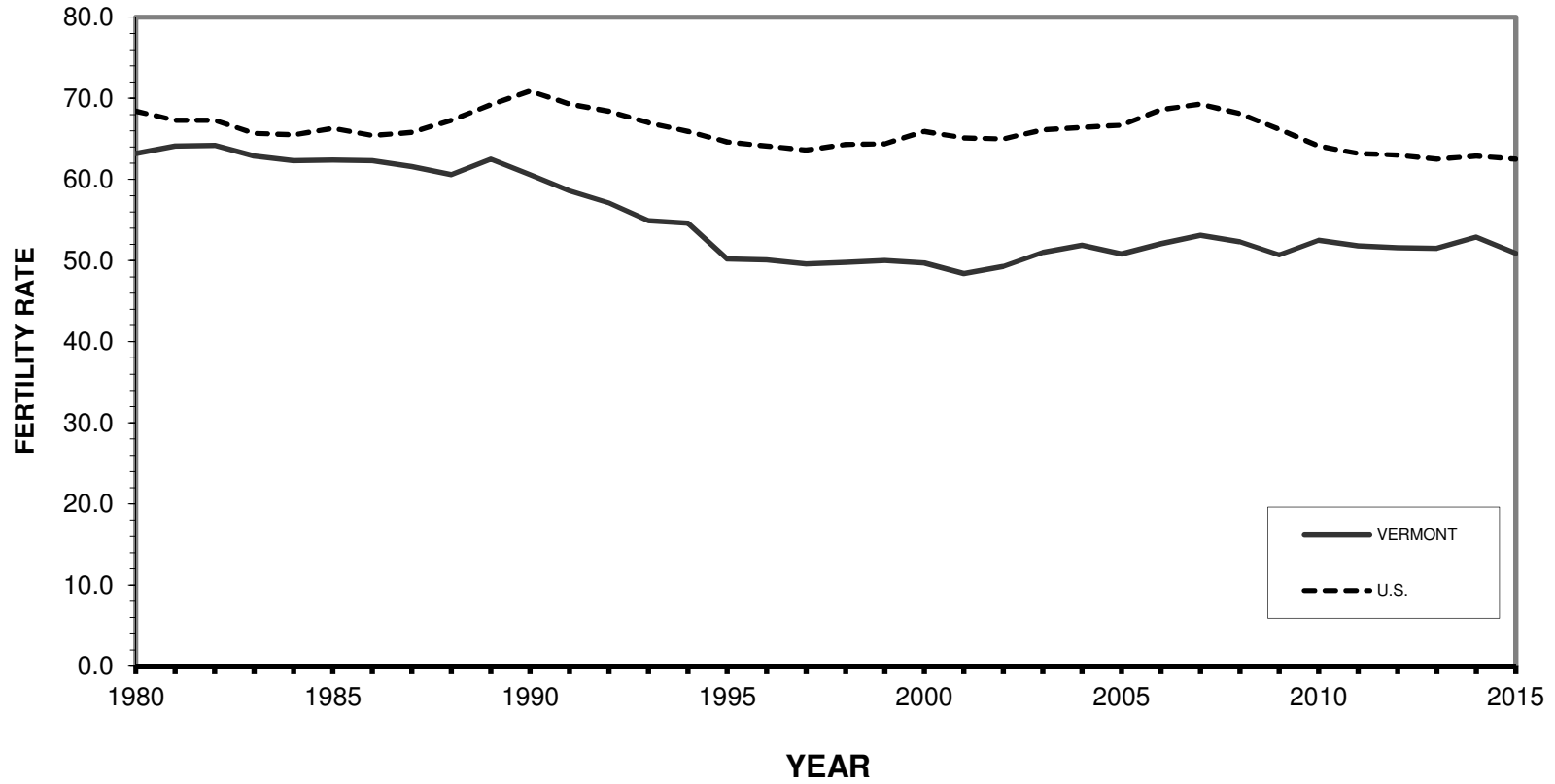
The 2015 teen pregnancy rate was 16.9 pregnancies per 1,000 women age 15 to 19 years (Table B-31), a decrease from 21.7 in 2014. In general, the teen pregnancy rate has been decreasing since 1991. In 2015, the highest pregnancy rate was seen in women 25 to 29 years of age at 116.6 followed by the 30 to 34 age group at 109.7. The lowest rate was for teens.

**Figure 5**  
**VERMONT AND U.S. BIRTH RATES**  
**1980-2015**



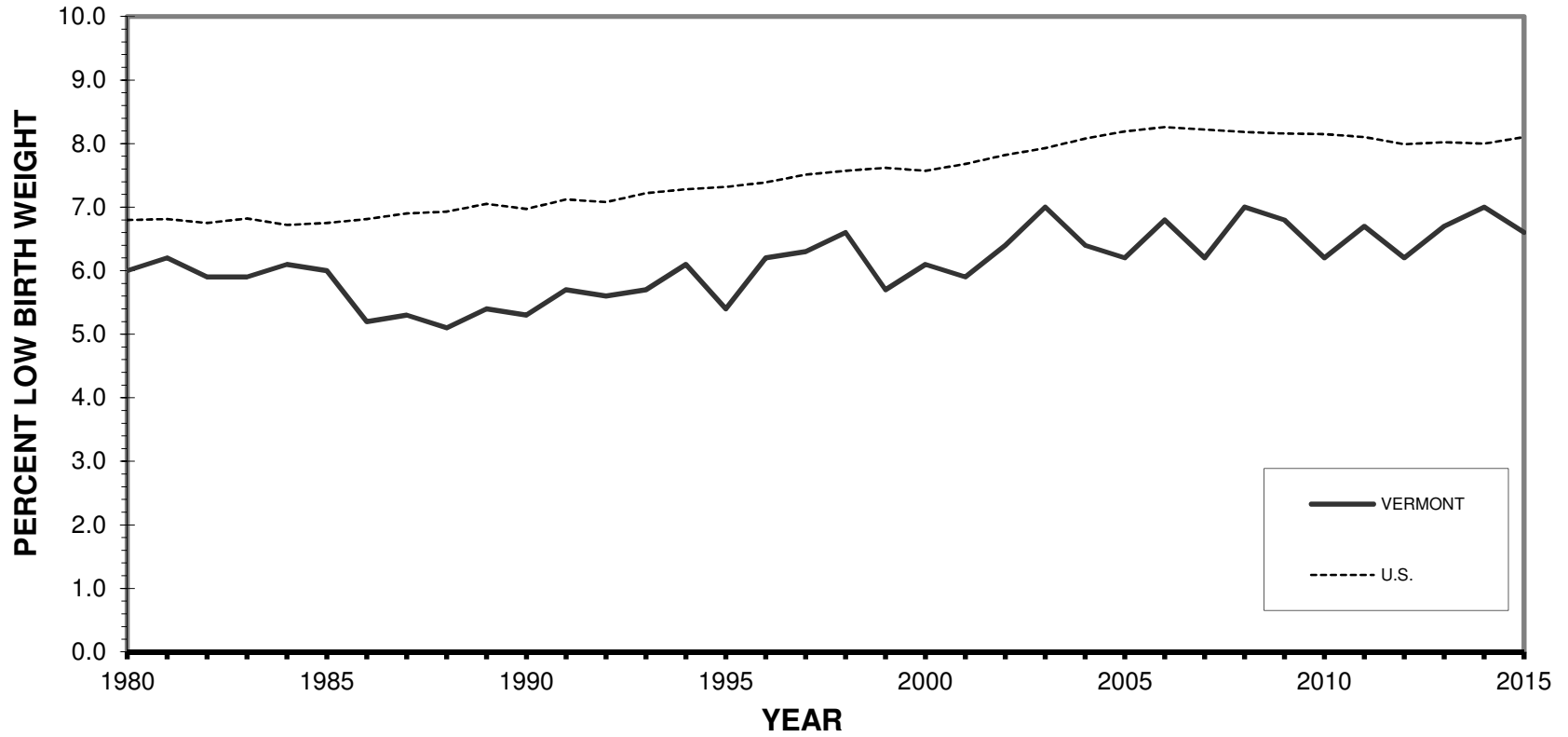
Vermont data points can be found in Table A-1. Data points for the U.S. can be found in Appendix D.

**Figure 6**  
**VERMONT AND U.S. FERTILITY RATES**  
**1980 - 2015**



Vermont data points can be found in Table A-1. Data points for U.S. can be found in Appendix D.

**Figure 7**  
**VERMONT AND U.S.**  
**PERCENT LOW BIRTH WEIGHT BIRTHS, 1980-2015**



Vermont data points can be found in Table A-1. Data points for U.S. can be found in Appendix D.

**TABLE B-1  
2015 VERMONT BIRTHS**

**GEOGRAPHIC DISTRIBUTION OF 2015 VERMONT BIRTHS**

<b>BIRTHS OCCURRING IN VERMONT</b>		<b>VERMONT RESIDENT BIRTHS</b>	
<b>PLACE OF RESIDENCE</b>	<b>NUMBER</b>	<b>PLACE OF BIRTH</b>	<b>NUMBER</b>
CONNECTICUT	2	CALIFORNIA	1
FLORIDA	1	FLORIDA	1
MASSACHUSETTS	43	GEORGIA	1
MARYLAND	1	KANSAS	1
MAINE	1	MASSACHUSETTS	24
NEW HAMPSHIRE	135	NEW HAMPSHIRE	637
NEW YORK	338	NEW JERSEY	1
VERMONT	5197	NEW YORK	35
CANADA	1	PENNSYLVANIA	2
UNKNOWN	1	TEXAS	3
		VERMONT	5197
<b>TOTAL</b>	<b>5720</b>	<b>TOTAL</b>	<b>5903</b>

**TABLE B-2  
2015 VERMONT RESIDENT BIRTHS**

**SELECTED CHARACTERISTICS BY AGE OF MOTHER**

AGE OF MOTHER	SEX				DOMESTIC RELATIONSHIP				PLURALITY			NUMBER OF PREVIOUS LIVE BIRTHS			
	TOTAL	MALE	FEMALE	UNK	CIVIL				SINGLE	TWINS	TRIPLET	ONE	TWO	THREE+	UNK
					MARRIED	UNION	SINGLE	UNK							
< 15 YEARS	4	1	3	0	0	0	4	0	4	0	0	4	0	0	0
15 YEARS	3	0	3	0	0	0	3	0	3	0	0	3	0	0	0
16 YEARS	14	10	4	0	0	0	14	0	14	0	0	14	0	0	0
17 YEARS	26	13	13	0	1	0	25	0	24	2	0	25	0	1	0
18 YEARS	71	36	35	0	4	0	67	0	71	0	0	63	8	0	0
19 YEARS	131	74	57	0	16	1	113	1	129	2	0	114	15	2	0
(15-19 YEARS)	(245)	(133)	(112)	(0)	(21)	(1)	(222)	(1)	(241)	(4)	(0)	(219)	(23)	(3)	(0)
20 YEARS	164	79	85	0	18	1	145	0	162	2	0	123	34	7	0
21 YEARS	192	104	88	0	34	0	158	0	192	0	0	118	65	9	0
22 YEARS	206	109	97	0	50	0	155	1	199	7	0	105	77	23	1
23 YEARS	232	123	109	0	85	0	147	0	226	6	0	118	94	20	0
24 YEARS	279	155	124	0	105	0	174	0	272	4	3	124	98	57	0
(20-24 YEARS)	(1073)	(570)	(503)	(0)	(292)	(1)	(779)	(1)	(1051)	(19)	(3)	(588)	(368)	(116)	(1)
25-29 YEARS	1710	899	811	0	996	0	711	3	1676	34	0	720	637	349	4
30-34 YEARS	1794	912	881	1	1381	0	412	1	1716	78	0	702	655	436	1
35-39 YEARS	930	475	455	0	714	0	213	3	871	59	0	267	365	297	1
40-44 YEARS	136	70	66	0	105	0	31	0	130	6	0	38	44	54	0
45+ YEARS	10	5	5	0	9	0	1	0	10	0	0	3	3	4	0
STATE TOTAL	5903	3065	2837	1	3519	2	2373	9	5700	200	3	2542	2095	1259	7



**TABLE B-3  
2015 VERMONT RESIDENT BIRTHS**

**SELECTED CHARACTERISTICS BY COUNTY OF RESIDENCE**

COUNTY OF RESIDENCE	SEX				DOMESTIC RELATIONSHIP				PLURALITY			NUMBER OF PREVIOUS LIVE BIRTHS			
	TOTAL	MALE	FEMALE	UNK	CIVIL				SINGLE	TWINS	TRIPLET	ONE	TWO	THREE+	UNK
					MARRIED	UNION	SINGLE	UNK							
ADDISON	301	156	145	0	182	0	119	0	291	10	0	129	113	59	0
BENNINGTON	365	192	173	0	162	0	203	0	355	10	0	156	111	98	0
CALEDONIA	258	122	136	0	134	1	123	0	246	12	0	96	105	57	0
CHITTENDEN	1561	819	742	0	1147	0	413	1	1484	74	3	710	559	292	0
ESSEX	59	39	19	1	30	0	29	0	55	4	0	19	19	19	2
FRANKLIN	571	297	274	0	325	0	244	2	551	20	0	238	199	133	1
GRAND ISLE	62	34	28	0	33	0	29	0	62	0	0	30	18	14	0
LAMOILLE	257	131	126	0	159	0	97	1	257	0	0	103	100	54	0
ORANGE	245	134	111	0	137	0	107	1	241	4	0	109	81	53	2
ORLEANS	281	153	128	0	133	1	147	0	272	9	0	98	118	65	0
RUTLAND	536	273	263	0	273	0	262	1	524	12	0	216	182	138	0
WASHINGTON	559	278	281	0	329	0	227	3	535	24	0	257	189	113	0
WINDHAM	400	203	197	0	213	0	187	0	393	7	0	177	149	74	0
WINDSOR	448	234	214	0	262	0	186	0	434	14	0	204	152	90	2
STATE TOTAL	5903	3065	2837	1	3519	2	2373	9	5700	200	3	2542	2095	1259	7

**TABLE B-4  
2015 VERMONT RESIDENT BIRTHS  
RACE OF MOTHER BY COUNTY OF RESIDENCE**

COUNTY OF RESIDENCE	RACE OF MOTHER							MULTIPLE RACE <sup>(2)</sup>	TOTAL
	SINGLE RACE								
	WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER <sup>(1)</sup>	OTHER NON-WHITE	UNKNOWN			
ADDISON	288	2	2	4	3	0	2	301	
BENNINGTON	343	9	1	2	2	5	3	365	
CALEDONIA	254	2	1	1	0	0	0	258	
CHITTENDEN	1303	80	2	111	19	20	26	1561	
ESSEX	56	1	0	1	0	0	1	59	
FRANKLIN	537	0	4	5	6	2	17	571	
GRAND ISLE	61	0	0	0	1	0	0	62	
LAMOILLE	241	2	1	3	3	1	6	257	
ORANGE	237	2	0	4	0	2	0	245	
ORLEANS	268	2	1	1	3	2	4	281	
RUTLAND	518	3	0	4	7	1	3	536	
WASHINGTON	524	8	4	8	4	2	9	559	
WINDHAM	376	5	0	5	6	0	8	400	
WINDSOR	429	6	0	8	1	1	3	448	
STATE TOTAL	5435	122	16	157	55	36	82	5903	

<sup>(1)</sup> INCLUDING ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, VIETNAMESE, OTHER ASIAN, GUAMANIAN OR CHAMORRO, SAMOAN, OTHER PACIFIC ISLANDER.

<sup>(2)</sup> MOTHERS WHO INDICATED MORE THAN ONE RACE.

Table B-5  
2015 VERMONT RESIDENT BIRTHS

AGE OF MOTHER BY COUNTY OF RESIDENCE  
AGE OF MOTHER

COUNTY OF RESIDENCE	NUMBER OF EVENTS									TOTAL
	< 15 YEARS	15 - 17 YEARS	18 - 19 YEARS	20 - 24 YEARS	25 - 29 YEARS	30 - 34 YEARS	35 - 39 YEARS	40 - 44 YEARS	45+ YEARS	
ADDISON	0	4	10	70	63	106	38	10	0	301
BENNINGTON	0	3	24	94	108	95	37	3	1	365
CALEDONIA	0	1	13	64	88	60	26	5	1	258
CHITTENDEN	1	5	29	174	379	616	311	44	2	1561
ESSEX	1	0	3	14	22	11	5	3	0	59
FRANKLIN	0	3	25	112	194	138	83	15	1	571
GRAND ISLE	0	1	1	15	20	16	9	0	0	62
LAMOILLE	0	0	8	51	68	69	54	7	0	257
ORANGE	1	2	7	51	82	71	24	5	1	245
ORLEANS	0	2	13	74	84	71	34	3	0	281
RUTLAND	1	11	17	112	180	142	68	5	0	536
WASHINGTON	0	6	19	85	171	159	99	17	3	559
WINDHAM	0	4	17	79	116	101	75	7	1	400
WINDSOR	0	1	16	78	135	139	67	12	0	448
STATE TOTAL	4	43	202	1073	1710	1794	930	136	10	5903

COUNTY OF RESIDENCE	ROW PERCENTS <sup>(1)</sup>									TOTAL
	< 15 YEARS	15 - 17 YEARS	18 - 19 YEARS	20 - 24 YEARS	25 - 29 YEARS	30 - 34 YEARS	35 - 39 YEARS	40 - 44 YEARS	45+ YEARS	
ADDISON	0.0%	1.3%	3.3%	23.3%	20.9%	35.2%	12.6%	3.3%	0.0%	100.0%
BENNINGTON	0.0%	0.8%	6.6%	25.8%	29.6%	26.0%	10.1%	0.8%	0.3%	100.0%
CALEDONIA	0.0%	0.4%	5.0%	24.8%	34.1%	23.3%	10.1%	1.9%	0.4%	100.0%
CHITTENDEN	0.1%	0.3%	1.9%	11.1%	24.3%	39.5%	19.9%	2.8%	0.1%	100.0%
ESSEX	1.7%	0.0%	5.1%	23.7%	37.3%	18.6%	8.5%	5.1%	0.0%	100.0%
FRANKLIN	0.0%	0.5%	4.4%	19.6%	34.0%	24.2%	14.5%	2.6%	0.2%	100.0%
GRAND ISLE	0.0%	1.6%	1.6%	24.2%	32.3%	25.8%	14.5%	0.0%	0.0%	100.0%
LAMOILLE	0.0%	0.0%	3.1%	19.8%	26.5%	26.8%	21.0%	2.7%	0.0%	100.0%
ORANGE	0.4%	0.8%	2.9%	20.8%	33.5%	29.0%	9.8%	2.0%	0.4%	100.0%
ORLEANS	0.0%	0.7%	4.6%	26.3%	29.9%	25.3%	12.1%	1.1%	0.0%	100.0%
RUTLAND	0.2%	2.1%	3.2%	20.9%	33.6%	26.5%	12.7%	0.9%	0.0%	100.0%
WASHINGTON	0.0%	1.1%	3.4%	15.2%	30.6%	28.4%	17.7%	3.0%	0.5%	100.0%
WINDHAM	0.0%	1.0%	4.3%	19.8%	29.0%	25.3%	18.8%	1.8%	0.3%	100.0%
WINDSOR	0.0%	0.2%	3.6%	17.4%	30.1%	31.0%	15.0%	2.7%	0.0%	100.0%
STATE TOTAL	0.1%	0.7%	3.4%	18.2%	29.0%	30.4%	15.8%	2.3%	0.2%	100.0%

<sup>(1)</sup> MAY NOT ADD TO 100% DUE TO ROUNDING.

**Table B-6**

**2015 VERMONT RESIDENT BIRTHS**

**AGE-SPECIFIC FERTILITY RATES AND CRUDE BIRTH RATES BY COUNTY OF RESIDENCE<sup>(1)</sup>**

COUNTY OF RESIDENCE	FERTILITY RATES <sup>(1)</sup>					15-44 TOTAL	CRUDE BIRTH RATE
	AGE OF MOTHER						
	15-19	20-24	25-29	30-34	35-44		
ADDISON	8.7	42.3	79.9	113.9	24.2	43.2	8.1
BENNINGTON	22.5	75.0	132.0	106.0	21.9	60.9	10.1
CALEDONIA	13.7	70.2	111.8	74.5	17.4	48.6	8.4
CHITTENDEN	5.0	19.0	69.2	113.6	37.9	43.1	9.7
ESSEX	19.5	94.0	174.6	85.3	25.2	67.4	9.6
FRANKLIN	18.5	84.7	136.7	86.8	30.7	63.2	11.7
GRAND ISLE	11.9	86.2	111.1	92.5	23.4	57.4	9.0
LAMOILLE	9.8	63.5	92.4	91.1	37.8	54.4	10.2
ORANGE	10.3	66.1	117.1	87.2	17.4	50.8	8.5
ORLEANS	18.8	106.3	126.5	99.9	24.3	64.0	10.4
RUTLAND	14.5	63.0	112.8	90.4	23.5	53.7	9.0
WASHINGTON	14.9	51.9	113.6	92.0	31.9	54.9	9.5
WINDHAM	17.4	61.7	102.7	84.7	34.4	55.6	9.2
WINDSOR	11.6	57.3	95.1	85.2	26.6	50.6	8.0
STATE TOTAL	11.6	46.7	98.6	97.8	29.8	51.1	9.4

(1) RATES ARE BASED ON 2015 POPULATION ESTIMATES.

Table B-7

2015 VERMONT RESIDENT BIRTHS

AGE OF MOTHER BY AGE OF FATHER

AGE OF FATHER	AGE OF MOTHER									TOTAL
	NUMBER OF EVENTS									
	< 15 YEARS	15 - 17 YEARS	18 - 19 YEARS	20 - 24 YEARS	25 - 29 YEARS	30 - 34 YEARS	35 - 39 YEARS	40 - 44 YEARS	45+ YEARS	
15 - 17 YEARS	2	7	6	4	1	0	0	0	0	20
18 - 19 YEARS	0	13	36	23	2	0	0	0	0	74
20 - 24 YEARS	0	8	91	407	104	20	1	1	0	632
25 - 29 YEARS	0	1	25	364	741	166	37	3	0	1338
30 - 34 YEARS	0	2	5	100	538	893	154	12	1	1705
35 - 39 YEARS	0	0	0	40	140	470	437	35	1	1123
40 - 44 YEARS	0	0	0	7	51	109	199	47	3	416
45+ YEARS	0	0	2	5	21	66	76	30	5	205
STATE TOTAL	4	43	202	1073	1710	1794	930	136	10	5903

AGE OF FATHER	ROW PERCENTS <sup>(1)</sup>									TOTAL
	< 15 YEARS	15 - 17 YEARS	18 - 19 YEARS	20 - 24 YEARS	25 - 29 YEARS	30 - 34 YEARS	35 - 39 YEARS	40 - 44 YEARS	45+ YEARS	
15 - 17 YEARS	10.0%	35.0%	30.0%	20.0%	5.0%	0.0%	0.0%	0.0%	0.0%	100.0%
18 - 19 YEARS	0.0%	17.6%	48.6%	31.1%	2.7%	0.0%	0.0%	0.0%	0.0%	100.0%
20 - 24 YEARS	0.0%	1.3%	14.4%	64.4%	16.5%	3.2%	0.2%	0.2%	0.0%	100.0%
25 - 29 YEARS	0.0%	0.1%	1.9%	27.2%	55.4%	12.4%	2.8%	0.2%	0.0%	100.0%
30 - 34 YEARS	0.0%	0.1%	0.3%	5.9%	31.6%	52.4%	9.0%	0.7%	0.1%	100.0%
35 - 39 YEARS	0.0%	0.0%	0.0%	3.6%	12.5%	41.9%	38.9%	3.1%	0.1%	100.0%
40 - 44 YEARS	0.0%	0.0%	0.0%	1.7%	12.3%	26.2%	47.8%	11.3%	0.7%	100.0%
45+ YEARS	0.0%	0.0%	1.0%	2.4%	10.2%	32.2%	37.1%	14.6%	2.4%	100.0%
STATE TOTAL	0.1%	0.7%	3.4%	18.2%	29.0%	30.4%	15.8%	2.3%	0.2%	100.0%

<sup>(1)</sup> MAY NOT ADD TO 100% DUE TO ROUNDING.

Table B-8  
2015 VERMONT RESIDENT BIRTHS

EDUCATION OF MOTHER BY COUNTY OF RESIDENCE  
EDUCATION OF MOTHER

COUNTY OF RESIDENCE	NUMBER OF EVENTS									TOTAL
	8TH GRADE OR LESS	9TH - 12TH GRADE, NO DIPLOMA	HS GRAD / GED CERT	SOME COLLEGE - NO DEGREE	ASSOCIATE DEGREE	BACHELORS DEGREE	MASTERS DEGREE	DOCTORATE OR PROFESSIONAL DEGREE	UNKNOWN	
ADDISON	0	15	83	55	15	93	32	7	1	301
BENNINGTON	1	52	114	67	21	66	31	7	6	365
CALEDONIA	0	16	83	53	19	60	17	7	3	258
CHITTENDEN	24	77	261	224	112	482	268	94	19	1561
ESSEX	0	6	17	15	6	11	2	0	2	59
FRANKLIN	2	46	169	109	45	135	52	10	3	571
GRAND ISLE	0	8	19	7	4	18	5	1	0	62
LAMOILLE	1	12	70	47	15	80	26	3	3	257
ORANGE	0	21	75	53	24	44	20	5	3	245
ORLEANS	2	21	107	63	22	46	16	2	2	281
RUTLAND	1	42	159	113	50	120	42	6	3	536
WASHINGTON	5	37	151	92	37	147	70	18	2	559
WINDHAM	1	33	114	87	35	73	47	8	2	400
WINDSOR	2	30	124	79	32	95	53	22	11	448
STATE TOTAL	39	416	1546	1064	437	1470	681	190	60	5903

ROW PERCENTS<sup>(1)</sup>

COUNTY OF RESIDENCE	ROW PERCENTS <sup>(1)</sup>									TOTAL
	8TH GRADE OR LESS	9TH - 12TH GRADE, NO DIPLOMA	HS GRAD / GED CERT	SOME COLLEGE - NO DEGREE	ASSOCIATE DEGREE	BACHELORS DEGREE	MASTERS DEGREE	DOCTORATE OR PROFESSIONAL DEGREE	UNKNOWN	
ADDISON	0.0	5.0	27.6	18.3	5.0	30.9	10.6	2.3	0.3	100.0
BENNINGTON	0.3	14.2	31.2	18.4	5.8	18.1	8.5	1.9	1.6	100.0
CALEDONIA	0.0	6.2	32.2	20.5	7.4	23.3	6.6	2.7	1.2	100.0
CHITTENDEN	1.5	4.9	16.7	14.3	7.2	30.9	17.2	6.0	1.2	100.0
ESSEX	0.0	10.2	28.8	25.4	10.2	18.6	3.4	0.0	3.4	100.0
FRANKLIN	0.4	8.1	29.6	19.1	7.9	23.6	9.1	1.8	0.5	100.0
GRAND ISLE	0.0	12.9	30.6	11.3	6.5	29.0	8.1	1.6	0.0	100.0
LAMOILLE	0.4	4.7	27.2	18.3	5.8	31.1	10.1	1.2	1.2	100.0
ORANGE	0.0	8.6	30.6	21.6	9.8	18.0	8.2	2.0	1.2	100.0
ORLEANS	0.7	7.5	38.1	22.4	7.8	16.4	5.7	0.7	0.7	100.0
RUTLAND	0.2	7.8	29.7	21.1	9.3	22.4	7.8	1.1	0.6	100.0
WASHINGTON	0.9	6.6	27.0	16.5	6.6	26.3	12.5	3.2	0.4	100.0
WINDHAM	0.3	8.3	28.5	21.8	8.8	18.3	11.8	2.0	0.5	100.0
WINDSOR	0.4	6.7	27.7	17.6	7.1	21.2	11.8	4.9	2.5	100.0
STATE TOTAL	0.7	7.0	26.2	18.0	7.4	24.9	11.5	3.2	1.0	100.0

<sup>(1)</sup> MAY NOT ADD TO 100% DUE TO ROUNDING.

Table B-9  
2015 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY COUNTY OF RESIDENCE  
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	MONTH PRENATAL CARE BEGAN <sup>(1)</sup>											TOTAL
	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	NONE	UNKNOWN	
ADDISON	1	97	148	26	10	5	5	3	3	0	3	301
BENNINGTON	2	124	156	45	19	5	5	2	1	1	5	365
CALEDONIA	3	85	120	25	6	1	8	1	0	2	7	258
CHITTENDEN	7	579	668	176	33	15	14	10	4	4	51	1561
ESSEX	2	19	27	4	1	1	0	1	1	1	2	59
FRANKLIN	6	335	165	34	11	5	3	1	0	2	9	571
GRAND ISLE	0	30	16	9	2	1	1	0	1	0	2	62
LAMOILLE	6	95	115	24	9	1	3	2	0	0	2	257
ORANGE	2	100	89	25	10	6	3	3	2	1	4	245
ORLEANS	16	173	58	13	6	3	0	1	0	1	10	281
RUTLAND	1	243	204	44	14	12	5	5	3	1	4	536
WASHINGTON	6	220	226	58	16	6	7	2	10	0	8	559
WINDHAM	5	185	138	26	11	13	1	4	2	4	11	400
WINDSOR	4	185	180	34	14	12	7	3	2	1	6	448
STATE TOTAL	61	2470	2310	543	162	86	62	38	29	18	124	5903

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

COUNTY OF RESIDENCE	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	NONE
ADDISON	0.3	32.9	82.6	91.3	94.6	96.3	98.0	99.0	100.0	100.0
BENNINGTON	0.6	35.0	78.3	90.8	96.1	97.5	98.9	99.4	99.7	100.0
CALEDONIA	1.2	35.1	82.9	92.8	95.2	95.6	98.8	99.2	99.2	100.0
CHITTENDEN	0.5	38.8	83.0	94.7	96.9	97.9	98.8	99.5	99.7	100.0
ESSEX	3.5	36.8	84.2	91.2	93.0	94.7	94.7	96.5	98.2	100.0
FRANKLIN	1.1	60.7	90.0	96.1	98.0	98.9	99.5	99.6	99.6	100.0
GRAND ISLE	0.0	50.0	76.7	91.7	95.0	96.7	98.3	98.3	100.0	100.0
LAMOILLE	2.4	39.6	84.7	94.1	97.6	98.0	99.2	100.0	100.0	100.0
ORANGE	0.8	42.3	79.3	89.6	93.8	96.3	97.5	98.8	99.6	100.0
ORLEANS	5.9	69.7	91.1	95.9	98.2	99.3	99.3	99.6	99.6	100.0
RUTLAND	0.2	45.9	84.2	92.5	95.1	97.4	98.3	99.2	99.8	100.0
WASHINGTON	1.1	41.0	82.0	92.6	95.5	96.6	97.8	98.2	100.0	100.0
WINDHAM	1.3	48.8	84.3	91.0	93.8	97.2	97.4	98.5	99.0	100.0
WINDSOR	0.9	42.8	83.5	91.2	94.3	97.1	98.6	99.3	99.8	100.0
STATE TOTAL	1.1	43.8	83.8	93.2	96.0	97.5	98.5	99.2	99.7	100.0

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

Table B-10

## 2015 VERMONT RESIDENT BIRTHS

BIRTH WEIGHT IN GRAMS BY COUNTY OF RESIDENCE  
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	BIRTH WEIGHT												TOTAL	
	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+		UNKNOWN
ADDISON	0	0	4	2	9	44	112	98	27	4	0	1	0	301
BENNINGTON	1	3	3	10	17	62	134	99	30	6	0	0	0	365
CALEDONIA	0	0	0	5	11	44	106	70	17	3	1	1	0	258
CHITTENDEN	0	3	3	33	55	202	580	473	179	30	2	0	1	1561
ESSEX	0	0	2	0	5	6	23	17	5	1	0	0	0	59
FRANKLIN	0	1	4	6	24	89	197	178	57	15	0	0	0	571
GRAND ISLE	0	0	0	0	4	9	19	25	5	0	0	0	0	62
LAMOILLE	1	1	1	3	8	39	93	88	19	4	0	0	0	257
ORANGE	0	3	4	1	10	36	99	66	22	3	0	0	1	245
ORLEANS	0	0	1	6	14	54	99	84	22	1	0	0	0	281
RUTLAND	0	1	1	6	26	88	192	159	57	5	1	0	0	536
WASHINGTON	0	1	6	7	29	92	200	164	52	7	1	0	0	559
WINDHAM	1	1	4	4	14	56	153	113	47	3	2	0	2	400
WINDSOR	1	2	2	7	19	70	164	133	36	12	0	0	2	448
STATE TOTAL	4	16	35	90	245	891	2171	1767	575	94	7	2	6	5903

## CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN BIRTHWEIGHT

COUNTY OF RESIDENCE	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+
ADDISON	0.0	0.0	1.3	2.0	5.0	19.6	56.8	89.4	98.3	99.7	99.7	100.0
BENNINGTON	0.3	1.1	1.9	4.7	9.3	26.3	63.0	90.1	98.4	100.0	100.0	100.0
CALEDONIA	0.0	0.0	0.0	1.9	6.2	23.3	64.3	91.5	98.1	99.2	99.6	100.0
CHITTENDEN	0.0	0.2	0.4	2.5	6.0	19.0	56.2	86.5	97.9	99.9	100.0	100.0
ESSEX	0.0	0.0	3.4	3.4	11.9	22.0	61.0	89.8	98.3	100.0	100.0	100.0
FRANKLIN	0.0	0.2	0.9	1.9	6.1	21.7	56.2	87.4	97.4	100.0	100.0	100.0
GRAND ISLE	0.0	0.0	0.0	0.0	6.5	21.0	51.6	91.9	100.0	100.0	100.0	100.0
LAMOILLE	0.4	0.8	1.2	2.3	5.4	20.6	56.8	91.1	98.4	100.0	100.0	100.0
ORANGE	0.0	1.2	2.9	3.3	7.4	22.1	62.7	89.8	98.8	100.0	100.0	100.0
ORLEANS	0.0	0.0	0.4	2.5	7.5	26.7	61.9	91.8	99.6	100.0	100.0	100.0
RUTLAND	0.0	0.2	0.4	1.5	6.3	22.8	58.6	88.2	98.9	99.8	100.0	100.0
WASHINGTON	0.0	0.2	1.3	2.5	7.7	24.2	59.9	89.3	98.6	99.8	100.0	100.0
WINDHAM	0.3	0.5	1.5	2.5	6.0	20.1	58.5	86.9	98.7	99.5	100.0	100.0
WINDSOR	0.2	0.7	1.1	2.7	7.0	22.6	59.4	89.2	97.3	100.0	100.0	100.0
STATE TOTAL	0.1	0.3	0.9	2.5	6.6	21.7	58.5	88.5	98.3	99.8	100.0	100.0



**Table B-11  
2015 VERMONT RESIDENT BIRTHS**

**BIRTH WEIGHT IN GRAMS BY WEEKS GESTATION  
NUMBER OF EVENTS AND ROW PERCENTS**

WEEKS GESTATION <sup>(1)</sup>	BIRTH WEIGHT												UNK	TOTAL	
	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+			
<28 WEEKS	3	13	5	0	0	0	0	0	0	0	0	0	0	0	21
28-31 WEEKS	1	2	22	24	0	0	0	0	0	0	0	0	0	0	49
32-35 WEEKS	0	1	7	50	83	55	10	3	0	0	0	0	0	0	209
36 WEEKS	0	0	0	7	35	63	34	8	3	0	0	0	0	0	150
37-39 WEEKS	0	0	1	8	117	589	1269	761	201	33	2	1	2	2	2984
40 WEEKS	0	0	0	0	9	126	548	629	200	30	3	0	0	0	1545
41 WEEKS	0	0	0	0	0	52	285	341	152	28	2	1	0	0	861
42+ WEEKS	0	0	0	0	1	4	19	21	19	3	0	0	0	0	67
UNKNOWN	0	0	0	1	0	2	6	4	0	0	0	0	4	4	17
STATE TOTAL	4	16	35	90	245	891	2171	1767	575	94	7	2	6	6	5903

**CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN BIRTHWEIGHT**

WEEKS GESTATION <sup>(1)</sup>	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+
<28 WEEKS	14.3	76.2	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
28-31 WEEKS	2.0	6.1	51.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
32-35 WEEKS	0.0	0.5	3.8	27.8	67.5	93.8	98.6	100.0	100.0	100.0	100.0	100.0
36 WEEKS	0.0	0.0	0.0	4.7	28.0	70.0	92.7	98.0	100.0	100.0	100.0	100.0
37-39 WEEKS	0.0	0.0	0.0	0.3	4.2	24.0	66.5	92.1	98.8	99.9	100.0	100.0
40 WEEKS	0.0	0.0	0.0	0.0	0.6	8.7	44.2	84.9	97.9	99.8	100.0	100.0
41 WEEKS	0.0	0.0	0.0	0.0	0.0	6.0	39.1	78.7	96.4	99.7	99.9	100.0
42+ WEEKS	0.0	0.0	0.0	0.0	1.5	7.5	35.8	67.2	95.5	100.0	100.0	100.0
UNKNOWN	0.0	0.0	0.0	7.7	7.7	23.1	69.2	100.0	100.0	100.0	100.0	100.0
STATE TOTAL	0.1	0.3	0.9	2.5	6.6	21.7	58.5	88.5	98.3	99.8	100.0	100.0

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

Table B-12

## 2015 VERMONT RESIDENT BIRTHS

**BIRTH WEIGHT IN GRAMS BY AGE OF MOTHER  
NUMBER OF EVENTS AND ROW PERCENTS**

AGE OF MOTHER	BIRTH WEIGHT												UNK	TOTAL
	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+		
< 15 YEARS	0	0	0	0	0	2	0	1	0	0	0	0	1	4
15 - 17 YEARS	0	1	0	2	3	8	14	12	3	0	0	0	0	43
18 - 19 YEARS	0	0	0	3	6	33	92	46	18	3	0	0	1	202
20 - 24 YEARS	2	0	7	26	49	186	422	283	81	15	1	0	1	1073
25 - 29 YEARS	2	2	9	24	65	273	638	517	153	23	1	2	1	1710
30 - 34 YEARS	0	6	12	21	71	232	622	600	188	38	2	0	2	1794
35 - 39 YEARS	0	7	6	13	45	131	335	260	116	14	3	0	0	930
40 - 44 YEARS	0	0	1	1	6	23	44	45	15	1	0	0	0	136
45+ YEARS	0	0	0	0	0	3	4	2	1	0	0	0	0	10
STATE TOTAL	4	16	35	90	245	891	2171	1767	575	94	7	2	6	5903

AGE OF MOTHER	CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS											
	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+
< 15 YEARS	0.0	0.0	0.0	0.0	0.0	66.7	66.7	100.0	100.0	100.0	100.0	100.0
15 - 17 YEARS	0.0	2.3	2.3	7.0	14.0	32.6	65.1	93.0	100.0	100.0	100.0	100.0
18 - 19 YEARS	0.0	0.0	0.0	1.5	4.5	20.9	66.7	89.6	98.5	100.0	100.0	100.0
20 - 24 YEARS	0.2	0.2	0.8	3.3	7.8	25.2	64.6	91.0	98.5	99.9	100.0	100.0
25 - 29 YEARS	0.1	0.2	0.8	2.2	6.0	21.9	59.3	89.5	98.5	99.8	99.9	100.0
30 - 34 YEARS	0.0	0.3	1.0	2.2	6.1	19.1	53.8	87.3	97.8	99.9	100.0	100.0
35 - 39 YEARS	0.0	0.8	1.4	2.8	7.6	21.7	57.7	85.7	98.2	99.7	100.0	100.0
40 - 44 YEARS	0.0	0.0	0.7	1.5	5.9	22.8	55.1	88.2	99.3	100.0	100.0	100.0
45+ YEARS	0.0	0.0	0.0	0.0	0.0	30.0	70.0	90.0	100.0	100.0	100.0	100.0
STATE TOTAL	0.1	0.3	0.9	2.5	6.6	21.7	58.5	88.5	98.3	99.8	100.0	100.0

Table B-13  
2015 VERMONT RESIDENT BIRTHS

BIRTH WEIGHT IN GRAMS BY EDUCATION OF MOTHER  
NUMBER OF EVENTS AND ROW PERCENTS

EDUCATION OF MOTHER	BIRTH WEIGHT												UNK	TOTAL
	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+		
8TH GRADE OR LESS	0	0	0	0	4	9	10	12	4	0	0	0	0	39
9TH - 12TH GRADE, NO DIPLOMA	0	2	2	14	29	92	165	91	11	7	1	0	2	416
HS GRAD / GED CERT	3	5	11	31	76	272	567	436	127	14	1	1	2	1546
SOME COLLEGE - NO DEGREE	0	3	7	12	44	144	388	325	123	18	0	0	0	1064
ASSOCIATE DEGREE	0	2	5	5	10	60	170	138	38	9	0	0	0	437
BACHELORS DEGREE	1	2	6	14	46	199	542	464	162	29	4	1	0	1470
MASTERS DEGREE	0	1	3	10	22	75	250	229	80	11	0	0	0	681
DOCTORATE OR PROFESSIONAL DEGREE	0	0	0	3	10	33	62	53	23	5	1	0	0	190
UNKNOWN	0	1	1	1	4	7	17	19	7	1	0	0	2	60
STATE TOTAL	4	16	35	90	245	891	2171	1767	575	94	7	2	6	5903

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

EDUCATION OF MOTHER	< 500g	500 - 999g	1000 - 1499g	1500 - 1999g	2000 - 2499g	2500 - 2999g	3000 - 3499g	3500 - 3999g	4000 - 4499g	4500 - 4999g	5000 - 5499g	5500g+
8TH GRADE OR LESS	0.0	0.0	0.0	0.0	10.3	33.3	59.0	89.7	100.0	100.0	100.0	100.0
9TH - 12TH GRADE, NO DIPLOMA	0.0	0.5	1.0	4.3	11.4	33.6	73.4	95.4	98.1	99.8	100.0	100.0
HS GRAD / GED CERT	0.2	0.5	1.2	3.2	8.2	25.8	62.5	90.7	99.0	99.9	99.9	100.0
SOME COLLEGE - NO DEGREE	0.0	0.3	0.9	2.1	6.2	19.7	56.2	86.7	98.3	100.0	100.0	100.0
ASSOCIATE DEGREE	0.0	0.5	1.6	2.7	5.0	18.8	57.7	89.2	97.9	100.0	100.0	100.0
BACHELORS DEGREE	0.1	0.2	0.6	1.6	4.7	18.2	55.1	86.7	97.7	99.7	99.9	100.0
MASTERS DEGREE	0.0	0.1	0.6	2.1	5.3	16.3	53.0	86.6	98.4	100.0	100.0	100.0
DOCTORATE OR PROFESSIONAL DEGREE	0.0	0.0	0.0	1.6	6.8	24.2	56.8	84.7	96.8	99.5	100.0	100.0
UNKNOWN	0.0	1.7	3.4	5.2	12.1	24.1	53.4	86.2	98.3	100.0	100.0	100.0
STATE TOTAL	0.1	0.3	0.9	2.5	6.6	21.7	58.5	88.5	98.3	99.8	100.0	100.0

Table B-14  
2015 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY EDUCATION OF MOTHER

MONTH PRENATAL CARE BEGAN<sup>(1)</sup>

NUMBER OF EVENTS

EDUCATION OF MOTHER	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	NONE	UNKNOWN	TOTAL
8TH GRADE OR LESS	0	11	12	7	4	2	1	0	2	0	0	39
9TH - 12TH GRADE, NO DIPLOMA	6	146	141	56	22	13	7	7	3	8	7	416
HS GRAD / GED CERT	16	642	573	161	62	29	17	11	7	5	23	1546
SOME COLLEGE - NO DEGREE	15	440	401	108	25	15	14	8	7	4	27	1064
ASSOCIATE DEGREE	5	202	172	29	7	5	4	0	2	0	11	437
BACHELORS DEGREE	12	640	610	118	26	13	10	3	2	1	35	1470
MASTERS DEGREE	5	285	303	36	8	7	6	8	5	0	18	681
DOCTORATE OR PROFESSIONAL DEGREE	2	84	72	20	5	1	2	1	1	0	2	190
UNKNOWN	0	20	26	8	3	1	1	0	0	0	1	60
STATE TOTAL	61	2470	2310	543	162	86	62	38	29	18	124	5903

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

EDUCATION OF MOTHER	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	NONE
8TH GRADE OR LESS	0.0	28.2	59.0	76.9	87.2	92.3	94.9	94.9	100.0	100.0
9TH - 12TH GRADE, NO DIPLOMA	1.5	37.2	71.6	85.3	90.7	93.9	95.6	97.3	98.0	100.0
HS GRAD / GED CERT	1.1	43.2	80.8	91.4	95.5	97.4	98.5	99.2	99.7	100.0
SOME COLLEGE - NO DEGREE	1.4	43.9	82.5	93.0	95.4	96.8	98.2	98.9	99.6	100.0
ASSOCIATE DEGREE	1.2	48.6	89.0	95.8	97.4	98.6	99.5	99.5	100.0	100.0
BACHELORS DEGREE	0.8	45.4	87.9	96.2	98.0	98.9	99.6	99.8	99.9	100.0
MASTERS DEGREE	0.8	43.7	89.4	94.9	96.1	97.1	98.0	99.2	100.0	100.0
DOCTORATE OR PROFESSIONAL DEGREE	1.1	45.7	84.0	94.7	97.3	97.9	98.9	99.5	100.0	100.0
UNKNOWN	0.0	33.9	78.0	91.5	96.6	98.3	100.0	100.0	100.0	100.0
STATE TOTAL	1.1	43.8	83.8	93.2	96.0	97.5	98.5	99.2	99.7	100.0

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

**Table B-15**  
**2015 VERMONT RESIDENT BIRTHS**

**MONTH PRENATAL CARE BEGAN BY AGE OF MOTHER**

AGE OF MOTHER	MONTH PRENATAL CARE BEGAN <sup>(1)</sup>											TOTAL
	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	NONE	UNKNOWN	
< 15 YEARS	0	0	0	0	0	1	0	2	0	1	0	4
15 - 17 YEARS	1	11	19	4	2	0	0	1	3	1	1	43
18 - 19 YEARS	6	80	73	19	8	4	3	4	1	1	3	202
20 - 24 YEARS	13	460	356	135	45	22	12	5	3	10	12	1073
25 - 29 YEARS	18	753	649	137	42	25	21	12	9	3	41	1710
30 - 34 YEARS	13	761	732	148	37	25	13	6	10	2	47	1794
35 - 39 YEARS	9	358	409	86	22	9	10	6	2	0	19	930
40 - 44 YEARS	1	43	67	13	5	0	3	2	1	0	1	136
45+ YEARS	0	4	4	1	1	0	0	0	0	0	0	10
STATE TOTAL	61	2470	2310	543	162	86	62	38	29	18	124	5903

**CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS**

AGE OF MOTHER	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	NONE
< 15 YEARS	0.0	0.0	0.0	0.0	0.0	25.0	25.0	75.0	75.0	100.0
15 - 17 YEARS	2.4	28.6	73.8	83.3	88.1	88.1	88.1	90.5	97.6	100.0
18 - 19 YEARS	3.0	43.2	79.9	89.4	93.5	95.5	97.0	99.0	99.5	100.0
20 - 24 YEARS	1.2	44.6	78.1	90.9	95.1	97.2	98.3	98.8	99.1	100.0
25 - 29 YEARS	1.1	46.2	85.1	93.3	95.8	97.3	98.6	99.3	99.8	100.0
30 - 34 YEARS	0.7	44.3	86.2	94.7	96.8	98.2	99.0	99.3	99.9	100.0
35 - 39 YEARS	1.0	40.3	85.2	94.6	97.0	98.0	99.1	99.8	100.0	100.0
40 - 44 YEARS	0.7	32.6	82.2	91.9	95.6	95.6	97.8	99.3	100.0	100.0
45+ YEARS	0.0	40.0	80.0	90.0	100.0	100.0	100.0	100.0	100.0	100.0
STATE TOTAL	1.1	43.8	83.8	93.2	96.0	97.5	98.5	99.2	99.7	100.0

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

TABLE B-16  
2015 VERMONT BIRTHS

PLACE OF BIRTH <sup>(1)</sup>	COUNTY OF RESIDENCE BY PLACE OF BIRTH															TOTAL
	COUNTY OF RESIDENCE															
	ADD	BEN	CAL	CHI	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	O-O-S	
HOME	6	7	9	31	2	9	2	9	4	9	6	27	21	3	0	145
RUTLAND REGIONAL MEDICAL CENTER	3	8	0	0	0	1	0	0	0	0	334	0	4	10	22	382
CENTRAL VERMONT MEDICAL CENTER	1	0	9	1	0	0	0	9	36	3	1	291	0	0	0	351
COPLEY HOSPITAL	0	0	19	3	0	1	0	138	1	26	0	24	0	0	0	212
GIFFORD MEDICAL CENTER	4	0	0	2	0	0	0	1	59	0	9	67	0	31	1	174
FLETCHER ALLEN HEALTH CARE /MEDICAL CTR CAMPUS	91	1	3	1490	1	197	34	84	9	16	26	123	1	1	150	2227
NORTH COUNTRY HOSPITAL AND HEALTH CENTER	0	0	4	0	13	1	0	4	0	202	0	0	0	0	0	224
NORTHEASTERN VERMONT REGIONAL HOSPITAL	0	0	147	0	8	0	0	0	15	19	0	8	0	0	15	212
NORTHWESTERN MEDICAL CENTER	1	0	0	16	0	360	25	8	0	1	0	0	0	0	5	416
PORTER MEDICAL CENTER	192	1	0	4	0	0	0	0	1	0	112	0	0	1	62	373
BRATTLEBORO MEMORIAL HOSPITAL	0	8	0	0	0	1	0	0	0	0	1	1	275	4	67	357
SPRINGFIELD HOSPITAL	0	0	0	0	0	0	0	0	0	0	3	0	21	84	60	168
SOUTHWESTERN VERMONT MEDICAL CENTER	0	306	0	0	0	0	0	0	0	0	11	0	19	0	141	477
OUT OF STATE FACILITY	3	32	67	14	35	1	1	3	120	5	33	18	53	312	0	697
OTHER SPECIFIED PLACES	0	2	0	0	0	0	0	0	0	0	0	0	6	2	0	10
<b>TOTAL</b>	<b>301</b>	<b>365</b>	<b>258</b>	<b>1561</b>	<b>59</b>	<b>571</b>	<b>62</b>	<b>257</b>	<b>245</b>	<b>281</b>	<b>536</b>	<b>559</b>	<b>400</b>	<b>448</b>	<b>523</b>	<b>6426</b>

<sup>(1)</sup> SEE APPENDIX A FOR COMPLETE LIST OF HOSPITAL NAMES AND LOCATIONS.

TABLE B-17  
2015 VERMONT BIRTHS

PLACE OF BIRTH <sup>(1)</sup>	ATTENDANT BY PLACE OF BIRTH						TOTAL
	ATTENDANT						
	MEDICAL DOCTOR	DOCTOR of OSTEOPATHY	CERTIFIED NURSE MIDWIFE	LICENSED MIDWIFE	OTHER	UNKNOWN	
HOME	0	0	3	114	27	1	145
RUTLAND REGIONAL MEDICAL CENTER	381	0	0	0	1	0	382
CENTRAL VERMONT MEDICAL CENTER	275	75	0	0	1	0	351
COPLEY HOSPITAL	51	0	157	0	4	0	212
GIFFORD MEDICAL CENTER	44	0	129	0	1	0	174
FLETCHER ALLEN HEALTH CARE /MEDICAL CTR CAMPUS	1738	13	476	0	0	0	2227
NORTH COUNTRY HOSPITAL AND HEALTH CENTER	157	0	63	0	4	0	224
NORTHEASTERN VERMONT REGIONAL HOSPITAL	123	0	89	0	0	0	212
NORTHWESTERN MEDICAL CENTER	416	0	0	0	0	0	416
PORTER MEDICAL CENTER	288	8	76	0	1	0	373
BRATTLEBORO MEMORIAL HOSPITAL	216	0	141	0	0	0	357
SPRINGFIELD HOSPITAL	168	0	0	0	0	0	168
SOUTHWESTERN VERMONT MEDICAL CENTER	369	0	107	0	1	0	477
OUT OF STATE FACILITY	331	2	124	2	1	237	697
OTHER SPECIFIED PLACES	0	0	0	7	2	1	10
<b>TOTAL</b>	<b>4557</b>	<b>98</b>	<b>1366</b>	<b>123</b>	<b>43</b>	<b>239</b>	<b>6426</b>

<sup>(1)</sup> SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS.

TABLE B-18  
2015 VERMONT HOSPITAL BIRTHS

TYPE OF DELIVERY BY HOSPITAL OF BIRTH  
NUMBER OF EVENTS AND PERCENTS

HOSPITAL OF BIRTH <sup>1</sup>	TYPE OF DELIVERY							UNKNOWN	TOTAL
	VAGINAL	VAGINAL		PRIMARY CESAREAN	REPEAT CESAREAN	TOTAL CESAREAN			
		AFTER CESAREAN	TOTAL VAGINAL						
RUTLAND REGIONAL MEDICAL CENTER	264	3	267	60	54	114	1	382	
CENTRAL VERMONT MEDICAL CENTER	220	4	224	75	51	126	1	351	
COPLEY HOSPITAL	169	3	172	26	14	40	0	212	
GIFFORD MEDICAL CENTER	135	4	139	24	11	35	0	174	
FLETCHER ALLEN HEALTH CARE /MEDICAL CTR CAMPUS	1538	97	1635	375	211	586	6	2227	
NORTH COUNTRY HOSPITAL AND HEALTH CENTER	164	2	166	30	26	56	2	224	
NORTHEASTERN VERMONT REGIONAL HOSPITAL	156	2	158	31	22	53	1	212	
NORTHWESTERN MEDICAL CENTER	291	12	303	53	60	113	0	416	
PORTER MEDICAL CENTER	299	10	309	37	27	64	0	373	
BRATTLEBORO MEMORIAL HOSPITAL	239	5	244	78	33	111	2	357	
SPRINGFIELD HOSPITAL	110	0	110	36	22	58	0	168	
SOUTHWESTERN VERMONT MEDICAL CENTER	351	6	357	58	59	117	3	477	
TOTAL	3936	148	4084	883	590	1473	16	5573	

HOSPITAL OF BIRTH <sup>1</sup>	PERCENTS				
	TOTAL VAGINAL <sup>2</sup>	TOTAL CESAREAN <sup>3</sup>	PRIMARY CESAREAN <sup>4</sup>	REPEAT CESAREAN <sup>5</sup>	VAGINAL AFTER CESAREAN <sup>6</sup>
RUTLAND REGIONAL MEDICAL CENTER	70.1	29.9	18.5	47.4	5.3
CENTRAL VERMONT MEDICAL CENTER	64.0	36.0	25.4	40.5	7.3
COPLEY HOSPITAL	81.1	18.9	13.3	35.0	17.6
GIFFORD MEDICAL CENTER	79.9	20.1	15.1	31.4	26.7
FLETCHER ALLEN HEALTH CARE /MEDICAL CTR CAMPUS	73.6	26.4	19.6	36.0	31.5
NORTH COUNTRY HOSPITAL AND HEALTH CENTER	74.8	25.2	15.5	46.4	7.1
NORTHEASTERN VERMONT REGIONAL HOSPITAL	74.9	25.1	16.6	41.5	8.3
NORTHWESTERN MEDICAL CENTER	72.8	27.2	15.4	53.1	16.7
PORTER MEDICAL CENTER	82.8	17.2	11.0	42.2	27.0
BRATTLEBORO MEMORIAL HOSPITAL	68.7	31.3	24.6	29.7	13.2
SPRINGFIELD HOSPITAL	65.5	34.5	24.7	37.9	0.0
SOUTHWESTERN VERMONT MEDICAL CENTER	75.3	24.7	14.2	50.4	9.2
TOTAL	73.5	26.5	18.3	40.1	20.1

<sup>1</sup> SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS.

<sup>2</sup> PERCENT OF ALL BIRTHS THAT ARE VAGINAL BIRTHS.

<sup>3</sup> PERCENT OF ALL BIRTHS THAT ARE BY CESAREAN DELIVERY.

<sup>4</sup> NUMBER OF PRIMARY CESAREANS PER 100 LIVE BIRTHS TO WOMEN WHO HAVE NOT HAD A PREVIOUS CESAREAN.

<sup>5</sup> PERCENT OF CESAREANS THAT ARE REPEAT CESAREANS.

<sup>6</sup> NUMBER OF VAGINAL BIRTHS AFTER PREVIOUS CESAREAN DELIVERY PER 100 LIVE BIRTHS TO WOMEN WITH A PREVIOUS CESAREAN DELIVERY.



TABLE B-19  
2015 VERMONT RESIDENT BIRTHS

MOTHER'S SMOKING STATUS BY COUNTY OF RESIDENCE  
NUMBER OF BIRTHS AND ROW PERCENTS

COUNTY OF RESIDENCE	NUMBER OF BIRTHS			TOTAL
	NON-SMOKERS <sup>(1)</sup>	SMOKERS <sup>(2)</sup>	UNKNOWN	
ADDISON	258	42	1	301
BENNINGTON	248	106	11	365
CALEDONIA	199	55	4	258
CHITTENDEN	1415	129	17	1561
ESSEX	46	12	1	59
FRANKLIN	478	88	5	571
GRAND ISLE	52	9	1	62
LAMOILLE	216	41	0	257
ORANGE	196	45	4	245
ORLEANS	214	65	2	281
RUTLAND	426	106	4	536
WASHINGTON	444	105	10	559
WINDHAM	318	74	8	400
WINDSOR	348	88	12	448
STATE TOTAL	4858	965	80	5903

ROW PERCENTS - EXCLUDING UNKNOWNNS

COUNTY OF RESIDENCE	NON-SMOKERS <sup>(1)</sup>	SMOKERS <sup>(2)</sup>	QUITTERS <sup>(3)</sup>
ADDISON	86.0	14.0	16.7
BENNINGTON	70.1	29.9	21.9
CALEDONIA	78.3	21.7	24.6
CHITTENDEN	91.6	8.4	28.1
ESSEX	79.3	20.7	26.7
FRANKLIN	84.5	15.5	34.2
GRAND ISLE	85.2	14.8	33.3
LAMOILLE	84.0	16.0	7.3
ORANGE	81.3	18.7	23.5
ORLEANS	76.7	23.3	31.2
RUTLAND	80.1	19.9	17.5
WASHINGTON	80.9	19.1	30.8
WINDHAM	81.1	18.9	41.6
WINDSOR	79.8	20.2	26.7
STATE TOTAL	83.4	16.6	27.0

SMOKING AS A RISK FACTOR FOR LOW BIRTH WEIGHT  
PERCENT OF LOW BIRTH WEIGHT BABIES BY MOTHER'S SMOKING STATUS

	NON-SMOKERS <sup>(1)</sup>	SMOKERS <sup>(2)</sup>	QUITTERS <sup>(3)</sup>	ALL MOTHERS
PERCENT LBW (<2500g)	5.4	12.1	5.2	6.6

<sup>(1)</sup> MOTHERS WHO DID NOT SMOKE CIGARETTES DURING PREGNANCY.

<sup>(2)</sup> MOTHERS WHO SMOKED CIGARETTES DURING PREGNANCY.

<sup>(3)</sup> MOTHERS WHO SMOKED CIGARETTES DURING THE THREE MONTHS BEFORE PREGNANCY OR DURING THE 1ST TRIMESTER OF PREGNANCY, BUT DID NOT SMOKE DURING THE 2ND OR 3RD TRIMESTERS OF PREGNANCY.

**TABLE B-20  
2015 VERMONT RESIDENT BIRTHS**

**MOTHER'S SMOKING STATUS BY AGE OF MOTHER  
NUMBER OF BIRTHS AND ROW PERCENTS**

AGE OF MOTHER	NUMBER OF BIRTHS			TOTAL
	NON-SMOKERS <sup>(1)</sup>	SMOKERS <sup>(2)</sup>	UNKNOWN	
< 15 YEARS	3	1	0	4
15 - 17 YEARS	37	6	0	43
18 - 19 YEARS	147	52	3	202
20 - 24 YEARS	752	307	14	1073
25 - 29 YEARS	1340	340	30	1710
30 - 34 YEARS	1597	177	20	1794
35 - 39 YEARS	844	76	10	930
40 - 44 YEARS	127	6	3	136
45+ YEARS	10	0	0	10
STATE TOTAL	4858	965	80	5903

**ROW PERCENTS - EXCLUDING UNKNOWNNS**

AGE OF MOTHER	NON-SMOKERS <sup>(1)</sup>	SMOKERS <sup>(2)</sup>	QUITTERS <sup>(3)</sup>
< 15 YEARS	75.0	25.0	0.0
15 - 17 YEARS	86.0	14.0	50.0
18 - 19 YEARS	73.9	26.1	26.2
20 - 24 YEARS	71.0	29.0	26.4
25 - 29 YEARS	79.8	20.2	23.2
30 - 34 YEARS	90.0	10.0	31.1
35 - 39 YEARS	91.7	8.3	32.6
40 - 44 YEARS	95.5	4.5	33.3
45+ YEARS	100.0	0.0	0.0
STATE TOTAL	83.4	16.6	27.0

<sup>(1)</sup> MOTHERS WHO DID NOT SMOKE CIGARETTES DURING PREGNANCY.

<sup>(2)</sup> MOTHERS WHO SMOKED CIGARETTES DURING PREGNANCY.

<sup>(3)</sup> MOTHERS WHO SMOKED CIGARETTES DURING THE THREE MONTHS BEFORE PREGNANCY OR DURING THE 1ST TRIMESTER OF PREGNANCY, BUT DID NOT SMOKE DURING THE 2ND OR 3RD TRIMESTERS OF PREGNANCY.

**TABLE B-21**

**2015 VERMONT RESIDENT BIRTHS**

**PREGNANCY RISK FACTORS AND CHARACTERISTICS OF LABOR AND DELIVERY  
NUMBER AND PERCENT OF BIRTHS**

RISK FACTORS FOR THIS PREGNANCY			CHARACTERISTICS OF LABOR AND DELIVERY		
ITEM	NUMBER	PERCENT	ITEM	NUMBER	PERCENT
PRE-PREGNANCY DIABETES	67	1.1	PREMATURE RUPTURE OF MEMBRANES	503	8.5
GESTATIONAL DIABETES	219	3.7	PRECIPITOUS LABOR	233	3.9
PRE-PREGNANCY HYPERTENSION	117	2.0	PROLONGED LABOR	410	6.9
GESTATIONAL HYPERTENSION	394	6.7	INDUCTION OF LABOR	1533	26.0
HYPERTENSION ECLAMPSIA	2	0.0	AUGMENTATION OF LABOR	1577	26.7
PREVIOUS PRETERM BIRTHS	247	4.2	NON-VERTEX PRESENTATION	153	2.6
POOR PREGNANCY OUTCOMES	71	1.2	STEROIDS	173	2.9
FERTILITY ENHANCING DRUGS	43	0.7	ANTIBIOTICS	1105	18.7
ASSISTED REPRODUCTIVE TECHNOLOGY	75	1.3	CHORIOAMNIONITIS	115	1.9
			MECONIUM STAINING	360	6.1
			FETAL INTOLERANCE	623	10.6
			ANESTHESIA	3226	54.7
			CERVICAL CERCLAGE	11	0.2
			TOCOLYSIS	45	0.8
			SUCCESSFUL EXTERNAL CEPHALIC VERSION	6	0.1
			FAILED EXTERNAL CEPHALIC VERSION	32	0.5

**TABLE B-22  
2015 VERMONT RESIDENT BIRTHS**

**COMPLICATIONS OF THE NEWBORN  
NUMBER AND PERCENT OF BIRTHS**

ABNORMAL CONDITIONS OF THE NEWBORN			CONGENITAL ANOMALIES OF THE NEWBORN		
ITEM	NUMBER	PERCENT	ITEM	NUMBER	PERCENT
ASSISTED VENTILATION	398	6.7	ANENCEPHALY	1	0.0
ASSISTED VENTILATION >6H	140	2.4	MENINGOMYELOCELE/SPINA BIFIDA	1	0.0
ADMISSION TO NICU	533	9.0	CYANOTIC CONGENITAL HEART DISEASE	5	0.1
SURFACTANT	62	1.1	CONGENITAL DIAPHRAGMATIC HERNIA	3	0.1
ANTIBIOTICS	382	6.5	OMPHALOCELE	0	0.0
SEIZURES	5	0.1	GASTROSCHISIS	3	0.1
BIRTH INJURY	5	0.1	LIMB REDUCTION DEFECT	1	0.0
			CLEFT LIP W OR WO CLEFT PALATE	3	0.1
			CLEFT PALATE ALONE	0	0.0
			DOWN SYNDROME <sup>(1)</sup>	1	0.0
			SUSPECTED CHROMOSOMAL DISORDER	1	0.0
			HYPOSPADIAS	9	0.2

<sup>(1)</sup> INCLUDES KARYOTYPE CONFIRMED, AND CARYOTYPE PENDING.

Table B-23  
2015 VERMONT RESIDENT BIRTHS

PREPREGNANCY BMI AND WEIGHT GAIN DURING PREGNANCY BY COUNTY OF RESIDENCE  
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	PREPREGNANCY BMI <sup>(2)</sup>					WEIGHT GAIN <sup>(2)</sup>					TOTAL <sup>(1)</sup>
	UNDER WEIGHT	HEALTHY WEIGHT	OVER WEIGHT	OBESE	UNKNOWN	BELOW GUIDELINES	WITHIN GUIDELINES	ABOVE GUIDELINES	UNKNOWN		
	NUMBER OF EVENTS <sup>(1)</sup>					NUMBER OF EVENTS <sup>(1)</sup>					
ADDISON	13	125	63	76	0	53	77	144	3	277	
BENNINGTON	17	132	77	79	6	75	69	142	25	311	
CALEDONIA	3	111	56	66	0	43	76	108	9	236	
CHITTENDEN	43	726	319	299	31	276	477	598	67	1418	
ESSEX	4	22	11	12	2	7	21	19	4	51	
FRANKLIN	12	228	125	149	5	91	146	259	23	519	
GRAND ISLE	1	23	16	17	2	15	13	29	2	59	
LAMOILLE	7	117	54	58	1	36	80	116	5	237	
ORANGE	1	104	59	52	7	41	74	93	15	223	
ORLEANS	4	111	70	66	0	54	68	122	7	251	
RUTLAND	14	227	118	124	13	99	115	258	24	496	
WASHINGTON	15	221	122	144	4	94	151	240	21	506	
WINDHAM	8	175	85	88	14	64	113	156	37	370	
WINDSOR	12	192	102	98	9	71	120	193	29	413	
STATE TOTAL	154	2514	1277	1328	94	1019	1600	2477	271	5367	

ROW PERCENTS - EXCLUDING UNKNOWNNS

COUNTY OF RESIDENCE	UNDER WEIGHT	HEALTHY WEIGHT	OVER WEIGHT	OBESE	BELOW GUIDELINES	WITHIN GUIDELINES	ABOVE GUIDELINES	TOTAL <sup>(1)</sup>
ADDISON	4.7	45.1	22.7	27.4	19.3	28.1	52.6	100.0
BENNINGTON	5.6	43.3	25.2	25.9	26.2	24.1	49.7	100.0
CALEDONIA	1.3	47.0	23.7	28.0	18.9	33.5	47.6	100.0
CHITTENDEN	3.1	52.3	23.0	21.6	20.4	35.3	44.3	100.0
ESSEX	8.2	44.9	22.4	24.5	14.9	44.7	40.4	100.0
FRANKLIN	2.3	44.4	24.3	29.0	18.3	29.4	52.2	100.0
GRAND ISLE	1.8	40.4	28.1	29.8	26.3	22.8	50.9	100.0
LAMOILLE	3.0	49.6	22.9	24.6	15.5	34.5	50.0	100.0
ORANGE	0.5	48.1	27.3	24.1	19.7	35.6	44.7	100.0
ORLEANS	1.6	44.2	27.9	26.3	22.1	27.9	50.0	100.0
RUTLAND	2.9	47.0	24.4	25.7	21.0	24.4	54.7	100.0
WASHINGTON	3.0	44.0	24.3	28.7	19.4	31.1	49.5	100.0
WINDHAM	2.2	49.2	23.9	24.7	19.2	33.9	46.8	100.0
WINDSOR	3.0	47.5	25.2	24.3	18.5	31.3	50.3	100.0
STATE TOTAL	2.9	47.7	24.2	25.2	20.0	31.4	48.6	100.0

<sup>(1)</sup> FULL TERM, SINGLETON BIRTHS ONLY.

<sup>(2)</sup> PREPREGNANCY BMI CATEGORIES AND WEIGHT GAIN GUIDELINES UPDATED BY THE INSTITUTE OF MEDICINE 2009.

Table B-24

2015 VERMONT RESIDENT BIRTHS

PREPREGNANCY BMI AND WEIGHT GAIN DURING PREGNANCY BY AGE OF MOTHER  
NUMBER OF EVENTS AND ROW PERCENTS

AGE OF MOTHER	PREPREGNANCY BMI <sup>(2)</sup>					WEIGHT GAIN <sup>(2)</sup>				TOTAL <sup>(1)</sup>
	UNDER WEIGHT	HEALTHY WEIGHT	OVER WEIGHT	OBESE	UNKNOWN	BELOW GUIDELINES	WITHIN GUIDELINES	ABOVE GUIDELINES	UNKNOWN	
	NUMBER OF EVENTS									
< 15 YEARS	2	0	1	0	0	1	2	0	0	3
15 - 17 YEARS	0	19	7	11	0	3	10	20	4	37
18 - 19 YEARS	9	89	44	43	2	34	43	106	4	187
20 - 24 YEARS	41	419	213	294	15	209	267	454	52	982
25 - 29 YEARS	39	713	380	418	26	305	470	716	85	1576
30 - 34 YEARS	36	802	398	355	35	297	507	738	84	1626
35 - 39 YEARS	25	406	198	180	14	144	247	394	38	823
40 - 44 YEARS	2	61	32	27	1	25	51	44	3	123
45+ YEARS	0	5	3	0	1	1	3	4	1	9
STATE TOTAL	154	2514	1277	1328	94	1019	1600	2477	271	5367

AGE OF MOTHER	PREPREGNANCY BMI <sup>(2)</sup>				WEIGHT GAIN <sup>(2)</sup>			TOTAL <sup>(1)</sup>
	UNDER WEIGHT	HEALTHY WEIGHT	OVER WEIGHT	OBESE	BELOW GUIDELINES	WITHIN GUIDELINES	ABOVE GUIDELINES	
ROW PERCENTS - EXCLUDING UNKNOWNNS								
< 15 YEARS	66.7	0.0	33.3	0.0	33.3	66.7	0.0	100.0
15 - 17 YEARS	0.0	51.4	18.9	29.7	9.1	30.3	60.6	100.0
18 - 19 YEARS	4.9	48.1	23.8	23.2	18.6	23.5	57.9	100.0
20 - 24 YEARS	4.2	43.3	22.0	30.4	22.5	28.7	48.8	100.0
25 - 29 YEARS	2.5	46.0	24.5	27.0	20.5	31.5	48.0	100.0
30 - 34 YEARS	2.3	50.4	25.0	22.3	19.3	32.9	47.9	100.0
35 - 39 YEARS	3.1	50.2	24.5	22.2	18.3	31.5	50.2	100.0
40 - 44 YEARS	1.6	50.0	26.2	22.1	20.8	42.5	36.7	100.0
45+ YEARS	0.0	62.5	37.5	0.0	12.5	37.5	50.0	100.0
STATE TOTAL	2.9	47.7	24.2	25.2	20.0	31.4	48.6	100.0

<sup>(1)</sup> FULL TERM, SINGLETON BIRTHS ONLY.

<sup>(2)</sup> PREPREGNANCY BMI CATEGORIES AND WEIGHT GAIN GUIDELINES UPDATED BY THE INSTITUTE OF MEDICINE 2009.

Table B-25  
2015 VERMONT RESIDENT BIRTHS

ADEQUACY OF PRENATAL CARE BY AGE OF MOTHER  
NUMBER OF EVENTS AND ROW PERCENTS

AGE OF MOTHER	ADEQUACY OF PRENATAL CARE <sup>(1)</sup>					TOTAL
	INTENSIVE	ADEQUATE	INTERMEDIATE	INADEQUATE	UNKNOWN	
< 15 YEARS	0	0	0	4	0	4
15 YEARS	1	1	0	1	0	3
16 YEARS	2	7	1	4	0	14
17 YEARS	16	5	2	2	1	26
18 YEARS	29	32	1	9	0	71
19 YEARS	50	57	8	13	3	131
(15-19 YEARS)	(98)	(102)	(12)	(29)	(4)	(245)
20 YEARS	72	68	9	11	4	164
21 YEARS	89	70	13	19	1	192
22 YEARS	88	78	11	25	4	206
23 YEARS	95	101	14	22	0	232
24 YEARS	115	109	19	30	6	279
(20-24 YEARS)	(459)	(426)	(66)	(107)	(15)	(1073)
25-29 YEARS	670	784	75	134	47	1710
30-34 YEARS	737	831	70	101	55	1794
35-39 YEARS	417	400	32	49	32	930
40-44 YEARS	69	49	6	11	1	136
45+ YEARS	6	3	0	1	0	10
STATE TOTAL	2456	2596	261	436	154	5903

ROW PERCENTS - EXCLUDING UNKNOWN<sup>(2)</sup>

AGE OF MOTHER	INTENSIVE	ADEQUATE	INTERMEDIATE	INADEQUATE
< 15 YEARS	0.0	0.0	0.0	100.0
15 YEARS	33.3	33.3	0.0	33.3
16 YEARS	14.3	50.0	7.1	28.6
17 YEARS	64.0	20.0	8.0	8.0
18 YEARS	40.8	45.1	1.4	12.7
19 YEARS	39.1	44.5	6.3	10.2
(15-19 YEARS)	(40.7)	(42.3)	(5.0)	(12.0)
20 YEARS	45.0	42.5	5.6	6.9
21 YEARS	46.6	36.6	6.8	9.9
22 YEARS	43.6	38.6	5.4	12.4
23 YEARS	40.9	43.5	6.0	9.5
24 YEARS	42.1	39.9	7.0	11.0
(20-24 YEARS)	(43.4)	(40.3)	(6.2)	(10.1)
25-29 YEARS	40.3	47.1	4.5	8.1
30-34 YEARS	42.4	47.8	4.0	5.8
35-39 YEARS	46.4	44.5	3.6	5.5
40-44 YEARS	51.1	36.3	4.4	8.1
45+ YEARS	60.0	30.0	0.0	10.0
STATE TOTAL	42.7	45.2	4.5	7.6

<sup>(1)</sup> ACCORDING TO THE ADEQUACY OF PRENATAL CARE UTILIZATION INDEX DEVELOPED BY MILTON KOTELCHUCK, Ph.D., M.P.H.

- INTENSIVE: PNC BEGUN BY MONTH 4 AND >= 110% OF EXPECTED VISITS WERE RECEIVED.
- ADEQUATE: PNC BEGUN BY MONTH 4 AND 80-109% OF EXPECTED VISITS WERE RECEIVED.
- INTERMEDIATE: PNC BEGUN BY MONTH 4 AND 50-79% OF EXPECTED VISITS WERE RECEIVED.
- INADEQUATE: PNC BEGUN AFTER MONTH 4 OR <50% OF EXPECTED VISITS WERE RECEIVED.

<sup>(2)</sup> MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-26

## 2015 VERMONT RESIDENT BIRTHS

## BREASTFEEDING INITIATION BY COUNTY OF RESIDENCE AND AGE OF MOTHER

## NUMBER OF EVENTS (ROW PERCENTS - EXCLUDING UNKNOWNNS)

COUNTY OF RESIDENCE	BREASTFEEDING INDICATOR			TOTAL
	YES	NO	UNKNOWN	
ADDISON	278 (92.7)	22 (7.3)	1	301
BENNINGTON	299 (83.3)	60 (16.7)	6	365
CALEDONIA	233 (90.7)	24 (9.3)	1	258
CHITTENDEN	1447 (93.4)	102 (6.6)	12	1561
ESSEX	48 (81.4)	11 (18.6)	0	59
FRANKLIN	481 (84.8)	86 (15.2)	4	571
GRAND ISLE	54 (87.1)	8 (12.9)	0	62
LAMOILLE	237 (92.2)	20 (7.8)	0	257
ORANGE	223 (91.0)	22 (9.0)	0	245
ORLEANS	227 (81.1)	53 (18.9)	1	281
RUTLAND	456 (85.4)	78 (14.6)	2	536
WASHINGTON	490 (88.1)	66 (11.9)	3	559
WINDHAM	335 (84.6)	61 (15.4)	4	400
WINDSOR	399 (89.7)	46 (10.3)	3	448
STATE TOTAL	5207 (88.8)	659 (11.2)	37	5903

AGE OF MOTHER	BREASTFEEDING INDICATOR			TOTAL
	YES	NO	UNKNOWN	
< 15 YEARS	3 (75.0)	1 (25.0)	0	4
15 - 17 YEARS	20 (46.5)	23 (53.5)	0	43
18 - 19 YEARS	172 (86.0)	28 (14.0)	2	202
20 - 24 YEARS	902 (84.5)	165 (15.5)	6	1073
25 - 29 YEARS	1473 (86.7)	225 (13.3)	12	1710
30 - 34 YEARS	1644 (92.0)	143 (8.0)	7	1794
35 - 39 YEARS	859 (93.2)	63 (6.8)	8	930
40 - 44 YEARS	126 (93.3)	9 (6.7)	1	136
45+ YEARS	7 (77.8)	2 (22.2)	1	10
STATE TOTAL	5207 (88.8)	659 (11.2)	37	5903



TABLE B-27  
2015 VERMONT RESIDENT BIRTHS

WIC ENROLLMENT BY COUNTY OF RESIDENCE AND AGE OF MOTHER

NUMBER OF EVENTS (ROW PERCENTS - EXCLUDING UNKNOWNNS)

COUNTY OF RESIDENCE	WIC PARTICIPANT			TOTAL
	YES	NO	UNKNOWN	
ADDISON	126 (42.0)	174 (58.0)	1	301
BENNINGTON	194 (55.7)	154 (44.3)	17	365
CALEDONIA	135 (53.1)	119 (46.9)	4	258
CHITTENDEN	414 (27.2)	1109 (72.8)	38	1561
ESSEX	33 (55.9)	26 (44.1)	0	59
FRANKLIN	207 (36.6)	358 (63.4)	6	571
GRAND ISLE	24 (40.0)	36 (60.0)	2	62
LAMOILLE	101 (39.8)	153 (60.2)	3	257
ORANGE	93 (38.3)	150 (61.7)	2	245
ORLEANS	169 (60.6)	110 (39.4)	2	281
RUTLAND	237 (44.5)	295 (55.5)	4	536
WASHINGTON	203 (36.6)	351 (63.4)	5	559
WINDHAM	163 (43.4)	213 (56.6)	24	400
WINDSOR	154 (35.0)	286 (65.0)	8	448
STATE TOTAL	2253 (38.9)	3534 (61.1)	116	5903

AGE OF MOTHER	WIC PARTICIPANT			TOTAL
	YES	NO	UNKNOWN	
< 15 YEARS	3 (75.0)	1 (25.0)	0	4
15 - 17 YEARS	35 (81.4)	8 (18.6)	0	43
18 - 19 YEARS	170 (85.0)	30 (15.0)	2	202
20 - 24 YEARS	712 (67.2)	348 (32.8)	13	1073
25 - 29 YEARS	671 (40.1)	1003 (59.9)	36	1710
30 - 34 YEARS	443 (25.3)	1309 (74.7)	42	1794
35 - 39 YEARS	187 (20.5)	724 (79.5)	19	930
40 - 44 YEARS	32 (24.1)	101 (75.9)	3	136
45+ YEARS	0 (0.0)	9 (100.0)	1	10
STATE TOTAL	2253 (38.9)	3534 (61.1)	116	5903

Table B-28

2015 VERMONT RESIDENT BIRTHS

PAYMENT SOURCE FOR DELIVERY BY COUNTY OF RESIDENCE  
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	PAYMENT SOURCE					TOTAL
	MEDICAID	PRIVATE INSURANCE	SELF PAY	OTHER	UNKNOWN	
ADDISON	123	169	4	5	0	301
BENNINGTON	219	124	6	5	11	365
CALEDONIA	152	63	3	39	1	258
CHITTENDEN	471	1015	12	52	11	1561
ESSEX	41	14	1	3	0	59
FRANKLIN	240	307	8	15	1	571
GRAND ISLE	32	28	1	0	1	62
LAMOILLE	121	95	6	35	0	257
ORANGE	113	118	6	4	4	245
ORLEANS	168	93	6	14	0	281
RUTLAND	275	241	6	14	0	536
WASHINGTON	238	286	8	23	4	559
WINDHAM	203	158	8	17	14	400
WINDSOR	194	223	8	10	13	448
STATE TOTAL	2590	2934	83	236	60	5903

COUNTY OF RESIDENCE	ROW PERCENTS - UNKNOWN EXCLUDED				TOTAL
	MEDICAID	PRIVATE INSURANCE	SELF PAY	OTHER	
ADDISON	40.9	56.1	1.3	1.7	100.0
BENNINGTON	61.9	35.0	1.7	1.4	100.0
CALEDONIA	59.1	24.5	1.2	15.2	100.0
CHITTENDEN	30.4	65.5	0.8	3.4	100.0
ESSEX	69.5	23.7	1.7	5.1	100.0
FRANKLIN	42.1	53.9	1.4	2.6	100.0
GRAND ISLE	52.5	45.9	1.6	0.0	100.0
LAMOILLE	47.1	37.0	2.3	13.6	100.0
ORANGE	46.9	49.0	2.5	1.7	100.0
ORLEANS	59.8	33.1	2.1	5.0	100.0
RUTLAND	51.3	45.0	1.1	2.6	100.0
WASHINGTON	42.9	51.5	1.4	4.1	100.0
WINDHAM	52.6	40.9	2.1	4.4	100.0
WINDSOR	44.6	51.3	1.8	2.3	100.0
STATE TOTAL	44.3	50.2	1.4	4.0	100.0

Table B-29

2015 VERMONT RESIDENT BIRTHS

PAYMENT SOURCE FOR DELIVERY BY AGE OF MOTHER  
NUMBER OF EVENTS AND ROW PERCENTS

AGE OF MOTHER	PAYMENT SOURCE					TOTAL
	MEDICAID	PRIVATE INSURANCE	SELF PAY	OTHER	UNKNOWN	
< 15 YEARS	4	0	0	0	0	4
15 - 17 YEARS	38	4	1	0	0	43
18 - 19 YEARS	154	37	4	6	1	202
20 - 24 YEARS	731	273	17	40	12	1073
25 - 29 YEARS	849	761	21	64	15	1710
30 - 34 YEARS	524	1142	28	81	19	1794
35 - 39 YEARS	252	620	8	40	10	930
40 - 44 YEARS	36	89	4	5	2	136
45+ YEARS	2	7	0	0	1	10
STATE TOTAL	2590	2934	83	236	60	5903

ROW PERCENTS - UNKNOWNNS EXCLUDED

AGE OF MOTHER	MEDICAID	PRIVATE INSURANCE	SELF PAY	OTHER	TOTAL
< 15 YEARS	100.0	0.0	0.0	0.0	100.0
15 - 17 YEARS	88.4	9.3	2.3	0.0	100.0
18 - 19 YEARS	76.6	18.4	2.0	3.0	100.0
20 - 24 YEARS	68.9	25.7	1.6	3.8	100.0
25 - 29 YEARS	50.1	44.9	1.2	3.8	100.0
30 - 34 YEARS	29.5	64.3	1.6	4.6	100.0
35 - 39 YEARS	27.4	67.4	0.9	4.3	100.0
40 - 44 YEARS	26.9	66.4	3.0	3.7	100.0
45+ YEARS	22.2	77.8	0.0	0.0	100.0
STATE TOTAL	44.3	50.2	1.4	4.0	100.0

Table B-30

2015 VERMONT RESIDENT BIRTHS

PAYMENT SOURCE FOR DELIVERY BY MONTH OF PRENATAL CARE ENTRY

NUMBER OF EVENTS AND ROW PERCENTS

MONTH PRENATAL CARE BEGAN	PAYMENT SOURCE					TOTAL
	MEDICAID	PRIVATE INSURANCE	SELF PAY	OTHER	UNKNOWN	
1ST	29	27	2	3	0	61
2ND	1012	1332	18	93	15	2470
3RD	965	1189	30	103	23	2310
4TH	303	206	15	16	3	543
5TH	96	54	4	4	4	162
6TH	56	22	1	4	3	86
7TH	37	21	2	1	1	62
8TH	23	12	0	3	0	38
9TH	16	8	1	1	3	29
NONE	9	2	6	1	0	18
UNKNOWN	44	61	4	7	8	124
STATE TOTAL	2590	2934	83	236	60	5903

ROW PERCENTS - UNKNOWNNS EXCLUDED

MONTH PRENATAL CARE BEGAN	PRIVATE				TOTAL
	MEDICAID	INSURANCE	SELF PAY	OTHER	
1ST	47.5	44.3	3.3	4.9	100.0
2ND	42.2	52.0	1.3	4.5	100.0
3RD	56.1	38.1	2.8	3.0	100.0
4TH	60.8	34.2	2.5	2.5	100.0
5TH	67.5	26.5	1.2	4.8	100.0
6TH	60.7	34.4	3.3	1.6	100.0
7TH	60.5	31.6	0.0	7.9	100.0
8TH	61.5	30.8	3.8	3.8	100.0
9TH	50.0	11.1	33.3	5.6	100.0
NONE	47.5	44.3	3.3	4.9	100.0
UNKNOWN	37.9	52.6	3.4	6.0	100.0
STATE TOTAL	44.3	50.2	1.4	4.0	100.0

**Table B-31****2015 VERMONT RESIDENT PREGNANCIES<sup>(1)</sup>****AGE-SPECIFIC PREGNANCY RATES BY COUNTY OF RESIDENCE**

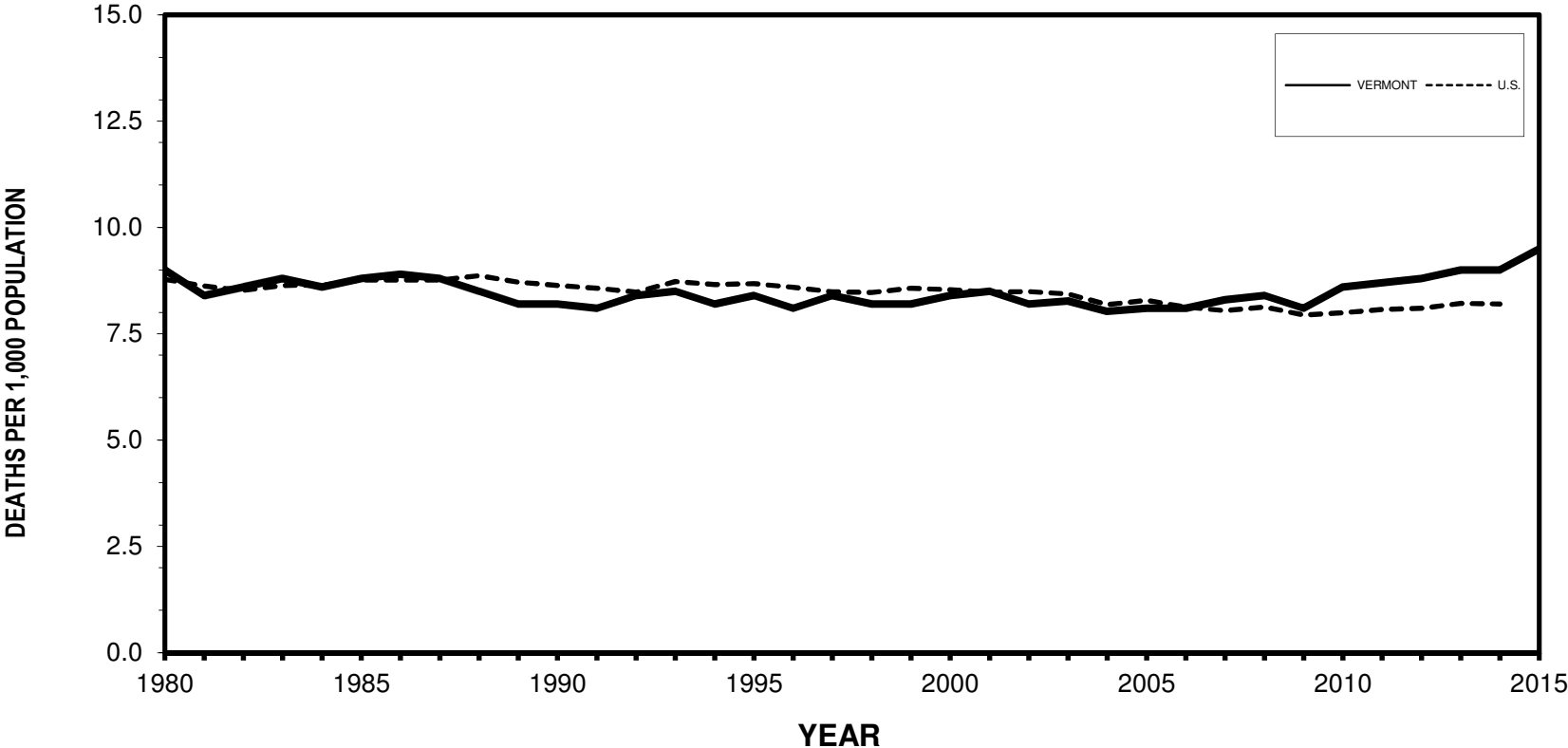
COUNTY OF RESIDENCE	AGE OF PATIENT					TOTAL
	15-19	20-24	25-29	30-34	35-44	
ADDISON	13.1	51.3	96.4	125.7	25.2	50.1
BENNINGTON	25.0	94.2	151.6	122.8	24.7	71.2
CALEDONIA	20.5	85.5	127.1	79.5	20.8	56.5
CHITTENDEN	9.9	30.2	85.7	125.4	42.9	52.4
ESSEX	19.5	100.7	190.5	85.3	25.2	69.6
FRANKLIN	23.8	97.6	152.2	93.1	32.3	70.0
GRAND ISLE	17.9	92.0	127.8	104.0	26.0	64.8
LAMOILLE	12.3	78.5	111.4	111.0	43.4	65.4
ORANGE	14.9	80.3	135.7	106.9	22.8	61.2
ORLEANS	27.6	120.7	140.1	105.5	26.2	71.5
RUTLAND	19.2	85.0	140.4	105.7	26.4	66.1
WASHINGTON	22.7	72.0	140.2	108.2	38.2	68.0
WINDHAM	22.3	78.1	116.9	90.6	36.9	63.2
WINDSOR	20.4	75.7	108.5	95.6	28.3	59.5
STATE TOTAL	16.9	61.0	116.6	109.7	33.4	60.5

(1) INCLUDES ALL VERMONT RESIDENT LIVE BIRTHS AND FETAL DEATHS AND INDUCED ABORTIONS OCCURRING IN VERMONT TO VERMONT RESIDENTS.



# Deaths

**Figure 8**  
**VERMONT AND U.S. CRUDE DEATH RATES**  
**1980-2015**



Vermont data points can be found in Table A-1. Data points for the U.S. can be found in Appendix D. U.S. data for 2015 was unavailable at the time of printing.



## DEATHS

There were 5,919 resident deaths in 2015, 292 more than in 2014. The crude death rate increased to 9.5 per 1,000/population, the highest rate since 1980. The death rate has fluctuated between 8.0 and 9.0 since 1980; prior to then it had been slowly declining from 11.2 in 1960, to 10.0 in 1970, down to 9.0 in 1980. The Vermont crude death rate was slightly lower than the U.S. crude death from 1988 through 2005, and has been slightly higher than the U.S. crude death rate since 2007 (Figure 8).

From the 1960's through 2006 the two leading causes of death in Vermont were heart disease and cancer, respectively. In 2007 cancer took over as the leading cause of death among Vermonters. Cancer and heart disease accounted for 45.8 percent of the deaths in 2015 (Table C-11). The crude death rate for cancer (malignant neoplasms) increased steadily since 1980 before leveling off in recent years. The 2015 rate of 223.1 is the same as the 2010 rate.

In contrast, the heart disease crude death rate peaked in the 1960's at 439.5 deaths per 100,000/population, but has decreased significantly since then. The rate for 2015 was 209.6 per 100,000/population (Table C-1).

Chronic lower respiratory diseases (formerly referred to as chronic obstructive pulmonary diseases) have been the third leading cause of death among Vermont residents since 2005. The crude death rate for this cause increased from 33.0 per 100,000/population in the period from 1979 to 1981 to 50.9 in 2000. After declining in 2001 and 2002, the rate has fluctuated since. In 2015, the rate was 56.9 per 100,000/population, up from 53.5 in 2010.

Accidents (or unintentional injuries) has maintained its position as the fourth leading cause of death in Vermont since 2005. The crude death rate declined to 31.3 in 1994 to 1996. From the mid 1990's through 2006, the death rate continued to increase, but has leveled off in recent years. The crude rate for 2015 was 55.3 deaths per 100,000/population, increasing from the 2014 rate of 51.2.

Cerebrovascular diseases, or stroke, dropped from the third leading cause of death in 2004 to the fifth leading cause beginning in 2005. In 2011 cerebrovascular diseases dropped to the sixth leading cause of death in Vermont and maintained that rank until moving back up to the fifth leading cause of death in 2015. The crude death rate for cerebrovascular diseases has dropped significantly from its peak of 131.9 per 100,000/population in the early 1960's to 49.0 in 2015.

The crude death rate from Alzheimer's disease steadily increased throughout the 1990's, resulting in movement up from the tenth to the seventh leading cause of death in 1999. In 2004, Alzheimer's disease moved up to the sixth leading cause of death, and remained there through 2010. In 2011 Alzheimer's moved up to the fifth leading cause of death in Vermont and maintained that ranking until moving back down to sixth in 2015. The crude death rate for Alzheimer's disease in 2015 was 47.6 per 100,000/population.

Diabetes remained the seventh leading cause of death in Vermont in 2015, and the rate fluctuated throughout the last decade, from 26.9 per 100,000/population in 2000 to 29.6 in 2003, 27.4 in 2007 to 24.0 in 2010, up to 28.4 in 2012 and down to 25.4 in 2015.

Intentional self-harm (suicide) remained the eighth leading cause of death in 2015. The death rate increased steadily from 12.0 per 100,000/population in 2005 to 19.2 in 2011 before dropping to 13.7 in 2012. The suicide death rate was 16.3 in 2015.

The ninth leading cause of death in Vermont in 2015 was influenza and pneumonia with a crude death rate of 13.6 per 100,000/population. Parkinson's disease replaced chronic liver disease and cirrhosis as the tenth leading cause of death in Vermont in 2015, with a crude death rate of 12.9 per 100,000/population.

The leading causes of death varied with age (Table C-2 and Table C-14). Unintentional injuries were the leading cause of death for people age 15 to 44. Cancer was the leading cause of death, followed by heart disease for 45 to 84 year olds, and at ages 85 and higher, the causes were reversed with heart disease as the leading cause, followed by cancer.

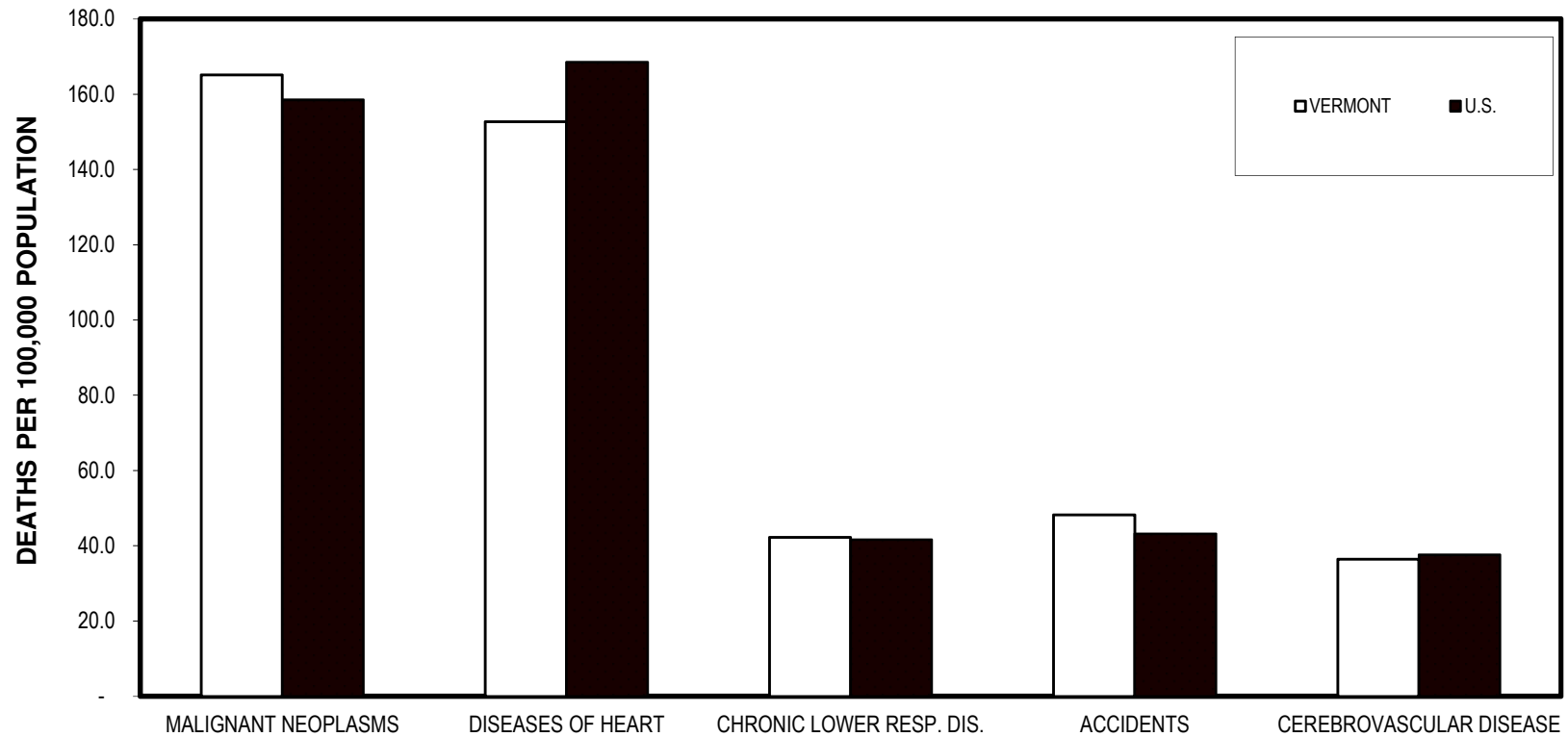
Death rates dramatically increase after age 75. While people age 75 and over comprised only 7.1 percent of the total population, they accounted for 59.6 percent of total deaths. Except for accidents and influenza and pneumonia, the leading causes of death in this age group were all chronic diseases.

The leading causes of death did vary by sex (Table C-1 and Table C-11). While cancer and heart disease were the top two causes for both Vermont males and females, later rankings for cause of death varied.

Accidents were the third leading cause for of death for Vermont males, while accidents were the sixth leading cause of death for females. Cerebrovascular disease and Alzheimer's disease were tied for the third leading cause of death for Vermont females, while these were the fifth and sixth leading causes for males. Men had higher death rates than women due to diabetes, suicide, and Parkinson's disease, while women had higher death rates due to cerebrovascular disease, Alzheimer's disease and influenza and pneumonia.

Deaths occurring in a hospital accounted for 32.3 percent of 2015 Vermont resident deaths (Table C-17), slightly less than 35.8 percent in 2010, and down from 62 percent in 1980, 53 percent in 1990, and 42 percent in 2000. In 2015, 32.6 percent of Vermont resident deaths occurred at home and 27.0 percent occurred in a nursing home.

**Figure 9**  
**FIVE LEADING CAUSES OF DEATH IN VERMONT IN 2015,**  
**VERMONT AND U.S. RATES**



Vermont and U.S. rates in this chart are age-adjusted to the U.S. standard population for comparison purposes, Vermont rates published in tables are crude rates.

TABLE C-1

1979-2015 VERMONT RESIDENT DEATHS  
10 LEADING CAUSES OF DEATH, BY SEX  
CRUDE RATES PER 100,000 POPULATION

CAUSE OF DEATH <sup>(1)</sup>		2015		2010	2000	1989-91	1979-81
		NUMBER	RATE	RATE	RATE	RATE	RATE
1. MALIGNANT NEOPLASMS (CANCER)	T	1397	223.1	223.1	203.5	199.1	188.1
10th: C00-C97	M	739	239.5	238.5	207.8	216.8	202.8
9th: 140-208 (1.0068)	F	658	207.2	208.2	199.4	182.1	174.1
OF TRACHEA, BRONCHUS AND LUNG	T	352	56.2	64.9	54.9	49.1	44.7
10th: C33-C34	M	187	60.6	70.4	64.0	67.4	67.0
9th: 162 (0.9837)	F	165	52.0	59.5	46.1	31.6	23.5
2. DISEASES OF THE HEART	T	1312	209.6	187.0	236.4	255.1	327.4
10th: I00-I09, I11, I13, I20-I51	M	714	231.4	200.8	233.3	254.7	352.2
9th: 390-398, 402, 404, 410-429 (0.9858)	F	598	188.3	173.5	239.3	255.4	303.7
3. CHRONIC LOWER RESPIRATORY DISEASES (COPD)	T	356	56.9	53.5	50.9	41.5	33.0
10th: J40-J47	M	174	56.4	44.5	53.0	49.7	48.2
9th: 490-494, 496 (1.0478)	F	182	57.3	62.4	49.0	33.6	18.4
4. ACCIDENTS	T	346	55.3	47.5	38.1	34.4	46.3
10th: V01-X59, Y85-Y86	M	216	70.0	53.5	49.9	46.3	66.5
9th: E800-E869, E880-E929 (1.0305)	F	130	40.9	41.6	26.7	23.1	27.1
FALLS	T	145	23.2	21.4	5.4	5.0	5.7
10th: W00-W19	M	71	23.0	17.8	7.4	4.5	5.7
9th: E880-E888 (0.8409)	F	74	23.3	24.9	3.5	5.5	5.6
5. CEREBROVASCULAR DISEASES (STROKE)	T	307	49.0	42.5	56.5	54.0	69.2
10th: I60-I69	M	108	35.0	38.3	42.9	41.3	57.7
9th: 430-434, 436-438 (1.0588)	F	199	62.7	46.6	69.6	66.2	80.1

**TABLE C-1**  
**1979-2015 VERMONT RESIDENT DEATHS**  
**10 LEADING CAUSES OF DEATH, BY SEX**  
**CRUDE RATES PER 100,000 POPULATION**

CAUSE OF DEATH <sup>(1)</sup>		2015		2010	2000	1989-91	1979-81
		NUMBER	RATE	RATE	RATE	RATE	RATE
6. ALZHEIMER'S DISEASE 10th: G30 9th: 331.0 (1.5536)	T	298	47.6	37.7	22.0	15.4	0.9
	M	99	32.1	25.0	10.7	9.8	0.6
	F	199	62.7	50.1	32.9	20.7	1.2
7. DIABETES MELLITUS 10th: E10-E14 9th: 250 (1.0082)	T	159	25.4	24.0	26.9	22.0	13.6
	M	86	27.9	27.6	25.1	20.1	11.0
	F	73	23.0	20.5	28.7	23.9	16.1
8. INTENTIONAL SELF-HARM (SUICIDE) 10th: X60-X84, Y87.0 9th: E950-E959 (0.9962)	T	102	16.3	17.3	12.6	16.1	16.3
	M	86	27.9	28.2	22.8	27.4	25.8
	F	16	5.0	6.6	2.9	5.3	7.2
9. INFLUENZA AND PNEUMONIA 10th: J10-J18 9th: 480-487 (0.6982)	T	85	13.6	9.7	6.9	9.6	11.8
	M	35	11.3	7.5	9.4	12.0	15.3
	F	50	15.7	12.0	4.5	7.3	8.6
10. PARKINSON'S DISEASE 10th: G20-G21 9th: 332 (1.0012)	T	81	12.9	8.8	5.6	3.8	2.4
	M	49	15.9	9.7	7.0	4.2	2.3
	F	32	10.1	7.9	4.2	3.4	2.6

<sup>(1)</sup> CAUSE OF DEATH IS CODED BY THE INTERNATIONAL CLASSIFICATION OF DISEASES. DEATHS IN 1979 TO 1998 WERE CODED ACCORDING TO ICD-9. EFFECTIVE JANUARY 1, 1999 DEATHS WERE CODED ACCORDING TO ICD-10. SINCE SIGNIFICANT CHANGES WERE MADE IN ICD-10, THE CODE NUMBERS FOR ICD-9 AND ICD-10 ARE GIVEN IN ADDITION TO COMPARABILITY RATIOS WHICH HAVE BEEN APPLIED TO THE EARLIER RATES TO MAKE THEM COMPARABLE TO THE ICD-10 RATES.

TABLE C-2  
2015 VERMONT RESIDENT DEATHS

LEADING CAUSES OF DEATH BY AGE GROUPS AND SEX  
NUMBER OF DEATHS AND AGE-SPECIFIC DEATH RATES  
PER 100,000 POPULATION

AGE GROUP AND CAUSE <sup>(1)</sup>	NUMBER OF DEATHS	RATES				
		TOTAL #	MALE	MALE	FEMALE	
UNDER 1 <sup>(2)</sup>	27	4.6	19	6.2	8	2.8
1-4 YEARS	2	8.2	2	15.8	0	0.0
5-14 YEARS	6	9.0	3	8.7	3	9.3
15-24 YEARS	60	66.2	47	101.1	13	29.4
ACCIDENTS	24	26.5	20	43.0	4	9.1
25-34 YEARS	78	108.8	61	169.6	17	47.6
ACCIDENTS	40	55.8	30	83.4	10	28.0
35-44 YEARS	113	160.0	64	183.5	49	137.0
ACCIDENTS	29	41.1	23	66.0	6	16.8
MALIGNANT NEOPLASMS	23	32.6	8	22.9	15	41.9
45-54 YEARS	305	341.7	193	443.0	112	245.1
MALIGNANT NEOPLASMS	86	96.4	45	103.3	41	89.7
DISEASES OF HEART	54	60.5	44	101.0	10	21.9
ACCIDENTS	39	43.7	27	62.0	12	26.3
55-64 YEARS	733	757.7	452	954.4	281	569.0
MALIGNANT NEOPLASMS	291	300.8	163	344.2	128	259.2
DISEASES OF HEART	139	143.7	106	223.8	33	66.8
CHRONIC LOWER RESPIRATORY DISEASES	42	43.4	19	40.1	23	46.6
ACCIDENTS	39	40.3	30	63.3	9	18.2
INTENTIONAL SELF HARM (SUICIDE)	26	26.9	23	48.6	3	6.1
CHRONIC LIVER DISEASE AND CIRRHOSIS	20	20.7	14	29.6	6	12.1
65-74 YEARS	1070	1640.4	623	1961.9	447	1335.4
MALIGNANT NEOPLASMS	385	590.2	214	673.9	171	510.9
DISEASES OF HEART	235	360.3	160	503.9	75	224.1
CHRONIC LOWER RESPIRATORY DISEASES	89	136.4	44	138.6	45	134.4
DIABETES MELLITUS	30	46.0	19	59.8	11	32.9
CEREBROVASCULAR DISEASE (STROKE)	41	62.9	24	75.6	17	50.8
ACCIDENTS	25	38.3	13	40.9	12	35.9
75-84 YEARS	1391	4592.0	720	5336.5	671	3994.0
MALIGNANT NEOPLASMS	375	1238.0	214	1586.1	161	958.3
DISEASES OF HEART	271	894.6	160	1185.9	111	660.7
CHRONIC LOWER RESPIRATORY DISEASES	113	373.0	59	437.3	54	321.4
ALZHEIMER'S DISEASE	77	254.2	31	229.8	46	273.8
CEREBROVASCULAR DISEASE (STROKE)	79	260.8	30	222.4	49	291.7
DIABETES MELLITUS	61	201.4	35	259.4	26	154.8
ACCIDENTS	50	165.1	34	252.0	16	95.2
PARKINSON'S DISEASE	33	108.9	25	185.3	8	47.6
85+ YEARS	2133	14839.3	773	15951.3	1360	14273.7
DISEASES OF HEART	596	4146.4	236	4870.0	360	3778.3
MALIGNANT NEOPLASMS	229	1593.2	110	2269.9	119	1249.0
ALZHEIMER'S DISEASE	204	1419.2	54	1114.3	150	1574.3
CEREBROVASCULAR DISEASE (STROKE)	161	1120.1	45	928.6	116	1217.5
CHRONIC LOWER RESPIRATORY DISEASES	99	688.7	44	908.0	55	577.2
ACCIDENTS	97	674.8	37	763.5	60	629.7
INFLUENZA AND PNEUMONIA	55	382.6	20	412.7	35	367.3
DIABETES MELLITUS	45	313.1	22	454.0	23	241.4
PARKINSON'S DISEASE	33	229.6	15	309.5	18	188.9
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	21	146.1	9	185.7	12	125.9

(1) CAUSES OF LESS THAN 20 DEATHS ARE NOT LISTED.

(2) DEATH RATES FOR THOSE UNDER 1 YEAR OLD ARE PER 1,000 LIVE BIRTHS

TABLE C-3  
2015

GEOGRAPHIC DISTRIBUTION OF VERMONT DEATHS

DEATHS OCCURRING IN VERMONT		VERMONT RESIDENT DEATHS	
PLACE OF RESIDENCE	NUMBER	PLACE OF DEATH	NUMBER
ARIZONA	1	ARIZONA	3
CALIFORNIA	1	CALIFORNIA	4
COLORADO	1	CONNECTICUT	9
CONNECTICUT	11	FLORIDA	26
FLORIDA	28	GEORGIA	2
GEORGIA	1	IDAHO	1
IOWA	1	KANSAS	1
ILLINOIS	2	MASSACHUSETTS	61
KENTUCKY	2	MARYLAND	1
MASSACHUSETTS	25	MAINE	3
MARYLAND	1	MICHIGAN	1
MAINE	5	MINNESOTA	2
MICHIGAN	1	MONTANA	1
MINNESOTA	2	NORTH CAROLINA	4
MISSOURI	1	NEBRASKA	2
NORTH CAROLINA	3	NEW HAMPSHIRE	347
NEW HAMPSHIRE	76	NEW JERSEY	6
NEW JERSEY	6	NEW YORK	53
NEW YORK	211	PENNSYLVANIA	4
OHIO	2	RHODE ISLAND	6
PENNSYLVANIA	3	SOUTH CAROLINA	1
RHODE ISLAND	2	TENNESSEE	1
TEXAS	1	TEXAS	1
VIRGINIA	1	VIRGINIA	3
VERMONT	5375	VERMONT	5375
WASHINGTON	1	WYOMING	1
UNKNOWN	7		
TOTAL	5771	TOTAL	5919

TABLE C-4  
2015 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE	AGE AT DEATH BY COUNTY OF RESIDENCE											
	AGE											
	Under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	UNK
ADDISON	0	0	0	1	3	4	18	32	59	59	142	0
BENNINGTON	1	0	0	4	4	7	19	40	75	110	187	0
CALEDONIA	3	0	0	4	8	3	12	41	58	67	133	0
CHITTENDEN	5	0	1	14	17	27	70	140	187	242	431	0
ESSEX	1	1	1	1	2	2	3	11	12	18	16	0
FRANKLIN	0	1	0	8	7	15	23	62	87	110	138	0
GRAND ISLE	0	0	0	2	1	0	4	11	16	16	16	0
LAMOILLE	2	0	0	3	2	2	13	32	28	51	70	0
ORANGE	2	0	0	2	3	3	12	36	50	69	94	1
ORLEANS	1	0	0	2	5	10	17	39	65	85	121	0
RUTLAND	1	0	1	6	9	7	36	95	133	189	212	0
WASHINGTON	3	0	1	3	4	15	24	64	114	117	188	0
WINDHAM	5	0	0	3	5	7	23	60	84	117	151	0
WINDSOR	3	0	2	7	8	11	31	70	102	141	234	0
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0
STATE TOTAL	27	2	6	60	78	113	305	733	1070	1391	2133	1

TABLE C-5  
2015 VERMONT RESIDENT DEATHS

AGE AT DEATH BY COUNTY OF RESIDENCE FOR THOSE OVER 1  
AGE-SPECIFIC AND AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION

COUNTY OF RESIDENCE	AGE-SPECIFIC DEATH RATES								
	AGE								
	1-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	AGE-ADJUSTED DEATH RATES
ADDISON	8.6	84.8	102.2	338.1	550.0	1461.1	3493.2	17423.3	877.9
BENNINGTON	39.6	118.3	197.6	362.5	687.0	1717.0	4680.9	15874.4	978.6
CALEDONIA	45.1	246.4	85.2	286.4	827.9	1672.0	4342.2	18549.5	1041.0
CHITTENDEN	27.7	77.1	145.9	322.8	658.4	1474.6	3972.4	13156.3	831.0
ESSEX	208.3	394.5	306.7	323.6	983.0	1333.3	4265.4	10884.4	951.6
FRANKLIN	62.4	118.2	238.3	307.4	871.5	2043.7	5750.1	16626.5	1113.1
GRAND ISLE	120.3	140.8	0.0	377.0	828.3	1807.9	5194.8	17977.5	1091.3
LAMOILLE	40.2	66.2	61.1	360.2	883.5	1174.0	4525.3	14256.6	891.6
ORANGE	25.9	98.5	92.9	281.4	714.0	1507.8	4866.0	16068.4	948.9
ORLEANS	27.8	170.5	323.8	454.3	915.1	1949.0	5566.5	15942.0	1113.6
RUTLAND	44.0	142.2	113.5	408.3	950.9	1872.7	5625.0	13739.5	1031.9
WASHINGTON	24.5	63.2	209.9	276.2	698.2	1838.7	4096.6	13854.1	898.7
WINDHAM	26.5	109.1	152.8	371.3	789.9	1586.4	5049.6	14178.4	959.3
WINDSOR	65.8	131.8	184.5	386.1	725.5	1458.0	4184.0	15374.5	937.6
STATE TOTAL	37.4	108.8	160.0	341.7	757.7	1640.4	4592.0	14839.3	945.3



TABLE C-6  
2015 VERMONT RESIDENT DEATHS

AGE AT DEATH BY DOMESTIC RELATIONSHIP AND SEX

DOMESTIC RELATIONSHIP	TOTAL									TOTAL
	<15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
NEVER MARRIED NOR IN CIVIL UNION	35	56	60	40	82	110	98	89	93	664
MARRIED	0	2	11	48	120	361	551	627	501	2221
WIDOWED	0	0	0	0	8	34	147	486	1388	2063
DIVORCED	0	2	7	23	95	218	267	183	150	945
CIVIL UNION	0	0	0	0	0	1	1	1	0	3
CIVIL UNION DISSOLUTION	0	0	0	0	0	0	1	1	0	2
UNKNOWN	0	0	0	2	0	9	5	4	1	21
STATE TOTAL	35	60	78	113	305	733	1070	1391	2133	5919

DOMESTIC RELATIONSHIP	MALES									TOTAL
	<15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
NEVER MARRIED NOR IN CIVIL UNION	24	44	50	29	61	65	58	55	32	419
MARRIED	0	2	7	22	66	219	357	436	351	1460
WIDOWED	0	0	0	0	1	20	44	143	341	549
DIVORCED	0	1	4	12	65	139	159	82	48	510
CIVIL UNION	0	0	0	0	0	0	1	0	0	1
CIVIL UNION DISSOLUTION	0	0	0	0	0	0	1	0	0	1
UNKNOWN	0	0	0	1	0	9	3	4	1	18
STATE TOTAL	24	47	61	64	193	452	623	720	773	2958

DOMESTIC RELATIONSHIP	FEMALES									TOTAL
	<15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
NEVER MARRIED NOR IN CIVIL UNION	11	12	10	11	21	45	40	34	61	245
MARRIED	0	0	4	26	54	142	194	191	150	761
WIDOWED	0	0	0	0	7	14	103	343	1047	1514
DIVORCED	0	1	3	11	30	79	108	101	102	435
CIVIL UNION	0	0	0	0	0	1	0	1	0	2
CIVIL UNION DISSOLUTION	0	0	0	0	0	0	0	1	0	1
UNKNOWN	0	0	0	1	0	0	2	0	0	3
STATE TOTAL	11	13	17	49	112	281	447	671	1360	2961

**TABLE C-7  
2015 VERMONT RESIDENT DEATHS**

DISPOSITION OF BODY	AGE AT DEATH BY DISPOSITION OF BODY										TOTAL
	AGE AT DEATH										
	<15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	UNK	
BURIAL	3	5	6	10	24	66	127	262	434	0	937
CREMATION	25	46	66	97	253	594	827	930	1306	1	4145
TEMPORARY STORAGE	1	1	0	2	6	26	43	93	187	0	359
DONATION	0	0	0	0	2	4	7	7	21	0	41
REMOVED FROM STATE	5	8	6	4	18	40	62	92	168	0	403
ENTOMBMENT	1	0	0	0	2	0	3	4	14	0	24
OTHER	0	0	0	0	0	1	0	2	3	0	6
UNKNOWN	0	0	0	0	0	2	1	1	0	1	4
STATE TOTAL	35	60	78	113	305	733	1070	1391	2133	1	5919

**TABLE C-8  
2015 VERMONT RESIDENT DEATHS**

DISPOSITION OF BODY	MONTH OF DEATH BY DISPOSITION OF BODY												TOTAL	
	MONTH OF DEATH													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		UNK
BURIAL	34	23	31	81	115	84	102	97	79	112	91	88	0	937
CREMATION	387	372	360	364	349	325	301	334	301	334	352	365	1	4145
TEMPORARY STORAGE	84	85	105	41	3	4	1	1	0	2	10	23	0	359
DONATION	2	5	4	4	5	1	7	4	1	3	2	3	0	41
REMOVED FROM STATE	33	33	33	43	25	33	28	23	31	34	46	41	0	403
ENTOMBMENT	4	6	5	4	1	1	0	0	0	0	1	2	0	24
OTHER	0	0	1	1	0	1	0	0	0	0	2	1	0	6
UNKNOWN	0	0	1	0	0	1	1	1	0	0	0	0	0	4
STATE TOTAL	544	524	540	538	498	450	440	460	412	485	504	523	1	5919

TABLE C-9  
2015 VERMONT RESIDENT DEATHS

RACE BY COUNTY OF RESIDENCE  
RACE

COUNTY OF RESIDENCE	WHITE	BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER <sup>(1)</sup>	OTHER NON-WHITE	UNKNOWN	MULTIPLE RACE <sup>(2)</sup>	TOTAL
ADDISON	318	0	0	0	0	0	0	318
BENNINGTON	446	0	0	1	0	0	0	447
CALEDONIA	326	0	1	1	1	0	0	329
CHITTENDEN	1102	10	2	15	3	0	4	1136
ESSEX	68	0	0	0	0	0	0	68
FRANKLIN	445	0	3	1	2	0	0	451
GRAND ISLE	66	0	0	0	0	0	0	66
LAMOILLE	199	1	0	0	2	1	0	203
ORANGE	270	1	0	1	0	0	0	272
ORLEANS	342	0	1	0	0	1	1	345
RUTLAND	683	2	1	0	1	0	2	689
WASHINGTON	525	2	0	2	2	1	1	533
WINDHAM	449	2	0	0	0	2	0	453
WINDSOR	602	4	0	1	1	0	1	609
UNKNOWN	0	0	0	0	0	0	0	0
STATE TOTAL	5841	22	8	22	12	5	9	5919

<sup>(1)</sup> INCLUDES: ASIAN INDIAN, CHINESE, FILIPINO, NATIVE HAWAIIAN, JAPANESE, KOREAN, VIETNAMESE, OTHER ASIAN, GUAMANIAN OR CHAMORRO, SAMOAN, AND OTHER PACIFIC ISLANDER.

<sup>(2)</sup> MORE THAN ONE RACE INDICATED.

TABLE C-10  
2015 VERMONT RESIDENT DEATHS

AUTOPSY BY CERTIFIER OF DEATH  
NUMBER OF EVENTS, ROW AND COLUMN PERCENTS  
AUTOPSY

CERTIFIER	NUMBER OF EVENTS				ROW PERCENTS <sup>(1)</sup>				COLUMN PERCENTS <sup>(1)</sup>			
	AUTOPSY	NONE	UNK	TOTAL	AUTOPSY	NONE	UNK	TOTAL	AUTOPSY	NONE	UNK	TOTAL
PHYSICIAN	34	3676	140	3850	0.9	95.5	3.6	100.0	6.3	70.8	74.5	65.0
PATHOLOGIST	49	6	0	55	89.1	10.9	0.0	100.0	9.1	0.1	0.0	0.9
MEDICAL EXAMINER	390	666	5	1061	36.8	62.8	0.5	100.0	72.4	12.8	2.7	17.9
PHYSICIAN ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE	1	384	24	409	0.2	93.9	5.9	100.0	0.2	7.4	12.8	6.9
UNKNOWN	65	460	19	544	11.9	84.6	3.5	100.0	12.1	8.9	10.1	9.2
STATE TOTAL	539	5192	188	5919	9.1	87.7	3.2	100.0	100.0	100.0	100.0	100.0

<sup>(1)</sup> MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE C-11 - PAGE 1  
2015 VERMONT RESIDENT DEATHS

SEX OF DECEDENT BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	NUMBER OF EVENTS			COLUMN PERCENTS			AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
SALMONELLA INFECTIONS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
SHIGELLOSIS AND AMEBIASIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
CERTAIN OTHER INTESTINAL INFECTIONS	13	13	26	0.4	0.4	0.4	5.1	3.4	4.2
TUBERCULOSIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
RESPIRATORY TUBERCULOSIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER TUBERCULOSIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
WHOOPING COUGH	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
SCARLET FEVER AND ERYSIPELAS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
MENINGOCOCCAL INFECTION	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
SEPTICEMIA	25	25	50	0.8	0.8	0.8	9.4	6.9	8.0
SYPHILIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
ACUTE POLIOMYELITIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
ARTHROPOD-BORNE VIRAL ENCEPHALITIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
MEASLES	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
VIRAL HEPATITIS	6	7	13	0.2	0.2	0.2	2.0	2.2	2.1
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2
MALARIA	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES AND THEIR SEQUELAE	9	10	19	0.3	0.3	0.3	3.4	2.7	3.0
MALIGNANT NEOPLASMS	739	658	1397	25.0	22.2	23.6	263.9	192.5	223.1
OF LIP, ORAL CAVITY, AND PHARYNX	19	13	32	0.6	0.4	0.5	6.5	3.9	5.1
OF ESOPHAGUS	35	7	42	1.2	0.2	0.7	12.3	2.1	6.7
OF STOMACH	15	6	21	0.5	0.2	0.4	5.5	1.7	3.4
OF COLON, RECTUM AND ANUS	64	68	132	2.2	2.3	2.2	22.8	19.2	21.1
OF LIVER AND INTRAHEPATIC BILE DUCTS	31	19	50	1.0	0.6	0.8	10.5	5.5	8.0
OF PANCREAS	48	36	84	1.6	1.2	1.4	16.8	10.6	13.4
OF LARYNX	6	2	8	0.2	0.1	0.1	2.0	0.6	1.3
OF TRACHEA, BRONCHUS AND LUNG	187	165	352	6.3	5.6	5.9	65.6	48.7	56.2
OF SKIN	19	8	27	0.6	0.3	0.5	6.5	2.4	4.3
OF BREAST	2	96	98	0.1	3.2	1.7	0.7	28.3	15.7
OF CERVIX UTERI	0	1	1	0.0	0.0	0.0	0.0	0.3	0.2
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	0	18	18	0.0	0.6	0.3	0.0	5.3	2.9
OF OVARY	0	33	33	0.0	1.1	0.6	0.0	9.6	5.3
OF PROSTATE	54	0	54	1.8	0.0	0.9	20.9	0.0	8.6
OF KIDNEY AND RENAL PELVIS	20	13	33	0.7	0.4	0.6	7.1	3.7	5.3
OF BLADDER	30	13	43	1.0	0.4	0.7	11.1	3.8	6.9
OF MENINGES, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	22	26	48	0.7	0.9	0.8	7.3	7.9	7.7

TABLE C-11 - PAGE 2  
2015 VERMONT RESIDENT DEATHS

SEX OF DECEDENT BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	NUMBER OF EVENTS			COLUMN PERCENTS			AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	82	57	139	2.8	1.9	2.3	30.0	16.3	22.2
HODGKIN'S DISEASE	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2
NON-HODGKIN'S LYMPHOMA	34	16	50	1.1	0.5	0.8	12.5	4.7	8.0
LEUKEMIA	35	23	58	1.2	0.8	1.0	13.0	6.5	9.3
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	12	18	30	0.4	0.6	0.5	4.2	5.1	4.8
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN OR UNKNOWN BEHAVIOR	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN OR UNKNOWN BEHAVIOR	105	77	182	3.5	2.6	3.1	38.2	22.4	29.1
ANEMIAS	14	13	27	0.5	0.4	0.5	5.4	3.6	4.3
DIABETES MELLITUS	2	7	9	0.1	0.2	0.2	0.7	1.9	1.4
NUTRITIONAL DEFICIENCIES	86	73	159	2.9	2.5	2.7	32.5	20.5	25.4
MALNUTRITION	4	8	12	0.1	0.3	0.2	1.7	2.1	1.9
OTHER NUTRITIONAL DEFICIENCIES	2	3	5	0.1	0.1	0.1	0.9	0.8	0.8
MENINGITIS	2	5	7	0.1	0.2	0.1	0.7	1.3	1.1
PARKINSON'S DISEASE	0	2	2	0.0	0.1	0.0	0.0	0.6	0.3
ALZHEIMER'S DISEASE	49	32	81	1.7	1.1	1.4	19.0	8.5	12.9
MAJOR CARDIOVASCULAR DISEASES	99	199	298	3.3	6.7	5.0	41.3	50.3	47.6
DISEASES OF HEART	867	859	1726	29.3	29.0	29.2	333.9	227.7	275.7
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASES	714	598	1312	24.1	20.2	22.2	273.0	158.2	209.6
HYPERTENSIVE HEART DISEASE	2	6	8	0.1	0.2	0.1	0.8	1.5	1.3
HYPERTENSIVE HEART AND RENAL DISEASE	42	63	105	1.4	2.1	1.8	16.0	16.2	16.8
ISCHEMIC HEART DISEASES	6	9	15	0.2	0.3	0.3	2.6	2.4	2.4
ACUTE MYOCARDIAL INFARCTION	548	339	887	18.5	11.4	15.0	207.1	91.0	141.7
OTHER ACUTE ISCHEMIC HEART DISEASES	92	71	163	3.1	2.4	2.8	35.2	18.6	26.0
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	4	6	10	0.1	0.2	0.2	1.6	1.6	1.6
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	452	262	714	15.3	8.8	12.1	170.3	70.9	114.0
OTHER HEART DISEASES	271	142	413	9.2	4.8	7.0	96.3	39.9	66.0
ACUTE AND SUBACUTE ENDOCARDITIS	181	120	301	6.1	4.1	5.1	74.1	30.9	48.1
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	116	181	297	3.9	6.1	5.0	46.5	47.1	47.4
HEART FAILURE	4	1	5	0.1	0.0	0.1	1.4	0.3	0.8
ALL OTHER FORMS OF HEART DISEASE	0	3	3	0.0	0.1	0.1	0.0	0.8	0.5
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	15	30	45	0.5	1.0	0.8	6.4	7.4	7.2
CEREBROVASCULAR DISEASES	97	147	244	3.3	5.0	4.1	38.6	38.6	39.0
ATHEROSCLEROSIS	19	38	57	0.6	1.3	1.0	7.7	9.9	9.1
OTHER DISEASES OF CIRCULATORY SYSTEM	108	199	307	3.7	6.7	5.2	42.9	52.7	49.0
	3	3	6	0.1	0.1	0.1	1.2	0.9	1.0
	23	21	44	0.8	0.7	0.7	9.0	6.0	7.0

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2015 VERMONT RESIDENT DEATHS

SEX OF DECEDENT BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	NUMBER OF EVENTS			COLUMN PERCENTS			AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
AORTIC ANEURYSM AND DISSECTION	10	6	16	0.3	0.2	0.3	3.9	1.7	2.6
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	13	15	28	0.4	0.5	0.5	5.1	4.3	4.5
OTHER DISORDERS OF THE CIRCULATORY SYSTEM	7	7	14	0.2	0.2	0.2	2.4	1.9	2.2
INFLUENZA AND PNEUMONIA	35	50	85	1.2	1.7	1.4	14.6	12.9	13.6
INFLUENZA	11	18	29	0.4	0.6	0.5	4.4	4.7	4.6
PNEUMONIA	24	32	56	0.8	1.1	0.9	10.2	8.2	8.9
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2
ACUTE BRONCHITIS AND BRONCHIOLITIS	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
CHRONIC LOWER RESPIRATORY DISEASES	174	182	356	5.9	6.1	6.0	65.3	51.6	56.9
BRONCHITIS, CHRONIC AND UNSPECIFIED	1	3	4	0.0	0.1	0.1	0.4	0.8	0.6
EMPHYSEMA	26	23	49	0.9	0.8	0.8	9.5	6.5	7.8
ASTHMA	3	8	11	0.1	0.3	0.2	1.3	2.0	1.8
OTHER CHRONIC LOWER RESPIRATORY DISEASES	144	148	292	4.9	5.0	4.9	54.1	42.2	46.6
PNEUMOCONIOSES AND CHEMICAL EFFECTS	3	0	3	0.1	0.0	0.1	1.2	0.0	0.5
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	8	13	21	0.3	0.4	0.4	3.3	3.3	3.4
OTHER DISEASES OF RESPIRATORY SYSTEM	43	38	81	1.5	1.3	1.4	16.1	10.4	12.9
PEPTIC ULCER	10	9	19	0.3	0.3	0.3	4.0	2.4	3.0
DISEASES OF APPENDIX	1	1	2	0.0	0.0	0.0	0.4	0.3	0.3
HERNIA	6	6	12	0.2	0.2	0.2	2.3	1.6	1.9
CHRONIC LIVER DISEASE AND CIRRHOSIS	49	24	73	1.7	0.8	1.2	16.3	7.2	11.7
ALCOHOLIC LIVER DISEASE	41	11	52	1.4	0.4	0.9	13.6	3.4	8.3
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	8	13	21	0.3	0.4	0.4	2.7	3.8	3.4
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	8	5	13	0.3	0.2	0.2	3.0	1.4	2.1
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	18	21	39	0.6	0.7	0.7	7.3	5.6	6.2
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	0	1	1	0.0	0.0	0.0	0.0	0.3	0.2
RENAL FAILURE	17	20	37	0.6	0.7	0.6	6.9	5.4	5.9
OTHER DISORDERS OF KIDNEY	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
INFECTIONS OF KIDNEY	1	2	3	0.0	0.1	0.1	0.5	0.6	0.5
HYPERPLASIA OF PROSTATE	3	0	3	0.1	0.0	0.1	1.1	0.0	0.5
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	0	2	2	0.0	0.1	0.0	0.0	0.6	0.3
PREGNANCY WITH ABORTIVE OUTCOME	0	1	1	0.0	0.0	0.0	0.0	0.3	0.2
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	1	1	0.0	0.0	0.0	0.0	0.3	0.2
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	8	4	12	0.3	0.1	0.2	2.5	1.3	1.9

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2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	SEX OF DECEDENT BY 113 SELECTED CAUSES OF DEATH						AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION		
	NUMBER OF EVENTS			COLUMN PERCENTS			MALE	FEMALE	TOTAL
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL			
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	13	13	26	0.4	0.4	0.4	4.2	4.0	4.2
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	12	21	33	0.4	0.7	0.6	4.7	5.6	5.1
ALL OTHER DISEASES (RESIDUAL)	327	486	813	11.1	16.4	13.7	124.4	129.6	129.9
ACCIDENTS (UNINTENTIONAL INJURIES)	216	130	346	7.3	4.4	5.8	76.5	36.1	55.3
TRANSPORT ACCIDENTS	50	15	65	1.7	0.5	1.1	16.6	4.6	10.4
MOTOR VEHICLE ACCIDENTS	39	15	54	1.3	0.5	0.9	13.0	4.6	8.6
OTHER LAND TRANSPORT ACCIDENTS	5	0	5	0.2	0.0	0.1	1.6	0.0	0.8
WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	6	0	6	0.2	0.0	0.1	2.0	0.0	1.0
NONTRANSPORT ACCIDENTS	166	115	281	5.6	3.9	4.7	59.9	31.5	44.9
FALLS	71	74	145	2.4	2.5	2.4	28.8	19.1	23.2
ACCIDENTAL DISCHARGE OF FIREARMS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
ACCIDENTAL DROWNING AND SUBMERSION	6	1	7	0.2	0.0	0.1	1.9	0.3	1.1
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	4	1	5	0.1	0.0	0.1	1.3	0.3	0.8
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	61	25	86	2.1	0.8	1.5	19.6	7.9	13.7
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	24	14	38	0.8	0.5	0.6	8.1	3.9	6.1
INTENTIONAL SELF-HARM (SUICIDE)	86	16	102	2.9	0.5	1.7	28.0	5.0	16.3
INTENTIONAL SELF-HARM (SUICIDE) BY DISCHARGE OF FIREARMS	57	2	59	1.9	0.1	1.0	18.7	0.6	9.4
INTENTIONAL SELF-HARM (SUICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	29	14	43	1.0	0.5	0.7	9.4	4.4	6.9
ASSAULT (HOMICIDE)	9	7	16	0.3	0.2	0.3	2.9	2.1	2.6
ASSAULT (HOMICIDE) BY DISCHARGE OF FIREARMS	6	5	11	0.2	0.2	0.2	1.9	1.6	1.8
ASSAULT (HOMICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	3	2	5	0.1	0.1	0.1	1.0	0.6	0.8
LEGAL INTERVENTION	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
EVENTS OF UNDETERMINED INTENT	4	6	10	0.1	0.2	0.2	1.5	1.7	1.6
DISCHARGE OF FIREARMS, UNDETERMINED INTENT	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER AND UNSPECIFIED EVENTS OF UNDETERMINED INTENT AND THEIR SEQUELAE	4	6	10	0.1	0.2	0.2	1.5	1.7	1.6
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	2	12	14	0.1	0.4	0.2	0.8	3.4	2.2
ALL CAUSES	2958	2961	5919	100.0	100.0	100.0	1101.7	811.8	945.3

<sup>(1)</sup> SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

<sup>(2)</sup> SEX SPECIFIC RATES ARE AGE-ADJUSTED TO THE 2015 VERMONT POPULATION.

## 2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH															TOTAL	
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	UNK		
SALMONELLA INFECTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SHIGELLOSIS AND AMEBIASIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CERTAIN OTHER INTESTINAL INFECTIONS	3	0	3	10	0	4	0	1	1	1	0	1	1	1	0	0	26
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RESPIRATORY TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHOOPING COUGH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SCARLET FEVER AND ERYSIPELAS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGOCOCCAL INFECTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SEPTICEMIA	1	10	1	6	1	4	0	3	3	3	4	4	2	8	0	0	50
SYPHILIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACUTE POLIOMYELITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ARTHROPOD-BORNE VIRAL ENCEPHALITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRAL HEPATITIS	0	1	2	3	0	1	0	0	0	1	1	1	1	2	0	0	13
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
MALARIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES AND THEIR SEQUELAE	1	1	0	8	0	1	0	0	0	1	1	2	1	3	0	0	19
MALIGNANT NEOPLASMS	74	94	75	278	21	96	14	50	76	70	185	134	99	131	0	0	1397
OF LIP, ORAL CAVITY, AND PHARYNX	0	1	3	5	0	2	0	1	1	2	5	3	1	8	0	0	32
OF ESOPHAGUS	3	4	4	8	0	3	0	1	1	2	5	1	3	7	0	0	42
OF STOMACH	1	0	0	8	0	1	0	1	2	0	4	3	1	0	0	0	21
OF COLON, RECTUM AND ANUS	9	12	3	25	2	10	0	6	9	6	19	11	9	11	0	0	132
OF LIVER AND INTRAHEPATIC BILE DUCTS	1	2	3	12	1	1	0	1	2	3	3	5	5	11	0	0	50
OF PANCREAS	5	4	7	21	0	5	0	3	0	9	13	6	4	7	0	0	84
OF LARYNX	0	0	2	1	0	1	0	1	0	1	0	1	0	1	0	0	8
OF TRACHEA, BRONCHUS AND LUNG	15	31	17	56	5	28	6	12	21	14	47	37	26	37	0	0	352
OF SKIN	0	2	4	5	1	1	0	2	2	1	2	3	1	3	0	0	27
OF BREAST	3	7	3	23	2	4	1	5	6	4	17	11	7	5	0	0	98
OF CERVIX UTERI	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	1	1	1	3	0	1	0	0	0	1	5	2	2	1	0	0	18
OF OVARY	3	0	0	7	2	2	3	0	3	1	5	5	1	1	0	0	33
OF PROSTATE	4	6	1	11	1	2	0	1	3	3	3	9	2	8	0	0	54
OF KIDNEY AND RENAL PELVIS	2	3	2	5	0	4	0	1	3	0	3	4	4	2	0	0	33
OF BLADDER	2	3	4	8	1	2	0	1	3	1	4	4	6	4	0	0	43
OF MENINGES, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	4	4	3	13	0	2	0	5	2	1	4	4	3	3	0	0	48



## 2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH															
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	UNK	TOTAL
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	8	8	10	28	1	10	1	4	8	7	18	14	10	12	0	139
HODGKIN'S DISEASE	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
NON-HODGKIN'S LYMPHOMA	2	2	6	8	0	3	0	3	1	5	7	5	1	7	0	50
LEUKEMIA	5	5	4	14	0	5	0	0	5	1	7	4	7	1	0	58
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	1	1	0	6	0	2	1	1	2	1	4	5	2	4	0	30
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF																
LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS	12	6	8	39	5	17	3	5	10	14	28	11	14	10	0	182
IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF																
UNCERTAIN OR UNKNOWN BEHAVIOR	1	1	4	6	0	2	0	1	0	1	2	2	2	5	0	27
ANEMIAS	0	1	0	1	0	3	0	0	1	0	2	0	1	0	0	9
DIABETES MELLITUS	11	12	7	21	2	12	2	6	7	15	13	19	16	16	0	159
NUTRITIONAL DEFICIENCIES	0	0	1	3	0	4	1	0	1	1	0	1	0	0	0	12
MALNUTRITION	0	0	0	2	0	0	0	0	1	1	0	1	0	0	0	5
OTHER NUTRITIONAL DEFICIENCIES	0	0	1	1	0	4	1	0	0	0	0	0	0	0	0	7
MENINGITIS	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
PARKINSON'S DISEASE	3	5	5	18	0	5	1	2	2	5	11	4	12	8	0	81
ALZHEIMER'S DISEASE	21	22	17	68	0	20	2	8	11	16	42	23	16	32	0	298
MAJOR CARDIOVASCULAR DISEASES	98	145	96	304	16	123	19	56	85	107	205	159	143	170	0	1726
DISEASES OF HEART	77	110	78	240	13	90	13	44	62	78	154	129	109	115	0	1312
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART																
DISEASES	0	1	0	2	0	0	0	0	1	0	3	0	1	0	0	8
HYPERTENSIVE HEART DISEASE	3	5	12	32	1	6	0	4	2	4	15	6	9	6	0	105
HYPERTENSIVE HEART AND RENAL DISEASE	2	0	0	3	0	2	1	0	0	1	1	1	2	2	0	15
ISCHEMIC HEART DISEASES	59	75	55	147	7	62	10	30	47	52	110	88	72	73	0	887
ACUTE MYOCARDIAL INFARCTION	12	11	12	26	1	11	4	3	6	11	25	22	11	8	0	163
OTHER ACUTE ISCHEMIC HEART DISEASES	0	3	2	1	0	1	0	0	0	0	0	1	0	2	0	10
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	47	61	41	120	6	50	6	27	41	41	85	65	61	63	0	714
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO																
DESCRIBED	28	30	23	59	5	29	4	17	26	22	64	40	34	32	0	413
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	19	31	18	61	1	21	2	10	15	19	21	25	27	31	0	301
OTHER HEART DISEASES	13	29	11	56	5	20	2	10	12	21	25	34	25	34	0	297
ACUTE AND SUBACUTE ENDOCARDITIS	0	0	0	0	0	1	0	1	1	0	0	2	0	0	0	5
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	3
HEART FAILURE	3	3	0	10	0	1	0	3	3	1	0	5	3	13	0	45
ALL OTHER FORMS OF HEART DISEASE	10	26	11	46	5	16	2	6	8	20	24	27	22	21	0	244
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL																
DISEASE	2	4	5	5	0	4	0	1	3	8	5	3	10	7	0	57
CEREBROVASCULAR DISEASES	18	29	12	51	3	24	5	8	17	19	39	20	19	43	0	307
ATHEROSCLEROSIS	0	0	0	2	0	0	0	1	1	1	0	0	1	0	0	6
OTHER DISEASES OF CIRCULATORY SYSTEM	1	2	1	6	0	5	1	2	2	1	7	7	4	5	0	44
AORTIC ANEURYSM AND DISSECTION	0	0	0	4	0	3	1	0	0	0	3	3	0	2	0	16
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	1	2	1	2	0	2	0	2	2	1	4	4	4	3	0	28

## 2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH															
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	UNK	TOTAL
OTHER DISORDERS OF THE CIRCULATORY SYSTEM	1	2	0	2	0	0	0	1	0	1	2	3	1	1	0	14
INFLUENZA AND PNEUMONIA	9	12	4	9	1	5	0	5	4	5	7	7	8	9	0	85
INFLUENZA	2	2	4	3	0	1	0	2	3	3	2	4	1	2	0	29
PNEUMONIA	7	10	0	6	1	4	0	3	1	2	5	3	7	7	0	56
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
ACUTE BRONCHITIS AND BRONCHIOLITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHRONIC LOWER RESPIRATORY DISEASES	22	30	17	57	8	32	1	16	12	16	47	40	23	35	0	356
BRONCHITIS, CHRONIC AND UNSPECIFIED	0	0	0	1	0	1	0	0	0	0	0	0	1	1	0	4
EMPHYSEMA	3	1	0	10	2	5	0	4	1	3	3	4	6	7	0	49
ASTHMA	0	1	0	1	0	1	0	1	0	0	3	2	1	1	0	11
OTHER CHRONIC LOWER RESPIRATORY DISEASES	19	28	17	45	6	25	1	11	11	13	41	34	15	26	0	292
PNEUMOCONIOSES AND CHEMICAL EFFECTS	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	3
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	3	0	0	5	0	0	0	0	0	1	2	2	1	7	0	21
OTHER DISEASES OF RESPIRATORY SYSTEM	1	6	8	22	1	6	1	2	4	3	9	7	5	6	0	81
PEPTIC ULCER	1	2	0	6	0	3	1	2	0	1	0	0	1	2	0	19
DISEASES OF APPENDIX	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
HERNIA	0	0	1	3	0	0	0	0	2	1	2	2	0	1	0	12
CHRONIC LIVER DISEASE AND CIRRHOSIS	2	4	3	19	3	3	0	2	6	5	12	3	6	5	0	73
ALCOHOLIC LIVER DISEASE	1	4	1	16	2	3	0	1	4	3	6	3	5	3	0	52
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	1	0	2	3	1	0	0	1	2	2	6	0	1	2	0	21
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	0	2	0	2	0	2	0	0	0	0	1	2	1	3	0	13
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	2	0	1	4	0	2	0	2	1	2	10	5	6	4	0	39
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
RENAL FAILURE	2	0	1	4	0	2	0	2	1	2	9	5	6	3	0	37
OTHER DISORDERS OF KIDNEY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INFECTIONS OF KIDNEY	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	3
HYPERPLASIA OF PROSTATE	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	3
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
PREGNANCY WITH ABORTIVE OUTCOME	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	0	0	1	3	1	0	0	1	0	1	1	0	3	1	0	12
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	1	1	2	5	0	3	1	0	0	1	3	5	1	3	0	26
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	3	4	2	5	0	2	0	2	2	1	4	2	2	4	0	33
ALL OTHER DISEASES (RESIDUAL)	40	63	48	155	6	80	12	28	31	53	76	66	58	97	0	813
ACCIDENTS (UNINTENTIONAL INJURIES)	16	18	21	76	7	31	8	10	22	24	30	22	26	35	0	346

## 2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH															TOTAL
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	UNK	
TRANSPORT ACCIDENTS	4	3	5	11	2	8	3	3	4	2	3	4	5	8	0	65
MOTOR VEHICLE ACCIDENTS	4	3	3	8	2	8	3	2	3	2	3	3	4	6	0	54
OTHER LAND TRANSPORT ACCIDENTS WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	0	0	0	2	0	0	0	0	1	0	0	0	1	1	0	5
NONTRANSPORT ACCIDENTS	12	15	16	65	5	23	5	7	18	22	27	18	21	27	0	281
FALLS	10	11	10	33	0	8	1	4	9	8	13	10	17	11	0	145
ACCIDENTAL DISCHARGE OF FIREARMS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACCIDENTAL DROWNING AND SUBMERSION	0	0	2	3	0	0	0	0	0	2	0	0	0	0	0	7
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	0	0	0	0	0	0	0	1	1	1	2	0	0	0	0	5
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	1	2	3	21	3	12	2	1	5	6	10	5	3	12	0	86
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	1	2	1	8	2	3	2	1	3	5	2	3	1	4	0	38
INTENTIONAL SELF-HARM (SUICIDE)	3	8	6	26	1	4	3	4	0	6	10	9	10	12	0	102
INTENTIONAL SELF-HARM (SUICIDE) BY DISCHARGE OF FIREARMS	1	5	6	15	1	3	2	1	0	4	6	5	4	6	0	59
INTENTIONAL SELF-HARM (SUICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	2	3	0	11	0	1	1	3	0	2	4	4	6	6	0	43
ASSAULT (HOMICIDE)	0	0	0	4	0	0	0	0	1	2	0	5	2	2	0	16
ASSAULT (HOMICIDE) BY DISCHARGE OF FIREARMS	0	0	0	2	0	0	0	0	0	2	0	4	1	2	0	11
ASSAULT (HOMICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	0	0	0	2	0	0	0	0	1	0	0	1	1	0	0	5
LEGAL INTERVENTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EVENTS OF UNDETERMINED INTENT	0	1	2	1	0	1	0	1	0	0	0	1	1	2	0	10
DISCHARGE OF FIREARMS, UNDETERMINED INTENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER AND UNSPECIFIED EVENTS OF UNDETERMINED INTENT AND THEIR SEQUELAE	0	1	2	1	0	1	0	1	0	0	0	1	1	2	0	10
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	0	1	2	3	0	1	0	0	0	1	1	0	3	2	0	14
ALL CAUSES	318	447	329	1136	68	451	66	203	272	345	689	533	453	609	0	5919

<sup>(1)</sup> SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

## 2015 VERMONT RESIDENT DEATHS

## AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION

## COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	AGE-ADJUSTED DEATH RATES <sup>(2)</sup>														
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	TOTAL
SALMONELLA INFECTIONS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SHIGELLOSIS AND AMEBIASIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CERTAIN OTHER INTESTINAL INFECTIONS	8.3	0.0	9.3	7.3	0.0	10.6	0.0	4.3	3.9	3.0	0.0	1.7	2.0	1.5	4.2
TUBERCULOSIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RESPIRATORY TUBERCULOSIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER TUBERCULOSIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
WHOOPING COUGH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SCARLET FEVER AND ERYSIPELAS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MENINGOCOCCAL INFECTION	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SEPTICEMIA	2.9	22.1	3.4	4.6	11.6	10.5	0.0	12.1	9.9	9.2	6.0	6.8	4.1	12.1	8.0
SYPHILIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ACUTE POLIOMYELITIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ARTHROPOD-BORNE VIRAL ENCEPHALITIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MEASLES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
VIRAL HEPATITIS	0.0	2.7	6.2	2.2	0.0	2.2	0.0	0.0	0.0	3.1	1.5	1.7	2.0	3.4	2.1
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.2
MALARIA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES AND THEIR SEQUELAE	2.6	1.9	0.0	6.0	0.0	1.8	0.0	0.0	0.0	3.0	1.8	3.4	2.0	4.5	3.0
MALIGNANT NEOPLASMS	200.1	218.8	233.7	209.4	264.9	229.3	205.8	214.8	256.1	230.1	276.6	225.8	204.1	198.9	223.1
OF LIP, ORAL CAVITY, AND PHARYNX	0.0	2.7	9.1	3.7	0.0	5.0	0.0	4.3	3.4	6.7	7.5	5.1	2.0	11.9	5.1
OF ESOPHAGUS	8.2	9.9	12.6	6.1	0.0	7.1	0.0	4.0	3.4	6.2	7.5	1.7	6.1	10.7	6.7
OF STOMACH	2.9	0.0	0.0	6.2	0.0	2.4	0.0	4.7	6.5	0.0	5.9	5.1	2.0	0.0	3.4
OF COLON, RECTUM AND ANUS	24.9	28.2	9.6	18.4	28.8	21.8	0.0	25.0	30.7	19.7	28.7	18.6	18.3	16.6	21.1
OF LIVER AND INTRAHEPATIC BILE DUCTS	2.9	4.4	9.4	9.2	13.8	2.4	0.0	4.4	6.5	9.8	4.3	8.4	10.3	16.6	8.0
OF PANCREAS	12.9	9.8	21.8	15.9	0.0	12.7	0.0	12.9	0.0	28.7	19.4	10.1	8.1	10.4	13.4
OF LARYNX	0.0	0.0	6.1	0.8	0.0	1.8	0.0	4.3	0.0	3.8	0.0	1.7	0.0	1.6	1.3
OF TRACHEA, BRONCHUS AND LUNG	40.5	73.2	52.5	43.0	68.1	66.4	75.8	52.2	68.4	46.2	69.3	62.4	53.3	56.5	56.2
OF SKIN	0.0	4.8	12.6	3.8	13.8	2.4	0.0	8.6	7.1	3.1	3.0	4.9	2.1	4.4	4.3
OF BREAST	7.8	16.2	9.7	16.8	23.0	9.8	11.8	21.1	21.6	13.2	25.5	18.6	14.6	7.7	15.7
OF CERVIX UTERI	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	2.8	2.7	3.0	2.4	0.0	2.4	0.0	0.0	0.0	3.1	7.8	3.3	4.2	1.5	2.9
OF OVARY	8.3	0.0	0.0	5.3	22.9	5.1	49.2	0.0	10.1	3.6	7.3	8.3	2.0	1.5	5.3
OF PROSTATE	10.9	11.9	3.0	8.4	11.5	5.1	0.0	4.7	10.0	9.2	4.3	15.2	4.1	11.9	8.6
OF KIDNEY AND RENAL PELVIS	5.4	6.7	6.3	4.0	0.0	9.9	0.0	4.3	10.1	0.0	4.3	6.8	7.9	3.0	5.3
OF BLADDER	5.7	6.7	12.6	6.1	11.6	4.3	0.0	4.7	10.0	3.2	5.9	6.7	12.7	6.4	6.9
OF MENINGES, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	10.7	10.5	9.4	9.5	0.0	5.0	0.0	20.6	6.8	3.8	6.0	6.7	6.6	4.5	7.7

## 2015 VERMONT RESIDENT DEATHS

## AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION

## COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	AGE-ADJUSTED DEATH RATES <sup>(2)</sup>														
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	TOTAL
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	21.2	17.1	31.1	20.9	11.6	24.3	25.8	17.2	28.7	23.2	27.4	23.6	20.6	18.2	22.2
HODGKIN'S DISEASE	0.0	0.0	0.0	0.0	11.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
NON-HODGKIN'S LYMPHOMA	5.4	3.9	18.7	5.9	0.0	7.1	0.0	13.0	3.1	16.4	10.5	8.4	2.0	10.5	8.0
LEUKEMIA	13.2	10.8	12.4	10.5	0.0	12.3	0.0	0.0	18.3	3.2	10.9	6.7	14.5	1.6	9.3
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	2.6	2.4	0.0	4.4	0.0	5.0	25.8	4.3	7.3	3.6	6.0	8.4	4.0	6.1	4.8
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF															
LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS	32.5	13.9	24.7	29.0	59.8	41.3	43.2	21.8	33.0	46.4	42.3	18.6	29.1	15.7	29.1
IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF															
UNCERTAIN OR UNKNOWN BEHAVIOR	2.8	1.9	13.0	4.1	0.0	5.1	0.0	4.3	0.0	3.0	2.9	3.4	4.1	7.5	4.3
ANEMIAS	0.0	1.9	0.0	0.7	0.0	7.5	0.0	0.0	3.1	0.0	3.0	0.0	2.2	0.0	1.4
DIABETES MELLITUS	30.3	25.4	22.5	15.5	22.9	30.1	27.5	27.7	23.8	48.2	19.2	32.1	33.2	23.8	25.4
NUTRITIONAL DEFICIENCIES	0.0	0.0	3.2	2.2	0.0	10.4	15.7	0.0	3.9	3.0	0.0	1.7	0.0	0.0	1.9
MALNUTRITION	0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0	3.9	3.0	0.0	1.7	0.0	0.0	0.8
OTHER NUTRITIONAL DEFICIENCIES	0.0	0.0	3.2	0.7	0.0	10.4	15.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1
MENINGITIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	2.0	0.0	0.3
PARKINSON'S DISEASE	8.5	9.9	15.6	13.8	0.0	12.3	15.7	8.7	7.8	15.7	16.0	6.8	25.2	11.8	12.9
ALZHEIMER'S DISEASE	58.6	43.5	54.0	49.5	0.0	52.5	37.6	36.6	41.4	49.4	61.8	38.9	34.0	47.8	47.6
MAJOR CARDIOVASCULAR DISEASES	271.1	305.2	302.8	225.4	225.2	308.5	324.8	248.6	304.1	339.7	304.9	267.9	300.7	257.5	275.7
DISEASES OF HEART	212.6	233.1	246.1	177.8	186.6	223.8	214.4	194.7	219.5	249.5	228.9	217.4	229.2	174.7	209.6
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART															
DISEASES	0.0	2.1	0.0	1.4	0.0	0.0	0.0	0.0	3.9	0.0	4.4	0.0	2.2	0.0	1.3
HYPERTENSIVE HEART DISEASE	8.3	10.6	38.1	23.4	11.5	15.5	0.0	17.7	7.1	12.3	22.1	10.1	19.2	9.0	16.8
HYPERTENSIVE HEART AND RENAL DISEASE	5.6	0.0	0.0	2.2	0.0	5.5	15.7	0.0	0.0	3.0	1.5	1.7	4.2	2.9	2.4
ISCHEMIC HEART DISEASES	162.5	161.4	173.4	110.4	105.2	154.5	167.3	131.9	164.9	167.1	163.7	148.2	150.5	111.2	141.7
ACUTE MYOCARDIAL INFARCTION	33.2	23.7	37.7	19.8	15.6	27.7	50.8	12.9	21.4	34.1	36.8	37.3	23.3	12.0	26.0
OTHER ACUTE ISCHEMIC HEART DISEASES	0.0	6.3	6.2	0.7	0.0	2.5	0.0	0.0	0.0	0.0	0.0	1.7	0.0	3.0	1.6
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	129.3	131.4	129.5	89.9	89.6	124.3	116.5	119.0	143.5	133.0	126.9	109.2	127.2	96.2	114.0
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO															
DESCRIBED	76.1	67.0	72.4	44.6	74.0	69.0	75.0	75.4	89.6	73.6	95.9	67.0	70.1	49.6	66.0
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	53.1	64.5	57.1	45.3	15.6	55.3	41.5	43.6	53.9	59.4	31.1	42.3	57.2	46.6	48.1
OTHER HEART DISEASES	36.3	59.1	34.6	40.4	69.9	48.3	31.4	45.1	43.6	67.0	37.2	57.3	53.1	51.6	47.4
ACUTE AND SUBACUTE ENDOCARDITIS	0.0	0.0	0.0	0.0	0.0	1.9	0.0	4.7	3.1	0.0	0.0	3.3	0.0	0.0	0.8
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	0.0	0.0	0.0	0.0	0.0	4.6	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.5
HEART FAILURE	8.2	5.8	0.0	7.2	0.0	2.8	0.0	14.0	11.3	3.0	0.0	8.5	6.2	19.5	7.2
ALL OTHER FORMS OF HEART DISEASE	28.1	53.2	34.6	33.2	69.9	39.0	31.4	26.4	29.3	64.0	35.7	45.5	46.9	32.1	39.0
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL															
DISEASE	5.4	8.0	15.9	3.7	0.0	10.5	0.0	4.7	11.3	24.4	7.3	5.0	21.2	10.5	9.1
CEREBROVASCULAR DISEASES	50.3	59.7	37.8	37.9	38.6	61.3	98.7	36.3	62.0	58.5	58.3	33.7	39.8	64.9	49.0
ATHEROSCLEROSIS	0.0	0.0	0.0	1.5	0.0	0.0	0.0	4.3	3.4	3.7	0.0	0.0	2.1	0.0	1.0
OTHER DISEASES OF CIRCULATORY SYSTEM	2.8	4.3	3.0	4.5	0.0	13.0	11.6	8.7	7.8	3.6	10.5	11.8	8.4	7.5	7.0
AORTIC ANEURYSM AND DISSECTION	0.0	0.0	0.0	3.0	0.0	7.7	11.6	0.0	0.0	0.0	4.4	5.1	0.0	3.0	2.6
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	2.8	4.3	3.0	1.5	0.0	5.2	0.0	8.7	7.8	3.6	6.1	6.7	8.4	4.5	4.5
OTHER DISORDERS OF THE CIRCULATORY SYSTEM	2.7	4.7	0.0	1.5	0.0	0.0	0.0	4.3	0.0	3.1	3.1	5.1	2.0	1.8	2.2

## 2015 VERMONT RESIDENT DEATHS

## AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION

## COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	AGE-ADJUSTED DEATH RATES <sup>(2)</sup>														
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	TOTAL
INFLUENZA AND PNEUMONIA	25.2	24.6	12.7	6.5	15.6	12.7	0.0	23.0	15.2	15.3	10.4	11.8	16.9	13.4	13.6
INFLUENZA	5.4	4.4	12.7	2.2	0.0	1.7	0.0	9.0	11.3	9.2	3.0	6.8	2.2	3.0	4.6
PNEUMONIA	19.8	20.1	0.0	4.3	15.6	11.1	0.0	14.0	3.9	6.1	7.4	5.1	14.8	10.3	8.9
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.2
ACUTE BRONCHITIS AND BRONCHIOLITIS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.2
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHRONIC LOWER RESPIRATORY DISEASES	59.6	65.2	52.8	42.6	100.9	77.9	25.8	69.6	40.0	51.0	69.5	67.5	48.4	52.3	56.9
BRONCHITIS, CHRONIC AND UNSPECIFIED	0.0	0.0	0.0	0.7	0.0	2.5	0.0	0.0	0.0	0.0	0.0	0.0	2.2	1.5	0.6
EMPHYSEMA	7.9	2.4	0.0	7.5	25.3	11.8	0.0	17.2	3.4	10.0	4.5	6.7	12.5	10.2	7.8
ASTHMA	0.0	1.9	0.0	0.7	0.0	2.8	0.0	4.7	0.0	0.0	4.5	3.4	2.2	1.5	1.8
OTHER CHRONIC LOWER RESPIRATORY DISEASES	51.7	60.9	52.8	33.6	75.6	60.8	25.8	47.7	36.6	41.0	60.5	57.4	31.5	39.1	46.6
PNEUMOCONIOSES AND CHEMICAL EFFECTS	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	0.0	0.5
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	8.5	0.0	0.0	3.6	0.0	0.0	0.0	0.0	0.0	3.0	3.0	3.4	2.1	10.3	3.4
OTHER DISEASES OF RESPIRATORY SYSTEM	2.8	12.1	25.0	16.8	15.6	14.9	11.8	8.7	13.1	9.8	13.3	11.8	10.8	8.8	12.9
PEPTIC ULCER	2.9	4.7	0.0	4.3	0.0	7.7	11.8	9.0	0.0	3.2	0.0	0.0	2.1	3.0	3.0
DISEASES OF APPENDIX	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
HERNIA	0.0	0.0	3.1	2.2	0.0	0.0	0.0	0.0	6.5	3.1	3.0	3.4	0.0	1.5	1.9
CHRONIC LIVER DISEASE AND CIRRHOSIS	5.3	9.8	9.4	13.7	38.7	6.6	0.0	8.6	19.0	17.7	18.2	5.0	12.4	8.1	11.7
ALCOHOLIC LIVER DISEASE	2.7	9.8	3.0	11.3	27.2	6.6	0.0	4.3	12.8	10.9	9.4	5.0	10.3	5.0	8.3
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	2.6	0.0	6.4	2.4	11.5	0.0	0.0	4.4	6.2	6.7	8.8	0.0	2.1	3.1	3.4
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	0.0	4.0	0.0	1.5	0.0	4.9	0.0	0.0	0.0	0.0	1.4	3.3	2.2	4.4	2.1
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	5.2	0.0	3.2	2.9	0.0	5.2	0.0	8.6	3.9	6.1	14.9	8.5	12.4	6.4	6.2
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.2
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.2
RENAL FAILURE	5.2	0.0	3.2	2.9	0.0	5.2	0.0	8.6	3.9	6.1	13.5	8.5	12.4	4.5	5.9
OTHER DISORDERS OF KIDNEY	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INFECTIONS OF KIDNEY	0.0	1.9	0.0	0.0	0.0	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.5
HYPERPLASIA OF PROSTATE	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	1.7	0.0	0.0	0.5
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.6	0.0	0.0	0.3
PREGNANCY WITH ABORTIVE OUTCOME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.2
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.2
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	0.0	0.0	3.4	1.8	19.5	0.0	0.0	3.8	0.0	3.6	1.8	0.0	6.7	2.0	1.9
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	2.8	2.9	6.9	3.4	0.0	6.1	20.5	0.0	0.0	3.9	4.8	8.4	2.1	5.3	4.2
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	8.2	8.6	6.4	3.6	0.0	4.2	0.0	9.0	3.9	3.2	5.9	3.4	4.5	5.9	5.1
ALL OTHER DISEASES (RESIDUAL)	112.0	137.3	151.7	111.1	86.1	207.1	248.9	125.2	109.5	171.0	113.7	111.2	123.7	148.9	129.9
ACCIDENTS (UNINTENTIONAL INJURIES)	46.0	44.1	68.0	51.6	136.9	69.1	101.7	43.7	80.2	82.1	47.4	37.3	56.6	60.3	55.3
TRANSPORT ACCIDENTS	11.3	9.4	15.9	7.2	41.3	17.2	35.3	12.8	14.2	6.7	5.3	6.8	11.5	15.0	10.4

## 2015 VERMONT RESIDENT DEATHS

## AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION

## COUNTY OF RESIDENCE BY 113 SELECTED CAUSES OF DEATH

CAUSE OF DEATH <sup>(1)</sup>	AGE-ADJUSTED DEATH RATES <sup>(2)</sup>														
	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	TOTAL
MOTOR VEHICLE ACCIDENTS	11.3	9.4	9.7	5.0	41.3	17.2	35.3	8.5	10.4	6.7	5.3	5.1	9.0	10.8	8.6
OTHER LAND TRANSPORT ACCIDENTS WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED	0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0	3.8	0.0	0.0	0.0	2.5	2.5	0.8
TRANSPORT ACCIDENTS AND THEIR SEQUELAE	0.0	0.0	6.2	0.7	0.0	0.0	0.0	4.3	0.0	0.0	0.0	1.6	0.0	1.8	1.0
NONTRANSPORT ACCIDENTS	34.7	34.6	52.0	44.3	95.6	51.9	66.4	30.9	66.1	75.4	42.1	30.6	45.1	45.2	44.9
FALLS	28.3	24.2	32.3	24.1	0.0	21.4	11.8	18.3	33.8	24.5	19.0	17.1	35.8	16.5	23.2
ACCIDENTAL DISCHARGE OF FIREARMS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ACCIDENTAL DROWNING AND SUBMERSION	0.0	0.0	7.0	1.7	0.0	0.0	0.0	0.0	0.0	7.6	0.0	0.0	0.0	0.0	1.1
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.3	3.1	3.8	2.9	0.0	0.0	0.0	0.8
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	3.2	6.4	9.6	12.5	60.5	23.7	29.6	4.0	18.5	23.6	17.0	8.4	6.8	22.1	13.7
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	3.2	4.0	3.2	6.0	35.0	6.8	25.1	4.3	10.7	16.0	3.3	5.1	2.5	6.6	6.1
INTENTIONAL SELF-HARM (SUICIDE)	8.6	21.2	20.8	16.9	13.8	8.5	43.9	16.4	0.0	20.1	16.9	15.2	23.1	21.7	16.3
INTENTIONAL SELF-HARM (SUICIDE) BY DISCHARGE OF FIREARMS	2.7	11.2	20.8	10.0	13.8	6.6	32.1	4.0	0.0	13.1	10.0	8.6	9.1	9.7	9.4
INTENTIONAL SELF-HARM (SUICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	5.9	10.0	0.0	6.9	0.0	1.9	11.8	12.5	0.0	7.0	6.9	6.5	13.9	12.0	6.9
ASSAULT (HOMICIDE)	0.0	0.0	0.0	2.4	0.0	0.0	0.0	0.0	3.5	6.9	0.0	8.4	4.9	4.4	2.6
ASSAULT (HOMICIDE) BY DISCHARGE OF FIREARMS	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.0	6.9	0.0	6.5	2.5	4.4	1.8
ASSAULT (HOMICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	3.5	0.0	0.0	1.9	2.5	0.0	0.8
LEGAL INTERVENTION	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
EVENTS OF UNDETERMINED INTENT	0.0	2.1	6.9	0.7	0.0	2.2	0.0	4.7	0.0	0.0	0.0	1.6	2.2	3.7	1.6
DISCHARGE OF FIREARMS, UNDETERMINED INTENT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER AND UNSPECIFIED EVENTS OF UNDETERMINED INTENT AND THEIR SEQUELAE	0.0	2.1	6.9	0.7	0.0	2.2	0.0	4.7	0.0	0.0	0.0	1.6	2.2	3.7	1.6
OPERATIONS OF WAR AND THEIR SEQUELAE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	0.0	1.9	6.7	2.2	0.0	2.8	0.0	0.0	0.0	3.0	1.4	0.0	6.3	3.3	2.2
ALL CAUSES	877.9	978.6	1041.0	832.4	951.6	1113.1	1091.3	891.6	948.9	1113.6	1031.9	898.7	954.9	937.6	945.3

<sup>(1)</sup> SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

TABLE C-14 - PAGE 1  
2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	AGE AT DEATH BY 113 SELECTED CAUSES OF DEATH											TOTAL	
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		UNK
SALMONELLA INFECTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
SHIGELLOSIS AND AMEBIASIS	0	0	0	0	0	0	0	0	0	0	0	0	0
CERTAIN OTHER INTESTINAL INFECTIONS	0	0	0	0	0	0	1	2	2	9	12	0	26
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
RESPIRATORY TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
WHOOPING COUGH	0	0	0	0	0	0	0	0	0	0	0	0	0
SCARLET FEVER AND ERYSIPELAS	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGOCOCCAL INFECTION	0	0	0	0	0	0	0	0	0	0	0	0	0
SEPTICEMIA	1	0	0	0	0	0	3	8	9	11	18	0	50
SYPHILIS	0	0	0	0	0	0	0	0	0	0	0	0	0
ACUTE POLIOMYELITIS	0	0	0	0	0	0	0	0	0	0	0	0	0
ARTHROPOD-BORNE VIRAL ENCEPHALITIS	0	0	0	0	0	0	0	0	0	0	0	0	0
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRAL HEPATITIS	0	0	0	0	0	1	2	6	4	0	0	0	13
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	0	0	0	0	0	0	0	1	0	0	0	0	1
MALARIA	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES AND THEIR SEQUELAE	0	0	0	0	1	2	0	1	3	5	7	0	19
MALIGNANT NEOPLASMS	0	0	1	5	2	23	86	291	385	375	229	0	1397
OF LIP, ORAL CAVITY, AND PHARYNX	0	0	0	0	0	0	1	12	9	9	1	0	32
OF ESOPHAGUS	0	0	0	0	0	0	4	15	11	6	6	0	42
OF STOMACH	0	0	0	0	0	0	0	4	5	8	4	0	21
OF COLON, RECTUM AND ANUS	0	0	0	0	1	4	13	20	32	29	33	0	132
OF LIVER AND INTRAHEPATIC BILE DUCTS	0	0	0	0	0	0	3	13	15	15	4	0	50
OF PANCREAS	0	0	0	0	0	1	4	17	31	21	10	0	84
OF LARYNX	0	0	0	0	0	1	1	2	1	3	0	0	8
OF TRACHEA, BRONCHUS AND LUNG	0	0	0	1	0	3	15	74	118	99	42	0	352
OF SKIN	0	0	0	0	0	0	4	8	9	4	2	0	27
OF BREAST	0	0	0	0	1	3	10	26	21	20	17	0	98
OF CERVIX UTERI	0	0	0	0	0	0	1	0	0	0	0	0	1
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	0	0	0	0	0	1	1	2	7	4	3	0	18
OF OVARY	0	0	0	0	0	2	0	7	9	8	7	0	33
OF PROSTATE	0	0	0	0	0	0	1	4	9	23	17	0	54
OF KIDNEY AND RENAL PELVIS	0	0	0	0	0	0	0	8	10	9	6	0	33
OF BLADDER	0	0	0	0	0	1	3	6	8	17	8	0	43
OF MENINGES, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	0	0	0	0	0	1	13	11	10	12	1	0	48



TABLE C-14 - PAGE 2

## 2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	AGE AT DEATH BY 113 SELECTED CAUSES OF DEATH											TOTAL	
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		UNK
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	0	1	2	0	1	5	27	32	38	33	0	139
HODGKIN'S DISEASE	0	0	0	0	0	0	0	0	1	0	0	0	1
NON-HODGKIN'S LYMPHOMA	0	0	0	0	0	0	2	9	13	17	9	0	50
LEUKEMIA	0	0	1	2	0	0	3	12	9	15	16	0	58
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	0	0	0	0	0	1	0	6	9	6	8	0	30
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF													
LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	0	0	0	0	0	0	0	0	0	0	0	0
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS	0	0	0	2	0	5	7	35	48	50	35	0	182
IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF													
UNCERTAIN OR UNKNOWN BEHAVIOR	0	0	0	1	1	0	1	3	5	6	10	0	27
ANEMIAS	0	0	0	0	0	0	0	1	2	2	4	0	9
DIABETES MELLITUS	0	0	0	0	2	2	5	14	30	61	45	0	159
NUTRITIONAL DEFICIENCIES	0	0	0	0	0	0	0	1	0	5	6	0	12
MALNUTRITION	0	0	0	0	0	0	0	1	0	1	3	0	5
OTHER NUTRITIONAL DEFICIENCIES	0	0	0	0	0	0	0	0	0	4	3	0	7
MENINGITIS	0	0	0	0	0	0	0	1	1	0	0	0	2
PARKINSON'S DISEASE	0	0	0	0	0	0	0	2	13	33	33	0	81
ALZHEIMER'S DISEASE	0	0	0	0	0	0	0	4	13	77	204	0	298
MAJOR CARDIOVASCULAR DISEASES	0	0	1	1	4	15	66	158	298	375	808	0	1726
DISEASES OF HEART	0	0	0	0	4	13	54	139	235	271	596	0	1312
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART													
DISEASES	0	0	0	0	0	0	0	0	0	2	6	0	8
HYPERTENSIVE HEART DISEASE	0	0	0	0	0	0	3	8	13	23	58	0	105
HYPERTENSIVE HEART AND RENAL DISEASE	0	0	0	0	0	0	0	0	2	3	10	0	15
ISCHEMIC HEART DISEASES	0	0	0	0	2	8	41	116	189	182	349	0	887
ACUTE MYOCARDIAL INFARCTION	0	0	0	0	1	0	4	13	33	38	74	0	163
OTHER ACUTE ISCHEMIC HEART DISEASES	0	0	0	0	0	0	0	0	3	1	6	0	10
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	0	0	0	0	1	8	37	103	153	143	269	0	714
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO													
DESCRIBED	0	0	0	0	1	8	36	87	114	73	94	0	413
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	0	0	0	0	0	0	1	16	39	70	175	0	301
OTHER HEART DISEASES	0	0	0	0	2	5	10	15	31	61	173	0	297
ACUTE AND SUBACUTE ENDOCARDITIS	0	0	0	0	1	0	1	1	1	0	1	0	5
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	0	0	0	0	0	1	0	0	0	1	1	0	3
HEART FAILURE	0	0	0	0	0	0	0	0	2	7	36	0	45
ALL OTHER FORMS OF HEART DISEASE	0	0	0	0	1	4	9	14	28	53	135	0	244
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL													
DISEASE	0	0	0	0	0	0	1	0	8	14	34	0	57
CEREBROVASCULAR DISEASES	0	0	1	1	0	1	8	15	41	79	161	0	307
ATHEROSCLEROSIS	0	0	0	0	0	1	0	0	0	4	1	0	6
OTHER DISEASES OF CIRCULATORY SYSTEM	0	0	0	0	0	0	3	4	14	7	16	0	44
AORTIC ANEURYSM AND DISSECTION	0	0	0	0	0	0	1	3	3	3	6	0	16
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	0	0	0	0	0	0	2	1	11	4	10	0	28
OTHER DISORDERS OF THE CIRCULATORY SYSTEM	0	0	0	0	0	0	3	3	1	3	4	0	14

TABLE C-14 - PAGE 3

## 2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	AGE AT DEATH BY 113 SELECTED CAUSES OF DEATH											UNK	TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
INFLUENZA AND PNEUMONIA	0	1	0	0	0	0	2	3	5	19	55	0	85
INFLUENZA	0	1	0	0	0	0	1	0	3	7	17	0	29
PNEUMONIA	0	0	0	0	0	0	1	3	2	12	38	0	56
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	1	0	0	0	0	0	0	0	0	0	0	0	1
ACUTE BRONCHITIS AND BRONCHIOLITIS	1	0	0	0	0	0	0	0	0	0	0	0	1
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	0	0	0	0	0	0	0	0	0	0	0	0	0
CHRONIC LOWER RESPIRATORY DISEASES	0	0	0	0	0	1	12	42	89	113	99	0	356
BRONCHITIS, CHRONIC AND UNSPECIFIED	0	0	0	0	0	0	0	0	1	1	2	0	4
EMPHYSEMA	0	0	0	0	0	0	3	7	10	18	11	0	49
ASTHMA	0	0	0	0	0	0	0	1	0	2	8	0	11
OTHER CHRONIC LOWER RESPIRATORY DISEASES	0	0	0	0	0	1	9	34	78	92	78	0	292
PNEUMOCONIOSES AND CHEMICAL EFFECTS	0	0	0	0	0	0	0	0	0	2	1	0	3
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	0	0	0	0	0	0	0	0	2	5	14	0	21
OTHER DISEASES OF RESPIRATORY SYSTEM	1	0	1	0	0	1	1	6	18	26	27	0	81
PEPTIC ULCER	0	0	0	0	0	0	1	1	3	5	9	0	19
DISEASES OF APPENDIX	0	0	0	0	0	0	0	0	0	2	0	0	2
HERNIA	0	0	0	0	0	0	1	2	3	1	5	0	12
CHRONIC LIVER DISEASE AND CIRRHOSIS	0	0	0	0	1	1	15	20	19	14	3	0	73
ALCOHOLIC LIVER DISEASE	0	0	0	0	1	1	14	17	11	7	1	0	52
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	0	0	0	0	0	0	1	3	8	7	2	0	21
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	0	0	0	0	0	0	1	1	2	5	4	0	13
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	0	0	1	0	0	0	3	2	8	4	21	0	39
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	0	0	1	0	0	0	0	0	0	0	0	0	1
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	0	0	0	0	0	0	0	0	0	1	0	0	1
RENAL FAILURE	0	0	0	0	0	0	3	2	8	3	21	0	37
OTHER DISORDERS OF KIDNEY	0	0	0	0	0	0	0	0	0	0	0	0	0
INFECTIONS OF KIDNEY	0	0	0	0	0	0	0	0	1	0	2	0	3
HYPERPLASIA OF PROSTATE	0	0	0	0	0	0	0	0	0	3	0	0	3
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	0	0	0	0	0	0	0	0	0	0	0	0
PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	0	0	0	0	1	1	0	0	0	0	0	0	2
PREGNANCY WITH ABORTIVE OUTCOME	0	0	0	0	1	0	0	0	0	0	0	0	1
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	0	0	0	0	1	0	0	0	0	0	0	1
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	12	0	0	0	0	0	0	0	0	0	0	0	12
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	8	0	0	2	1	2	4	0	5	3	1	0	26
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	0	0	0	0	0	1	1	1	5	4	20	1	33
ALL OTHER DISEASES (RESIDUAL)	2	0	0	9	7	19	35	91	104	160	386	0	813
ACCIDENTS (UNINTENTIONAL INJURIES)	0	1	2	24	40	29	39	39	25	50	97	0	346
TRANSPORT ACCIDENTS	0	1	0	11	8	8	10	12	8	3	4	0	65

TABLE C-14 - PAGE 4  
2015 VERMONT RESIDENT DEATHS

CAUSE OF DEATH <sup>(1)</sup>	AGE AT DEATH BY 113 SELECTED CAUSES OF DEATH											TOTAL	
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		UNK
MOTOR VEHICLE ACCIDENTS	0	1	0	10	6	7	8	8	7	3	4	0	54
OTHER LAND TRANSPORT ACCIDENTS WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	0	0	0	1	2	0	0	2	0	0	0	0	5
NONTRANSPORT ACCIDENTS	0	0	2	13	32	21	29	27	17	47	93	0	281
FALLS	0	0	0	0	2	0	2	7	10	39	85	0	145
ACCIDENTAL DISCHARGE OF FIREARMS	0	0	0	0	0	0	0	0	0	0	0	0	0
ACCIDENTAL DROWNING AND SUBMERSION	0	0	0	3	1	3	0	0	0	0	0	0	7
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	0	0	0	0	0	0	1	1	2	1	0	0	5
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	0	0	0	8	27	15	23	10	2	1	0	0	86
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	0	0	2	2	2	3	3	9	3	6	8	0	38
INTENTIONAL SELF-HARM (SUICIDE)	0	0	0	15	15	9	17	26	11	9	0	0	102
INTENTIONAL SELF-HARM (SUICIDE) BY DISCHARGE OF FIREARMS INTENTIONAL SELF-HARM (SUICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	0	0	0	8	8	2	7	18	8	8	0	0	59
ASSAULT (HOMICIDE)	0	0	0	7	7	7	10	8	3	1	0	0	43
ASSAULT (HOMICIDE) BY DISCHARGE OF FIREARMS ASSAULT (HOMICIDE) BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	1	0	0	3	1	4	3	1	2	0	1	0	16
LEGAL INTERVENTION	0	0	0	2	0	3	3	1	2	0	0	0	11
EVENTS OF UNDETERMINED INTENT	1	0	0	1	1	1	0	0	0	0	1	0	5
DISCHARGE OF FIREARMS, UNDETERMINED INTENT OTHER AND UNSPECIFIED EVENTS OF UNDETERMINED INTENT AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	0	1	2	2	1	0	1	3	0	10
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	0	0	0	0	0	0	0	0	0	0	0	0	0
ALL CAUSES	1	0	0	0	1	0	1	1	2	3	5	0	14
	27	2	6	60	78	113	305	733	1070	1391	2133	1	5919

<sup>(1)</sup> SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

TABLE C-15

## 2015 VERMONT RESIDENT INJURY DEATHS

## INJURY DEATHS BY MECHANISM, SEX, AND AGE GROUP

INJURY MECHANISM	SEX		AGE AT DEATH											UNK	TOTAL
	MALE	FEMALE	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
UNINTENTIONAL INJURY DEATHS	216	130	0	1	2	24	40	29	39	39	25	50	97	0	346
TOTAL TRANSPORT ACCIDENTS	50	15	0	1	0	11	8	8	10	12	8	3	4	0	65
MOTOR VEHICLE DRIVER	11	5	0	0	0	6	2	1	1	1	3	1	1	0	16
MOTOR VEHICLE OCCUPANT	4	3	0	1	0	1	1	1	0	2	1	0	0	0	7
PEDESTRIAN	7	2	0	0	0	2	3	0	1	2	0	1	0	0	9
MOTORCYCLIST	4	1	0	0	0	1	1	1	1	1	0	0	0	0	5
PEDAL CYCLIST	4	0	0	0	0	0	0	0	1	3	0	0	0	0	4
OFF-ROAD MOTOR VEHICLE	7	1	0	0	0	1	0	2	2	0	2	1	0	0	8
OTHER TRANSPORT <sup>(1)</sup>	13	3	0	0	0	0	1	3	4	3	2	0	3	0	16
TOTAL NONTRANSPORT ACCIDENTS	166	115	0	0	2	13	32	21	29	27	17	47	93	0	281
FALLS	71	74	0	0	0	0	2	0	2	7	10	39	85	0	145
JUMPING/DIVING INTO WATER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FIRE/BURNS	4	1	0	0	0	0	0	0	1	1	2	1	0	0	5
NATURAL/ENVIRONMENTAL <sup>(2)</sup>	2	0	0	0	0	0	0	0	0	0	0	2	0	0	2
POISONING	61	25	0	0	0	8	27	15	23	10	2	1	0	0	86
FIREARMS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DROWNING	6	1	0	0	0	3	1	3	0	0	0	0	0	0	7
SUFFOCATION	4	3	0	0	1	0	0	1	0	3	1	0	1	0	7
EXPOSURE-OTHER <sup>(3)</sup>	3	8	0	0	1	1	0	0	0	2	1	0	6	0	11
OTHER NONTRANSPORT ACCIDENTS	15	3	0	0	0	1	2	2	3	4	1	4	1	0	18
INTENTIONAL INJURY DEATHS	95	23	1	0	0	18	16	13	20	27	13	9	1	0	118
TOTAL SUICIDE	86	16	0	0	0	15	15	9	17	26	11	9	0	0	102
FIREARM	57	2	0	0	0	8	8	2	7	18	8	8	0	0	59
POISONING	10	7	0	0	0	1	0	3	7	6	0	0	0	0	17
OTHER SUICIDE	19	7	0	0	0	6	7	4	3	2	3	1	0	0	26
TOTAL HOMICIDE	9	7	1	0	0	3	1	4	3	1	2	0	1	0	16
FIREARM	6	5	0	0	0	2	0	3	3	1	2	0	0	0	11
SMOKE/FIRE/FLAMES	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1
CUT/PIERCE	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1
SUFFOCATION/CHOKING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DROWNING/SUBMERSION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FALL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER HOMICIDE	2	1	1	0	0	0	1	0	0	0	0	0	1	0	3
UNDETERMINED INTENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LEGAL INTERVENTION/WAR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMPLICATIONS OF MEDICAL SURGICAL CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL INJURY DEATHS	311	153	1	1	2	42	56	42	59	66	38	59	98	0	464

## NOTES:

<sup>(1)</sup> INCLUDES WATER, AIR SPACE, ANIMAL, AGRICULTURAL, AND UNSPECIFIED VEHICLE TRANSPORT ACCIDENTS, AND SEQUELAE OF SUCH.

<sup>(2)</sup> INCLUDES EXPOSURE TO EXCESSIVE NATURAL COLD, AND LACK OF FOOD OR WATER.

<sup>(3)</sup> INCLUDES EXPOSURE TO OTHER UNSPECIFIED FACTORS.

TABLE C-16  
2015 VERMONT RESIDENT UNINTENTIONAL INJURY DEATHS

AGE AT DEATH BY PLACE OF INJURY AND SEX  
TOTAL

PLACE OF INJURY	AGE AT DEATH											UNK	TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
HOME	0	0	1	7	15	9	20	19	11	29	33	0	144
RESIDENTIAL INSTITUTION	0	0	0	0	0	1	0	1	1	9	47	0	59
SCHOOL, OTHER INSTITUTION, ADMIN AREA	0	0	0	0	0	0	0	0	0	3	1	0	4
SPORTS AND RECREATION AREA	0	0	0	0	0	0	0	0	0	0	0	0	0
STREET OR HIGHWAY	0	0	0	0	1	0	0	0	1	0	1	0	3
TRADE OR SERVICE AREA	0	0	0	0	2	1	0	0	1	1	0	0	5
INDUSTRIAL OR CONSTRUCTION AREA	0	0	0	0	1	0	1	0	0	0	0	0	2
FARM	0	0	0	1	0	0	0	1	0	0	1	0	3
OTHER SPECIFIED PLACE	0	0	1	4	5	6	4	2	0	1	0	0	23
UNSPECIFIED PLACE	0	1	0	12	16	12	14	16	11	7	14	0	103
TOTAL	0	1	2	24	40	29	39	39	25	50	97	0	346

MALES

PLACE OF INJURY	AGE AT DEATH											UNK	TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
HOME	0	0	0	6	11	8	12	12	7	23	19	0	98
RESIDENTIAL INSTITUTION	0	0	0	0	0	1	0	1	0	5	12	0	19
SCHOOL, OTHER INSTITUTION, ADMIN AREA	0	0	0	0	0	0	0	0	0	1	1	0	2
SPORTS AND RECREATION AREA	0	0	0	0	0	0	0	0	0	0	0	0	0
STREET OR HIGHWAY	0	0	0	0	1	0	0	0	0	0	0	0	1
TRADE OR SERVICE AREA	0	0	0	0	2	0	0	0	0	0	0	0	2
INDUSTRIAL OR CONSTRUCTION AREA	0	0	0	0	1	0	1	0	0	0	0	0	2
FARM	0	0	0	1	0	0	0	1	0	0	0	0	2
OTHER SPECIFIED PLACE	0	0	0	2	4	6	4	2	0	1	0	0	19
UNSPECIFIED PLACE	0	1	0	11	12	8	10	14	6	4	5	0	71
TOTAL	0	1	0	20	31	23	27	30	13	34	37	0	216

FEMALES

PLACE OF INJURY	AGE AT DEATH											UNK	TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
HOME	0	0	1	1	4	1	8	7	4	6	14	0	46
RESIDENTIAL INSTITUTION	0	0	0	0	0	0	0	0	1	4	35	0	40
SCHOOL, OTHER INSTITUTION, ADMIN AREA	0	0	0	0	0	0	0	0	0	2	0	0	2
SPORTS AND RECREATION AREA	0	0	0	0	0	0	0	0	0	0	0	0	0
STREET OR HIGHWAY	0	0	0	0	0	0	0	0	1	0	1	0	2
TRADE OR SERVICE AREA	0	0	0	0	0	1	0	0	1	1	0	0	3
INDUSTRIAL OR CONSTRUCTION AREA	0	0	0	0	0	0	0	0	0	0	0	0	0
FARM	0	0	0	0	0	0	0	0	0	0	1	0	1
OTHER SPECIFIED PLACE	0	0	1	2	1	0	0	0	0	0	0	0	4
UNSPECIFIED PLACE	0	0	0	1	4	4	4	2	5	3	9	0	32
TOTAL	0	0	2	4	9	6	12	9	12	16	60	0	130

TABLE C-17  
2015 VERMONT DEATHS

PLACE OF DEATH <sup>(1)</sup>	COUNTY OF RESIDENCE BY PLACE OF DEATH																TOTAL
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORG	ORL	RUT	WAS	WDM	WDR	O-O-S	UNK	
AT HOME <sup>(2)</sup>	126	128	129	295	26	126	21	77	111	100	234	194	171	192	19	0	1949
RUTLAND REGIONAL MEDICAL CENTER	3	7	0	1	0	0	0	0	1	0	194	0	1	2	18	0	227
CENTRAL VERMONT MEDICAL CENTER	0	0	1	0	0	0	1	1	13	0	0	88	0	2	1	0	107
COPLEY HOSPITAL	0	0	1	0	0	0	0	26	0	5	0	1	0	0	1	0	34
GIFFORD MEDICAL CENTER	2	0	0	0	0	0	0	0	24	0	2	4	0	15	1	0	48
FLETCHER ALLEN HEALTH CARE /MEDICAL CTR CAMPUS	30	1	3	328	0	89	16	21	6	9	16	45	3	2	125	0	694
GRACE COTTAGE HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	18	1	3	0	22
MOUNT ASCUTNEY HOSPITAL AND HEALTH CENTER	0	0	0	0	0	0	0	0	1	0	0	0	1	39	6	0	47
NORTH COUNTRY HOSPITAL AND HEALTH CENTER	0	0	1	0	6	1	0	0	0	90	0	0	0	0	0	0	98
NORTHEASTERN VERMONT REGIONAL HOSPITAL	0	0	50	0	4	0	0	0	1	3	0	0	0	0	6	0	64
NORTHWESTERN MEDICAL CENTER	0	0	0	4	0	77	2	2	0	0	0	0	0	0	2	0	87
PORTER MEDICAL CENTER	41	0	0	0	0	0	0	1	0	0	4	0	0	0	2	0	48
BRATTLEBORO MEMORIAL HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	36	0	5	0	41
SPRINGFIELD HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	14	37	10	0	61
SOUTHWESTERN VERMONT MEDICAL CENTER	0	76	0	0	0	0	0	0	0	0	1	0	7	2	35	0	121
VA MEDICAL CENTER	1	1	0	0	0	1	0	0	3	2	1	4	3	9	26	0	51
VERMONT STATE HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NURSING HOME/LONG TERM CARE FACILITY	82	172	92	304	9	121	15	46	48	102	178	150	111	166	69	0	1665
HOSPICE FACILITY	5	1	3	149	0	15	6	8	2	1	5	9	4	3	13	0	224
OTHER PLACES	23	19	26	41	3	16	5	15	22	14	21	17	14	33	53	0	322
OUT OF STATE HOSPITAL	5	42	23	14	20	5	0	6	40	19	33	21	69	106	0	0	403
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2
TOTAL	318	447	329	1136	68	451	66	203	272	345	689	533	453	609	396	0	6315

<sup>(1)</sup> SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS.

<sup>(2)</sup> INCLUDES OUT OF STATE RESIDENTS WHO DIED AT A SEASONAL HOME.

TABLE C-18 - PAGE 1  
2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
A047	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE	M	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3	0	6
		F	0	0	0	0	0	0	0	0	0	1	1	0	1	0	4	0	7
A084	VIRAL INTESTINAL INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
A090	OTHER AND UNSPECIFIED GASTROENTERITIS AND COLITIS OF INFECTIOUS ORIGIN	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
A099	GASTROENTERITIS AND COLITIS OF UNSPECIFIED ORIGIN	M	0	0	0	0	0	0	0	1	0	1	0	0	2	1	1	0	6
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	3
A310	PULMONARY MYCOBACTERIAL INFECTION	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A401	SEPTICEMIA DUE TO STREPTOCOCCUS, GROUP B	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A403	SEPTICEMIA DUE TO STREPTOCOCCUS PNEUMONIAE	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A412	SEPTICEMIA DUE TO UNSPECIFIED STAPHYLOCOCCUS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A414	SEPTICEMIA DUE TO ANAEROBES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A415	SEPTICEMIA DUE TO OTHER GRAM-NEGATIVE ORGANISMS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A419	SEPTICEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	1	3	2	2	2	2	4	4	0	20
		F	0	0	0	0	0	0	0	2	2	1	2	2	2	3	11	0	25
A490	STAPHYLOCOCCAL INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
A491	STREPTOCOCCAL INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
A499	BACTERIAL INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
A810	CREUTZFELDT-JAKOB DISEASE	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A86	UNSPECIFIED VIRAL ENCEPHALITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
B182	CHRONIC VIRAL HEPATITIS C	M	0	0	0	0	0	0	0	1	1	1	2	1	0	0	0	0	6
		F	0	0	0	0	0	0	1	1	1	3	1	0	0	0	0	0	7
B232	HIV DISEASE RESULTING IN HEMATOLOGICAL AND IMMUNOLOGICAL ABNORMALITIES, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B343	PARVOVIRUS INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B348	OTHER VIRAL INFECTIONS OF UNSPECIFIED SITE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	3
B349	VIRAL INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
B909	SEQUELAE OF RESPIRATORY AND UNSPECIFIED TUBERCULOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																TOTAL
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	
B948	SEQUELAE OF OTHER SPECIFIED INFECTIOUS AND PARASITIC DISEASES	M	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
B99	OTHER AND UNSPECIFIED INFECTIOUS DISEASES	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
C009	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C024	MALIGNANT NEOPLASM OF LINGUAL TONSIL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
C029	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	2	1	1	1	0	0	0	5
		F	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
C049	MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C062	MALIGNANT NEOPLASM OF RETROMOLAR AREA	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C069	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	1	1	0	1	2	0	0	5
C07	MALIGNANT NEOPLASM OF PAROTID GLAND	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C089	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
C099	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
C109	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C119	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
C139	MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C140	MALIGNANT NEOPLASM OF PHARYNX, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
C159	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	M	0	0	0	0	0	0	0	4	4	10	2	6	3	1	5	0	35
		F	0	0	0	0	0	0	0	0	0	1	1	2	1	1	1	0	7
C169	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	2	1	1	4	4	2	0	15
		F	0	0	0	0	0	0	0	0	1	0	2	1	0	0	2	0	6
C170	MALIGNANT NEOPLASM OF DUODENUM	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C179	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
C180	MALIGNANT NEOPLASM OF CECUM	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	0	0	1	0	1	0	1	0	3
C181	MALIGNANT NEOPLASM OF APPENDIX	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																TOTAL	
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+		UNK
C182	MALIGNANT NEOPLASM OF ASCENDING COLON	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C187	MALIGNANT NEOPLASM OF SIGMOID COLON	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
C189	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	M	0	0	0	0	0	0	1	0	3	2	7	7	8	6	4	7	45	
		F	0	0	0	0	0	0	0	1	3	4	3	4	4	9	6	19	53	
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	M	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	2	
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
C20	MALIGNANT NEOPLASM OF RECTUM	M	0	0	0	0	0	0	0	1	4	1	1	1	0	0	2	0	11	
		F	0	0	0	0	0	0	0	1	0	1	0	0	1	1	0	2	6	
C210	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	2	
		F	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2	4	
C220	LIVER CELL CARCINOMA	M	0	0	0	0	0	0	0	1	4	3	3	3	3	1	1	0	19	
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	1	2	0	5	
C221	INTRAHEPATIC BILE DUCT CARCINOMA	M	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	1	1	0	3	2	3	0	2	12	
C229	MALIGNANT NEOPLASM OF LIVER, UNSPECIFIED	M	0	0	0	0	0	0	0	1	1	2	2	0	3	1	0	0	10	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2	
C23	MALIGNANT NEOPLASM OF GALLBLADDER	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3	0	4	
C240	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C241	MALIGNANT NEOPLASM OF AMPULLA OF VATER	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C249	MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C258	MALIGNANT NEOPLASM OF OVERLAPPING LESION OF PANCREAS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C259	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	M	0	0	0	0	0	0	1	4	3	8	13	3	4	6	5	0	47	
		F	0	0	0	0	0	0	0	0	0	2	4	7	8	3	7	5	36	
C269	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM	M	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
C320	MALIGNANT NEOPLASM OF GLOTTIS	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C321	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C322	MALIGNANT NEOPLASM OF SUBGLOTTIS	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C329	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	3	
		F	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	2	
C340	MALIGNANT NEOPLASM OF MAIN BRONCHUS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
C341	MALIGNANT NEOPLASM OF UPPER LOBE, BRONCHUS OR LUNG	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	2	1	1	1	0	5	

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																TOTAL	
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+		UNK
C343	MALIGNANT NEOPLASM OF LOWER LOBE, BRONCHUS OR LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	3
C348	MALIGNANT NEOPLASM OF OVERLAPPING LESION OF BRONCHUS AND LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C349	MALIGNANT NEOPLASM OF BRONCHUS OR LUNG, UNSPECIFIED	M	0	0	0	0	0	1	0	1	10	15	26	25	41	24	19	20	0	182
		F	0	0	0	0	0	0	0	2	5	11	22	16	33	26	22	19	0	156
C37	MALIGNANT NEOPLASM OF THYMUS	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C402	MALIGNANT NEOPLASM OF LONG BONES OF LOWER LIMB	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C411	MALIGNANT NEOPLASM OF MANDIBLE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C439	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	2	2	3	4	3	0	4	1	0	19
		F	0	0	0	0	0	0	0	0	2	1	2	1	1	0	0	1	0	8
C442	MALIGNANT NEOPLASM OF SKIN OF EAR AND EXTERNAL AURICULAR CANAL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C444	MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	M	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
C447	MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB, INCLUDING HIP	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C449	MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	2	2	0	1	3	0	0	9
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C459	MALIGNANT MESOTHELIOMA, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	1	0	0	1	2	1	0	6
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C482	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2
C492	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LOWER LIMB, INCLUDING HIP	M	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C493	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF THORAX	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
C495	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF PELVIS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C499	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	M	0	0	0	0	0	0	0	2	0	0	1	0	1	0	1	0	0	5
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
C509	MALIGNANT NEOPLASM OF BREAST, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2
		F	0	0	0	0	0	0	1	3	10	9	17	9	11	8	11	17	0	96
C52	MALIGNANT NEOPLASM OF VAGINA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
C539	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
C541	MALIGNANT NEOPLASM OF ENDOMETRIUM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	1	1	0	2	2	1	1	1	0	10
C549	CORPUS UTERI, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL	
		SEX	AGE AT DEATH																	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	1	0	1	2	1	0	2	0	7
C56	MALIGNANT NEOPLASM OF OVARY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	2	0	1	6	4	5	3	5	7	0	33
C570	MALIGNANT NEOPLASM OF FALLOPIAN TUBE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2
C577	MALIGNANT NEOPLASM OF OTHER SPECIFIED FEMALE GENITAL ORGANS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
C579	MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
C609	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C61	MALIGNANT NEOPLASM OF PROSTATE	M	0	0	0	0	0	0	0	1	2	2	4	5	10	13	17	0	54	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C629	MALIGNANT NEOPLASM OF TESTIS, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C64	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT RENAL PELVIS	M	0	0	0	0	0	0	0	0	0	5	5	3	1	3	3	0	20	
		F	0	0	0	0	0	0	0	0	1	2	0	2	0	5	3	0	13	
C66	MALIGNANT NEOPLASM OF URETER	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
C677	MALIGNANT NEOPLASM OF URACHUS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	M	0	0	0	0	0	0	0	1	2	3	1	4	6	7	6	0	30	
		F	0	0	0	0	0	0	0	2	0	1	0	3	4	0	2	0	12	
C680	MALIGNANT NEOPLASM OF URETHRA	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C689	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
C699	MALIGNANT NEOPLASM OF EYE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C711	MALIGNANT NEOPLASM OF FRONTAL LOBE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	3	
C712	MALIGNANT NEOPLASM OF TEMPORAL LOBE	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
C717	MALIGNANT NEOPLASM OF BRAIN STEM	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C718	MALIGNANT NEOPLASM OF OVERLAPPING LESION OF BRAIN	M	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
C719	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	M	0	0	0	0	0	0	0	5	0	4	3	2	3	1	0	0	18	
		F	0	0	0	0	0	0	1	7	2	2	2	0	5	1	1	0	21	
C73	MALIGNANT NEOPLASM OF THYROID GLAND	M	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
C740	MALIGNANT NEOPLASM OF CORTEX OF ADRENAL GLAND	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL	
		SEX	AGE AT DEATH																	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
C749	MALIGNANT NEOPLASM OF ADRENAL GLAND, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
C753	MALIGNANT NEOPLASM OF PINEAL GLAND	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
C760	MALIGNANT NEOPLASM OF HEAD, FACE, AND NECK	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C762	MALIGNANT NEOPLASM OF ABDOMEN	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	
C767	MALIGNANT NEOPLASM OF OTHER ILL-DEFINED SITES	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C787	SECONDARY MALIGNANT NEOPLASM OF LIVER	M	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
C795	SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	2	
C798	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	M	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	3	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	3	
C80	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE	M	0	0	0	0	0	0	0	0	1	5	8	3	5	8	6	0	36	
		F	0	0	0	0	0	0	0	0	2	2	4	3	5	6	6	10	0	38
C819	HODGKIN'S DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C820	SMALL CLEAVED CELL, FOLLICULAR	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
C829	FOLLICULAR NON-HODGKIN'S LYMPHOMA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	
C830	DIFFUSE NON-HODGKIN'S LYMPHOMA: SMALL CELL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C831	DIFFUSE NON-HODGKIN'S LYMPHOMA: SMALL CLEAVED CELL (DIFFUSE)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
		F	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	3	
C833	DIFFUSE NON-HODGKIN'S LYMPHOMA: LARGE CELL	M	0	0	0	0	0	0	0	0	3	2	2	1	2	1	1	0	12	
		F	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	3	
C835	DIFFUSE NON-HODGKIN'S LYMPHOMA: LYMPHOBLASTIC	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C838	OTHER TYPES OF DIFFUSE NON-HODGKIN'S LYMPHOMA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C844	PERIPHERAL T-CELL LYMPHOMA	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C845	OTHER AND UNSPECIFIED T-CELL LYMPHOMAS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
C851	B-CELL LYMPHOMA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	1	2	2	0	1	0	7	
		F	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	2	
C859	NON-HODGKIN'S LYMPHOMA, UNSPECIFIED TYPE	M	0	0	0	0	0	0	0	0	1	0	1	1	1	2	2	0	8	
		F	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0	4	
C900	MULTIPLE MYELOMA	M	0	0	0	0	0	0	0	0	2	1	2	2	2	1	1	0	11	
		F	0	0	0	0	0	0	1	0	1	1	1	3	2	1	7	0	17	

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
C901	PLASMA CELL LEUKEMIA	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
C910	ACUTE LYMPHOBLASTIC LEUKEMIA	M	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
C911	CHRONIC LYMPHOCYTIC LEUKEMIA	M	0	0	0	0	0	0	0	0	0	1	0	2	1	0	2	0	6
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	2	2	0	5
C917	OTHER LYMPHOID LEUKEMIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
C920	ACUTE MYELOID LEUKEMIA	M	0	0	0	1	0	1	0	0	2	1	2	2	2	2	1	5	0
		F	0	0	0	0	0	0	0	0	0	2	2	1	1	2	0	2	0
C921	CHRONIC MYELOID LEUKEMIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
C923	MYELOID SARCOMA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
C927	OTHER MYELOID LEUKEMIA	M	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
C929	MYELOID LEUKEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C940	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
C950	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE	M	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
C959	LEUKEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
C97	MALIGNANT NEOPLASMS OF INDEPENDENT (PRIMARY) MULTIPLE SITES	M	0	0	0	0	1	0	0	0	2	1	1	2	0	0	0	5	0
		F	0	0	0	0	0	0	0	0	0	0	3	0	1	0	3	0	0
D320	BENIGN NEOPLASM OF CEREBRAL MENINGES	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D329	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
D369	BENIGN NEOPLASM OF UNSPECIFIED SITE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
D374	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF COLON	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
D381	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF TRACHEA, BRONCHUS, AND LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
D399	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF FEMALE GENITAL ORGAN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
D401	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF TESTIS	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D420	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF CEREBRAL MENINGES	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D430	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF BRAIN, SUPRATENTORIAL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																TOTAL	
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+		UNK
D432	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF BRAIN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D45	POLYCYTHEMIA VERA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D469	MYELOYDYSPLASTIC SYNDROME, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1	0	4
D471	CHRONIC MYELOPROLIFERATIVE DISEASE	M	0	0	0	0	0	0	0	0	0	0	0	0	1	2	2	0	5	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D482	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D487	NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF OTHER SPECIFIED SITES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D591	OTHER AUTOIMMUNE HEMOLYTIC ANEMIAS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D594	OTHER NONAUTOIMMUNE HEMOLYTIC ANEMIAS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D619	APLASTIC ANEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D62	ACUTE POSTHEMORRHAGIC ANEMIA	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D648	OTHER SPECIFIED ANEMIAS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D649	ANEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	0	4	
D66	HEREDITARY FACTOR VIII DEFICIENCY	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D682	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
D686	OTHER THROMBOPHILIA	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D689	COAGULATION DEFECT, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
D693	IDIOPATHIC THROMBOCYTOPENIC PURPURA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D696	THROMBOCYTOPENIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D699	HEMORRHAGIC CONDITION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D70	AGRANULOCYTOSIS	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D728	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
D761	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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 2015 VERMONT RESIDENT DEATHS

AGE AT DEATH BY CAUSE AND SEX

AGE AT DEATH

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																	TOTAL
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
D800	HEREDITARY HYPOGAMMAGLOBULINEMIA	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D823	IMMUNODEFICIENCY FOLLOWING HEREDITARY DEFECTIVE RESPONSE TO EPSTEIN-BARR VIRUS	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D860	SARCOIDOSIS OF LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
D869	SARCOIDOSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
E039	HYPOTHYROIDISM, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
E079	DISORDER OF THYROID, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E101	INSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
E102	INSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
E105	INSULIN-DEPENDENT DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E106	INSULIN-DEPENDENT DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
E109	INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS	M	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
E111	NONINSULIN-DEPENDENT DIABETES MELLITUS WITH KETOACIDOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
E112	NONINSULIN-DEPENDENT DIABETES MELLITUS WITH RENAL COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	1	0	2	2	1	4	0	10
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	3
E115	NONINSULIN-DEPENDENT DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	
E117	NONINSULIN-DEPENDENT DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
E119	NONINSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	1	0	1	4	3	0	9
		F	0	0	0	0	0	0	0	0	0	1	0	1	0	1	5	4	0	12
E141	UNSPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
E142	UNSPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS	M	0	0	0	0	0	0	0	0	2	0	1	2	3	6	3	2	0	19
		F	0	0	0	0	0	0	0	0	0	1	0	3	1	3	4	7	0	19
E144	UNSPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E145	UNSPECIFIED DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	2	1	0	1	1	0	5	
		F	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	0	4
E146	UNSPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E147	UNSPECIFIED DIABETES MELLITUS WITH MULTIPLE COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	0	4	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	3	

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 2015 VERMONT RESIDENT DEATHS

AGE AT DEATH BY CAUSE AND SEX

AGE AT DEATH

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																UNK	TOTAL	
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+			
E149	UNSPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	1	1	0	4	4	6	6	7	0	29
		F	0	0	0	0	0	0	0	1	1	1	2	1	1	5	2	8	0	22	
E222	SYNDROME OF INAPPROPRIATE SECRETION OF ANTIDIURETIC HORMONE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
E230	HYPOPITUITARISM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
E310	AUTOIMMUNE POLYGLANDULAR FAILURE	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E43	UNSPECIFIED SEVERE PROTEIN-ENERGY MALNUTRITION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
E46	UNSPECIFIED PROTEIN-ENERGY MALNUTRITION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
E54	ASCORBIC ACID DEFICIENCY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	4
E639	NUTRITIONAL DEFICIENCY, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
E662	EXTREME OBESITY WITH ALVEOLAR HYPOVENTILATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E668	OTHER OBESITY	M	0	0	0	0	0	0	0	1	1	2	1	1	0	0	0	0	0	0	7
		F	0	0	0	0	0	0	0	1	0	0	0	2	0	0	3	0	0	0	6
E669	OBESITY, UNSPECIFIED	M	0	0	0	0	0	0	1	0	0	1	0	2	1	0	0	0	0	0	5
		F	0	0	0	0	0	1	0	0	1	1	0	3	1	0	3	1	0	0	11
E722	DISORDERS OF UREA CYCLE METABOLISM	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E752	OTHER SPHINGOLIPIDOSIS	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E780	PURE HYPERCHOLESTEROLEMIA	M	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	6
E785	HYPERLIPEDEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	1	0	1	0	2	0	7	0	0	12
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	1	3	15	0	0	20
E831	DISORDERS OF IRON METABOLISM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
E835	DISORDERS OF CALCIUM METABOLISM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
E849	CYSTIC FIBROSIS, UNSPECIFIED	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
E854	ORGAN-LIMITED AMYLOIDOSIS	M	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1	0	0	0	4
E86	VOLUME DEPLETION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
E871	HYPO-OSMOLALITY AND HYPONATREMIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1



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 2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
E872	ACIDOSIS	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E878	OTHER DISORDERS OF ELECTROLYTE AND FLUID BALANCE, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	1	6	0	8	
		F	0	0	0	0	0	0	0	0	0	0	0	1	2	1	22	0	
E880	DISORDERS OF PLASMA-PROTEIN METABOLISM, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
E883	TUMOR LYSIS SYNDROME	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
F011	MULTI-INFARCT DEMENTIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
F019	VASCULAR DEMENTIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	2	0	15	18	
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	6	19	26	
F03	UNSPECIFIED DEMENTIA	M	0	0	0	0	0	0	0	0	0	1	0	4	6	13	35	59	
		F	0	0	0	0	0	0	0	0	0	0	0	2	13	13	108	136	
F051	DELIRIUM SUPERIMPOSED ON DEMENTIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F059	DELIRIUM, NOT INDUCED BY ALCOHOL AND OTHER PSYCHOACTIVE SUBSTANCES, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F067	MILD COGNITIVE DISORDER	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
F101	HARMFUL USE OF ALCOHOL	M	0	0	0	0	0	0	2	2	2	4	3	2	0	1	0	16	
		F	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	
F102	DEPENDENCE SYNDROME DUE TO USE OF ALCOHOL	M	0	0	0	0	0	0	1	3	2	3	2	0	0	0	0	11	
		F	0	0	0	0	0	0	3	1	0	1	2	0	0	0	1	8	
F107	RESIDUAL AND LATE-ONSET PSYCHOTIC DISORDER DUE TO USE OF ALCOHOL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F109	UNSPECIFIED MENTAL AND BEHAVIORAL DISORDER DUE TO USE OF ALCOHOL	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F159	UNSPECIFIED MENTAL AND BEHAVIORAL DISORDER DUE TO USE OF OTHER STIMULANTS, INCLUDING CAFFEINE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
F179	UNSPECIFIED MENTAL AND BEHAVIORAL DISORDER DUE TO USE OF TOBACCO	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F191	HARMFUL USE OF MULTIPLE-DRUG USE AND USE OF OTHER PSYCHOACTIVE SUBSTANCES	M	0	0	0	0	1	0	3	1	1	0	0	0	0	0	0	6	
		F	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	3	
F199	UNSPECIFIED MENTAL AND BEHAVIORAL DISORDER DUE TO MULTIPLE-DRUG USE AND USE OF OTHER PSYCHOACTIVE SUBSTANCES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
F209	SCHIZOPHRENIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
F322	SEVERE DEPRESSIVE EPISODE WITHOUT PSYCHOTIC SYMPTOMS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
F329	DEPRESSIVE EPISODE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	
F500	ANOREXIA NERVOSA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																UNK	TOTAL		
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+				
F54	PSYCHOLOGICAL AND BEHAVIORAL FACTORS ASSOCIATED WITH DISORDERS OR DISEASES CLASSIFIED ELSEWHERE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
F608	OTHER SPECIFIC PERSONALITY DISORDERS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
F72	SEVERE MENTAL RETARDATION	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F79	UNSPECIFIED MENTAL RETARDATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G009	BACTERIAL MENINGITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
G039	MENINGITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
G10	HUNTINGTON'S DISEASE	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
G111	EARLY-ONSET CEREBELLAR ATAXIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
G122	MOTOR NEURON DISEASE	M	0	0	0	0	0	0	0	1	2	2	5	0	2	1	1	1	0	0	15	15
		F	0	0	0	0	0	0	0	0	1	1	1	5	0	0	1	4	0	0	13	13
G129	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G20	PARKINSON'S DISEASE	M	0	0	0	0	0	0	0	0	0	1	3	5	13	12	15	0	0	0	49	49
		F	0	0	0	0	0	0	0	0	0	1	1	4	2	6	18	0	0	0	32	32
G300	ALZHEIMER'S DISEASE WITH EARLY ONSET	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G301	ALZHEIMER'S DISEASE WITH LATE ONSET	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	3	2	9	11	19	53	0	0	0	97	97
		F	0	0	0	0	0	0	0	0	0	1	1	1	14	32	150	0	0	0	199	199
G310	CIRCUMSCRIBED BRAIN ATROPHY	M	0	0	0	0	0	0	0	0	0	1	1	0	1	2	0	0	0	0	5	5
		F	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	3	3
G311	SENILE DEGENERATION OF BRAIN, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	2
G312	DEGENERATION OF NERVOUS SYSTEM DUE TO ALCOHOL	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G318	OTHER SPECIFIED DEGENERATIVE DISEASES OF NERVOUS SYSTEM	M	0	0	0	0	0	0	0	0	0	1	0	1	2	0	2	0	0	0	6	6
		F	0	0	0	0	0	0	0	0	0	2	0	1	0	1	4	0	0	0	8	8
G35	MULTIPLE SCLEROSIS	M	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0	0	4	4
		F	0	0	0	0	0	0	0	0	3	0	1	1	1	0	1	0	0	0	7	7
G401	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
G403	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G409	EPILEPSY, UNSPECIFIED	M	0	0	0	0	1	1	1	1	0	0	1	0	0	0	0	0	0	0	5	5
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	2	2

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
G419	STATUS EPILEPTICUS, UNSPECIFIED	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G473	SLEEP APNEA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	2	0	2	0	5
G610	GUILLAIN-BARRE SYNDROME	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G709	MYONEURAL DISORDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
G710	MUSCULAR DYSTROPHY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
G711	MYOTONIC DISORDERS	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G809	INFANTILE CEREBRAL PALSY, UNSPECIFIED	M	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	4
		F	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
G912	NORMAL-PRESSURE HYDROCEPHALUS	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
G931	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	3
		F	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	2
G934	ENCEPHALOPATHY, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
G938	OTHER SPECIFIED DISORDERS OF BRAIN	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G951	VASCULAR MYELOPATHIES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2
G959	DISEASE OF SPINAL CORD, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
H669	OTITIS MEDIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I050	MITRAL STENOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I059	MITRAL VALVE DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
I071	TRICUSPID INSUFFICIENCY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I080	DISORDERS OF BOTH MITRAL AND AORTIC VALVES	M	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I081	DISORDERS OF BOTH MITRAL AND TRICUSPID VALVES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
I10	ESSENTIAL (PRIMARY) HYPERTENSION	M	0	0	0	0	0	0	0	0	0	0	2	0	1	7	0	0	10
		F	0	0	0	0	0	0	0	0	0	1	2	2	3	15	0	0	23
I110	HYPERTENSIVE HEART DISEASE WITH (CONGESTIVE) HEART FAILURE	M	0	0	0	0	0	0	0	0	1	1	0	2	0	5	9	0	18
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	2	33	0	36

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
I119	HYPERTENSIVE HEART DISEASE WITHOUT (CONGESTIVE) HEART FAILURE	M	0	0	0	0	0	0	0	3	4	2	3	2	3	3	4	0	24
		F	0	0	0	0	0	0	0	0	0	0	2	3	6	4	12	0	27
I120	HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE	M	0	0	0	0	0	0	1	0	0	1	0	1	4	2	0	9	
		F	0	0	0	0	0	0	0	0	0	0	2	2	1	9	0	14	
I129	HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
I130	HYPERTENSIVE HEART AND RENAL DISEASE WITH (CONGESTIVE) HEART FAILURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
I131	HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	
I132	HYPERTENSIVE HEART AND RENAL DISEASE WITH B(CONGESTIVE) HEART FAILURE AND RENAL FAILURE	M	0	0	0	0	0	0	0	0	0	0	0	2	0	3	0	5	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	4	0	5	
I139	HYPERTENSIVE HEART AND RENAL DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
I214	ACUTE SUBENDOCARDIAL MYOCARDIAL INFARCTION	M	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	5	0	6	
I219	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	M	0	0	0	0	0	1	0	3	4	8	15	9	9	11	29	89	
		F	0	0	0	0	0	0	1	1	0	5	3	9	6	39	0	64	
I229	SUBSEQUENT MYOCARDIAL INFARCTION OF UNSPECIFIED SITE	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
I249	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	1	0	0	2	0	4	
		F	0	0	0	0	0	0	0	0	0	0	1	0	1	4	0	6	
I250	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	M	0	0	0	0	0	1	7	32	29	38	43	36	25	17	43	271	
		F	0	0	0	0	0	0	1	4	5	15	15	20	16	15	51	142	
I251	ATHEROSCLEROTIC HEART DISEASE	M	0	0	0	0	0	0	1	5	5	11	14	16	28	78	0	158	
		F	0	0	0	0	0	0	0	3	1	3	6	6	13	74	0	106	
I255	ISCHEMIC CARDIOMYOPATHY	M	0	0	0	0	0	0	0	1	0	1	2	0	2	8	0	14	
		F	0	0	0	0	0	0	0	0	0	0	0	1	1	3	0	5	
I258	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	M	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
I259	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	1	0	1	3	0	6	
		F	0	0	0	0	0	0	0	0	0	0	0	1	1	6	0	8	
I269	PULMONARY EMBOLISM WITHOUT MENTION OF ACUTE COR PULMONALE	M	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	3	
		F	0	0	0	0	0	0	1	0	0	1	0	2	0	2	0	6	
I270	PRIMARY PULMONARY HYPERTENSION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2	
I271	KYPHOSCOLIOTIC HEART DISEASE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
I272	OTHER SECONDARY PULMONARY HYPERTENSION	M	0	0	0	0	0	0	0	0	1	0	2	1	0	1	0	5	
		F	0	0	0	0	0	0	1	0	2	0	0	0	5	5	0	13	
I278	OTHER SPECIFIED PULMONARY HEART DISEASES	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I279	PULMONARY HEART DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	3	

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL	
		SEX	AGE AT DEATH																	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
I301	INFECTIVE PERICARDITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
I313	PERICARDIAL EFFUSION (NONINFLAMMATORY)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I330	ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS	M	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	3	3
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1
I339	ACUTE ENDOCARDITIS, UNSPECIFIED	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I340	MITRAL (VALVE) INSUFFICIENCY	M	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	0	4	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4
I341	MITRAL (VALVE) PROLAPSE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I350	AORTIC (VALVE) STENOSIS	M	0	0	0	0	0	0	0	0	0	1	2	1	0	6	12	0	22	22
		F	0	0	0	0	0	0	0	0	0	1	1	1	3	0	7	27	0	40
I351	AORTIC (VALVE) INSUFFICIENCY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I358	OTHER AORTIC VALVE DISORDERS	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I359	AORTIC VALVE DISORDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
I38	ENDOCARDITIS, VALVE UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	2	2	0	5	5
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1
I400	INFECTIVE MYOCARDITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1
I420	DILATED CARDIOMYOPATHY	M	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2	0	4	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
I422	OTHER HYPERTROPHIC CARDIOMYOPATHY	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I425	OTHER RESTRICTIVE CARDIOMYOPATHY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
I426	ALCOHOLIC CARDIOMYOPATHY	M	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2	2
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1
I429	CARDIOMYOPATHY, UNSPECIFIED	M	0	0	0	0	0	0	0	1	2	2	1	1	4	0	3	0	14	14
		F	0	0	0	0	0	0	0	1	1	0	0	2	0	1	6	0	11	11
I442	ATRIOVENTRICULAR BLOCK, COMPLETE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I458	OTHER SPECIFIED CONDUCTION DISORDERS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2	2
I459	CONDUCTION DISORDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1
I469	CARDIAC ARREST, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
I48	ATRIAL FIBRILLATION AND FLUTTER	M	0	0	0	0	0	0	0	1	0	0	1	1	2	16	0	21	21	
		F	0	0	0	0	0	0	0	0	0	1	1	0	0	6	32	0	40	40

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
I499	CARDIAC ARRHYTHMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
I500	CONGESTIVE HEART FAILURE	M	0	0	0	0	0	0	0	0	0	0	0	0	2	3	8	0	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	19	0	
I509	HEART FAILURE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	1	8	0	
I513	INTRACARDIAC THROMBOSIS, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
I516	CARDIOVASCULAR DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	2	4	0	
I518	OTHER ILL-DEFINED HEART DISEASES	M	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
I519	HEART DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	1	4	0	
I607	SUBARACHNOID HEMORRHAGE FROM INTRACRANIAL ARTERY, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
I608	OTHER SUBARACHNOID HEMORRHAGE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
I609	SUBARACHNOID HEMORRHAGE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	2	1	0	0	
		F	0	0	0	0	0	0	0	0	1	3	1	0	2	1	1	0	
I611	INTRACEREBRAL HEMORRHAGE IN HEMISPHERE, CORTICAL	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I613	INTRACEREBRAL HEMORRHAGE IN BRAIN STEM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
I614	INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
I615	INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	
I619	INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	M	0	0	0	0	0	0	0	2	1	0	2	3	4	3	2	0	
		F	0	0	0	0	0	0	0	1	0	1	1	0	3	2	8	0	
I620	SUBDURAL HEMORRHAGE (ACUTE) (NONTRAUMATIC)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
I621	NONTRAUMATIC EXTRADURAL HEMORRHAGE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
I629	INTRACRANIAL HEMORRHAGE (NONTRAUMATIC), UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	2	0	1	0	1	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	0	
I632	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF PRECEREBRAL ARTERIES	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I634	CEREBRAL INFARCTION DUE TO EMBOLISM OF CEREBRAL ARTERIES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	2	0	0	0	0	0	0	4	0	
I635	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF CEREBRAL ARTERIES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
I639	CEREBRAL INFARCTION, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	0	
		F	0	0	0	0	0	0	0	0	0	1	3	1	1	0	3	0	

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																TOTAL	
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+		UNK
I64	STROKE, NOT SPECIFIED AS HEMORRHAGE OR INFARCTION	M	0	0	0	0	0	0	0	0	0	0	1	5	6	5	6	22	0	45
		F	0	0	0	0	0	0	0	0	0	0	1	1	3	3	16	65	0	89
I671	CEREBRAL ANEURYSM, NONRUPTURED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I672	CEREBRAL ATHEROSCLEROSIS	M	0	0	0	0	0	0	0	0	0	0	2	0	0	1	3	0	6	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	2	5	0	8	
I678	OTHER SPECIFIED CEREBROVASCULAR DISEASES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	3
I679	CEREBROVASCULAR DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	4	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	3	
I691	SEQUELAE OF INTRACEREBRAL HEMORRHAGE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0
I692	SEQUELAE OF OTHER NONTRAUMATIC INTRACRANIAL HEMORRHAGE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I693	SEQUELAE OF CEREBRAL INFARCTION	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	3
I694	SEQUELAE OF STROKE, NOT SPECIFIED AS HEMORRHAGE OR INFARCTION	M	0	0	0	0	0	0	0	0	0	1	0	1	2	1	2	0	7	0
		F	0	0	0	0	0	0	0	0	1	0	0	1	0	2	13	0	17	0
I698	SEQUELAE OF OTHER AND UNSPECIFIED CEREBROVASCULAR DISEASES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4	0	7	0
		F	0	0	0	0	0	0	0	0	0	2	0	1	0	0	7	7	0	17
I709	GENERALIZED AND UNSPECIFIED ATHEROSCLEROSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	3	0
I710	DISSECTION OF AORTA [ANY PART]	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
I711	THORACIC AORTIC ANEURYSM, RUPTURED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I713	ABDOMINAL AORTIC ANEURYSM, RUPTURED	M	0	0	0	0	0	0	0	0	1	0	1	0	0	1	2	0	5	0
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	3	0
I714	ABDOMINAL AORTIC ANEURYSM, WITHOUT MENTION OF RUPTURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I715	THORACOABDOMINAL AORTIC ANEURYSM, RUPTURED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
I718	AORTIC ANEURYSM OF UNSPECIFIED SITE, RUPTURED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I719	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT MENTION OF RUPTURE	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I729	ANEURYSM OF UNSPECIFIED SITE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
I739	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	5	1	1	5	0	12	0	0
		F	0	0	0	0	0	0	0	0	0	1	1	3	0	0	3	0	8	0
I741	EMBOLISM AND THROMBOSIS OF OTHER AND UNSPECIFIED PARTS OF AORTA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
I776	ARTERITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2	0

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL	
		SEX	AGE AT DEATH																	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
I779	DISORDER OF ARTERIES AND ARTERIOLES, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
I780	HEREDITARY HEMORRHAGIC TELANGIECTASIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
I802	PHLEBITIS AND THROMBOPHLEBITIS OF OTHER DEEP VESSELS OF LOWER EXTREMITIES	M	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2	
I803	PHLEBITIS AND THROMBOPHLEBITIS OF LOWER EXTREMITIES, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	2	
I830	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I878	OTHER SPECIFIED DISORDERS OF VEINS	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
I890	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
I951	ORTHOSTATIC HYPOTENSION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
I99	OTHER AND UNSPECIFIED DISORDERS OF CIRCULATORY SYSTEM	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J041	ACUTE TRACHEITIS	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J069	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
J100	INFLUENZA WITH PNEUMONIA, INFLUENZA VIRUS IDENTIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2	
J101	INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS, INFLUENZA VIRUS IDENTIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	7	
J110	INFLUENZA WITH PNEUMONIA, VIRUS NOT IDENTIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	1	3	0	5	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
J111	INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS, VIRUS NOT IDENTIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	2	5	0	8	
J118	INFLUENZA WITH OTHER MANIFESTATIONS, VIRUS NOT IDENTIFIED	M	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J129	VIRAL PNEUMONIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J152	PNEUMONIA DUE TO STAPHYLOCOCCUS	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	
J159	BACTERIAL PNEUMONIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	
J180	BRONCHOPNEUMONIA, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
J181	LOBAR PNEUMONIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
J189	PNEUMONIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	0	0	1	5	13	0	20	
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	5	20	0	26	



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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
J208	ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J387	OTHER DISEASES OF LARYNX	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J398	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	M	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J40	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
J42	UNSPECIFIED CHRONIC BRONCHITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
J439	EMPHYSEMA, UNSPECIFIED	M	0	0	0	0	0	0	0	2	1	3	2	2	6	6	4	0	26
		F	0	0	0	0	0	0	0	1	2	1	5	1	5	1	7	0	23
J440	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ACUTE LOWER RESPIRATORY INFECTION	M	0	0	0	0	0	0	0	2	1	0	1	5	9	10	17	0	45
		F	0	0	0	0	0	0	0	0	0	3	1	3	4	6	11	0	28
J441	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ACUTE EXACERBATION, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	2	1	1	1	0	6
		F	0	0	0	0	0	0	0	0	0	1	1	0	0	2	2	0	6
J448	OTHER SPECIFIED CHRONIC OBSTRUCTIVE PULMONARY DISEASE	M	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	3
		F	0	0	0	0	0	0	0	0	1	0	0	0	1	1	2	0	5
J449	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	3	1	12	14	17	12	11	20	0	90
		F	0	0	0	0	0	0	1	3	6	8	11	22	16	17	24	0	108
J459	ASTHMA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	3
		F	0	0	0	0	0	0	0	0	1	0	0	0	1	0	6	0	8
J47	BRONCHIECTASIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
J61	PNEUMOCONIOSIS DUE TO ASBESTOS AND OTHER MINERAL FIBERS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J628	PNEUMOCONIOSIS DUE TO OTHER DUST CONTAINING SILICA	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J670	FARMER'S LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J679	HYPERSENSITIVITY PNEUMONITIS DUE TO UNSPECIFIED ORGANIC DUST	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
J690	PNEUMONITIS DUE TO FOOD AND VOMIT	M	0	0	0	0	0	0	0	0	0	0	1	1	0	2	4	0	8
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	2	10	0	13
J81	PULMONARY EDEMA	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2
J840	ALVEOLAR AND PARIETOALVEOLAR CONDITIONS	M	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
J841	OTHER INTERSTITIAL PULMONARY DISEASES WITH FIBROSIS	M	0	0	0	0	0	0	0	0	1	1	4	5	4	5	4	0	24
		F	0	0	0	0	0	0	0	0	0	1	0	1	1	4	8	0	15
J849	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	1	0	1	1	3	0	7
		F	0	0	0	0	0	0	0	0	0	0	2	1	1	3	2	0	9
J869	PYOTHORAX WITHOUT FISTULA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL	
		SEX	AGE AT DEATH																	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
J90	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
J942	HEMOTHORAX	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
J982	INTERSTITIAL EMPHYSEMA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
J984	OTHER DISORDERS OF LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3
J988	OTHER SPECIFIED RESPIRATORY DISORDERS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
J989	RESPIRATORY DISORDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K20	ESOPHAGITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K219	GASTROESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	M	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K222	ESOPHAGEAL OBSTRUCTION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
K224	DYSKINESIA OF ESOPHAGUS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
K229	DISEASE OF ESOPHAGUS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
K254	GASTRIC ULCER, CHRONIC OR UNSPECIFIED WITH HAEMORRHAGE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
K255	GASTRIC ULCER, CHRONIC OR UNSPECIFIED WITH PERFORATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K264	DUODENAL ULCER, CHRONIC OR UNSPECIFIED WITH HAEMORRHAGE	M	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2	0	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
K265	DUODENAL ULCER, CHRONIC OR UNSPECIFIED WITH PERFORATION	M	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K274	PEPTIC ULCER, SITE UNSPECIFIED, CHRONIC OR UNSPECIFIED WITH HAEMORRHAGE	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	4
K275	PEPTIC ULCER, SITE UNSPECIFIED, CHRONIC OR UNSPECIFIED WITH PERFORATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
K297	GASTRITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K318	OTHER SPECIFIED DISEASES OF STOMACH AND DUODENUM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K353	ACUTE APPENDICITIS WITH LOCALIZED PERITONITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K37	UNSPECIFIED APPENDICITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
K403	UNILATERAL OR UNSPECIFIED INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																TOTAL	
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+		UNK
K413	UNILATERAL OR UNSPECIFIED FEMORAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K420	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K430	VENTRAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K439	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	M	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
K449	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	3
K469	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
K509	CROHN'S DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
K550	ACUTE VASCULAR DISORDERS OF INTESTINE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
K552	ANGIODYSPLASIA OF COLON	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
K559	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	1	0	3	0	5	
		F	0	0	0	0	0	0	0	0	0	0	0	1	1	4	5	0	11	
K562	VOLVULUS	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2	
K565	INTESTINAL ADHESIONS [BANDS] WITH OBSTRUCTION	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
K566	OTHER AND UNSPECIFIED INTESTINAL OBSTRUCTION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3	0	5	
		F	0	0	0	0	0	0	0	0	2	0	0	2	1	0	2	0	7	
K572	DIVERTICULAR DISEASE OF LARGE INTESTINE WITH PERFORATION AND ABSCESS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
K578	DIVERTICULAR DISEASE OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
K579	DIVERTICULAR DISEASE OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	5	0	6	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	0	4	
K590	CONSTIPATION	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
K593	MEGACOLON, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K629	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
K631	PERFORATION OF INTESTINE (NONTRAUMATIC)	M	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
K632	FISTULA OF INTESTINE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
K639	DISEASE OF INTESTINE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	3

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
K650	ACUTE PERITONITIS	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K701	ALCOHOLIC HEPATITIS	M	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
K703	ALCOHOLIC CIRRHOSIS OF LIVER	M	0	0	0	0	0	1	0	4	9	2	7	2	5	2	0	0	32
		F	0	0	0	0	0	0	1	2	1	1	1	0	0	0	1	0	7
K704	ALCOHOLIC HEPATIC FAILURE	M	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
K720	ACUTE AND SUBACUTE HEPATIC FAILURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
K729	HEPATIC FAILURE, UNSPECIFIED	M	1	0	0	0	0	0	0	1	0	0	3	0	0	1	0	0	6
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
K743	PRIMARY BILIARY CIRRHOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	4
K746	OTHER AND UNSPECIFIED CIRRHOSIS OF LIVER	M	0	0	0	0	0	0	0	1	0	1	2	1	1	2	0	0	8
		F	0	0	0	0	0	0	0	0	2	0	2	1	0	2	2	0	9
K754	AUTOIMMUNE HEPATITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
K760	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	2	1	1	3	0	0	0	7
K768	OTHER SPECIFIED DISEASES OF LIVER	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K769	LIVER DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	2	0	0	0	0	1	1	1	0	5
K800	CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K802	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
K810	ACUTE CHOLECYSTITIS	M	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
K819	CHOLECYSTITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K822	PERFORATION OF GALLBLADDER	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K829	DISEASE OF GALLBLADDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K830	CHOLANGITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K831	OBSTRUCTION OF BILE DUCT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K839	DISEASE OF BILIARY TRACT, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																		
		SEX	AGE AT DEATH																TOTAL	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	TOTAL	
K852	ALCOHOL-INDUCED ACUTE PANCREATITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
K859	ACUTE PANCREATITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	1	0	1	0	0	2	0	0	4	
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	3	
K869	DISEASE OF PANCREAS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2	
K922	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	3	0	1	3	5	0	12	
		F	0	0	0	0	0	0	0	0	0	1	0	0	1	1	9	0	12	
K928	OTHER SPECIFIED DISEASES OF DIGESTIVE SYSTEM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
K929	DISEASE OF DIGESTIVE SYSTEM, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	3	
L039	CELLULITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
L899	DECUBITUS ULCER AND PRESSURE AREA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
L929	GRANULOMATOUS DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
M009	PYOGENIC ARTHRITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2
M069	RHEUMATOID ARTHRITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	0	4
M159	POLYARTHROSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
M199	ARTHROSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	5
M311	THROMBOTIC MICROANGIOPATHY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
M321	SYSTEMIC LUPUS ERYTHEMATOSUS WITH ORGAN OR SYSTEM INVOLVEMENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
M341	CR(E)ST SYNDROME	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
M348	OTHER FORMS OF SYSTEMIC SCLEROSIS	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	0	0	4
M349	SYSTEMIC SCLEROSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
M402	OTHER AND UNSPECIFIED KYPHOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M419	SCOLIOSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2
M462	OSTEOMYELITIS OF VERTEBRA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
M480	SPINAL STENOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	2

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
M609	MYOSITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
M622	ISCHEMIC INFARCTION OF MUSCLE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
M625	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
M628	OTHER SPECIFIED DISORDERS OF MUSCLE	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0
M726	NECROTIZING FASCIITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M796	PAIN IN LIMB	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M809	UNSPECIFIED OSTEOPOROSIS WITH PATHOLOGICAL FRACTURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
M819	OSTEOPOROSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0
M866	OTHER CHRONIC OSTEOMYELITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
M868	OTHER OSTEOMYELITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M869	OSTEOMYELITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N049	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGICAL CHANGES	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N052	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
N119	CHRONIC TUBULO-INTERSTITIAL NEPHRITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
N12	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N135	KINKING AND STRICTURE OF URETER WITHOUT HYDRONEPHROSIS	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
N136	PYONEPHROSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
N138	OTHER OBSTRUCTIVE AND REFLUX UROPATHY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N139	OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N179	ACUTE RENAL FAILURE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0
N183	CHRONIC KIDNEY DISEASE, STAGE 3	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N184	CHRONIC KIDNEY DISEASE, STAGE 4	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL	
		SEX	AGE AT DEATH																	
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
N185	CHRONIC KIDNEY DISEASE, STAGE 5	M	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2	0	4	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	3
N189	CHRONIC RENAL FAILURE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	0	0	2	5	0	8	
		F	0	0	0	0	0	0	0	0	0	0	0	4	0	0	4	0	8	
N19	UNSPECIFIED RENAL FAILURE	M	0	0	0	0	0	0	0	0	1	0	1	1	0	0	1	0	4	
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	1	3	0	5	
N200	CALCULUS OF KIDNEY	M	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
N288	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	M	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
N309	CYSTITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
N329	BLADDER DISORDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
N390	URINARY TRACT INFECTION, SITE NOT SPECIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	2	
		F	0	0	0	0	0	0	0	0	0	0	1	0	1	2	6	0	10	
N40	HYPERPLASIA OF PROSTATE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
N498	INFLAMMATORY DISORDERS OF OTHER SPECIFIED MALE GENITAL ORGANS	M	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
O039	COMPLETE OR UNSPECIFIED, WITHOUT COMPLICATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
O994	DISEASES OF THE CIRCULATORY SYSTEM COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
P010	FETUS AND NEWBORN AFFECTED BY INCOMPETENT CERVIX	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P021	FETUS AND NEWBORN AFFECTED BY OTHER FORMS OF PLACENTAL SEPARATION AND HEMORRHAGE	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P044	FETUS AND NEWBORN AFFECTED BY MATERNAL USE OF DRUGS OF ADDICTION	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P219	BIRTH ASPHYXIA, UNSPECIFIED	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
P240	NEONATAL ASPIRATION OF MECONIUM	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P291	NEONATAL CARDIAC DYSRHYTHMIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
P293	PERSISTENT FETAL CIRCULATION	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P362	SEPSIS OF NEWBORN DUE TO STAPHYLOCOCCUS AUREUS	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P369	BACTERIAL SEPSIS OF NEWBORN, UNSPECIFIED	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P523	UNSPECIFIED INTRAVENTRICULAR (NONTRAUMATIC) HEMORRHAGE OF NEWBORN	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

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INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
P832	HYDROPS FETALIS NOT DUE TO HEMOLYTIC DISEASE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q049	CONGENITAL MALFORMATION OF BRAIN, UNSPECIFIED	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q212	ATRIOVENTRICULAR SEPTAL DEFECT	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q230	CONGENITAL STENOSIS OF AORTIC VALVE	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q231	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q234	HYPOPLASTIC LEFT HEART SYNDROME	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q246	CONGENITAL HEART BLOCK	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Q249	CONGENITAL MALFORMATION OF THE HEART, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Q273	PERIPHERAL ARTERIOVENOUS MALFORMATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Q282	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q601	RENAL AGENESIS, BILATERAL	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q611	POLYCYSTIC KIDNEY, INFANTILE TYPE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Q613	POLYCYSTIC KIDNEY, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	3
Q750	CRANIOSYNOSTOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Q780	OSTEOGENESIS IMPERFECTA	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q789	OSTEOCHONDRODYSPLASIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Q790	CONGENITAL DIAPHRAGMATIC HERNIA	M	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q871	CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY ASSOCIATED WITH SHORT STATURE	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q909	DOWN'S SYNDROME, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	3	0	0	1	0	0	0	0	4
R092	RESPIRATORY ARREST	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
R13	DYSPHAGIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
R298	OTHER AND UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS AND MUSCULOSKELETAL SYSTEMS	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
R470	DYSPHASIA AND APHASIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
R522	OTHER CHRONIC PAIN	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R53	MALAISE AND FATIGUE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R54	SENILITY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0
R570	CARDIOGENIC SHOCK	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R58	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
R628	OTHER LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
R64	CACHEXIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
R688	OTHER SPECIFIED GENERAL SYMPTOMS AND SIGNS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0
R98	UNATTENDED DEATH	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R99	OTHER ILL-DEFINED AND UNSPECIFIED CAUSES OF MORTALITY	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	1	0	0	0	1	1	0	1	0
V031	PEDESTRIAN INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK, OR VAN	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V059	PEDESTRIAN INJURED IN COLLISION WITH RAILWAY TRAIN OR RAILWAY VEHICLE	M	0	0	0	0	1	0	2	0	0	1	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V090	PEDESTRIAN INJURED IN NONTRAFFIC ACCIDENT INVOLVING OTHER AND UNSPECIFIED MOTOR VEHICLES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
V092	PEDESTRIAN INJURED IN TRAFFIC ACCIDENT INVOLVING OTHER AND UNSPECIFIED MOTOR VEHICLES	M	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
V134	PEDAL CYCLIST DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V139	UNSPECIFIED PEDAL CYCLIST INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V189	UNSPECIFIED PEDAL CYCLIST INJURED IN NONCOLLISION, TRAFFIC ACCIDENT	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V234	MOTORCYCLE DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V235	MOTORCYCLE PASSENGER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
V274	MOTORCYCLE DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY OBJECT	M	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V405	CAR DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH PEDESTRIAN OR ANIMAL	M	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																	TOTAL
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
V435	CAR DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	3
		F	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	3
V436	CAR PASSENGER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V446	CAR PASSENGER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH HEAVY TRANSPORT VEHICLE OR BUS	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V475	CAR DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY OBJECT	M	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	1	4	
		F	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2	
V476	CAR PASSENGER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY OBJECT	M	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
V485	CAR DRIVER INJURED IN NONCOLLISION TRANSPORT, TRAFFIC ACCIDENT	M	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V499	CAR OCCUPANT [ANY] INJURED IN UNSPECIFIED TRAFFIC ACCIDENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2	
V535	DRIVER OF PICK-UP TRUCK OR VAN INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V583	UNSPECIFIED OCCUPANT OF PICK-UP TRUCK OR VAN INJURED IN NONCOLLISION TRANSPORT, NONTRAFFIC ACCIDENT	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V860	DRIVER OF ALL-TERRAIN OR OTHER OFF-ROAD MOTOR VEHICLE INJURED IN TRAFFIC ACCIDENT	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V863	UNSPECIFIED OCCUPANT OF ALL-TERRAIN OR OTHER OFF-ROAD MOTOR VEHICLE INJURED IN TRAFFIC ACCIDENT	M	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V865	DRIVER OF ALL-TERRAIN OR OTHER OFF-ROAD MOTOR VEHICLE INJURED IN NONTRAFFIC ACCIDENT	M	0	0	0	0	0	0	0	2	1	0	0	1	0	0	1	0	5	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
V877	PERSON INJURED IN COLLISION BETWEEN OTHER SPECIFIED MOTOR VEHICLES (TRAFFIC)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
V892	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC	M	0	0	0	0	0	0	1	1	1	1	0	1	0	0	0	1	6	
		F	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2	
V925	WATER-TRANSPORT-RELATED DROWNING AND SUBMERSION WITHOUT ACCIDENT TO KAYAK OR CANOE	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
V972	PARACHUTIST INJURED IN AIR TRANSPORT ACCIDENT	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
W02	FALL INVOLVING ICE SKATES, SKIS, ROLLER SKATES, OR SKATEBOARDS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
W05	FALL INVOLVING WHEELCHAIR	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
W06	FALL INVOLVING BED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
W07	FALL INVOLVING CHAIR	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
W10	FALL ON AND FROM STAIRS AND STEPS	M	0	0	0	0	0	0	0	0	0	0	1	0	2	2	0	3	8	
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2	

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL
		SEX	AGE AT DEATH																
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
W11	FALL ON AND FROM LADDER	M	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W13	FALL FROM, OUT OF, OR THROUGH BUILDING OR STRUCTURE	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W15	FALL FROM CLIFF	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W17	OTHER FALL FROM ONE LEVEL TO ANOTHER	M	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W18	OTHER FALL ON SAME LEVEL	M	0	0	0	0	0	0	0	1	0	3	0	1	2	13	21	0	41
		F	0	0	0	0	0	0	0	0	0	0	1	3	5	7	36	0	52
W19	UNSPECIFIED FALL	M	0	0	0	0	0	0	0	0	0	1	0	0	0	4	6	0	11
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	2	14	0	17
W20	STRUCK BY THROWN, PROJECTED, OR FALLING OBJECT	M	0	0	0	0	0	0	0	2	1	1	0	0	1	0	0	0	5
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W22	STRIKING AGAINST OR STRUCK BY OTHER OBJECTS	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W30	CONTACT WITH AGRICULTURAL MACHINERY	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W31	CONTACT WITH OTHER AND UNSPECIFIED MACHINERY	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W55	BITTEN OR STRUCK BY OTHER MAMMALS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W69	DROWNING AND SUBMERSION WHILE IN NATURAL WATER	M	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W70	DROWNING AND SUBMERSION FOLLOWING FALL INTO NATURAL WATER	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
W74	UNSPECIFIED DROWNING AND SUBMERSION	M	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
W79	INHALATION AND INGESTION OF FOOD CAUSING OBSTRUCTION OF RESPIRATORY TRACT	M	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
W80	INHALATION AND INGESTION OF OTHER OBJECTS CAUSING OBSTRUCTION OF RESPIRATORY TRACT	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
W84	UNSPECIFIED THREAT TO BREATHING	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
W85	EXPOSURE TO ELECTRIC TRANSMISSION LINES	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X00	EXPOSURE TO UNCONTROLLED FIRE IN BUILDING OR STRUCTURE	M	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	3
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
X09	EXPOSURE TO UNSPECIFIED SMOKE, FIRE, AND FLAMES	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																	TOTAL
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
X29	CONTACT WITH UNSPECIFIED VENOMOUS ANIMAL OR PLANT	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X30	EXPOSURE TO EXCESSIVE NATURAL HEAT	M	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X31	EXPOSURE TO EXCESSIVE NATURAL COLD	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X41	ACCIDENTAL POISONING BY AND EXPOSURE TO ANTIEPILEPTIC, SEDATIVE-HYPNOTIC, ANTIPARKINSONISM, AND PSYCHOTROPIC DRUGS, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
X42	ACCIDENTAL POISONING BY AND EXPOSURE TO NARCOTICS AND PSYCHODYSLEPTICS [HALLUCINOGENS], NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	6	18	8	11	2	2	0	0	0	0	0	0	47
		F	0	0	0	0	1	0	3	1	5	2	1	0	0	0	0	0	0	13
X44	ACCIDENTAL POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS, AND BIOLOGICAL SUBSTANCES	M	0	0	0	0	0	1	5	2	1	0	1	0	0	0	1	0	0	11
		F	0	0	0	0	0	0	1	2	5	0	0	1	0	0	0	0	0	9
X45	ACCIDENTAL POISONING BY AND EXPOSURE TO ALCOHOL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
X47	ACCIDENTAL POISONING BY AND EXPOSURE TO OTHER GASES AND VAPORS	M	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X590	ACCIDENTAL EXPOSURE TO UNSPECIFIED FACTOR CAUSING FRACTURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
X599	ACCIDENTAL EXPOSURE TO UNSPECIFIED FACTOR	M	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
		F	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	3
X61	INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO ANTIEPILEPTIC, SEDATIVE-HYPNOTIC, ANTIPARKINSONISM, AND PSYCHOTROPIC DRUGS, NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
X62	INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO NARCOTICS AND PSYCHODYSLEPTICS [HALLUCINOGENS], NOT ELSEWHERE CLASSIFIED	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
X64	INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS, AND BIOLOGICAL SUBSTANCES	M	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	3
		F	0	0	0	0	0	0	0	1	3	0	1	0	0	0	0	0	0	5
X67	INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO OTHER GASES AND VAPORS	M	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X70	INTENTIONAL SELF HARM (SUICIDE) BY HANGING, STRANGULATION, AND SUFFOCATION	M	0	0	0	0	1	3	5	2	2	0	2	1	0	0	0	0	0	16
		F	0	0	0	0	0	0	1	2	0	0	0	1	0	0	0	0	0	4
X71	INTENTIONAL SELF HARM (SUICIDE) BY DROWNING AND SUBMERSION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
X72	INTENTIONAL SELF HARM (SUICIDE) BY HANDGUN DISCHARGE	M	0	0	0	0	1	3	4	1	3	7	5	2	2	3	3	0	0	34
		F	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2
X73	INTENTIONAL SELF HARM (SUICIDE) BY RIFLE, SHOTGUN, AND LARGER FIREARM DISCHARGE	M	0	0	0	0	0	3	3	0	4	5	0	1	3	0	2	0	0	21
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X74	INTENTIONAL SELF HARM (SUICIDE) BY OTHER AND UNSPECIFIED FIREARM DISCHARGE	M	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X80	INTENTIONAL SELF HARM (SUICIDE) BY JUMPING FROM A HIGH PLACE	M	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
X94	ASSAULT (HOMICIDE) BY RIFLE, SHOTGUN, AND LARGER FIREARM DISCHARGE	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	2	0	0	0	1	0	0	0	0	4

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2015 VERMONT RESIDENT DEATHS

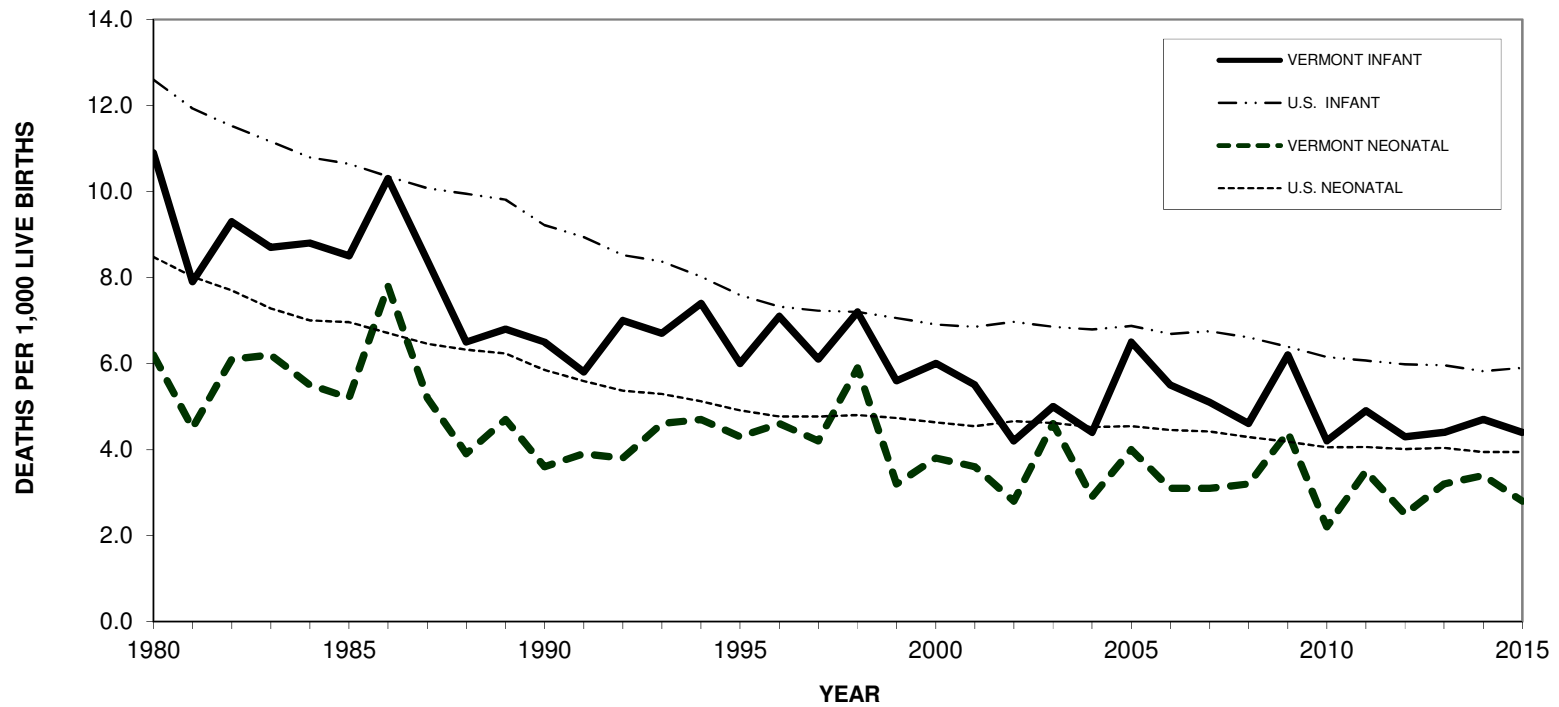
INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		SEX	AGE AT DEATH																	TOTAL
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK	
X95	ASSAULT (HOMICIDE) BY OTHER AND UNSPECIFIED FIREARM DISCHARGE	M	0	0	0	0	0	1	0	2	1	1	0	0	0	0	0	0	0	5
		F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
X97	ASSAULT (HOMICIDE) BY SMOKE, FIRE, AND FLAMES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
X99	ASSAULT (HOMICIDE) BY SHARP OBJECT	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Y03	ASSAULT (HOMICIDE) BY CRASHING OF MOTOR VEHICLE	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Y069	NEGLECT AND ABANDONMENT BY UNSPECIFIED PERSON	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Y09	ASSAULT (HOMICIDE) BY UNSPECIFIED MEANS	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Y12	POISONING BY AND EXPOSURE TO NARCOTICS AND PSYCHODYSLEPTICS [HALLUCINOGENS], NOT ELSEWHERE CLASSIFIED, UNDETERMINED INTENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Y14	POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS, AND BIOLOGICAL SUBSTANCES, UNDETERMINED INTENT	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Y16	POISONING BY AND EXPOSURE TO ORGANIC SOLVENTS AND HALOGENATED HYDROCARBONS AND THEIR VAPORS, UNDETERMINED INTENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Y32	CRASHING OF MOTOR VEHICLE, UNDETERMINED INTENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Y33	OTHER SPECIFIED EVENTS, UNDETERMINED INTENT	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Y34	UNSPECIFIED EVENT, UNDETERMINED INTENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Y434	ADVERSE AFFECTS IN THERAPEUTIC USE OF IMMUNOSUPPRESSIVE AGENTS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Y442	ANTICOAGULANTS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Y830	SURGICAL OPERATION WITH TRANSPLANT OF WHOLE ORGAN AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Y831	SURGICAL OPERATION WITH IMPLANT OF ARTIFICIAL INTERNAL DEVICE AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	3
Y833	SURGICAL OPERATION WITH FORMATION OF EXTERNAL STOMA AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Y834	OTHER RECONSTRUCTIVE SURGERY AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	2
Y836	REMOVAL OF OTHER ORGAN (PARTIAL) (TOTAL) AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1

TABLE C-18 - PAGE 32  
 2015 VERMONT RESIDENT DEATHS

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10th REVISION)		AGE AT DEATH BY CAUSE AND SEX																	TOTAL		
		SEX	AGE AT DEATH																		
			<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	UNK		
Y848	OTHER MEDICAL PROCEDURES AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Y850	SEQUELAE OF MOTOR-VEHICLE ACCIDENT	M	0	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Y86	SEQUELAE OF OTHER ACCIDENTS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	
		F	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	3	
Y872	SEQUELAE OF EVENTS OF UNDETERMINED INTENT	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Y883	SEQUELAE OF SURGICAL AND MEDICAL PROCEDURES AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF THE PROCEDURE	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
TOTALS		M	19	2	1	2	10	37	61	64	193	179	273	310	313	332	388	773	1	2958	
		F	8	0	2	1	4	9	17	49	112	104	177	203	244	275	396	1360	0	2961	
STATE TOTALS			27	2	3	3	14	46	78	113	305	283	450	513	557	607	784	2133	1	5919	

# Infant Deaths, Fetal Deaths, Abortions and Pregnancies

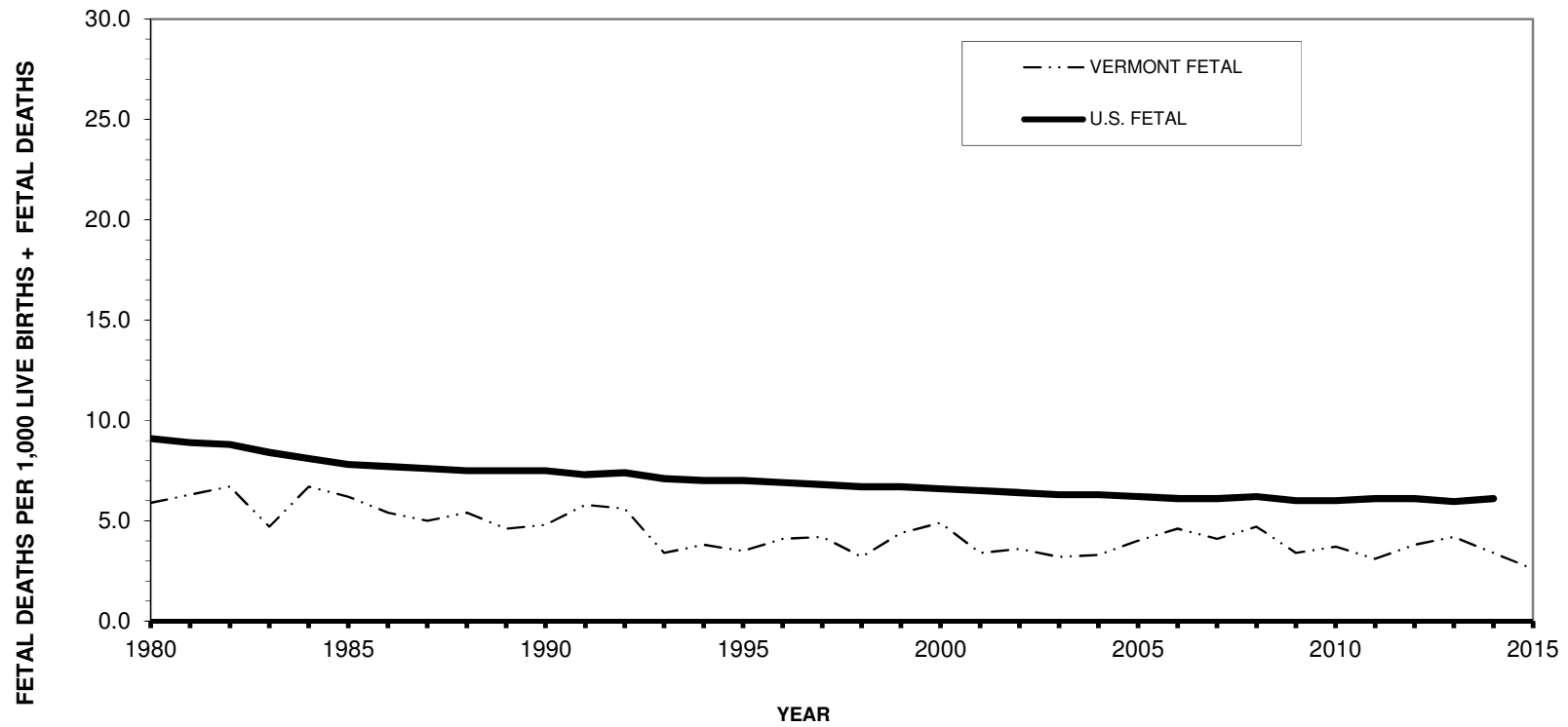
**Figure 10a  
VERMONT AND U.S.  
INFANT AND NEONATAL MORTALITY RATES  
1980 - 2015**



Vermont data points can be found in Table A-1. Data points for the U.S. population can be found in Appendix D.



**Figure 10b**  
**VERMONT AND U.S.**  
**FETAL MORTALITY RATES**  
**1980 - 2015**



Vermont data points can be found in Table A-1. Data points for the U.S. population can be found in Appendix D. US data for 2015 is unavailable.

# INFANT DEATHS, FETAL DEATHS, AND ABORTIONS

## INFANT DEATHS

In 2015, there were 27 resident infant deaths, which equates to a rate of 4.6 infant deaths per 1,000 live births. This is a small decrease from the rate in 2014 of 4.6 per 1,000 live births. This rate is lower than the 2015 U.S. rate of 5.9. The Vermont infant mortality rate steadily declined from 24.0 in 1960 to 5.8 per 1,000 live births in 1991. Over the past two decades the rate has fluctuated between a high of 7.4 in 1994 and a low of 4.2 in 2010. (Table A-1)

Seventeen (63 percent) of the infant deaths occurred during the neonatal period, that is before the infant became 28 days old (Table D-3). The neonatal death rate was 2.9 deaths per 1,000 live births (Table D-2), below the 2015 U.S. neonatal death rate of 3.9. The Vermont neonatal death rate decreased from 18.6 in 1960, to 14.4 in 1970, to 6.2 in 1980, to 3.6 in 1990 (Table A-1), then followed an increasing trend through the nineties to a high of 5.9 in 1998. The rate has fluctuated throughout the past decade.

One of the most important risk factors in infant mortality is low birth weight (Table D-3). Of resident infants who died in 2015, 43% had a birth weight less than 2500 grams (5 pounds 8 ounces), while 6.6 percent of all resident births were low birth weight. The infant mortality rate for low weight births was 25.6 deaths per 1,000 live births. Age of mother is also related to infant mortality (Table D-2), with the highest rates typically seen in the younger age groups. The infant mortality rate for mothers 15 through 19 years of age was 6.8 for 2013 through 2015.

## FETAL DEATHS

Unlike births and deaths, reports of fetal deaths and abortions are not shared among states. Therefore, statistics concerning these events reflect occurrences in Vermont only and do not include Vermont resident fetal deaths and abortions that occurred in other states.

There were 16 resident fetal deaths in 2015 (Table D-1) for a rate of 2.7 per 1,000 live births and fetal deaths, down from 3.4 per 1,000 live births and fetal deaths in 2014 (Table D-2). Of the fetal deaths in Vermont, 12 weighed less than 2500 grams (Table D-3). From 2013 to 2015, the fetal death rate was highest in the 15 to 19 age group: 6.8 per 1,000 live births (Table D-2).

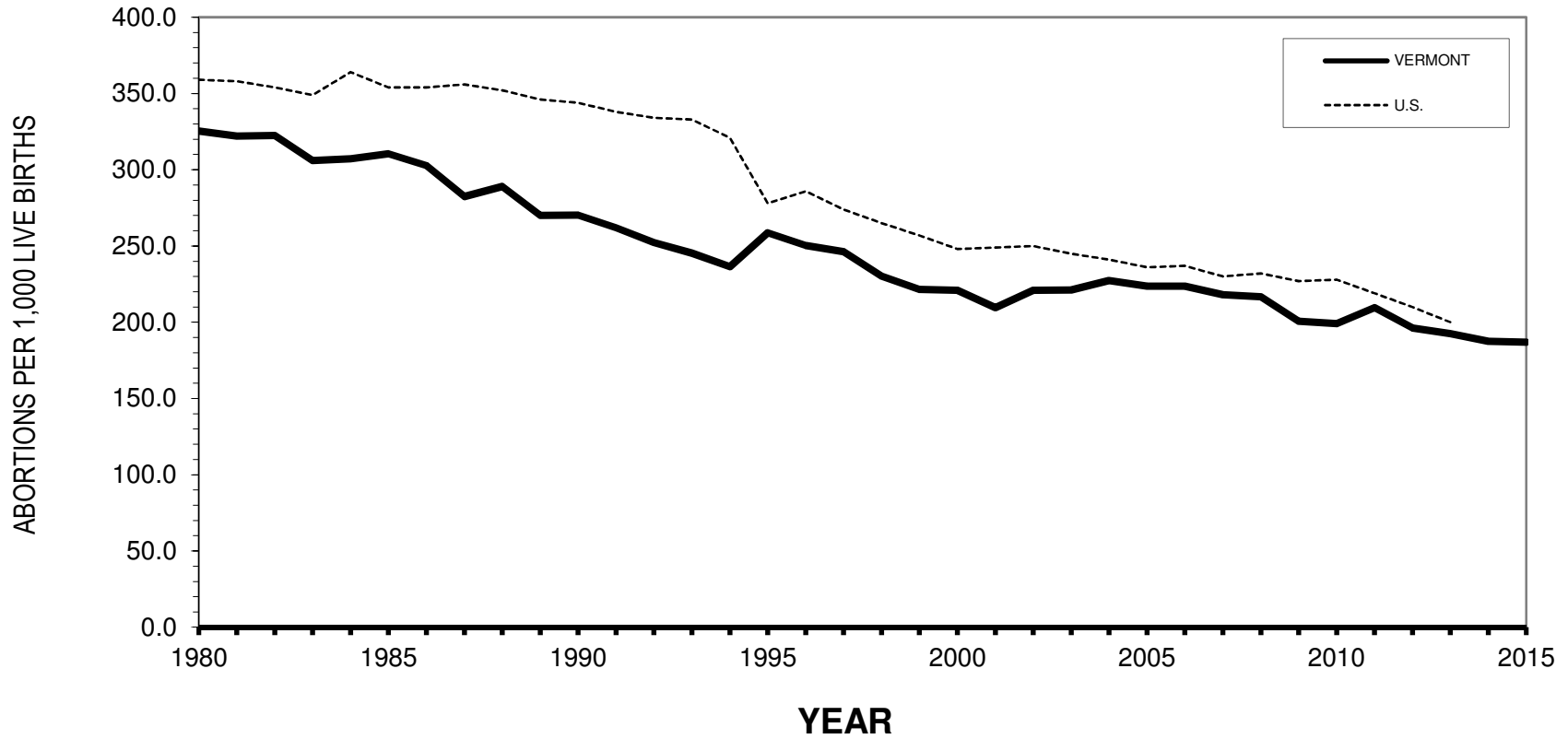
## VERMONT ABORTIONS

There were 1,259 abortions performed in Vermont in 2015, a slight increase from 1235 in 2014. Vermont residents accounted for 1104, or 87.7 percent. This represents a rate of 9.6 per 1,000 Vermont women age 15 to 44.

The abortion ratio is the number of resident abortions occurring in Vermont times 1,000, divided by the total resident live births. The abortion ratio for 2015 was 187.0 abortions per 1,000 live births, a small decrease from the 187.6 seen in 2014. The U.S. abortion ratio was 200 per 1,000 live births in 2013. Women age 25 to 29 had the highest *age-specific* abortion rate, of 17.5 per 1,000 women, followed by women age 20 to 24 at 14.2.

First trimester abortions (less than or equal to 12 weeks) accounted for 93.4 percent of all Vermont abortions, and 71.5 percent of all Vermont abortions were for pregnancies of less than 9 weeks duration (Table E-5). See Appendix B for the method used to compute the number of weeks of gestation.

**Figure 11**  
**VERMONT AND U.S. ABORTION RATIOS**  
**1980 - 2015**



Vermont data points can be found in Table A-1. Data points for the U.S. population can be found in Appendix D and are based on reporting states. US Data for 2014 and 2015 is not available at the time of printing.

TABLE D-1  
2015

EVENTS BY AGE OF MOTHER AND COUNTY OF RESIDENCE

AGE OF MOTHER	FETAL DEATHS	PERINATAL DEATHS	NEONATAL DEATHS	INFANT DEATHS
<20	1	2	1	1
20-24	2	5	3	6
25-29	9	12	3	8
30-34	3	6	3	4
35-39	1	3	7	7
40-44	0	0	0	0
45+	0	0	0	0
UNKNOWN	0	0	0	1
STATE TOTAL	16	28	17	27

COUNTY OF RESIDENCE	FETAL DEATHS	PERINATAL DEATHS	NEONATAL DEATHS	INFANT DEATHS
ADDISON	0	0	0	0
BENNINGTON	1	2	1	1
CALEDONIA	1	2	2	3
CHITTENDEN	3	5	3	5
ESSEX	1	2	1	1
FRANKLIN	3	3	0	0
GRAND ISLE	0	0	0	0
LAMOILLE	0	2	2	2
ORANGE	0	0	1	2
ORLEANS	0	1	1	1
RUTLAND	3	4	1	1
WASHINGTON	4	5	1	3
WINDHAM	0	1	3	5
WINDSOR	0	1	1	3
STATE TOTAL	16	28	17	27

**TABLE D-2  
2013-2015 VERMONT RESIDENT  
FETAL, PERINATAL, NEONATAL AND INFANT DEATH RATES  
BY AGE OF MOTHER**

<b>AGE OF MOTHER</b>	<b>FETAL DEATHS</b>	<b>PERINATAL DEATHS</b>	<b>NEONATAL DEATHS</b>	<b>INFANT DEATHS</b>
<b>15-19 YEARS</b>	<b>6.8</b>	<b>12.5</b>	<b>5.7</b>	<b>6.8</b>
<b>20-24 YEARS</b>	<b>3.1</b>	<b>4.8</b>	<b>2.0</b>	<b>3.1</b>
<b>25-29 YEARS</b>	<b>5.1</b>	<b>7.2</b>	<b>3.1</b>	<b>5.7</b>
<b>30-34 YEARS</b>	<b>2.4</b>	<b>5.2</b>	<b>3.2</b>	<b>3.6</b>
<b>35-39 YEARS</b>	<b>2.3</b>	<b>4.6</b>	<b>4.2</b>	<b>5.0</b>
<b>40-44 YEARS</b>	<b>0.0</b>	<b>2.0</b>	<b>2.0</b>	<b>4.1</b>
<b>2013-2015</b>	<b>3.4</b>	<b>5.9</b>	<b>3.2</b>	<b>4.5</b>
<b>2013 TOTAL</b>	<b>4.2</b>	<b>6.7</b>	<b>3.2</b>	<b>4.4</b>
<b>2014 TOTAL</b>	<b>3.4</b>	<b>6.2</b>	<b>3.4</b>	<b>4.6</b>
<b>2015 TOTAL</b>	<b>2.7</b>	<b>4.7</b>	<b>2.9</b>	<b>4.6</b>

**NOTES:**

Fetal and perinatal death rates are the number of resident fetal deaths and perinatal deaths per 1,000 resident live births and fetal deaths.

Neonatal and infant death rates are the number of resident neonatal deaths and infant deaths per 1,000 resident live births.

Data for the years 2013-2015 have been combined to produce more stable rates.

**TABLE D-3**  
**2015 VERMONT RESIDENT FETAL, PERINATAL, NEONATAL AND INFANT DEATHS**  
**EVENTS BY WEEKS GESTATION and BIRTH WEIGHT IN GRAMS**

<b>WEEKS GESTATION</b>	<b>FETAL DEATHS</b>	<b>PERINATAL DEATHS</b>	<b>NEONATAL DEATHS</b>	<b>INFANT DEATHS</b>
<28 WEEKS	4	9	7	8
28-31 WEEKS	4	4	1	1
32-35 WEEKS	4	4	0	1
36 WEEKS	1	5	4	5
37-39 WEEKS	1	3	4	7
40 WEEKS	2	3	1	2
41 WEEKS	0	0	0	1
42+ WEEKS	0	0	0	0
UNKNOWN	0	0	0	2
<b>STATE TOTAL</b>	<b>16</b>	<b>28</b>	<b>17</b>	<b>27</b>

<b>BIRTH WEIGHT</b>	<b>FETAL DEATHS</b>	<b>PERINATAL DEATHS</b>	<b>NEONATAL DEATHS</b>	<b>INFANT DEATHS</b>
<500g	3	5	2	2
500-999g	2	4	4	4
1000-1499g	4	5	2	2
1500-1999g	1	2	1	2
2000-2499g	2	2	0	0
2500-2999g	0	2	3	4
3000-3499g	2	4	2	5
3500-3999g	0	0	1	2
4000g+	0	1	1	2
UNKNOWN	2	3	1	4
<b>STATE TOTAL</b>	<b>16</b>	<b>28</b>	<b>17</b>	<b>27</b>

TABLE E-1

2015 VERMONT ABORTIONS - OCCURRENCE

AGE OF PATIENT BY PLACE OF RESIDENCE

PLACE OF RESIDENCE	AGE OF PATIENT											UNK	TOTAL	
	< 15 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS	19 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40+ YEARS			
CALIFORNIA	0	0	0	0	0	0	1	0	0	0	0	0	0	1
FLORIDA	0	0	0	0	0	0	2	0	0	0	0	0	0	2
ILLINOIS	0	0	0	1	0	0	0	0	0	0	1	0	0	2
INDIANA	0	0	0	0	0	0	0	1	0	0	0	0	0	1
MAINE	0	0	0	0	0	0	2	2	0	0	0	0	0	4
MASSACHUSETTS	0	0	0	0	0	1	3	2	1	2	0	0	0	9
MINNESOTA	0	0	1	0	0	0	0	0	0	0	0	0	0	1
NEW HAMPSHIRE	1	0	2	2	2	5	39	21	14	11	1	2	100	
NEW JERSEY	0	0	0	0	0	0	3	0	0	0	0	0	3	
NEW YORK	0	0	0	0	1	0	6	4	8	8	0	0	27	
NORTH CAROLINA	0	0	0	0	0	0	0	1	0	0	0	0	1	
NORTH DAKOTA	0	0	0	0	0	0	1	0	0	0	0	0	1	
TEXAS	0	0	0	0	0	0	0	0	1	0	0	0	1	
VERMONT	1	7	12	17	30	46	325	304	215	95	38	14	1104	
VIRGINIA	0	0	0	0	0	0	1	0	0	0	0	0	1	
CANADA	0	0	0	0	0	0	0	0	1	0	0	0	1	
TOTAL	2	7	15	20	33	52	383	335	240	116	40	16	1259	

TABLE E-2

2015 VERMONT ABORTIONS - OCCURRENCE

RACE OF PATIENT BY PLACE OF RESIDENCE

PLACE OF RESIDENCE	RACE OF PATIENT						TOTAL
	WHITE	BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	OTHER NON-WHITE	UNKNOWN	
CALIFORNIA	1	0	0	0	0	0	1
FLORIDA	2	0	0	0	0	0	2
ILLINOIS	2	0	0	0	0	0	2
INDIANA	1	0	0	0	0	0	1
MAINE	4	0	0	0	0	0	4
MASSACHUSETTS	6	1	1	0	1	0	9
MINNESOTA	0	0	0	0	1	0	1
NEW HAMPSHIRE	89	3	1	1	4	2	100
NEW JERSEY	3	0	0	0	0	0	3
NEW YORK	25	0	0	1	0	1	27
NORTH CAROLINA	1	0	0	0	0	0	1
NORTH DAKOTA	0	0	0	0	1	0	1
TEXAS	1	0	0	0	0	0	1
VERMONT	983	26	7	26	43	19	1104
VIRGINIA	1	0	0	0	0	0	1
CANADA	1	0	0	0	0	0	1
TOTAL	1120	30	9	28	50	22	1259



TABLE E-3

2015 VERMONT ABORTIONS - OCCURRENCE

AGE OF PATIENT BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	AGE OF PATIENT											UNK	TOTAL
	< 15 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS	19 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40+ YEARS		
ADDISON	0	0	4	0	2	1	15	13	11	2	0	0	48
BENNINGTON	0	0	0	1	0	2	24	15	15	5	0	1	63
CALEDONIA	0	0	1	2	2	2	14	12	3	5	1	2	44
CHITTENDEN	0	2	4	3	8	16	103	89	63	32	15	3	338
ESSEX	0	0	0	0	0	0	1	1	0	0	0	0	2
FRANKLIN	0	1	1	1	2	2	17	20	10	4	1	0	59
GRAND ISLE	0	0	0	0	1	0	1	3	2	1	0	0	8
LAMOILLE	0	0	0	0	2	0	12	14	15	7	3	0	53
ORANGE	0	0	0	1	1	2	11	13	16	5	4	0	53
ORLEANS	0	2	0	1	1	3	10	9	4	3	0	0	33
RUTLAND	0	1	0	2	1	5	37	43	24	6	4	2	125
WASHINGTON	1	0	0	3	4	6	33	37	27	16	7	5	139
WINDHAM	0	0	0	1	3	2	21	16	7	5	1	1	57
WINDSOR	0	1	2	2	3	5	25	19	17	4	2	0	80
UNKNOWN CTY	0	0	0	0	0	0	1	0	1	0	0	0	2
OUT OF STATE	1	0	3	3	3	6	58	31	25	21	2	2	155
STATE TOTAL	2	7	15	20	33	52	383	335	240	116	40	16	1259

**TABLE E-4  
2015 VERMONT ABORTIONS - OCCURRENCE**

AGE OF PATIENT	WEEKS GESTATION BY AGE OF PATIENT						UNKNOWN	TOTAL
	< 9	9 - 10	11 - 12	13 - 15	16 - 20	21 +		
< 15 YEARS	0	2	0	0	0	0	0	2
15 YEARS	5	1	1	0	0	0	0	7
16 YEARS	11	0	2	2	0	0	0	15
17 YEARS	13	4	1	2	0	0	0	20
18 YEARS	24	3	1	4	1	0	0	33
19 YEARS	38	12	0	2	0	0	0	52
20-24 YEARS	266	71	26	12	6	2	0	383
25-29 YEARS	236	45	33	15	4	2	0	335
30-34 YEARS	181	32	12	8	5	2	0	240
35-39 YEARS	85	12	7	8	2	2	0	116
40+ YEARS	29	4	3	3	0	1	0	40
UNKNOWN	12	3	0	0	0	0	1	16
<b>TOTAL</b>	<b>900</b>	<b>189</b>	<b>86</b>	<b>56</b>	<b>18</b>	<b>9</b>	<b>1</b>	<b>1259</b>

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

**TABLE E-5  
2015 VERMONT ABORTIONS - OCCURRENCE**

**WEEKS GESTATION BY ABORTION PROCEDURE  
WEEKS GESTATION <sup>(1)</sup>**

<b>ABORTION PROCEDURE</b>	<b>&lt; 9</b>	<b>9 - 10</b>	<b>11 - 12</b>	<b>13 - 15</b>	<b>16 - 20</b>	<b>21 +</b>	<b>UNKNOWN</b>	<b>TOTAL</b>
<b>SUCTION CURETTAGE / EARLY UTERINE EVACUATION</b>	<b>347</b>	<b>118</b>	<b>83</b>	<b>33</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>585</b>
<b>MEDICAL (NON-SURGICAL)</b>	<b>546</b>	<b>70</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>623</b>
<b>OTHER</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>21</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>47</b>
<b>UNKNOWN</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>TOTAL</b>	<b>900</b>	<b>189</b>	<b>86</b>	<b>56</b>	<b>18</b>	<b>9</b>	<b>1</b>	<b>1259</b>

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

**TABLE E-6**

**2015 VERMONT ABORTIONS - OCCURRENCE**

**TYPE OF FACILITY BY ABORTION PROCEDURE**

ABORTION PROCEDURE	TYPE OF FACILITY				TOTAL
	HOSPITAL	CLINIC	DOCTOR'S OFFICE	UNKNOWN	
SUCTION CURETTAGE / EARLY					
UTERINE EVACUATION	6	567	12	0	585
MEDICAL (NON-SURGICAL)	3	620	0	0	623
OTHER	23	24	0	0	47
UNKNOWN	1	3	0	0	4
<b>TOTAL</b>	<b>33</b>	<b>1214</b>	<b>12</b>	<b>0</b>	<b>1259</b>

**TABLE E-7  
2015 VERMONT ABORTIONS - OCCURRENCE**

**WEEKS GESTATION BY TYPE OF FACILITY  
WEEKS GESTATION <sup>(1)</sup>**

<b>TYPE OF FACILITY</b>	<b>&lt; 9</b>	<b>9 - 10</b>	<b>11 - 12</b>	<b>13 - 15</b>	<b>16 - 20</b>	<b>21 +</b>	<b>UNKNOWN</b>	<b>TOTAL</b>
<b>HOSPITAL</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>10</b>	<b>8</b>	<b>0</b>	<b>33</b>
<b>CLINIC</b>	<b>888</b>	<b>188</b>	<b>80</b>	<b>48</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>1214</b>
<b>DOCTOR'S OFFICE</b>	<b>10</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
<b>UNKNOWN</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>900</b>	<b>189</b>	<b>86</b>	<b>56</b>	<b>18</b>	<b>9</b>	<b>1</b>	<b>1259</b>

<sup>(1)</sup> SEE APPENDIX B FOR DATA QUALITY NOTES.

TABLE E-8

2015 VERMONT ABORTIONS - OCCURRENCE

PATIENT'S DOMESTIC RELATIONSHIP BY NUMBER OF LIVING CHILDREN

NUMBER OF LIVING CHILDREN	NUMBER OF EVENTS								
	DOMESTIC RELATIONSHIP								
	SINGLE	MARRIED	WIDOWED	DIVORCED	SEPARATED	CIVIL UNION	DISSOLVED CIVIL UNION	UNK	Total
NONE	545	49	0	4	5	0	0	25	628
ONE	181	49	0	18	7	0	0	20	275
TWO	118	69	1	15	10	0	0	13	226
THREE	48	26	0	6	3	0	0	3	86
FOUR	11	5	0	6	1	0	0	3	26
FIVE +	3	4	0	3	3	0	0	0	13
UNKNOWN	3	1	0	0	0	0	0	1	5
TOTAL	909	203	1	52	29	0	0	65	1259

ROW PERCENTS <sup>(1)</sup>

NUMBER OF LIVING CHILDREN	DOMESTIC RELATIONSHIP								
	SINGLE	MARRIED	WIDOWED	DIVORCED	SEPARATED	CIVIL UNION	DISSOLVED CIVIL UNION	UNK	Total
NONE	86.8	7.8	0.0	0.6	0.8	0.0	0.0	4.0	100.0
ONE	65.8	17.8	0.0	6.5	2.5	0.0	0.0	7.3	100.0
TWO	52.2	30.5	0.4	6.6	4.4	0.0	0.0	5.8	100.0
THREE	55.8	30.2	0.0	7.0	3.5	0.0	0.0	3.5	100.0
FOUR	42.3	19.2	0.0	23.1	3.8	0.0	0.0	11.5	100.0
FIVE +	23.1	30.8	0.0	23.1	23.1	0.0	0.0	0.0	100.0
UNKNOWN	60.0	20.0	0.0	0.0	0.0	0.0	0.0	20.0	100.0
TOTAL	72.2	16.1	0.1	4.1	2.3	0.0	0.0	5.2	100.0

<sup>(1)</sup> MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE E-9

2015 VERMONT ABORTIONS - OCCURRENCE

PATIENT'S EDUCATION BY COUNTY OF RESIDENCE

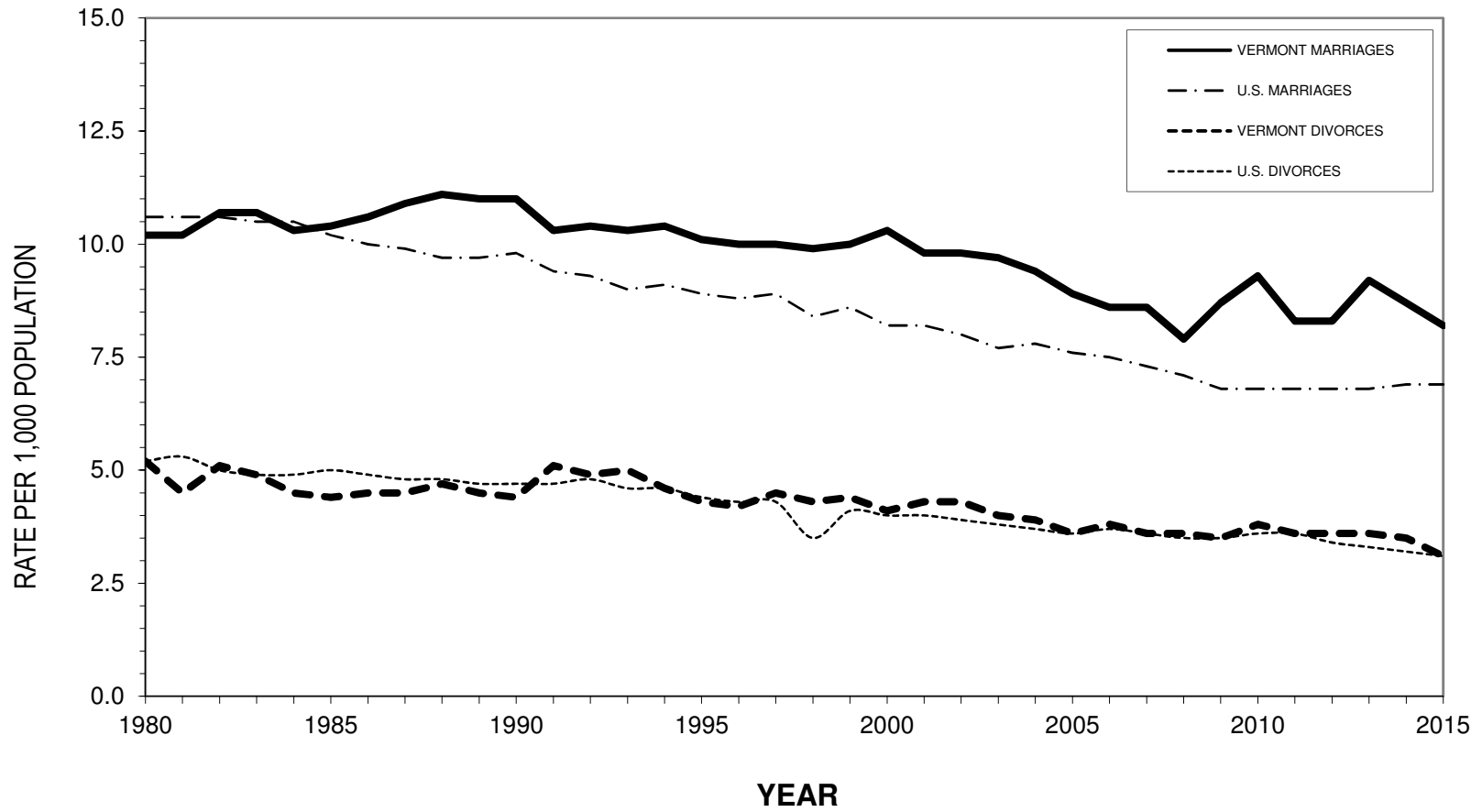
COUNTY OF RESIDENCE	EDUCATION										TOTAL
	< 9 YEARS	9 YEARS	10 YEARS	11 YEARS	H.S. GRAD	1 YEAR COLLEGE	2 YEARS COLLEGE	3 YEARS COLLEGE	4+ YEARS COLLEGE	UNKNOWN	
ADDISON	0	0	3	2	20	2	7	1	7	6	48
BENNINGTON	0	0	0	2	35	3	6	1	11	5	63
CALEDONIA	0	1	0	2	17	5	3	1	10	5	44
CHITTENDEN	6	2	9	13	71	27	48	16	93	53	338
ESSEX	0	0	0	0	2	0	0	0	0	0	2
FRANKLIN	0	1	2	2	19	4	6	2	9	14	59
GRAND ISLE	0	0	0	0	2	1	2	0	1	2	8
LAMOILLE	2	0	0	0	6	4	4	4	23	10	53
ORANGE	1	0	0	1	19	6	9	2	12	3	53
ORLEANS	0	1	1	1	8	5	5	0	6	6	33
RUTLAND	0	1	2	5	78	6	4	4	16	9	125
WASHINGTON	1	0	0	3	49	8	15	2	44	17	139
WINDHAM	0	0	0	2	31	3	5	4	6	6	57
WINDSOR	0	2	2	2	26	9	9	0	13	17	80
UNKNOWN CTY	0	0	0	0	1	0	0	0	1	0	2
OUT OF STATE	1	0	2	3	39	13	16	7	31	43	155
STATE TOTAL	11	8	21	38	423	96	139	44	283	196	1259





# Marriages and Divorces

**Figure 12**  
**VERMONT AND U.S. MARRIAGE AND DIVORCE RATES**  
**1980 - 2015**



Data points for the U.S. population can be found in Appendix D. Vermont data points can be found in Table A-1.

# MARRIAGES & DIVORCES

## MARRIAGES

***NOTE: Marriage between same sex partners became legal in Vermont on September 1, 2009. The tables in this section include marriages between same sex partners and therefore the labels have been changed to reflect the labels used on the revised civil marriage license and certificate: Applicant A and Applicant B.***

In 2015, 5,119 marriages were performed in Vermont, 336 fewer than in 2014. The 2015 Vermont marriage rate was 8.2 per 1,000 Vermont resident population, higher than the 2015 U.S. rate of 6.9. Marriages between two out-of-state residents accounted for 33.2 percent of the marriages in Vermont (Table F-2).

There was the usual seasonal variation with more marriages occurring in summer than in any other season. August (903) and September (846) were the most popular months for marriages in 2015 (Table F-5).

More than half (60.7 percent) of the marriages were firsts for both applicants (Table F-4). For Applicant B, 70.3 percent were first marriages, and for Applicant A, 69.8 percent were first marriages. Remarriages for both applicants accounted for 20.6 percent of marriages in Vermont.

Civil ceremonies accounted for 63.8 percent of marriages in 2015 (Table F-6).

## DIVORCES

There were 1,942 divorces granted in 2015, a decrease of 237 from 2014. This represents a rate of 3.1 per 1,000 residents, same as the 2015 U.S. rate.

The median length of marriages ending in divorce was 10 years, with a range of 6 months to 64 years. The median age at the time of divorce was 42 for Applicant A with a range of 18 to 92 years. The median age at the time of divorce was 43 for Applicant B, with a range of 19 to 86 years (Table G-2).

TABLE F-1  
2015 VERMONT MARRIAGES

PLACE OF RESIDENCE BY APPLICANT A AND APPLICANT B

APPLICANT A'S PLACE OF RESIDENCE	NUMBER	APPLICANT B'S PLACE OF RESIDENCE	NUMBER
ALABAMA	10	ALABAMA	9
ARIZONA	3	ARIZONA	4
ARKANSAS	7	ARKANSAS	9
CALIFORNIA	49	CALIFORNIA	53
COLORADO	24	COLORADO	24
CONNECTICUT	115	CONNECTICUT	122
DELAWARE	4	DELAWARE	2
DISTRICT OF COLUMBIA	25	DISTRICT OF COLUMBIA	24
FLORIDA	55	FLORIDA	58
GEORGIA	19	GEORGIA	15
IDAHO	4	IDAHO	4
ILLINOIS	19	ILLINOIS	21
INDIANA	4	INDIANA	5
IOWA	2	IOWA	2
KENTUCKY	4	KENTUCKY	5
LOUISIANA	5	LOUISIANA	5
MAINE	29	MAINE	36
MARYLAND	20	MARYLAND	27
MASSACHUSETTS	454	MASSACHUSETTS	457
MICHIGAN	16	MICHIGAN	14
MINNESOTA	6	MINNESOTA	6
MISSISSIPPI	0	MISSISSIPPI	1
MISSOURI	6	MISSOURI	6
MONTANA	2	MONTANA	1
NEBRASKA	2	NEBRASKA	4
NEVADA	1	NEVADA	1
NEW HAMPSHIRE	159	NEW HAMPSHIRE	172
NEW JERSEY	69	NEW JERSEY	76
NEW MEXICO	1	NEW MEXICO	2
NEW YORK	341	NEW YORK	336
NORTH CAROLINA	21	NORTH CAROLINA	19
NORTH DAKOTA	1	NORTH DAKOTA	0
OHIO	7	OHIO	7
OKLAHOMA	2	OKLAHOMA	4
OREGON	13	OREGON	13
PENNSYLVANIA	46	PENNSYLVANIA	52
RHODE ISLAND	22	RHODE ISLAND	20
SOUTH CAROLINA	8	SOUTH CAROLINA	7
SOUTH DAKOTA	2	SOUTH DAKOTA	2
TENNESSEE	12	TENNESSEE	15
TEXAS	40	TEXAS	43
UTAH	5	UTAH	6
VERMONT	3340	VERMONT	3228
VIRGINIA	33	VIRGINIA	37
WASHINGTON	18	WASHINGTON	19
WEST VIRGINIA	3	WEST VIRGINIA	2
WISCONSIN	6	WISCONSIN	6
WYOMING	1	WYOMING	1
ALASKA	1	ALASKA	4
HAWAII	2	HAWAII	4
CANADA	50	CANADA	67
MEXICO	0	MEXICO	1
OTHER COUNTRIES	31	OTHER COUNTRIES	61
TOTAL	5119	TOTAL	5119

TABLE F-2  
2015 VERMONT MARRIAGES

COUNTY OF RESIDENCE OF APPLICANT B BY COUNTY OF RESIDENCE OF APPLICANT A  
RESIDENCE OF APPLICANT B

RESIDENCE OF APPLICANT A	ADD	BEN	CAL	CHT	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	O-O-S	UNK	TOTAL
ADDISON	184	0	0	3	0	0	0	0	1	1	7	1	0	0	8	0	205
BENNINGTON	0	138	0	1	0	0	0	0	1	0	1	0	0	1	11	0	153
CALEDONIA	0	0	135	0	0	1	0	1	0	2	0	2	0	1	6	0	148
CHITTENDEN	4	1	0	831	0	1	0	3	3	1	2	5	1	2	53	0	907
ESSEX	0	0	0	0	13	0	0	0	0	0	0	0	0	0	1	0	14
FRANKLIN	0	0	1	3	0	263	1	1	0	0	1	0	0	0	13	0	283
GRAND ISLE	0	0	0	3	0	1	28	0	0	0	0	0	0	0	1	0	33
LAMOILLE	0	0	2	4	0	1	0	130	0	1	0	2	0	0	8	0	148
ORANGE	1	0	0	1	0	0	0	1	139	0	0	2	0	2	11	0	157
ORLEANS	0	0	3	1	1	0	0	0	0	136	0	2	0	0	7	0	150
RUTLAND	1	2	0	1	0	1	0	1	0	1	271	0	0	1	19	0	298
WASHINGTON	1	0	0	5	0	1	0	2	5	0	0	332	0	1	17	0	364
WINDHAM	1	1	0	0	0	0	0	0	0	3	1	0	177	1	18	0	202
WINDSOR	0	0	1	0	0	0	0	0	1	0	0	2	1	254	18	0	277
OUT OF STATE	8	5	3	20	0	4	0	2	3	2	9	6	7	9	1702	0	1780
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	200	147	145	873	14	273	29	141	153	147	292	354	186	272	1893	0	5119

TABLE F-3  
2015 VERMONT MARRIAGES

AGE OF APPLICANT A	AGE OF APPLICANT B BY AGE OF APPLICANT A														UNK	TOTAL	
	AGE OF APPLICANT B																
	<18 YEARS	18-20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40-44 YEARS	45-49 YEARS	50-54 YEARS	55-59 YEARS	60-64 YEARS	65-69 YEARS	70-74 YEARS	75+ YEARS			
<18 YEARS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
18-20 YEARS	2	37	33	13	1	1	0	1	0	0	0	0	0	0	0	0	88
20-24 YEARS	0	36	250	153	43	14	1	2	1	0	1	0	0	0	0	0	501
25-29 YEARS	0	11	134	769	315	97	20	3	2	0	0	2	0	0	0	0	1353
30-34 YEARS	0	4	27	298	561	202	65	13	6	4	1	1	1	0	0	0	1183
35-39 YEARS	0	2	10	78	177	145	91	41	15	2	2	1	0	0	0	0	564
40-44 YEARS	0	0	5	25	55	82	104	50	27	10	2	2	0	1	0	0	363
45-49 YEARS	0	0	5	9	30	28	66	89	44	28	6	7	0	2	0	0	314
50-54 YEARS	0	0	0	1	9	16	31	69	88	45	11	5	2	2	0	0	279
55-59 YEARS	0	0	0	0	4	5	14	20	41	53	29	8	6	1	0	0	181
60-64 YEARS	0	0	0	3	1	1	4	11	18	34	40	19	0	5	0	0	136
65-69 YEARS	0	0	1	1	3	1	2	4	6	16	13	28	8	1	0	0	84
70-74 YEARS	0	0	0	1	0	0	1	1	6	2	5	6	12	3	0	0	37
75+ YEARS	0	0	0	0	0	1	1	1	1	2	1	8	4	15	0	0	34
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	90	466	1352	1199	593	400	305	255	196	111	87	33	30	0	0	5119

**TABLE F-4  
2015 VERMONT MARRIAGES**

**MARRIAGE NUMBER OF APPLICANT B BY MARRIAGE NUMBER OF APPLICANT A**

<b>MARRIAGE NUMBER OF APPLICANT A</b>	<b>MARRIAGE NUMBER OF APPLICANT B</b>				<b>TOTAL</b>
	<b>FIRST</b>	<b>SECOND</b>	<b>THIRD +</b>	<b>UNKNOWN</b>	
<b>FIRST</b>	<b>3084</b>	<b>403</b>	<b>61</b>	<b>3</b>	<b>3551</b>
<b>SECOND</b>	<b>407</b>	<b>572</b>	<b>176</b>	<b>6</b>	<b>1161</b>
<b>THIRD +</b>	<b>78</b>	<b>170</b>	<b>126</b>	<b>1</b>	<b>375</b>
<b>UNKNOWN</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>28</b>	<b>32</b>
<b>TOTAL</b>	<b>3571</b>	<b>1147</b>	<b>363</b>	<b>38</b>	<b>5119</b>

**TABLE F-5  
2015 VERMONT MARRIAGES**

**MONTH OF MARRIAGE BY COUNTY OF MARRIAGE  
MONTH OF MARRIAGE**

COUNTY OF MARRIAGE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
ADDISON	6	11	6	12	31	40	36	52	62	37	6	13	312
BENNINGTON	18	14	10	9	38	43	41	61	56	44	18	14	366
CALEDONIA	4	5	3	5	17	34	31	44	38	23	9	7	220
CHITTENDEN	44	39	38	53	90	121	111	173	153	114	38	45	1019
ESSEX	2	0	0	0	1	4	9	5	4	2	3	1	31
FRANKLIN	10	8	6	10	14	41	49	51	43	31	10	11	284
GRAND ISLE	3	0	1	0	3	7	15	19	19	10	4	1	82
LAMOILLE	19	15	17	13	16	29	43	60	63	38	11	13	337
ORANGE	7	5	2	9	18	31	27	44	38	23	8	11	223
ORLEANS	7	4	10	5	16	43	37	57	51	31	6	7	274
RUTLAND	21	14	16	20	49	61	67	93	88	69	17	22	537
WASHINGTON	15	14	14	16	42	60	57	90	71	59	17	23	478
WINDHAM	11	23	18	23	38	53	37	59	54	61	14	23	414
WINDSOR	19	18	16	18	39	61	58	95	106	73	9	30	542
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>186</b>	<b>170</b>	<b>157</b>	<b>193</b>	<b>412</b>	<b>628</b>	<b>618</b>	<b>903</b>	<b>846</b>	<b>615</b>	<b>170</b>	<b>221</b>	<b>5119</b>



**TABLE F-6  
2015 VERMONT MARRIAGES**

**TYPE OF CEREMONY BY PREVIOUS MARITAL STATUS OF APPLICANT B AND APPLICANT A**

PREVIOUS MARITAL STATUS	APPLICANT B				APPLICANT A			
	CIVIL	RELIGIOUS	UNKNOWN	TOTAL	CIVIL	RELIGIOUS	UNKNOWN	TOTAL
<b>SINGLE</b>	<b>2071</b>	<b>1278</b>	<b>198</b>	<b>3547</b>	<b>2065</b>	<b>1254</b>	<b>198</b>	<b>3517</b>
<b>PREVIOUSLY MARRIED</b>								
ANNULMENT	5	1	0	6	11	3	0	14
WIDOWED	65	47	1	113	58	46	4	108
DIVORCED	898	389	51	1338	900	424	47	1371
DISSOLUTION	11	9	1	21	13	3	2	18
MARRYING CU PARTNER	15	8	0	23	21	9	1	31
<b>UNKNOWN</b>	<b>37</b>	<b>27</b>	<b>7</b>	<b>71</b>	<b>34</b>	<b>20</b>	<b>6</b>	<b>60</b>
<b>TOTAL</b>	<b>3102</b>	<b>1759</b>	<b>258</b>	<b>5119</b>	<b>3102</b>	<b>1759</b>	<b>258</b>	<b>5119</b>

TABLE G-1  
2015 VERMONT DIVORCES

MONTH OF DIVORCE BY COUNTY OF DECREE  
MONTH OF DIVORCE

COUNTY OF DECREE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
ADDISON	14	4	12	9	11	5	11	10	14	7	12	10	119
BENNINGTON	15	12	15	15	13	9	17	20	11	7	7	13	154
CALEDONIA	4	8	6	10	6	3	9	13	4	11	3	8	85
CHITTENDEN	44	32	38	45	25	34	40	33	45	33	29	50	448
ESSEX	2	0	0	1	2	0	1	1	1	2	2	0	12
FRANKLIN	7	7	12	14	14	14	11	6	11	3	14	15	128
GRAND ISLE	1	1	3	0	1	0	4	0	1	4	4	1	20
LAMOILLE	10	14	7	7	11	9	0	2	9	11	13	11	104
ORANGE	11	4	14	13	8	1	12	7	3	6	3	9	91
ORLEANS	11	6	11	8	7	4	9	2	4	6	11	6	85
RUTLAND	14	12	14	16	14	22	19	9	15	17	17	14	183
WASHINGTON	15	16	10	13	17	19	16	25	24	22	12	17	206
WINDHAM	8	6	12	12	15	7	8	12	13	17	10	14	134
WINDSOR	15	4	12	12	15	23	10	13	23	14	12	20	173
STATE TOTAL	171	126	166	175	159	150	167	153	178	160	149	188	1942

TABLE G-2  
2015 VERMONT DIVORCES

AGE OF APPLICANT B BY AGE OF APPLICANT A AT TIME OF DIVORCE  
AGE OF APPLICANT B

AGE OF APPLICANT A	<18	18-20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	UNK	TOTAL
<18 YEARS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 YEARS	0	1	4	2	2	0	0	0	0	0	0	0	0	0	0	9
20-24 YEARS	0	2	18	27	7	0	0	0	0	0	0	0	0	0	0	54
25-29 YEARS	0	0	19	94	64	16	8	5	1	0	0	0	0	0	0	207
30-34 YEARS	0	0	2	39	128	65	22	10	1	1	2	0	0	0	2	272
35-39 YEARS	0	0	1	8	32	116	75	32	12	2	0	1	0	0	1	280
40-44 YEARS	0	0	0	4	14	34	121	84	29	8	1	1	0	0	1	297
45-49 YEARS	0	0	0	2	7	18	50	110	61	28	9	2	0	0	0	287
50-54 YEARS	0	0	2	1	1	7	11	46	85	37	15	3	1	0	0	209
55-59 YEARS	0	0	0	1	1	2	6	22	33	56	31	11	0	0	0	163
60-64 YEARS	0	0	0	0	1	0	3	8	9	13	30	7	5	1	0	77
65-69 YEARS	0	0	0	0	0	0	1	1	3	4	17	18	13	3	0	60
70-74 YEARS	0	0	0	0	0	0	0	0	2	2	1	0	5	2	0	12
75+ YEARS	0	0	0	0	0	1	0	0	0	0	1	3	3	5	1	14
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
STATE TOTAL	0	3	46	178	257	259	297	318	236	151	107	46	27	11	6	1942

TABLE G-3  
2015 VERMONT DIVORCES

NUMBER OF YEARS MARRIED BY COUNTY OF DECREE

COUNTY OF DECREE	YEARS MARRIED													UNK	TOTAL
	<2	2	3	4	5	6	7	8	9	10-14	15-19	20-24	25+		
ADDISON	12	6	5	6	4	4	9	5	3	20	19	15	11	0	119
BENNINGTON	11	7	14	7	11	9	8	8	5	23	23	13	14	1	154
CALEDONIA	15	3	5	4	4	4	3	2	3	11	13	10	8	0	85
CHITTENDEN	31	30	34	26	25	18	19	22	20	76	49	39	58	1	448
ESSEX	0	0	0	1	0	0	1	0	1	2	3	3	1	0	12
FRANKLIN	3	9	8	11	3	9	4	5	3	26	22	10	15	0	128
GRAND ISLE	0	1	0	1	1	1	2	1	0	2	7	1	3	0	20
LAMOILLE	5	7	10	4	1	6	2	5	6	18	20	6	13	1	104
ORANGE	5	10	7	4	2	2	5	5	5	11	11	11	13	0	91
ORLEANS	3	7	7	3	4	8	1	3	5	11	8	8	17	0	85
RUTLAND	14	11	16	14	8	8	9	8	9	22	21	15	28	0	183
WASHINGTON	16	20	9	7	9	7	15	7	8	28	22	34	23	1	206
WINDHAM	7	14	9	7	8	4	11	5	5	18	14	10	22	0	134
WINDSOR	9	11	13	8	11	7	4	4	8	33	19	21	25	0	173
STATE TOTAL	131	136	137	103	91	87	93	80	81	301	251	196	251	4	1942



# Appendices



## APPENDIX A

### VERMONT HOSPITALS

<b>HOSPITAL</b>	<b>COUNTY</b>	<b>TOWN</b>
Brattleboro Memorial Hospital	Windham	Brattleboro
Central Vermont Medical Center	Washington	Berlin
Copley Hospital	Lamoille	Morrisville
FAHC/Fanny Allen Campus	Chittenden	Colchester
FAHC/Medical Center Campus	Chittenden	Burlington
Gifford Medical Center	Orange	Randolph
Grace Cottage Hospital	Windham	Townshend
Mt. Ascutney Hospital and Health Center	Windsor	Windsor
North Country Hospital and Health Center	Orleans	Newport
Northeastern Vermont Regional Hospital	Caledonia	St. Johnsbury
Northwestern Medical Center	Franklin	St. Albans
Porter Medical Center	Addison	Middlebury
Rutland Regional Medical Center	Rutland	Rutland
Southwestern Vermont Medical Center	Bennington	Bennington
Springfield Hospital	Windsor	Springfield
Vermont State Hospital	Washington	Waterbury
Veterans Administration Medical Center	Windsor	White River Junction

## **APPENDIX B**

# **OBSTETRIC DATES AND INTERVALS AND WEIGHT GAIN RECOMMENDATIONS**

### **MONTH PRENATAL CARE BEGAN**

Since 1988, the Vermont Department of Health has used the National Center for Health Statistics method of calculating the month prenatal care began. This allows Vermont data to be more easily compared to national data, and eliminates any errors that could be introduced by hospitals using different reporting methods.

The calculation for month prenatal care began changed at the national level with the 2003 Revision of the U.S. Standard Certificate of Live Birth. Vermont implemented its' new birth certificate on July 1, 2005, based on the 2003 Revision of the U.S. Standard, so the Department of Health began using the new calculation in 2005. The new calculation converts to century dates the date of last menses and the date of the first prenatal visit, determines the difference in number of days between these dates, and then converts the days to months of pregnancy. For example, if the date of last menses was March 15, 2005 and the date of the first prenatal visit was June 30, 2005, then the difference is 107 days which means that prenatal care began in the fourth month.

Please note that this change in calculation affects the rate of entry into first trimester prenatal care. Analysis done by the Vermont Department of Health shows that this change in calculation reduces the rate of entry into first trimester prenatal care by about 7%, so rates for years 2005 and later should not be compared to rates for prior years.

### **GESTATIONAL AGE**

Live Births and Fetal Deaths: The methodology used to determine gestational age matches that used by the National Center for Health Statistics.

Two measures of gestational age are available from the standard certificates. The standard certificates collect information on the first day of the mother's last menstrual period (LMP). The interval between the LMP and the date of birth is the *calculated* gestational age. The standard certificate also collects a *clinical estimate* of gestation.

The primary measure used by NCHS to determine the gestational age of the newborn was previously the *calculated* weeks of gestation, supplemented by an algorithm that determined if the calculated gestational age and birth weight were compatible, and the clinical estimate of gestational age may replace the calculated age in some cases. However this method is subject to error due to imperfect maternal recall and to misidentification of the LMP. Therefore, beginning in 2014 the clinical estimate of gestational age is assigned as the gestational age in all cases.

Abortions: Gestational age is calculated from the date of last normal menses and date of abortion. The clinically estimated weeks is used if the date of last normal menses is unknown, or if the calculated weeks and the clinically estimated weeks are more than two weeks apart.



## WEIGHT GAIN DURING PREGNANCY

The weight gain guidelines reflected in this report were taken from “Weight Gain During Pregnancy: Reexamining the Guidelines” Institute of Medicine, National Academies Press, 2009. The recommendations are as follows for singleton, full term births:

<b>PRE-PREGNANCY BMI</b>	<b>RECOMMENDED WEIGHT GAIN</b>
< 18.5	28 - 40 lbs
18.5 - 24.9	25 - 35 lbs
25.0 - 29.9	15 - 25 lbs
$\geq$ 30.0	11 - 20 lbs

## APPENDIX C

### DEFINITIONS OF THE 113 SELECTED CAUSES OF DEATH

Causes of Death	Category Codes According to the <i>International Classification of Diseases</i>	
	Tenth Revision	Ninth Revision Adapted
Salmonella infections	A01-A02	002-003
Shigellosis and amebiasis	A03, A06	004, 006
Certain other intestinal infections	A04, A07-A09	007-009
Tuberculosis	A16-A19	010-018
.. Respiratory tuberculosis	A16	010-012
.. Other tuberculosis	A17-A19	013-018
Whooping cough	A37	033
Scarlet fever and erysipelas	A38, A46	034.1-035
Meningococcal infection	A39	036
Septicemia	A40-A41	038
Syphilis	A50-A53	090-097
Acute poliomyelitis	A80	045
Arthropod-borne viral encephalitis	A83-A84, A85.2	062-064
Measles	B05	055
Viral hepatitis	B15-B19	070
Human immunodeficiency virus (HIV) disease	B20-B24	042-044
Malaria	B50-B54	084
Other and unspecified infectious and parasitic diseases and their sequelae	A00, A05, A20-A36, A42-A44, A48-A49, A54-A79, A81-A82, A85.0-A85.1, A85.8, A86-B04, B06-B09, B25-B49, B55-B99	001, 005, 020-032, 037, 039-041, 046-054, 056-061, 065-066, 071-083, 085-088, 098-134, 136-139, 771.3
Malignant neoplasms	C00-C97	140-208
.. of lip, oral cavity and pharynx	C00-C14	140-149
.. of esophagus	C15	150
.. of stomach	C16	151
.. of colon, rectum and anus	C18-C21	153-154
.. of liver and intrahepatic bile ducts	C22	155
.. of pancreas	C25	157

## APPENDIX C

### DEFINITIONS OF THE 113 SELECTED CAUSES OF DEATH

Causes of Death	Category Codes According to the <i>International Classification of Diseases</i>	
	Tenth Revision	Ninth Revision Adapted
.. of larynx	C32	161
.. of trachea, bronchus and lung	C33-C34	162
.. of skin	C43	172
.. of breast	C50	174-175
.. of cervix uteri	C53	180
.. of corpus uteri and uterus, part unspecified	C54-C55	179, 182
.. of ovary	C56	183.0
.. of prostate	C61	185
.. of kidney and renal pelvis	C64-C65	189.0, 189.1
.. of bladder	C67	188
.. of meninges, brain and other parts of central nervous system	C70-C72	191-192
.. of lymphoid, hematopoietic and related tissue	C81-C96	200-208
.... Hodgkin's disease	C81	201
.... Non-Hodgkin's lymphoma	C82-C85	200, 202
.... Leukemia	C91-C95	204-208
.... Multiple myeloma and immunoproliferative neoplasms	C88, C90	203
.... Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue	C96	- - -
.. All other and unspecified malignant neoplasms	C17, C23-C24, C26-C31, C37-C41, C44-C49, C51- C52, C57-C60, C62-C63, C66, C68-C69, C73-C80, C97	152, 156, 158-160, 163-171, 173, 181, 183.2-184, 186-187, 189.2-190, 193-199
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	D00-D48	210-239
Anemias	D50-D64	280-285
Diabetes mellitus	E10-E14	250
Nutritional deficiencies	E40-E64	260-269
.. Malnutrition	E40-E46	260-263
.. Other nutritional deficiencies	E50-E64	264-269

## APPENDIX C

### DEFINITIONS OF THE 113 SELECTED CAUSES OF DEATH

Causes of Death	Category Codes According to the <i>International Classification of Diseases</i>	
	Tenth Revision	Ninth Revision Adapted
Meningitis	G00, G03	320-322
Parkinson's disease	G20-G21	332
Alzheimer's disease	G30	331.0
Major cardiovascular diseases	I00-I78	390-434, 436-448
.. Diseases of heart	I00-I09, I11, I13, I20-I51	390-398, 402, 404, 410-429
.... Acute rheumatic fever and chronic rheumatic heart diseases	I00-I09	390-398
.... Hypertensive heart disease	I11	402
.... Hypertensive heart and renal disease	I13	404
.... Ischemic heart diseases	I20-I25	410-414, 429.2
..... Acute myocardial infarction	I21-I22	410
..... Other acute ischemic heart diseases	I24	411
..... Other forms of chronic ischemic heart disease	I20, I25	412-414, 429.2
..... Atherosclerotic cardiovascular disease, so described	I25.0	429.2
..... All other forms of chronic ischemic heart disease	I20, I25.1-I25.9	412-414
.... Other heart diseases	I26-I51	415-429.1, 429.3-429.9
..... Acute and subacute endocarditis	I33	421
..... Diseases of pericardium and acute myocarditis	I30-I31, I40	420, 422-423
..... Heart failure	I50	428
..... All other forms of heart disease	I26-I28, I34-I38, I42-I49, I51	415-417, 424-427, 429.0-429.1, 429.3-429.9
.. Essential (primary) hypertension and hypertensive renal disease	I10, I12	401, 403
.. Cerebrovascular diseases	I60-I69	430-434, 436-438
.. Atherosclerosis	I70	440
.. Other diseases of circulatory system	I71-I78	441-448
.... Aortic aneurysm and dissection	I71	441

## APPENDIX C

### DEFINITIONS OF THE 113 SELECTED CAUSES OF DEATH

Causes of Death	Category Codes According to the <i>International Classification of Diseases</i>	
	Tenth Revision	Ninth Revision Adapted
.... Other diseases of arteries, arterioles and capillaries	I72-I78	442-448
Other disorders of circulatory system	I80-I99	451-459
Influenza and pneumonia	J10-J18	480-487
.. Influenza	J10-J11	487
.. Pneumonia	J12-J18	480-486
Other acute lower respiratory infections	J20-J22	466
.. Acute bronchitis and bronchiolitis	J20-J21	466
.. Unspecified acute lower respiratory infection	J22	- - -
Chronic lower respiratory diseases	J40-J47	490-494, 496
.. Bronchitis, chronic and unspecified	J40-J42	490-491
.. Emphysema	J43	492
.. Asthma	J45-J46	493
.. Other chronic lower respiratory diseases	J44, J47	494, 496
Pneumoconioses and chemical effects	J60-J66, J68	500-506
Pneumonitis due to solids and liquids	J69	507
Other diseases of respiratory system	J00-J06, J30-J39, J67, J70-J98	034.0, 460-465, 470-478, 495, 508-519
Peptic ulcer	K25-K28	531-534
Diseases of appendix	K35-K38	540-543
Hernia	K40-K46	550-553
Chronic liver disease and cirrhosis	K70, K73-K74	571
.. Alcoholic liver disease	K70	571.0-571.3
.. Other chronic liver disease and cirrhosis	K73-K74	571.4-571.9
Cholelithiasis and other disorders of gallbladder	K80-K82	574-575
Nephritis, nephrotic syndrome and nephrosis	N00-N07, N17-N19, N25-N27	580-589
.. Acute and rapidly progressive nephritic and nephrotic syndrome	N00-N01, N04	580-581

## APPENDIX C

### DEFINITIONS OF THE 113 SELECTED CAUSES OF DEATH

Causes of Death	Category Codes According to the <i>International Classification of Diseases</i>	
	Tenth Revision	Ninth Revision Adapted
.. Chronic glomerulonephritis, nephritis and nephropathy not specified as acute or chronic, and renal sclerosis unspecified	N02-N03, N05-N07, N26	582-583, 587
.. Renal failure	N17-N19	584-586
.. Other disorders of kidney	N25, N27	588-589
Infections of kidney	N10-N12, N13.6, N15.1	590
Hyperplasia of prostate	N40	600
Inflammatory diseases of female pelvic organs	N70-N76	614-616
Pregnancy, childbirth and the puerperium	O00-O99	630-676
.. Pregnancy with abortive outcome	O00-O07	630-639
.. Other complications of pregnancy, childbirth and the puerperium	O10-O99	640-676
Certain conditions originating in the perinatal period	P00-P96	760-771.2, 771.4-779
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	740-759
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	780-799
All other diseases (Residual)	Residual	Residual
Accidents (unintentional injuries)	V01-X59, Y85-Y86	E800-E869, E880-E929
.. Transport accidents	V01-V99, Y85	E800-E848, E929.0-E929.1
.. Motor vehicle accidents	V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2	E810-E825
.... Other land transport accidents	V01, V05-V06, V09.1, V09.3-V09.9, V10-V11, V15-V18, V19.3, V19.8-V19.9, V80.0-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3, V89.9	E800-E807, E826-E829

## APPENDIX C

### DEFINITIONS OF THE 113 SELECTED CAUSES OF DEATH

Causes of Death	Category Codes According to the <i>International Classification of Diseases</i>	
	Tenth Revision	Ninth Revision Adapted
.... Water, air and space, and other and unspecified transport accidents and their sequelae	V90-V99, Y85	E830-E848, E929.0, E929.1
.. Nontransport accidents	W00-X59, Y86	E850-E869, E880-E928, E929.2-E929.9
.... Falls	W00-W19	E880-E888
.... Accidental discharge of firearms	W32-W34	E922
.... Accidental drowning and submersion	W65-W74	E910
.... Accidental exposure to smoke, fire and flames	X00-X09	E890-E899
.... Accidental poisoning and exposure to noxious substances	X40-X49	E850-E869, E924.1
.... Other and unspecified nontransport accidents and their sequelae	W20-W31, W35-W64, W75-W99, X10-X39, X50-X59, Y86	E900-E909, E911-E921, E923-E924.0, E924.8-E928, E929.2-E929.9
Intentional self-harm (suicide)	X60-X84, Y87.0	E950-E959
.. Intentional self-harm (suicide) by discharge of firearms	X72-X74	E955.0-E955.4
.. Intentional self-harm (suicide) by other and unspecified means and their sequelae	X60-X71, X75-X84, Y87.0	E950-E954, E955.5-E959
Assault (homicide)	X85-Y09, Y87.1	E960-E969
.. Assault (homicide) by discharge of firearms	X93-X95	E965.0-E965.4
.. Assault (homicide) by other and unspecified means and their sequelae	X85-X92, X96-Y09, Y87.1	E960-E964, E965.5-E969
Legal intervention	Y35, Y89.0	E970-E978
Events of undetermined intent	Y10-Y34, Y87.2, Y89.9	E980-E989
.. Discharge of firearms, undetermined intent	Y22-Y24	E985.0-E985.4
.. Other and unspecified events of undetermined intent and their sequelae	Y10-Y21, Y25-Y34, Y87.2, Y89.9	E980-E984, E985.5-E989
Operations of war and their sequelae	Y36, Y89.1	E990-E999
Complications of medical and surgical care	Y40-Y84, Y88	E870-E879, E930-E949

APPENDIX D

VITAL STATISTICS SUMMARY FOR U.S. POPULATION\*  
1960 - 2015

YEAR	CRUDE BIRTH RATE <sup>(1)</sup>	FERTILITY RATE <sup>(1)</sup>	LOW BIRTH WEIGHT PERCENT	CRUDE DEATH RATE <sup>(2)</sup>	INFANT DEATH RATE <sup>(3)</sup>	NEONATAL DEATH RATE <sup>(3)</sup>	FETAL DEATH RATE <sup>(3)</sup>	ABORTION RATIO <sup>(4)</sup>	MARRIAGE RATE <sup>(5)</sup>	DIVORCE RATE <sup>(5)</sup>
1960	23.7	118.0	7.7	9.5	26.0	18.7	14.1		8.5	2.2
1965	19.4	96.3	8.3	9.4	24.7	17.7	13.9		9.3	2.5
1970	18.4	87.9	7.9	9.5	20.0	15.1	14.0		10.6	3.5
1975	14.6	66.0	7.4	8.8	16.1	11.6	10.6	272	10.0	4.8
1980	15.9	68.4	6.8	8.8	12.6	8.5	9.1	359	10.6	5.2
1985	15.8	66.3	5.8	8.8	10.6	7.0	7.8	354	10.2	5.0
1990	16.7	70.9	7.0	8.6	9.2	5.9	7.5	344	9.8	4.7
1995	14.6	64.6	7.3	8.7	7.6	4.9	7.0	278	8.9	4.4
1996	14.4	64.1	7.4	8.6	7.3	4.8	6.9	286	8.8	4.3
1997	14.2	63.6	7.5	8.5	7.2	4.8	6.8	274	8.9	4.3
1998	14.3	64.3	7.6	8.5	7.2	4.8	6.7	265	8.4	3.5
1999	14.2	64.4	7.6	8.6	7.1	4.7	6.7	257	8.6	4.1
2000	14.4	65.9	7.6	8.5	6.9	4.6	6.6	248	8.2	4.0
2001	14.1	65.1	7.7	8.5	6.9	4.5	6.5	249	8.2	4.0
2002	14.0	65.0	7.8	8.5	7.0	4.7	6.4	250	8.0	3.9
2003	14.0	66.1	7.9	8.4	6.9	4.6	6.3	245	7.7	3.8
2004	14.1	66.4	8.1	8.2	6.8	4.5	6.3	241	7.8	3.7
2005	14.1	66.7	8.2	8.3	6.9	4.5	6.2	236	7.6	3.6
2006	14.3	68.6	8.3	8.1	6.7	4.5	6.1	237	7.5	3.7
2007	14.3	69.3	8.2	8.0	6.8	4.4	6.1	230	7.3	3.6
2008	14.0	68.1	8.2	8.1	6.6	4.3	6.2	232	7.1	3.5
2009	13.5	66.2	8.2	7.9	6.4	4.2	6.0	227	6.8	3.5
2010	13.0	64.1	8.2	8.0	6.2	4.1	6.0	228	6.8	3.6
2011	12.7	63.2	8.1	8.1	6.1	4.1	6.1	219	6.8	3.6
2012	12.6	63.0	8.0	8.1	6.0	4.0	6.1	210	6.8	3.4
2013	12.4	62.5	8.0	8.2	6.0	4.0	6.0	200	6.8	3.3
2014	12.5	62.9	8.0	8.2	5.8	3.9	6.1	n/a	6.9	3.2
2015	12.4	62.5	8.1	n/a	5.9	3.9	n/a	n/a	6.9	3.1

1. Crude birth rates are per 1000 population. Fertility rates are per 1000 women aged 15-44.

2. Crude death rates are per 1000 population.

3. Rates are per 1000 live births. Fetal death rate is per 1000 live births plus fetal deaths.

4. Ratio is per 1000 live births.

5. Rates are events per 1000 population.

\* Data for total U.S. population – previous publications (prior to 2012) reported data for the U.S. white population.



# APPENDIX E VERMONT VITAL RECORDS FORMS

DH-PHS-BIR-2012

## DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF LIVE BIRTH

144

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

<b>CHILD</b>					
1. CHILD'S NAME - (FIRST, MIDDLE, LAST, SUFFIX)			2a. DATE OF BIRTH - (MONTH, DAY, YEAR)		2b. TIME OF BIRTH
3. SEX	4a. PLURALITY - SINGLE, TWIN, ETC. (SPECIFY)	4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY)	5a. PLACE OF BIRTH		
5b. CITY OR TOWN OF BIRTH			5c. FACILITY NAME - (IF NOT IN FACILITY, GIVE STREET ADDRESS AND NUMBER)		
<b>PARENTS</b>					
6. NAME - (FIRST, MIDDLE, LAST, SUFFIX)			7. DATE OF BIRTH - (MONTH, DAY, YEAR)		
8. LAST NAME AT BIRTH		9. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)			
10a. RESIDENCE - STREET AND NUMBER		10b. CITY OR TOWN		10c. STATE	
11. NAME - (FIRST, MIDDLE, LAST, SUFFIX)			12. DATE OF BIRTH - (MONTH, DAY, YEAR)		
13. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)					
<b>CERTIFIER</b>					
14a. CERTIFIER'S NAME		14b. TITLE		14c. DATE CERTIFIED - (MONTH, DAY, YEAR)	
15a. ATTENDANT'S NAME - (IF OTHER THAN CERTIFIER)		15b. TITLE			
<b>REGISTRAR</b>					
16a. REGISTRAR - SIGNATURE				16b. DATE RECEIVED BY LOCAL REGISTRAR - (MONTH, DAY, YEAR)	
17a. TRUE COPY - CLERK SIGNATURE		17b. TOWN		17c. DATE - (MONTH, DAY, YEAR)	
ATTEST					

TO BE SIGNED  
BY THE  
REGISTRAR  
ON COPY  
ONLY

INFORMATIONAL COPY ONLY

**VERMONT CERTIFICATE OF DEATH**

**Date of Death:** **Aliases:** **Age:** **State File Number**  
**Time of Death:**

**Date of Birth:** **Birthplace:** **Sex:**  
**Mother's / Parent's Birth Name:**  
**Father's / Parent's Birth Name:**  
**Marital Status:** **Spouse/Civil Union Partner:**  
**Residence:**

**Hispanic Origin:** **Race:**  
**Occupation:** **Business/Industry:**  
**Education:**  
**Ever in U.S. Armed Forces:** **Veteran of Any War:**

**Hospice Care (in past 30 days):**  
**Place of Death:**  
**Informant:** **Relationship:**

**Disposition Date:** **Place of Temporary Storage:**  
**Method:** **Place of Final Disposition:**  
**Funeral Director/Authorized Person:**  
**Address:**

**Cause of Death and Interval (Onset to Death):** **Manner of Death:**

**Other Contributing Conditions:**

**Did Tobacco Use Contribute to Death:** **Pregnant at Time of Death:**  
**Date Pronounced Dead:** **Time Pronounced Dead:**  
**Medical Examiner Contacted:** **Autopsy Performed:**

**Injury Date/Time:** **Injury at Work:** **Transportation Injury:**  
**Injury Place:** **Injury Location:**  
**How Injury Occurred:**

**Medical Certifier:**  
**Title of Certifier:** **Date Certified:** **Other Attending Physician:**

**Registration:** **Date Registered:**

INFORMATIONAL COPY ONLY

1. NAME OF FETUS (First, Middle, Last)		2. SEX	3. DATE OF DELIVERY (Mo/Day/Yr)	4. TIME OF DELIVERY (24hr)	
5a. PLURALITY - Single, Twin, Triplet, etc. (Specify)	6. PLACE WHERE DELIVERY OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) _____		7. FACILITY NAME (If not institution, give street and number)		
5b. IF NOT SINGLE DELIVERY - Delivered First, Second, etc. (Specify)			8. CITY/TOWN OF DELIVERY		
5c. IF NOT SINGLE DELIVERY - Number of Fetal Deaths in this delivery (Specify)					
9a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last)			9b. DATE OF BIRTH (Mo/Day/Yr)		
9c. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE			9d. BIRTHPLACE (State, Territory, or Foreign Country)		
10a. RESIDENCE OF MOTHER-STATE OR FOREIGN COUNTRY		10b. IF CANADA, include Province		10c. CITY/TOWN OF RESIDENCE	
10d. STREET AND NUMBER (Include Apartment Number)			11a. MOTHER MARRIED? (at delivery, conception, or anytime between) <input type="checkbox"/> Yes <input type="checkbox"/> No		11b. IF NO, MOTHER PARTY TO A CIVIL UNION? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)  <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 credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		13. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)  <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____		14. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
15. MOTHER'S HEIGHT _____ (feet/inches)		18. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".  Average number of cigarettes or packs of cigarettes smoked per day. # of cigarettes      # of packs Three Months Before Pregnancy      _____ OR _____ First Three Months of Pregnancy      _____ OR _____ Second Three Months of Pregnancy      _____ OR _____ Third Trimester of Pregnancy      _____ OR _____			
16. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)		17. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19a. FATHER'S/PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		19b. SEX	19c. DATE OF BIRTH (Mo/Day/Yr)		19d. BIRTHPLACE (State, Territory, or Foreign Country)
20. MOTHER'S MEDICAL RECORD NUMBER	21a. DATE OF FIRST PRENATAL CARE VISIT ____/____/____ <input type="checkbox"/> No Prenatal Care		21b. DATE OF LAST PRENATAL CARE VISIT ____/____/____		22. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (If none, enter "0".)
23. DATE LAST NORMAL MENSES BEGAN ____/____/____	24a. NUMBER OF PREVIOUS LIVE BIRTHS NOW LIVING Number _____ <input type="checkbox"/> None	24b. NUMBER OF PREVIOUS LIVE BIRTHS NOW DEAD Number _____ <input type="checkbox"/> None	24c. DATE OF LAST LIVE BIRTH ____/____/____	25a. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies) Number _____ <input type="checkbox"/> None	25b. DATE OF LAST OTHER PREGNANCY OUTCOME ____/____/____
26. RISK FACTORS IN THIS PREGNANCY (Check all that apply):  Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy)  Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia) <input type="checkbox"/> Eclampsia  <input type="checkbox"/> Previous preterm birth  <input type="checkbox"/> Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)  <input type="checkbox"/> Pregnancy resulted from infertility treatment-If yes, check all that apply: <input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))  <input type="checkbox"/> Mother had a previous cesarean delivery If yes, how many _____  <input type="checkbox"/> None of the above			27. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)  <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Listeria <input type="checkbox"/> Group B Streptococcus <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> None of the above <input type="checkbox"/> Other (Specify) _____		

28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____		29. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)	
30a. FETAL PRESENTATION AT DELIVERY <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other	31. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery) <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following delivery <input type="checkbox"/> None of the above	32. CONGENITAL ANOMALIES OF THE FETUS (Check all that apply) <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate <input type="checkbox"/> Cleft Palate alone <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> None of the anomalies listed above	
30b. FINAL ROUTE AND METHOD OF DELIVERY (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No	33. WEIGHT OF FETUS (grams preferred, specify unit) _____ <input type="checkbox"/> grams <input type="checkbox"/> lb/oz		
30c. HYSTEROTOMY/HYSTERECTOMY <input type="checkbox"/> Yes <input type="checkbox"/> No		34. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY _____ (completed week)	
<b>35. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH</b>			
35a. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS) Maternal Conditions/Diseases (Specify) _____ _____ Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ Other Obstetrical or Pregnancy Complications (Specify) _____ _____ Fetal Anomaly (Specify) _____ _____ Fetal Injury (Specify) _____ Fetal Infection (Specify) _____ Other Fetal Conditions/Disorders (Specify) _____ _____ <input type="checkbox"/> Unknown	35b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH) Maternal Conditions/Diseases (Specify) _____ _____ Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ Other Obstetrical or Pregnancy Complications (Specify) _____ _____ Fetal Anomaly (Specify) _____ _____ Fetal Injury (Specify) _____ Fetal Infection (Specify) _____ Other Fetal Conditions/Disorders (Specify) _____ _____ <input type="checkbox"/> Unknown		
36. ESTIMATED TIME OF FETAL DEATH <input type="checkbox"/> Dead at time of first assessment, no labor ongoing <input type="checkbox"/> Dead at time of first assessment, labor ongoing <input type="checkbox"/> Died during labor, after first assessment <input type="checkbox"/> Unknown time of fetal death	37a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	37b. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	
37c. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Other (Specify) _____			
39a. ATTENDANT'S NAME AND TITLE NAME: _____ TITLE (Check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> LICENSED MIDWIFE <input type="checkbox"/> OTHER (Specify) _____	39b. ATTENDANT'S LICENSE NUMBER _____	40. NAME AND TITLE OF PERSON COMPLETING REPORT NAME: _____ TITLE (Check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> LICENSED MIDWIFE <input type="checkbox"/> HOSPITAL ADMINISTRATOR <input type="checkbox"/> OTHER (Specify) _____	41. DATE REPORT COMPLETED _____ / _____ / _____ MM DD YYYY

**IF REMAINS ARE RELEASED TO A FUNERAL DIRECTOR OR OTHER PERSON, A BURIAL-TRANSIT PERMIT MUST BE COMPLETED.**

**VERMONT DEPARTMENT OF HEALTH  
REPORT OF INDUCED TERMINATION OF PREGNANCY**

DH-PHS-ABO-02

State File Number

FACILITY	
Name of Facility or Physician:	City or Town:

PATIENT INFORMATION	
Patient Identification Number:	Date of Birth: <i>(Month, Day, Year)</i>

Residence-State:	City or Town:	Zip Code:
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Domestic Relationship:  <input type="checkbox"/> Not married/ not in civil union  <input type="checkbox"/> Married  <input type="checkbox"/> Widowed  <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated  <input type="checkbox"/> Civil union  <input type="checkbox"/> Civil union dissolved  <input type="checkbox"/> Unknown	Of Hispanic Origin? <i>(If Yes, specify Cuban, Mexican, Puerto Rican, etc.)</i>	Race:	Education <i>(Specify only highest grade completed)</i>			
		<input type="checkbox"/> No  <input type="checkbox"/> Yes (Specify)  _____	<input type="checkbox"/> White  <input type="checkbox"/> Black  <input type="checkbox"/> Amer. Indian  <input type="checkbox"/> Other <i>(Specify)</i>  _____	Elementary/Secondary <i>(0-12)</i>	College <i>(1-4 or 5+)</i>		

MEDICAL INFORMATION					
Date of Procedure: <i>(Month, Day, Year)</i>	Clinical Estimate of Gestation <i>(Weeks)</i>	Previous Pregnancies <i>(Complete each section)</i>			
Date Last Normal Menses Began: <i>(Month, Day, Year)</i>		Live Births		Other Terminations	
		Now Living	Now Dead	Spontaneous	Induced
		# _____	# _____	# _____	# _____
		None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>

TERMINATION	
TYPE OF TERMINATION PROCEDURE <i>(Check only one)</i>	
<input type="checkbox"/> Suction Curettage/Early Uterine Evacuation <input type="checkbox"/> Medical (Nonsurgical) <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other <i>(Specify)</i> _____	

CERTIFICATION	
I hereby certify that this procedure was performed on the date stated above.	
Signature	Date
Address	
This certification constitutes permission for final disposition. If remains are released to a funeral director or other person, a burial transit permit must be completed.	

**SEND THIS REPORT WITHIN SEVEN DAYS TO:**

Vital Records  
Vermont Department of Health  
P.O. Box 70, 108 Cherry Street  
Burlington, VT 05402-0070

(Title 18, Section 5222, V.S.A)

**VERMONT LICENSE AND CERTIFICATE OF CIVIL MARRIAGE**

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR  
PRINT IN  
BLACK INK

<b>APPLICANT A</b>		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		<b>(check one)</b>	
1a. LEGAL NAME (First, Middle, Last)						1b. LAST NAME AT BIRTH (Maiden Surname)			
2. SEX		3. DATE OF BIRTH (Month, Day, Year)			4. BIRTHPLACE (State or Foreign Country)				
5a. RESIDENCE ADDRESS (Number and Street)						5b. CITY OR TOWN OF RESIDENCE			
5c. STATE OF RESIDENCE						5d. COUNTRY OF RESIDENCE			
6a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						6b. BIRTHPLACE (State or Foreign Country)			
7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						7b. BIRTHPLACE (State or Foreign Country)			
<b>APPLICANT B</b>		<input type="checkbox"/> BRIDE		<input type="checkbox"/> GROOM		<input type="checkbox"/> SPOUSE		<b>(check one)</b>	
8a. LEGAL NAME (First, Middle, Last)						8b. LAST NAME AT BIRTH (Maiden Surname)			
9. SEX		10. DATE OF BIRTH (Month, Day, Year)			11. BIRTHPLACE (State or Foreign Country)				
12a. RESIDENCE ADDRESS (Number and Street)						12b. CITY OR TOWN OF RESIDENCE			
12c. STATE OF RESIDENCE						12d. COUNTRY OF RESIDENCE			
13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						13b. BIRTHPLACE (State or Foreign Country)			
14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)						14b. BIRTHPLACE (State or Foreign Country)			
<b>We/I hereby certify that the information provided is correct to the best of our/my knowledge and belief and that we are free to marry under the laws of Vermont.</b>									
15a. SIGNATURE (Applicant A)				15b. DATE SIGNED		16a. SIGNATURE (Applicant B)		16b. DATE SIGNED	
<b>CERTIFICATION</b> I hereby certify that the above named persons have made oath to the truth of the facts stated in the foregoing declaration of intention of marriage and complied with the marriage laws of the State of Vermont.					<b>REGISTRAR</b> (See instructions on back) This license authorizes the marriage IN VERMONT ONLY of the above named parties by any person duly authorized to perform a marriage.				
17a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)					18a. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON (Month, Day, Year)		18b. WHERE MARRIED – CITY OR TOWN		
17b. TOWN CLERK (Signature)					18c. SIGNATURE OF PERSON PERFORMING CEREMONY			18d. TITLE	
17c. TOWN OR CITY					18e. NAME (Type/Print)			18f. TELEPHONE NUMBER	
17d. THIS LICENSE IS VALID FROM _____ DATE TO _____ DATE					18g. MAILING ADDRESS OF PERSON PERFORMING CEREMONY (Number and Street, City or Town, State, Zip Code)				
<b>REGISTRATION</b>									
19a. CLERK'S SIGNATURE					19b. DATE RECEIVED BY LOCAL REGISTRAR				
20a. TRUE COPY – (Clerk's Signature)					20b. TOWN		20c. DATE		
ATTEST:									

**CONFIDENTIAL INFORMATION**

**THE INFORMATION BELOW MUST BE COMPLETED. IT WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.**

<b>APPLICANT A</b>		
21. LEGAL NAME (First, Middle, Last)		21a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT.  SIGNATURE: _____
22. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE	23a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ____ Death ____ Divorce ____ Dissolution ____ Annulment ____ Civil union did not end; marrying civil union partner	23b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____
<b>APPLICANT B</b>		
24. LEGAL NAME (First, Middle, Last)		24a. I FREELY AND VOLUNTARILY AGREE TO DISSOLVE OUR CIVIL UNION CERTIFIED IN VERMONT.  SIGNATURE: _____
25. TOTAL NO. OF MARRIAGES AND CIVIL UNIONS, INCLUDING THIS ONE	26a. LAST MARRIAGE OR CIVIL UNION ENDED BY (check one) ____ Death ____ Divorce ____ Dissolution ____ Annulment ____ Civil union did not end; marrying civil union partner	26b. DATE LAST MARRIAGE OR CIVIL UNION ENDED Month _____ Year _____

**DEPARTMENT OF HEALTH  
VERMONT RECORD OF DIVORCE OR ANNULMENT**

Docket # \_\_\_\_\_

<b>Dept. of Health Use ONLY</b>
State File # _____

<b>APPLICANT A</b> <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE    (Check one)		
1a. Name (First, Middle, Last)	1b. Last Name at Birth	1c. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
2a. State of Residence	2b. City or Town of Residence	3. Date of Birth (month, day, year) ____ / ____ / ____

<b>APPLICANT B</b> <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SPOUSE    (Check one)		
4a. Name (First, Middle, Last)	4b. Last Name at Birth	4c. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
5a. State of Residence	5b. City or Town of Residence	6. Date of Birth (month, day, year) ____ / ____ / ____

<b>MARRIAGE</b>		
7a. State or foreign country of this marriage	7b. City or Town of this marriage	7c. Date of this marriage (month, day, year) ____ / ____ / ____
8a. Date couple last resided in same household (month, day, year) ____ / ____ / ____	8b. Number of children under 18 in this household as of the date in item 8a.	
9a. Name of Petitioner's Attorney _____ _____	9b. Attorney's Address (street, city/town, state, zip) _____ _____ _____	
<input type="checkbox"/> <b>NO ATTORNEY</b>		

<b>DECREE</b>		
10. I certify that this decree became absolute (final) on (month, day, year) ____ / ____ / ____	11. Type of decree (check one) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	12. County of decree
13. Legal grounds for decree (specify)	14. Court Manager's Name	15. Date signed (month, day, year) ____ / ____ / ____

**DEPARTMENT OF HEALTH  
VERMONT RECORD OF  
CIVIL UNION DISSOLUTION OR ANNULMENT**

Docket # \_\_\_\_\_

<b>Dept. of Health Use ONLY</b>
State File # _____

PARTY A		
1a. Name <b>(First, Middle, Last)</b>	1b. Sex	1c. Maiden Surname (If Applicable)
2a. State of Residence	2b. City or Town	3. Date of Birth <b>(month, day, year)</b> ____ / ____ / ____

PARTY B		
4a. Name <b>(First, Middle, Last)</b>	4b. Sex	4c. Maiden Surname (If Applicable)
5a. State of Residence	5b. City or Town	6. Date of Birth <b>(month, day, year)</b> ____ / ____ / ____

CIVIL UNION		
7a. State or foreign country of this civil union	7b. City or Town of this civil union	7c. Date of this civil union <b>(month, day, year)</b> ____ / ____ / ____
8a. Date couple last resided in same household <b>(month, day, year)</b> ____ / ____ / ____	8b. Number of children under 18 in this household as of the date in item 8a.	
9a. Name of Petitioner's Attorney _____ _____	9b. Attorney's Address <b>(street, city/town, state, zip)</b> _____ _____ _____	
<input type="checkbox"/> <b>NO ATTORNEY</b>		

DECREE		
10. I certify that this decree became absolute (final) on (month, day, year) ____ / ____ / ____	11. Type of decree <b>(check one)</b> <input type="checkbox"/> Absolute Dissolution <input type="checkbox"/> Annulment	12. County of decree
13. Legal grounds for decree <i>(specify)</i>	14. Court Manager	15. Date signed <b>(month, day, year)</b> ____ / ____ / ____



