

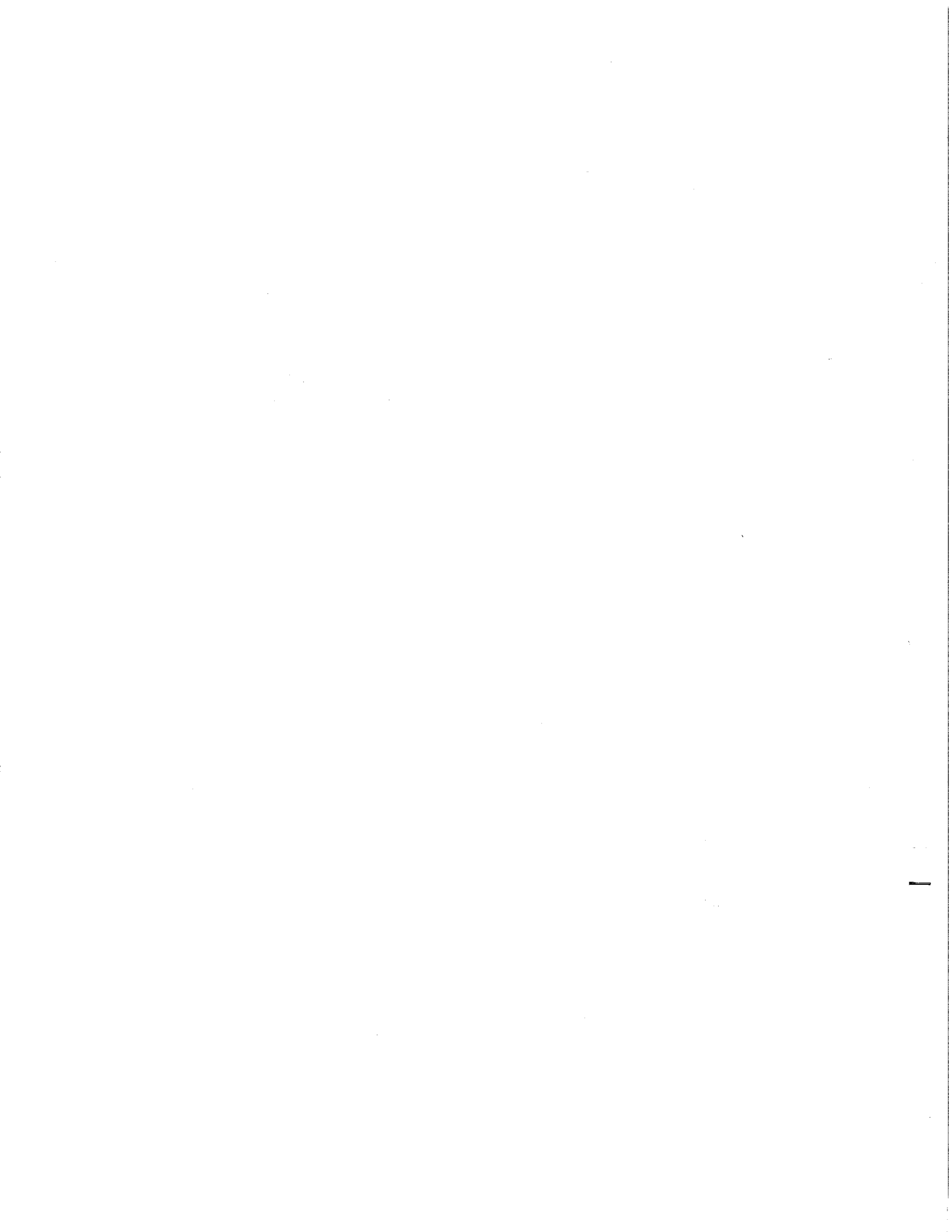


2008

Vital Statistics

124th Report
Relating to the
Registry and
Return of
Births, Deaths,
Marriages,
Divorces,
Civil Unions and
Dissolutions

Department of Health
Agency of Human Services



Vermont Vital Statistics Annual Report

2008

State of Vermont
James H. Douglas, Governor

Agency of Human Services
Robert Hofmann, Secretary

Department of Health
Wendy S. Davis, MD, Commissioner



September 2010

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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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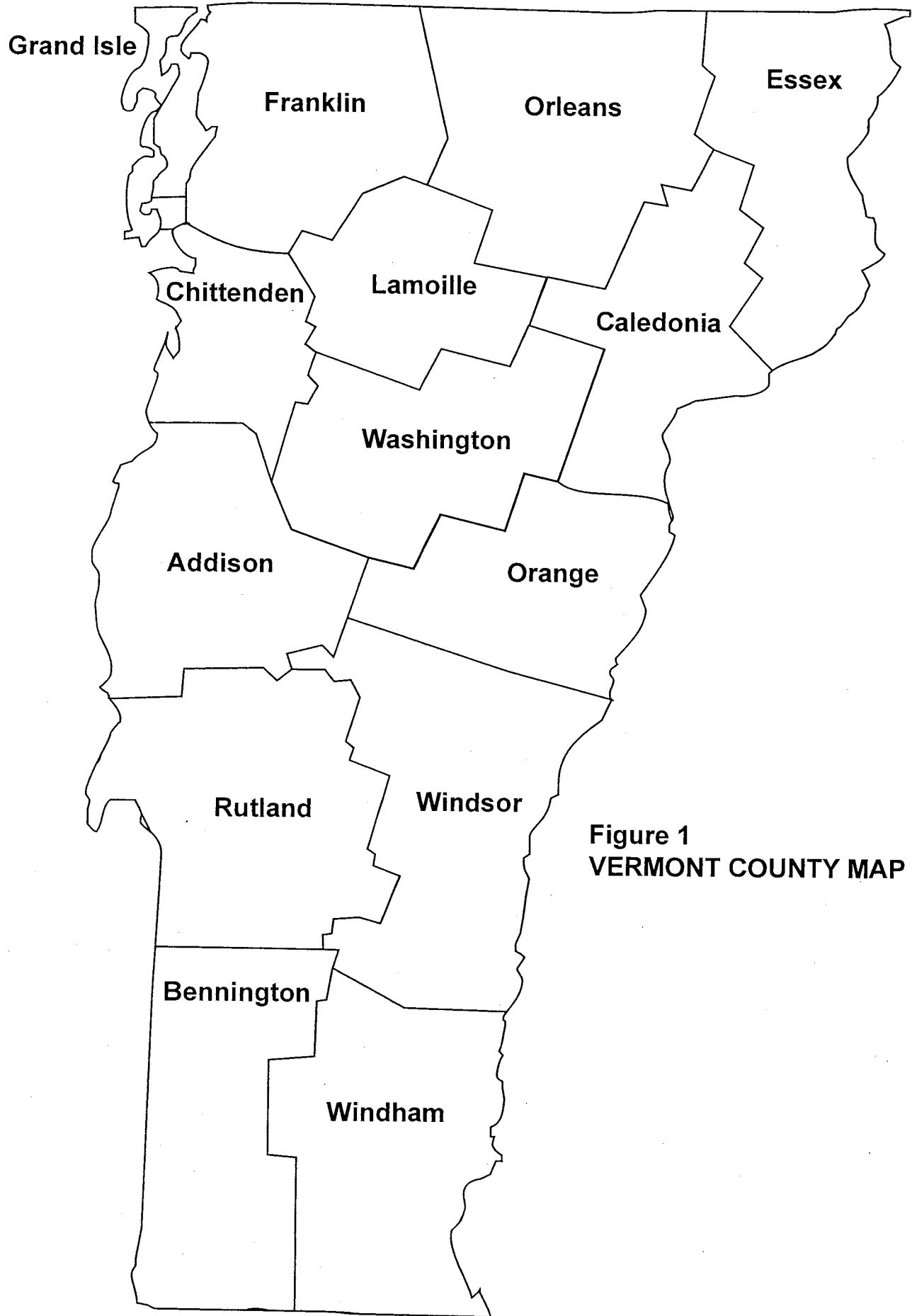
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Introduction



**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 and civil unions, 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 and civil unions: When a couple wishes to marry or establish a civil union 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 2008.
2. Rates are based on the 2008 population estimates produced by the Vermont Department of Health.
3. Caution must be used in comparing rates due to the small population in Vermont and the small number of events recorded.
4. Rate comparisons throughout are made to the U.S. white (Hispanic and non-Hispanic) population rather than entire U.S. population. This is because only 3.2 percent of the Vermont population was non-white as of the 2000 U.S. Census.
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	ESS	Washington	WAS
Franklin	FRA	Windham	WDM
Grand Isle	GI	Windsor	WDR

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.

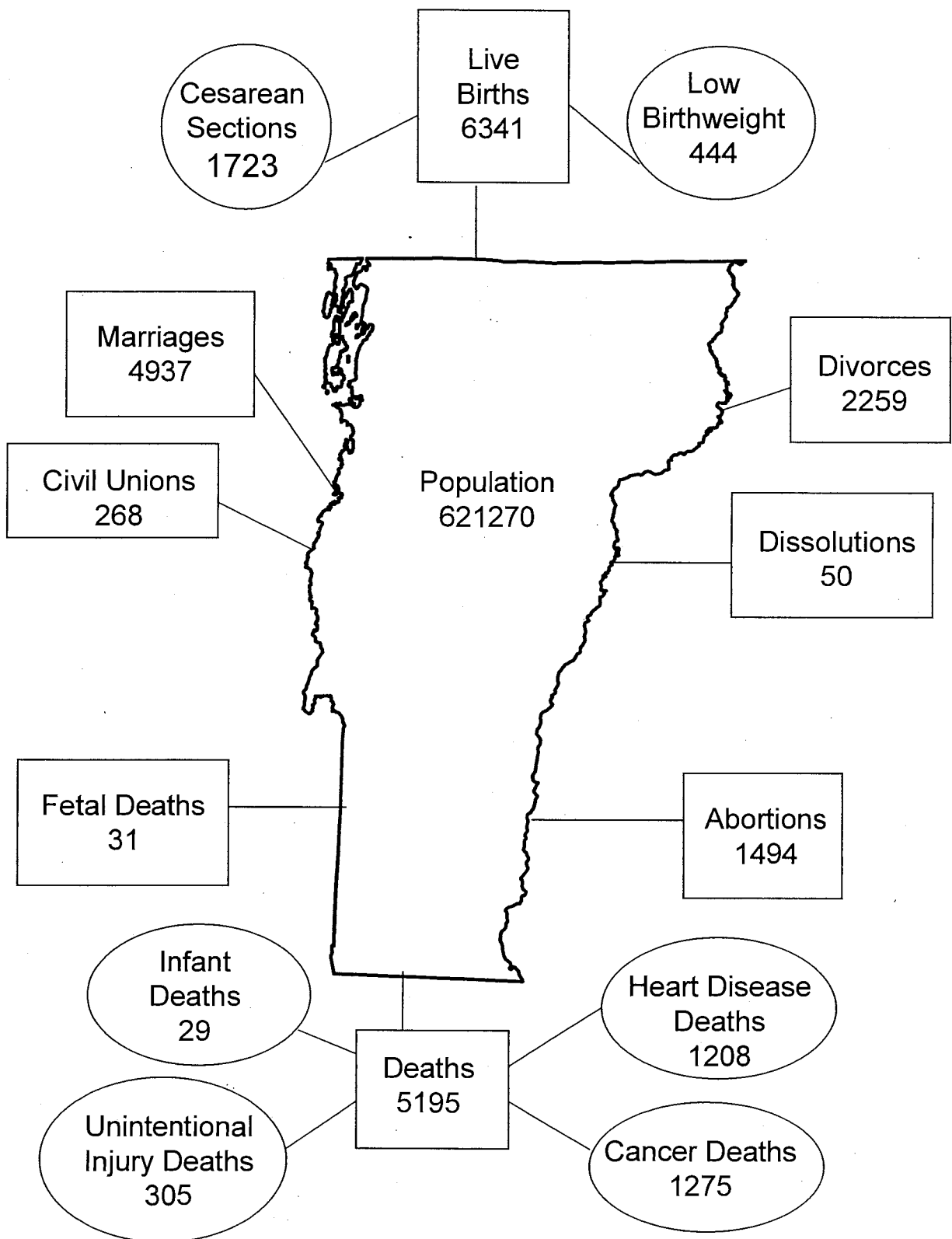
RESIDENCE: The usual place of residence for the person to whom the event occurred. For births and fetal deaths, residence is defined as the mother's usual place of residence.

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 2008**



Marriages, divorces, civil unions, 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 2008, reports of births and deaths to Vermonters were received from 20 states.

SUMMARY OF 2008 VITAL EVENTS

	<u>Occurrence Number</u>	<u>Resident Number</u>	<u>Resident Rate</u>
Births	5,957	6,341	10.2/1,000 population
Deaths	5,156	5,195	8.4 /1,000 population
Natural Increase	N/A	1,146	1.8 /1,000 population
Infant Deaths	24	29	4.6 /1,000 live births
Fetal Deaths	38	31 ⁽¹⁾	4.7 /1,000 live births and fetal deaths
Abortions	1,494	1,374 ⁽¹⁾	11.4 /1,000 population (women ages 15 to 44)
Marriages	4,937	N/A	7.9 /1,000 population ⁽²⁾
Divorces	2,259	N/A	3.6 /1,000 population ⁽²⁾
Civil Unions	268	N/A	⁽³⁾
Dissolutions	50	N/A	⁽³⁾

2008 population: 621,270

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

TABLE A-1
VITAL STATISTICS SUMMARY OF VERMONT 1
1857-2008

YEAR	POPULATION 2		LIVE BIRTHS		PREGNANCIES		LOW BIRTH WEIGHT		DEATHS		INFANT DEATHS		NEONATAL DEATHS		FETAL DEATHS		ABORTIONS		MARRIAGES		DIVORCES		CIVIL UNIONS			
	NUMBER	FERT RATE 4 (10)	CRUDE RATE 3 (10)	FERT RATE 4 (10)	NUMBER 5	RATE 4 (10)	PERCENT	CRUDE NUMBER	RATE 3 (10)	NUMBER RATE 6 (10)	RATE 7 (10)	NUMBER RATE 6 (10)	RATE 7 (10)	NUMBER RATE 8 (10)	RATE 9 (10)	NUMBER RATE 8 (10)	RATE 9 (10)	RATIO 7	NUMBER RATE 9 (10)	RATE 9 (10)	NUMBER RATE 3	RATE 3	NUMBER RATE 3	RATE 3	NUMBER RATE 3	RATE 3
1857 ^a	315,098 ^(b)				6592			3458		450			UNKNOW	UNKNOW	54 ⁽¹⁰⁾	8.3 ⁽¹⁰⁾			1941 ⁽¹⁰⁾		UNKNOW					
1880 ^a	332,286		19.3	85.9	6632	89.0		5032	15.1	722	122.7		UNKNOW	UNKNOW	228	35.6			2697	8.1	129	0.4				
1900 ^a	343,641		20.5	92.6	7356	96.6		5595	16.3	840	119.2		UNKNOW	UNKNOW	309	43.8			2905	8.5	235	0.7				
1920 ^a	352,428		21.3	100.1	7778	103.8		5593	15.9	724	96.5		UNKNOW	UNKNOW	278	37.1			3720	10.6	541	1.5				
1930 ^a	359,611		18.9	90.6	7004	93.5		4778	13.3	468	68.9		283	41.7	215	31.7			2866	8.0	372	1.0				
1940 ^a	359,231		18.6	86.6	6874	89.2		4579	12.7	300	45.0		205	30.7	173	25.9			4906	13.7	428	1.2				
1945 ^a	368,500		17.8	83.0	6706	84.7		3943	10.7	225	34.2		146	16.4	143	21.8			3569	9.4	678	1.8				
1950 ^a	377,747		23.2	110.8	8897	112.6		4170	11.0	217	24.8		144	16.4	143	16.3			3569	9.4	678	1.8				
1955	383,800		24.0	122.1	9344	124.0		4167	10.8	243	26.4		187	20.3	144	15.7			3378	8.8	533	1.4				
1960	389,881		23.8	126.0	9395	127.6	7.0	4382	11.2	223	24.0		173	18.6	116	12.5			3253	8.3	460	1.2				
1965	408,500		19.3	99.7	7993	101.5	7.4	4542	11.1	173	21.9		126	16.0	108	13.7			3646	8.9	591	1.4				
1970	444,732		18.9	92.5	8532	93.7	7.4	4447	10.0	148	17.6		121	14.4	112	13.3			4517	10.1	1039	2.3				
1975	478,832		14.0	63.6	8218	77.8	6.4	4255	8.9	92	13.7		70	10.4	55	8.2	215.8		4560	9.5	1958	4.1				
1980	511,456		15.2	63.3	10360	84.2	5.9	4588	9.0	85	10.9		48	6.2	46	5.9	325.6		5239	10.2	2638	5.2				
1985	531,394		15.1	62.4	10569	82.0	6.0	4657	8.8	68	8.5		42	5.2	50	6.2	310.5		5549	10.4	2355	4.4				
1990	562,758		14.7	60.6	10566	77.1	5.3	4590	8.2	54	6.5		30	3.6	40	4.8			6189	11.0	2502	4.4				
1995	591,837		11.5	50.2	8562	63.4	5.4	4949	8.4	41	6.0		29	4.3	24	3.5	270.2		6000	10.1	2520	4.3				
1996	597,194		11.3	50.1	8471	63.0	6.2	4864	8.1	48	7.1		31	4.6	28	4.1	258.7		5957	10.0	2522	4.2				
1997	597,641		11.0	49.6	8256	62.1	6.3	5041	8.4	40	6.1		28	4.2	28	4.2	248.3		5968	10.0	2673	4.5				
1998	600,269		10.9	49.8	8103	61.5	6.6	4933	8.2	47	7.2		39	5.9	21	3.2	230.3		5934	9.9	2592	4.3				
1999	604,210		10.9	50.0	8043	61.4	5.7	4983	8.2	37	5.6		21	3.2	29	4.4	221.6		6056	10.0	2652	4.4				
2000	608,827		10.7	49.7	8007	61.2	6.1	5127	8.4	39	6.0		25	3.8	32	4.9			6271	10.3	2526	4.1			1704	2.8
2001	612,308		10.4	48.4	7682	58.7	5.9	5202	8.5	35	5.5		23	3.6	22	3.4	209.5		5983	9.8	2637	4.3			1875	3.1
2002	615,611		10.4	49.3	7820	60.3	6.4	5069	8.2	27	4.2		18	2.8	23	3.6			6011	9.8	2653	4.3			1707	2.8
2003	619,116		10.6	51.0	8067	62.3	7.0	5122	8.3	33	5.0		30	4.6	21	3.2			5988	9.7	2495	4.0			1997	2.3
2004	621,394		10.6	51.9	8119	63.8	6.4	4989	8.0	29	4.4		19	2.9	22	3.3			5836	9.4	2452	3.9			712	1.1
2005	623,050		10.4	50.8	7949	62.6	6.2	5044	8.1	42	6.5		26	4.0	26	4.0			5532	8.9	2219	3.6			452	0.7
2006	623,908		10.4	52.1	7996	63.9	6.8	5045	8.1	36	5.5		20	3.1	30	4.6			5355	8.6	2399	3.8			429	0.7
2007	621,254		10.5	53.1	7938	64.8	6.2	5159	8.3	33	5.1		20	3.1	29	4.1			5320	8.6	2262	3.6			352	0.6
2008	621,270		10.2	52.3	7725	63.9	7.0	5195	8.4	29	4.6		20	3.2	31	4.7			4937	7.9	2259	3.6			268	0.4

1. Resident data unless otherwise noted.
2. Population is the census population for those years when the census was taken and is the mid-year estimate for non-census years
NOTE: that mid-year population estimates are revised after each census is taken, so the 1991-1999 population figures and rates in this table differ from those presented in older publications.
3. Rate per 1000 population.
4. Rate per 1000 women ages 15-44.
5. Number of pregnancies includes Live Births and Fetal Deaths for 1857-1972, and Live Births, Fetal Deaths, and Abortions for 1973 - present.
6. Rate per 1000 Live Births.
7. Events per 1000 Live Births.
8. Data for these years is based on occurrence returns only.
9. 1857 population is the 1860 census population.
10. 1857 was the first year that town clerks were required to report vital events to the Secretary of State and returns for that year are incomplete.

TABLE A-2

2008 ESTIMATED VERMONT POPULATION BY AGE & 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	363	1462	4118	6531	3969	4711	5942	5043	2428	1447	603	36617
BENNINGTON	371	1485	3924	4669	3634	4600	5910	5076	3342	2377	994	36382
CALEDONIA	356	1395	3410	4188	3784	3687	4766	4265	2278	1649	692	30470
CHITTENDEN	1632	6614	17934	26404	17677	22466	25427	18176	9088	5181	2183	152782
ESSEX	57	193	704	775	765	908	1078	861	607	398	154	6500
FRANKLIN	602	2467	6566	5572	6312	7200	7945	5797	2960	1846	682	47949
GRAND ISLE	73	301	867	907	941	1032	1383	1141	674	332	78	7729
LAMOILLE	300	1171	2824	3501	3086	3454	3943	3259	1838	1022	435	24833
ORANGE	292	1150	3253	3761	3449	3728	5054	4125	2253	1294	558	28917
ORLEANS	296	1127	3105	3145	3647	3489	4230	3729	2241	1480	700	27189
RUTLAND	622	2371	6734	8557	6652	8235	10626	9056	5252	3556	1670	63331
WASHINGTON	625	2399	6424	7853	6584	7986	10005	8478	4543	2670	1262	58829
WINDHAM	451	1727	4754	5140	4570	5657	7760	6744	3356	2025	992	43176
WINDSOR	548	2185	5958	6396	5757	7439	9988	8786	4941	3207	1361	56566
TOTAL	6588	26047	70575	87399	70827	84592	104057	84536	45801	28484	12364	621270

MALE

COUNTY	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 +	TOTAL
ADDISON	186	776	2099	3330	1981	2305	2924	2574	1170	624	205	18174
BENNINGTON	190	785	2052	2285	1874	2184	2879	2469	1559	1019	315	17611
CALEDONIA	182	701	1770	2234	1962	1833	2314	2159	1067	673	224	15119
CHITTENDEN	834	3462	9070	12950	8981	11125	12666	8935	4245	2043	623	74934
ESSEX	29	99	366	390	361	452	550	447	296	175	53	3218
FRANKLIN	305	1284	3314	2918	3111	3518	4031	2900	1421	760	213	23775
GRAND ISLE	37	135	460	453	452	501	712	560	340	144	34	3828
LAMOILLE	153	566	1493	1840	1491	1779	1932	1672	899	474	129	12428
ORANGE	150	614	1638	2112	1699	1820	2441	2066	1117	566	196	14419
ORLEANS	151	585	1625	1669	1791	1781	2102	1857	1074	617	220	13472
RUTLAND	318	1190	3521	4352	3267	4084	5250	4496	2487	1451	528	30944
WASHINGTON	320	1243	3284	4318	3292	3901	4859	4180	2207	1090	345	29039
WINDHAM	231	872	2483	2591	2339	2713	3731	3354	1661	848	320	21143
WINDSOR	279	1104	3024	3326	2954	3620	4790	4301	2398	1358	465	27619
TOTAL	3365	13416	36199	44768	35555	41616	51181	41970	21941	11842	3870	305723

FEMALE

COUNTY	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 +	TOTAL
ADDISON	177	686	2019	3201	1988	2406	3018	2469	1258	823	398	18443
BENNINGTON	181	700	1872	2384	1760	2416	3031	2607	1783	1358	679	18771
CALEDONIA	174	694	1640	1954	1822	1854	2452	2106	1211	976	468	15351
CHITTENDEN	798	3152	8864	13454	8696	11341	12761	9241	4843	3138	1560	77848
ESSEX	28	94	338	385	404	456	528	414	311	223	101	3282
FRANKLIN	297	1183	3252	2654	3201	3682	3914	2897	1539	1086	469	24174
GRAND ISLE	36	166	407	454	489	531	671	581	334	188	44	3901
LAMOILLE	147	605	1331	1661	1595	1675	2011	1587	939	548	306	12405
ORANGE	142	536	1615	1649	1750	1908	2613	2059	1136	728	362	14498
ORLEANS	145	542	1480	1476	1856	1708	2128	1872	1167	863	480	13717
RUTLAND	304	1181	3213	4205	3385	4151	5376	4560	2765	2105	1142	32387
WASHINGTON	305	1156	3140	3535	3292	4085	5146	4298	2336	1580	917	29790
WINDHAM	220	855	2271	2549	2231	2944	4029	3390	1695	1177	672	22033
WINDSOR	269	1081	2934	3070	2803	3819	5198	4485	2543	1849	896	28947
TOTAL	3223	12631	34376	42631	35272	42976	52876	42566	23860	16642	8494	315547

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

2008 ESTIMATED POPULATION	NUMBER OF BIRTHS TO TOWN OCCURRING IN TOWN		NUMBER OF DEATHS TO TOWN OCCURRING IN TOWN		NUMBER OF MARRIAGES OCCURRING IN TOWN		NUMBER OF DIVORCES TO RESIDENT HUSBANDS WIVES		NUMBER OF CIVIL UNIONS OCCURRING IN TOWN	
	6341	5957	5195	5156	4937	2018	2083	2018	2083	268
STATE TOTALS	621270	0	1	0	5	26	19	268	2	
TOWN UNKNOWN	0	0	1	0	5	26	19	268	2	
ADDISON COUNTY										
ADDISON	36617	347	257	227	262	104	96	104	96	9
BRIDPORT	1413	10	10	5	11	0	1	0	1	1
BRISTOL	1232	11	9	4	8	4	3	4	0	0
CORNWALL	3741	49	28	13	27	14	13	14	1	1
FERRISBURGH	1210	7	7	7	5	3	4	3	0	0
GOSHEN	2670	17	17	7	46	14	13	14	0	0
GRANVILLE	215	1	0	0	5	0	0	0	0	0
HANCOCK	284	2	0	0	3	0	0	0	0	0
LEICESTER	359	8	2	0	4	2	3	2	0	0
LINCOLN	1003	5	9	4	3	5	1	5	0	0
MIDDLEBURY	1267	17	9	4	7	2	3	2	0	0
MONKTON	8271	71	67	137	48	15	12	15	5	5
NEW HAVEN	1977	22	8	6	7	1	1	1	0	0
ORWELL	1829	16	14	6	10	4	6	4	0	0
PANTON	1219	11	4	2	10	4	7	4	0	0
RIPTON	683	8	4	1	8	1	0	1	0	0
SALISBURY	586	8	2	1	2	3	2	3	0	0
SHOREHAM	1091	8	13	9	4	3	3	3	0	0
STARKSBORO	1294	11	8	1	5	5	2	5	0	0
VERGENNES	1909	24	10	2	10	13	6	13	0	0
WALTHAM	2666	32	25	13	30	9	8	9	2	2
WEYBRIDGE	478	2	4	2	1	0	2	0	0	0
WHITING	818	2	3	2	5	0	3	0	0	0
UNKNOWN	402	3	4	1	3	2	3	2	0	0
BENNINGTON COUNTY										
ARLINGTON	36382	395	407	448	378	113	119	113	37	37
BENNINGTON	2425	30	20	8	44	6	4	6	4	4
DORSET	15093	217	243	383	152	57	65	57	26	26
LANDGROVE	2106	11	20	8	19	9	8	9	0	0
MANCHESTER	137	0	1	0	2	1	0	1	0	0
PERU	4271	29	42	20	102	6	13	6	7	7
POWAL	425	4	2	0	5	1	0	1	0	0
READSBORO	3442	45	17	7	6	12	10	12	0	0
RUPERT	764	5	9	3	7	2	2	2	0	0
SANDGATE	705	4	5	3	5	1	1	1	0	0
SEARSBURG	349	3	3	1	3	1	0	1	0	0
SHAFTSBURY	89	1	0	0	1	0	0	0	0	0
STAMFORD	3698	29	28	9	10	10	6	10	0	0
SUNDERLAND	788	4	4	1	9	0	1	0	0	0
WINHALL	902	10	5	0	5	5	3	5	0	0
WOODFORD	786	3	5	2	5	1	5	1	0	0
GLASTENBURY	387	0	3	3	2	1	1	1	0	0
UNKNOWN	15	0	0	0	1	0	0	0	0	0

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

2008 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES		NUMBER OF DIVORCES		NUMBER OF CIVIL UNIONS	
	TO TOWN RESIDENTS	OCcurring IN TOWN	TO TOWN RESIDENTS	OCcurring IN TOWN	TO TOWN RESIDENTS	OCcurring IN TOWN	TO TOWN RESIDENTS	OCcurring IN TOWN	TO TOWN RESIDENTS	OCcurring IN TOWN
CALEDONIA COUNTY	324	221	279	241	219	112	119	7		
BARNET	1773	0	16	10	13	3	4	1		
BURKE	1706	0	10	5	25	5	6	0		
DANVILLE	2334	0	16	8	17	6	9	0		
GROTON	955	0	14	5	15	4	3	0		
HARDWICK	3207	1	21	3	25	11	13	1		
KIRBY	518	0	0	0	3	0	1	0		
LYNDON	5679	2	56	48	34	23	18	0		
NEWARK	457	1	3	1	2	2	3	0		
PEACHAM	670	0	2	0	9	1	2	0		
RYEGATE	1201	0	10	2	5	3	3	0		
SHEFFIELD	706	0	10	6	5	8	6	0		
ST. JOHNSBURY	7421	216	99	143	41	37	43	4		
STANNARD	194	0	0	0	3	2	1	0		
SUTTON	1067	0	5	1	5	3	1	0		
WALDEN	760	0	3	3	6	4	2	0		
WATERFORD	1220	0	7	3	4	0	2	0		
WHEELLOCK	602	1	7	3	7	0	2	0		
UNKNOWN		0	0	0	0	0	0	0		
CHITTENDEN COUNTY	1613	2226	973	1314	1006	427	432	72		
BOLTON	1000	0	3	1	31	0	2	8		
BURLINGTON	38897	2215	287	921	337	103	105	39		
CHARLOTTE	3761	0	15	10	56	9	8	3		
COLCHESTER	17237	4	72	47	66	44	47	1		
ESSEX	19649	0	91	43	115	63	56	3		
HINESBURG	4629	0	17	5	20	6	9	1		
HUNTINGTON	1951	1	9	3	25	4	4	0		
JERICHO	5190	1	25	9	14	13	10	0		
MILTON	10714	0	58	18	41	40	37	2		
RICHMOND	4160	1	21	7	47	19	12	2		
SHELburnE	7146	0	70	43	54	17	27	5		
SOUTH BURLINGTON	17574	1	155	55	97	55	50	4		
ST. GEORGE	692	0	4	1	4	1	2	0		
UNDERHILL	3082	1	16	5	11	6	11	0		
WESTFORD	2229	1	5	1	9	9	8	0		
WILLISTON	8430	1	64	122	42	24	22	2		
WINDSOOKI	6429	1	61	23	37	14	22	0		
BUEL'S GORE	12	0	0	0	0	0	0	0		
UNKNOWN		0	0	0	0	0	0	0		

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

2008 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES		NUMBER OF DIVORCES		NUMBER OF CIVIL UNIONS	
	TO TOWN RESIDENTS	IN TOWN OCCURRING	TO TOWN RESIDENTS	IN TOWN OCCURRING	TO TOWN RESIDENTS	IN TOWN OCCURRING	TO RESIDENT HUSBANDS	TO RESIDENT WIVES	IN TOWN	OCCURRING IN TOWN
ESSEX COUNTY										
BLOOMFIELD	6500	51	0	60	22	33	23	24	1	0
BRIGHTON	256	0	0	2	0	3	0	1	0	0
BRUNSWICK	1313	12	0	14	4	5	3	5	0	0
CANAAN	104	1	0	0	0	0	1	1	0	0
CONCORD	1084	7	0	3	0	2	4	4	0	0
EAST HAVEN	1210	10	0	9	5	7	7	3	0	0
GRANBY	298	2	0	1	0	2	1	1	0	0
GUILDHALL	83	1	0	1	0	1	0	0	0	0
LEMINGTON	268	3	0	6	3	1	0	0	1	1
LUNENBURG	117	3	0	2	0	0	0	0	0	0
MAIDSTONE	1285	10	0	21	9	7	7	8	0	0
NORTON	106	0	0	0	0	2	0	0	0	0
VICTORY	231	1	0	1	1	0	0	1	0	0
AVERILL	95	1	0	0	0	1	0	0	0	0
FERDINAND	8	0	0	0	0	2	0	0	0	0
WARREN'S GORE	32	0	0	0	0	0	0	0	0	0
UNKNOWN	10	0	0	0	0	0	0	0	0	0
FRANKLIN COUNTY										
BAKERSFIELD	47949	586	465	380	343	289	175	185	8	0
BERKSHIRE	1402	11	0	5	1	5	5	4	0	0
ENOSBURGH	1598	12	1	9	2	15	1	1	0	0
FAIRFAX	2698	51	2	31	12	27	11	11	0	0
FAIRFIELD	4195	68	2	10	2	11	11	18	2	2
FLETCHER	1916	21	1	16	10	11	5	5	0	0
FRANKLIN	1301	15	0	3	1	5	2	6	0	0
GEORGIA	1300	17	0	17	4	6	2	5	1	1
HIGHGATE	4507	47	0	10	5	13	15	15	1	1
MONTGOMERY	3691	45	0	16	8	19	2	9	1	1
RICHFORD	1053	12	2	11	4	4	2	2	0	0
SHELDON	2293	30	0	33	21	18	12	12	0	0
ST. ALBANS TOWN	2303	23	0	16	6	22	9	9	1	1
SWANTON	6014	58	1	77	106	35	0	2	0	0
UNKNOWN	7250	105	456	69	140	74	58	57	1	1
	6428	71	0	57	21	24	40	29	1	1
		0	0	0	0	0	0	0	0	0

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

2008 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES		NUMBER OF DIVORCES		NUMBER OF CIVIL UNIONS	
	TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN OCCURRING IN TOWN	TO RESIDENT HUSBANDS	TO RESIDENT WIVES	TO RESIDENT HUSBANDS	TO RESIDENT WIVES	OCCURRING IN TOWN
GRAND ISLE COUNTY										
7729	56	0	48	16	88	18	12	4		
ALBURGH	17	0	25	8	21	5	2	2		
GRAND ISLE	2377	0	12	5	26	7	3	2		
ISLE LA MOTTE	510	7	4	3	9	1	0	0		
NORTH HERO	915	5	4	0	23	3	1	0		
SOUTH HERO	1882	8	3	0	9	2	6	0		
UNKNOWN	0	0	0	0	0	0	0	0		
LAMOILLE COUNTY										
24833	288	265	196	165	388	95	104	18		
BELVIDERE	286	6	1	1	4	2	1	0		
CAMBRIDGE	3090	64	21	12	31	10	16	1		
EDEN	1120	21	0	0	5	11	5	0		
ELMORE	970	5	3	1	5	1	0	0		
HYDE PARK	3299	21	33	10	56	14	11	1		
JOHNSON	3194	35	19	9	22	8	12	1		
MORRISTOWN	5561	62	66	110	25	20	23	2		
STONE	4919	38	32	14	228	21	28	13		
WATERVILLE	680	6	3	1	5	2	6	0		
WOLCOTT	1714	30	15	7	7	6	2	0		
UNKNOWN	0	0	0	0	0	0	0	0		
ORANGE COUNTY										
28917	322	242	242	142	187	91	95	1		
BRADFORD	42	1	27	7	17	11	12	0		
BRAINTREE	13	1	11	2	6	5	3	0		
BROOKFIELD	1239	19	5	1	14	3	4	1		
CHELSEA	1229	11	8	4	7	3	3	0		
CORINTH	1452	21	8	6	3	2	4	0		
FAIRLEE	1005	16	12	7	37	6	4	0		
NEWBURY	2167	25	28	12	15	4	4	0		
ORANGE	961	14	2	2	6	4	3	0		
RANDOLPH	5037	52	43	63	26	12	15	0		
STRAFFORD	1079	8	9	3	8	2	3	0		
THETFORD	2780	15	13	4	12	9	8	0		
TOPSHAM	1135	13	12	5	7	4	3	0		
TUNBRIDGE	1299	14	5	1	4	3	1	0		
VERSHIRE	625	12	6	5	1	3	4	0		
WASHINGTON	1095	12	11	4	7	6	5	0		
WEST FAIRLEE	722	2	7	5	7	1	1	0		
WILLIAMSTOWN	3209	33	35	11	10	13	14	0		
UNKNOWN	0	0	0	0	0	0	0	0		

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

2008 ESTIMATED POPULATION	NUMBER OF BIRTHS TO TOWN RESIDENTS IN TOWN	NUMBER OF DEATHS TO TOWN RESIDENTS IN TOWN	NUMBER OF MARRIAGES OCCURRING IN TOWN	NUMBER OF DIVORCES TO RESIDENT HUSBANDS WIVES	NUMBER OF CIVIL UNIONS OCCURRING IN TOWN
ORLEANS COUNTY					
ALBANY	27189	199	267	214	5
BARTON	808	0	3	7	1
BROWNINGTON	2788	38	38	14	0
CHARLESTON	854	8	7	7	0
COVENTRY	862	9	4	6	0
CRAFTSBURY	981	0	3	4	0
DERBY	1096	3	6	12	1
GLOVER	4791	29	49	31	0
GREENSBORO	929	12	17	13	0
HOLLAND	773	2	17	9	0
IRASBURG	566	4	4	3	0
JAY	1037	8	1	5	0
LOWELL	555	5	0	12	0
MORGAN	711	7	0	6	0
NEWPORT CITY	744	7	0	2	0
NEWPORT TOWN	5148	46	135	52	0
TROY	2032	21	6	6	1
WESTFIELD	1686	19	2	5	0
WESTMORE	516	6	4	2	0
UNKNOWN	312	1	1	18	1
		0	0	0	0
RUTLAND COUNTY					
BENSON	63331	463	612	490	7
BRANDON	1018	0	2	7	0
CASTLETON	3866	42	17	50	0
CHITTENDEN	4618	39	34	31	1
CLARENDON	1270	8	3	40	1
DANBY	2894	18	6	11	0
FAIR HAVEN	1270	13	5	6	0
HUBBARDTON	2924	24	7	18	0
IRA	774	7	1	6	1
MENDON	449	4	3	2	0
MIDDLETOWN SPRINGS	1096	2	2	2	0
MOUNT HOLLY	802	4	2	10	0
MOUNT TABOR	1216	13	3	3	1
PAWLET	198	2	4	6	0
PITTSFIELD	1418	16	5	1	0
PITTSFORD	417	3	3	7	0
POULTNEY	3195	0	4	13	0
PROCTOR	3532	26	8	5	0
RUTLAND CITY	1810	11	5	18	0
RUTLAND TOWN	16742	190	479	87	2
KILLINGTON	4076	25	12	4	0
SHREWSBURY	1133	3	4	61	0
SUDBURY	1133	10	7	7	0
TINMOUTH	609	4	2	2	0
WALLINGFORD	632	4	2	1	0
WELLS	2324	19	9	7	0
WEST HAVEN	1092	11	6	64	0
WEST RUTLAND	310	4	1	5	0
UNKNOWN	2513	24	8	2	0
		0	0	9	0
		0	0	0	0

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

2008 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES		NUMBER OF DIVORCES		NUMBER OF CIVIL UNIONS	
	TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	HUSBANDS TO WIVES	HUSBANDS TO WIVES	IN TOWN	OCCURRING IN TOWN
WASHINGTON COUNTY	594	441	483	473	439	200	208	29		
BARRE TOWN	68	2	64	17	23	8	13	1		
BARRE CITY	123	0	98	59	66	61	68	0		
BERLIN	20	415	40	264	15	10	5	0		
CABOT	20	1	6	2	10	4	4	1		
CALAIS	1546	10	11	6	15	3	3	1		
DUXBURY	1305	7	7	2	13	2	6	12		
EAST MONTPELIER	2715	19	14	7	13	4	8	0		
FAYSTON	1245	8	4	1	10	3	4	0		
MARSHFIELD	1593	23	6	4	6	4	6	1		
MIDDLESEX	1872	20	10	3	8	10	4	0		
MONTPELIER	7760	71	77	30	50	27	27	4		
MORETOWN	10	1	11	4	6	3	2	0		
NORTHFIELD	5740	55	45	35	37	15	15	2		
PLAINFIELD	1339	15	4	1	10	14	6	0		
ROXBURY	551	8	5	2	5	2	0	0		
WATSFIELD	1683	16	15	2	75	6	3	3		
WARREN	1735	19	13	9	38	4	3	2		
WATERBURY	5349	67	47	18	30	15	24	2		
WOODBURY	808	4	4	5	6	3	3	0		
WORCESTER	860	11	2	2	3	2	4	0		
UNKNOWN	0	0	0	0	0	0	0	0		
WINDHAM COUNTY	43176	425	405	343	400	143	164	37		
ATHENS	323	7	5	1	4	1	4	0		
BRATTLEBORO	11491	132	136	192	143	39	45	16		
BROOKLINE	442	4	4	3	1	0	0	0		
DOVER	1432	8	12	4	18	2	1	5		
DUMMERSTON	1937	16	12	4	16	3	7	2		
GRAFTON	612	5	4	1	7	2	1	1		
GUILFORD	1939	13	14	5	9	13	7	0		
HALIFAX	818	7	7	3	3	2	3	0		
JAMAICA	897	8	3	3	5	8	4	0		
LONDONDERRY	1793	15	21	9	15	3	9	0		
MARLBORO	969	3	4	3	8	3	0	3		
NEWFANE	1702	13	11	2	10	6	4	5		
PUTNEY	2600	19	17	3	28	12	18	2		
ROCKINGHAM	4949	67	63	25	36	16	24	1		
STRATTON	167	2	0	1	16	0	0	1		
TOWNSHEND	1085	11	12	40	16	3	6	0		
VERNON	2035	16	24	19	14	7	7	0		
WARDSBORO	906	10	7	3	3	1	1	0		
WESTMINSTER	3192	25	23	9	10	6	8	0		
WHITINGHAM	1198	17	8	5	8	4	4	0		
WILMINGTON	2340	24	14	6	27	10	11	1		
WINDHAM	344	6	4	2	3	2	0	0		
SOMERSET	5	0	0	0	0	0	0	0		
UNKNOWN	0	0	0	0	0	0	0	0		

2008 VERMONT VITAL STATISTICS
SELECTED STATISTICS BY TOWN OF RESIDENCE & OCCURRENCE

WINDSOR COUNTY	2008 ESTIMATED POPULATION	NUMBER OF BIRTHS		NUMBER OF DEATHS		NUMBER OF MARRIAGES		NUMBER OF DIVORCES		NUMBER OF CIVIL UNIONS	
		TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	TO TOWN RESIDENTS	OCCURRING IN TOWN	TO RESIDENT HUSBANDS	TO RESIDENT WIVES	TO RESIDENT HUSBANDS	OCCURRING IN TOWN
ANDOVER	56566	545	232	537	543	539	206	216	31	0	0
BALTIMORE	548	6	0	2	1	1	1	0	0	0	0
BARNARD	260	3	0	4	0	0	0	0	0	0	0
BETHEL	953	4	0	3	2	14	3	3	0	0	0
BRIDGEWATER	1933	24	0	8	6	8	7	7	0	0	0
CAVENDISH	916	8	0	5	4	5	1	5	0	0	0
CHESTER	1377	11	0	12	4	30	3	5	0	0	0
HARTFORD	3000	25	0	41	14	33	6	5	3	3	2
HARTLAND	10696	128	0	97	147	50	40	43	2	4	4
LUDLOW	3026	22	0	23	12	18	11	13	0	0	0
LUBLOW	2639	13	0	27	26	40	10	6	1	1	1
NORWICH	3523	13	1	14	7	23	13	11	0	0	0
PLYMOUTH	566	4	0	3	3	35	0	0	0	0	0
POMFRET	955	4	0	4	2	10	5	5	0	0	0
READING	709	12	0	4	2	4	0	1	0	0	0
ROCHESTER	1123	11	0	8	2	4	0	1	0	0	0
ROYALTON	2439	34	1	13	3	3	4	3	0	0	0
SHARON	1328	13	0	15	3	18	9	15	2	2	2
SPRINGFIELD	8602	124	229	3	2	9	6	5	0	0	0
STOCKBRIDGE	678	2	0	121	186	81	42	37	5	5	5
WEATHERSFIELD	2832	12	0	6	2	4	3	3	1	1	1
WESTON	632	3	0	25	8	27	10	12	4	4	4
WEST WINDSOR	1096	7	0	7	4	18	2	2	3	3	3
WINDSOR	3602	42	0	9	4	18	4	1	0	0	0
WOODSTOCK	3133	20	1	55	77	18	20	19	2	2	2
UNKNOWN		0	0	32	24	72	6	11	4	4	4
		0	0	0	0	0	0	0	0	0	0

Births

Figure 3
VERMONT 2008 RESIDENT BIRTHS
NAMES MOST FREQUENTLY GIVEN

<u>FEMALES</u>		<u>MALES</u>		
1	EMMA	53	1 JACOB	47
2	OLIVIA	42	2 NOAH	46
3	AVA	39	3 WYATT	39
4	ABIGAIL	36	4 BENJAMIN/LOGAN	38
5	ELIZABETH/MADISON	35	5 ETHAN/OWEN	36
6	EMILY	34	6 MASON	35
7	ELLA/HANNAH	32	7 NICHOLAS	32
8	LILY	28	8 ALEXANDER/ CONNOR/HUNTER	31
9	HAILEY/ISABELLA/SOPHIA	26	9 CALEB	30
10	ALEXIS	25	10 AIDEN/SAMUEL	29

Spellings may vary.

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. white rates are made when possible, but for those items not comparable with the prior version of the birth certificate, comparisons can only be made to rates for the 22 states who also revised their birth certificates in 2008, or earlier. In those cases, references will be made to the “revised states”.

In 2008, 6,341 babies were born to Vermont residents. This represents a decrease of 173 births from 2007. The crude birth rate in 2008 is 10.2 per 1,000 Vermont residents. The U.S. white birth rate for 2007 was 13.7 (2008 not available). Comparisons are made to the U.S. white rate because 94.9 percent of Vermont resident births were to white mothers in 2008 (Table B-5). 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 2008 Vermont fertility rate was 52.3 per 1,000 women ages 15 through 44 (Table B-8), a slight increase from the 2007 rate of 52.1. The U.S. white fertility rate was 68.8 in 2007 (2008 not available). 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 30-34 year olds.

FIGURE 4
AGE-SPECIFIC FERTILITY RATES, SELECTED YEARS 1980-2008

AGES/ YEAR	1980	1990	2000	2008
TOTAL	63.3	60.6	49.7	52.3
15 – 19	38.5	34.1	23.4	21.3
20 – 24	102.4	93.9	74.1	72.0
25 – 29	113.0	114.6	102.1	99.9
30 – 34	60.2	79.5	84.0	93.2
35 – 44	12.5	19.6	21.3	22.6

Just over half of all births (51.8 %) in 2008 were to women in their twenties (Table B-7), up slightly from 49.4 percent in 2000. Women age 30 and over accounted for 40.7 percent of births, up from 40.5 in 2007 and down from 43.9 percent in 2000. Women age 15 through 19 accounted for 7.4 percent of births, down from both 7.6 in 2007 and 8.0 percent in 2000.

BIRTH WEIGHT

The median birth weight for all resident births in 2008 was 3,402 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 2008, 7.0

percent of Vermont resident births were low birth weight ([Table B-15](#)) and 1.1 percent were very low birth weight (less than 1,500 grams or 3 pounds 5 ounces). The U.S. white low birth weight rate for 2007 was 7.2 percent (2008 not available). The Vermont low birth weight rate remains above the *Healthy Vermonters 2010* goal of 5.0 percent and the very low birth weight rate is slightly above the *Healthy Vermonters 2010* goal of 0.9 percent.

Low birth weight rates vary by age groups ([Table B-15](#)): in Vermont, the low birth weight rate among women under age 20 was 8.8 percent, compared to 7.4 percent of births among women age 20-29 and 6.1 percent of births among women age 30 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 20.3 percent of Vermont mothers in 2008 fell below the range recommended by the Institute of Medicine, 46.1 percent gained above the recommended range ([Table B-29](#)). 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 13.3 percent compared to 5.4 percent among women who did not smoke during pregnancy ([Table B-26](#)). The rate of women who reported smoking during pregnancy in 2008 was 20.1 percent, up slightly from 18.6 percent in 2007, and higher than 18.1 percent for non-Hispanic white mothers in the revised states for 2006 (2007 and 2008 not available). Among those who smoked before pregnancy or during the first trimester, 26.5 percent quit.

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 2008, 82.5 percent of the babies were born to mothers who began prenatal care in the first three months of pregnancy ([Table B-20](#)), a decrease from 83.4 percent in 2007 (which was at the *Healthy Vermonters 2010* goal). In general, the percentage of women receiving first trimester prenatal care has steadily increased since 1987. Vermont's rate in 2008 was higher than the 76.2 percent experienced by non-Hispanic white mothers in the revised states in 2007 (2008 not available).

The proportion of births in 2008 to Vermont mothers who delayed care to the third trimester or received no prenatal care was 2.8 percent, more than the 2.5 percent in 2007. The proportion of women receiving late or no prenatal care in 2007 was 5.0 percent for non-Hispanic white mothers in the revised states (2008 not available). 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-21](#)).

Based on the APNCU Index, in 2008, 86.2 percent of Vermont resident mothers received at least adequate prenatal care, ([Table B-30](#)). The percent of Vermont mothers who received inadequate care was 8.7. Teen mothers had the highest percent of inadequate care (15.0 percent) while mothers 30 and older had the highest percent of adequate plus intensive care (89.4 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 common characteristics of labor and

delivery were spinal anesthesia during labor, induction of labor, augmentation of labor and antibiotics received by mother during labor ([Table B-27](#)).

DELIVERIES

Of babies born in Vermont hospitals in 2008, 28.0 percent were delivered by cesarean section ([Table B-25](#)) compared to 31.9 percent for U.S. white women in 2007 (2008 not available). The primary cesarean section rate was 20.3 percent in Vermont for 2008, lower than the 24.1 percent for non-Hispanic white mothers in the revised states in 2006 (2007 and 2008 not available). Of mothers delivering in Vermont hospitals in 2008 who had a previous delivery by cesarean section, 12.7 percent had vaginal births, compared to 8.4 percent for non-Hispanic white mothers in the revised states in 2007 (2008 not available).

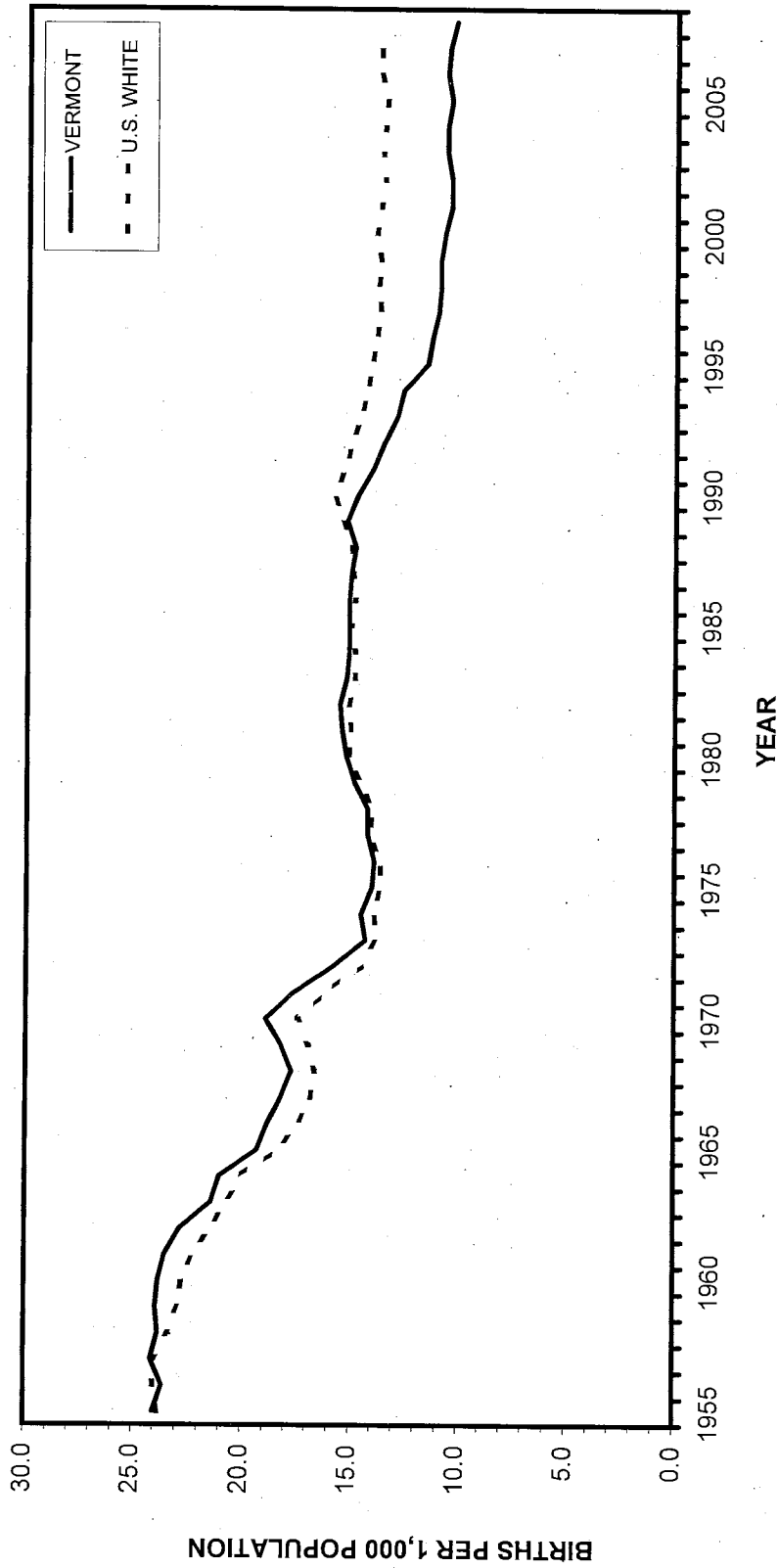
VERMONT RESIDENT PREGNANCIES

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 2008, the pregnancy rate in Vermont was 63.9 pregnancies per 1,000 women age 15 to 44 ([Table B-31](#)), a decrease from 64.8 in 2007. Overall, the pregnancy rate peaked at 127.6 in 1960 then dropped steadily through the next four decades to a low of 60.3 in 2002 and has increased slightly over the past few years ([Table A-1](#)).

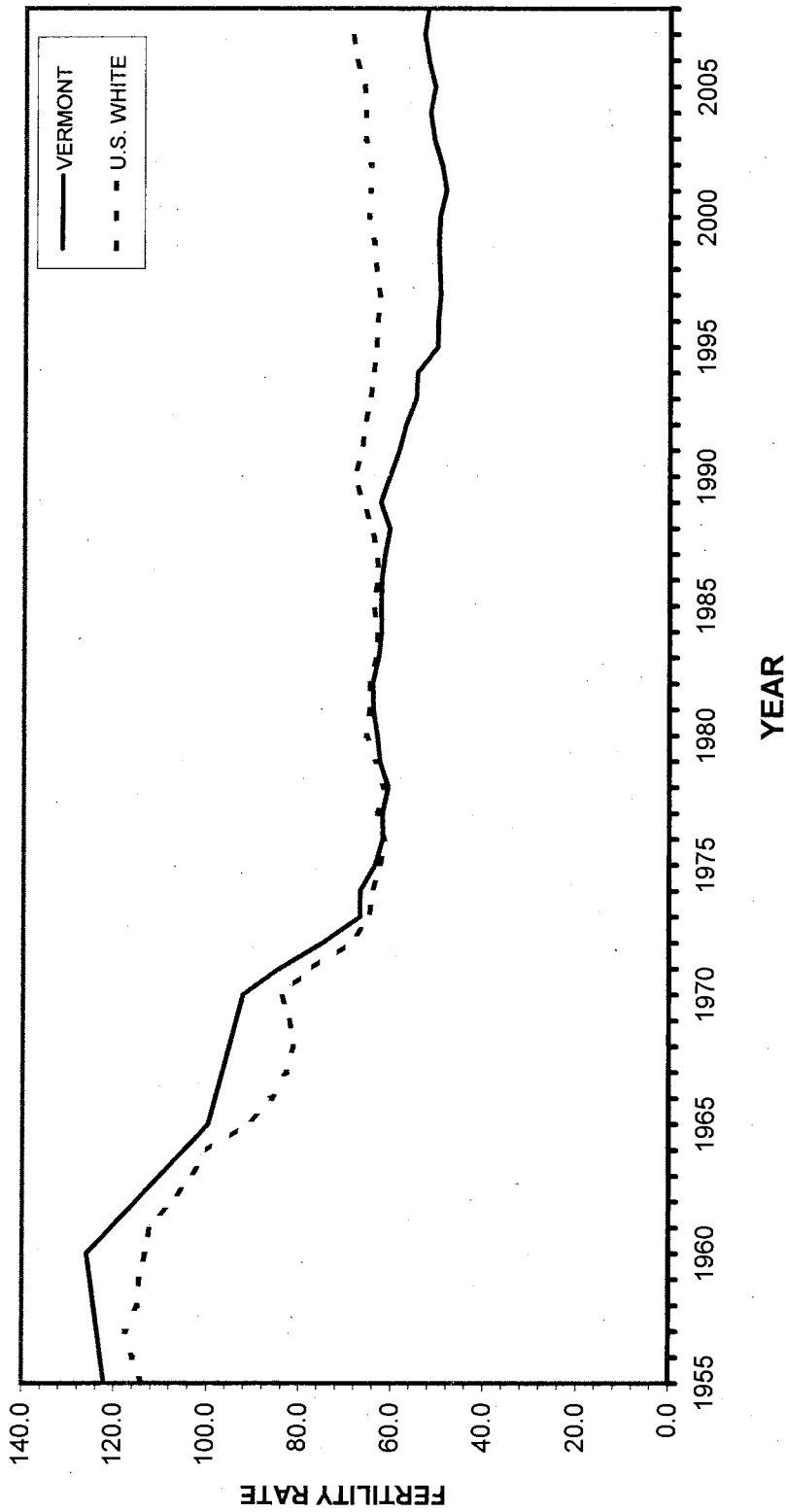
The 2008 teen pregnancy rate was 32.0 pregnancies per 1,000 women age 15 to 19 years ([Table B-31](#)), a slight decrease from 33.0 in 2007. In general the teen pregnancy rate has been decreasing since 1991. In 2008, the highest pregnancy rate was seen in women 25 to 29 years of age at 116.0, followed by the 30 to 34 age group at 105.0. The lowest rate was for women age 35 to 44 at 26.4.

Figure 5
VERMONT AND U.S. WHITE BIRTH RATES
1955-2008



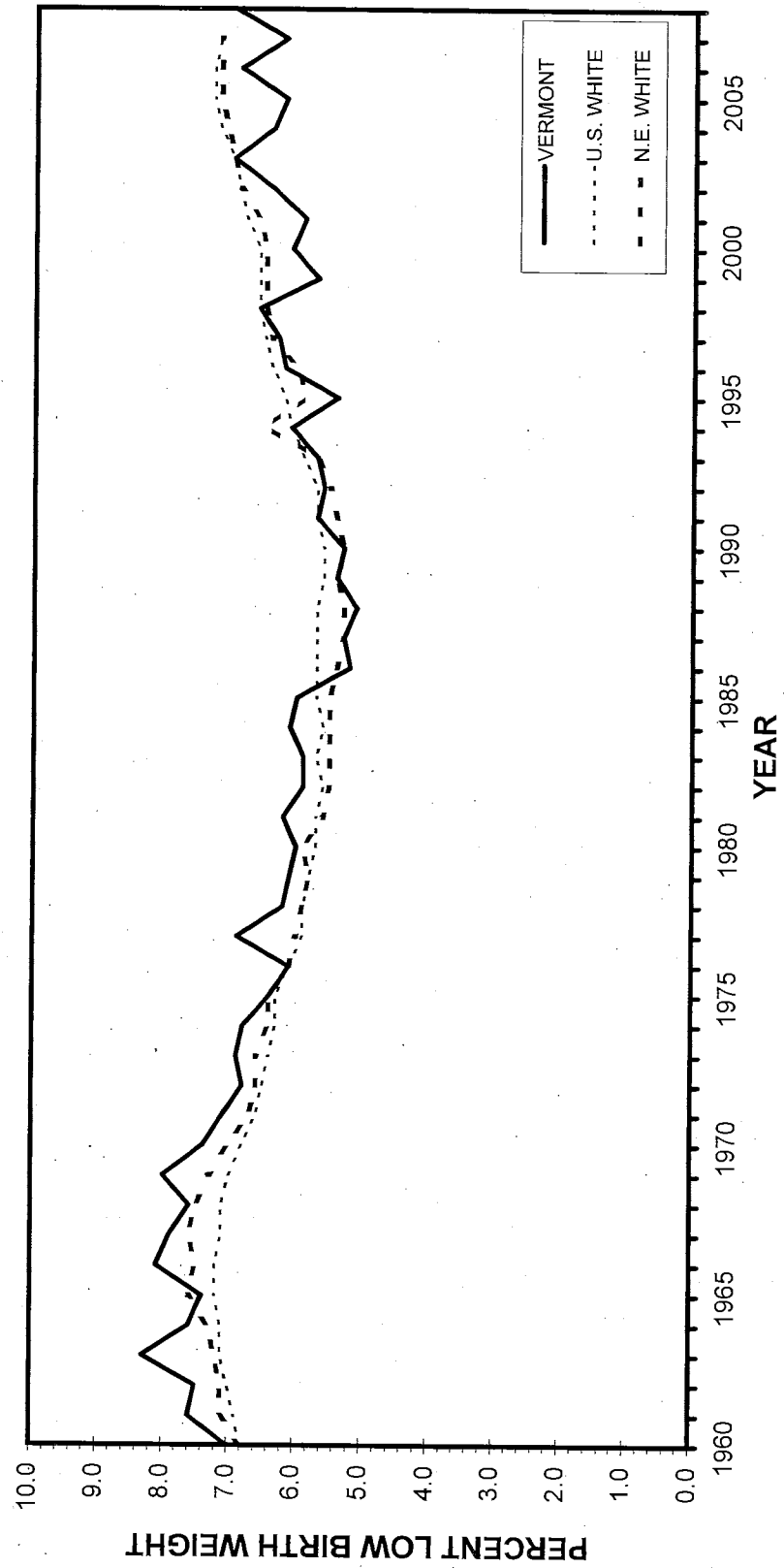
Data points for the U.S. white population can be found in Appendix D. Vermont data points can be found in Table A-1. 1955 to 1979 calculated by race of child; 1980 and later calculated by race of mother. The 2008 U.S. white rate is not available at this time.

Figure 6
VERMONT AND U.S. WHITE FERTILITY RATES
1955 - 2008



Data points for U.S. white population can be found in Appendix D. Vermont data points can be found in Table A-1. 1955 to 1979 calculated by race of child; 1980 and later calculated by race of mother. The 2008 U.S. white rate is not available at this time.

Figure 7
VERMONT, NEW ENGLAND WHITE AND U.S. WHITE:
PERCENT LOW BIRTH WEIGHT BIRTHS, 1960-2008



Data points for U.S. white population can be found in Appendix D. Vermont data points can be found in Table A-1. 1960 to 1979 calculated by race of child; 1980 and later calculated by race of mother. The 2008 U.S. white and New England white rates are not available at this time.

TABLE B-1
2008 VERMONT BIRTHS

GEOGRAPHIC DISTRIBUTION OF 2008 VERMONT BIRTHS

BIRTHS OCCURRING IN VERMONT		VERMONT RESIDENT BIRTHS	
PLACE OF RESIDENCE	NUMBER	PLACE OF BIRTH	NUMBER
ALASKA	1	CONNECTICUT	2
ARIZONA	1	FLORIDA	2
MASSACHUSETTS	10	MASSACHUSETTS	39
MICHIGAN	2	NEW HAMPSHIRE	734
NORTH CAROLINA	1	NEW JERSEY	2
NEW HAMPSHIRE	97	NEW YORK	24
NEW YORK	302	TENNESSEE	1
VIRGINIA	1	TEXAS	1
VERMONT	5536	VERMONT	5536
CANADA	5		
OTHER	1		
TOTAL	5957	TOTAL	6341

TABLE B-2
2008 VERMONT RESIDENT BIRTHS

MONTH	NUMBER OF EVENTS		SEX BY MONTH OF BIRTH		TOTAL
	NUMBER OF EVENTS		NUMBER OF EVENTS AND ROW PERCENTS		
	MALE	FEMALE	MALE	FEMALE	
JANUARY	244	259	48.5	51.5	503
FEBRUARY	240	265	47.5	52.5	505
MARCH	293	236	55.4	44.6	529
APRIL	308	270	53.3	46.7	578
MAY	332	255	56.6	43.4	587
JUNE	283	283	50.0	50.0	566
JULY	311	297	51.2	48.8	608
AUGUST	265	246	51.9	48.1	511
SEPTEMBER	265	282	48.4	51.6	547
OCTOBER	237	258	47.9	52.1	495
NOVEMBER	240	216	52.6	47.4	456
DECEMBER	234	222	51.3	48.7	456
STATE TOTAL	3252	3089	51.3	48.7	6341

TABLE B-3
2008 VERMONT RESIDENT BIRTHS

SELECTED CHARACTERISTICS BY AGE OF MOTHER

AGE OF MOTHER	SEX		DOMESTIC RELATIONSHIP				PLURALITY				NUMBER OF PREVIOUS LIVE BIRTHS					
	TOTAL	MALE	FEMALE	CIVIL			SINGLE	TWINS	TRIPL	FOUR+	UNK	NONE	ONE	TWO	THREE+	UNK
				MARRIED	UNION	SINGLE										
<15 YEARS	6	5	1	0	0	6	0	0	0	0	0	6	0	0	0	0
15 YEARS	5	2	3	0	0	5	0	0	0	0	0	5	0	0	0	0
16 YEARS	23	11	12	1	0	22	0	0	0	0	0	23	0	0	0	0
17 YEARS	65	33	32	4	0	61	0	0	0	0	0	58	5	0	1	1
18 YEARS	141	76	65	14	0	127	0	5	1	0	0	120	20	1	0	0
19 YEARS	238	126	112	28	0	209	1	3	0	0	0	198	33	6	1	0
(15-19 YEARS)	(472)	(248)	(224)	(47)	(0)	(424)	(1)	(8)	(1)	(0)	(0)	(404)	(58)	(7)	(2)	(1)
20 YEARS	265	135	130	46	0	217	2	4	0	0	0	190	66	9	0	0
21 YEARS	281	149	132	76	0	204	1	6	0	0	0	175	89	11	5	1
22 YEARS	302	156	146	80	0	220	2	10	0	0	0	156	109	35	2	0
23 YEARS	329	166	163	131	0	198	0	10	0	0	0	158	111	53	6	1
24 YEARS	297	138	159	146	0	151	0	12	0	0	0	136	106	40	15	0
(20-24 YEARS)	(1474)	(744)	(730)	(479)	(0)	(990)	(5)	(42)	(0)	(0)	(0)	(815)	(481)	(148)	(28)	(2)
25-29 YEARS	1808	946	862	1208	3	596	1	73	3	0	0	767	625	268	138	10
30-34 YEARS	1600	831	769	1337	4	254	5	51	0	0	0	566	618	270	128	18
35-39 YEARS	818	402	416	674	4	137	3	36	0	0	0	240	314	154	107	3
40-44 YEARS	155	72	83	121	1	29	4	8	0	0	0	46	46	30	31	2
45+ YEARS	8	4	4	6	0	2	0	0	0	0	0	2	1	1	4	0
STATE TOTAL	6341	3252	3089	3872	12	2438	19	6119	218	4	0	2846	2143	878	438	36

TABLE B-4
2008 VERMONT RESIDENT BIRTHS

SELECTED CHARACTERISTICS BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	SEX		DOMESTIC RELATIONSHIP				PLURALITY				NUMBER OF PREVIOUS LIVE BIRTHS					
	TOTAL	MALE	FEMALE	CIVIL			SINGLE	TWINS	TRIPL	FOUR+	UNK	NONE	ONE	TWO	THREE+	UNK
				MARRIED	UNION	SINGLE										
ADDISON	347	185	162	235	1	111	0	12	0	0	0	144	127	48	23	5
BENNINGTON	395	222	173	191	1	197	6	19	0	0	0	164	128	73	28	2
CALEDONIA	324	182	142	177	0	146	1	6	0	0	0	123	127	45	28	1
CHITTENDEN	1613	820	793	1119	5	488	1	59	3	0	0	768	548	206	84	7
ESSEX	51	24	27	24	0	27	0	2	0	0	0	25	15	7	4	0
FRANKLIN	586	291	295	352	0	233	1	19	1	0	0	253	188	83	59	3
GRAND ISLE	56	30	26	33	2	21	0	54	2	0	0	23	21	10	2	0
LAMOILLE	288	129	159	176	0	112	0	282	6	0	0	140	101	33	11	3
ORANGE	322	167	155	182	1	139	0	314	8	0	0	142	97	56	25	2
ORLEANS	238	113	125	138	0	100	0	230	8	0	0	97	76	35	29	1
RUTLAND	557	291	266	296	1	259	1	532	25	0	0	246	188	72	49	2
WASHINGTON	594	306	288	375	1	212	6	578	16	0	0	273	209	78	28	6
WINDHAM	425	226	199	238	0	186	1	401	24	0	0	192	144	63	25	1
WINDSOR	545	266	279	336	0	207	2	533	12	0	0	256	174	69	43	3
STATE TOTAL	6341	3252	3089	3872	12	2438	19	6119	218	4	0	2846	2143	878	438	36

TABLE B-5
2008 VERMONT RESIDENT BIRTHS

RACE OF MOTHER BY AGE OF MOTHER

AGE OF MOTHER	RACE OF MOTHER							MULTIPLE RACE (2)	TOTAL
	SINGLE RACE			OTHER					
	WHITE	BLACK	AMERICAN INDIAN	PACIFIC ISLANDER (1)	ASIAN OR	NON-WHITE	UNKNOWN		
< 15 YEARS	5	1	0	0	0	0	0	0	6
15 YEARS	4	1	0	0	0	0	0	0	5
16 YEARS	20	1	0	0	0	1	0	1	23
17 YEARS	61	1	1	0	0	1	0	1	65
18 YEARS	134	3	0	0	0	0	0	4	141
19 YEARS	230	2	0	1	1	1	2	2	238
(15-19 YEARS)	(449)	(8)	(1)	(1)	(3)	(3)	(2)	(8)	(472)
20 YEARS	263	1	0	0	0	0	0	1	265
21 YEARS	270	3	0	1	1	0	2	5	281
22 YEARS	286	2	1	3	2	2	0	8	302
23 YEARS	314	6	0	6	0	0	1	2	329
24 YEARS	280	8	0	2	2	2	3	2	297
(20-24 YEARS)	(1413)	(20)	(1)	(12)	(4)	(4)	(6)	(18)	(1474)
25-29 YEARS	1707	24	3	35	12	12	3	24	1808
30-34 YEARS	1507	15	1	43	7	7	3	24	1600
35-39 YEARS	781	8	1	15	5	5	2	6	818
40-44 YEARS	145	1	0	4	2	2	2	1	155
45+ YEARS	8	0	0	0	0	0	0	0	8
STATE TOTAL	6015	77	7	110	33	33	18	81	6341

TABLE B-6
2008 VERMONT RESIDENT BIRTHS

RACE OF MOTHER BY MOTHER'S COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	RACE OF MOTHER							MULTIPLE RACE (2)	TOTAL
	SINGLE RACE				OTHER				
	WHITE	BLACK	AMERICAN INDIAN	PACIFIC ISLANDER (1)	ASIAN OR	NON-WHITE	UNKNOWN		
ADDISON	335	3	0	5	2	2	0	2	347
BENNINGTON	377	3	1	7	0	7	0	7	395
CALEDONIA	320	0	0	1	0	0	0	3	324
CHITTENDEN	1429	58	2	68	8	8	12	36	1613
ESSEX	49	0	0	1	0	0	0	1	51
FRANKLIN	574	1	2	2	2	2	3	2	586
GRAND ISLE	54	1	0	0	0	0	0	1	56
LAMOILLE	283	1	0	1	0	0	1	2	288
ORANGE	311	1	0	3	3	3	1	3	322
ORLEANS	233	1	0	0	0	0	0	4	238
RUTLAND	542	1	0	4	4	4	0	6	557
WASHINGTON	578	1	0	4	5	5	0	6	594
WINDHAM	401	5	0	6	6	6	0	7	425
WINDSOR	529	1	2	8	3	3	1	1	545
STATE TOTAL	6015	77	7	110	33	33	18	81	6341

(1) INCLUDES ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, VIETNAMESE, OTHER ASIAN, GUAMANIAN OR CHAMORRO, SAMOAN, OTHER PACIFIC ISLANDER.

(2) MOTHERS WHO INDICATED MORE THAN ONE RACE.

TABLE B-7
2008 VERMONT RESIDENT BIRTHS

AGE OF MOTHER BY COUNTY OF RESIDENCE
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	AGE OF MOTHER										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	3	10	66	97	103	58	9	1	347	
BENNINGTON	1	10	32	97	117	79	48	10	1	395	
CALEDONIA	0	8	23	89	101	61	35	5	2	324	
CHITTENDEN	1	13	64	297	428	494	266	49	1	1613	
ESSEX	0	1	4	16	17	10	3	0	0	51	
FRANKLIN	1	10	33	137	209	136	51	9	0	586	
GRAND ISLE	0	1	2	12	11	20	10	0	0	56	
LAMOILLE	0	1	19	65	86	80	33	4	0	288	
ORANGE	0	6	24	75	87	86	32	12	0	322	
ORLEANS	1	2	31	65	66	51	19	3	0	238	
RUTLAND	2	8	42	162	150	129	55	7	2	557	
WASHINGTON	0	12	23	134	164	152	93	16	0	594	
WINDHAM	0	9	27	114	124	85	50	16	0	425	
WINDSOR	0	9	45	145	151	114	65	15	1	545	
STATE TOTAL	6	93	379	1474	1808	1600	818	155	8	6341	

COUNTY OF RESIDENCE	ROW PERCENTS ⁽¹⁾										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	0.9	2.9	19.0	28.0	29.7	16.7	2.6	0.3	100.0	
BENNINGTON	0.3	2.5	8.1	24.6	29.6	20.0	12.2	2.5	0.3	100.0	
CALEDONIA	0.0	2.5	7.1	27.5	31.2	18.8	10.8	1.5	0.6	100.0	
CHITTENDEN	0.1	0.8	4.0	18.4	26.5	30.6	16.5	3.0	0.1	100.0	
ESSEX	0.0	2.0	7.8	31.4	33.3	19.6	5.9	0.0	0.0	100.0	
FRANKLIN	0.2	1.7	5.6	23.4	35.7	23.2	8.7	1.5	0.0	100.0	
GRAND ISLE	0.0	1.8	3.6	21.4	19.6	35.7	17.9	0.0	0.0	100.0	
LAMOILLE	0.0	0.3	6.6	22.6	29.9	27.8	11.5	1.4	0.0	100.0	
ORANGE	0.0	1.9	7.5	23.3	27.0	26.7	9.9	3.7	0.0	100.0	
ORLEANS	0.4	0.8	13.0	27.3	27.7	21.4	8.0	1.3	0.0	100.0	
RUTLAND	0.4	1.4	7.5	29.1	26.9	23.2	9.9	1.3	0.4	100.0	
WASHINGTON	0.0	2.0	3.9	22.6	27.6	25.6	15.7	2.7	0.0	100.0	
WINDHAM	0.0	2.1	6.4	26.8	29.2	20.0	11.8	3.8	0.0	100.0	
WINDSOR	0.0	1.7	8.3	26.6	27.7	20.9	11.9	2.8	0.2	100.0	
STATE TOTAL	0.1	1.5	6.0	23.2	28.5	25.2	12.9	2.4	0.1	100.0	

(1) MAY NOT ADD TO 100% DUE TO ROUNDING

TABLE B-8
2008 VERMONT RESIDENT BIRTHS

AGE OF MOTHER BY COUNTY OF RESIDENCE
AGE-SPECIFIC FERTILITY RATES AND CRUDE BIRTH RATES ⁽¹⁾

COUNTY OF RESIDENCE	FERTILITY RATES ⁽¹⁾						15-44 TOTAL	CRUDE BIRTH RATE
	AGE OF MOTHER							
	15-19	20-24	25-29	30-34	35-44	15-44		
ADDISON	7.8	43.2	84.9	121.9	27.8	45.6	9.5	
BENNINGTON	33.2	86.6	149.4	80.9	24.0	59.9	10.9	
CALEDONIA	32.0	90.3	94.3	81.2	21.6	57.2	10.6	
CHITTENDEN	11.6	43.5	110.0	102.8	27.8	48.1	10.6	
ESSEX	22.5	98.2	75.9	55.6	6.6	41.0	7.8	
FRANKLIN	27.4	126.6	116.7	96.5	16.3	61.3	12.2	
GRAND ISLE	12.4	56.6	41.4	89.7	18.8	38.0	7.2	
LAMOILLE	23.4	80.7	112.4	96.4	22.1	58.4	11.6	
ORANGE	33.6	99.1	91.0	108.3	23.1	60.7	11.1	
ORLEANS	39.9	100.3	62.0	64.4	12.9	47.0	8.8	
RUTLAND	23.2	78.9	82.0	82.9	14.9	47.1	8.8	
WASHINGTON	19.0	79.3	98.3	93.7	26.7	54.4	10.1	
WINDHAM	26.9	94.3	107.2	79.1	22.4	55.0	9.8	
WINDSOR	32.0	104.8	101.3	86.9	20.9	56.1	9.6	
STATE TOTAL	21.3	72.0	99.9	93.2	22.6	52.3	10.2	

(1) RATES ARE BASED ON 2008 POPULATION

TABLE B-9
2008 VERMONT RESIDENT BIRTHS

AGE OF MOTHER BY AGE OF FATHER
NUMBER OF EVENTS AND ROW PERCENTS

AGE OF FATHER	AGE OF MOTHER							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 YEARS	0	1	0	0	0	0	0	0	0	1
15-17 YEARS	2	13	7	5	0	0	0	0	0	27
18-19 YEARS	0	26	54	30	4	0	0	0	0	114
20-24 YEARS	0	24	176	534	109	19	3	1	0	866
25-29 YEARS	0	4	51	481	771	178	40	7	0	1532
30-34 YEARS	0	1	14	145	568	735	137	8	0	1608
35-39 YEARS	0	0	1	48	187	438	370	38	3	1085
40-44 YEARS	0	0	1	18	51	130	152	57	1	410
45+ YEARS	0	0	0	10	22	40	82	38	4	196
UNKNOWN	4	24	75	203	96	60	34	6	0	502
STATE TOTAL	6	93	379	1474	1808	1600	818	155	8	6341

AGE OF FATHER	ROW PERCENTS ⁽¹⁾							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 YEARS	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
15-17 YEARS	7.4	48.1	25.9	18.5	0.0	0.0	0.0	0.0	0.0	100.0
18-19 YEARS	0.0	22.8	47.4	26.3	3.5	0.0	0.0	0.0	0.0	100.0
20-24 YEARS	0.0	2.8	20.3	61.7	12.6	2.2	0.3	0.1	0.0	100.0
25-29 YEARS	0.0	0.3	3.3	31.4	50.3	11.6	2.6	0.5	0.0	100.0
30-34 YEARS	0.0	0.1	0.9	9.0	35.3	45.7	8.5	0.5	0.0	100.0
35-39 YEARS	0.0	0.0	0.1	4.4	17.2	40.4	34.1	3.5	0.3	100.0
40-44 YEARS	0.0	0.0	0.2	4.4	12.4	31.7	37.1	13.9	0.2	100.0
45+ YEARS	0.0	0.0	0.0	5.1	11.2	20.4	41.8	19.4	2.0	100.0
UNKNOWN	0.8	4.8	14.9	40.4	19.1	12.0	6.8	1.2	0.0	100.0
STATE TOTAL	0.1	1.5	6.0	23.2	28.5	25.2	12.9	2.4	0.1	100.0

(1) MAY NOT ADD TO 100% DUE TO ROUNDING

TABLE B-10
2008 VERMONT RESIDENT BIRTHS

MONTH OF BIRTH BY COUNTY OF RESIDENCE
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	MONTH OF BIRTH												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ADDISON	30	35	26	31	29	33	35	31	22	31	18	26	347
BENNINGTON	31	31	36	27	40	33	31	33	32	30	34	37	395
CALEDONIA	28	23	15	34	31	36	30	22	22	26	28	24	324
CHITTENDEN	126	123	130	152	146	133	147	127	145	132	120	132	1613
ESSEX	6	3	3	5	5	6	5	6	3	6	2	1	51
FRANKLIN	53	44	57	55	64	46	51	41	46	48	44	37	586
GRAND ISLE	4	8	4	2	4	5	2	4	9	5	7	2	56
LAMOILLE	21	26	23	26	28	23	30	17	34	26	15	19	288
ORANGE	19	21	26	37	35	30	36	22	33	20	20	23	322
ORLEANS	19	17	17	25	21	26	24	15	28	13	24	9	238
RUTLAND	40	28	48	57	46	56	58	52	46	51	36	39	557
WASHINGTON	43	48	49	45	58	47	62	64	42	42	52	42	594
WINDHAM	38	38	49	30	30	39	42	33	43	27	31	25	425
WINDSOR	45	55	46	52	50	53	55	44	42	38	25	40	545
STATE TOTAL	503	505	529	578	587	566	608	511	547	495	456	456	6341

ROW PERCENTS⁽¹⁾

COUNTY OF RESIDENCE	MONTH OF BIRTH												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ADDISON	8.6	10.1	7.5	8.9	8.4	9.5	10.1	8.9	6.3	8.9	5.2	7.5	100.0
BENNINGTON	7.8	7.8	9.1	6.8	10.1	8.4	7.8	8.4	8.1	7.6	8.6	9.4	100.0
CALEDONIA	8.6	8.6	4.6	10.5	9.6	11.1	9.3	6.8	6.8	8.0	8.6	7.4	100.0
CHITTENDEN	7.8	7.6	8.1	9.4	9.1	8.2	9.1	7.9	9.0	8.2	7.4	8.2	100.0
ESSEX	11.8	5.9	5.9	9.8	9.8	11.8	9.8	11.8	5.9	11.8	3.9	2.0	100.0
FRANKLIN	9.0	7.5	9.7	9.4	10.9	7.8	8.7	7.0	7.8	8.2	7.5	6.3	100.0
GRAND ISLE	7.1	14.3	7.1	3.6	7.1	8.9	3.6	7.1	16.1	8.9	12.5	3.6	100.0
LAMOILLE	7.3	9.0	8.0	9.0	9.7	8.0	10.4	5.9	11.8	9.0	5.2	6.6	100.0
ORANGE	5.9	6.5	8.1	11.5	10.9	9.3	11.2	6.8	10.2	6.2	6.2	7.1	100.0
ORLEANS	8.0	7.1	7.1	10.5	8.8	10.9	10.1	6.3	11.8	5.5	10.1	3.8	100.0
RUTLAND	7.2	5.0	8.6	10.2	8.3	10.1	10.4	9.3	8.3	9.2	6.5	7.0	100.0
WASHINGTON	7.2	8.1	8.2	7.6	9.8	7.9	10.4	10.8	7.1	7.1	8.8	7.1	100.0
WINDHAM	8.9	8.9	11.5	7.1	7.1	9.2	9.9	7.8	10.1	6.4	7.3	5.9	100.0
WINDSOR	8.3	10.1	8.4	9.5	9.2	9.7	10.1	8.1	7.7	7.0	4.6	7.3	100.0
STATE TOTAL	7.9	8.0	8.3	9.1	9.3	8.9	9.6	8.1	8.6	7.8	7.2	7.2	100.0

(1) MAY NOT ADD TO 100% DUE TO ROUNDING

TABLE B-11
2008 VERMONT RESIDENT BIRTHS

EDUCATION OF MOTHER BY COUNTY OF RESIDENCE
NUMBER OF EVENTS AND ROW PERCENTS

COUNTY OF RESIDENCE	EDUCATION OF MOTHER										DOCTORATE OR PROFESSIONAL DEGREE	TOTAL
	NUMBER OF EVENTS					ROW PERCENTS (1)						
	8TH GRADE OR LESS	9TH - 12TH GRADE, NO DIPLOMA	HS GRAD / GED / CERT	SOME COLLEGE - NO DEGREE	ASSOCIATE DEGREE	BACHELOR'S DEGREE	MASTER'S DEGREE	DOCTORATE OR PROFESSIONAL DEGREE	UNKNOWN	TOTAL		
ADDISON	2	14	98	58	33	91	41	10	0	347		
BENNINGTON	8	55	115	82	25	77	24	9	0	395		
CALEDONIA	0	32	105	61	22	62	19	3	20	324		
CHITTENDEN	25	122	310	232	113	470	258	62	21	1613		
ESSEX	2	4	20	11	7	5	1	0	1	51		
FRANKLIN	2	53	194	111	52	127	40	6	1	586		
GRAND ISLE	0	6	21	13	4	7	4	1	0	56		
LAMOILLE	1	21	97	51	13	77	27	1	0	288		
ORANGE	0	25	131	56	29	51	24	5	1	322		
ORLEANS	1	29	98	47	19	35	6	1	2	238		
RUTLAND	6	64	183	120	51	93	35	4	1	557		
WASHINGTON	2	46	164	109	35	152	76	9	1	594		
WINDHAM	2	43	145	87	23	74	38	9	4	425		
WINDSOR	7	61	162	114	39	98	49	12	3	545		
STATE TOTAL	58	575	1843	1152	465	1419	642	132	55	6341		

COUNTY OF RESIDENCE	ROW PERCENTS (1)										DOCTORATE OR PROFESSIONAL DEGREE	TOTAL
	NUMBER OF EVENTS					ROW PERCENTS (1)						
	8TH GRADE OR LESS	9TH - 12TH GRADE, NO DIPLOMA	HS GRAD / GED / CERT	SOME COLLEGE - NO DEGREE	ASSOCIATE DEGREE	BACHELOR'S DEGREE	MASTER'S DEGREE	DOCTORATE OR PROFESSIONAL DEGREE	UNKNOWN	TOTAL		
ADDISON	0.6	4.0	28.2	16.7	9.5	26.2	11.8	2.9	0.0	100.0		
BENNINGTON	2.0	13.9	29.1	20.8	6.3	19.5	6.1	2.3	0.0	100.0		
CALEDONIA	0.0	9.9	32.4	18.8	6.8	19.1	5.9	0.9	6.2	100.0		
CHITTENDEN	1.5	7.6	19.2	14.4	7.0	29.1	16.0	3.8	1.3	100.0		
ESSEX	3.9	7.8	39.2	21.6	13.7	9.8	2.0	0.0	2.0	100.0		
FRANKLIN	0.3	9.0	33.1	18.9	8.9	21.7	6.8	1.0	0.2	100.0		
GRAND ISLE	0.0	10.7	37.5	23.2	7.1	12.5	7.1	1.8	0.0	100.0		
LAMOILLE	0.3	7.3	33.7	17.7	4.5	26.7	9.4	0.3	0.0	100.0		
ORANGE	0.0	7.8	40.7	17.4	9.0	15.8	7.5	1.6	0.3	100.0		
ORLEANS	0.4	12.2	41.2	19.7	8.0	14.7	2.5	0.7	0.8	100.0		
RUTLAND	1.1	11.5	32.9	21.5	9.2	16.7	6.3	0.7	0.2	100.0		
WASHINGTON	0.3	7.7	27.6	18.4	5.9	25.6	12.8	1.5	0.2	100.0		
WINDHAM	0.5	10.1	34.1	20.5	5.4	17.4	8.9	2.1	0.9	100.0		
WINDSOR	1.3	11.2	29.7	20.9	7.2	18.0	9.0	2.2	0.6	100.0		
STATE TOTAL	0.9	9.1	29.1	18.2	7.3	22.4	10.1	2.1	0.9	100.0		

(1) MAY NOT ADD TO 100% DUE TO ROUNDING

TABLE B-12
2008 VERMONT RESIDENT BIRTHS

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

COUNTY OF RESIDENCE	MONTH PRENATAL CARE BEGAN ⁽¹⁾										TOTAL	
	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE UNKNOWN		
ADDISON	4	160	128	23	12	9	6	0	1	0	4	347
BENNINGTON	5	168	143	35	9	5	5	1	1	1	22	395
CALEDONIA	1	107	151	33	14	4	4	4	3	1	2	324
CHITTENDEN	20	610	714	123	47	34	20	9	7	5	24	1613
ESSEX	1	12	25	5	3	2	1	1	0	1	0	51
FRANKLIN	12	282	206	36	20	6	6	2	3	1	12	586
GRAND ISLE	0	30	20	4	1	1	0	0	0	0	0	56
LAMOILLE	6	98	115	39	13	9	2	1	0	1	4	288
ORANGE	5	120	125	31	16	7	8	1	1	2	6	322
ORLEANS	10	139	60	15	4	2	3	0	0	2	3	238
RUTLAND	4	194	232	62	24	14	5	3	5	4	10	557
WASHINGTON	3	216	260	56	15	6	12	7	0	3	16	594
WINDHAM	7	173	139	41	16	16	7	3	5	1	17	425
WINDSOR	8	207	206	71	21	7	6	5	3	1	10	545
STATE TOTAL	86	2516	2524	574	215	122	85	37	29	23	130	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

COUNTY OF RESIDENCE	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE
ADDISON	1.2	47.8	85.1	91.8	95.3	98.0	99.7	99.7	100.0	100.0
BENNINGTON	1.3	46.4	84.7	94.1	96.5	97.9	99.2	99.5	99.7	100.0
CALEDONIA	0.3	33.5	80.4	90.7	95.0	96.3	97.5	98.8	99.7	100.0
CHITTENDEN	1.3	39.6	84.6	92.3	95.3	97.4	98.7	99.2	99.7	100.0
ESSEX	2.0	25.5	74.5	84.3	90.2	94.1	96.1	98.0	98.0	100.0
FRANKLIN	2.1	51.2	87.1	93.4	96.9	97.9	99.0	99.3	99.8	100.0
GRAND ISLE	0.0	53.6	89.3	96.4	98.2	100.0	100.0	100.0	100.0	100.0
LAMOILLE	2.1	36.6	77.1	90.8	95.4	98.6	99.3	99.6	99.6	100.0
ORANGE	1.6	39.6	79.1	88.9	94.0	96.2	98.7	99.1	99.4	100.0
ORLEANS	4.3	63.4	88.9	95.3	97.0	97.9	99.1	99.1	99.1	100.0
RUTLAND	0.7	36.2	78.6	89.9	94.3	96.9	97.8	98.4	99.3	100.0
WASHINGTON	0.5	37.9	82.9	92.6	95.2	96.2	98.3	99.5	99.5	100.0
WINDHAM	1.7	44.1	78.2	88.2	92.2	96.1	97.8	98.5	99.8	100.0
WINDSOR	1.5	40.2	78.7	92.0	95.9	97.2	98.3	99.3	99.8	100.0
STATE TOTAL	1.4	41.9	82.5	91.8	95.2	97.2	98.6	99.2	99.6	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE B-13
2008 VERMONT RESIDENT BIRTHS

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

COUNTY OF RESIDENCE	BIRTH WEIGHT										TOTAL	
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999		5000 -5499
ADDISON	0	0	0	1	11	50	125	112	38	8	2	0
BENNINGTON	2	1	3	9	17	60	135	115	44	9	0	0
CALEDONIA	0	2	1	4	17	40	110	107	41	1	1	0
CHITTENDEN	1	8	11	30	77	201	585	501	174	24	1	0
ESSEX	0	0	0	0	3	8	22	14	3	1	0	0
FRANKLIN	0	1	4	8	22	87	222	190	44	6	1	1
GRAND ISLE	0	1	0	3	3	9	21	18	1	0	0	0
LAMOILLE	0	0	0	3	14	47	92	87	40	4	1	0
ORANGE	0	4	3	10	12	51	107	102	31	1	0	0
ORLEANS	1	0	1	8	8	45	87	66	19	1	1	1
RUTLAND	0	4	3	11	28	86	192	175	50	8	0	0
WASHINGTON	2	3	7	4	24	83	213	172	69	17	0	0
WINDHAM	0	1	0	5	15	73	161	121	39	9	0	0
WINDSOR	0	3	1	8	21	93	192	152	64	10	1	0
STATE TOTAL	6	28	34	104	272	933	2264	1932	657	99	9	3

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN

COUNTY OF RESIDENCE	CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN											
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999	5000 -5499	5500+
ADDISON	0.0	0.0	0.0	0.3	3.5	17.9	53.9	86.2	97.1	99.4	100.0	100.0
BENNINGTON	0.5	0.8	1.5	3.8	8.1	23.3	57.5	86.6	97.7	100.0	100.0	100.0
CALEDONIA	0.0	0.6	0.9	2.2	7.4	19.8	53.7	86.7	99.4	99.7	100.0	100.0
CHITTENDEN	0.1	0.6	1.2	3.1	7.9	20.3	56.6	87.7	98.5	99.9	100.0	100.0
ESSEX	0.0	0.0	0.0	0.0	5.9	21.6	64.7	92.2	98.0	100.0	100.0	100.0
FRANKLIN	0.0	0.2	0.9	2.2	6.0	20.9	58.8	91.3	98.8	99.8	100.0	100.0
GRAND ISLE	0.0	1.8	1.8	7.1	12.5	28.6	66.1	98.2	100.0	100.0	100.0	100.0
LAMOILLE	0.0	0.0	0.0	1.0	5.9	22.2	54.2	84.4	98.3	99.7	100.0	100.0
ORANGE	0.0	1.2	2.2	5.3	9.0	24.8	58.1	89.8	99.4	99.7	100.0	100.0
ORLEANS	0.4	0.4	0.8	4.2	7.6	26.6	63.3	91.1	99.2	99.6	100.0	100.0
RUTLAND	0.0	0.7	1.3	3.2	8.3	23.7	58.2	89.6	98.6	100.0	100.0	100.0
WASHINGTON	0.3	0.8	2.0	2.7	6.7	20.7	56.6	85.5	97.1	100.0	100.0	100.0
WINDHAM	0.0	0.2	0.2	1.4	5.0	22.2	60.1	88.7	97.9	100.0	100.0	100.0
WINDSOR	0.0	0.6	0.7	2.2	6.1	23.1	58.3	86.2	98.0	99.8	100.0	100.0
STATE TOTAL	0.1	0.5	1.1	2.7	7.0	21.7	57.4	87.9	98.3	99.9	100.0	100.0

TABLE B-14
2008 VERMONT RESIDENT BIRTHS

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

WEEKS OF GESTATION ⁽¹⁾	BIRTH WEIGHT													TOTAL
	NUMBER OF EVENTS													
	< 500	500	1000	1500	2000	2500	3000	3500	4000	4500	5000	5500+	UNKNOWN	
		-999	-1499	-1999	-2499	-2999	-3499	-3999	-4499	-4999	-5499			
< 28 WEEKS	6	22	6	0	0	0	0	0	0	0	0	0	0	34
28-31 WEEKS	0	6	21	27	1	0	0	0	0	0	0	0	1	56
32-35 WEEKS	0	0	6	60	99	75	14	2	0	1	0	0	0	257
36 WEEKS	0	0	0	6	43	87	38	8	1	0	0	0	0	183
37-39 WEEKS	0	0	1	10	118	612	1289	874	237	39	4	0	1	3185
40 WEEKS	0	0	0	1	10	105	650	670	229	30	1	0	1	1697
41 WEEKS	0	0	0	0	1	50	249	349	167	25	4	0	0	845
42+ WEEKS	0	0	0	0	0	1	24	27	23	3	0	0	0	78
UNKNOWN	0	0	0	0	0	3	0	2	0	1	0	0	0	6
STATE TOTAL	6	28	34	104	272	933	2264	1932	657	99	9	0	3	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN

WEEKS OF GESTATION ⁽¹⁾	< 500	500	1000	1500	2000	2500	3000	3500	4000	4500	5000	5500+
		-999	-1499	-1999	-2499	-2999	-3499	-3999	-4499	-4999	-5499	
< 28 WEEKS	17.6	82.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
28-31 WEEKS	0.0	10.9	49.1	98.2	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
32-35 WEEKS	0.0	0.0	2.3	25.7	64.2	93.4	98.8	99.6	99.6	100.0	100.0	100.0
36 WEEKS	0.0	0.0	0.0	3.3	26.8	74.3	95.1	99.5	100.0	100.0	100.0	100.0
37-39 WEEKS	0.0	0.0	0.0	0.3	4.1	23.3	63.8	91.2	98.6	99.9	100.0	100.0
40 WEEKS	0.0	0.0	0.0	0.1	0.6	6.8	45.2	84.7	98.2	99.9	100.0	100.0
41 WEEKS	0.0	0.0	0.0	0.0	0.1	6.0	35.5	76.8	96.6	99.5	100.0	100.0
42+ WEEKS	0.0	0.0	0.0	0.0	0.0	1.3	32.1	66.7	96.2	100.0	100.0	100.0
UNKNOWN	0.0	0.0	0.0	0.0	0.0	50.0	50.0	83.3	83.3	100.0	100.0	100.0
STATE TOTAL	0.1	0.5	1.1	2.7	7.0	21.7	57.4	87.9	98.3	99.9	100.0	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE B-15
2008 VERMONT RESIDENT BIRTHS

BIRTH WEIGHT IN GRAMS BY AGE OF MOTHER AND SEX OF CHILD
NUMBER OF EVENTS AND CUMULATIVE ROW PERCENTS

AGE OF MOTHER	TOTAL												
	BIRTH WEIGHT												
	NUMBER OF EVENTS												
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999	5000 -5499	5500+ UNKNOWN	TOTAL
< 15 YEARS	0	0	0	0	0	1	3	2	0	0	0	0	6
15-17 YEARS	0	0	2	2	5	16	37	25	6	0	0	0	93
18-19 YEARS	0	2	2	5	24	83	140	99	19	5	0	0	379
20-24 YEARS	1	7	12	23	80	272	543	398	117	20	0	0	1474
25-29 YEARS	3	11	9	33	65	255	621	584	195	26	5	0	1808
30-34 YEARS	0	3	5	19	56	177	574	544	189	29	3	0	1600
35-39 YEARS	2	4	2	18	33	104	292	238	110	15	0	0	818
40-44 YEARS	0	1	2	4	9	24	50	40	20	4	1	0	155
45+ YEARS	0	0	0	0	0	1	4	2	1	0	0	0	8
STATE TOTAL	6	28	34	104	272	933	2264	1932	657	99	9	0	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN

AGE OF MOTHER	CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN											
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999	5000 -5499	5500+
< 15 YEARS	0.0	0.0	0.0	0.0	0.0	16.7	66.7	100.0	100.0	100.0	100.0	100.0
15-17 YEARS	0.0	0.0	2.2	4.3	9.7	26.9	66.7	93.5	100.0	100.0	100.0	100.0
18-19 YEARS	0.0	0.5	1.1	2.4	8.7	30.6	67.5	93.7	98.7	100.0	100.0	100.0
20-24 YEARS	0.1	0.5	1.4	2.9	8.4	26.8	63.7	90.7	98.6	100.0	100.0	100.0
25-29 YEARS	0.2	0.8	1.3	3.1	6.7	20.8	55.2	87.5	98.3	99.7	100.0	100.0
30-34 YEARS	0.0	0.2	0.5	1.7	5.2	16.3	52.2	86.2	98.0	99.8	100.0	100.0
35-39 YEARS	0.2	0.7	1.0	3.2	7.2	19.9	55.6	84.7	98.2	100.0	100.0	100.0
40-44 YEARS	0.0	0.6	1.9	4.5	10.3	25.8	58.1	83.9	96.8	99.4	100.0	100.0
45+ YEARS	0.0	0.0	0.0	0.0	0.0	12.5	62.5	87.5	100.0	100.0	100.0	100.0
STATE TOTAL	0.1	0.5	1.1	2.7	7.0	21.7	57.4	87.9	98.3	99.9	100.0	100.0

TABLE B-16
2008 VERMONT RESIDENT BIRTHS

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

EDUCATION OF MOTHER	BIRTH WEIGHT										TOTAL			
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999		5000 -5499	5500+	UNKNOWN
8TH GRADE OR LESS	0	0	0	0	3	7	20	24	3	1	0	0	0	58
9TH - 12TH GRADE - NO DIPLOMA	2	5	9	18	42	126	203	127	40	3	0	0	0	575
H.S. GRAD / GED CERT SOME COLLEGE -	2	9	14	36	86	329	655	522	159	28	2	0	1	1843
NO DEGREE	1	4	1	15	47	161	396	369	138	16	3	0	1	1152
ASSOCIATE DEGREE	0	0	5	5	16	57	184	131	57	10	0	0	0	465
BACHELOR'S DEGREE	1	6	4	17	50	153	512	483	165	26	1	0	1	1419
MASTER'S DEGREE	0	3	1	10	22	74	225	218	75	12	2	0	0	642
DOCTORATE OR PROFESSIONAL DEGREE	0	0	0	3	5	19	52	40	12	1	0	0	0	132
UNKNOWN	0	1	0	0	1	7	17	18	8	2	1	0	0	55
STATE TOTAL	6	28	34	104	272	933	2264	1932	657	99	9	0	3	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

EDUCATION OF MOTHER	CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS										5500+		
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999		5000 -5499	
8TH GRADE OR LESS	0.0	0.0	0.0	0.0	5.2	17.2	51.7	93.1	98.3	100.0	100.0	100.0	100.0
9TH - 12TH GRADE - NO DIPLOMA	0.3	1.2	2.8	5.9	13.2	35.1	70.4	92.5	99.5	100.0	100.0	100.0	100.0
H.S. GRAD / GED CERT SOME COLLEGE -	0.1	0.6	1.4	3.3	8.0	25.8	61.4	89.7	98.4	99.9	100.0	100.0	100.0
NO DEGREE	0.1	0.4	0.5	1.8	5.9	19.9	54.3	86.4	98.3	99.7	100.0	100.0	100.0
ASSOCIATE DEGREE	0.0	0.0	1.1	2.2	5.6	17.8	57.4	85.6	97.8	100.0	100.0	100.0	100.0
BACHELOR'S DEGREE	0.1	0.5	0.8	2.0	5.5	16.3	52.4	86.5	98.1	99.9	100.0	100.0	100.0
MASTER'S DEGREE	0.0	0.5	0.6	2.2	5.6	17.1	52.2	86.1	97.8	99.7	100.0	100.0	100.0
DOCTORATE OR PROFESSIONAL DEGREE	0.0	0.0	0.0	2.3	6.1	20.5	59.8	90.2	99.2	100.0	100.0	100.0	100.0
UNKNOWN	0.0	1.8	1.8	1.8	3.6	16.4	47.3	80.0	94.5	98.2	100.0	100.0	100.0
STATE TOTAL	0.1	0.5	1.1	2.7	7.0	21.7	57.4	87.9	98.3	99.9	100.0	100.0	100.0

TABLE B-17
2008 VERMONT RESIDENT BIRTHS

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

EDUCATION OF FATHER	BIRTH WEIGHT											TOTAL		
	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999	5000 -5499		5500+	UNKNOWN
8TH GRADE OR LESS	1	0	0	1	2	6	13	21	2	3	0	0	1	50
9TH - 12TH GRADE -														
NO DIPLOMA	0	1	5	12	35	145	199	127	48	6	1	0	0	579
H.S. GRAD / GED CERT	1	6	7	31	84	313	728	611	188	30	4	0	1	2004
SOME COLLEGE -														
NO DEGREE	0	2	1	8	28	112	293	277	111	10	2	0	0	844
ASSOCIATE DEGREE	0	3	4	5	18	45	144	137	41	8	0	0	0	405
BACHELOR'S DEGREE	0	4	4	11	44	128	424	396	123	24	2	0	1	1161
MASTER'S DEGREE	0	1	3	8	9	40	140	136	62	7	0	0	0	406
DOCTORATE OR														
PROFESSIONAL DEGREE	0	0	1	4	6	12	69	55	20	4	0	0	0	171
UNKNOWN	4	11	9	24	46	132	254	172	62	7	0	0	0	721
STATE TOTAL	6	28	34	104	272	933	2264	1932	657	99	9	0	3	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

EDUCATION OF FATHER	< 500	500 -999	1000 -1499	1500 -1999	2000 -2499	2500 -2999	3000 -3499	3500 -3999	4000 -4499	4500 -4999	5000 -5499	5500+
8TH GRADE OR LESS	2.0	2.0	2.0	4.1	8.2	20.4	46.9	89.8	93.9	100.0	100.0	100.0
9TH - 12TH GRADE -												
NO DIPLOMA	0.0	0.2	1.0	3.1	9.2	34.2	68.6	90.5	98.8	99.8	100.0	100.0
H.S. GRAD / GED CERT	0.0	0.3	0.7	2.2	6.4	22.1	58.4	88.9	98.3	99.8	100.0	100.0
SOME COLLEGE -												
NO DEGREE	0.0	0.2	0.4	1.3	4.6	17.9	52.6	85.4	98.6	99.8	100.0	100.0
ASSOCIATE DEGREE	0.0	0.7	1.7	3.0	7.4	18.5	54.1	87.9	98.0	100.0	100.0	100.0
BACHELOR'S DEGREE	0.0	0.3	0.7	1.6	5.4	16.5	53.0	87.2	97.8	99.8	100.0	100.0
MASTER'S DEGREE	0.0	0.2	1.0	3.0	5.2	15.0	49.5	83.0	98.3	100.0	100.0	100.0
DOCTORATE OR												
PROFESSIONAL DEGREE	0.0	0.0	0.6	2.9	6.4	13.5	53.8	86.0	97.7	100.0	100.0	100.0
UNKNOWN	0.6	2.1	3.3	6.7	13.0	31.3	66.6	90.4	99.0	100.0	100.0	100.0
STATE TOTAL	0.1	0.5	1.1	2.7	7.0	21.7	57.4	87.9	98.3	99.9	100.0	100.0

TABLE B-18
2008 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY EDUCATION OF MOTHER
NUMBER OF EVENTS AND CUMULATIVE ROW PERCENTS

MONTH PRENATAL CARE BEGAN ⁽¹⁾

EDUCATION OF MOTHER	NUMBER OF EVENTS										TOTAL	
	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE UNKNOWN		
8TH GRADE OR LESS	1	14	20	5	5	4	2	1	2	3	1	58
9TH - 12TH GRADE - NO DIPLOMA	7	200	195	81	37	20	10	6	4	6	9	575
H.S. GRAD / GED CERT SOME COLLEGE -	34	677	709	198	81	51	32	11	11	6	33	1843
NO DEGREE	14	461	440	122	38	12	18	11	6	6	24	1152
ASSOCIATE DEGREE	6	200	207	22	7	6	5	1	1	0	10	465
BACHELOR'S DEGREE	13	619	594	93	32	14	11	6	2	2	33	1419
MASTER'S DEGREE	6	263	287	39	10	9	6	0	3	0	19	642
DOCTORATE OR PROFESSIONAL DEGREE	4	63	49	10	2	2	0	1	0	0	1	132
UNKNOWN	1	19	23	4	3	4	1	0	0	0	0	55
STATE TOTAL	86	2516	2524	574	215	122	85	37	29	23	130	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

EDUCATION OF MOTHER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE
8TH GRADE OR LESS	1.8	26.3	61.4	70.2	78.9	86.0	89.5	91.2	94.7	100.0
9TH - 12TH GRADE - NO DIPLOMA	1.2	36.6	71.0	85.3	91.9	95.4	97.2	98.2	98.9	100.0
H.S. GRAD / GED CERT SOME COLLEGE -	1.9	39.3	78.5	89.4	93.9	96.7	98.5	99.1	99.7	100.0
NO DEGREE	1.2	42.1	81.1	91.9	95.3	96.4	98.0	98.9	99.5	100.0
ASSOCIATE DEGREE	1.3	45.3	90.8	95.6	97.1	98.5	99.6	99.8	100.0	100.0
BACHELOR'S DEGREE	0.9	45.6	88.5	95.2	97.5	98.5	99.3	99.7	99.9	100.0
MASTER'S DEGREE	1.0	43.2	89.2	95.5	97.1	98.6	99.5	99.5	100.0	100.0
DOCTORATE OR PROFESSIONAL DEGREE	3.1	51.1	88.5	96.2	97.7	99.2	99.2	100.0	100.0	100.0
UNKNOWN	1.8	36.4	78.2	85.5	90.9	98.2	100.0	100.0	100.0	100.0
STATE TOTAL	1.4	41.9	82.5	91.8	95.2	97.2	98.6	99.2	99.6	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE B-19
2008 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY EDUCATION OF FATHER
NUMBER OF EVENTS AND CUMULATIVE ROW PERCENTS

MONTH PRENATAL CARE BEGAN ⁽¹⁾

EDUCATION OF FATHER	NUMBER OF EVENTS										TOTAL	
	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE		UNKNOWN
8TH GRADE OR LESS	0	14	16	1	12	4	1	0	1	1	0	50
9TH - 12TH GRADE - NO DIPLOMA	11	230	202	68	20	14	13	3	1	3	14	579
H.S. GRAD / GED CERT SOME COLLEGE -	32	802	755	199	74	37	30	19	9	9	38	2004
NO DEGREE	8	361	330	78	20	15	12	5	2	1	12	844
ASSOCIATE DEGREE	5	171	168	29	13	2	0	0	0	0	17	405
BACHELOR'S DEGREE	13	474	521	75	19	14	9	2	3	2	29	1161
MASTER'S DEGREE	2	167	175	33	10	5	2	1	2	0	9	406
DOCTORATE OR PROFESSIONAL DEGREE	5	73	77	7	3	3	1	0	0	0	2	171
UNKNOWN	10	224	280	84	44	28	17	7	11	7	9	721
STATE TOTAL	86	2516	2524	574	215	122	85	37	29	23	130	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

EDUCATION OF FATHER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE
8TH GRADE OR LESS	0.0	28.0	60.0	62.0	86.0	94.0	96.0	96.0	98.0	100.0
9TH - 12TH GRADE - NO DIPLOMA	1.9	42.7	78.4	90.4	94.0	96.5	98.8	99.3	99.5	100.0
H.S. GRAD / GED CERT SOME COLLEGE -	1.6	42.4	80.8	90.9	94.7	96.6	98.1	99.1	99.5	100.0
NO DEGREE	1.0	44.4	84.0	93.4	95.8	97.6	99.0	99.6	99.9	100.0
ASSOCIATE DEGREE	1.3	45.4	88.7	96.1	99.5	100.0	100.0	100.0	100.0	100.0
BACHELOR'S DEGREE	1.1	43.0	89.0	95.7	97.3	98.6	99.4	99.6	99.8	100.0
MASTER'S DEGREE	0.5	42.6	86.6	95.0	97.5	98.7	99.2	99.5	100.0	100.0
DOCTORATE OR PROFESSIONAL DEGREE	3.0	46.2	91.7	95.9	97.6	99.4	100.0	100.0	100.0	100.0
UNKNOWN	1.4	32.9	72.2	84.0	90.2	94.1	96.5	97.5	99.0	100.0
STATE TOTAL	1.4	41.9	82.5	91.8	95.2	97.2	98.6	99.2	99.6	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE B-20
2008 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY NUMBER OF PRENATAL VISITS
NUMBER OF EVENTS AND CUMULATIVE ROW PERCENTS

MONTH PRENATAL CARE BEGAN ⁽¹⁾

NUMBER OF VISITS	NUMBER OF EVENTS										TOTAL		
	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE		UNKNOWN	
NONE	0	0	0	0	0	0	0	0	0	0	23	0	23
1	0	0	0	0	0	0	0	1	0	2	0	2	5
2	0	1	0	0	2	0	0	1	0	2	0	0	6
3	0	0	2	4	1	0	2	2	5	0	0	1	17
4	0	6	3	6	3	5	9	10	4	0	0	2	48
5	1	3	12	7	1	7	3	3	6	0	0	1	44
6-8	3	68	95	64	54	36	34	16	8	0	0	10	388
9-11	15	429	567	186	77	51	23	3	0	0	0	26	1377
12	6	362	482	100	27	7	8	0	1	0	0	14	1007
13-15	38	1192	1082	171	41	15	4	1	1	0	0	43	2588
16-19	19	367	236	26	8	0	0	0	0	0	0	11	667
20+	3	77	35	5	0	0	0	1	0	0	0	2	123
UNKNOWN	1	11	10	5	1	1	0	1	0	0	0	18	48
STATE TOTAL	86	2516	2524	574	215	122	85	37	29	23	130	6341	

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

NUMBER OF VISITS	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE
NONE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
1	0.0	0.0	0.0	0.0	0.0	0.0	33.3	33.3	100.0	100.0
2	0.0	16.7	16.7	16.7	50.0	50.0	66.7	66.7	100.0	100.0
3	0.0	0.0	12.5	37.5	43.8	43.8	56.3	68.8	100.0	100.0
4	0.0	13.0	19.6	32.6	39.1	50.0	69.6	91.3	100.0	100.0
5	2.3	9.3	37.2	53.5	55.8	72.1	79.1	86.0	100.0	100.0
6-8	0.8	18.8	43.9	60.8	75.1	84.7	93.7	97.9	100.0	100.0
9-11	1.1	32.9	74.8	88.6	94.3	98.1	99.8	100.0	100.0	100.0
12	0.6	37.1	85.6	95.7	98.4	99.1	99.9	99.9	100.0	100.0
13-15	1.5	48.3	90.8	97.6	99.2	99.8	99.9	100.0	100.0	100.0
16-19	2.9	58.8	94.8	98.8	100.0	100.0	100.0	100.0	100.0	100.0
20+	2.5	66.1	95.0	99.2	99.2	99.2	99.2	100.0	100.0	100.0
UNKNOWN	3.3	40.0	73.3	90.0	93.3	96.7	96.7	100.0	100.0	100.0
STATE TOTAL	1.4	41.9	82.5	91.8	95.2	97.2	98.6	99.2	99.6	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE B-21
2008 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY AGE OF MOTHER
NUMBER OF EVENTS AND CUMULATIVE ROW PERCENTS

MONTH PRENATAL CARE BEGAN (1)

AGE OF MOTHER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE UNKNOWN	TOTAL
< 15 YEARS	0	0	3	1	1	0	0	0	0	1	6
15 YEARS	0	0	2	1	0	1	1	0	0	0	5
16 YEARS	0	8	6	3	0	1	1	3	1	0	23
17 YEARS	1	16	22	14	5	2	0	1	0	1	65
18 YEARS	3	51	49	17	10	5	1	0	1	0	141
19 YEARS	5	89	86	25	14	9	4	1	3	0	238
(15-19 YEARS)	(9)	(164)	(165)	(60)	(29)	(18)	(7)	(5)	(5)	(1)	(472)
20 YEARS	6	89	101	29	15	9	10	1	0	0	265
21 YEARS	2	92	110	40	14	9	3	1	4	4	281
22 YEARS	3	125	105	30	9	13	7	1	1	2	302
23 YEARS	7	114	140	31	12	6	5	2	2	1	329
24 YEARS	3	126	108	26	11	8	4	5	2	0	297
(20-24 YEARS)	(21)	(546)	(564)	(156)	(61)	(45)	(29)	(10)	(9)	(7)	(1474)
25-29 YEARS	24	754	696	161	50	28	25	14	8	8	1808
30-34 YEARS	22	675	680	109	41	18	13	4	4	4	1600
35-39 YEARS	10	317	352	71	27	10	8	4	2	2	818
40-44 YEARS	0	58	60	14	6	3	3	0	1	0	155
45+ YEARS	0	2	4	2	0	0	0	0	0	0	8
STATE TOTAL	86	2516	2524	574	215	122	85	37	29	23	6341

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWNNS

AGE OF MOTHER	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE
< 15 YEARS	0.0	0.0	50.0	66.7	83.3	83.3	83.3	83.3	83.3	100.0
15 YEARS	0.0	0.0	40.0	60.0	60.0	80.0	100.0	100.0	100.0	100.0
16 YEARS	0.0	34.8	60.9	73.9	73.9	78.3	82.6	95.7	100.0	100.0
17 YEARS	1.6	27.4	62.9	85.5	93.5	96.8	96.8	98.4	98.4	100.0
18 YEARS	2.2	39.4	75.2	87.6	94.9	98.5	99.3	99.3	100.0	100.0
19 YEARS	2.1	39.8	76.3	86.9	92.8	96.6	98.3	98.7	100.0	100.0
(15-19 YEARS)	(1.9)	(37.4)	(73.0)	(86.0)	(92.2)	(96.1)	(97.6)	(98.7)	(99.8)	(100.0)
20 YEARS	2.3	36.5	75.4	86.5	92.3	95.8	99.6	100.0	100.0	100.0
21 YEARS	0.7	33.7	73.1	87.5	92.5	95.7	96.8	97.1	98.6	100.0
22 YEARS	1.0	43.2	78.7	88.9	91.9	96.3	98.6	99.0	99.3	100.0
23 YEARS	2.2	37.8	81.6	91.3	95.0	96.9	98.4	99.1	99.7	100.0
24 YEARS	1.0	44.0	80.9	89.8	93.5	96.2	97.6	99.3	100.0	100.0
(20-24 YEARS)	(1.5)	(39.2)	(78.1)	(88.9)	(93.1)	(96.2)	(98.2)	(98.9)	(99.5)	(100.0)
25-29 YEARS	1.4	44.0	83.4	92.5	95.3	96.9	98.3	99.1	99.5	100.0
30-34 YEARS	1.4	44.4	87.7	94.6	97.3	98.4	99.2	99.5	99.7	100.0
35-39 YEARS	1.2	40.7	84.6	93.4	96.8	98.0	99.0	99.5	99.8	100.0
40-44 YEARS	0.0	40.0	81.4	91.0	95.2	97.2	99.3	99.3	100.0	100.0
45+ YEARS	0.0	25.0	75.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
STATE TOTAL	1.4	41.9	82.5	91.8	95.2	97.2	98.6	99.2	99.6	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES.

TABLE B-22
2008 VERMONT RESIDENT BIRTHS

MONTH PRENATAL CARE BEGAN BY AGE OF FATHER
NUMBER OF EVENTS AND CUMULATIVE ROW PERCENTS

AGE OF FATHER	MONTH PRENATAL CARE BEGAN ⁽¹⁾										TOTAL		
	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE		UNKNOWN	
< 15 YEARS	0	0	1	0	0	0	0	0	0	0	0	0	1
15 YEARS	0	0	2	0	0	0	0	0	0	0	0	0	2
16 YEARS	0	3	2	2	0	0	0	0	0	0	0	0	8
17 YEARS	0	4	7	5	0	1	0	0	0	0	0	0	17
18 YEARS	0	15	11	5	3	2	1	1	0	0	0	0	38
19 YEARS	4	20	22	13	3	5	2	2	0	1	4	76	
(15-19 YEARS)	(4)	(42)	(44)	(25)	(6)	(8)	(3)	(3)	(0)	(1)	(5)	(141)	
20 YEARS	4	44	36	16	5	3	3	0	3	0	1	115	
21 YEARS	2	61	56	19	7	5	4	0	2	1	2	159	
22 YEARS	0	66	51	18	4	8	2	1	0	0	1	151	
23 YEARS	4	72	83	18	12	8	4	2	0	1	5	209	
24 YEARS	3	92	89	27	9	3	4	1	0	1	3	232	
(20-24 YEARS)	(13)	(335)	(315)	(98)	(37)	(27)	(17)	(4)	(5)	(3)	(12)	(866)	
25-29 YEARS	21	651	592	118	47	26	21	11	7	4	34	1532	
30-34 YEARS	23	679	669	125	39	17	15	6	4	1	30	1608	
35-39 YEARS	12	430	461	88	32	17	8	3	4	5	25	1085	
40-44 YEARS	2	163	172	39	15	3	6	0	0	1	9	410	
45+ YEARS	3	73	78	19	7	3	4	3	0	2	4	196	
UNKNOWN	8	143	192	62	32	21	11	7	9	6	11	502	
STATE TOTAL	86	2516	2524	574	215	122	85	37	29	23	130	6341	

CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN

AGE OF FATHER	CUMULATIVE ROW PERCENTS - EXCLUDING UNKNOWN									
	FIRST	SECOND	THIRD	FOURTH	FIFTH	SIXTH	SEVENTH	EIGHTH	NINTH	NONE
< 15 YEARS	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15 YEARS	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
16 YEARS	0.0	42.9	71.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0
17 YEARS	0.0	23.5	64.7	94.1	94.1	100.0	100.0	100.0	100.0	100.0
18 YEARS	0.0	39.5	68.4	81.6	89.5	94.7	97.4	100.0	100.0	100.0
19 YEARS	5.6	33.3	63.9	81.9	86.1	93.1	95.8	98.6	100.0	100.0
(15-19 YEARS)	(3)	(34)	(66)	(85)	(89)	(95)	(97)	(99)	(99)	(100)
20 YEARS	3.5	42.1	73.7	87.7	92.1	94.7	97.4	97.4	100.0	100.0
21 YEARS	1.3	40.1	75.8	87.9	92.4	95.5	98.1	98.1	99.4	100.0
22 YEARS	0.0	44.0	78.0	90.0	92.7	98.0	99.3	100.0	100.0	100.0
23 YEARS	2.0	37.3	77.9	86.8	92.6	96.6	98.5	99.5	99.5	100.0
24 YEARS	1.3	41.5	80.3	92.1	96.1	97.4	99.1	99.6	99.6	100.0
(20-24 YEARS)	(1.5)	(40.7)	(77.6)	(89.1)	(93.4)	(96.6)	(98.6)	(99.1)	(99.6)	(100.0)
25-29 YEARS	1.4	44.9	84.4	92.3	95.4	97.1	98.5	99.3	99.7	100.0
30-34 YEARS	1.5	44.5	86.9	94.8	97.3	98.4	99.3	99.7	99.9	100.0
35-39 YEARS	1.1	41.7	85.2	93.5	96.5	98.1	98.9	99.2	99.5	100.0
40-44 YEARS	0.5	41.1	84.0	93.8	97.5	98.3	99.8	99.8	99.8	100.0
45+ YEARS	1.6	39.6	80.2	90.1	93.8	95.3	97.4	99.0	99.0	100.0
UNKNOWN	1.6	30.8	69.9	82.5	89.0	93.3	95.5	96.9	98.8	100.0
STATE TOTAL	1.4	41.9	82.5	91.8	95.2	97.2	98.6	99.2	99.6	100.0

(1) SEE APPENDIX B FOR DATA QUALITY NOTES.

TABLE B-23
2008 VERMONT BIRTHS

COUNTY OF RESIDENCE BY PLACE OF BIRTH
COUNTY OF RESIDENCE

PLACE OF BIRTH (1)	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORG	ORL	RUT	WAS	WDM	WDR	O-O-S	TOTAL
AT HOME	15	2	6	18	0	10	0	7	9	5	11	27	10	5	1	126
BRATTLEBORO MEMORIAL HOSPITAL	0	5	0	0	0	0	0	0	0	0	1	0	272	3	61	342
COPLEY HOSPITAL	0	0	22	1	0	11	0	175	0	19	0	30	0	0	0	258
GIFFORD MEDICAL CENTER	8	0	0	3	0	0	0	2	81	0	10	82	0	46	1	233
NORTHWESTERN MEDICAL CENTER	0	0	0	22	0	398	19	8	0	1	0	1	0	0	6	455
FAHC / MEDICAL CENTER CAMPUS	119	3	7	1557	0	164	37	80	7	13	25	106	0	3	87	2208
NORTH COUNTRY HOSPITAL & HEALTH CENTER	0	0	4	0	13	0	0	1	0	174	0	0	0	0	2	194
PORTER MEDICAL CENTER	203	1	0	5	0	0	0	0	2	0	57	2	0	1	72	343
SOUTHWESTERN VERMONT MEDICAL CENTER	0	316	0	0	0	0	0	0	0	0	10	0	31	0	133	490
RUTLAND REGIONAL MEDICAL CENTER	2	23	0	0	0	0	0	0	0	0	390	2	4	11	20	452
SPRINGFIELD HOSPITAL	0	2	0	0	0	0	0	0	1	0	9	0	47	138	30	227
CENTRAL VERMONT MEDICAL CENTER	0	1	19	2	0	0	0	13	52	0	0	326	0	1	0	414
NORTHEASTERN VERMONT REGIONAL HOSPITAL	0	0	167	0	13	0	0	0	4	19	0	5	0	0	8	216
MT. ASCUTNEY HOSPITAL & HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER PLACES																
OUT OF STATE HOSPITAL	0	42	98	5	25	3	0	2	165	7	44	13	61	337	0	802
UNKNOWN	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	2
TOTAL	347	395	324	1613	51	586	56	288	322	238	557	594	425	545	421	6762

(1) SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS.

TABLE B-24
2008 VERMONT BIRTHS

ATTENDANT BY PLACE OF BIRTH

ATTENDANT

PLACE OF BIRTH ⁽¹⁾	MEDICAL DOCTOR	DOCTOR OF OSTEOPATH	CERTIFIED NURSE		LICENSED MIDWIFE	OTHER	UNKNOWN	TOTAL
			MIDWIFE	NURSE				
AT HOME	1	0	0	0	116	9	0	126
BRATTLEBORO MEMORIAL HOSPITAL	219	0	123	0	0	0	0	342
COPLEY HOSPITAL	154	0	104	0	0	0	0	258
GIFFORD MEDICAL CENTER	100	0	133	0	0	0	0	233
NORTHWESTERN MEDICAL CENTER	455	0	0	0	0	0	0	455
FAHC / MEDICAL CENTER CAMPUS	1902	0	304	0	0	2	0	2208
NORTH COUNTRY HOSPITAL & HEALTH CENTER	156	0	38	0	0	0	0	194
PORTER MEDICAL CENTER	287	0	56	0	0	0	0	343
SOUTHWESTERN VERMONT MEDICAL CENTER	315	0	174	0	0	1	0	490
RUTLAND REGIONAL MEDICAL CENTER	448	0	0	0	0	4	0	452
SPRINGFIELD HOSPITAL	227	0	0	0	0	0	0	227
CENTRAL VERMONT MEDICAL CENTER	246	100	68	0	0	0	0	414
NORTHEASTERN VERMONT REGIONAL HOSPITAL	100	0	116	0	0	0	0	216
OUT OF STATE HOSPITAL	502	0	198	1	1	0	101	802
UNKNOWN	1	0	1	0	0	0	0	2
TOTAL	5113	100	1315	117	16	101	6762	

(1) SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS

TABLE B-25
2008 VERMONT HOSPITAL BIRTHS

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

PLACE OF BIRTH ⁽¹⁾	TYPE OF DELIVERY						TOTAL
	NUMBER OF EVENTS						
	VAGINAL	VAGINAL AFTER CESAREAN	TOTAL VAGINAL	PRIMARY CESAREAN	REPEAT CESAREAN	TOTAL CESAREAN	
BRATTLEBORO MEMORIAL HOSPITAL	246	4	250	69	23	92	342
COPLEY HOSPITAL	192	0	192	41	25	66	258
GIFFORD MEDICAL CENTER	171	2	173	39	21	60	233
NORTHWESTERN MEDICAL CENTER	323	6	329	84	42	126	455
FAHC / MEDICAL CENTER CAMPUS	1523	55	1578	413	217	630	2208
NORTH COUNTRY HOSPITAL & HEALTH CENTER	143	1	144	28	22	50	194
PORTER MEDICAL CENTER	243	3	246	68	29	97	343
SOUTHWESTERN VERMONT MEDICAL CENTER	341	2	343	81	66	147	490
RUTLAND REGIONAL MEDICAL CENTER	302	3	305	99	48	147	452
SPRINGFIELD HOSPITAL	180	3	183	27	17	44	227
CENTRAL VERMONT MEDICAL CENTER	285	5	290	73	51	124	414
NORTHEASTERN VERMONT REGIONAL HOSPITAL	166	1	167	25	24	49	216
TOTAL	4115	85	4200	1047	585	1632	5832

PLACE OF BIRTH ⁽¹⁾	PERCENTS					
	VAGINAL AFTER					
	TOTAL VAGINAL ⁽²⁾	TOTAL CESAREAN ⁽³⁾	PRIMARY CESAREAN ⁽⁴⁾	REPEAT CESAREAN ⁽⁵⁾	VAGINAL AFTER CESAREAN ⁽⁶⁾	
BRATTLEBORO MEMORIAL HOSPITAL	73.1	26.9	21.9	25.0	14.8	
COPLEY HOSPITAL	74.4	25.6	17.6	37.9	0.0	
GIFFORD MEDICAL CENTER	74.2	25.8	18.6	35.0	8.7	
NORTHWESTERN MEDICAL CENTER	72.3	27.7	20.6	33.3	12.5	
FAHC / MEDICAL CENTER CAMPUS	71.5	28.5	21.3	34.4	20.2	
NORTH COUNTRY HOSPITAL & HEALTH CENTER	74.2	25.8	16.4	44.0	4.3	
PORTER MEDICAL CENTER	71.7	28.3	21.9	29.9	9.4	
SOUTHWESTERN VERMONT MEDICAL CENTER	70.0	30.0	19.2	44.9	2.9	
RUTLAND REGIONAL MEDICAL CENTER	67.5	32.5	24.7	32.7	5.9	
SPRINGFIELD HOSPITAL	80.6	19.4	13.0	38.6	15.0	
CENTRAL VERMONT MEDICAL CENTER	70.0	30.0	20.4	41.1	8.9	
NORTHEASTERN VERMONT REGIONAL HOSPITAL	77.3	22.7	13.1	49.0	4.0	
TOTAL	72.0	28.0	20.3	35.8	12.7	

(1) SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS.

(2) PERCENT OF ALL BIRTHS THAT ARE VAGINAL BIRTHS.

(3) PERCENT OF ALL BIRTHS THAT ARE BY CESAREAN DELIVERY.

(4) NUMBER OF PRIMARY CESAREANS PER 100 LIVE BIRTHS TO WOMEN WHO HAVE NOT HAD A PREVIOUS CESAREAN.

(5) PERCENT OF CESAREANS THAT ARE REPEAT CESAREANS.

(6) NUMBER OF VAGINAL BIRTHS AFTER PREVIOUS CESAREAN DELIVERY PER 100 LIVE BIRTHS TO WOMEN WITH A PREVIOUS CESAREAN DELIVERY.

TABLE B-26
2008 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 ⁽¹⁾	SMOKERS ⁽²⁾	UNKNOWN	
ADDISON	288	58	1	347
BENNINGTON	289	90	16	395
CALEDONIA	256	68	0	324
CHITTENDEN	1368	245	0	1613
ESSEX	38	11	2	51
FRANKLIN	456	127	3	586
GRAND ISLE	44	12	0	56
LAMOILLE	221	65	2	288
ORANGE	242	73	7	322
ORLEANS	185	53	0	238
RUTLAND	401	153	3	557
WASHINGTON	481	109	4	594
WINDHAM	320	93	12	425
WINDSOR	423	105	17	545
STATE TOTAL	5012	1262	67	6341

ROW PERCENTS - EXCLUDING UNKNOWNNS

COUNTY OF RESIDENCE	NON-SMOKERS ⁽¹⁾	SMOKERS ⁽²⁾	QUITTERS ⁽³⁾
ADDISON	83.2	16.8	21.4
BENNINGTON	76.3	23.7	41.7
CALEDONIA	79.0	21.0	18.7
CHITTENDEN	84.8	15.2	33.9
ESSEX	77.6	22.4	15.4
FRANKLIN	78.2	21.8	24.5
GRAND ISLE	78.6	21.4	15.4
LAMOILLE	77.3	22.7	14.1
ORANGE	76.8	23.2	22.4
ORLEANS	77.7	22.3	24.6
RUTLAND	72.4	27.6	26.1
WASHINGTON	81.5	18.5	19.5
WINDHAM	77.5	22.5	30.6
WINDSOR	80.1	19.9	20.7
STATE TOTAL	79.9	20.1	26.5

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

	NON-SMOKERS ⁽¹⁾	SMOKERS ⁽²⁾	QUITTERS ⁽³⁾	ALL MOTHERS
PERCENT LBW (<2500 gm)	5.4	13.3	8.5	7.0

(1) MOTHERS WHO DID NOT SMOKE CIGARETTES DURING PREGNANCY.

(2) MOTHERS WHO SMOKED CIGARETTES DURING PREGNANCY.

(3) 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-27
2008 VERMONT RESIDENT BIRTHS

PREGNANCY RISK FACTORS AND CHARACTERISTICS OF LABOR AND DELIVERY NUMBER AND PERCENT OF BIRTHS			CHARACTERISTICS OF LABOR AND DELIVERY		
ITEM	NUMBER	PERCENT	ITEM	NUMBER	PERCENT
DIABETES, PRE-PREGNANCY	53	0.8	PREMATURE RUPTURE OF MEMBRANES	568	9.0
DIABETES, GESTATIONAL	222	3.5	PRECIPITOUS LABOR (< 3 HRS)	294	4.7
HYPERTENSION, PRE-PREGNANCY	95	1.5	PROLONGED LABOR (>= 20 HRS)	264	4.2
HYPERTENSION, GESTATIONAL	313	5.0	INDUCTION OF LABOR	1518	24.0
HYPERTENSION, ECLAMPSIA	4	0.1	AUGMENTATION OF LABOR	1480	23.4
PREVIOUS PRETERM BIRTHS	241	3.8	NON-VERTEX PRESENTATION	280	4.4
POOR PREGNANCY OUTCOMES	144	2.3	STEROIDS FOR FETAL LUNG MATURATION	87	1.4
FERTILITY-ENHANCING DRUGS	56	0.9	ANTIBIOTICS RECEIVED DURING LABOR	1331	21.0
ASSISTED REPRODUCTIVE TECHNOLOGY	60	1.0	CLINICAL CHORIOAMNIONITIS	128	2.0
			MECONIUM STAINING OF AMNIOTIC FLUID	371	5.9
			FETAL INTOLERANCE OF LABOR	483	7.6
			EPIDURAL OR SPINAL ANESTHESIA	3272	51.7
			CERVICAL CERCLAGE	13	0.2
			TOCOLYSIS	88	1.4
			SUCCESSFUL EXTERNAL CEPHALIC VERSION	19	0.3
			FAILED EXTERNAL CEPHALIC VERSION	25	0.4

TABLE B-28
2008 VERMONT RESIDENT BIRTHS

COMPLICATIONS OF THE NEWBORN NUMBER AND PERCENT OF BIRTHS			CONGENITAL ANOMALIES OF THE NEWBORN		
ITEM	NUMBER	PERCENT	ITEM	NUMBER	PERCENT
ASSISTED VENTILATION FOLLOWING DELIVERY	214	3.4	ANENCEPHALY	2	0.0
ASSISTED VENTILATION FOR > 6 HOURS	92	1.5	MENINGOCELE/SPINA BIFIDA	5	0.1
NICU ADMISSION	351	5.6	CYANOTIC CONGENITAL HEART DISEASE	3	0.1
SURFACTANT REPLACEMENT THERAPY	61	1.0	CONGENITAL DIAPHRAGMATIC HERNIA	3	0.0
ANTIBIOTICS FOR SUSPECTED SEPSIS	247	3.9	OMPHALOCELE	0	0.0
SEIZURES OR NEUROLOGIC DYSFUNCTION	8	0.1	GASTROSCHISIS	1	0.0
SIGNIFICANT BIRTH INJURY	2	0.0	LIMB REDUCTION DEFECT	0	0.0
			CLEFT LIP WITH OR WITHOUT CLEFT PALATE	9	0.1
			CLEFT PALATE ALONE	2	0.0
			DOWN SYNDROME ⁽¹⁾	7	0.1
			SUSPECTED CHROMOSOMAL DISORDER ⁽¹⁾	0	0.0
			HYPOSPADIAS	7	0.1

(1) INCLUDES KARYOTYPE CONFIRMED, AND KARYOTYPE PENDING

TABLE B-29
2008 VERMONT RESIDENT BIRTHS

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

COUNTY OF RESIDENCE	PREPREGNANCY WEIGHT			WEIGHT GAIN (1)			TOTAL BIRTHS (FULL TERM)
	UNDER WEIGHT	HEALTHY WEIGHT	OVER- WEIGHT	BELOW GUIDELINES	WITHIN GUIDELINES	ABOVE GUIDELINES	
ADDISON	27	167	45	55	110	159	4
BENNINGTON	32	148	51	49	101	183	16
CALEDONIA	23	121	46	60	78	146	15
CHITTENDEN	171	817	167	245	539	633	33
ESSEX	6	19	4	11	8	23	6
FRANKLIN	49	247	69	133	168	216	6
GRAND ISLE	2	18	7	12	14	19	2
LAMOILLE	24	155	35	55	91	118	5
ORANGE	29	126	32	63	76	127	20
ORLEANS	25	91	26	55	77	78	0
RUTLAND	39	220	63	98	148	208	40
WASHINGTON	56	265	59	100	178	223	48
WINDHAM	39	189	43	82	117	169	18
WINDSOR	41	252	63	96	139	233	33
STATE TOTAL	563	2835	710	1114	1844	2535	246

COUNTY OF RESIDENCE	ROW PERCENTS - EXCLUDING UNKNOWNNS			WEIGHT GAIN (1)			TOTAL BIRTHS (FULL TERM)
	UNDER WEIGHT	HEALTHY WEIGHT	OVER- WEIGHT	BELOW GUIDELINES	WITHIN GUIDELINES	ABOVE GUIDELINES	
ADDISON	8.3	51.4	13.8	17.0	34.0	49.1	100.0
BENNINGTON	9.6	44.3	15.3	14.7	30.3	55.0	100.0
CALEDONIA	8.0	41.9	15.9	21.1	27.5	51.4	100.0
CHITTENDEN	11.9	57.1	11.7	17.3	38.0	44.7	100.0
ESSEX	13.3	42.2	8.9	26.2	19.0	54.8	100.0
FRANKLIN	9.5	47.8	13.3	25.7	32.5	41.8	100.0
GRAND ISLE	4.4	40.0	15.6	26.7	31.1	42.2	100.0
LAMOILLE	9.1	58.5	13.2	20.8	34.5	44.7	100.0
ORANGE	10.7	46.7	11.9	23.7	28.6	47.7	100.0
ORLEANS	11.9	43.3	12.4	26.2	36.7	37.1	100.0
RUTLAND	8.5	48.0	13.8	21.6	32.6	45.8	100.0
WASHINGTON	11.0	51.9	11.5	20.0	35.5	44.5	100.0
WINDHAM	10.6	51.2	11.7	22.3	31.8	45.9	100.0
WINDSOR	8.6	53.1	13.3	20.5	29.7	49.8	100.0
STATE TOTAL	10.2	51.1	12.8	20.3	33.6	46.1	100.0

(1) WEIGHT GAIN GUIDELINES ISSUED BY THE INSTITUTE OF MEDICINE AND AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

TABLE B-30
2008 VERMONT RESIDENT BIRTHS

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

AGE OF MOTHER	ADEQUACY OF PRENATAL CARE ⁽¹⁾					TOTAL
	INTENSIVE	ADEQUATE	INTERMEDIATE	INADEQUATE	UNKNOWN	
< 15 YEARS	1	3	0	2	0	6
15 YEARS	0	3	0	2	0	5
16 YEARS	9	6	2	6	0	23
17 YEARS	29	17	4	11	4	65
18 YEARS	54	51	13	18	5	141
19 YEARS	104	88	10	32	4	238
(15-19 YEARS)	(196)	(165)	(29)	(69)	(13)	(472)
20 YEARS	96	105	21	37	6	265
21 YEARS	113	114	12	37	5	281
22 YEARS	128	115	16	35	8	302
23 YEARS	146	128	16	29	10	329
24 YEARS	128	114	17	33	5	297
(20-24 YEARS)	(611)	(576)	(82)	(171)	(34)	(1474)
25-29 YEARS	760	771	92	138	47	1808
30-34 YEARS	688	718	71	88	35	1600
35-39 YEARS	413	300	33	55	17	818
40-44 YEARS	67	57	7	13	11	155
45+ YEARS	3	4	1	0	0	8
STATE TOTAL	2739	2594	315	536	157	6341

ROW PERCENTS - EXCLUDING UNKNOWNNS ⁽²⁾

AGE OF MOTHER	INTENSIVE	ADEQUATE	INTERMEDIATE	INADEQUATE
< 15 YEARS	16.7	50.0	0.0	33.3
15 YEARS	0.0	60.0	0.0	40.0
16 YEARS	39.1	26.1	8.7	26.1
17 YEARS	47.5	27.9	6.6	18.0
18 YEARS	39.7	37.5	9.6	13.2
19 YEARS	44.4	37.6	4.3	13.7
(15-19 YEARS)	(42.7)	(35.9)	(6.3)	(15.0)
20 YEARS	37.1	40.5	8.1	14.3
21 YEARS	40.9	41.3	4.3	13.4
22 YEARS	43.5	39.1	5.4	11.9
23 YEARS	45.8	40.1	5.0	9.1
24 YEARS	43.8	39.0	5.8	11.3
(20-24 YEARS)	(42.4)	(40.0)	(5.7)	(11.9)
25-29 YEARS	43.2	43.8	5.2	7.8
30-34 YEARS	44.0	45.9	4.5	5.6
35-39 YEARS	51.6	37.5	4.1	6.9
40-44 YEARS	46.5	39.6	4.9	9.0
45+ YEARS	37.5	50.0	12.5	0.0
STATE TOTAL	44.3	41.9	5.1	8.7

(1) 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 \geq 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.

(2) MAY NOT ADD TO 100% DUE TO ROUNDING.

TABLE B-31
2008 VERMONT RESIDENT PREGNANCIES (1)

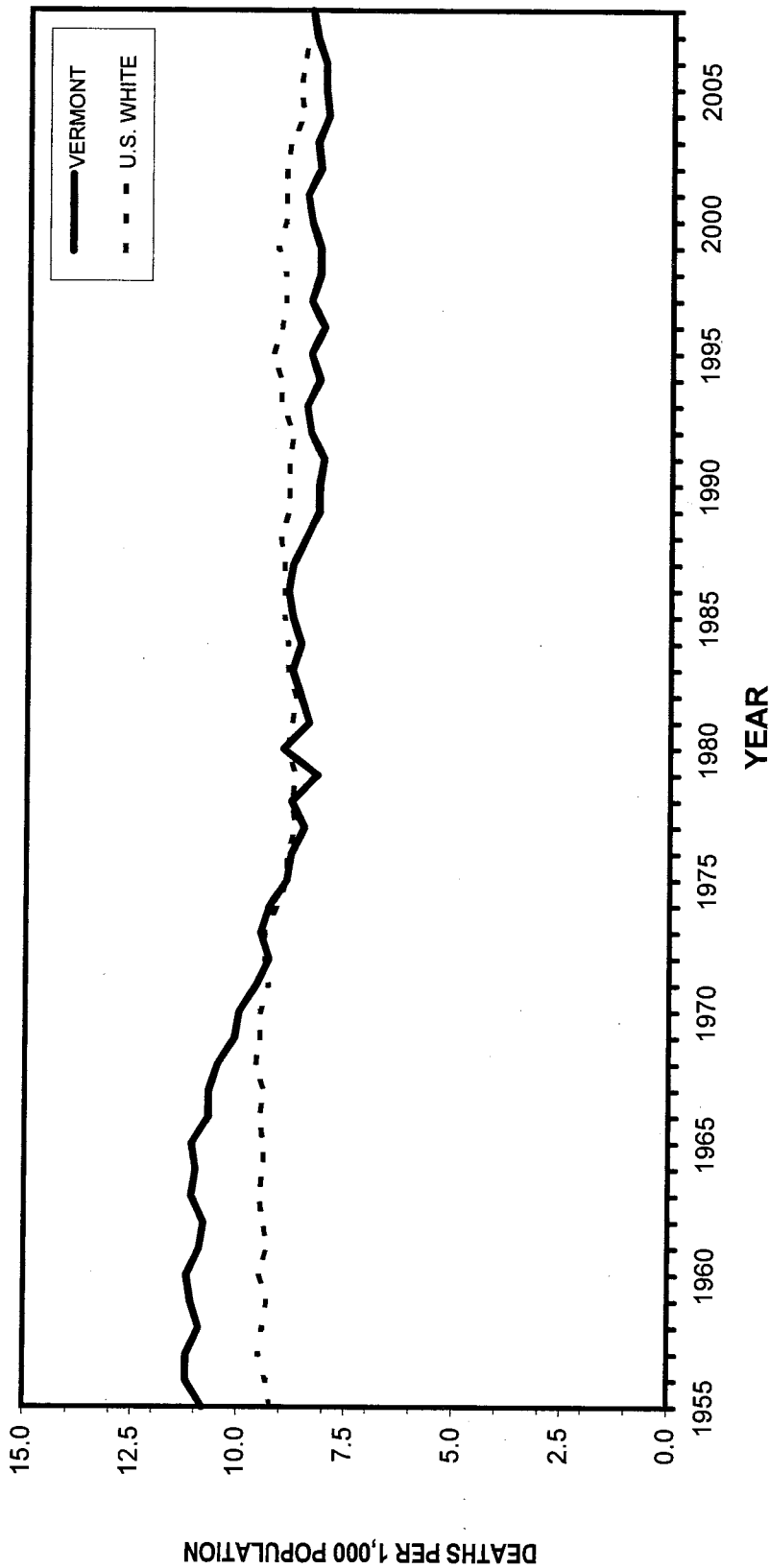
AGE OF WOMAN BY COUNTY OF RESIDENCE
AGE-SPECIFIC PREGNANCY RATES

COUNTY	PREGNANCY RATES					TOTAL
	AGE OF MOTHER					
	15-19	20-24	25-29	30-34	35-44	
ADDISON	12.0	59.6	95.4	131.4	30.3	53.2
BENNINGTON	45.1	106.3	177.5	94.2	26.9	72.0
CALEDONIA	47.5	116.6	107.4	91.9	23.2	68.9
CHITTENDEN	22.1	69.4	134.9	114.9	33.8	62.1
ESSEX	31.5	122.7	80.4	61.1	6.6	47.4
FRANKLIN	38.2	161.7	128.4	106.4	20.6	72.5
GRAND ISLE	16.5	84.9	48.9	103.1	22.6	47.5
LAMOILLE	36.2	106.8	130.7	118.1	25.1	72.4
ORANGE	38.1	104.4	99.4	112.1	25.7	65.2
ORLEANS	58.0	123.5	67.7	68.2	15.2	55.6
RUTLAND	39.5	112.5	102.8	97.0	18.3	62.3
WASHINGTON	32.5	107.7	118.6	114.6	31.6	69.2
WINDHAM	33.6	116.6	118.4	91.2	26.2	64.5
WINDSOR	39.7	119.2	107.3	90.7	21.7	61.3
STATE TOTAL	32.0	96.5	116.0	105.0	26.5	63.9

(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. WHITE CRUDE DEATH RATES 1955-2008



Data points for the U.S. white population can be found in Appendix D. Vermont data points can be found in Table A-1. The 2008 U.S. white rate is not available at this time.

DEATHS

NOTE: On July 1, 2008 Vermont implemented a revised death certificate based on the 2003 Revision of the U.S. Standard Certificate of Death. The revised certificate includes a few changes in what is reported to the Vermont Department of Health; therefore, some tables in this report were modified, and explanations are provided in footnotes.

There were 5,195 resident deaths in 2008, 36 more than in 2007. The crude death rate increased from 8.3 to 8.4 per 1,000 population. The death rate has fluctuated between 8.1 and 8.5 since 1988; 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 higher than the U.S. white crude death rate until 1970 when the rates converged and remained similar through 1980. Since 1981, Vermont's death rate has been slightly lower than the U.S. white rate. The U.S. white rate for 2007 was 8.5 (2008 data not yet available). Comparisons are made to the U.S. white rate because 99.0 percent of Vermont residents who died in 2008 were white ([Table C-9](#)).

For the past 40 years, the two leading causes of death in Vermont have been heart disease and cancer, respectively. However, in 2007 cancer became the leading cause of death among Vermonters, and remained the leading cause in 2008. Cancer and heart disease accounted for 47.8 percent of the deaths in 2008 ([Table C-11](#)). The crude death rate for cancer (malignant neoplasms) rose steadily through the 1980's and 1990's before starting to decline in this decade. After a high of 204.0 per 100,000 population in 2001, the rate decreased to 194.1 in 2006 before increasing to 215.7 in 2007 and 205.2 in 2008. 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 2008 was 194.4 per 100,000 ([Table C-1](#)).

Chronic lower respiratory diseases (formerly referred to as chronic obstructive pulmonary diseases), the fourth leading cause of death in Vermont since 1985, moved up to the third leading cause in 2005. The crude death rate for this cause increased over the past twenty plus years from 33.0 in the period from 1979 to 1981 to 50.9 in 2000. After a slight decrease in 2001, the rate has gone up, then down each year since. In 2008, the rate was 55.2 per 100,000 population.

Accidents (or unintentional injuries) maintained its position as the fourth leading cause of death in Vermont, after moving up from the fifth leading cause in 2005. The crude death rate for accidents peaked at 58.4 in the period from 1969 to 1971, and declined to 31.3 in 1994 to 1996. Since the mid 1990's however, the death rate from accidents has increased. The crude rate for 2008 was 49.1.

Cerebrovascular diseases, or stroke, dropped from the third leading cause of death in 2004 to the fifth leading cause beginning in 2005. The crude death rate for cerebrovascular diseases has dropped significantly from its peak of 131.9 in the early 1960's to 44.7 in 2008.

The crude death rate from Alzheimer's disease steadily increased throughout the 1990's and into this decade, 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 has remained there through 2008. The crude death rate for Alzheimer's disease in 2008 was 35.4.

Diabetes remained the seventh leading cause of death in Vermont in 2008. Though the rate has fluctuated in recent years; generally, Vermont has experienced an increasing trend in the crude death rate for diabetes over the past fifteen years. The rate increased from 22.0 in the period 1989 to 1991 to 26.9 in 2000 and 29.6 in 2003, before declining to 24.0 in 2004, increasing to 27.4 in 2007, and declining to 24.1 in 2008.

Intentional self-harm (or suicide) remained the eighth leading cause of death in 2008 and continued the recent trend of increasing crude death rates with a rate of 15.1 per 100,000. This is up from 14.2 in 2007, 13.1 in 2006 and 12.0 deaths per 100,000 in 2005.

Influenza and pneumonia remained in the ninth position in 2008, after dropping from eighth in 2006, with a crude death rate of 11.8 deaths per 100,000. This is a slight increase from 11.1 in 2007, following decreases from 12.2 in 2006 and 15.6 in 2005.

Parkinson's disease remained the tenth leading cause of death in Vermont in 2008, with a crude rate of 8.5 deaths 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 34. Cancer was the leading cause of death, followed by heart disease for 35-74 year olds, and at ages 75 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 6.6 percent of the total population, they accounted for 61.3 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 varied by sex as well ([Table C-1](#)) and ([Table C-11](#)). The top three causes for males were: cancer, heart disease and accidents. For females they were: cancer, heart disease, and stroke.

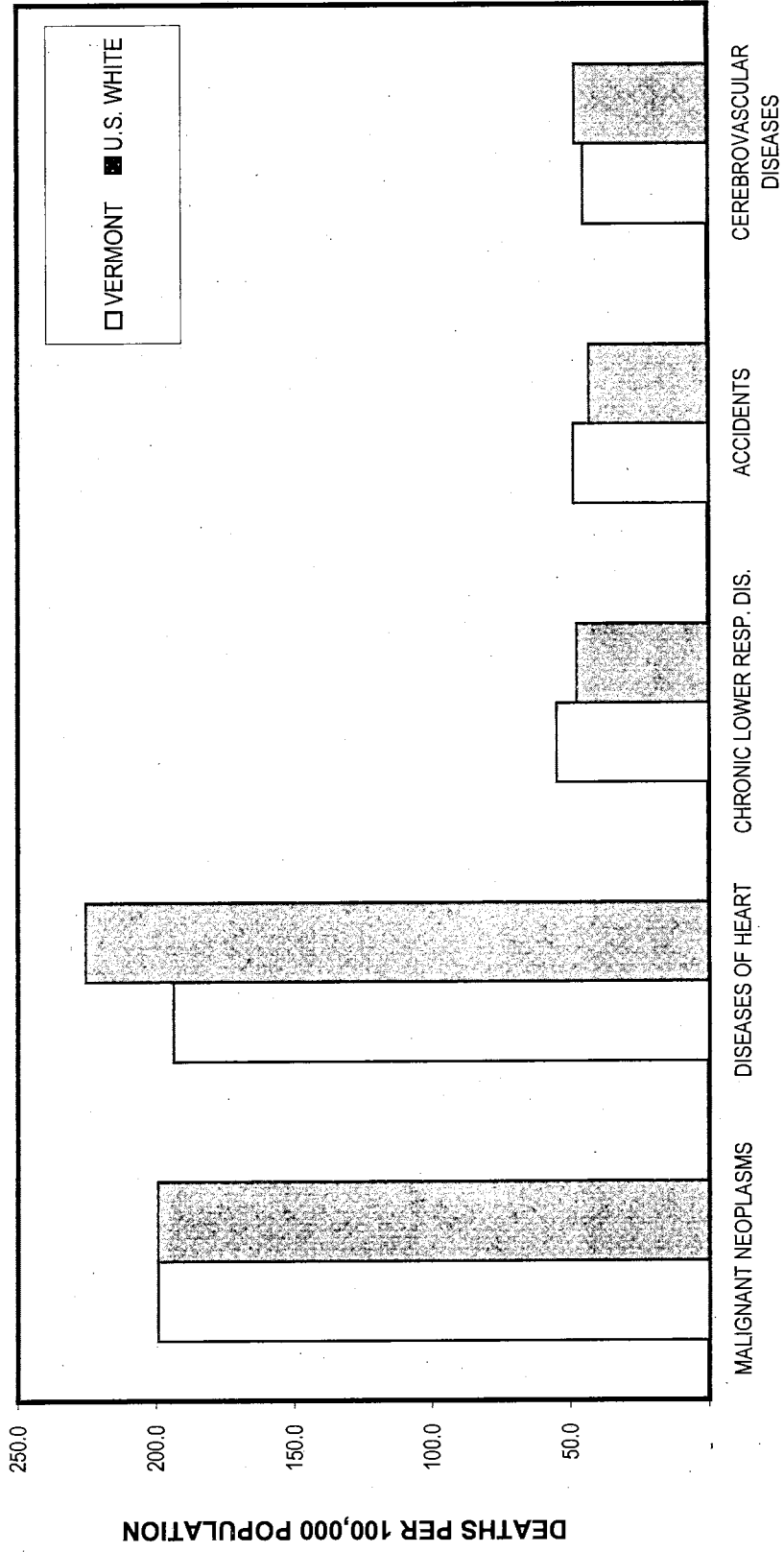
Chronic lower respiratory diseases, cerebrovascular diseases and diabetes ranked fourth, fifth, and sixth for males, while chronic lower respiratory diseases, Alzheimer's disease, and accidents were the fourth, fifth, and sixth leading causes of death for females.

Suicide and Alzheimer's disease were the seventh and eighth leading cause of death among males, while diabetes and influenza and pneumonia were ranked seventh and eighth for females.

Parkinson's disease and influenza and pneumonia were the ninth and tenth leading causes for males, and suicide and Parkinson's disease were ranked ninth and tenth among females.

Deaths occurring in a hospital accounted for 38.2 percent of Vermont resident deaths ([Table C-17](#)), down from 62 percent in 1980, 53 percent in 1990 and 41.2 percent in 2000. In 2008, 28.1 percent of Vermont resident deaths occurred at home, and 27.9 percent occurred in a nursing home.

Figure 9
FIVE LEADING CAUSES OF DEATH IN 2008,
FOR VERMONT AND U.S. WHITE POPULATION



Vermont death rates are age-adjusted to the 2008 U.S. white population. U.S. white rates are the 2007 crude death rates as the 2008 rates were not available.

TABLE C-1

1979-2008 VERMONT RESIDENT DEATHS
10 LEADING CAUSE OF DEATH, BY SEX
CRUDE RATES PER 100,000 POPULATION

CAUSE OF DEATH (1)	2008			1994-96	1989-91	1979-81
	NUMBER	RATE	RATE	RATE	RATE	RATE
1. MALIGNANT NEOPLASMS (CANCER) 10th: C00-C97 9th: 140-208 (1.0068)	T	1275	205.2	199.5	199.1	188.1
	M	672	219.8	209.2	216.8	202.8
	F	603	191.1	190.3	182.1	174.1
OF TRACHEA, BRONCHUS AND LUNG 10th: C33-C34 9th: 162 (0.9837)	T	380	61.2	51.4	49.1	44.7
	M	199	65.1	61.9	67.4	67.0
	F	181	57.4	41.4	31.6	23.5
2. DISEASES OF THE HEART 10th: I00-I09, I11, I13, I20-I51 9th: 390-398, 402, 404, 410-429 (0.9858)	T	1208	194.4	257.5	255.1	327.4
	M	628	205.4	258.4	254.7	352.2
	F	580	183.8	256.6	255.4	303.7
3. CHRONIC LOWER RESPIRATORY DISEASES (COPD) 10th: J40-J47 9th: 490-494, 496 (1.0478)	T	343	55.2	44.3	41.5	33.0
	M	170	55.6	44.2	49.7	48.2
	F	173	54.8	44.3	33.6	18.4
4. ACCIDENTS 10th: V01-X59, Y85-Y86 9th: E800-E869, E880-E929 (1.0305)	T	305	49.1	31.3	34.4	46.3
	M	196	64.1	42.6	46.3	66.5
	F	109	34.5	20.5	23.1	27.1
FALLS 10th: W00-W19 9th: E880-E888 (0.8409)	T	119	19.2	5.1	5.0	5.7
	M	60	19.6	5.4	4.5	5.7
	F	59	18.7	5.0	5.5	5.6
5. CEREBROVASCULAR DISEASES (STROKE) 10th: I60-I69 9th: 430-434, 436-438 (1.0588)	T	278	44.7	59.7	54.0	69.2
	M	102	33.4	44.1	41.3	57.7
	F	176	55.8	74.6	66.2	80.1
6. ALZHEIMER'S DISEASE 10th: G30 9th: 331.0 (1.5536)	T	220	35.4	15.4	15.4	0.9
	M	66	21.6	8.8	9.8	0.6
	F	154	48.8	21.8	20.7	1.2

TABLE C-1

1979-2008 VERMONT RESIDENT DEATHS
10 LEADING CAUSE OF DEATH, BY SEX
CRUDE RATES PER 100,000 POPULATION

CAUSE OF DEATH (1)	2008			1994-96 RATE	1989-91 RATE	1979-81 RATE
	NUMBER	RATE	RATE			
7. DIABETES MELLITUS 10th: E10-E14 9th: 250 (1.0082)	T	150	24.1	24.7	22.0	13.6
	M	77	25.2	23.7	20.1	11.0
	F	73	23.1	25.6	23.9	16.1
8. INTENTIONAL SELF-HARM (SUICIDE) 10th: X60-X84, Y87.0 9th: E950-E959 (0.9962)	T	94	15.1	11.3	16.1	16.3
	M	72	23.6	18.8	27.4	25.8
	F	22	7.0	4.2	5.3	7.2
9. INFLUENZA AND PNEUMONIA 10th: J10-J18 9th: 480-487 (0.6982)	T	73	11.8	20.6	22.3	17.7
	M	29	9.5	17.4	19.7	17.0
	F	44	13.9	23.7	24.8	18.5
10. PARKINSON'S DISEASE 10th: G20-G21 9th: 332 (1.0012)	T	53	8.5	5.1	3.8	2.4
	M	32	10.5	5.5	4.2	2.3
	F	21	6.7	4.8	3.4	2.6

(1) 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
2008 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 GROUPS AND CAUSE ⁽¹⁾	NUMBER OF DEATHS		RATES	
		TOTAL	MALE	FEMALE
UNDER 1 YEAR ⁽²⁾	29	4.6	4.0	5.2
1-4 YEARS	5	19.2	14.9	23.8
5-14 YEARS	9	12.8	16.6	8.7
15-24 YEARS	59	67.5	100.5	32.8
ACCIDENTS	33	37.8	58.1	16.4
25-34 YEARS	60	84.7	112.5	56.7
ACCIDENTS	25	35.3	50.6	19.8
35-44 YEARS	118	139.5	185.0	95.4
MALIGNANT NEOPLASMS	34	40.2	43.3	37.2
45-54 YEARS	355	341.2	408.4	276.1
MALIGNANT NEOPLASMS	127	122.0	113.3	130.5
DISEASES OF THE HEART	54	51.9	89.9	15.1
ACCIDENTS	35	33.6	50.8	17.0
INTENTIONAL SELF-HARM (SUICIDE)	27	25.9	39.1	13.2
55-64 YEARS	568	671.9	831.5	514.5
MALIGNANT NEOPLASMS	206	243.7	276.4	211.4
DISEASES OF THE HEART	116	137.2	195.4	79.9
ACCIDENTS	38	45.0	69.1	21.1
CHRONIC LOWER RESPIRATORY DISEASES	31	36.7	33.4	39.9
CEREBROVASCULAR DISEASES (STROKE)	22	26.0	28.6	23.5
65-74 YEARS	806	1759.8	2219.6	1337.0
MALIGNANT NEOPLASMS	324	707.4	834.1	590.9
DISEASES OF THE HEART	152	331.9	469.4	205.4
CHRONIC LOWER RESPIRATORY DISEASES	74	161.6	168.6	155.1
CEREBROVASCULAR DISEASES (STROKE)	33	72.1	77.5	67.1
DIABETES MELLITUS	27	59.0	77.5	41.9
ACCIDENTS	25	54.6	82.0	29.3
75-84 YEARS	1455	5108.1	6181.4	4344.4
DISEASES OF THE HEART	357	1253.3	1579.1	1021.5
MALIGNANT NEOPLASMS	354	1242.8	1672.0	937.4
CHRONIC LOWER RESPIRATORY DISEASES	129	452.9	591.1	354.5
CEREBROVASCULAR DISEASES (STROKE)	82	287.9	253.3	312.5
ALZHEIMER'S DISEASE	66	231.7	219.6	240.4
ACCIDENTS	53	186.1	236.4	150.2
DIABETES MELLITUS	52	182.6	211.1	162.2
85+ YEARS	1731	14000.3	15865.6	13150.5
DISEASES OF THE HEART	508	4108.7	5038.8	3685.0
MALIGNANT NEOPLASMS	218	1763.2	2377.3	1483.4
ALZHEIMER'S DISEASE	141	1140.4	878.6	1259.7
CEREBROVASCULAR DISEASES (STROKE)	130	1051.4	1007.8	1071.3
CHRONIC LOWER RESPIRATORY DISEASES	95	768.4	1059.4	635.7
ACCIDENTS	72	582.3	801.0	482.7
DIABETES MELLITUS	38	307.3	335.9	294.3
INFLUENZA AND PNEUMONIA	38	307.3	413.4	259.0
PARKINSON'S DISEASE	23	186.0	387.6	94.2

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

(2) DEATH RATES FOR THOSE UNDER 1 YEAR OLD ARE PER 1000 LIVE BIRTHS.

TABLE C-3
2008 VERMONT DEATHS

GEOGRAPHIC DISTRIBUTION OF 2008 VERMONT DEATHS

DEATHS OCCURRING IN VERMONT		VERMONT RESIDENT DEATHS	
PLACE OF RESIDENCE	NUMBER	PLACE OF DEATH	NUMBER
ALABAMA	1	ALABAMA	1
CALIFORNIA	5	CALIFORNIA	3
CONNECTICUT	10	CONNECTICUT	8
DISTRICT OF COLUMBIA	1	DISTRICT OF COLUMBIA	1
FLORIDA	25	FLORIDA	37
GEORGIA	1	MARYLAND	3
MAINE	4	MASSACHUSETTS	41
MARYLAND	3	NEVADA	1
MASSACHUSETTS	21	NEW HAMPSHIRE	326
MICHIGAN	1	NEW JERSEY	2
MONTANA	1	NEW YORK	38
NEW HAMPSHIRE	99	NORTH CAROLINA	1
NEW JERSEY	8	PENNSYLVANIA	3
NEW MEXICO	1	RHODE ISLAND	1
NEW YORK	237	SOUTH CAROLINA	5
OHIO	3	TENNESSEE	1
PENNSYLVANIA	2	UTAH	1
RHODE ISLAND	2	VERMONT	4718
TENNESSEE	1	VIRGINIA	2
TEXAS	4	WEST VIRGINIA	1
VERMONT	4718	UNKNOWN	1
VIRGINIA	2		
CANADA	5		
OTHER	1		
TOTAL	5156	TOTAL	5195

TABLE C-4
2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE	AGE AT DEATH BY COUNTY OF RESIDENCE											TOTAL
	UNDER 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
ADDISON	0	0	1	4	5	6	12	22	39	82	86	257
BENNINGTON	4	0	0	0	4	5	30	39	71	114	140	407
CALEDONIA	1	0	1	3	7	4	21	32	42	70	98	279
CHITTENDEN	5	0	1	17	10	22	70	97	145	275	331	973
ESSEX	0	0	1	1	2	4	3	8	12	20	9	60
FRANKLIN	1	1	0	4	7	10	26	43	55	115	118	380
GRAND ISLE	0	0	0	1	2	3	5	6	13	8	10	48
LAMOILLE	0	1	1	5	2	7	13	28	29	48	62	196
ORANGE	2	1	1	0	2	9	14	31	43	62	77	242
ORLEANS	1	0	0	3	1	4	24	27	50	87	88	285
RUTLAND	4	0	2	5	5	14	37	67	97	198	213	642
WASHINGTON	3	0	1	10	4	7	32	51	80	130	165	483
WINDHAM	2	2	0	4	4	13	28	59	55	89	149	405
WINDSOR	6	0	0	2	5	10	40	57	75	157	185	537
UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	1
STATE TOTAL	29	5	9	59	60	118	355	568	806	1455	1731	5195

TABLE C-5
2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE	AGE AT DEATH BY COUNTY OF RESIDENCE FOR THOSE OVER 1											AGE ADJUSTED RATE
	1-24	25-34	35-44	45-54	55-64	65-74	75-84	85+				
ADDISON	41.3	126.0	127.4	202.0	436.2	1606.3	5666.9	14262.0	798.3			
BENNINGTON	0.0	110.1	108.7	507.6	768.3	2124.5	4796.0	14084.5	885.2			
CALEDONIA	44.5	185.0	108.5	440.6	750.3	1843.7	4245.0	14161.8	840.5			
CHITTENDEN	35.3	56.6	97.9	275.3	533.7	1595.5	5307.9	15162.6	814.2			
ESSEX	119.6	261.4	440.5	278.3	929.2	1976.9	5025.1	5844.2	789.6			
FRANKLIN	34.2	110.9	138.9	327.2	741.8	1858.1	6229.7	17302.1	967.8			
GRAND ISLE	48.2	212.5	290.7	361.5	525.9	1928.8	2409.6	12820.5	719.2			
LAMOILLE	93.4	64.8	202.7	329.7	859.2	1577.8	4696.7	14252.9	850.1			
ORANGE	24.5	58.0	241.4	277.0	751.5	1908.6	4791.3	13799.3	837.5			
ORLEANS	40.7	27.4	114.6	567.4	724.1	2231.1	5878.4	12571.4	913.5			
RUTLAND	39.6	75.2	170.0	348.2	739.8	1846.9	5568.1	12754.5	854.4			
WASHINGTON	66.0	60.8	87.7	319.8	601.6	1761.0	4868.9	13074.5	792.3			
WINDHAM	51.6	87.5	229.8	360.8	874.9	1638.9	4395.1	15020.2	862.5			
WINDSOR	13.8	86.9	134.4	400.5	648.8	1517.9	4895.5	13592.9	806.4			
STATE TOTAL	39.7	84.7	139.5	341.2	671.9	1759.8	5108.1	14000.3	836.2			

NOTES: AGE-ADJUSTED RATES ADJUST THE COUNTY AGE-SPECIFIC RATES TO THE 2008 VERMONT AGE DISTRIBUTION.
COUNTY TOTAL AGE-ADJUSTED RATES INCLUDE THE "UNDER 1" DEATHS.

TABLE C-6
2008 VERMONT RESIDENT DEATHS

AGE AT DEATH BY DOMESTIC RELATIONSHIP AND SEX

DOMESTIC RELATIONSHIP	TOTAL									
	< 15	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 +	TOTAL
SINGLE	43	55	40	38	84	67	57	82	94	560
MARRIED	0	3	18	47	158	293	458	649	350	1976
WIDOWED	0	0	0	1	7	33	150	560	1195	1946
DIVORCED	0	1	2	31	103	172	139	159	88	695
CIVIL UNION	0	0	0	1	2	2	0	0	0	5
CIVIL UNION DISSOLUTION	0	0	0	0	0	0	1	0	1	2
UNKNOWN	0	0	0	0	1	1	1	5	3	11
STATE TOTAL	43	59	60	118	355	568	806	1455	1731	5195

DOMESTIC RELATIONSHIP	MALE									
	< 15	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 +	TOTAL
SINGLE	21	41	28	26	55	50	39	46	23	329
MARRIED	0	3	10	32	85	183	314	453	279	1359
WIDOWED	0	0	0	0	4	11	42	145	278	480
DIVORCED	0	1	2	19	63	104	91	87	33	400
CIVIL UNION	0	0	0	0	1	1	0	0	0	2
CIVIL UNION DISSOLUTION	0	0	0	0	0	0	0	0	0	0
UNKNOWN	0	0	0	0	1	0	1	1	1	4
TOTAL MALE	21	45	40	77	209	349	487	732	614	2574

DOMESTIC RELATIONSHIP	FEMALE									
	< 15	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 +	TOTAL
SINGLE	22	14	12	12	29	17	18	36	71	231
MARRIED	0	0	8	15	73	110	144	196	71	617
WIDOWED	0	0	0	1	3	22	108	415	917	1466
DIVORCED	0	0	0	12	40	68	48	72	55	295
CIVIL UNION	0	0	0	1	1	1	0	0	0	3
CIVIL UNION DISSOLUTION	0	0	0	0	0	0	1	0	1	2
UNKNOWN	0	0	0	0	0	1	0	4	2	7
TOTAL FEMALE	22	14	20	41	146	219	319	723	1117	2621

TABLE C-7
2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE	MONTH OF DEATH BY COUNTY OF RESIDENCE												TOTAL
	MONTH OF DEATH												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ADDISON	17	15	28	22	22	18	21	24	11	27	23	29	257
BENNINGTON	33	32	35	40	41	28	30	34	34	26	42	32	407
CALEDONIA	14	29	27	20	23	19	28	20	19	23	25	32	279
CHITTENDEN	75	78	92	70	85	80	75	81	80	79	88	90	973
ESSEX	3	9	5	2	6	5	7	7	0	7	2	7	60
FRANKLIN	32	35	42	34	26	35	27	25	24	30	28	42	380
GRAND ISLE	3	5	4	3	8	2	4	4	4	5	4	2	48
LAMOILLE	17	15	15	21	20	20	13	11	18	17	17	12	196
ORANGE	14	20	24	24	24	16	13	24	29	19	19	16	242
ORLEANS	31	14	23	27	23	30	17	24	25	23	21	27	285
RUTLAND	51	51	45	69	58	44	42	44	55	73	54	56	642
WASHINGTON	40	42	43	53	50	37	29	27	39	33	44	46	483
WINDHAM	39	38	44	31	25	27	33	31	34	31	35	37	405
WINDSOR	44	53	56	48	46	41	47	39	46	43	35	39	537
UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	0	1
STATE TOTAL	413	436	483	464	457	402	386	396	418	436	437	467	5195

TABLE C-8
2008 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	
BURIAL	76	62	84	127	172	149	145	147	164	155	136	88	1505
CREMATION	241	256	276	287	272	240	228	233	236	263	256	271	3059
TEMPORARY STORAGE	81	97	100	42	0	0	0	1	1	2	18	80	422
DONATION	4	2	2	2	3	5	2	3	5	5	3	5	41
REMOVED FROM STATE	4	5	4	1	3	5	4	1	3	7	7	5	49
ENTOMBMENT	0	0	0	0	0	0	0	1	1	1	2	4	9
OTHER	5	8	12	3	0	1	1	0	0	0	0	1	31
UNKNOWN	2	6	5	2	7	2	6	10	8	3	15	13	79
TOTAL	413	436	483	464	457	402	386	396	418	436	437	467	5195

NOTE : ENTOMBMENT WAS NOT ADDED AS A DISPOSITION METHOD UNTIL JULY 2008.

TABLE C-9
2008 VERMONT RESIDENT DEATHS

RACE BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	RACE							MULTIPLE RACE (2)	TOTAL
	WHITE	BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER (1)	OTHER NON-WHITE	UNKNOWN	RACE (2)		
ADDISON	255	1	0	0	0	1	0	0	257
BENNINGTON	405	0	0	0	0	0	2	0	407
CALEDONIA	275	2	1	0	0	0	1	0	279
CHITTENDEN	957	10	0	3	1	1	1	1	973
ESSEX	59	1	0	0	0	0	0	0	60
FRANKLIN	379	1	0	0	0	0	0	0	380
GRAND ISLE	48	0	0	0	0	0	0	0	48
LAMOILLE	196	0	0	0	0	0	0	0	196
ORANGE	239	1	2	0	0	0	0	0	242
ORLEANS	284	1	0	0	0	0	0	0	285
RUTLAND	635	2	1	1	0	0	3	0	642
WASHINGTON	480	3	0	0	0	0	0	0	483
WINDHAM	398	1	1	2	0	0	3	0	405
WINDSOR	534	0	0	1	1	0	2	0	537
UNKNOWN	1	0	0	0	0	0	0	0	1
STATE TOTAL	5145	23	5	7	2	12	12	1	5195

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

(2) MORE THAN ONE RACE INDICATED; ONLY COLLECTED FROM JULY - DECEMBER 2008.

TABLE C-10
2008 VERMONT RESIDENT DEATHS

AUTOPSY BY CERTIFIER OF DEATH

NUMBER OF EVENTS, ROW AND COLUMN PERCENTS (1)

AUTOPSY

CERTIFIER	NUMBER OF EVENTS		TOTAL	ROW PERCENTS		TOTAL	COLUMN PERCENTS		TOTAL
	AUTOPSY	NONE UNKNOWN		AUTOPSY	NONE UNKNOWN		AUTOPSY	NONE UNKNOWN	
PHYSICIAN	41	3932	247	4220	1.0	93.2	5.9	100.0	81.2
PATHOLOGIST	67	9	1	77	87.0	11.7	1.3	100.0	1.5
MEDICAL EXAMINER	382	288	1	671	56.9	42.9	0.1	100.0	12.9
UNKNOWN	37	173	17	227	16.3	76.2	7.5	100.0	4.4
TOTAL	527	4402	266	5195	10.1	84.7	5.1	100.0	100.0

(1) MAY NOT ADD TO 100% DUE TO ROUNDING

TABLE C-11 - PAGE 1
2008 VERMONT RESIDENT DEATHS

DEATHS AND DEATH RATES BY SEX AND 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	NUMBER OF EVENTS			COLUMN PERCENTS			RATES PER 100,000 POPULATION			
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	AGE-ADJUSTED RATES	MALE	FEMALE	CRUDE DEATH RATES
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	8	18	26	0.3	0.7	0.5	3.0	4.7	4.2	4.2
TUBERCULOSIS	0	1	1	0.0	0.0	0.0	0.0	0.3	0.2	0.2
RESPIRATORY TUBERCULOSIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER TUBERCULOSIS	0	1	1	0.0	0.0	0.0	0.0	0.3	0.2	0.2
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	10	12	22	0.4	0.5	0.4	4.1	3.3	3.5	3.5
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	8	3	11	0.3	0.1	0.2	2.7	1.0	1.8	1.8
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	3	1	4	0.1	0.0	0.1	1.0	0.3	0.6	0.6
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	9	6	15	0.3	0.2	0.3	3.6	1.6	2.4	2.4
MALIGNANT NEOPLASMS	672	603	1275	26.1	23.0	24.5	250.2	173.4	205.2	205.2
OF LIP, ORAL CAVITY AND PHARYNX	11	9	20	0.4	0.3	0.4	4.1	2.7	3.2	3.2
OF ESOPHAGUS	31	6	37	1.2	0.2	0.7	11.1	1.8	6.0	6.0
OF STOMACH	8	5	13	0.3	0.2	0.3	2.9	1.5	2.1	2.1
OF COLON, RECTUM AND ANUS	56	59	115	2.2	2.3	2.2	21.4	16.3	18.5	18.5
OF LIVER AND INTRAHEPATIC BILE DUCTS	22	11	33	0.9	0.4	0.6	7.7	3.2	5.3	5.3
OF PANCREAS	49	44	93	1.9	1.7	1.8	17.2	12.4	15.0	15.0
OF LARYNX	5	3	8	0.2	0.1	0.2	1.8	0.9	1.3	1.3
OF TRACHEA, BRONCHUS AND LUNG	199	181	380	7.7	6.9	7.3	72.2	52.7	61.2	61.2
OF SKIN	17	10	27	0.7	0.4	0.5	6.1	3.0	4.3	4.3
OF BREAST	0	68	68	0.0	2.6	1.3	0.0	20.0	10.9	10.9
OF CERVIX UTERI	0	5	5	0.0	0.2	0.1	0.0	1.4	0.8	0.8
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	0	22	22	0.0	0.8	0.4	0.0	6.4	3.5	3.5
OF OVARY	0	24	24	0.0	0.9	0.5	0.0	6.9	3.9	3.9
OF PROSTATE	69	0	69	2.7	0.0	1.3	28.7	0.0	11.1	11.1
OF KIDNEY AND RENAL PELVIS	14	15	29	0.5	0.6	0.6	5.0	4.4	4.7	4.7
OF BLADDER	32	11	43	1.2	0.4	0.8	12.4	2.9	6.9	6.9
OF MENINGES, BRAIN AND OTHER PARTS										
OF CENTRAL NERVOUS SYSTEM	20	13	33	0.8	0.5	0.6	6.8	4.0	5.3	5.3
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	57	44	101	2.2	1.7	1.9	21.9	12.4	16.3	16.3
HODGKIN'S DISEASE	2	1	3	0.1	0.0	0.1	0.7	0.3	0.5	0.5
NON-HODGKIN'S LYMPHOMA	20	21	41	0.8	0.8	0.8	7.7	6.1	6.6	6.6
LEUKEMIA	20	9	29	0.8	0.3	0.6	7.9	2.6	4.7	4.7
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	15	13	28	0.6	0.5	0.5	5.7	3.4	4.5	4.5
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
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN OR UNKNOWN BEHAVIOR	82	73	155	3.2	2.8	3.0	31.0	20.3	24.9	24.9
	16	19	35	0.6	0.7	0.7	6.6	5.2	5.6	5.6

TABLE C-11 - PAGE 2
2008 VERMONT RESIDENT DEATHS

DEATHS AND DEATH RATES BY SEX AND 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	NUMBER OF EVENTS			COLUMN PERCENTS			RATES PER 100,000 POPULATION		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	AGE-ADJUSTED RATES	MALE	FEMALE
ANEMIAS	4	7	11	0.2	0.3	0.2	1.9	1.7	1.8
DIABETES MELLITUS	77	73	150	3.0	2.8	2.9	29.2	19.9	24.1
NUTRITIONAL DEFICIENCIES	0	4	4	0.0	0.2	0.1	0.0	1.0	0.6
MALNUTRITION	0	3	3	0.0	0.1	0.1	0.0	0.7	0.5
OTHER NUTRITIONAL DEFICIENCIES	0	1	1	0.0	0.0	0.0	0.0	0.2	0.2
MENINGITIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
PARKINSON'S DISEASE	32	21	53	1.2	0.8	1.0	14.1	5.7	8.5
ALZHEIMER'S DISEASE	66	154	220	2.6	5.9	4.2	29.6	38.3	35.4
MAJOR CARDIOVASCULAR DISEASES	773	803	1576	30.0	30.6	30.3	313.2	208.6	253.7
DISEASES OF HEART	628	580	1208	24.4	22.1	23.3	253.8	150.6	194.4
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASES	2	8	10	0.1	0.3	0.2	0.8	2.0	1.6
HYPERTENSIVE HEART DISEASE	17	26	43	0.7	1.0	0.8	7.0	6.8	6.9
HYPERTENSIVE HEART AND RENAL DISEASE	3	6	9	0.1	0.2	0.2	1.4	1.4	1.4
ISCHEMIC HEART DISEASE	476	390	866	18.5	14.9	16.7	190.1	102.4	139.4
ACUTE MYOCARDIAL INFARCTION	146	115	261	5.7	4.4	5.0	57.9	30.3	42.0
OTHER ACUTE ISCHEMIC HEART DISEASES	6	2	8	0.2	0.1	0.2	2.6	0.5	1.3
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	324	273	597	12.6	10.4	11.5	129.6	71.6	96.1
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	144	121	265	5.6	4.6	5.1	54.3	32.8	42.7
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	180	152	332	7.0	5.8	6.4	75.3	38.7	53.4
OTHER HEART DISEASES	130	150	280	5.1	5.7	5.4	54.6	37.9	45.1
ACUTE AND SUBACUTE ENDOCARDITIS	3	2	5	0.1	0.1	0.1	1.0	0.6	0.8
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	1	2	3	0.0	0.1	0.1	0.4	0.6	0.5
HEART FAILURE	18	27	45	0.7	1.0	0.9	6.6	6.6	7.2
ALL OTHER FORMS OF HEART DISEASE	108	119	227	4.2	4.5	4.4	44.9	30.1	36.5
ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	19	24	43	0.7	0.9	0.8	7.6	6.0	6.9
CEREBROVASCULAR DISEASES	102	176	278	4.0	6.7	5.4	42.6	46.0	44.7
ATHEROSCLEROSIS	1	5	6	0.0	0.2	0.1	0.4	1.3	1.0
OTHER DISEASES OF CIRCULATORY SYSTEM	23	18	41	0.9	0.7	0.8	8.8	4.7	6.6
AORTIC ANEURYSM AND DISSECTION	13	10	23	0.5	0.4	0.4	5.0	2.6	3.7
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	10	8	18	0.4	0.3	0.3	3.8	2.1	2.9
OTHER DISORDERS OF CIRCULATORY SYSTEM	3	5	8	0.1	0.2	0.2	1.4	1.3	1.3
INFLUENZA AND PNEUMONIA	29	44	73	1.1	1.7	1.4	12.9	11.7	11.8
INFLUENZA	1	5	6	0.0	0.2	0.1	0.4	1.5	1.0
PNEUMONIA	28	39	67	1.1	1.5	1.3	12.5	10.2	10.8
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
ACUTE BRONCHITIS AND BRONCHIOLITIS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
CHRONIC LOWER RESPIRATORY DISEASES	170	173	343	6.6	6.6	6.6	67.8	47.7	55.2
BRONCHITIS, CHRONIC AND UNSPECIFIED	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
EMPHYSEMA	24	11	35	0.9	0.4	0.7	9.2	3.1	5.6
ASTHMA	1	6	7	0.0	0.2	0.1	0.3	1.7	1.1
OTHER CHRONIC LOWER RESPIRATORY DISEASES	145	156	301	5.6	6.0	5.8	58.2	42.9	48.4

TABLE C-11 - PAGE 3
2008 VERMONT RESIDENT DEATHS

DEATHS AND DEATH RATES BY SEX AND 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	NUMBER OF EVENTS			COLUMN PERCENTS			RATES PER 100,000 POPULATION			
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	AGE-ADJUSTED RATES	MALE	FEMALE	CRUDE DEATH RATES
PNEUMOCOINOSES AND CHEMICAL EFFECTS	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	19	10	29	0.7	0.4	0.6	8.6	2.5	4.7	4.7
OTHER DISEASES OF RESPIRATORY SYSTEM	26	31	57	1.0	1.2	1.1	10.0	8.1	9.2	9.2
PEPTIC ULCER	7	4	11	0.3	0.2	0.2	2.8	1.1	1.8	1.8
DISEASES OF APPENDIX	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
HERNIA	8	5	13	0.3	0.2	0.3	2.8	1.3	2.1	2.1
CHRONIC LIVER DISEASE AND CIRRHOSIS	28	19	47	1.1	0.7	0.9	9.7	5.7	7.6	7.6
ALCOHOLIC LIVER DISEASE	20	12	32	0.8	0.5	0.6	6.6	3.7	5.2	5.2
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	8	7	15	0.3	0.3	0.3	3.2	2.0	2.4	2.4
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	4	2	6	0.2	0.1	0.1	1.6	0.5	1.0	1.0
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	17	22	39	0.7	0.8	0.8	7.1	5.7	6.3	6.3
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
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	4	2	6	0.2	0.1	0.1	1.7	0.5	1.0	1.0
RENAL FAILURE	13	19	32	0.5	0.7	0.6	5.4	5.0	5.2	5.2
OTHER DISORDERS OF KIDNEY	0	1	1	0.0	0.0	0.0	0.0	0.2	0.2	0.2
INFECTIONS OF KIDNEY	1	1	2	0.0	0.0	0.0	0.4	0.2	0.3	0.3
HYPERPLASIA OF PROSTATE	4	0	4	0.2	0.0	0.1	2.1	0.0	0.6	0.6
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	2	2	0.0	0.1	0.0	0.0	0.6	0.3	0.3
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	3	3	0.0	0.1	0.1	0.0	1.0	0.5	0.5
PREGNANCY WITH ABORTIVE OUTCOME	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	3	3	0.0	0.1	0.1	0.0	1.0	0.5	0.5
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	7	10	17	0.3	0.4	0.3	2.2	3.3	2.7	2.7
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	8	10	18	0.3	0.4	0.3	2.7	3.0	2.9	2.9
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	12	26	38	0.5	1.0	0.7	4.6	6.4	6.1	6.1
ALL OTHER DISEASES	275	376	651	10.7	14.3	12.5	109.3	98.2	104.8	104.8
TRANSPORT ACCIDENTS	196	109	305	7.6	4.2	5.9	71.2	30.2	49.1	49.1
MOTOR VEHICLE ACCIDENTS	62	19	81	2.4	0.7	1.6	20.9	5.9	13.0	13.0
OTHER LAND TRANSPORT ACCIDENTS	57	19	76	2.2	0.7	1.5	19.3	5.9	12.2	12.2
WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2	0.2
NONTRANSPORT ACCIDENTS	4	0	4	0.2	0.0	0.1	1.3	0.0	0.6	0.6
FALLS	134	90	224	5.2	3.4	4.3	50.3	24.3	36.1	36.1
ACCIDENTAL DISCHARGE OF FIREARMS	60	59	119	2.3	2.3	2.3	25.0	15.0	19.2	19.2
ACCIDENTAL DROWNING AND SUBMERSION	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2	0.2
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	4	0	4	0.2	0.0	0.1	1.4	0.0	0.6	0.6
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	3	1	4	0.1	0.0	0.1	1.0	0.3	0.6	0.6
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	41	18	59	1.6	0.7	1.1	13.3	5.8	9.5	9.5
	25	12	37	1.0	0.5	0.7	9.3	3.3	6.0	6.0

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2008 VERMONT RESIDENT DEATHS

DEATHS AND DEATH RATES BY SEX AND 113 SELECTED CAUSES

CAUSE OF DEATH (1)	NUMBER OF EVENTS			COLUMN PERCENTS			RATES PER 100,000 POPULATION			CRUDE DEATH RATES
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	
INTENTIONAL SELF-HARM (SUICIDE)	72	22	94	2.8	0.8	1.8	23.6	7.0	15.1	15.1
INTENTIONAL SELF-HARM BY DISCHARGE OF FIREARMS	43	1	44	1.7	0.0	0.8	14.1	0.3	7.1	7.1
INTENTIONAL SELF-HARM BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	29	21	50	1.1	0.8	1.0	9.5	6.7	8.0	8.0
ASSAULT (HOMICIDE)	7	9	16	0.3	0.3	0.3	2.3	2.9	2.6	2.6
ASSAULT BY DISCHARGE OF FIREARMS	4	3	7	0.2	0.1	0.1	1.3	1.0	1.1	1.1
ASSAULT BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	3	6	9	0.1	0.2	0.2	1.0	2.0	1.4	1.4
LEGAL INTERVENTION	1	0	1	0.0	0.0	0.0	0.3	0.0	0.2	0.2
EVENTS OF UNDETERMINED INTENT	1	7	8	0.0	0.3	0.2	0.3	2.1	1.3	1.3
DISCHARGE OF FIREARMS, UNDETERMINED INTENT	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	1	7	8	0.0	0.3	0.2	0.3	2.1	1.3	1.3
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	1	6	7	0.0	0.2	0.1	0.3	1.7	1.1	1.1
ALL CAUSES	2574	2621	5195	100.0	100.0	100.0	1003.1	707.0	836.2	836.2

(1) SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

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2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE BY 113 SLECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR	UNK	TOTAL
SALMONELLA INFECTIONS	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
CERTAIN OTHER INTESINAL INFECTIONS	2	1	1	4	0	4	1	0	2	2	2	3	2	2	0	26
TUBERCULOSIS	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
RESPIRATORY TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER TUBERCULOSIS	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
WHOOPING COUGH	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
MENINGOCOCCAL INFECTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SEPTICEMIA	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS	0	3	1	0	0	0	0	0	0	3	4	2	1	2	0	22
ACUTE POLIOMYELITIS	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
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRAL HEPATITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	0	2	0	5	0	0	0	0	0	0	1	3	0	0	0	11
MALARIA	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	4
OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MALIGNANT NEOPLASMS	52	98	65	254	15	102	18	51	63	72	156	112	90	127	0	1275
OF LIP, ORAL CAVITY AND PHARYNX	1	2	1	2	0	0	0	2	0	1	3	5	2	1	0	20
OF ESOPHAGUS	3	3	2	8	0	3	2	2	1	3	2	2	1	5	0	37
OF STOMACH	0	2	0	2	0	1	0	0	1	2	0	2	1	2	0	13
OF COLON, RECTUM AND ANUS	6	6	2	23	1	8	2	4	5	7	20	14	7	10	0	115
OF LIVER AND INTRAHEPATIC BILE DUCTS	0	4	3	6	0	3	1	2	2	2	1	1	2	6	0	33
OF PANCREAS	4	8	9	22	2	4	1	2	3	4	11	8	7	8	0	93
OF LARYNX	0	0	1	4	0	1	0	0	0	1	0	1	0	0	0	8
OF TRACHEA, BRONCHUS AND LUNG	14	31	19	64	6	39	5	19	17	24	57	28	17	40	0	380
OF SKIN	2	2	0	3	0	1	3	1	1	2	4	4	0	4	0	27
OF BREAST	5	4	1	19	0	7	0	1	3	5	5	4	4	10	0	68
OF CERVIX UTERI	0	0	0	1	0	0	0	1	1	0	1	0	0	1	0	5
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	0	3	2	2	0	1	0	1	2	2	3	3	2	1	0	22
OF OVARY	1	1	0	8	0	1	0	0	0	0	0	5	5	3	0	24
OF PROSTATE	0	5	6	18	1	4	0	5	5	2	6	4	5	8	0	69
OF KIDNEY AND RENAL PELVIS	2	3	0	4	0	1	0	1	4	2	6	0	3	3	0	29
OF BLADDER	1	4	1	9	1	3	1	0	2	0	7	2	6	6	0	43
OF MENINGES, BRAIN AND OTHER PARTS																
OF CENTRAL NERVOUS SYSTEM	3	1	1	8	0	4	0	2	3	2	5	0	2	2	0	33
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	4	10	8	22	1	8	0	0	6	5	11	9	12	5	0	101
HODGKIN'S DISEASE	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	3
NON-HODGKIN'S LYMPHOMA	2	5	5	7	1	5	0	0	2	1	3	2	7	1	0	41
LEUKEMIA	2	3	1	7	0	0	0	0	2	2	4	4	1	3	0	29
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	2	1	8	0	3	0	0	2	1	4	2	4	1	0	28
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	0
	6	9	9	29	3	13	3	8	7	8	14	20	14	12	0	155
	1	5	2	4	1	3	0	1	0	0	12	3	1	2	0	35

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2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE BY 113 SLECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAW	ORA	ORL	RUT	WAS	WDM	WDR	UNK	TOTAL
ANEMIAS	0	0	0	2	0	1	0	1	0	1	2	1	1	2	0	11
DIABETES MELLITUS	12	16	8	27	1	14	2	7	4	5	13	8	15	18	0	150
NUTRITIONAL DEFICIENCIES	0	0	0	1	0	1	0	0	1	1	0	0	0	0	0	4
MALNUTRITION	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	3
OTHER NUTRITIONAL DEFICIENCIES	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
MENINGITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PARKINSON'S DISEASE	5	2	2	9	0	0	0	3	4	2	5	7	4	8	0	53
ALZHEIMER'S DISEASE	13	21	10	39	1	8	1	6	8	13	26	26	21	27	0	220
MAJOR CARDIOVASCULAR DISEASES	74	105	86	307	13	121	14	60	75	81	211	154	113	161	1	1576
DISEASES OF HEART	60	76	65	233	12	90	13	45	57	60	166	117	92	121	1	1208
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASES	1	1	1	4	0	0	0	0	1	0	0	1	0	1	0	10
HYPERTENSIVE HEART DISEASE	2	2	2	14	0	1	2	6	2	0	4	1	4	3	0	43
HYPERTENSIVE HEART AND RENAL DISEASE	0	0	0	0	0	2	0	1	0	0	2	2	0	2	0	9
ISCHEMIC HEART DISEASE	46	51	46	163	9	70	10	29	38	50	117	84	70	82	1	866
ACUTE MYOCARDIAL INFARCTION	11	16	13	52	3	17	2	11	13	14	38	21	21	29	0	261
OTHER ACUTE ISCHEMIC HEART DISEASES	0	0	2	1	1	1	0	0	0	0	0	1	1	1	0	8
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	35	35	31	110	5	52	8	18	25	36	79	62	48	52	1	597
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	13	10	11	54	0	31	4	10	9	13	37	25	25	22	1	265
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	22	25	20	56	5	21	4	8	16	23	42	37	23	30	0	332
OTHER HEART DISEASES	11	22	16	52	3	17	1	9	16	10	43	29	18	33	0	280
ACUTE AND SUBACUTE ENDOCARDITIS	0	1	1	0	0	0	0	0	0	0	0	0	0	2	1	5
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	3	2	3	8	1	3	1	0	3	3	4	5	3	6	0	45
HEART FAILURE	8	19	12	44	2	14	0	9	13	7	38	23	12	26	0	227
ALL OTHER FORMS OF HEART DISEASE	2	3	4	7	1	3	0	4	4	2	5	1	2	5	0	43
ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	12	24	16	58	0	23	1	9	11	15	33	30	16	30	0	278
CEREBROVASCULAR DISEASES	0	0	0	1	0	0	0	0	0	0	1	3	0	1	0	6
ATHEROSCLEROSIS	0	2	1	8	0	5	0	2	3	4	6	3	3	4	0	41
OTHER DISEASES OF CIRCULATORY SYSTEM	0	1	1	3	0	2	0	1	2	4	4	1	2	2	0	23
AORTIC ANEURYSM AND DISSECTION	0	0	0	5	0	3	0	1	1	0	2	2	1	2	0	18
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	2	0	0	0	0	0	0	1	1	1	0	2	1	0	0	8
OTHER DISORDERS OF CIRCULATORY SYSTEM	4	5	10	11	0	6	0	1	3	4	12	5	5	7	0	73
INFLUENZA AND PNEUMONIA	0	0	0	1	0	0	0	0	0	0	1	2	1	1	0	6
PNEUMONIA	4	5	10	10	0	6	0	1	3	4	11	3	4	6	0	67
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACUTE BRONCHITIS AND BRONCHIOLITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	21	31	16	52	9	23	3	14	16	20	43	32	29	34	0	343
BRONCHITIS, CHRONIC AND UNSPECIFIED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EMPHYSEMA	0	3	2	6	0	3	0	1	2	2	3	4	7	2	0	35
ASTHMA	1	0	1	0	0	0	0	1	0	0	1	1	2	0	0	7
OTHER CHRONIC LOWER RESPIRATORY DISEASES	20	28	13	46	9	20	3	12	14	18	39	27	20	32	0	301

TABLE C-12 - PAGE 3
2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE BY 113 SLECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR	UNK	TOTAL
PNEUMOCOINOSES AND CHEMICAL EFFECTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	2	6	0	0	2	0	1	1	0	1	9	4	1	2	0	29
OTHER DISEASES OF RESPIRATORY SYSTEM	5	3	1	13	1	2	1	2	2	4	9	3	3	8	0	57
PEPTIC ULCER	0	0	0	3	1	0	0	1	0	0	0	1	1	4	0	11
DISEASES OF APPENDIX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HERNIA	2	1	1	2	1	2	0	0	0	0	2	1	0	1	0	13
CHRONIC LIVER DISEASE AND CIRRHOSIS	0	7	4	9	1	4	0	0	2	5	6	2	4	3	0	47
ALCOHOLIC LIVER DISEASE	0	5	2	8	1	3	0	0	1	4	4	1	3	0	0	32
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	0	2	2	1	0	1	0	0	1	1	2	1	1	3	0	15
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	0	0	0	2	0	0	0	0	0	1	2	1	0	0	0	6
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	3	4	2	3	1	6	1	1	2	3	4	2	2	4	0	39
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY																
NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	0	1	0	0	1	1	0	0	0	0	0	0	1	2	0	6
RENAL FAILURE	3	3	2	2	0	5	1	1	2	3	4	2	2	2	0	32
OTHER DISORDERS OF KIDNEY	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
INFECTIONS OF KIDNEY	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
HYPERPLASIA OF PROSTATE	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	4
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	3
PREGNANCY WITH ABORTIVE OUTCOME	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	3
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	0	4	1	3	0	0	0	0	1	1	2	3	0	2	0	17
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	0	1	3	4	0	0	0	0	2	1	2	1	0	4	0	18
ALL OTHER DISEASES	2	3	1	4	0	0	0	6	2	3	2	4	4	7	0	38
TRANSPORT ACCIDENTS	36	56	36	140	7	48	3	18	26	36	59	62	50	74	0	651
MOTOR VEHICLE ACCIDENTS	19	25	17	43	3	21	2	14	16	18	40	23	39	25	0	305
OTHER LAND TRANSPORT ACCIDENTS	9	6	5	8	2	8	2	6	3	5	8	5	11	3	0	81
WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	9	5	5	8	2	7	1	6	3	5	7	5	10	3	0	76
NONTRANSPORT ACCIDENTS	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
FALLS	0	1	0	0	0	1	1	0	0	0	0	0	1	0	0	4
ACCIDENTAL DISCHARGE OF FIREARMS	10	19	12	35	1	13	0	8	13	13	32	18	28	22	0	224
ACCIDENTAL DROWNING AND SUBMERSION	6	12	8	19	0	6	0	4	6	7	18	12	12	9	0	119
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	4
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	1	2	2	10	1	3	0	3	3	3	10	5	8	8	0	59
	2	5	1	5	0	4	0	0	3	2	3	1	6	5	0	37

TABLE C-12 - PAGE 4
2008 VERMONT RESIDENT DEATHS

COUNTY OF RESIDENCE BY 113 SLECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR	UNK	TOTAL
INTENTIONAL SELF-HARM (SUICIDE)	2	6	6	17	1	9	1	4	6	5	9	9	10	9	0	94
INTENTIONAL SELF-HARM BY DISCHARGE OF FIREARMS	1	2	4	5	0	5	0	1	3	3	5	4	6	5	0	44
INTENTIONAL SELF-HARM BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	1	4	2	12	1	4	1	3	3	2	4	5	4	4	0	50
ASSAULT (HOMICIDE)	0	0	1	3	1	0	0	2	1	0	4	1	2	1	0	16
ASSAULT BY DISCHARGE OF FIREARMS	0	0	0	3	1	0	0	0	0	0	2	0	1	0	0	7
ASSAULT BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	0	0	1	0	0	0	0	2	1	0	2	1	1	1	0	9
LEGAL INTERVENTION	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
EVENTS OF UNDETERMINED INTENT	0	0	0	1	0	2	0	0	0	0	0	3	1	1	0	8
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	1	0	2	0	0	0	0	0	3	1	1	0	8
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	0	0	0	1	0	0	0	1	2	0	2	1	0	0	0	7
ALL CAUSES	257	407	279	973	60	380	48	196	242	285	642	483	405	537	1	5195

(1) SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

TABLE C-13 - PAGE 1
 2008 VERMONT RESIDENT DEATHS
 AGE-ADJUSTED RATES PER 100,000 POPULATION

CAUSE OF DEATH ⁽¹⁾	AGE-ADJUSTED RATES ⁽²⁾													CRUDE DEATH RATES		
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM		WDR	
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	5.7	1.9	2.8	3.5	0	9.7	25.5	0	6.8	5.9	2.5	4.9	4.3	2.9	0	4.2
TUBERCULOSIS	0	0	3.2	0	0	0	0	0	0	0	0	0	0	0	0	0.2
RESPIRATORY TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
OTHER TUBERCULOSIS	0	0	3.2	0	0	0	0	0	0	0	0	0	0	0	0	0.2
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	0	6.6	2.9	5.4	0	0	0	0	8.8	5.3	3.2	2.3	2.3	3.2	3.5	
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	5.7	0	3.6	0	0	0	0	0	0	1.6	5	0	0	1.8	
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	0	2.7	3.7	0.7	0	0	0	0	0	0	0	0	0	1.7	0.6	
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	0	2	6.2	0.7	0	0	0	4.2	3.3	3.3	1.2	5.1	8.2	0	2.4	
MALIGNANT NEOPLASMS	155.8	217.5	201	206.5	194.5	250.8	214	216.9	216.5	242.7	213.4	184.1	193	190.7	205.2	
OF LIP, ORAL CAVITY AND PHARYNX	3	3.9	2.8	1.5	0	0	0	8.2	0	3.6	4.2	8.2	4.2	1.4	3.2	
OF ESOPHAGUS	8.2	6.5	7	6.5	0	7	21.9	8.5	3.6	10.6	2.8	3.4	2.2	7.5	6.0	
OF STOMACH	0	3.9	0	1.6	0	2.5	0	0	3.5	3.3	0	3.3	2.3	3.2	2.1	
OF COLON, RECTUM AND ANUS	18.8	12.9	5.6	18.5	12.1	19.7	24	18	17.5	21.2	27.1	22.8	15.3	14.8	18.5	
OF LIVER AND INTRAHEPATIC BILE DUCTS	0	9.6	9.6	4.9	0	6.8	12.1	9	6.5	6.6	1.6	1.6	4	9	5.3	
OF PANCREAS	11.7	18.7	28	17.8	23.7	9.8	10.9	8.5	10.1	14.5	14.6	13.1	14.7	12	15.0	
OF LARYNX	0	0	2.8	2.8	0	2.5	0	0	0	3.1	0	1.6	0	0	1.3	
OF TRACHEA, BRONCHUS AND LUNG	41.6	66.9	59.3	51.7	79.3	95.8	55.9	79.3	57.8	79.7	78.1	46.1	36.6	60.3	61.2	
OF SKIN	6.1	5.9	0	2.6	0	2.1	39.1	4.2	3.3	7.9	5.9	6.5	0	7.2	4.3	
OF BREAST	15.4	9.4	3.2	14.9	0	16.6	0	4	10.5	16.6	6.6	6.6	8.3	15.1	10.9	
OF CERVIX UTERI	0	0	0	0.9	0	0	0	4.2	3.3	0	1.3	0	0	1.4	0.8	
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	0	7	6.1	1.6	0	2.3	0	4	6.5	7.2	4.1	5.1	4.3	1.4	3.5	
OF OVARY	3.3	2.2	0	6.2	0	2.5	0	0	0	0	0	8.4	10.6	4.5	3.9	
OF PROSTATE	0	10	17.4	15.8	11.5	10.7	0	21.7	17.2	5.9	7.5	6.6	10.9	11.7	11.1	
OF KIDNEY AND RENAL PELVIS	6.3	6.3	0	3.5	0	2.5	0	4.2	13.5	6.7	8.9	0	6.4	4.4	4.7	
OF BLADDER	2.8	9.4	2.9	7.8	12.9	4.8	12.1	0	6.8	0	9.5	3.2	13	8.8	6.9	
OF MENINGES, BRAIN AND OTHER PARTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OF CENTRAL NERVOUS SYSTEM	7.6	2.2	3.2	5.7	0	9.6	0	8	10.2	6.4	6.9	0	4.3	3	5.3	
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	12	21.6	26.1	18.2	11.5	20.3	0	0	21.4	18.1	14.8	14.9	26.1	7.4	16.3	
HODGKIN'S DISEASE	0	0	3.7	0	0	0	0	0	0	3.3	0	1.7	0	0	0.5	
NON-HODGKIN'S LYMPHOMA	6	11.1	15.6	5.5	11.5	12.4	0	0	7.1	4	3.9	3.4	14.9	1.5	6.6	
LEUKEMIA	6.1	6.4	3.5	5.6	0	0	0	0	7.1	7.6	5.3	6.5	2.3	4.4	4.7	
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	0	4.1	3.2	7.1	0	7.9	0	0	7.1	3.3	5.6	3.3	8.9	1.4	4.5	
OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	0	0	0	43.5	0	0	0	0	0	0	0	0	0	0.0	
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS	18.9	20.7	27	24	0	32.8	37.9	34.9	24.6	27.7	19.5	32.6	29.8	17.5	24.9	
IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN OR UNKNOWN BEHAVIOR	3.3	10.1	6.3	3.6	15.5	7.3	0	4.6	0	0	15.9	4.9	2.2	2.9	5.6	

TABLE C-13 - PAGE 2
2008 VERMONT RESIDENT DEATHS
AGE-ADJUSTED RATES PER 100,000 POPULATION

COUNTY OF RESIDENCE BY 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	AGE-ADJUSTED RATES ⁽²⁾													CRUDE DEATH RATES	
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM		WDR
ANEMIAS	0	0	0	1.8	0	2.9	0	4.6	0	3.3	2.6	1.6	2	2.9	1.8
DIABETES MELLITUS	37.7	10.1	24.9	22.8	11.5	36.8	39.3	31	14	16.7	17.3	13.3	31.9	27.9	24.1
NUTRITIONAL DEFICIENCIES	0	0	0	0.9	0	2.9	0	0	3.6	2.8	0	0	0	0	0.6
MALNUTRITION	0	0	0	0.9	0	0	0	0	3.6	2.8	0	0	0	0	0.5
OTHER NUTRITIONAL DEFICIENCIES	0	0	0	0	0	2.9	0	0	0	0	0	0	0	0	0.2
MENINGITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
PARKINSON'S DISEASE	16	4	6.1	8	0	5	0	12	13.1	5.9	6.3	11.6	8.3	11.7	8.5
ALZHEIMER'S DISEASE	42.2	42	28.5	35.1	11.5	21.2	11.9	27.3	28.2	38.5	31.6	42.6	43.2	39.3	35.4
MAJOR CARDIOVASCULAR DISEASES	233.2	222.9	251.2	265.3	160.8	319.1	209	261.7	261.9	250.2	273.2	251.7	237.4	238.5	253.7
DISEASES OF HEART	189.4	162.2	188.9	200.9	148.6	237.9	198.1	196.1	199.3	185.7	216.3	191	193.1	179.4	194.4
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASES	2.7	2	2.8	3.6	0	0	0	0	3.5	0	0	1.6	0	1.4	1.6
HYPERTENSIVE HEART DISEASE	6.6	4.9	5.8	11.9	0	2.9	25.1	26.7	7.1	0	5.2	1.7	8.2	4.3	6.9
HYPERTENSIVE HEART AND RENAL DISEASE	0	0	134.1	0	0	5.4	0	4.6	0	0	2.4	3.2	0	2.9	1.4
ISCHEMIC HEART DISEASE	144.8	108.8	0	139.7	111.2	183.4	147.4	125.7	131.9	156	153.9	136.9	147.3	121.9	139.4
ACUTE MYOCARDIAL INFARCTION	33.9	33.9	36.7	44.8	36	45.1	23	47	44.6	42.3	49.6	34.5	43.8	43.4	42.0
OTHER ACUTE ISCHEMIC HEART DISEASES	0	0	6.1	0.9	11.5	2.9	0	0	0	0	0	1.6	2	1.4	1.3
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	110.8	74.8	91.3	94	63.8	135.4	124.4	78.7	87.3	113.7	104.3	100.8	101.5	77	96.1
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	40.3	24	33.1	45.7	0	78.5	50.5	43.2	31	44.9	49.3	40.5	53	33.1	42.7
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	37.5	50.8	58.2	48.3	63.8	56.9	73.9	35.5	56.4	68.8	55	60.3	48.5	43.9	53.4
OTHER HEART DISEASES	35.3	46.5	46.3	45.7	37.4	46.1	25.5	39.2	56.7	29.7	54.7	47.7	37.6	48.9	45.1
ACUTE AND SUBACUTE ENDOCARDITIS	0	2.2	3.2	0	0	0	0	0	0	0	0	0	4.2	1.5	0.8
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	0	3.9	0	0	0	0	0	0	0	0	1.3	1.7	2.3	0	0.5
HEART FAILURE	9.8	0	8.6	7	12.9	8.8	25.5	0	10.7	8.5	4.9	8	2	8.9	7.2
ALL OTHER FORMS OF HEART DISEASE	25.5	40.4	34.4	38.7	24.4	37.4	0	39.2	46	21.2	48.6	38	25.1	38.5	36.5
ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	6.3	5.9	12.2	6.2	12.1	8.8	0	16.8	14.2	5.9	6.6	1.6	4	7.3	6.9
CEREBROVASCULAR DISEASES	37.5	50.9	46.9	50.4	0	59.4	10.9	40.3	38.6	46.1	41.4	49.2	34	44.5	44.7
ATHEROSCLEROSIS	0	0	0	0.9	0	0	0	0	0	0	1.3	4.9	0	1.5	1.0
OTHER DISEASES OF CIRCULATORY SYSTEM	0	3.9	3.2	6.8	0	13	0	8.5	9.8	12.4	7.7	5	6.3	6	6.6
AORTIC ANEURYSM AND DISSECTION	0	1.9	3.2	2.5	0	5.3	0	4	6.6	12.4	5	1.6	4	2.9	3.7
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	0	2	0	4.3	0	7.7	0	4.5	3.3	0	2.7	3.3	2.3	3	2.9
OTHER DISORDERS OF CIRCULATORY SYSTEM	6.5	0	0	0	0	0	0	4.6	3.6	3.1	0	3.3	2.4	0	1.3
INFLUENZA AND PNEUMONIA	12.8	10.1	29.2	9.4	0	15.2	0	4.6	10.7	12.3	15.4	8.1	10.6	10.2	11.8
INFLUENZA	12.8	0	0	0.9	0	0	0	0	10.7	0	1.3	3.4	2.4	1.5	1.0
PNEUMONIA	0	10.1	29.2	0	0	15.2	0	4.6	10.7	12.3	14.1	4.7	8.2	8.7	10.8
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	0	0	0	8.5	0	0	0	0	0	0	0	0	0	0	0.0
ACUTE BRONCHITIS AND BRONCHIOLITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
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	65.1	67.8	49.1	44.6	120	59.6	64.8	62.6	54.6	62.9	56.4	52.7	61.8	49.8	55.2
BRONCHITIS, CHRONIC AND UNSPECIFIED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
EMPHYSEMA	0	6.1	6.5	4.9	0	7.5	0	4.6	6.8	6.1	3.9	6.6	15	3.1	5.6
ASTHMA	3.2	0	3.2	0	0	0	0	4.2	0	0	1.7	1.7	4	0	1.1
OTHER CHRONIC LOWER RESPIRATORY DISEASES	62	61.7	39.4	39.7	120	52.1	64.8	53.8	47.8	56.8	50.8	44.3	42.8	46.7	48.4

TABLE C-13 - PAGE 3
 2008 VERMONT RESIDENT DEATHS
 AGE-ADJUSTED RATES PER 100,000 POPULATION

COUNTY OF RESIDENCE BY 113 SELECTED CAUSES
 AGE-ADJUSTED RATES⁽²⁾

CAUSE OF DEATH ⁽¹⁾	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR	CRUDE DEATH RATES
PNEUMOCOINOSES AND CHEMICAL EFFECTS	0	13.4	0	0	25.8	0	0	0	0	0	0	0	0	0	0.0
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	6.5	0	0	0	0	0	25.5	4.6	0	2.8	10.9	6.6	2.3	2.9	4.7
OTHER DISEASES OF RESPIRATORY SYSTEM	16	5.9	2.8	11.3	15	5.4	11.9	8.7	6.8	13.2	11.5	4.9	6.5	11.8	9.2
PEPTIC ULCER	0	0	0	2.6	12.1	0	0	4.2	0	0	0	1.6	2.3	5.8	1.8
DISEASES OF APPENDIX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
HERNIA	5.7	1.9	3.2	1.7	11.5	5.4	0	0	0	0	2.9	1.6	0	1.4	2.1
CHRONIC LIVER DISEASE AND CIRRHOSIS	0	16	13.3	6.5	11.5	8.8	0	0	6.8	18	8.7	3.2	8.7	4.6	7.6
ALCOHOLIC LIVER DISEASE	0	11.9	7	5.5	11.5	6.3	0	0	3.3	15.1	6.2	1.6	6.6	0	5.2
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	0	4.1	6.3	0.9	0	2.5	0	0	3.5	2.8	2.6	1.6	2.2	4.6	2.4
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	0	0	0	1.8	0	0	0	0	0	3.3	2.6	1.6	0	0	1.0
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	9.1	9.3	6.5	2.7	15	16.3	13.8	4.6	7.1	8.8	4.9	3.2	6.5	5.8	6.3
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
CHRONIC GLOMERULONEPHRITIS, NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC, AND RENAL SCLEROSIS UNSPECIFIED	0	2	0	0	15	2.9	0	0	0	0	0	0	0	2	3
RENAL FAILURE	9.1	7.3	6.5	1.8	0	13.3	13.8	4.6	7.1	8.8	4.9	3.2	4.5	2.9	5.2
OTHER DISORDERS OF KIDNEY	0	0	0	0.9	0	0	0	0	0	0	0	0	0	0	0.2
INFECTIONS OF KIDNEY	0	0	0	0.9	0	0	0	0	0	0	1.2	0	0	0	0.3
HYPERPLASIA OF PROSTATE	0	0	0	0.9	0	2.9	0	0	0	2.8	0	0	0	1.5	0.6
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	0	0	0	0	0	0	0	0	0	1.3	1.6	0	0	0.3
PREGNANCY, CHILD BIRTH AND THE PUERPERIUM	0	0	0	0	14.9	0	0	0	3.7	0	0	0	0	0	0.5
PREGNANCY WITH ABORTIVE OUTCOME	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0.0
OTHER COMPLICATIONS OF PREGNANCY, CHILD BIRTH AND THE PUERPERIUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	0	0	3	0	14.9	0	0	0	3.7	0	0	0	0	0	0.5
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	0	11.4	3	1.9	0	0	0	0	3.6	3.6	3.4	5.1	0	3.9	2.7
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	0	2.2	8.8	3	0	0	0	0	6.9	4	3.3	1.7	0	6.8	2.9
ALL OTHER DISEASES	6.2	7	2.9	2.8	0	0	0	27.4	7.2	8.5	2.8	6.5	8.2	10.7	6.1
TRANSPORT ACCIDENTS	115.4	118.2	106.6	118.1	90.4	127.2	64.8	79.5	89.8	110.9	79.1	100.3	104.2	110.2	104.8
MOTOR VEHICLE ACCIDENTS	56	55.7	52.7	32.8	46.3	48.9	23.1	58.9	54.6	61.9	56.2	38.9	86.5	41.2	49.1
OTHER LAND TRANSPORT ACCIDENTS	24.9	16	16.8	5	30.5	18.1	23.1	24.9	10.3	19.9	11.8	8.9	25.1	5.5	13.0
WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	10.3	8.9	22.4	5.5	12.2
NONTRANSPORT ACCIDENTS	0	2.8	0	0	0	2.5	12.1	0	0	0	1.5	0	0	0	0.2
FALLS	31.2	39.7	35.9	27.7	15.8	30.7	0	34	44.3	42	44.4	30	61.4	35.7	36.1
ACCIDENTAL DISCHARGE OF FIREARMS	19.1	23.7	23.5	16.4	0	15.9	0	18.2	20.3	20.9	23.1	19.7	25.2	13.2	19.2
ACCIDENTAL DROWNING AND SUBMERSION	0	0	0	0	0	0	0	0	0	0	0	0	2.7	0	0.2
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	0	0	0	0	0	0	0	0	3.3	3.1	0	0	2.4	0	0.6
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	3	0	0	0.8	0	0	0	4	0	0	1.3	0	0	0	0.6
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	2.9	5.5	6	6.2	15.8	6.1	0	11.7	10.3	11.6	15.9	8.6	18	14.7	9.5
	6.1	10.5	3.2	4.4	0	8.7	0	0	10.5	6.4	4.1	1.7	13	7.9	6.0

TABLE C-13 - PAGE 4
 2008 VERMONT RESIDENT DEATHS
 AGE-ADJUSTED RATES PER 100,000 POPULATION

COUNTY OF RESIDENCE BY 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	AGE-ADJUSTED RATES ⁽²⁾													CRUDE DEATH RATES	
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM		WDR
INTENTIONAL SELF-HARM (SUICIDE)	5	15.9	19.6	11.3	14.9	17.9	15.5	16.4	20.8	19.1	13.9	15.2	23.1	14.7	15.1
INTENTIONAL SELF-HARM BY DISCHARGE OF FIREARMS	2.9	5.5	13.1	3.2	0	9.5	0	4	10.5	10.7	7.7	6.7	13.9	8.1	7.1
INTENTIONAL SELF-HARM BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	2.2	10.4	6.5	8.1	14.9	8.4	15.5	12.4	10.2	8.4	6.3	8.5	9.1	6.6	8.0
ASSAULT (HOMICIDE)	0	0	3	2.2	18.2	0	0	7.6	3.5	0	6.6	1.8	4.5	1.9	2.6
ASSAULT BY DISCHARGE OF FIREARMS	0	0	0	2.2	18.2	0	0	0	0	0	3.3	0	2.2	0	1.1
ASSAULT BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LEGAL INTERVENTION	0	0	0	0	0	0	0	7.6	3.5	0	3.3	1.8	2.4	1.9	1.4
EVENTS OF UNDETERMINED INTENT	0	0	0	0	0	0	0	0	3.7	0	0	0	0	0	0.2
DISCHARGE OF FIREARMS, UNDETERMINED INTENT	0	0	0	0.9	0	4.5	0	0	0	0	0	4.9	2.2	1.7	1.3
OTHER AND UNSPECIFIED EVENTS OF UNDETERMINED INTENT AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	0.9	0	4.5	0	0	0	0	0	4.9	2.2	1.7	1.3
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	0	0	0	0	0	0	0	4.2	6.8	0	2.5	1.7	0	0	1.1
ALL CAUSES	798.3	885.2	840.5	814.2	789.6	967.8	719.2	850.1	837.5	913.5	854.4	792.3	862.5	806.4	836.2

(1) SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

(2) AGE-ADJUSTED RATES ADJUST THE COUNTY AGE-SPECIFIC RATES TO THE 2008 VERMONT AGE DISTRIBUTION.

TABLE C-14 - PAGE 1
2008 VERMONT RESIDENT DEATHS

AGE AT DEATH BY 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	LT 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+ TOTAL
SALMONELLA INFECTIONS	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
CERTAIN OTHER INTestinal INFECTIONS	0	0	0	0	1	0	1	1	3	10	26
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	1
RESPIRATORY TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0
OTHER TUBERCULOSIS	0	0	0	0	0	0	0	1	0	0	1
WHOOPING COUGH	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
MENINGOCOCCAL INFECTION	0	0	0	0	0	0	0	0	0	0	0
SEPTICEMIA	0	0	0	0	0	0	1	4	1	8	22
SYPHILIS	0	0	0	0	0	0	0	0	0	0	0
ACUTE POLIOMYELITIS	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
MEASLES	0	0	0	0	0	0	0	0	0	0	0
VIRAL HEPATITIS	0	0	0	0	0	0	8	1	1	1	11
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	0	0	0	0	0	1	1	2	0	0	4
MALARIA	0	0	0	0	0	0	0	0	0	0	0
OTHER AND UNSPECIFIED INFECTIOUS AND PARASITIC DISEASES AND THEIR SEQUELAE	0	0	1	0	0	0	2	1	3	2	15
MALIGNANT NEOPLASMS	0	0	2	4	6	34	127	206	324	354	1275
OF LIP, ORAL CAVITY AND PHARYNX	0	0	0	0	0	1	2	5	4	6	20
OF ESOPHAGUS	0	0	0	0	0	0	5	11	8	10	37
OF STOMACH	0	0	0	0	0	0	2	2	3	5	13
OF COLON, RECTUM AND ANUS	0	0	0	0	0	3	12	10	22	41	115
OF LIVER AND INTRAHEPATIC BILE DUCTS	0	0	0	0	1	0	6	5	10	9	33
OF PANCREAS	0	0	0	0	0	1	12	19	23	25	93
OF LARYNX	0	0	0	0	0	0	2	2	2	2	8
OF TRACHEA, BRONCHUS AND LUNG	0	0	0	0	0	1	38	68	117	102	380
OF SKIN	0	0	0	0	0	1	4	8	4	4	3
OF BREAST	0	0	0	0	1	3	8	13	20	11	68
OF CERVIX UTERI	0	0	0	0	0	0	2	0	0	2	5
OF CORPUS UTERI AND UTERUS, PART UNSPECIFIED	0	0	0	0	0	1	3	3	6	6	22
OF OVARY	0	0	0	0	0	2	3	4	5	4	24
OF PROSTATE	0	0	0	0	0	0	0	5	13	28	69
OF KIDNEY AND RENAL PELVIS	0	0	0	0	0	0	5	5	6	11	29
OF BLADDER	0	0	0	0	0	1	2	6	8	15	43
OF MENINGES, BRAIN AND OTHER PARTS	0	0	0	2	0	0	1	6	16	5	33
OF CENTRAL NERVOUS SYSTEM	0	0	0	1	0	4	10	14	19	29	101
OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	0	0	0	0	2	0	0	1	0	3
HODGKIN'S DISEASE	0	0	0	0	0	0	5	8	8	13	41
NON-HODGKIN'S LYMPHOMA	0	0	0	1	0	2	3	3	5	7	29
LEUKEMIA	0	0	0	0	0	0	2	3	5	9	28
MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	0	0	0	0	0	0	2	3	5	9	28
OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE	0	0	0	0	0	0	0	0	0	0	0
ALL OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS	0	0	2	1	1	4	6	25	38	39	155
IN SITU NEOPLASMS, BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN OR UNKNOWN BEHAVIOR	0	0	0	0	0	1	3	2	4	14	35

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2008 VERMONT RESIDENT DEATHS

AGE AT DEATH BY 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	LT 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
ANEMIAS	0	0	0	0	0	0	0	0	1	2	8	11
DIABETES MELLITUS	0	0	1	1	1	2	9	19	27	52	38	150
NUTRITIONAL DEFICIENCIES	0	0	0	0	0	0	0	0	0	1	3	4
MALNUTRITION	0	0	0	0	0	0	0	0	0	1	2	3
OTHER NUTRITIONAL DEFICIENCIES	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
PARKINSON'S DISEASE	0	0	0	0	0	0	0	3	8	19	23	53
ALZHEIMER'S DISEASE	0	0	0	0	0	0	0	1	12	66	141	220
MAJOR CARDIOVASCULAR DISEASES	0	1	0	1	5	18	62	149	197	468	675	1576
DISEASES OF HEART	0	0	0	1	4	16	54	116	152	357	508	1208
ACUTE RHEUMATIC FEVER AND CHRONIC RHEUMATIC HEART DISEASES	0	0	0	0	0	0	0	1	0	4	5	10
HYPERTENSIVE HEART DISEASE	0	0	0	0	0	2	3	5	2	11	20	43
HYPERTENSIVE HEART AND RENAL DISEASE	0	0	0	0	0	0	0	0	1	1	7	9
ISCHEMIC HEART DISEASE	0	0	0	0	1	12	41	96	129	257	330	866
ACUTE MYOCARDIAL INFARCTION	0	0	0	0	1	4	7	28	48	79	94	261
OTHER ACUTE ISCHEMIC HEART DISEASES	0	0	0	0	0	0	0	2	0	2	4	8
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	0	0	0	0	0	8	34	66	81	176	232	597
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	0	0	0	0	0	7	26	49	32	78	73	265
ALL OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	0	0	0	0	0	1	8	17	49	98	159	332
OTHER HEART DISEASES	0	0	0	1	3	2	10	14	20	84	146	280
ACUTE AND SUBACUTE ENDOCARDITIS	0	0	0	0	0	0	0	0	3	2	0	5
DISEASES OF PERICARDIUM AND ACUTE MYOCARDITIS	0	0	0	0	0	0	1	0	0	0	0	3
HEART FAILURE	0	0	0	0	0	0	1	1	0	11	32	45
ALL OTHER FORMS OF HEART DISEASE	0	0	0	1	3	2	8	10	18	71	114	227
ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	0	0	0	0	1	0	0	4	4	13	21	43
CEREBROVASCULAR DISEASES	0	1	0	0	0	2	8	22	33	82	130	278
ATHEROSCLEROSIS	0	0	0	0	0	0	0	0	0	3	3	6
OTHER DISEASES OF CIRCULATORY SYSTEM	0	0	0	0	0	0	0	7	8	13	13	41
AORTIC ANEURYSM AND DISSECTION	0	0	0	0	0	0	0	4	4	7	8	23
OTHER DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES	0	0	0	0	0	0	0	3	4	6	5	18
OTHER DISORDERS OF CIRCULATORY SYSTEM	0	0	0	0	0	1	0	0	0	3	4	8
INFLUENZA AND PNEUMONIA	0	1	0	1	0	2	1	4	9	17	38	73
INFLUENZA	0	1	0	1	0	0	0	0	1	2	1	6
PNEUMONIA	0	0	0	0	0	2	1	4	8	15	37	67
OTHER ACUTE LOWER RESPIRATORY INFECTIONS	0	0	0	0	0	0	0	0	0	0	0	0
ACUTE BRONCHITIS AND BRONCHIOLITIS	0	0	0	0	0	0	0	0	0	0	0	0
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	0	0	0	0	0	0	0	0	0	0	0	0
CHRONIC LOWER RESPIRATORY DISEASES	0	0	0	0	1	0	13	31	74	129	95	343
BRONCHITIS, CHRONIC AND UNSPECIFIED	0	0	0	0	0	0	0	0	0	0	0	0
EMPHYSEMA	0	0	0	0	0	0	4	3	8	13	7	35
ASTHMA	0	0	0	0	1	0	1	1	0	2	2	7
OTHER CHRONIC LOWER RESPIRATORY DISEASES	0	0	0	0	0	0	8	27	66	114	86	301

TABLE C-14 - PAGE 3
2008 VERMONT RESIDENT DEATHS

AGE AT DEATH BY 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	LT 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+ TOTAL
PNEUMONIOSES AND CHEMICAL EFFECTS	0	0	0	0	0	0	0	0	0	0	0
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	0	0	0	0	1	0	0	0	2	9	17
OTHER DISEASES OF RESPIRATORY SYSTEM	0	0	0	0	0	1	2	3	8	24	19
PEPTIC ULCER	0	0	0	0	0	0	0	1	3	4	3
DISEASES OF APPENDIX	0	0	0	0	0	0	0	0	0	0	0
HERNIA	0	0	0	0	0	0	1	1	3	5	3
CHRONIC LIVER DISEASE AND CIRRHOSIS	0	0	0	0	0	5	13	10	8	7	4
ALCOHOLIC LIVER DISEASE	0	0	0	0	0	5	11	8	6	2	0
OTHER CHRONIC LIVER DISEASE AND CIRRHOSIS	0	0	0	0	0	0	2	2	2	5	4
CHOLELITHIASIS AND OTHER DISORDERS OF GALLBLADDER	0	0	0	0	0	0	0	0	2	2	2
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	0	0	0	0	0	0	0	0	2	2	6
ACUTE AND RAPIDLY PROGRESSIVE NEPHRITIC AND NEPHROTIC SYNDROME	0	0	0	0	0	2	1	2	5	9	39
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
RENAL FAILURE	0	0	0	0	0	1	0	0	1	0	4
OTHER DISORDERS OF KIDNEY	0	0	0	0	0	1	1	2	4	9	15
INFECTIONS OF KIDNEY	0	0	0	0	0	0	0	0	0	0	1
HYPERPLASIA OF PROSTATE	0	0	0	0	0	0	0	0	0	1	2
INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	0	0	0	0	0	0	0	0	0	4
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	0	0	0	0	0	0	0	1	1	0
PREGNANCY WITH ABORTIVE OUTCOME	0	0	0	0	2	1	0	0	0	0	3
OTHER COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	0	0	0	0	0	0	0	0	0	0	0
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	17	0	0	0	2	1	0	0	0	0	3
CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES	4	0	0	1	0	0	4	2	2	3	18
SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	2	1	0	1	0	2	2	2	1	2	25
ALL OTHER DISEASES	1	0	1	4	4	10	34	64	75	179	279
ACCIDENTS	3	1	2	33	25	18	35	38	25	53	72
TRANSPORT ACCIDENTS	1	0	2	23	12	7	7	14	2	9	4
MOTOR VEHICLE ACCIDENTS	1	0	2	21	11	7	6	13	2	9	4
OTHER LAND TRANSPORT ACCIDENTS	0	0	0	0	0	0	0	1	0	0	1
WATER, AIR AND SPACE AND OTHER AND UNSPECIFIED TRANSPORT ACCIDENTS AND THEIR SEQUELAE	0	0	0	2	1	0	1	0	0	0	4
NONTRANSPORT ACCIDENTS	2	1	0	10	13	11	28	24	23	44	68
FALLS	0	0	0	0	0	1	3	7	15	35	58
ACCIDENTAL DISCHARGE OF FIREARMS	0	0	0	1	0	0	0	0	0	0	1
ACCIDENTAL DROWNING AND SUBMERSION	0	0	0	0	0	1	0	2	0	1	4
ACCIDENTAL EXPOSURE TO SMOKE, FIRE AND FLAMES	0	0	0	0	0	0	0	0	0	1	0
ACCIDENTAL POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES	0	0	0	0	0	0	0	0	3	1	4
OTHER AND UNSPECIFIED NONTRANSPORT ACCIDENTS AND THEIR SEQUELAE	0	0	0	9	13	7	21	8	1	0	59
TOTAL	2	1	0	0	0	2	4	7	4	7	10

TABLE C-14 - PAGE 4
2008 VERMONT RESIDENT DEATHS

AGE AT DEATH BY 113 SELECTED CAUSES

CAUSE OF DEATH ⁽¹⁾	LT 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+ TOTAL	
INTENTIONAL SELF-HARM (SUICIDE)	0	0	0	11	11	17	27	17	6	5	0	94
INTENTIONAL SELF-HARM BY DISCHARGE OF FIREARMS	0	0	0	5	6	6	13	9	2	3	0	44
INTENTIONAL SELF-HARM BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	0	0	0	6	5	11	14	8	4	2	0	50
ASSAULT (HOMICIDE)	2	1	2	2	3	2	2	1	1	0	0	16
ASSAULT BY DISCHARGE OF FIREARMS	0	0	0	1	1	2	1	1	1	0	0	7
ASSAULT BY OTHER AND UNSPECIFIED MEANS AND THEIR SEQUELAE	2	1	2	1	2	0	1	0	0	0	0	9
LEGAL INTERVENTION	0	0	0	0	0	1	0	0	0	0	0	1
EVENTS OF UNDETERMINED INTENT	0	0	0	0	0	0	5	1	0	1	1	8
DISCHARGE OF FIREARMS, UNDETERMINED INTENT	0	0	0	0	0	0	0	0	0	0	0	0
OTHER AND UNSPECIFIED EVENTS OF UNDETERMINED INTENT AND THEIR SEQUELAE	0	0	0	0	0	0	5	1	0	1	1	8
OPERATIONS OF WAR AND THEIR SEQUELAE	0	0	0	0	0	0	0	0	0	0	0	0
COMPLICATIONS OF MEDICAL AND SURGICAL CARE	0	0	0	0	0	0	1	1	0	4	1	7
ALL CAUSES	29	5	9	59	60	118	355	568	806	1455	1731	5195

(1) SEE APPENDIX C FOR COMPLETE CAUSE DEFINITIONS AND CODES.

TABLE C-15
2008 VERMONT RESIDENT INJURY DEATHS

INJURY DEATHS BY MECHANISM, SEX, AND AGE GROUP IN VERMONT

INJURY MECHANISM	SEX		AGE AT DEATH													TOTAL
	MALE	FEMALE	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL		
UNINTENTIONAL INJURY DEATHS	196	109	3	1	2	33	25	18	35	38	25	53	72	305		
TOTAL TRANSPORT ACCIDENTS	81	19	1	0	2	23	12	7	7	14	2	9	4	81		
MOTOR VEHICLE DRIVER	19	4	0	0	0	4	3	1	2	5	0	4	0	19		
MOTOR VEHICLE OCCUPANT	16	3	0	0	1	5	4	1	1	0	1	2	0	16		
PEDESTRIAN	3	1	0	0	0	0	0	1	0	1	0	1	0	3		
MOTORCYCLIST	5	0	0	0	0	1	2	0	2	0	0	0	0	5		
PEDAL CYCLIST	1	0	0	0	0	0	0	0	0	1	0	0	0	1		
OFF-ROAD MOTOR VEHICLE	4	0	0	0	1	3	0	0	0	0	0	0	0	4		
OTHER TRANSPORT (1)	33	11	1	0	0	10	3	4	2	7	1	2	3	33		
TOTAL NONTRANSPORT ACCIDENTS	224	90	2	1	0	10	13	11	28	24	23	44	68	224		
FALLS	119	60	0	0	0	0	0	1	3	7	15	35	58	119		
JUMPING/DIVING INTO WATER	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
FIRE/BURNS	5	1	0	0	0	0	0	0	0	0	4	1	0	5		
NATURAL/ENVIRONMENTAL (2)	3	1	0	0	0	0	0	0	2	0	0	0	1	3		
POISONING	59	41	0	0	0	9	13	7	21	8	1	0	0	59		
FIREARMS	1	0	0	0	0	1	0	0	0	0	0	0	0	1		
DROWNING	4	4	0	0	0	0	0	1	0	2	0	1	0	4		
SUFFOCATION	13	10	3	2	1	0	0	1	1	3	0	0	5	13		
EXPOSURE-OTHER (3)	9	7	0	0	0	0	0	0	1	0	1	4	3	9		
OTHER NONTRANSPORT ACCIDENTS	11	0	0	0	0	0	0	1	0	4	2	3	1	11		
INTENTIONAL INJURY DEATHS	110	31	2	1	2	13	14	19	29	18	7	5	0	110		
TOTAL SUICIDE	94	22	0	0	0	11	11	17	27	17	6	5	0	94		
FIREARM	44	1	0	0	0	5	6	6	13	9	2	3	0	44		
POISONING	18	8	0	0	0	0	0	4	5	5	2	2	0	18		
OTHER SUICIDE	32	21	0	0	0	6	5	7	9	3	2	0	0	32		
TOTAL HOMICIDE	16	7	2	1	2	2	3	2	2	1	1	0	0	16		
FIREARM	7	4	0	0	0	1	1	2	1	1	1	0	0	7		
SMOKE/FIRE/FLAMES	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CUT/PIECE	2	2	0	0	0	0	2	0	0	0	0	0	0	2		
SUFFOCATION/CHOKING	1	0	0	0	1	0	0	0	0	0	0	0	0	1		
DROWNING/SUBMERSION	2	0	0	1	1	0	0	0	0	0	0	0	0	2		
FALL	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
OTHER HOMICIDE	4	1	2	0	0	1	0	0	1	0	0	0	0	4		
UNDETERMINED INTENT	8	1	0	0	0	0	0	0	5	1	0	1	1	8		
LEGAL INTERVENTION/WAR	1	0	0	0	0	0	0	1	0	0	0	0	0	1		
COMPLICATIONS OF MEDICAL/SURGICAL CARE	7	1	0	0	0	0	0	0	1	1	0	4	1	7		
TOTAL INJURY DEATHS	431	278	5	2	4	46	39	38	70	58	32	63	74	431		

NOTES:

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

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

(3) INCLUDES EXPOSURE TO OTHER UNSPECIFIED FACTORS.

TABLE C-16
2008 VERMONT RESIDENT UNINTENTIONAL INJURY DEATHS

AGE AT DEATH BY PLACE OF INJURY AND SEX

PLACE OF INJURY ⁽¹⁾	TOTAL AGE AT DEATH															TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL				
HOME	1	1	0	4	4	5	17	11	13	27	25	108				
RESIDENTIAL INSTITUTION	0	0	0	1	0	0	0	2	1	6	28	38				
SCHOOL, OTHER INSTITUTIONS, ADMIN AREA	0	0	0	0	0	0	0	0	0	1	1	2				
SPORTS AND RECREATION AREA	0	0	0	2	0	0	0	0	0	1	0	4				
STREET/HIGHWAY	1	0	1	7	11	6	5	8	1	2	2	44				
TRADE AND SERVICE AREA	0	0	0	0	0	1	0	0	0	0	0	1				
INDUSTRIAL AND CONSTRUCTION AREA	0	0	0	0	0	0	0	0	1	0	0	1				
FARM	0	0	0	0	0	0	0	0	1	1	0	2				
OTHER SPECIFIED PLACE	0	0	0	2	0	2	0	4	2	4	2	16				
UNSPECIFIED PLACE	1	0	1	17	10	4	13	12	6	11	14	89				
STATE TOTAL	3	1	2	33	25	18	35	38	25	53	72	305				

PLACE OF INJURY ⁽¹⁾	MALE AGE AT DEATH															TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL				
HOME	0	1	0	4	3	4	14	10	8	13	8	65				
RESIDENTIAL INSTITUTION	0	0	0	0	0	0	0	2	1	3	12	18				
SCHOOL, OTHER INSTITUTIONS, ADMIN AREA	0	0	0	0	0	0	0	0	0	1	1	2				
SPORTS AND RECREATION AREA	0	0	0	2	0	0	0	1	0	1	0	4				
STREET/HIGHWAY	1	0	1	4	8	5	4	5	1	1	1	31				
TRADE AND SERVICE AREA	0	0	0	0	0	1	0	0	0	0	0	1				
INDUSTRIAL AND CONSTRUCTION AREA	0	0	0	0	0	0	0	0	1	0	0	1				
FARM	0	0	0	0	0	0	0	0	1	1	0	2				
OTHER SPECIFIED PLACE	0	0	0	2	0	2	0	4	0	3	1	12				
UNSPECIFIED PLACE	1	0	1	14	7	3	8	7	6	5	8	60				
TOTAL MALE	2	1	2	26	18	15	26	29	18	28	31	196				

PLACE OF INJURY ⁽¹⁾	FEMALE AGE AT DEATH															TOTAL
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL				
HOME	1	0	0	0	1	1	3	1	5	14	17	43				
RESIDENTIAL INSTITUTION	0	0	0	1	0	0	0	0	0	3	16	20				
STREET/HIGHWAY	0	0	0	3	3	1	1	3	0	1	1	13				
OTHER SPECIFIED PLACE	0	0	0	0	0	0	0	0	2	1	1	4				
UNSPECIFIED PLACE	0	0	0	3	3	1	5	5	0	6	6	29				
TOTAL FEMALE	1	0	0	7	7	3	9	9	7	25	41	109				

⁽¹⁾ EFFECTIVE JULY 1, 2008, PLACE OF INJURY CODED BY THE NATIONAL CENTER FOR HEALTH STATISTICS, AND NEW CATEGORIES IMPLEMENTED.

TABLE C-17
2008 VERMONT DEATHS

COUNTY OF RESIDENCE BY PLACE OF DEATH
COUNTY OF RESIDENCE

PLACE OF DEATH ⁽¹⁾	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORG	ORL	RUT	WAS	WDM	WDR	O-O-S	UNK	TOTAL
AT HOME ⁽²⁾	87	90	90	275	19	108	14	63	82	73	160	142	100	151	23	0	1477
FAHC / MEDICAL CENTER CAMPUS	37	1	5	323	1	49	9	17	6	5	21	36	1	3	138	0	652
BRATTLEBORO MEMORIAL HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	56	1	15	0	72
COPLEY HOSPITAL	0	0	5	1	0	1	0	43	0	7	0	0	0	0	2	0	59
GIFFORD MEDICAL CENTER	2	0	0	1	0	0	0	0	24	0	0	5	0	6	2	0	40
NORTHWESTERN MEDICAL CENTER	0	0	0	2	0	92	9	1	0	0	0	1	0	0	2	0	107
NORTH COUNTRY HOSPITAL & HEALTH CENTER	0	0	0	1	5	0	0	1	0	67	0	0	0	0	5	0	79
PORTER MEDICAL CENTER	43	0	0	0	0	0	0	0	0	0	4	0	0	0	5	0	52
SOUTHWESTERN VERMONT MEDICAL CENTER	0	84	0	0	0	0	0	0	0	0	1	0	5	0	45	0	135
RUTLAND REGIONAL MEDICAL CENTER	3	2	0	1	0	0	0	0	0	0	125	1	1	2	7	0	142
SPRINGFIELD HOSPITAL	0	3	0	0	0	0	0	0	0	0	0	0	28	62	11	0	104
MT. ASCUTNEY HOSPITAL & HEALTH CENTER	0	0	0	0	0	0	0	0	0	0	0	0	1	36	6	0	43
CENTRAL VERMONT MEDICAL CENTER	0	0	2	1	0	0	0	1	15	0	0	100	0	1	3	0	123
NORTHEASTERN VERMONT REGIONAL HOSPITAL	0	4	55	1	2	0	0	0	0	1	112	0	0	2	13	0	190
GRACE COTTAGE HOSPITAL	0	1	0	0	0	0	0	0	0	0	0	0	31	2	2	0	36
VETERANS ADMINISTRATION MEDICAL CENTER	1	3	3	3	0	0	0	0	6	2	4	1	4	12	35	0	74
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	70	163	65	238	13	114	8	50	54	97	163	154	111	147	89	0	1536
HOSPICE FACILITY ⁽³⁾	1	0	2	86	0	2	4	0	0	1	1	7	0	0	2	0	106
OTHER PLACES	9	19	18	30	3	12	4	11	9	12	21	14	19	21	33	1	236
OUT OF STATE HOSPITAL	4	37	34	10	17	2	0	9	46	19	30	22	47	91	0	0	368
UNKNOWN	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2
TOTAL	257	407	279	973	60	380	48	196	242	285	642	483	405	537	438	1	5633

⁽¹⁾ SEE APPENDIX A FOR COMPLETE HOSPITAL NAMES AND LOCATIONS.

⁽²⁾ INCLUDES OUT OF STATE RESIDENTS WHO DIED AT SEASONAL HOME.

⁽³⁾ ADDED TO DEATH CERTIFICATE ON JULY 1, 2008.

TABLE C-18
2008 VERMONT RESIDENT DEATHS - PAGE 1

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH															Total					
		<1	1	4	9	14	19	24	25	34	35	44	45	54	59	64		65	74	79	84	85+
		1	5	10	15	20	25	34	35	44	45	54	59	64	65	74		79	84	85+	Total	
A047 ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	1	7	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5	2	9	17	
A084 VIRAL INTESTINAL INFECTION, UNSPECIFIED	M	0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	1
A170 TUBERCULOUS MENINGITIS	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	
A310 PULMONARY MYCOBACTERIAL INFECTION	M	0	0	0	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	0	0	
A409 STREPTOCOCCAL SEPTICEMIA, UNSPECIFIED	M	0	0	0	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	0	0	
A412 SEPTICEMIA DUE TO UNSPECIFIED STAPHYLOCOCCUS	M	0	0	0	0	0	0	0	0	0	0	0	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	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	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	
A419 SEPTICEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	
	F	0	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	1	2	5	
A491 STREPTOCOCCAL INFECTION, UNSPECIFIED	M	0	0	0	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	0	0	
A498 OTHER BACTERIAL INFECTIONS OF UNSPECIFIED SITE	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	
A499 BACTERIAL INFECTION, UNSPECIFIED	M	0	0	0	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	0	0	
A810 CREUTZFELDT-JAKOB DISEASE	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	0	0	0	0	0	0	0	0	0	
A812 PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY	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	0	0	0	0	0	
B022 ZOSTER WITH OTHER NERVOUS SYSTEM INVOLVEMENT	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	0	0	0	0	1	
B029 ZOSTER WITHOUT COMPLICATION	M	0	0	0	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	0	1	
B169 ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA	M	0	0	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	0	0	
B182 CHRONIC VIRAL HEPATITIS C	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	0	0	0	0	0	
B212 HIV DISEASE RESULTING IN OTHER TYPES OF NON-HODGKIN'S LYMPHOMA	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	0	0	0	0	0	
B227 HIV DISEASE RESULTING IN MULTIPLE 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	0	0	0	0	0	
B238 HIV DISEASE RESULTING IN OTHER SPECIFIED CONDITIONS	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	0	0	0	0	0	

TABLE C-18
2008 VERMONT RESIDENT DEATHS - PAGE 2

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																			Total				
		<1	4	9	14	19	24	25	34	35	44	45	54	55	59	64	65	69	74	75		79	80	84	85+
B24 UNSPECIFIED HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
B349 VIRAL INFECTION, UNSPECIFIED	M	0	0	0	0	0	0	0	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	0	0	0	0	0	1
B59 PNEUMOCYSTOSIS	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
B91 SEQUELAE OF POLIOMYELITIS	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0
B99 OTHER AND UNSPECIFIED INFECTIOUS DISEASES	M	0	0	0	1	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	0	0	0	0	0	0	0	0	0
C029 MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	0	1
C059 MALIGNANT NEOPLASM OF PALATE, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0
C07 MALIGNANT NEOPLASM OF PAROTID GLAND	M	0	0	0	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0
C099 MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
C109 MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	M	0	0	0	0	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	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	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	0	0	0	0	0	0
C139 MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED	M	0	0	0	0	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	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	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	0	0	0	0	0	0	0
C159 MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
C160 MALIGNANT NEOPLASM OF CARDIA	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
C169 MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
C170 MALIGNANT NEOPLASM OF DUODENUM	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
C172 MALIGNANT NEOPLASM OF ILEUM	M	0	0	0	0	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	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	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	0	0	0	0	0	0	0
C180 MALIGNANT NEOPLASM OF CECUM	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total							
		<1	1	4	5	9	10	14	19	20	24	25	34	35	44	45	54	59		64	69	74	79	84	85+	
C181 MALIGNANT NEOPLASM OF APPENDIX	M	0	0	0	0	0	0	0	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	2	0	0	0	0	0	0	0	0	0	2
C187 MALIGNANT NEOPLASM OF SIGMOID COLON	M	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
	F	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
C189 MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	4	7	4	7	4	7	8	7	8	40
	F	0	0	0	0	0	0	0	0	0	0	0	2	3	1	0	5	3	6	7	6	7	13	7	40	
C19 MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	M	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
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3
C20 MALIGNANT NEOPLASM OF RECTUM	M	0	0	0	0	0	0	0	0	0	0	0	1	2	0	1	1	0	1	0	0	0	0	0	0	11
	F	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	2	0	1	4	2	2	0	11
C210 MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	M	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
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
C218 MALIGNANT NEOPLASM OF OVERLAPPING LESION OF RECTUM, ANUS, AND ANAL CANAL	M	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C220 LIVER CELL CARCINOMA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	4	2	3	1	5	2	0	0	0	0	1	18
	F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	2	0	0	0	0	0	5
C221 INTRAHEPATIC BILE DUCT CARCINOMA	M	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
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0	0	4
C229 MALIGNANT NEOPLASM OF LIVER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	3
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	0	2
C240 MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0	1
C259 MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	1	8	6	10	6	6	4	5	3	49	3	49	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1	2	8	3	7	9	10	44	10	44	
C269 MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	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	0	0	0	0	0	0	1
C300 MALIGNANT NEOPLASM OF NASAL CAVITY	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0
C319 MALIGNANT NEOPLASM OF ACCESSORY SINUS, UNSPECIFIED	M	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
	F	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
C329 MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	2	0	0	0	0	0	5
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	3
C341 MALIGNANT NEOPLASM OF UPPER LOBE, BRONCHUS OR LUNG	M	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
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
C343 MALIGNANT NEOPLASM OF LOWER LOBE, BRONCHUS OR LUNG	M	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
	F	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
C349 MALIGNANT NEOPLASM OF BRONCHUS OR LUNG, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	1	6	17	17	33	18	17	33	37	25	26	19	199	26	
	F	0	0	0	0	0	0	0	0	0	0	0	2	20	20	25	8	8	25	22	30	21	24	177	21	

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total								
		<1	1	4	5	9	10	14	15	19	20	24	25	34	35	44	45	55		60	65	70	74	75	79	84	85+
C37 MALIGNANT NEOPLASM OF THYMU	M	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
	F	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
C380 MALIGNANT NEOPLASM OF HEART	M	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
	F	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
C414 MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM, AND COCCYX	M	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
	F	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
C419 MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	M	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
	F	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
C439 MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	M	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
	F	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	17
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	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	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	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	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	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	0	0	0	0	0	0	0	0	0	0
C457 MALIGNANT MESOTHELIOMA OF OTHER SITES	M	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
	F	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
C459 MALIGNANT MESOTHELIOMA, UNSPECIFIED	M	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
	F	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
C480 MALIGNANT NEOPLASM OF RETROPERITONEUM	M	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
	F	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
C482 MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	M	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
	F	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
C494 MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN	M	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
	F	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
C499 MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	M	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
	F	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
C509 MALIGNANT NEOPLASM OF BREAST, UNSPECIFIED	M	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
	F	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
C519 MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	M	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
	F	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
C530 MALIGNANT NEOPLASM OF ENDOCERVIX	M	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
	F	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
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	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	0	0	0	0	0	0	0	0	0
C541 MALIGNANT NEOPLASM OF ENDOMETRIUM	M	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
	F	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
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	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	0	0	0	0	0	0	0	0	0

CAUSE OF DEATH	SEX	AGE AT DEATH																		Total					
		<1	1	4	5	9	10	14	19	24	25	34	35	44	45	54	59	64	69		74	75	79	84	85+
C950 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
C959 LEUKEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	1	4
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
C97 MALIGNANT NEOPLASMS OF INDEPENDENT (PRIMARY) MULTIPLE SITES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	2	5
D259 LEIOMYOMA OF UTERUS, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	1
D352 BENIGN NEOPLASM OF PITUITARY GLAND	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	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	0	0	0	0	0	0	0
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	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	0	0	0	0	0	0	1
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	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	0	0	0	1
D383 NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF MEDIASTINUM	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0
D391 NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF OVARY	M	0	0	0	0	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	0	0	0	0	0	0	0	0	1
D412 NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF URETER	M	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	1
D432 NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF BRAIN, UNSPECIFIED	M	0	0	0	0	0	0	0	0	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	0	0	1	1	1	2	4
D45 POLYCYTHAEMIA VERA	M	0	0	0	0	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	0	0	0	0	0	0	0	0	1
D469 MYELODYSPLASTIC SYNDROME, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	1	1	3	8
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2	1	2	5
D471 CHRONIC MYELOPROLIFERATIVE DISEASE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	1
D473 ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	M	0	0	0	0	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	0	0	0	0	1	0	0	0	1
D480 NEOPLASM OF UNCERTAIN OR UNKNOWN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	M	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
D529 FOLATE DEFICIENCY ANEMIA, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	1
D591 OTHER AUTOIMMUNE HEMOLYTIC ANEMIAS	M	0	0	0	0	0	0	0	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	0	0	0	0	0	1

TABLE C-18
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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH

INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10TH REVISION)	SEX	AGE AT DEATH																			Total	
		<1	1	4	5	9	10	14	19	20	24	34	44	54	59	64	69	74	79	84		85+
D619 APLASTIC ANEMIA, UNSPECIFIED	M	0	0	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	1
D649 ANEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
D688 OTHER SPECIFIED COAGULATION DEFECTS	M	0	0	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	0	0
D689 COAGULATION DEFECT, UNSPECIFIED	M	0	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	0	0	0	0	0	0
D70 AGRANULOCYTOSIS	M	0	0	0	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	0	0	0
D869 SARCOIDOSIS, UNSPECIFIED	M	0	0	0	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	0	0	0
E039 HYPOTHYROIDISM, UNSPECIFIED	M	0	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	0	0	0	0	0	0
E049 NONTOXIC GOITER, UNSPECIFIED	M	0	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	0	0	0	0	0	0
E050 THYROTOXICOSIS WITH DIFFUSE GOITER	M	0	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	0	0
E055 THYROID CRISIS OR STORM	M	0	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	0	0	0	0	0	0
E059 THYROTOXICOSIS, UNSPECIFIED	M	0	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	0	0	0	0	0	0
E104 INSULIN-DEPENDENT DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS	M	0	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	0	0	0	0	0	0
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	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E109 INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	4
	F	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	3
E112 NONINSULIN-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	0	1	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E114 NONINSULIN-DEPENDENT DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS	M	0	0	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	1	1
E115 NONINSULIN-DEPENDENT DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY COMPLICATIONS	M	0	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	1	0	0	0	0	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	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
E119 NONINSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2	4	1	7	3	14	22
	F	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	1	7	3	7	2	7

CAUSE OF DEATH

INTERNATIONAL CLASSIFICATION OF
DISEASES CODE (10TH REVISION)

		AGE AT DEATH																Total
		1	5	10	15	20	25	35	45	55	60	65	70	75	80	85+	Total	
SEX	<1	4	9	14	19	24	34	44	54	59	64	69	74	79	84	85+	Total	
E140	UNSPECIFIED DIABETES MELLITUS WITH COMA	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
E141	UNSPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS	M	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E142	UNSPECIFIED DIABETES MELLITUS WITH RENAL COMPLICATIONS	M	0	0	0	0	0	0	0	0	0	0	1	1	0	2	4	4
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
E144	UNSPECIFIED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS	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	1	0	0	1	1
E145	UNSPECIFIED DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY COMPLICATIONS	M	0	0	0	0	0	2	0	0	0	0	1	2	1	1	7	7
		F	0	0	0	0	0	0	0	0	0	0	0	0	2	3	5	5
E146	UNSPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	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	1	1
E149	UNSPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	M	0	0	0	1	2	2	5	3	3	6	5	7	6	6	41	41
		F	0	0	0	0	0	2	1	2	1	4	7	4	13	34	34	34
E213	HYPERPARATHYROIDISM, 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	1	0	0	1	1
E45	RETARDED DEVELOPMENT FOLLOWING PROTEIN-ENERGY MALNUTRITION	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	1	1
E46	UNSPECIFIED PROTEIN-ENERGY MALNUTRITION	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	2	2	2
E639	NUTRITIONAL DEFICIENCY, 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	0	1	1	1
E668	OTHER OBESITY	M	0	0	0	0	0	1	0	0	1	0	0	0	1	0	3	3
		F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
E669	OBESITY, UNSPECIFIED	M	0	0	0	0	1	1	1	2	3	1	1	0	1	0	11	11
		F	0	0	0	0	0	1	1	2	2	0	1	1	0	0	8	8
E754	NEURONAL CEROID LIPOFUCCINOSIS	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	0	0
E780	PURE HYPERCHOLESTEROLEMIA	M	0	0	0	0	0	0	1	1	1	1	1	1	2	2	9	9
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	3
E785	HYPERLIPIDEMIA, UNSPECIFIED	M	0	0	0	0	0	0	0	1	0	2	0	4	3	6	16	16
		F	0	0	0	0	0	0	0	0	0	0	1	1	0	9	11	11
E833	DISORDERS OF PHOSPHORUS METABOLISM	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	1	1
E835	DISORDERS OF CALCIUM METABOLISM	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	1	1
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS	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	0	0
E849	CYSTIC FIBROSIS, UNSPECIFIED	M	0	0	0	1	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

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total											
		<1	1	4	5	9	10	14	15	19	20	24	25	34	35	44	45	54		55	59	64	65	69	70	74	75	79	80	84
E854 ORGAN-LIMITED AMYLOIDOSIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	2	5
	F	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	0	2	3
E859 AMYLOIDOSIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1	0	4	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2	
E866 VOLUME DEPLETION	M	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	
	F	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	1	4	7	
E870 HYPEROSMOLALITY AND HYPERNATREMIA	M	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	
	F	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	2	
E878 OTHER DISORDERS OF ELECTROLYTE AND FLUID BALANCE, NOT ELSEWHERE CLASSIFIED	M	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	
	F	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	
E880 DISORDERS OF PLASMA-PROTEIN METABOLISM, NOT ELSEWHERE	M	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	1	
	F	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	
F011 MULTI-INFARCT DEMENTIA	M	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	
	F	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	1	
F019 VASCULAR DEMENTIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	7	
	F	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	3	8	
F03 UNSPECIFIED DEMENTIA	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	6	19	35	65	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	2	8	30	95	139	
F051 DELIRIUM SUPERIMPOSED ON DEMENTIA	M	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	
	F	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	1	
F059 DELIRIUM, NOT INDUCED BY ALCOHOL AND OTHER PSYCHOACTIVE SUBSTANCES, UNSPECIFIED	M	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	
	F	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	
F069 UNSPECIFIED MENTAL DISORDER DUE TO BRAIN DAMAGE AND DYSFUNCTION AND TO PHYSICAL DISEASE	M	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	
	F	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	
F101 HARMFUL USE OF ALCOHOL	M	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	4	
	F	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	1	
F102 DEPENDENCE SYNDROME DUE TO USE OF ALCOHOL	M	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	
	F	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	13	
F106 AMNESIC SYNDROME DUE TO USE OF ALCOHOL	M	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	
	F	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	
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	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	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	
F141 HARMFUL USE OF COCAINE	M	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	
	F	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	
F179 UNSPECIFIED MENTAL AND BEHAVIORAL DISORDER DUE TO USE OF TOBACCO	M	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	
	F	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	

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total								
		<1	1	4	5	9	10	14	19	20	24	25	34	35	44	45	54	59		64	69	74	79	84	85+		
F191 HARMFUL USE OF MULTIPLE-DRUG USE AND USE OF OTHER PSYCHOACTIVE SUBSTANCES	M	0	0	0	0	0	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	0	0	0	0	0	
F209 SCHIZOPHRENIA, UNSPECIFIED	M	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	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
F319 BIPOLAR AFFECTIVE DISORDER, UNSPECIFIED	M	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	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
F322 SEVERE DEPRESSIVE EPISODE WITHOUT PSYCHOTIC SYMPTOMS	M	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	
	F	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	
F328 OTHER DEPRESSIVE EPISODES	M	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	
	F	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	
F329 DEPRESSIVE EPISODE, UNSPECIFIED	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
F500 ANOREXIA NERVOSA	M	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	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
F79 UNSPECIFIED MENTAL RETARDATION	M	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	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
G061 INTRASPINAL ABSCESS AND GRANULOMA	M	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	
	F	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	
G062 EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	M	0	0	0	0	0	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	0	0	0	0	0	
G10 HUNTINGTON'S DISEASE	M	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	
	F	0	0	0	0	0	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	0	0	0	0	0	0	0	1	3	1	3	0	4	1	1	14	1	1	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	2	1	0	0	1	3	10	3	10		
G20 PARKINSON'S DISEASE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	6	8	15	32	21		
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	6	1	4	8	21		
G259 EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	1		
G301 ALZHEIMER'S DISEASE WITH LATE ONSET	M	0	0	0	0	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	0	0	0	0	1	0	1	1	2		
G309 ALZHEIMER'S DISEASE, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	1	0	0	1	2		
G310 CIRCUMSCRIBED BRAIN ATROPHY	M	0	0	0	0	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	0	0	0	0	4	7	19	34	66		
G312 DEGENERATION OF NERVOUS SYSTEM DUE TO ALCOHOL	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	4	16	24	106	152	0		
	F	0	0	0	0	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	0	0	0	0	1	0	0	0	0	0	2	0	0	0	3		
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	4		
G319 DEGENERATIVE DISEASE OF NERVOUS SYSTEM, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2		
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total						
		<1	1	4	5	9	10	14	19	20	24	25	34	35	44	45	54	59		64	69	74	79	84	85+
I080 DISORDERS OF BOTH MITRAL AND AORTIC VALVES	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
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	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	0	0	0	0	0	0	0
I099 RHEUMATIC HEART DISEASE, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I110 ESSENTIAL (PRIMARY) HYPERTENSION	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I110 HYPERTENSIVE HEART DISEASE WITH (CONGESTIVE) HEART FAILURE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I119 HYPERTENSIVE HEART DISEASE WITHOUT (CONGESTIVE) HEART FAILURE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I120 HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
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	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	0	0	0	0	0	0	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	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	0	0	0	0	0	0	0
I219 ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I221 SUBSEQUENT MYOCARDIAL INFARCTION OF INFERIOR WALL	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I248 OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I249 ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I250 ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, SO DESCRIBED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I251 ATHEROSCLEROTIC HEART DISEASE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I255 ISCHEMIC CARDIOMYOPATHY	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I258 OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I259 CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I269 PULMONARY EMBOLISM WITHOUT MENTION OF ACUTE COR PULMONALE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
I270 PRIMARY PULMONARY HYPERTENSION	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total				
		<1	1	4	5	9	10	14	19	20	24	34	44	54	59	64	69	74		79	84	85+	
1272 OTHER SECONDARY PULMONARY HYPERTENSION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2	3	3	7
1279 PULMONARY HEART DISEASE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2	3	7	7
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	3
1319 DISEASE OF PERICARDIUM, UNSPECIFIED	M	0	0	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	0	0	0	0	0	0	0	0	0	0	0
1330 ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	1
1339 ACUTE ENDOCARDITIS, UNSPECIFIED	M	0	0	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	0	1
1340 MITRAL (VALVE) INSUFFICIENCY	M	0	0	0	0	0	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	0	0	0	1
1348 OTHER NONRHEUMATIC MITRAL VALVE DISORDERS	M	0	0	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	0	0	0	0	0	0	0
1350 AORTIC (VALVE) STENOSIS	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	4	10	18
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	9	21	35	
1359 AORTIC VALVE DISORDER, UNSPECIFIED	M	0	0	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	1	0	0	1
138 ENDOCARDITIS, VALVE UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	1	6
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	4
1400 INFECTIVE MYOCARDITIS	M	0	0	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	0	0	0	0	0	0	0
1420 DILATED CARDIOMYOPATHY	M	0	0	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	0	0	0	0	0	0	0
1421 OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	M	0	0	0	0	0	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	0	0	0	0
1422 OTHER HYPERTROPHIC CARDIOMYOPATHY	M	0	0	0	0	0	0	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	0	0	0	0	1
1425 OTHER RESTRICTIVE CARDIOMYOPATHY	M	0	0	0	0	0	0	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	0	0	0	0	0
1426 ALCOHOLIC CARDIOMYOPATHY	M	0	0	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	0	0	0	0	0	0	0
1429 CARDIOMYOPATHY, UNSPECIFIED	M	0	0	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	0	0	0	0	0	0	0
1442 ATRIOVENTRICULAR BLOCK, COMPLETE	M	0	0	0	0	0	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	0	0	0	1
1461 SUDDEN CARDIAC DEATH, SO DESCRIBED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1469 CARDIAC ARREST, UNSPECIFIED	M	0	0	0	0	0	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	0	0	0	2

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX		AGE AT DEATH																	Total										
	<1	4	5	9	10	14	15	19	20	24	25	34	35	44	45	54	55	59	64		65	69	74	75	79	84	85+			
I48 ATRIAL FIBRILLATION AND FLUTTER	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	2	1	0	0	4	7	16	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	19	23		
I490 VENTRICULAR FIBRILLATION AND FLUTTER	M	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I495 SICK SINUS SYNDROME	M	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	
	F	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	3	3	
I499 CARDIAC ARRHYTHMIA, UNSPECIFIED	M	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	2	
	F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	3	
I500 CONGESTIVE HEART FAILURE	M	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	11	18	
	F	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	17	20	
I509 HEART FAILURE, UNSPECIFIED	M	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	
	F	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	
I516 CARDIOVASCULAR DISEASE, UNSPECIFIED	M	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	6	
	F	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	3	6
I517 CARDIOMEGALY	M	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	
	F	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	
I518 OTHER ILL-DEFINED HEART DISEASES	M	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	
	F	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	
I519 HEART DISEASE, UNSPECIFIED	M	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	
	F	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	
I609 SUBARACHNOID HEMORRHAGE, UNSPECIFIED	M	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	
	F	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	
I610 INTRACEREBRAL HEMORRHAGE IN HEMISPHERE, SUBCORTICAL	M	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	
	F	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	
I613 INTRACEREBRAL HEMORRHAGE IN BRAIN STEM	M	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	
	F	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	
I614 INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	M	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	
	F	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	
I615 INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR	M	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	
	F	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	
I619 INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	M	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	
	F	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	
I620 SUBDURAL HEMORRHAGE (ACUTE) (NONTRAUMATIC)	M	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	
	F	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	
I629 INTRACRANIAL HEMORRHAGE (NONTRAUMATIC), UNSPECIFIED	M	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	
	F	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	
I630 CEREBRAL INFARCTION DUE TO THROMBOSIS OF PRECEREBRAL ARTERIES	M	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	
	F	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	
I633 CEREBRAL INFARCTION DUE TO THROMBOSIS OF CEREBRAL ARTERIES	M	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	
	F	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	

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX		AGE AT DEATH																	Total					
	<1	1-4	5	9	14	19	24	29	34	39	44	49	54	59	64	69	74	79	84		85+				
1634 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	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	0	0	0	0	0	4
1635 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	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	0	0	0	0
1639 CEREBRAL INFARCTION, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
164 STROKE, NOT SPECIFIED AS HEMORRHAGE OR INFARCTION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
1670 DISSECTION OF CEREBRAL ARTERIES, NONRUPTURED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1672 CEREBRAL ATHEROSCLEROSIS	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1678 OTHER SPECIFIED CEREBROVASCULAR DISEASES	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1679 CEREBROVASCULAR DISEASE, UNSPECIFIED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1690 SEQUELAE OF SUBARACHNOID HEMORRHAGE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1693 SEQUELAE OF CEREBRAL INFARCTION	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1694 SEQUELAE OF STROKE, NOT SPECIFIED AS HEMORRHAGE OR INFARCTION	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1698 SEQUELAE OF OTHER AND UNSPECIFIED CEREBROVASCULAR DISEASES	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1702 ATHEROSCLEROSIS OF ARTERIES OF THE EXTREMITIES	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1709 GENERALIZED AND UNSPECIFIED ATHEROSCLEROSIS	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1710 DISSECTION OF AORTA [ANY PART]	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1711 THORACIC AORTIC ANEURYSM, RUPTURED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1713 ABDOMINAL AORTIC ANEURYSM, RUPTURED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1714 ABDOMINAL AORTIC ANEURYSM, WITHOUT MENTION OF RUPTURE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1718 AORTIC ANEURYSM OF UNSPECIFIED SITE, RUPTURED	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0
1719 AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT MENTION OF RUPTURE	M	0	0	0	0	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	0	0	0	0	0	0	0	0	0

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	AGE AT DEATH																		Total																					
	SEX	<1	1	4	5	9	10	14	19	20	24	25	34	35	44	45	54	59		64	65	69	74	75	79	80	84	85+												
1722 ANEURYSM OF RENAL ARTERY	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1										
1723 ANEURYSM OF ILIAC ARTERY	F	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										
1728 ANEURYSM OF OTHER SPECIFIED ARTERIES	M	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									
1739 PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	F	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	1									
1776 ARTERITIS, UNSPECIFIED	M	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	2								
1779 DISORDER OF ARTERIES AND ARTERIOLES, UNSPECIFIED	F	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	0								
1802 PHLEBITIS AND THROMBOPHLEBITIS OF OTHER DEEP VESSELS OF LOWER EXTREMITIES	M	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	0	0							
1829 EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	F	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	0	0							
1830 VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER	M	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	0	0	0						
1839 VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION	F	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	0	0	0						
1898 OTHER SPECIFIED NONINFECTIVE DISORDERS OF LYMPHATIC VESSELS AND LYMPH NODES	M	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	0	0	0	0					
J100 INFLUENZA WITH PNEUMONIA, INFLUENZA VIRUS IDENTIFIED	F	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	0	0	0	0	0				
J110 INFLUENZA WITH PNEUMONIA, VIRUS NOT IDENTIFIED	M	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	0	0	0	0	0	0			
J111 INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS, VIRUS NOT IDENTIFIED	F	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
J152 PNEUMONIA DUE TO STAPHYLOCOCCUS	F	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	0	0	0	0	0	0	0	0	
J154 PNEUMONIA DUE TO OTHER STREPTOCOCCI	M	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	0	0	0	0	0	0	0	0	
J180 BRONCHOPNEUMONIA, UNSPECIFIED	F	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total									
		<1	1	5	10	15	20	25	35	45	55	60	65	70	75	80	85+	Total										
J189 PNEUMONIA, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3	3	3	15	26	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	3	4	18	29
J392 OTHER DISEASES OF PHARYNX	M	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
	F	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
J432 CENTRILOBULAR EMPHYSEMA	M	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	1
	F	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
J439 EMPHYSEMA, UNSPECIFIED	M	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
	F	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
J440 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ACUTE LOWER RESPIRATORY INFECTION	M	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
	F	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
J441 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ACUTE EXACERBATION, UNSPECIFIED	M	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
	F	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
J448 OTHER SPECIFIED CHRONIC OBSTRUCTIVE PULMONARY DISEASE	M	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
	F	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
J449 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	M	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
	F	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
J459 ASTHMA, UNSPECIFIED	M	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
	F	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
J47 BRONCHIECTASIS	M	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
	F	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
J690 PNEUMONITIS DUE TO FOOD AND VOMIT	M	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
	F	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
J80 ADULT RESPIRATORY DISTRESS SYNDROME	M	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
	F	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
J81 PULMONARY EDEMA	M	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
	F	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
J840 ALVEOLAR AND PARIETOALVEOLAR CONDITIONS	M	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
	F	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
J841 OTHER INTERSTITIAL PULMONARY DISEASES WITH FIBROSIS	M	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
	F	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
J849 INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	M	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
	F	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
J869 PYOTHORAX WITHOUT FISTULA	M	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
	F	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
J90 PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	M	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
	F	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
J961 CHRONIC RESPIRATORY FAILURE	M	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
	F	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

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total									
		<1	1	4	5	9	10	14	19	24	25	34	35	44	45	54	55	64		65	69	74	75	79	80	84	85+	
J984 OTHER DISORDERS OF LUNG	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	3
	F	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	2	
J988 OTHER SPECIFIED RESPIRATORY DISORDERS	M	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
J989 RESPIRATORY DISORDER, UNSPECIFIED	M	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	
K047 PERIAPICAL ABSCESS WITHOUT SINUS	M	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	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
K112 SIALOADENITIS	M	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	
	F	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	1	
K20 ESOPHAGITIS	M	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	2	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
K219 GASTROESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	M	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	
	F	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	
K220 ACHALASIA OF CARDIA	M	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	
	F	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	
K222 ESOPHAGEAL OBSTRUCTION	M	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	
	F	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	
K224 DYSKINESIA OF ESOPHAGUS	M	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	
	F	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	
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	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	0	0	0	1	0	0	0	0	0	
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	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	0	0	0	0	0	0	0	0	1	
K265 DUODENAL ULCER, CHRONIC OR UNSPECIFIED WITH PERFORATION	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	0	0	0	
K274 PEPTIC ULCER, SITE UNSPECIFIED, CHRONIC OR UNSPECIFIED WITH	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	5	
	F	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	
K275 PEPTIC ULCER, SITE UNSPECIFIED, CHRONIC OR UNSPECIFIED WITH	M	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	
	F	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	
K296 OTHER GASTRITIS	M	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	
	F	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	
K297 GASTRITIS, UNSPECIFIED	M	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	
	F	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	
K404 UNILATERAL OR UNSPECIFIED INGUINAL HERNIA, WITH GANGRENE	M	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	
	F	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	
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	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	0	0	0	0	0	0	0	0	0	
K429 UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	M	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	
	F	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	

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CAUSE OF DEATH	SEX	AGE AT DEATH																		Total				
		<1	4	9	14	19	24	29	34	39	44	49	54	59	64	69	74	79	84		85+			
		1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85		90			
K431 VENTRAL HERNIA WITH GANGRENE	M	0	0	0	0	0	0	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	0	0	0	0	0	0
K440 DIAPHRAGMATIC HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	M	0	0	0	0	0	0	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	0	0	0	0	0	2
K449 DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	M	0	0	0	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	0	0	0	0	0	0	0	0	1
K460 UNSPECIFIED ABDOMINAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0	1
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	0	0	0	0	0
F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K509 CROHN'S DISEASE, UNSPECIFIED	M	0	0	0	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	0	0	0	0	0	0	0	0	1
K519 ULCERATIVE COLITIS, UNSPECIFIED	M	0	0	0	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	0	0	0	0	0	0	0	0	2
K529 NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	M	0	0	0	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	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0
F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K559 VASCULAR DISORDER OF INTESTINE, UNSPECIFIED	M	0	0	0	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	0	0	0	0	0	0	0	0	0
K566 OTHER AND UNSPECIFIED INTESTINAL OBSTRUCTION	M	0	0	0	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	0	0	0	0	0	0	0	0	0
K567 ILEUS, UNSPECIFIED	M	0	0	0	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	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0
F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K573 DIVERTICULAR DISEASE OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS	M	0	0	0	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	0	0	0	0	0	0	0	0	0
K578 DIVERTICULAR DISEASE OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS	M	0	0	0	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	0	0	0	0	0	0	0	0	0
K579 DIVERTICULAR DISEASE OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS	M	0	0	0	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	0	0	0	0	0	0	0	0	0
K690 CONSTIPATION	M	0	0	0	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	0	0	0	0	0	0	0	0	0
K630 ABSCESS OF INTESTINE	M	0	0	0	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	0	0	0	0	0	0	0	0	0

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	AGE AT DEATH																		Total
	SEX																		
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-69	70-74	75-79	80-84	85+				
K631 PERFORATION OF INTESTINE (NONTRAUMATIC)	M 1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2	
	F 0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	3	
K638 OTHER SPECIFIED DISEASES OF INTESTINE	M 0	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	
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	0	0	0	0	0	0	1	0	1	
K650 ACUTE PERITONITIS	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	
K701 ALCOHOLIC HEPATITIS	M 0	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	
K703 ALCOHOLIC CIRRHOSIS OF LIVER	M 0	0	0	0	0	0	1	7	4	2	2	1	0	0	0	0	0	17	
	F 0	0	0	0	0	0	1	3	0	0	1	1	2	0	0	0	0	8	
K704 ALCOHOLIC HEPATIC FAILURE	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	2	0	0	0	0	0	0	0	0	0	0	2	
K709 ALCOHOLIC LIVER DISEASE, UNSPECIFIED	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	1	1	0	0	0	0	0	0	0	0	0	2	
K729 HEPATIC FAILURE, 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	1	0	0	0	0	0	1	0	0	1	2	
K743 PRIMARY BILIARY CIRRHOSIS	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	
K746 OTHER AND UNSPECIFIED CIRRHOSIS OF LIVER	M 0	0	0	0	0	0	0	1	0	1	1	0	1	2	2	0	0	8	
	F 0	0	0	0	0	0	0	0	1	0	0	1	1	1	2	0	0	6	
K754 AUTOIMMUNE HEPATITIS	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	
K760 FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	M 0	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	1	0	0	0	0	0	1	0	0	2	
K764 PELIOSIS HEPATIS	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	
K767 HEPATORENAL SYNDROME	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	
K769 LIVER 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	0	0	0	0	0	1	1	
K805 CALCULUS OF BILE DUCT WITHOUT CHOLANGITIS OR CHOLECYSTITIS	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	
K810 ACUTE CHOLECYSTITIS	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	
K811 CHRONIC CHOLECYSTITIS	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	1	
K819 CHOLECYSTITIS, UNSPECIFIED	M 0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	
	F 0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																			Total								
		<1	1	4	5	9	10	14	19	20	24	25	34	35	44	45	54	55	59	64		65	69	74	75	79	84	85+	
K852 ALCOHOL-INDUCED ACUTE PANCREATITIS	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	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	0	0	0	0	0	0	0	0	0	0	1
K859 ACUTE PANCREATITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	1	0	0	2	0	0	1	6
	F	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	1	3
K922 GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	2	4	8
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	9	13	
K929 DISEASE OF DIGESTIVE SYSTEM, UNSPECIFIED	M	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
	F	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	0	1
L031 CELLULITIS OF OTHER PARTS OF LIMB	M	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
	F	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
L039 CELLULITIS, UNSPECIFIED	M	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	1
	F	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
L089 LOCAL INFECTION OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	M	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
L120 BULLOUS PEMPHIGOID	M	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
	F	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
L97 ULCER OF LOWER LIMB, NOT ELSEWHERE CLASSIFIED	M	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
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
L984 CHRONIC ULCER OF SKIN, NOT ELSEWHERE CLASSIFIED	M	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
	F	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
L989 DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	M	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
	F	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
M009 PYOGENIC ARTHRITIS, UNSPECIFIED	M	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
	F	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
M050 FELTY'S SYNDROME	M	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
	F	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
M051 RHEUMATOID LUNG DISEASE	M	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
	F	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
M069 RHEUMATOID ARTHRITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	2	0	0	0	4
M138 OTHER SPECIFIED ARTHRITIS	M	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
	F	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
M199 ARTHROSIS, UNSPECIFIED	M	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
	F	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	2
M311 THROMBOTIC MICROANGIOPATHY	M	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
	F	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
M317 MICROSCOPIC POLYANGIITIS	M	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
	F	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
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	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	0	0	0	0	0	0	0	0	0	0	0

TABLE C-18
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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																		Total								
		<1	1	4	5	9	14	19	20	24	25	34	35	44	45	54	55	64	65		69	74	75	79	84	85+		
M332 POLYMYOSITIS	M	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
M341 CR(E)ST SYNDROME	M	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
F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
M348 OTHER FORMS OF SYSTEMIC SCLEROSIS	M	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0
M349 SYSTEMIC SCLEROSIS, UNSPECIFIED	M	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
F	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	1
M402 OTHER AND UNSPECIFIED KYPHOSIS	M	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
F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
M419 COLICLOSIS, UNSPECIFIED	M	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
F	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	4
M471 OTHER SPONDYLOSIS WITH MYELOPATHY	M	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
F	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
M628 OTHER SPECIFIED DISORDERS OF MUSCLE	M	0	0	0	0	0	0	0	0	0	0	0	0	1	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	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	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	0	0	0	0	0	0	0	0
M819 OSTEOPOROSIS, UNSPECIFIED	M	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
F	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
M869 OSTEOMYELITIS, UNSPECIFIED	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
F	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
N039 CHRONIC NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGICAL CHANGES	M	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	3
F	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
N051 UNSPECIFIED NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS	M	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
F	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
N112 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	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	0	0	0	0	0	0	0	0	0	1
N137 VESICoureTERAL-REFLUX-ASSOCIATED UROPATHY	M	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
F	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	1
N179 ACUTE RENAL FAILURE, UNSPECIFIED	M	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	5
F	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
N180 END-STAGE RENAL DISEASE	M	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	3
F	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
N189 CHRONIC RENAL FAILURE, UNSPECIFIED	M	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	3
F	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	6
N19 UNSPECIFIED RENAL FAILURE	M	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
F	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	9
N200 ALCULUS OF KIDNEY	M	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
F	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	1

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																			Total					
		<1	1	4	5	9	10	14	15	19	20	24	25	34	35	44	45	55	60	65		70	75	80	84	85+
N258 OTHER DISORDERS RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION	M	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
	F	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
N288 OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	M	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
	F	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
N289 DISORDER OF KIDNEY AND URETER, UNSPECIFIED	M	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
	F	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
N309 CYSTITIS, UNSPECIFIED	M	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
	F	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
N321 DISORDERS OF BLADDER: VESICOINTESTINAL FISTULA	M	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
	F	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
N390 URINARY TRACT INFECTION, SITE NOT SPECIFIED	M	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
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
N40 HYPERPLASIA OF PROSTATE	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
N739 FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED	M	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
	F	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
N768 OTHER SPECIFIED INFLAMMATION OF VAGINA AND VULVA	M	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
	F	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
O96 DEATH FROM ANY OBSTETRIC CAUSE OCCURRING MORE THAN 42 DAYS BUT LESS THAN 1 YEAR AFTER DELIVERY	M	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
	F	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
P010 FETUS AND NEWBORN AFFECTED BY INCOMPETENT CERVIX	M	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
	F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P011 FETUS AND NEWBORN AFFECTED BY PREMATURE RUPTURE OF MEMBRANES	M	1	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	1
P023 FETUS AND NEWBORN AFFECTED BY PLACENTAL TRANSFUSION SYNDROMES	M	1	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0
P024 FETUS AND NEWBORN AFFECTED BY PROLAPSED CORD	M	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
	F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P027 FETUS AND NEWBORN AFFECTED BY CHORIOAMNIONITIS	M	1	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0
P038 FETUS AND NEWBORN AFFECTED BY OTHER SPECIFIED COMPLICATIONS OF LABOR AND DELIVERY	M	1	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0
P072 EXTREME IMMATUREITY	M	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	F	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
P073 OTHER PRETERM INFANTS	M	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
	F	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P220 RESPIRATORY DISTRESS SYNDROME OF NEWBORN	M	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
	F	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CAUSE OF DEATH		AGE AT DEATH																		Total
INTERNATIONAL CLASSIFICATION OF DISEASES CODE (10TH REVISION)		1	5	10	15	20	25	35	45	55	60	65	70	75	80	84	85+	Total		
SEX	<1	4	9	14	19	24	34	44	54	59	64	69	74	79	84	85+	Total			
P271	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		
P832	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		
P864	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		
Q049	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		
Q059	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		
Q079	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		
Q210	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	0	0	0	0		
Q229	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		
Q248	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	0	0		
Q613	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	0	0		
Q780	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		
Q850	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	0	0		
Q809	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	F	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	3		
Q813	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		
Q817	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		
Q998	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		
R000	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		
R198	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	0	1		
R53	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	0	1		
R54	M	0	0	0	0	0	0	0	0	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	14		

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CAUSE OF DEATH	SEX	AGE AT DEATH																	Total														
		AGE AT DEATH																															
		<1	1	4	5	9	10	14	15	19	20	24	25	34	35	44	45	54		55	64	65	69	74	75	79	80	84	85+				
R568 OTHER AND UNSPECIFIED CONVULSIONS	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2		
R628 OTHER LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT	M	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		
R64 CACHEXIA	F	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	1		
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	0	0	0	0	0	0	0	0	0	0	0	0	2		
R95 SUDDEN INFANT DEATH SYNDROME	F	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	2		
R99 OTHER ILL-DEFINED AND UNSPECIFIED CAUSES OF MORTALITY	M	1	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	1		
V090 PEDESTRIAN INJURED IN NONTRAFFIC ACCIDENT INVOLVING OTHER AND UNSPECIFIED MOTOR VEHICLES	F	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4		
V092 PEDESTRIAN INJURED IN TRAFFIC ACCIDENT INVOLVING OTHER AND UNSPECIFIED MOTOR VEHICLES	F	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	1		
V189 UNSPECIFIED PEDAL CYCLIST INJURED IN NONCOLLISION, TRAFFIC ACCIDENT	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1		
V234 MOTORCYCLE DRIVER 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	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
V284 MOTORCYCLE DRIVER INJURED IN NONCOLLISION TRANSPORT TRAFFIC ACCIDENT	F	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	1	
V299 MOTORCYCLE RIDER [ANY] INJURED IN UNSPECIFIED TRAFFIC ACCIDENT	M	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	1	
V435 CAR DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR VAN	F	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	0	4
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
V475 CAR DRIVER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY OBJECT	F	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	0	2
V476 CAR PASSENGER INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY OBJECT	M	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	0	0

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX		AGE AT DEATH																	Total
	<1	4	5	9	10	14	19	24	34	44	54	59	64	69	74	79	84	85+		
V485 CAR DRIVER INJURED IN NONCOLLISION TRANSPORT, TRAFFIC ACCIDENT	M 0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
V486 CAR PASSENGER INJURED IN NONCOLLISION TRANSPORT, TRAFFIC ACCIDENT	F 0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
V495 CAR PASSENGER INJURED IN COLLISION WITH OTHER AND UNSPECIFIED MOTOR VEHICLES IN TRAFFIC ACCIDENT	M 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V498 CAR OCCUPANT [ANY] INJURED IN OTHER SPECIFIED TRANSPORT ACCIDENT	F 0	0	0	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	0	0	1
V535 DRIVER OF PICK-UP TRUCK OR VAN INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH CAR, PICK-UP TRUCK OR COLLISION WITH HEAVY TRANSPORT	F 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V545 DRIVER OF PICK-UP TRUCK OR VAN INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH HEAVY TRANSPORT	M 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
V546 PASSENGER OF PICK-UP TRUCK OR VAN INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH HEAVY TRANSPORT VEHICLE OR BUS	F 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V575 DRIVER OF PICK-UP TRUCK OR VAN INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY	M 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V585 DRIVER OF PICK-UP TRUCK OR VAN INJURED IN NONCOLLISION TRANSPORT, TRAFFIC ACCIDENT	F 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
V599 OCCUPANT [ANY] OF PICK-UP TRUCK OR VAN INJURED IN UNSPECIFIED TRAFFIC ACCIDENT	M 0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
V676 PASSENGER OF HEAVY TRANSPORT VEHICLE INJURED IN TRAFFIC ACCIDENT INVOLVING COLLISION WITH FIXED OR STATIONARY OBJECT	F 0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
V877 PERSON INJURED IN COLLISION BETWEEN OTHER SPECIFIED MOTOR VEHICLES (TRAFFIC)	F 0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF 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	64	65	69	74	75	79	84	85+						
V892 PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC	M	0	0	0	0	0	0	0	0	2	1	2	3	1	1	1	1	1	1	2	1	1	0	0	1	0	0	2	16						
V905 ACCIDENT TO CANOE OR KAYAK CAUSING DROWNING AND SUBMERSION	F	0	0	0	0	0	0	0	0	3	0	0	1	0	1	3	0	0	0	0	0	0	0	0	0	0	0	1	10						
V909 ACCIDENT TO UNSPECIFIED WATERCRAFT CAUSING DROWNING AND SUBMERSION	M	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	1						
V925 WATER-TRANSPORT-RELATED DROWNING AND SUBMERSION WITHOUT ACCIDENT TO CANOE OR KAYAK	F	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	1						
W00 FALL ON SAME LEVEL INVOLVING ICE AND SNOW	M	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	2					
W01 FALL ON SAME LEVEL FROM SLIPPING, TRIPPING, AND STUMBLING	F	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					
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	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1					
W05 FALL INVOLVING WHEELCHAIR	F	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					
W06 FALL INVOLVING BED	M	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				
W07 FALL INVOLVING CHAIR	F	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				
W10 FALL ON AND FROM STAIRS AND STEPS	M	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				
W13 FALL FROM, OUT OF, OR THROUGH BUILDING OR STRUCTURE	F	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	0			
W17 OTHER FALL FROM ONE LEVEL TO ANOTHER	M	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	0			
W18 OTHER FALL ON SAME LEVEL	F	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	0			
W19 UNSPECIFIED FALL	M	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	0	0		
W20 STRUCK BY THROWN, PROJECTED, OR FALLING OBJECT	F	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	0	0	0	
W23 CAUGHT, CRUSHED, JAMMED, OR PINCHED IN OR BETWEEN OBJECTS	M	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	0	0	0	
W30 CONTACT WITH AGRICULTURAL MACHINERY	F	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	0	0	0	
W32 HANDGUN DISCHARGE	M	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	0	0	0	0
W36 EXPLOSION AND RUPTURE OF GAS CYLINDER	F	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	0	0	0	0

CAUSE OF DEATH	SEX		AGE AT DEATH																	Total							
			AGE AT DEATH																								
			<1	1	4	5	10	14	19	24	34	44	54	59	64	69	74	79	84		85+						
W69 DROWNING AND SUBMERSION WHILE IN NATURAL WATER	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
W74 UNSPECIFIED DROWNING AND SUBMERSION	F	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
W75 ACCIDENTAL SUFFOCATION AND STRANGULATION IN BED	M	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
W75 ACCIDENTAL SUFFOCATION AND STRANGULATION IN BED	F	1	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
W76 OTHER ACCIDENTAL HANGING AND STRANGULATION	M	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
W76 OTHER ACCIDENTAL HANGING AND STRANGULATION	F	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
W79 INHALATION AND INGESTION OF FOOD CAUSING OBSTRUCTION OF RESPIRATORY TRACT	M	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
W79 INHALATION AND INGESTION OF FOOD CAUSING OBSTRUCTION OF RESPIRATORY TRACT	F	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
W80 INHALATION AND INGESTION OF OTHER OBJECTS CAUSING OBSTRUCTION OF RESPIRATORY TRACT	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
W80 INHALATION AND INGESTION OF OTHER OBJECTS CAUSING OBSTRUCTION OF RESPIRATORY TRACT	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
W84 UNSPECIFIED THREAT TO BREATHING	M	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
W84 UNSPECIFIED THREAT TO BREATHING	F	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
X00 EXPOSURE TO UNCONTROLLED FIRE IN BUILDING OR STRUCTURE	M	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
X00 EXPOSURE TO UNCONTROLLED FIRE IN BUILDING OR STRUCTURE	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
X04 EXPOSURE TO IGNITION OF HIGHLY FLAMMABLE MATERIAL	M	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
X04 EXPOSURE TO IGNITION OF HIGHLY FLAMMABLE MATERIAL	F	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
X17 CONTACT WITH HOT ENGINES, MACHINERY, AND TOOLS	M	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
X17 CONTACT WITH HOT ENGINES, MACHINERY, AND TOOLS	F	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
X31 EXPOSURE TO EXCESSIVE NATURAL COLD	M	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
X31 EXPOSURE TO EXCESSIVE NATURAL COLD	F	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
X41 ACCIDENTAL POISONING BY AND EXPOSURE TO ANTI-EPILEPTIC, SEDATIVE-HYPNOTIC, ANTIPARKINSONISM, AND PSYCHOTROPIC DRUGS, NOT ELSEWHERE	M	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
X41 ACCIDENTAL POISONING BY AND EXPOSURE TO ANTI-EPILEPTIC, SEDATIVE-HYPNOTIC, ANTIPARKINSONISM, AND PSYCHOTROPIC DRUGS, NOT ELSEWHERE	F	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
X42 ACCIDENTAL POISONING BY AND EXPOSURE TO NARCOTICS AND PSYCHODYSLEPTICS [HALLUCINOGENS], NOT ELSEWHERE CLASSIFIED	M	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
X42 ACCIDENTAL POISONING BY AND EXPOSURE TO NARCOTICS AND PSYCHODYSLEPTICS [HALLUCINOGENS], NOT ELSEWHERE CLASSIFIED	F	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
X44 ACCIDENTAL POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS, AND BIOLOGICAL SUBSTANCES	M	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
X44 ACCIDENTAL POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS, AND BIOLOGICAL SUBSTANCES	F	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
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	0	0	0	0	0	0	0	0
X45 ACCIDENTAL POISONING BY AND EXPOSURE TO ALCOHOL	F	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
X89 ACCIDENTAL EXPOSURE TO UNSPECIFIED FACTOR	M	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
X89 ACCIDENTAL EXPOSURE TO UNSPECIFIED FACTOR	F	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	3

TABLE C-18
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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																	Total																
		<1	1	4	5	9	10	14	15	19	20	24	25	34	35	44	45	54		55	59	64	65	69	74	75	79	80	84	85+					
X590 EXPOSURE TO UNSPECIFIED FACTOR AT HOME	M	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	1	0	1			
	F	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	1	0	1				
X599 EXPOSURE TO UNSPECIFIED FACTOR CAUSING OTHER AND UNSPECIFIED INJURY	M	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	1			
	F	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	0	3		
X61 INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO ANTI-EPILEPTIC, SEDATIVE-HYPNOTIC, ANTIPARKINSONISM, AND PSYCHOTROPIC DRUGS, NOT ELSEWHERE CLASSIFIED	M	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	0	1		
	F	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	0	0	2	
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	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	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	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	2	
	F	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	0	0	3	
X67 INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO OTHER GASES AND VAPORS	M	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	0	0	3	
	F	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	0	0	3	
X69 INTENTIONAL SELF-POISONING (SUICIDE) BY AND EXPOSURE TO OTHER AND UNSPECIFIED CHEMICALS AND NOXIOUS SUBSTANCES	M	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	0	0	0	
	F	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	0	0	1	
X70 INTENTIONAL SELF HARM (SUICIDE) BY HANGING, STRANGULATION, AND SUFFOCATION	M	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	0	0	18	
	F	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	0	0	8	
X71 INTENTIONAL SELF HARM (SUICIDE) BY DROWNING AND SUBMERSION	M	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	0	0	0	
	F	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	0	0	2	
X72 INTENTIONAL SELF HARM (SUICIDE) BY HANDGUN DISCHARGE	M	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	0	0	23	
	F	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	0	0	1	
X73 INTENTIONAL SELF HARM (SUICIDE) BY RIFLE, SHOTGUN, AND LARGER FIREARM DISCHARGE	M	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	0	0	17	
	F	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	0	0	0	
X74 INTENTIONAL SELF HARM (SUICIDE) BY OTHER AND UNSPECIFIED FIREARM DISCHARGE	M	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	0	0	3	
	F	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	0	0	0	
X78 INTENTIONAL SELF HARM (SUICIDE) BY SHARP OBJECT	M	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	0	0	0	
	F	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	0	0	0	1
X80 INTENTIONAL SELF HARM (SUICIDE) BY JUMPING FROM A HIGH PLACE	M	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE C-18
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AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX		AGE AT DEATH																	Total							
			<1	1	4	5	9	10	14	15	19	20	24	34	44	54	55	59	64		69	74	75	79	84	85+	
X82	M	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	
	F	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
X84	M	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
	F	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
X91	M	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
	F	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
X92	M	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
	F	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
X94	M	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
	F	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
X95	M	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
	F	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
X99	M	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
	F	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
Y09	M	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
	F	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Y11	M	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
	F	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
Y12	M	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
	F	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
Y14	M	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
	F	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
Y30	M	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
	F	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
Y33	M	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
	F	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
Y34	M	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
	F	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
Y350	M	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
	F	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
Y427	M	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
	F	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

AGE AT DEATH BY CAUSE AND SEX

CAUSE OF DEATH	SEX	AGE AT DEATH																			Total			
		<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-69	70-74	75-79	80-84	85+								
Y452 ADVERSE AFFECTS IN THERAPEUTIC USE OF PROPIONIC ACID DERIVATIVES	M	0	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	0	0	0	0	0	0	1	
Y604 UNINTENTIONAL CUT, PUNCTURE, PERFORATION, OR HEMORRHAGE DURING ENDOSCOPIC EXAMINATION	M	0	0	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	0	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	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	0	0	0	0	0	2
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	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Y838 OTHER SURGICAL 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	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Y850 SEQUELAE OF MOTOR-VEHICLE ACCIDENT	M	0	0	0	0	0	0	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	0	0	0	0	0
Y86 SEQUELAE OF OTHER ACCIDENTS	M	0	0	0	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	0	0	0	0	0	0	0	3
Y871 SEQUELAE OF ASSAULT	M	0	0	0	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	0	0	0	0	0	0	0	0
TOTALS	M	13	2	2	4	18	27	40	77	209	166	183	219	268	328	404	614	2574						
	F	16	3	1	2	10	4	20	41	146	91	128	145	174	302	421	1117	2621						
STATE TOTALS		29	5	3	6	28	31	60	118	355	257	311	364	442	630	825	1731	5195						

INFANT DEATHS, FETAL DEATHS, AND ABORTIONS

INFANT DEATHS

In 2008, there were 29 resident infant deaths for a rate of 4.6 infant deaths per 1,000 live births. The rate is slightly above the *Healthy Vermonters 2010* goal of 4.5, but lower than the 2007 U.S. white rate of 5.6. Comparisons are made to the U.S. white rate because 93.1 percent of the Vermont resident infant deaths were to whites in 2008. 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 2002. (Table A-1)

Twenty (69.0 percent) of the infant deaths occurred during the neonatal period, that is before the infant became 28 days old (Table D-6). The neonatal death rate was 3.2 deaths per 1,000 live births (Table D-5), lower than the 2007 U.S. white neonatal death rate of 3.7. 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 this decade.

One of the most important risk factors in infant mortality is low birth weight (Table D-7). Of resident infants who died in 2008, 69.0 percent had a birth weight less than 2500 grams (5 pounds 8 ounces), while 7.0 percent of all resident births were low weight. The infant mortality rate for low weight births was 45.0 deaths per 1,000 live births. Age of mother is also related to infant mortality (Table D-5), with the highest rates typically seen in the youngest and the oldest age groups. From 2006 to 2008, the infant mortality rate for mothers 15 through 19 years of age was 7.0, and for mothers age 40 through 44 the rate was 10.7. The 40 to 44 year old maternal age group had the highest neonatal death rate at 5.4.

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 31 resident fetal deaths in 2008 (Table D-1) for a rate of 4.7 per 1,000 live births and fetal deaths, up from 4.1 per 1,000 live births and fetal deaths in 2007 (Table D-5). Of the fetal deaths in Vermont, 16 weighed less than 2500 grams (Table D-7). From 2006 to 2008, the fetal death rate was highest in the 40 to 44 age group: 7.2 per 1,000 live births (Table D-5).

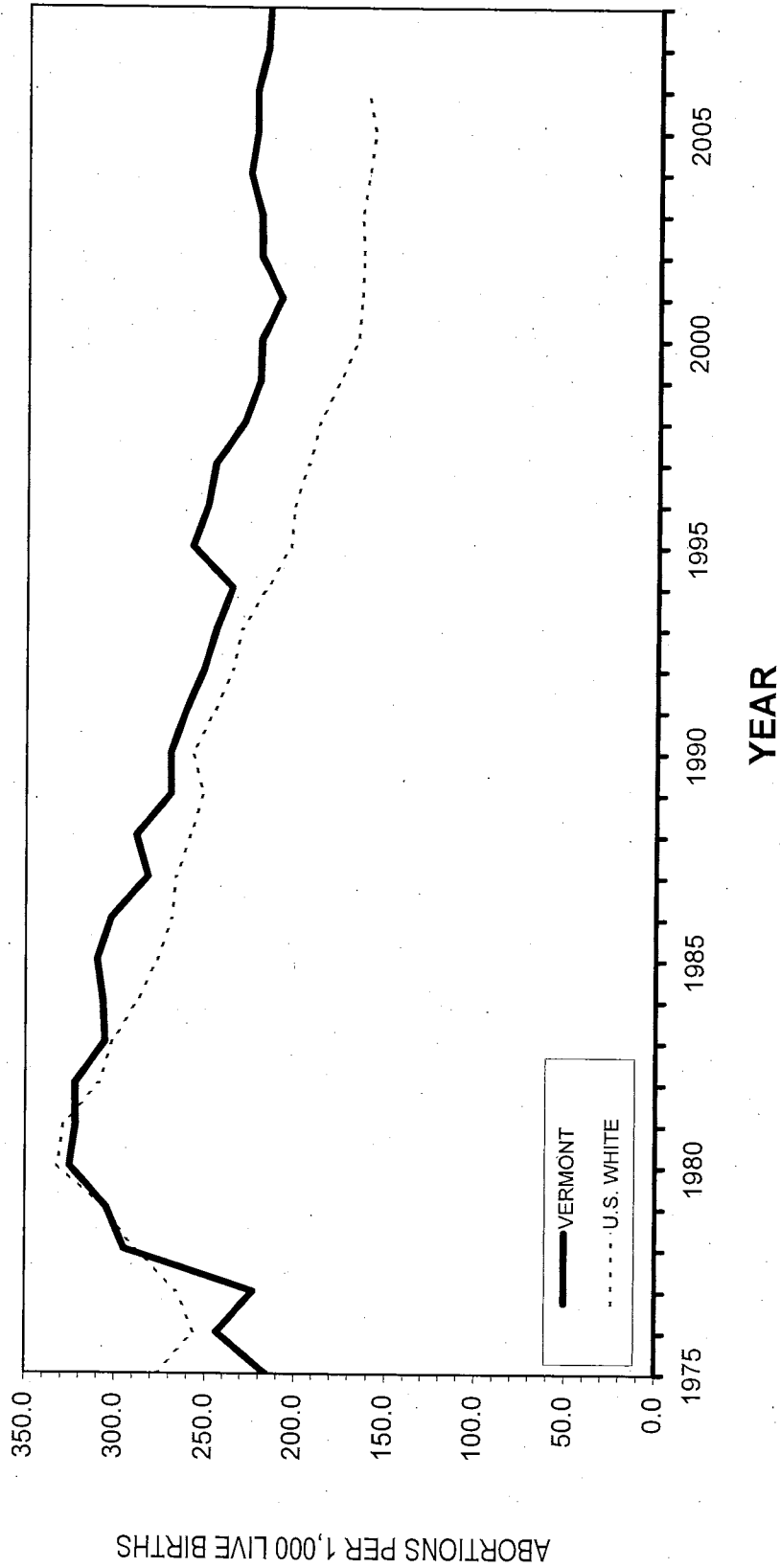
VERMONT ABORTIONS

There were 1494 abortions performed in Vermont in 2008, the fourth decrease in as many years. Vermont residents accounted for 1374, or 92.0 percent. This represents a rate of 11.4 per 1,000 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 2008 was 216.7 abortions per 1,000 live births, the lowest ratio since 2001. The U.S. white abortion ratio was 162 per 1,000 live births in 2006 (not available for 2007 or 2008).

Women age 20 to 24 had the highest *age-specific* abortion rate, of 26.7 per 1,000 women, followed by women age 25 to 29 at 16.6. First trimester abortions (less than or equal to 12 weeks) accounted for 92.7 percent of all Vermont abortions and 66.8 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. WHITE ABORTION RATIOS
1975 - 2008



Data points for the U.S. white population can be found in Appendix D. Vermont data points can be found in Table A-1. U.S. ratios are based on reporting states, and the 2007 and 2008 ratios are not available at this time.

TABLE D-1

2008 VERMONT RESIDENT FETAL DEATHS

AGE OF MOTHER BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	AGE OF MOTHER						TOTAL
	< 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40 + YEARS	
ADDISON	0	0	0	0	1	0	1
BENNINGTON	0	1	1	0	0	1	3
CALEDONIA	0	0	1	1	0	0	2
CHITTENDEN	0	0	1	2	2	0	5
ESSEX	0	0	0	0	0	0	0
FRANKLIN	0	0	1	1	0	0	2
GRAND ISLE	0	0	0	0	0	0	0
LAMOILLE	0	1	0	0	0	0	1
ORANGE	0	0	0	0	0	1	1
ORLEANS	0	1	1	0	0	0	2
RUTLAND	1	1	2	1	0	0	5
WASHINGTON	0	1	2	2	1	0	6
WINDHAM	0	1	0	0	0	0	1
WINDSOR	1	0	0	1	0	0	2
UNKNOWN	0	0	0	0	0	0	0
STATE TOTAL	2	6	9	8	4	2	31

TABLE D-2

2008 VERMONT RESIDENT PERINATAL DEATHS

AGE OF MOTHER BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	AGE OF MOTHER						TOTAL
	< 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40 + YEARS	
ADDISON	0	0	0	0	1	0	1
BENNINGTON	0	1	2	0	3	1	7
CALEDONIA	0	1	1	1	0	0	3
CHITTENDEN	0	0	4	2	2	0	8
ESSEX	0	0	0	0	0	0	0
FRANKLIN	0	0	1	1	0	0	2
GRAND ISLE	0	0	0	0	0	0	0
LAMOILLE	0	1	0	0	0	0	1
ORANGE	0	0	1	0	0	1	2
ORLEANS	0	1	2	0	0	0	3
RUTLAND	1	1	3	1	0	0	6
WASHINGTON	0	3	2	2	2	0	9
WINDHAM	0	1	0	0	0	0	1
WINDSOR	1	2	0	2	0	0	5
UNKNOWN	0	0	0	0	0	0	0
STATE TOTAL	2	11	16	9	8	2	48

TABLE D-3
2008 VERMONT RESIDENT NEONATAL DEATHS AGE OF MOTHER BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	AGE OF MOTHER					TOTAL
	< 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	
ADDISON	0	0	0	0	0	0
BENNINGTON	0	0	1	0	3	4
CALEDONIA	0	1	0	0	0	1
CHITTENDEN	0	0	4	1	0	5
ESSEX	0	0	0	0	0	0
FRANKLIN	0	0	0	0	0	0
GRAND ISLE	0	0	0	0	0	0
LAMOILLE	0	0	0	0	0	0
ORANGE	0	0	1	0	0	1
ORLEANS	0	0	1	0	0	1
RUTLAND	0	0	1	0	0	1
WASHINGTON	0	2	0	0	1	3
WINDHAM	0	0	0	0	0	0
WINDSOR	0	2	0	1	0	3
STATE TOTAL	0	5	8	2	4	20

TABLE D-4
2008 VERMONT RESIDENT INFANT DEATHS AGE OF MOTHER BY COUNTY OF RESIDENCE

COUNTY OF RESIDENCE	AGE OF MOTHER					TOTAL
	< 20 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	
ADDISON	0	0	0	0	0	0
BENNINGTON	0	0	1	0	3	4
CALEDONIA	0	1	0	0	0	1
CHITTENDEN	0	1	4	1	0	6
ESSEX	0	0	0	0	0	0
FRANKLIN	0	1	0	0	0	1
GRAND ISLE	0	0	0	0	0	0
LAMOILLE	0	0	0	0	0	0
ORANGE	0	0	1	0	0	1
ORLEANS	0	0	1	0	0	1
RUTLAND	0	1	2	0	0	3
WASHINGTON	0	2	0	0	1	3
WINDHAM	0	2	0	0	0	2
WINDSOR	0	4	1	1	0	6
STATE TOTAL	0	12	10	2	4	29

TABLE D-5

**2006-2008 VERMONT RESIDENT
FETAL, PERINATAL, NEONATAL AND INFANT DEATH RATES
BY AGE OF MOTHER**

AGE OF MOTHER	FETAL DEATHS	PERINATAL DEATHS	NEONATAL DEATHS	INFANT DEATHS
15-19 YEARS	5.6	9.7	4.2	7.0
20-24 YEARS	4.7	7.2	3.2	6.3
25-29 YEARS	3.7	6.6	3.7	5.7
30-34 YEARS	4.8	5.6	1.7	2.7
35-39 YEARS	4.5	7.5	3.4	3.8
40-44 YEARS	7.2	10.7	5.4	10.7
2005-2007	4.6	7.0	3.1	5.1
2006 TOTAL	4.6	6.7	3.1	5.5
2007 TOTAL	4.1	6.6	3.1	5.1
2008 TOTAL	4.7	7.5	3.2	4.6

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 2006-2008 have been combined to produce more stable rates.

TABLE D-6
2008 VERMONT RESIDENT

FETAL, PERINATAL, NEONATAL AND INFANT DEATHS
BY WEEKS OF GESTATION (1)

WEEKS OF GESTATION	NUMBER OF EVENTS			
	FETAL DEATHS	PERINATAL DEATHS	NEONATAL DEATHS	INFANT DEATHS
UNDER 28 WEEKS	7	21	14	17
28 - 31 WEEKS	4	4	0	0
32 - 35 WEEKS	2	3	2	2
36 WEEKS	0	0	0	0
37 - 39 WEEKS	11	13	3	7
40 WEEKS	2	2	1	3
41 WEEKS	1	1	0	0
42+ WEEKS	2	2	0	0
UNKNOWN	2	2	0	0
STATE TOTAL	31	48	20	29

(1) SEE APPENDIX B FOR DATA QUALITY NOTES.

TABLE D-7
2008 VERMONT RESIDENT

FETAL, PERINATAL, NEONATAL AND INFANT DEATHS
BY BIRTH WEIGHT IN GRAMS

BIRTH WEIGHT	NUMBER OF EVENTS			
	FETAL DEATHS	PERINATAL DEATHS	NEONATAL DEATHS	INFANT DEATHS
UNDER 500	5	11	6	6
500 - 999	4	12	8	11
1000 - 1499	2	2	0	0
1500 - 1999	3	5	3	3
2000 - 2499	2	2	0	0
2500 - 2999	3	4	2	4
3000 - 3499	3	3	1	4
3500 - 3999	4	4	0	1
4000 +	1	1	0	0
UNKNOWN	4	4	0	0
STATE TOTAL	31	48	20	29

TABLE E-1
2008 VERMONT ABORTIONS - OCCURRENCE

PLACE OF RESIDENCE	AGE OF PATIENT BY PLACE OF RESIDENCE AGE OF PATIENT											UNKNOWN	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	0	1	0	0	0	0	0	1
CONNECTICUT	0	0	0	0	2	0	1	0	0	0	0	0	0	3
FLORIDA	0	0	0	0	0	0	1	0	0	0	0	0	0	1
GEORGIA	0	0	0	0	0	0	1	0	0	0	0	0	0	1
KENTUCKY	0	0	0	0	0	0	1	0	0	0	0	0	0	1
MAINE	0	0	0	0	0	0	2	0	0	0	0	0	0	2
MARYLAND	0	0	0	0	0	1	0	0	0	0	0	0	0	1
MASSACHUSETTS	0	0	0	0	0	3	8	2	4	2	1	0	0	20
MONTANA	0	0	0	0	0	0	1	0	0	0	0	0	0	1
NEW HAMPSHIRE	0	2	0	4	1	1	24	8	10	5	4	0	0	59
NEW JERSEY	0	0	0	0	1	0	1	0	1	0	0	0	0	3
NEW YORK	0	0	0	1	2	3	9	6	0	2	0	0	0	23
RHODE ISLAND	0	0	0	0	0	0	1	0	0	0	0	0	0	1
VERMONT	2	9	27	33	73	94	496	282	195	112	49	2	1374	
VIRGINIA	0	0	0	0	0	0	0	1	0	0	0	0	0	1
OTHER COUNTRIES	0	0	0	0	0	0	0	0	1	0	0	0	0	1
UNKNOWN	0	0	0	0	0	0	0	0	0	1	0	0	0	1
TOTAL	2	11	27	38	79	102	546	300	211	122	54	2	1494	

TABLE E-2
2008 VERMONT ABORTIONS - OCCURRENCE

PLACE OF RESIDENCE	RACE OF PATIENT BY PLACE OF RESIDENCE							TOTAL
	WHITE	BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	OTHER NON-WHITE	UNKNOWN	TOTAL	
CALIFORNIA	1	0	0	0	0	0	0	1
CONNECTICUT	2	1	0	0	0	0	0	3
FLORIDA	1	0	0	0	0	0	0	1
GEORGIA	1	0	0	0	0	0	0	1
KENTUCKY	1	0	0	0	0	0	0	1
MAINE	2	0	0	0	0	0	0	2
MARYLAND	1	0	0	0	0	0	0	1
MASSACHUSETTS	20	0	0	0	0	0	0	20
MONTANA	1	0	0	0	0	0	0	1
NEW HAMPSHIRE	57	1	0	1	0	0	0	59
NEW JERSEY	3	0	0	0	0	0	0	3
NEW YORK	21	1	0	1	0	0	0	23
RHODE ISLAND	1	0	0	0	0	0	0	1
VERMONT	1290	35	10	36	1	2	1374	1374
VIRGINIA	1	0	0	0	0	0	0	1
OTHER COUNTRIES	1	0	0	0	0	0	0	1
UNKNOWN	1	0	0	0	0	0	0	1
TOTAL	1405	38	10	38	1	2	1494	1494

TABLE E-3
2008 VERMONT ABORTIONS - OCCURRENCE

COUNTY OF RESIDENCE	AGE OF PATIENT BY COUNTY OF RESIDENCE											UNKNOWN	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	1	0	0	5	1	25	12	8	2	3	0	57
BENNINGTON	0	0	2	1	6	6	21	21	13	3	4	0	77
CALEDONIA	0	0	2	2	2	9	26	13	7	3	0	0	64
CHITTENDEN	0	1	5	10	18	35	177	96	56	48	18	1	465
ESSEX	0	0	0	1	1	0	4	1	1	0	0	0	8
FRANKLIN	0	1	2	1	7	6	38	20	13	13	4	0	105
GRAND ISLE	0	0	0	1	0	0	6	2	3	1	1	0	14
LAMOILLE	1	0	0	1	10	0	20	14	18	3	2	0	69
ORANGE	0	0	1	1	1	1	4	8	3	3	2	0	24
ORLEANS	0	2	3	3	3	4	14	5	3	4	0	1	42
RUTLAND	0	1	6	4	7	16	68	36	21	9	5	0	173
WASHINGTON	0	1	1	3	7	13	47	32	32	14	5	0	155
WINDHAM	1	2	2	2	2	1	26	13	13	6	5	0	73
WINDSOR	0	0	3	3	4	2	20	9	4	3	0	0	48
OUT OF STATE	0	2	0	5	6	8	50	18	16	9	5	0	119
UNKNOWN	0	0	0	0	0	0	0	0	0	1	0	0	1
TOTAL	2	11	27	38	79	102	546	300	211	122	54	2	1494

TABLE E-4
2008 VERMONT ABORTIONS - OCCURRENCE

AGE OF PATIENT	WEEKS OF GESTATION BY AGE OF PATIENT							TOTAL
	WEEKS OF GESTATION (1)							
	< 9	9-10	11-12	13-15	16-20	21+	UNKNOWN	
<15	0	0	0	2	0	0	0	2
15	6	1	1	3	0	0	0	11
16	17	5	2	3	0	0	0	27
17	26	4	4	4	0	0	0	38
18	52	19	6	2	0	0	0	79
19	66	21	4	11	0	0	0	102
20-24	358	97	60	27	3	1	0	546
25-29	205	48	24	18	4	0	1	300
30-34	145	29	23	10	3	1	0	211
35-39	85	19	7	9	1	1	0	122
40 +	36	7	5	3	2	1	0	54
UNKNOWN	1	1	0	0	0	0	0	2
TOTAL	997	251	136	92	13	4	1	1494

TABLE E-5
2008 VERMONT ABORTIONS - OCCURRENCE

ABORTION PROCEDURE	WEEKS OF GESTATION BY ABORTION PROCEDURE							TOTAL
	WEEKS OF GESTATION (1)							
	< 9	9-10	11-12	13-15	16-20	21+	UNKNOWN	
SUCTION CURETTAGE/ UTERINE EVACUATION MEDICAL (NONSURGICAL)	659	240	133	45	1	0	1	1079
OTHER	3	0	0	2	4	1	0	352
UNKNOWN	1	0	3	45	8	3	0	62
TOTAL	997	251	136	92	13	4	1	1494

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE E-6
2008 VERMONT ABORTIONS - OCCURRENCE

ABORTION PROCEDURE	TYPE OF FACILITY BY ABORTION PROCEDURE				TOTAL
	HOSPITAL	CLINIC	DOCTOR'S OFFICE	TOTAL	
SUCTION CURETTAGE/ EARLY UTERINE EVACUATION	12	956	111	1079	
MEDICAL (NONSURGICAL)	6	345	1	352	
OTHER	14	48	0	62	
UNKNOWN	0	1	0	1	
TOTAL	32	1350	112	1494	

TABLE E-7
2008 VERMONT ABORTIONS - OCCURRENCE

TYPE OF FACILITY	WEEKS OF GESTATION BY TYPE OF FACILITY							TOTAL
	< 9	9-10	11-12	13-15	16-20	21+	UNK	
HOSPITAL	2	2	5	8	10	4	1	32
CLINIC	934	222	117	74	3	0	0	1350
DOCTOR'S OFFICE	61	27	14	10	0	0	0	112
TOTAL	997	251	136	92	13	4	1	1494

(1) SEE APPENDIX B FOR DATA QUALITY NOTES

TABLE E-8
2008 VERMONT ABORTIONS - OCCURRENCE

CHILDREN	PATIENT'S DOMESTIC RELATIONSHIP BY NUMBER OF LIVING CHILDREN										ROW PERCENTS(1)				TOTAL				
	NUMBER OF EVENTS					CIVIL UNION DIS(2) UNK TOTAL					CIVIL UNION DIS(2) UNK TOTAL								
	SINGLE	MARRIED	WIDOWED	DIVORCED	SEP	SINGLE	MARRIED	WIDOWED	DIVORCED	SEP	SINGLE	MARRIED	WIDOWED	DIVORCED		SEP			
NONE	730	29	0	8	13	0	0	9	789	92.5	3.7	0.0	1.0	1.6	0.0	0.0	0.0	1.1	100.0
ONE	258	56	1	17	6	0	5	343	75.2	16.3	0.3	5.0	1.7	0.0	0.0	0.0	1.5	100.0	
TWO	120	62	1	30	20	1	3	237	50.6	26.2	0.4	12.7	8.4	0.0	0.0	0.0	1.3	100.0	
THREE	43	30	2	10	4	0	1	90	47.8	33.3	2.2	11.1	4.4	0.0	0.0	0.0	1.1	100.0	
FOUR	9	9	0	6	1	1	2	28	32.1	32.1	0.0	21.4	3.6	0.0	0.0	0.0	7.1	100.0	
FIVE +	0	4	0	2	0	0	0	6	66.7	0.0	0.0	33.3	0.0	0.0	0.0	0.0	0.0	100.0	
UNKNOWN	1	0	0	0	0	0	0	1	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	
TOTAL	1161	190	4	73	44	2	20	1494	77.7	12.7	0.3	4.9	2.9	0.1	0.0	1.3	100.0		

(1) MAY NOT ADD TO 100% DUE TO ROUNDING.

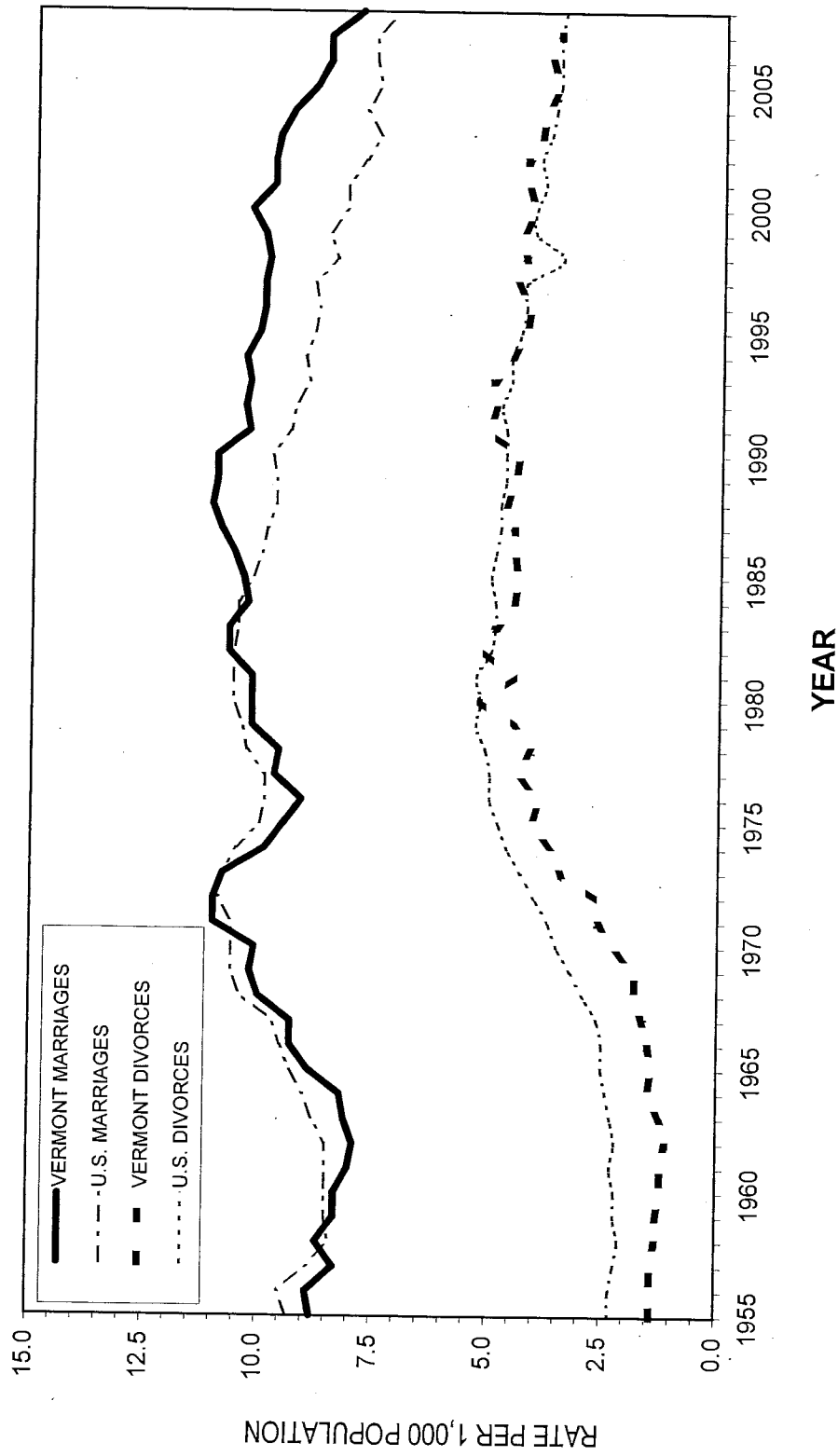
(2) CIVIL UNION DISSOLUTION.

TABLE E-9
2008 VERMONT ABORTIONS - OCCURRENCE

COUNTY OF RESIDENCE	PATIENT'S EDUCATION BY COUNTY OF RESIDENCE										EDUCATION				TOTAL
	EDUCATION					EDUCATION					EDUCATION				
	<9 YEARS	9 YEARS	10 YEARS	11 YEARS	H.S. GRAD	1 YEAR COLLEGE	2 YEARS COLLEGE	3 YEARS COLLEGE	4+ YEARS COLLEGE	UNKNOWN	1 YEAR COLLEGE	2 YEARS COLLEGE	3 YEARS COLLEGE	4+ YEARS COLLEGE	
ADDISON	1	0	1	4	24	5	8	2	11	1	57				
BENNINGTON	0	0	4	3	45	6	6	3	10	0	77				
CALEDONIA	0	1	6	8	29	5	7	2	5	1	64				
CHITTENDEN	5	6	10	23	149	46	68	30	116	12	465				
ESSEX	0	1	0	2	5	0	0	0	0	0	8				
FRANKLIN	1	1	3	6	47	12	13	1	20	1	105				
GRAND ISLE	0	0	1	0	6	2	3	0	2	0	14				
LAMOILLE	1	1	1	4	25	6	6	4	21	0	69				
ORANGE	0	0	3	1	13	1	2	0	4	0	24				
ORLEANS	0	2	5	4	16	4	2	1	7	1	42				
RUTLAND	1	2	9	9	64	29	23	11	25	0	173				
WASHINGTON	0	3	1	6	79	12	19	4	31	0	155				
WINDHAM	1	0	3	5	32	8	7	4	11	2	73				
WINDSOR	0	1	2	4	26	2	2	1	9	1	48				
OUT OF STATE	2	2	1	4	52	9	20	5	21	3	119				
UNKNOWN	0	0	0	0	0	0	0	0	0	0	1				
TOTAL	12	20	50	83	612	147	186	68	293	23	1494				

Marriages and Divorces

Figure 12
VERMONT AND U.S. MARRIAGE AND DIVORCE RATES
1955 - 2008



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

In 2008, 4,937 marriages were performed in Vermont, 383 less than in 2007. The 2008 Vermont rate was 7.9 per 1,000 of population, the lowest rate in Vermont since 1962, but higher than the 2008 U.S. provisional rate of 7.1. Marriages between two out-of-state residents accounted for 33.3 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 (959) was the most popular month for marriages in 2008 ([Table F-7](#)).

More than half (56.9 percent) of the marriages were firsts for both bride and groom ([Table F-5](#)). For the brides, 67.4 percent were first marriages, and for the grooms, 66.8 percent were first marriages. Remarriages for both bride and groom accounted for 22.5 percent of marriages in Vermont.

The percentage of civil ceremonies increased slightly from 58.5 percent in 2007 to 61.3 percent in 2008 ([Table F-8](#)).

DIVORCES

There were 2,259 divorces granted in 2008, a decrease of only 3 from 2007. This represents a rate of 3.6 per 1,000 residents, slightly higher than the 2008 U.S. provisional rate of 3.5.

The median length of marriages ending in divorce was 9 years 7 months, with a range of 2 months to 53 years. Almost 60 percent of divorces followed a separation of a year or longer ([Table G-3](#)). The median age at the time of divorce was 40 for women with a range of 18 to 84 years. The median age at the time of divorce was 43 for men with a range of 20 to 86 years.

TABLE F-1
2008 VERMONT MARRIAGES

PLACE OF RESIDENCE OF GROOM AND BRIDE

GROOM'S PLACE OF RESIDENCE	NUMBER	BRIDE'S PLACE OF RESIDENCE	NUMBER
ALABAMA	2	ALABAMA	1
ALASKA	3	ALASKA	4
ARIZONA	7	ARIZONA	8
ARKANSAS	3	ARKANSAS	2
CALIFORNIA	55	CALIFORNIA	54
COLORADO	30	COLORADO	25
CONNECTICUT	119	CONNECTICUT	116
DELAWARE	5	DELAWARE	5
FLORIDA	48	FLORIDA	44
GEORGIA	11	GEORGIA	9
HAWAII	3	HAWAII	2
IDAHO	3	IDAHO	2
ILLINOIS	22	ILLINOIS	23
INDIANA	4	INDIANA	4
IOWA	4	IOWA	3
KANSAS	1	KANSAS	3
KENTUCKY	4	KENTUCKY	5
LOUISIANA	4	LOUISIANA	7
MAINE	36	MAINE	32
MARYLAND	27	MARYLAND	31
MASSACHUSETTS	398	MASSACHUSETTS	397
MICHIGAN	16	MICHIGAN	19
MINNESOTA	6	MINNESOTA	5
MISSISSIPPI	4	MISSISSIPPI	3
MISSOURI	7	MISSOURI	6
MONTANA	8	MONTANA	10
NEVADA	3	NEVADA	3
NEW HAMPSHIRE	170	NEW HAMPSHIRE	160
NEW JERSEY	73	NEW JERSEY	70
NEW MEXICO	2	NEW MEXICO	2
NEW YORK	328	NEW YORK	330
NORTH CAROLINA	24	NORTH CAROLINA	27
OHIO	18	OHIO	21
OKLAHOMA	5	OKLAHOMA	4
OREGON	8	OREGON	9
PENNSYLVANIA	72	PENNSYLVANIA	69
RHODE ISLAND	22	RHODE ISLAND	27
SOUTH CAROLINA	6	SOUTH CAROLINA	6
TENNESSEE	5	SOUTH DAKOTA	1
TEXAS	25	TENNESSEE	4
UTAH	5	TEXAS	17
VERMONT	3155	UTAH	6
VIRGINIA	44	VERMONT	3176
WASHINGTON	12	VIRGINIA	42
WASHINGTON D.C.	16	WASHINGTON	9
WEST VIRGINIA	4	WASHINGTON D.C.	17
WISCONSIN	7	WEST VIRGINIA	3
CANADA	54	WISCONSIN	5
OTHER	49	CANADA	61
UNKNOWN	0	OTHER	48
		UNKNOWN	0
TOTAL	4937	TOTAL	4937

TABLE F-2
2008 VERMONT MARRIAGES

COUNTY OF RESIDENCE OF BRIDE BY COUNTY OF RESIDENCE OF GROOM

RESIDENCE OF GROOM	RESIDENCE OF BRIDE													WDR	O-O-S	UNKNOWN	TOTAL		
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORG	ORL	RUT	WAS	WDM						
ADDISON	155	0	1	6	0	1	1	0	0	0	1	1	0	0	0	0	3	0	169
BENNINGTON	0	140	0	1	0	0	0	0	0	0	0	0	0	0	0	0	9	0	150
CALEDONIA	0	0	143	0	0	0	0	0	0	1	0	0	0	0	0	0	7	0	151
CHITTENDEN	5	0	0	829	0	9	0	2	0	1	1	5	0	0	0	0	28	0	880
ESSEX	0	0	1	0	20	0	0	0	0	0	0	0	0	0	0	0	1	0	22
FRANKLIN	0	0	0	4	0	268	3	0	0	0	0	0	0	0	0	0	3	0	278
GRAND ISLE	0	0	0	1	0	0	37	0	0	0	0	0	0	0	0	0	1	0	39
LAMOILLE	0	0	1	3	0	0	0	135	1	2	0	0	0	0	0	0	3	0	145
ORANGE	0	0	0	1	0	1	0	0	119	1	0	2	0	0	1	5	0	0	130
ORLEANS	0	0	1	2	0	0	0	2	0	125	0	0	0	0	0	3	0	0	133
RUTLAND	2	0	0	2	0	0	0	0	0	0	252	0	0	0	3	13	0	1	273
WASHINGTON	1	0	2	4	0	3	0	3	2	0	0	316	0	0	0	6	0	0	337
WINDHAM	0	0	0	0	0	0	0	0	0	0	0	0	170	2	14	0	0	0	186
WINDSOR	0	0	1	2	0	0	0	0	1	1	2	1	1	236	17	0	0	0	262
OUT OF STATE	10	7	6	31	3	6	2	5	7	2	12	14	13	16	1648	0	0	0	1782
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	173	147	156	886	23	288	43	147	130	133	268	339	184	258	1761	1	0	0	4937

TABLE F-3
2008 VERMONT MARRIAGES

AGE OF BRIDE BY AGE OF GROOM

AGE OF GROOM	AGE OF BRIDE													UNKNOWN	TOTAL				
	< 18 YEARS	18-20 YEARS	21-24 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			
UNDER 18 YEARS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 YEARS	8	64	23	5	2	0	0	0	0	0	0	0	0	0	0	0	0	0	102
21-24 YEARS	5	87	310	94	20	8	1	1	0	0	0	0	0	0	0	0	0	0	526
25-29 YEARS	0	40	288	718	140	38	2	3	0	0	0	0	0	0	0	0	0	0	1230
30-34 YEARS	2	2	84	414	396	111	20	5	3	0	1	0	0	0	0	0	0	0	1038
35-39 YEARS	0	5	17	118	197	177	58	18	4	2	2	0	0	0	0	0	0	0	597
40-44 YEARS	0	4	9	43	62	129	95	38	12	3	1	0	0	0	0	0	0	0	396
45-49 YEARS	1	0	5	14	32	62	101	79	36	10	2	0	0	0	0	0	0	0	342
50-54 YEARS	0	0	1	7	9	21	55	92	72	22	8	1	0	0	0	0	0	0	288
55-59 YEARS	0	0	1	0	6	6	22	39	61	41	9	0	0	0	0	0	0	0	185
60-64 YEARS	0	0	2	0	1	6	5	20	25	27	26	7	2	0	0	0	0	0	121
65-69 YEARS	0	0	1	0	0	1	4	6	6	13	14	9	4	0	0	0	0	0	53
70-74 YEARS	0	0	0	0	0	0	1	0	4	7	2	14	5	4	0	0	0	0	37
75 + YEARS	0	0	0	0	0	0	1	0	0	1	4	4	4	6	1	0	0	0	21
UNKNOWN	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
TOTAL	16	203	740	1413	866	559	362	299	223	127	68	35	15	10	1	0	0	0	4937

TABLE F-4
2008 VERMONT MARRIAGES

EDUCATION OF BRIDE BY EDUCATION OF GROOM

EDUCATION OF GROOM	EDUCATION OF BRIDE					TOTAL
	< HS	H.S. GRAD	1-3 YRS. COLLEGE	4+ YEARS COLLEGE	UNKNOWN	
< HIGH SCHOOL	75	147	66	25	1	314
H.S. GRADUATE	102	724	406	349	0	1581
1-3 YRS COLLEGE	14	172	310	401	4	901
4 + YRS COLLEGE	4	117	254	1711	0	2086
UNKNOWN	1	1	1	2	50	55
TOTAL	196	1161	1037	2488	55	4937

TABLE F-5
2008 VERMONT MARRIAGES

MARRIAGE NUMBER OF BRIDE BY MARRIAGE NUMBER OF GROOM

MARRIAGE NUMBER OF GROOM	MARRIAGE NUMBER OF BRIDE				TOTAL
	FIRST	SECOND	THIRD +	UNKNOWN	
FIRST	2788	401	82	2	3273
SECOND	447	612	179	0	1238
THIRD +	67	178	142	0	387
UNKNOWN	0	1	0	38	39
TOTAL	3302	1192	403	40	4937

TABLE F-6
2008 VERMONT MARRIAGES

RACE OF BRIDE AND GROOM

BRIDE AND GROOM	RACE					TOTAL
	WHITE	BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	OTHER NON-WHITE	
BRIDE	4697	50	18	114	3	4937
GROOM	4714	91	22	52	0	4937

TABLE F-7
2008 VERMONT MARRIAGES

COUNTY OF MARRIAGE	MONTH OF MARRIAGE BY COUNTY OF MARRIAGE												TOTAL
	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	
ADDISON	3	10	9	8	31	42	34	48	37	27	5	8	262
BENNINGTON	17	16	10	15	25	50	44	78	45	39	18	21	378
CALEDONIA	4	7	6	7	16	22	30	51	35	21	7	13	219
CHITTENDEN	45	36	29	48	76	130	123	198	133	96	48	44	1006
ESSEX	1	1	0	1	0	3	6	9	5	4	3	0	33
FRANKLIN	8	20	7	10	21	39	41	61	27	31	9	15	289
GRAND ISLE	2	1	1	2	6	9	20	20	17	4	3	3	88
LAMOILLE	19	29	19	12	27	38	48	58	47	49	14	28	388
ORANGE	5	11	6	3	20	25	27	39	21	22	4	4	187
ORLEANS	4	12	7	4	19	25	34	41	35	21	6	6	214
RUTLAND	11	13	20	21	39	64	62	96	52	65	14	33	490
WASHINGTON	19	27	17	18	42	46	52	86	53	51	14	14	439
WINDHAM	15	24	18	19	45	44	42	60	56	46	16	15	400
WINDSOR	9	18	17	13	38	62	56	112	94	78	19	23	539
UNKNOWN	0	0	0	1	0	1	0	2	1	0	0	0	5
TOTAL	162	225	166	182	405	600	619	959	658	554	180	227	4937

TABLE F-8
2008 VERMONT MARRIAGES

TYPE OF CEREMONY BY PREVIOUS MARITAL STATUS OF BRIDE AND GROOM

PREVIOUS MARITAL STATUS	BRIDE				GROOM			
	CIVIL	RELIGIOUS	UNKNOWN	TOTAL	CIVIL	RELIGIOUS	UNKNOWN	TOTAL
SINGLE	1833	1452	17	3302	1833	1425	15	3273
PREVIOUSLY MARRIED								
WIDOWED	76	36	0	112	80	45	0	125
DIVORCED	1074	403	5	1482	1071	421	7	1499
NOT STATED	1	0	0	1	0	1	0	1
UNKNOWN	28	12	0	40	28	11	0	39
TOTAL	3012	1903	22	4937	3012	1903	22	4937

TABLE G-1
2008 VERMONT DIVORCES

COUNTY OF DECREE	MONTH OF DIVORCE BY COUNTY OF DECREE												TOTAL
	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	
ADDISON	9	14	5	11	6	6	9	12	9	8	6	11	106
BENNINGTON	9	18	11	15	13	11	9	3	13	6	10	14	132
CALEDONIA	9	10	9	14	10	9	12	11	11	12	9	13	129
CHITTENDEN	49	41	42	39	32	38	31	36	23	39	47	59	476
ESSEX	3	3	0	2	2	2	2	3	2	2	1	3	25
FRANKLIN	14	14	13	15	8	12	17	6	21	28	17	30	195
GRAND ISLE	1	0	2	1	2	1	3	3	1	0	1	1	16
LAMOILLE	6	11	13	7	7	6	12	14	4	16	6	9	111
ORANGE	8	6	5	13	12	4	10	12	11	4	3	10	98
ORLEANS	11	2	8	6	9	6	9	5	18	6	8	6	94
RUTLAND	17	26	16	18	15	24	23	12	15	25	13	20	224
WASHINGTON	22	18	18	16	12	16	15	15	33	21	12	28	226
WINDHAM	15	10	22	19	14	12	12	18	17	13	22	17	191
WINDSOR	15	23	22	20	27	21	12	16	18	20	10	32	236
TOTAL	188	196	186	196	169	168	176	166	196	200	165	253	2259

TABLE G-2
2008 VERMONT DIVORCES

AGE OF HUSBAND	AGE OF WIFE BY AGE OF HUSBAND AT TIME OF DIVORCE													TOTAL	
	< 15 YEARS	15-19 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+ YEARS		UNKNOWN
< 15 YEARS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-19 YEARS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20-24 YEARS	0	0	30	12	1	2	0	0	0	0	0	0	0	0	45
25-29 YEARS	0	2	56	104	27	11	0	0	0	0	0	0	0	3	203
30-34 YEARS	0	1	17	93	134	34	8	3	1	0	0	0	0	4	295
35-39 YEARS	0	1	5	27	105	141	40	9	2	1	0	0	0	3	334
40-44 YEARS	0	0	4	11	44	125	137	42	17	5	2	0	0	3	390
45-49 YEARS	0	0	1	10	16	55	121	126	45	5	2	0	0	0	381
50-54 YEARS	0	0	1	0	4	19	40	93	94	22	8	0	0	0	281
55-59 YEARS	0	0	2	0	0	5	19	28	67	53	8	1	0	0	183
60-64 YEARS	0	0	0	0	1	3	3	16	20	26	13	3	1	0	86
65-69 YEARS	0	0	0	1	0	1	0	5	4	9	10	5	1	0	36
70+ YEARS	0	0	0	0	0	0	0	3	1	3	3	4	4	0	18
UNKNOWN	0	0	0	0	0	1	0	3	1	0	0	0	2	7	
TOTAL	0	4	116	258	332	397	368	328	252	124	46	13	6	15	2259

TABLE G-3
2008 VERMONT DIVORCES

LENGTH OF SEPARATION BY COUNTY OF DECREE

COUNTY OF DECREE	LENGTH OF SEPARATION										TOTAL
	LESS THAN 7 MONTHS	7-11 MONTHS	12-23 MONTHS	2-5 YEARS	OVER 5 YEARS	UNKNOWN					
ADDISON	14	42	25	17	3	5	106				
BENNINGTON	9	41	50	18	11	3	132				
CALEDONIA	12	34	54	19	6	4	129				
CHITTENDEN	36	144	148	75	23	50	476				
ESSEX	0	8	12	3	2	0	25				
FRANKLIN	13	62	82	26	8	4	195				
GRAND ISLE	3	4	6	3	0	0	16				
LAMOILLE	5	38	46	16	4	2	111				
ORANGE	12	26	36	18	5	1	98				
ORLEANS	4	32	34	20	4	0	94				
RUTLAND	17	63	77	35	9	23	224				
WASHINGTON	18	55	87	55	7	4	226				
WINDHAM	17	58	70	39	5	2	191				
WINDSOR	20	78	83	41	12	2	236				
TOTAL	180	685	810	385	99	100	2259				

TABLE G-4
2008 VERMONT DIVORCES

NUMBERS OF YEARS MARRIED BY COUNTY OF DECREE

COUNTY OF DECREE	YEARS MARRIED													UNKNOWN	TOTAL
	< 2 YEARS	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10-14 YEARS	15-19 YEARS	20-24 YEARS	25+ YEARS		
ADDISON	11	2	6	4	4	3	6	4	5	28	14	11	8	0	106
BENNINGTON	8	8	11	9	7	3	8	3	3	25	20	14	12	1	132
CALEDONIA	5	7	13	11	5	11	7	7	3	21	13	9	15	2	129
CHITTENDEN	31	33	32	28	31	28	23	32	20	70	50	37	54	7	476
ESSEX	1	4	0	2	2	0	1	1	0	4	1	8	1	0	25
FRANKLIN	12	16	12	21	6	13	13	12	5	33	19	19	13	1	195
GRAND ISLE	1	2	1	2	0	0	0	2	0	4	3	1	0	0	16
LAMOILLE	7	6	5	13	7	8	1	4	6	15	15	13	10	1	111
ORANGE	3	2	7	3	5	6	2	6	3	18	15	9	19	0	98
ORLEANS	6	2	6	7	6	3	4	7	4	13	16	8	12	0	94
RUTLAND	13	10	11	16	18	8	9	9	7	36	32	23	27	5	224
WASHINGTON	16	14	17	17	5	12	23	11	8	41	28	16	17	1	226
WINDHAM	16	12	12	12	13	15	9	6	4	27	23	21	21	0	191
WINDSOR	14	19	16	22	12	11	14	7	11	38	31	18	23	0	236
TOTAL	144	137	149	167	121	121	120	111	79	373	280	207	232	18	2259

Civil Unions and Dissolutions

CIVIL UNIONS AND DISSOLUTIONS

CIVIL UNIONS

In 2008, 268 civil unions were established in Vermont, down from 352 in 2006. The highest number (45) occurred in August ([Table H-3](#)).

Civil unions involving two out-of-state residents accounted for 68.7 percent of the total number of civil unions ([Table H-2](#)). The states with the largest number of residents who established civil unions were New York, and Florida ([Table H-1](#)). The largest number of Vermont residents who established civil unions resided in Chittenden County ([Table H-2](#)).

Almost 72 percent of the civil unions were between female partners, and the most common age group for female partners was 25 to 29, and for male partners it was 45 to 49 ([Table H-4](#)). Civil union partners tend to be highly educated: 48.9 percent completed at least four years of college ([Table H-5](#)).

[Table H-6](#), shows the total number of civil unions or marriages, including the current civil union, that each person has been a party to during their lives. For 75.8 percent of the civil union partners, this was their first union, or marriage.

DISSOLUTIONS

The dissolution of civil unions follows the same procedures, same requirements, rights, and obligations as divorces. There were 50 dissolutions in 2008.

TABLE H-1
2008 VERMONT CIVIL UNIONS

PLACE OF RESIDENCE OF PARTY A AND PARTY B

PARTY A - PLACE OF RESIDENCE		NUMBER	PARTY B - PLACE OF RESIDENCE		NUMBER
ALABAMA		2	ALABAMA		2
COLORADO		1	COLORADO		1
CONNECTICUT		1	CONNECTICUT		2
FLORIDA		26	FLORIDA		26
GEORGIA		9	GEORGIA		10
ILLINOIS		7	ILLINOIS		7
INDIANA		1	INDIANA		1
IOWA		1	IOWA		1
KENTUCKY		5	KENTUCKY		5
LOUISIANA		1	LOUISIANA		1
MAINE		1	MAINE		1
MARYLAND		8	MARYLAND		8
MASSACHUSETTS		6	MASSACHUSETTS		6
MICHIGAN		5	MICHIGAN		5
MINNESOTA		3	MINNESOTA		3
MISSISSIPPI		1	MISSISSIPPI		1
MISSOURI		1	MISSOURI		1
NEW HAMPSHIRE		2	NEW HAMPSHIRE		2
NEW JERSEY		1	NEW JERSEY		1
NEW YORK		46	NEW YORK		44
NORTH CAROLINA		5	NORTH CAROLINA		5
OHIO		7	OHIO		6
OKLAHOMA		1	OKLAHOMA		1
PENNSYLVANIA		6	PENNSYLVANIA		6
RHODE ISLAND		2	RHODE ISLAND		2
SOUTH CAROLINA		2	SOUTH CAROLINA		2
TENNESSEE		7	TENNESSEE		7
TEXAS		11	TEXAS		9
UTAH		2	UTAH		2
VERMONT		82	VERMONT		80
VIRGINIA		4	VIRGINIA		4
WASHINGTON D.C.		1	WASHINGTON D.C.		1
WEST VIRGINIA		2	WEST VIRGINIA		2
WISCONSIN		3	WISCONSIN		3
WYOMING		1	WYOMING		1
OTHER		4	OTHER		9
UNKNOWN		0	UNKNOWN		0
TOTAL		268	TOTAL		268

TABLE H-2
2008 VERMONT CIVIL UNIONS

COUNTY OF RESIDENCE OF PARTY B BY COUNTY OF RESIDENCE OF PARTY A

COUNTY OF RESIDENCE OF PARTY A	COUNTY OF RESIDENCE OF PARTY B													TOTAL			
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORG	ORL	RUT	WAS	WDM		WDR	O-O-S	
ADDISON	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
BENNINGTON	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
CALEDONIA	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	3
CHITTENDEN	0	0	0	28	0	0	0	0	0	0	0	0	0	0	0	1	29
ESSEX	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
FRANKLIN	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	6
GRAND ISLE	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
LAMOILLE	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
ORANGE	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
ORLEANS	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
RUTLAND	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
WASHINGTON	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	1	5
WINDHAM	0	0	0	0	0	0	0	0	0	0	0	0	12	0	0	1	13
WINDSOR	0	0	0	0	0	0	0	0	0	0	0	0	0	5	1	7	
OUT OF STATE	0	0	0	0	0	0	0	0	0	0	0	1	0	0	184	186	
TOTAL	3	5	2	28	2	7	1	3	1	2	4	5	12	5	188	268	

TABLE H-3
2008 VERMONT CIVIL UNIONS

MONTH OF CIVIL UNION BY COUNTY OF CIVIL UNION

COUNTY OF CIVIL UNION	MONTH OF CIVIL UNION												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ADDISON	0	1	0	1	0	2	1	2	1	1	0	0	9
BENNINGTON	2	6	2	3	2	6	2	7	0	1	2	4	37
CALEDONIA	1	1	0	0	1	0	1	1	1	1	0	0	7
CHITTENDEN	4	5	3	4	11	9	8	8	6	3	4	7	72
ESSEX	0	0	0	0	0	1	0	0	0	0	0	0	1
FRANKLIN	0	0	1	0	1	0	0	4	1	1	0	0	8
GRAND ISLE	0	0	2	0	0	0	0	1	1	0	0	0	4
LAMOILLE	1	3	2	3	0	0	1	3	1	1	1	2	18
ORANGE	0	0	0	0	0	0	0	1	0	0	0	0	1
ORLEANS	0	1	0	0	0	0	0	0	3	1	0	0	5
RUTLAND	1	2	2	0	0	1	0	0	0	0	1	0	7
WASHINGTON	3	2	2	2	1	1	3	4	7	1	0	3	29
WINDHAM	1	3	2	2	2	2	6	8	4	6	1	0	37
WINDSOR	2	5	2	0	3	4	4	6	2	1	1	1	31
UNKNOWN	0	0	1	0	1	0	0	0	0	0	0	0	2
TOTAL	15	29	19	15	22	26	26	45	27	17	10	17	268

TABLE H-4
2008 VERMONT CIVIL UNIONS

MALES

AGE OF PARTY B BY AGE OF PARTY A

AGE OF PARTY A	AGE OF PARTY B													TOTAL	
	18-20 YEARS	21-24 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		UNKNOWN
18-20 YEARS	1	1	1	0	0	0	0	0	0	0	0	0	0	0	3
21-24 YEARS	1	1	2	0	1	0	0	0	0	0	0	0	0	0	5
25-29 YEARS	0	2	1	3	2	0	0	1	0	0	0	0	0	0	9
30-34 YEARS	0	3	3	3	2	1	1	0	0	0	0	0	0	1	14
35-39 YEARS	0	0	0	0	2	1	1	0	0	0	0	0	0	0	4
40-44 YEARS	0	0	1	0	2	4	4	0	1	1	0	0	0	0	14
45-49 YEARS	0	0	0	0	2	3	5	3	1	0	0	0	0	0	12
50-54 YEARS	0	0	0	0	0	1	1	1	3	0	1	0	0	0	7
55-59 YEARS	0	0	0	2	0	0	0	1	0	1	0	0	0	0	4
60-64 YEARS	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
65-69 YEARS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70-74 YEARS	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
75 + YEARS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	7	8	9	9	10	13	7	6	2	1	1	0	1	76

FEMALES

AGE OF PARTY B BY AGE OF PARTY A

AGE OF PARTY A	AGE OF PARTY B													TOTAL	
	18-20 YEARS	21-24 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		UNKNOWN
18-20 YEARS	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
21-24 YEARS	1	5	4	2	0	0	0	0	0	0	0	0	0	0	12
25-29 YEARS	2	5	18	6	5	2	0	0	0	0	0	0	0	0	38
30-34 YEARS	0	3	13	7	9	3	2	0	0	0	0	0	0	0	37
35-39 YEARS	0	1	3	2	5	6	4	0	0	0	0	0	0	0	21
40-44 YEARS	0	0	3	11	2	10	10	0	0	0	0	0	0	0	36
45-49 YEARS	0	0	1	5	3	5	6	2	1	2	0	0	0	0	25
50-54 YEARS	0	0	0	0	1	4	1	3	2	0	0	0	0	0	11
55-59 YEARS	0	0	0	0	0	0	2	2	0	0	0	0	0	0	4
60-64 YEARS	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
65-69 YEARS	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
70-74 YEARS	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
75 + YEARS	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	14	42	34	25	31	25	7	3	5	1	1	0	0	192

TABLE H-5
2008 VERMONT CIVIL UNIONS

EDUCATION OF PARTY A	EDUCATION OF PARTY B				TOTAL
	< HS	H.S. GRAD	1-3 YRS. COLLEGE	4+ YEARS COLLEGE	
< HIGH SCHOOL	4	8	1	1	14
H.S. GRADUATE	8	24	17	8	57
1-3 YRS COLLEGE	3	12	22	17	55
4 + YRS COLLEGE	2	15	26	94	137
UNKNOWN	0	0	0	0	5
TOTAL	17	59	66	120	268

TABLE H-6
2008 VERMONT CIVIL UNIONS

NUMBER FOR PARTY A	TOTAL NUMBER OF CIVIL UNIONS OR MARRIAGES, INCLUDING THIS ONE			TOTAL
	FIRST	SECOND	THIRD + UNKNOWN	
FIRST	162	34	4	200
SECOND	33	17	6	56
THIRD + UNKNOWN	5	2	1	8
	0	0	0	4
TOTAL	200	53	11	268

Appendices

APPENDIX A

VERMONT HOSPITALS

HOSPITAL	COUNTY	TOWN
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 is the *calculated* weeks of gestation. However this method is subject to error due to imperfect maternal recall and to misidentification of the LMP. Therefore an edit is run that checks whether the calculated weeks of gestation is consistent with the infant's plurality and birth weight. If the birth weight is within the bounds for the calculated weeks of gestation, then the *calculated* weeks of gestation becomes the assigned gestational age. If the birth weight is not within the bounds for the calculated weeks, but it is within the bounds for the clinical estimate of gestation, then the *clinical estimate* of gestation is assigned as the gestational age. If the birth weight does not fit within the bounds for either the calculated weeks of gestation or the clinical estimate of gestation, the gestational age is designated "unknown". If the month and year for LMP are given, but the day is missing, the gestational age is *imputed* using the gestational age of the preceding record that has complete data with the same computed month of gestation and the same 500-gram birth weight interval.

In 2008, 87.3 percent of the Vermont resident records used the *calculated* weeks, 12.7 percent used the *clinical estimate* of the weeks, and 4 records were designated "unknown" gestational ages:

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 Nutrition During Pregnancy, Institute of Medicine, National Academy of Sciences, 1990. The recommendations are as follows:

PRE-PREGNANCY BMI	RECOMMENDED WEIGHT GAIN
< 19.8	28 - 40 lbs
19.8 - 26.0	25 - 35 lbs
26.1 - 29.0	15 - 25 lbs
> 29.0	15 - 25 lbs
Multiple births	35 - 45 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

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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

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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

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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. WHITE POPULATION
1955 - 2008

YEAR	CRUDE BIRTH RATE (1)	FERTILITY RATE (1)	LOW BIRTH WEIGHT PERCENT	CRUDE DEATH RATE (2)	INFANT DEATH RATE (3)	NEONATAL DEATH RATE (3)	FETAL DEATH RATE (3)	ABORTION RATIO (4)	MARRIAGE RATE (5)	DIVORCE RATE (5)
1955	23.8	113.7	n/a	9.2	23.6	17.7	14.9			
1960	22.7	113.2	6.8	9.5	22.9	17.2	13.9			
1965	18.3	91.3	7.2	9.4	21.5	16.1	13.7			
1970	17.4	84.1	6.8	9.5	17.8	13.8	12.3			
1975	13.6	62.5	6.3	8.9	14.2	10.4	9.4	277		
1980	15.1	65.6	5.7	8.9	11.0	7.5	8.1	332	10.6	5.2
1985	15.0	64.1	5.7	9.0	9.3	6.1	6.9	277	10.2	5.0
1990	15.8	88.3	5.6	8.9	7.6	4.8	6.4	258	9.8	4.7
1995	14.1	63.6	6.2	9.3	6.3	4.1	5.9	204	8.9	4.4
1996	13.9	63.3	6.4	9.1	6.0	4.0	5.9	202	8.8	4.3
1997	13.7	62.8	6.5	9.0	6.0	4.0	5.8	194	8.9	4.3
1998	13.8	63.6	6.6	9.0	6.0	4.0	5.7	188	8.4	3.5
1999	13.7	64.0	6.6	9.2	5.8	3.9	5.7	177	8.6	4.1
2000	13.9	65.3	6.6	9.0	5.7	3.8	5.6	167	8.2	4.1
2001	13.7	65.0	6.8	9.0	5.7	3.8	5.5	165	8.2	3.9
2002	13.5	64.8	6.9	9.0	5.8	3.9	5.5	164	7.8	4.0
2003	13.6	66.1	7.0	8.9	5.7	3.9	5.2	165	7.5	3.8
2004	13.5	66.1	7.2	8.6	5.7	3.8	5.3	161	7.8	3.7
2005	13.4	66.3	7.3	8.7	5.7	3.8	5.3(9)	158	7.7	3.7
2006	13.7(8)	68.0	7.2	8.6	5.6	3.7	n/a(10)	162(11)	7.3	3.6
2007	13.7(8)	68.8(8)	7.2(7)	8.5(8)	5.6(8)	3.7(8)	n/a(10)	n/a(10)	7.3	3.6
2008	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	7.1(12)	3.5(12)

1. 1955-1975 rates based on race of child; 1980-1992 were previously reported by race of child, now reported by race of mother. 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. Data are for all races. Rates are per 1000 population.

6. National Center for Health Statistics "Births: Final Data for 2007". National Vital Statistics Reports; Vol. 58 No. 24, August, 2010, Table 1.

7. Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats. <http://www.cdc.gov/nchs/vitalstats.htm>. September 1, 2010.

8. National Center for Health Statistics "Deaths: Final Data for 2007". National Vital Statistics Reports; Vol. 58, No. 19, May 2010, Tables 1 and 30.

9. National Center for Health Statistics "Fetal and Perinatal Mortality, United States, 2005". National Vital Statistics Reports; Vol. 57, No. 8, Jan 28, 2009.

10. U.S. White rate unavailable at this time.

11. Centers for Disease Control and Prevention. "Abortion Surveillance - United States, 2006." November 27, 2009 / 58(SS08);1-35; Table 10. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5808a1.htm>

12. National Vital Statistics Report "Births, Marriages, Divorces and Deaths: Provisional Data for 2008" Vol 57, Number 19 July 29, 2009, Table A

APPENDIX E VERMONT VITAL RECORDS FORMS

DH-PHS-BIR-2005

DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

CHILD			
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)	
PARENTS			
6. MOTHER'S NAME --- (FIRST, MIDDLE, LAST, SUFFIX)		7. MOTHER'S DATE OF BIRTH --- (MONTH, DAY, YEAR)	
8. MOTHER'S BIRTH NAME --- (LAST NAME ONLY)		9. MOTHER'S BIRTHPLACE --- (STATE OR FOREIGN COUNTRY)	
10a. RESIDENCE OF MOTHER --- STREET AND NUMBER		10b. CITY OR TOWN	10c. STATE
11. FATHER'S NAME --- (FIRST, MIDDLE, LAST, SUFFIX)		12. DATE OF BIRTH --- (MONTH, DAY, YEAR)	
13. FATHER'S BIRTHPLACE --- (STATE OR FOREIGN COUNTRY)			
CERTIFIER			
14a. CERTIFIER'S NAME		14b. TITLE	14c. DATE CERTIFIED --- (MONTH, DAY, YEAR)
15a. ATTENDANT'S NAME --- (IF OTHER THAN CERTIFIER)		15b. TITLE	
REGISTRAR			
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			

TYPE OR
PRINT IN
PERMANENT
BLACK INK

TO BE SIGNED
BY THE
REGISTRAR
ON COPY
ONLY

INFORMATIONAL COPY ONLY

THIS IS NOT A CERTIFIED COPY

Name Known to Physician:	Date of Death:
---------------------------------	-----------------------

DH-PHS-PROD-09

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Demographic Information**

Type or Print in Black Ink

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			
1b. ALIASES (Any other names the decedent used or was known as)		1c. DECEDENT'S LAST NAME AT BIRTH	
2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	3. SOCIAL SECURITY NUMBER	4a. AGE-LAST BIRTHDAY (Years)	4b. IF UNDER 1 YEAR Months: _____ Days: _____
5. DATE OF BIRTH (Month, Day, Year)		4c. IF UNDER 1 YEAR Hours: _____ Minutes: _____	
5. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (City and State or Foreign Country - include Province if Canada)	
7a. RESIDENCE STREET AND NUMBER (Include Apartment Number)		7b. CITY OR TOWN OF RESIDENCE	7c. STATE OR FOREIGN COUNTRY
8a. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b. VETERAN OF ANY WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	8c. IF SO, WHAT WAR(S)?	
9. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union dissolution <input type="checkbox"/> Never Married or in Civil Union <input type="checkbox"/> Unknown		10a. BIRTH NAME OF SURVIVING SPOUSE / CIVIL UNION PARTNER	10b. SEX OF SURVIVING SPOUSE/PARTNER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
11. FATHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)		12. MOTHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)	
13a. INFORMANT'S NAME (First, Middle, Last)		13b. RELATIONSHIP TO DECEDENT	
13c. INFORMANT'S MAILING ADDRESS (Street and Number, City or Town, State, Zip Code)			
14. DECEDENT'S EDUCATION LEVEL: (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> 9 th – 12 th grade, no diploma <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____	
16. DECEDENT'S RACE: (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)		18. KIND OF BUSINESS/INDUSTRY	19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
20. PLACE OF DEATH If death occurred in a hospital: (Indicate only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival If death occurred somewhere other than a hospital: <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____			
21a. FACILITY NAME (If not institution, give street and number)		21b. CITY OR TOWN	21c. STATE
22a. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)			
22b. PLACE OF TEMPORARY STORAGE (Name of cemetery, other place)		22c. LOCATION OF TEMPORARY STORAGE (City or Town, State)	
22d. PLACE OF FINAL DISPOSITION (Name of cemetery, crematory, other place)		22e. LOCATION OF FINAL DISPOSITION (City or Town, State)	
23a. NAME OF FUNERAL FACILITY OR AUTHORIZED PERSON		23b. ADDRESS OF FUNERAL FACILITY OR AUTHORIZED PERSON (Street and Number, City, State, Zip Code)	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR AUTHORIZED PERSON		25. VERMONT LICENSE NUMBER	26. DATE OF DISPOSITION (Month, Day, Year)

To Be Completed/Verified By: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

If attached to a completed Preliminary Report of Death – Medical Certification, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

Name Known to Physician:	Date of Death:
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**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Medical Certification**

Type or Print in Black Ink

19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
20. PLACE OF DEATH <i>If death occurred in a hospital:</i> (Indicate only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		<i>If death occurred somewhere other than a hospital:</i> <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____	
21a. FACILITY NAME (If not institution, give street and number)		21b. CITY OR TOWN	21c. STATE
27. MANNER OF DEATH: <i>Note: All deaths that are not "Natural" should be referred to a Medical Examiner. Call 1-888-552-2952.</i> <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined			
28. CAUSE PART I. <i>Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</i>			
IMMEDIATE CAUSE (Final disease or condition resulting in death.) → a. _____ Due to (or as a consequence of):			APPROXIMATE INTERVAL: ONSET TO DEATH
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of):			
c. _____ Due to (or as a consequence of):			
d. _____			
29. CAUSE PART II. <i>Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</i>			
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
32a. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32b. M.E. CASE NUMBER	33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. WERE FINDINGS OF AUTOPSY AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF AN INJURY IS PART OF THE CAUSE OF DEATH (Pt. I OR II) THE DEATH SHOULD BE CERTIFIED BY A MEDICAL EXAMINER. CALL 1-888-552-2952			
35. DATE OF INJURY (Month, Day, Year)	36. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	37. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	38. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. LOCATION OF INJURY (Street and Number, City or Town, State)			
40. DESCRIBE HOW INJURY OCCURRED			41. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (specify) _____
42a. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)	42b. ACTUAL OR PRESUMED TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM	42c. DATE PRONOUNCED DEAD (Month, Day, Year)	42d. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input type="checkbox"/> PM
43a. SIGNATURE OF CERTIFIER – To the best of my knowledge, on the basis of case history, examination, and/or investigation, death occurred at the time, date, and place and due to the cause(s) and manner stated.			43b. DATE CERTIFIED (Month, Day, Year)
43c. NAME OF CERTIFIER (Type or Print)			43d. LICENSE NUMBER
43e. ADDRESS OF CERTIFYING PHYSICIAN (Street and Number, City or Town, State, Zip Code)			44. CONTACT PHONE NUMBER ()
45. TITLE OF CERTIFIER: <input type="checkbox"/> Physician <input type="checkbox"/> Pathologist <input type="checkbox"/> Medical Examiner		46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

To Be Completed/Verified By: MEDICAL CERTIFIER

If attached to a completed Preliminary Report of Death – Demographic Information, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

DEPARTMENT OF HEALTH
VERMONT REPORT OF FETAL DEATH

144

DH-PHS-FD-89

(20 Wks. & over or 400 grams & over in weight)

STATE FILE NUMBER

PARENTS

MOTHER

FATHER

1. FETUS NAME (First, Middle, Last)		2. DATE OF DELIVERY (Month, Day, Year)		3. SEX	
4a. PLURALITY—SINGLE, TWIN, ETC. (Specify)		4b. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, ETC. (Specify)		5a. FACILITY—NAME (If not in facility, give street and number)	
6a. MOTHER'S NAME (First, Middle, Last)		6b. MAIDEN SURNAME		7. DATE OF BIRTH (Month, Day, Year)	
8a. RESIDENCE—STATE		8b. CITY, TOWN OR LOCATION		8c. ZIP CODE	
9. FATHER'S NAME (First, Middle, Last)				10. DATE OF BIRTH (Month, Day, Year)	
11. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)		12. RACE — White, Black, American Indian, etc. (Specify)		13. EDUCATION (Specify only highest grade completed)	
11a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____		12a.		13a. Elementary/Secondary (0-12) <input type="checkbox"/> College (13-16) <input type="checkbox"/> Graduate (17-24) <input type="checkbox"/>	
11b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____		12b.		14. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year)	
				OCCUPATION BUSINESS/INDUSTRY	
15. PREGNANCY HISTORY (Complete First Section)		16. WAS MOTHER ABUSED?		17. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	
LIVE BIRTHS		OTHER TERMINATIONS (Spontaneous and induced abortions, miscarriages, conceptions)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15a. Now Living		15b. Now Dead		15d. (Do not include this fetus)	
Number _____		Number _____		Number _____	
15c. DATE OF LAST LIVE BIRTH (Month, Day, Year)		15e. DATE OF LAST OTHER TERMINATION (Month, Year)		18. DATE OF FIRST PRENATAL VISIT (Month, Day, Year)	
				19. DATE OF LAST RECORDED VISIT (Month, Day, Year)	
				20. NUMBER OF RECORDED VISITS	
				21. WEIGHT OF FETUS (Specify Unit)	
				22. CLINICAL ESTIMATE OF GESTATION (Wk)	
23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)		25. OBSTETRIC PROCEDURES (Check all that apply)		27. CONGENITAL ANOMALIES OF CHILD (Check all that apply)	
Anemia (Hct. <30/Hgb. <10) 01 <input type="checkbox"/>		Amniocentesis 01 <input type="checkbox"/>		Anencephalus 01 <input type="checkbox"/>	
Cardiac disease 02 <input type="checkbox"/>		Electronic fetal monitoring 02 <input type="checkbox"/>		Spina bifida/Meningocele 02 <input type="checkbox"/>	
Acute or chronic lung disease 03 <input type="checkbox"/>		Induction of labor 03 <input type="checkbox"/>		Hydrocephalus 02 <input type="checkbox"/>	
Diabetes 04 <input type="checkbox"/>		Stimulation of labor 04 <input type="checkbox"/>		Microcephalus 04 <input type="checkbox"/>	
Genital herpes 05 <input type="checkbox"/>		Tocolysis 05 <input type="checkbox"/>		Other central nervous system anomalies (Specify) 05 <input type="checkbox"/>	
Hydramnios/Oligohydramnios 06 <input type="checkbox"/>		Ultrasound 06 <input type="checkbox"/>		Heart malformations 06 <input type="checkbox"/>	
Hemoglobinopathy 07 <input type="checkbox"/>		None 00 <input type="checkbox"/>		Other circulatory/respiratory anomalies (Specify) 07 <input type="checkbox"/>	
Hypertension, Chronic 08 <input type="checkbox"/>		Other 07 <input type="checkbox"/>			
Hypertension, pregnancy-associated 09 <input type="checkbox"/>		(Specify)		Rectal atresia/stenosis 08 <input type="checkbox"/>	
Eclampsia 10 <input type="checkbox"/>		26. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)		Tracheo-esophageal fistula/Esoophageal atresia 09 <input type="checkbox"/>	
Incompetent cervix 11 <input type="checkbox"/>		Febrile (>100° F. or 38° C.) 01 <input type="checkbox"/>		Omphalocele/Gastroschisis 10 <input type="checkbox"/>	
Previous infant 4000+ grams 12 <input type="checkbox"/>		Meconium, moderate/heavy 02 <input type="checkbox"/>		Other gastrointestinal anomalies (Specify) 11 <input type="checkbox"/>	
Previous preterm or small-for-gestational-age infant 13 <input type="checkbox"/>		Premature rupture of membrane (>12 hours) 03 <input type="checkbox"/>		Malformed genitalia 12 <input type="checkbox"/>	
Renal disease 14 <input type="checkbox"/>		Abruptio placenta 04 <input type="checkbox"/>		Renal agenesis 13 <input type="checkbox"/>	
Rh sensitization 15 <input type="checkbox"/>		Placenta previa 05 <input type="checkbox"/>		Other urogenital anomalies (Specify) 14 <input type="checkbox"/>	
Uterine bleeding 16 <input type="checkbox"/>		Other excessive bleeding 06 <input type="checkbox"/>		Cleft lip/palate 15 <input type="checkbox"/>	
None 00 <input type="checkbox"/>		Seizures during labor 07 <input type="checkbox"/>		Polydactyly/Syndactyly/Adactyly 16 <input type="checkbox"/>	
Other 17 <input type="checkbox"/>		Precipitous labor (<3 hours) 08 <input type="checkbox"/>		Club foot 17 <input type="checkbox"/>	
(Specify)		Prolonged labor (>20 hours) 09 <input type="checkbox"/>		Diaphragmatic hernia 18 <input type="checkbox"/>	
		Dysfunctional labor 10 <input type="checkbox"/>		Other musculoskeletal/integumental anomalies (Specify) 19 <input type="checkbox"/>	
		Breech/Malpresentation 11 <input type="checkbox"/>		Down's syndrome 20 <input type="checkbox"/>	
		Cephalopelvic disproportion 12 <input type="checkbox"/>		Other chromosomal anomalies (Specify) 21 <input type="checkbox"/>	
		Cord prolapse 13 <input type="checkbox"/>		None 00 <input type="checkbox"/>	
		Anesthetic complications 14 <input type="checkbox"/>		Other 22 <input type="checkbox"/>	
		Fetal distress 15 <input type="checkbox"/>		(Specify)	
		None 00 <input type="checkbox"/>			
		Other 16 <input type="checkbox"/>			
		(Specify)			
23b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)		28. NAME OF PHYSICIAN PROVIDING PRENATAL CARE			
Tobacco use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>					
Average number cigarettes per day _____					
Alcohol use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>					
Average number drinks per week _____					
Weight gained during pregnancy _____ lbs.					
24. METHOD OF DELIVERY (Check all that apply)					
Vaginal 01 <input type="checkbox"/>					
Vaginal birth after previous C-section 02 <input type="checkbox"/>					
Primary C-section 03 <input type="checkbox"/>					
Repeat C-section 04 <input type="checkbox"/>					
Forceps 05 <input type="checkbox"/>					
Vacuum 06 <input type="checkbox"/>					
Hysterotomy/Hysterectomy 07 <input type="checkbox"/>					

29. PART 1. Fetal or maternal condition directly causing fetal death. Fetal and/or maternal conditions, if any, giving rise to the immediate cause(s), stating the underlying cause last.	IMMEDIATE CAUSE Enter only one cause per line for a, b, and c.	Specify Fetal or Maternal
	a. DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
	b. DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
PART 2. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part 1.		30. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)
31. I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD. (Signature)	32. DATE SIGNED (Month, Day, Year)	34. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Lay - Midwife <input type="checkbox"/> Family Member <input type="checkbox"/> R.N. <input type="checkbox"/> L.P.N. <input type="checkbox"/> P.A. <input type="checkbox"/> E.M.T. <input type="checkbox"/> OTHER (Specify)
This certification constitutes permission for final disposition. 33. CERTIFIER'S NAME AND TITLE (Type/Print) Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> OTHER (Specify)	35. ATTENDANT'S MAILING ADDRESS (Street, Town, State, Zip Code)	

INFORMATIONAL
 COPY ONLY

CERTIFIER

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: (Month,Day,Year)

Residence-State:	City or Town:	Zip Code:				
Domestic Relationship: <input type="checkbox"/> Not married/ not in civil union <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Widowed <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced <input type="checkbox"/> dissolved <input type="checkbox"/> <input type="checkbox"/> Unknown	Of Hispanic Origin? (If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	Education (Specify only highest grade completed) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Elementary/Secondary (0-12)</td> <td style="width:50%;">College (1-4 or 5+)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Elementary/Secondary (0-12)	College (1-4 or 5+)		
	Elementary/Secondary (0-12)	College (1-4 or 5+)				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Other (Specify) _____						

MEDICAL INFORMATION						
Date of Procedure: (Month,Day,Year)	Clinical Estimate of Gestation (Weeks)	Previous Pregnancies (Complete each section)				
Date Last Normal Menses Began: (Month,Day,Year)		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 (Check only one)	
<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 (Specify) _____	

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.)

DEPARTMENT OF HEALTH

VERMONT LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER

LOCAL FILE NUMBER

TYPE OR PRINT IN
BLACK INK
SEE MANUAL FOR
INSTRUCTIONS

96053

GROOM		1. NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)	
3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
4a. USUAL RESIDENCE - STATE		4b. CITY OR TOWN		5. BIRTHPLACE (State or Foreign Country)	
6a. FATHER'S NAME (First, Middle, Last)		6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S NAME (First, Middle, Maiden Surname)		7b. BIRTHPLACE (State or Foreign Country)
BRIDE					
8a. NAME (First, Middle, Last)		8b. MAIDEN SURNAME (If Different)		9. DATE OF BIRTH (Month, Day, Year)	
10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
11a. USUAL RESIDENCE - STATE		11b. CITY OR TOWN		12. BIRTHPLACE (State or Foreign Country)	
13a. FATHER'S NAME (First, Middle, Last)		13b. BIRTHPLACE (State or Foreign Country)	14a. MOTHER'S NAME (First, Middle, Maiden Surname)		14b. BIRTHPLACE (State or Foreign Country)
APPLICANT					
We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Vermont.					
15a. GROOM'S SIGNATURE		15b. DATE SIGNED	15c. BRIDE'S SIGNATURE		15d. DATE SIGNED
CERTIFICATION			OFFICIANT (see instructions on back)		
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.			This license authorizes the marriage IN VERMONT ONLY of the above named parties by any person duly authorized to perform a marriage.		
16a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)			17a. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON: (Month, Day, Year)	17b. WHERE MARRIED - CITY OR TOWN	
16b. TOWN CLERK (Signature)			17c. SIGNATURE OF PERSON PERFORMING CEREMONY		
16c. TOWN OR CITY			17d. NAME (Type/Print)	17e. TITLE	
16d. THIS LICENSE IS VALID FROM _____ (DATE) TO _____ (DATE) UNLESS WAIVED BY A VERMONT COURT.			17f. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
REGISTRATION					
18a. CLERK'S SIGNATURE				18b. DATE RECEIVED BY LOCAL REGISTRAR	
18a. TRUE COPY - (Clerk's Signature) (To be signed by Registrar on copy only)			19b. TOWN	19c. DATE	
Attest:					

INFORMATIONAL
COPY ONLY

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

GROOM					
20. NAME		IF PREVIOUSLY MARRIED		EDUCATION (Specify only highest grade completed)	
21. RACE - White, Black, American Indian, Etc. (Specify)		LAST MARRIAGE ENDED BY	DATE	Elementary or Secondary (0-12)	College (1-4 or 5+)
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH YEAR		
22. NO. OF THIS MARRIAGE (1st, 2nd, etc.)		23a.	23b.	24.	
BRIDE					
25. NAME		IF PREVIOUSLY MARRIED		EDUCATION (Specify only highest grade completed)	
26. RACE - White, Black, American Indian, Etc. (Specify)		LAST MARRIAGE ENDED BY	DATE	Elementary or Secondary (0-12)	College (1-4 or 5+)
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH YEAR		
27. NO. OF THIS MARRIAGE (1st, 2nd, etc.)		28a.	28b.	29.	

137240

DEPARTMENT OF HEALTH
VERMONT RECORD OF DIVORCE OR ANNULMENT

COURT DOCKET NUMBER

STATE FILE NUMBER

HUSBAND		
1. HUSBAND'S NAME (First, Middle, Last)		
2a. RESIDENCE-STATE	2b. CITY OR TOWN	3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4. BIRTHPLACE (State of Foreign Country)	5. DATE OF BIRTH (Month, Day, Year)	
WIFE		
6a. WIFE'S NAME (First, Middle, Last)		6b. MAIDEN SURNAME
7a. RESIDENCE-STATE	7b. CITY OR TOWN	8. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9. BIRTHPLACE (State of Foreign Country)	10. DATE OF BIRTH (Month, Day, Year)	
MARRIAGE		
11a. PLACE OF THIS MARRIAGE (State of Foreign Country)	11b. CITY TOWN OR LOCATION	11c. DATE OF THIS MARRIAGE (Month, Day, Year)
12a. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	12b. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE	13. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____
14a. NAME OF PETITIONER'S ATTORNEY (Type/Print) <input type="checkbox"/> NO ATTORNEY	14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
DECREE		
15. I CERTIFY THAT THIS DECREE BECAME ABSOLUTE (FINAL) ON (Month, Day, Year)	16. TYPE OF DECREE—Absolute Divorce or Annulment (Specify)	17. COUNTY OF DECREE
18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No Children		19. LEGAL GROUNDS FOR DECREE (Specify)
20. SIGNATURE OF COURT OFFICIAL	21. TITLE OF COURT OFFICIAL	22. DATE SIGNED (Month, Day, Year)

INFORMATIONAL
COPY ONLY

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

THIS SECTION MUST BE COMPLETED BEFORE FILING WITH THE COUNTY CLERK
(Title 18, Section 5004, V.S.A.)

	23. NUMBER OF THIS MARRIAGE — First, Second, etc. (Specify below)	24. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		25. Race — White, Black, American Indian, etc. (Specify)	26. EDUCATION (Specify only highest grade completed)	
		By Death, Divorce, Dissolution, or Annulment (Specify below)	DATE (Month, Day, Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
HUSBAND	23a.	24a.	24b.	25a.	26a.	
WIFE	23b.	24c.	24d.	25b.	26b.	

First Copy: Original Record to be sent to Dept. of Health when divorce becomes absolute

DEPARTMENT OF HEALTH
VERMONT LICENSE AND CERTIFICATE
OF CIVIL UNION

LOCAL FILE NUMBER _____ STATE FILE NUMBER _____

PARTY A

1. NAME (First, Middle, Last) _____ 1b. MAIDEN SURNAME (If Applicable) _____ 1c. DATE OF BIRTH (Month, Day, Year) _____

2. SEX _____ 3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) _____

4a. USUAL RESIDENCE - STATE _____ 4b. CITY OR TOWN _____ 5. BIRTHPLACE (State or Foreign Country) _____

6a. FATHER'S NAME (First, Middle, Last) _____ 6b. BIRTHPLACE (State or Foreign Country) _____ 7a. MOTHER'S NAME (First, Middle, Maiden Surname) _____ 7b. Birthplace (State or Foreign Country) _____

PARTY B

8a. NAME (First, Middle, Last) _____ 8b. MAIDEN SURNAME (If Applicable) _____ 8c. DATE OF BIRTH (Month, Day, Year) _____

9. SEX _____ 10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) _____

11a. USUAL RESIDENCE - STATE _____ 11b. CITY OR TOWN _____ 12. BIRTHPLACE (State or Foreign Country) _____

13a. FATHER'S NAME (First, Middle, Last) _____ 13b. BIRTHPLACE (State or Foreign Country) _____ 13c. MOTHER'S NAME (First, Middle, Maiden Surname) _____ 14b. Birthplace (State or Foreign Country) _____

APPLICANTS

We hereby certify that the informant, provided is correct to the best of our knowledge and belief and that we are free to form a civil union under the laws of Vermont.

15a. SIGNATURE _____ 15b. DATE SIGNED _____ 15c. SIGNATURE _____ 15d. DATE SIGNED _____

CERTIFICATION

I hereby certify that the above named persons have made oath to the truth of the facts stated in the foregoing declaration and complied with the civil union laws of the State of Vermont.

16a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year) _____

16b. TOWN CLERK (Signature) _____

16c. TOWN OR CITY _____

16d. THIS LICENSE IS VALID FROM _____ (DATE) _____
TO _____ (DATE) _____ UNLESS WAIVED BY A VERMONT COURT

OFFICIANT (See instructions on back)

This license authorizes the establishment of a civil union IN VERMONT ONLY of the above named parties by any person duly authorized to certify a civil union.

17a. I CERTIFY THAT THE ABOVE PERSONS ESTABLISHED A CIVIL UNION ON (Month, Day, Year) _____ 17b. IN THE CITY OR TOWN OF _____

DATE > _____

17c. SIGNATURE OF OFFICIANT _____

17d. NAME (Type/Print) _____ 17e. TITLE _____

17f. ADDRESS OF OFFICIANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) _____

REGISTRATION

18a. CLERK'S SIGNATURE _____ 18b. DATE RECEIVED BY LOCAL REGISTRAR _____

19a. TRUE COPY - (Clerk's Signature) (To be signed by Registrar on copy only) _____ 19b. TOWN _____ 19c. DATE _____

Attest: _____

112775

TYPE OR PRINT IN
BLACK INK.
SEE MANUAL FOR
INSTRUCTIONS.

CONFIDENTIAL
COPY ONLY

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

PARTY A

20. NAME _____

21. RACE - White, Black, American Indian, etc. (Specify)	22. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	IF PREVIOUSLY MARRIED OR IN A CIVIL UNION		EDUCATION (Specify only highest grade completed)	
		LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE	Elementary or Secondary (0-12)	College (1-4 OR 5+)
		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH YEAR		
		23a.	23b.	24.	

PARTY B

25. NAME _____

26. RACE - White, Black, American Indian, etc. (Specify)	27. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	IF PREVIOUSLY MARRIED OR IN A CIVIL UNION		EDUCATION (Specify only highest grade completed)	
		LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE	Elementary or Secondary (0-12)	College (1-4 OR 5+)
		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH YEAR		
		28a.	28b.	29.	

101356

DEPARTMENT OF HEALTH
VERMONT RECORD OF
CIVIL UNION DISSOLUTION OR ANNULMENT

COURT DOCKET NUMBER

STATE FILE NUMBER

PARTY A

1a. NAME (First, Middle, Last)		1b. SEX	1c. MAIDEN SURNAME (If Applicable)
2a. RESIDENCE - STATE	2b. CITY OR TOWN		3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4. BIRTHPLACE (State or Foreign Country)	5. DATE OF BIRTH (Month, Day, Year)		

PARTY B

6a. NAME (First, Middle, Last)		6b. SEX	6c. MAIDEN SURNAME (If Applicable)
7a. RESIDENCE - STATE	7b. CITY OR TOWN		8. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9. BIRTHPLACE (State or Foreign Country)	10. DATE OF BIRTH (Month, Day, Year)		

CIVIL UNION

11a. PLACE OF THE CIVIL UNION (State or Foreign Country)	11b. CITY, TOWN OR LOCATION	11c. DATE OF THIS CIVIL UNION (Month, Day, Year)
12a. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	12b. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 12a Number _____ <input type="checkbox"/> NONE	13. PETITIONER <input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (Specify) _____
14a. NAME OF PETITIONER'S ATTORNEY (Type/Print) <input type="checkbox"/> NO ATTORNEY		14b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

DECREE

15. I CERTIFY THAT THIS DECREE BECAME ABSOLUTE (FINAL) ON (Month, Day, Year)	16. TYPE OF DECREE - Absolute Dissolution or Annulment (Specify)	17. COUNTY OF DECREE
18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Party A _____ Party B _____ Joint Custody _____ Other _____ <input type="checkbox"/> No Children		19. LEGAL GROUNDS FOR DECREE (Specify)
20. SIGNATURE OF COURT OFFICIAL	21. TITLE OF COURT OFFICIAL	22. DATE SIGNED (Month, Day, Year)

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

THIS SECTION MUST BE COMPLETED BEFORE FILING WITH THE COUNTY CLERK
(Title 18, Section 5004, V.S.A.)

	23. TOTAL NUMBER OF CIVIL UNIONS OR MARRIAGES, INCLUDING THIS ONE	24. IF PREVIOUSLY MARRIED OR IN A CIVIL UNION, LAST MARRIAGE OR CIVIL UNION ENDED BY:		25. RACE - White, Black, American Indian, etc. (Specify)	26. EDUCATION (Specify only highest grade completed)	
		DEATH, DIVORCE, DISSOLUTION, OR ANNULMENT (Specify below)	DATE (Month, Day, Year)		Elementary or Secondary (0-12)	College (1-4 OR 5+)
PARTY A	23a.	24a.	24b.	25a.	26a.	
PARTY B	23b.	24c.	24d.	25b.	26b.	

First Copy: Original Record to be sent to Dept. of Health when dissolution becomes absolute.

Civil Unions and Dissolutions

CIVIL UNIONS AND DISSOLUTIONS

CIVIL UNIONS

In 2008, 268 civil unions were established in Vermont, down from 352 in 2006. The highest number (45) occurred in August (Table H-3).

Civil unions involving two out-of-state residents accounted for 68.7 percent of the total number of civil unions (Table H-2). The states with the largest number of residents who established civil unions were New York, and Florida (Table H-1). The largest number of Vermont residents who established civil unions resided in Chittenden County (Table H-2).

Almost 72 percent of the civil unions were between female partners, and the most common age group for female partners was 25 to 29, and for male partners it was 45 to 49 (Table H-4). Civil union partners tend to be highly educated: 48.9 percent completed at least four years of college (Table H-5).

Table H-6, shows the total number of civil unions or marriages, including the current civil union, that each person has been a party to during their lives. For 75.8 percent of the civil union partners, this was their first union, or marriage.

DISSOLUTIONS

The dissolution of civil unions follows the same procedures, same requirements, rights, and obligations as divorces. There were 50 dissolutions in 2008.

TABLE H-1
2008 VERMONT CIVIL UNIONS

PLACE OF RESIDENCE OF PARTY A AND PARTY B

PARTY A - PLACE OF RESIDENCE		PARTY B - PLACE OF RESIDENCE	
	NUMBER		NUMBER
ALABAMA	2	ALABAMA	2
COLORADO	1	COLORADO	1
CONNECTICUT	1	CONNECTICUT	2
FLORIDA	26	FLORIDA	26
GEORGIA	9	GEORGIA	10
ILLINOIS	7	ILLINOIS	7
INDIANA	1	INDIANA	1
IOWA	1	IOWA	1
KENTUCKY	5	KENTUCKY	1
LOUISIANA	1	LOUISIANA	5
MAINE	1	MAINE	1
MARYLAND	8	MARYLAND	1
MASSACHUSETTS	6	MASSACHUSETTS	8
MICHIGAN	5	MICHIGAN	6
MINNESOTA	3	MINNESOTA	5
MISSISSIPPI	1	MINNESOTA	3
MISSOURI	1	MISSISSIPPI	1
NEW HAMPSHIRE	2	MISSOURI	1
NEW JERSEY	1	NEW HAMPSHIRE	1
NEW YORK	46	NEW JERSEY	2
NORTH CAROLINA	5	NEW YORK	1
OHIO	7	NEW YORK	44
OKLAHOMA	1	NORTH CAROLINA	5
PENNSYLVANIA	6	OHIO	6
RHODE ISLAND	2	OKLAHOMA	1
SOUTH CAROLINA	2	PENNSYLVANIA	6
TENNESSEE	7	RHODE ISLAND	2
TEXAS	11	SOUTH CAROLINA	2
UTAH	2	TENNESSEE	7
VERMONT	82	TEXAS	9
VIRGINIA	4	UTAH	2
WASHINGTON D.C.	1	VERMONT	80
WEST VIRGINIA	2	VIRGINIA	4
WISCONSIN	3	WASHINGTON D.C.	1
WYOMING	1	WEST VIRGINIA	2
OTHER	4	WISCONSIN	3
UNKNOWN	0	WYOMING	1
TOTAL	268	OTHER	9
		UNKNOWN	0
		TOTAL	268

TABLE H-2
2008 VERMONT CIVIL UNIONS

COUNTY OF RESIDENCE OF PARTY A	COUNTY OF RESIDENCE OF PARTY B													TOTAL		
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORG	ORL	RUT	WAS	WDM		WDR	O-O-S
ADDISON	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
BENNINGTON	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
CALEDONIA	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	3
CHITTENDEN	0	0	0	28	0	0	0	0	0	0	0	0	0	0	1	29
ESSEX	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
FRANKLIN	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	6
GRAND ISLE	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	
LAMOILLE	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
ORANGE	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
ORLEANS	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
RUTLAND	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
WASHINGTON	0	0	0	0	0	0	0	0	0	0	0	4	0	0	1	5
WINDHAM	0	0	0	0	0	0	0	0	0	0	0	0	12	0	1	13
WINDSOR	0	0	0	0	0	0	0	0	0	0	1	0	0	5	1	7
OUT OF STATE	0	0	0	0	0	0	0	0	0	0	1	1	0	0	184	186
TOTAL	3	5	2	28	2	7	1	3	1	2	4	5	12	5	188	268

TABLE H-3
2008 VERMONT CIVIL UNIONS

COUNTY OF CIVIL UNION	MONTH OF CIVIL UNION												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ADDISON	0	1	0	1	0	2	1	2	1	1	0	0	9
BENNINGTON	2	6	2	3	2	6	2	7	0	1	2	4	37
CALEDONIA	1	1	0	0	1	0	1	1	1	1	0	0	7
CHITTENDEN	4	5	3	4	11	9	8	8	6	3	4	7	72
ESSEX	0	0	0	0	0	1	0	0	0	0	0	0	1
FRANKLIN	0	0	1	0	1	0	0	4	1	1	0	0	8
GRAND ISLE	0	0	2	0	0	0	0	1	1	0	0	0	4
LAMOILLE	1	3	2	3	0	0	1	3	1	1	1	2	18
ORANGE	0	0	0	0	0	0	0	1	0	0	0	0	1
ORLEANS	0	1	0	0	0	0	0	0	1	1	0	0	5
RUTLAND	1	2	2	0	0	1	0	0	0	1	0	0	7
WASHINGTON	3	2	2	2	1	1	3	4	7	1	0	3	29
WINDHAM	1	3	2	2	2	2	6	8	4	6	1	0	37
WINDSOR	2	5	2	0	3	4	4	6	2	1	1	1	31
UNKNOWN	0	0	1	0	1	0	0	0	0	0	0	0	2
TOTAL	15	29	19	15	22	26	26	45	27	17	10	17	268

TABLE H-4
2008 VERMONT CIVIL UNIONS

MALES

AGE OF PARTY B BY AGE OF PARTY A

AGE OF PARTY A	AGE OF PARTY B											TOTAL			
	18-20 YEARS	21-24 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	UNKNOWN
18-20 YEARS	1	1	1	0	0	0	0	0	0	0	0	0	0	0	3
21-24 YEARS	1	1	2	0	1	0	0	0	0	0	0	0	0	0	5
25-29 YEARS	0	2	1	3	2	0	0	1	0	0	0	0	0	0	9
30-34 YEARS	0	3	3	3	2	1	1	0	0	0	0	0	1	0	14
35-39 YEARS	0	0	0	0	2	1	1	0	0	0	0	0	0	0	4
40-44 YEARS	0	0	1	1	2	4	4	0	1	1	0	0	0	0	14
45-49 YEARS	0	0	0	0	0	3	5	3	1	0	0	0	0	0	12
50-54 YEARS	0	0	0	0	0	1	1	1	3	0	1	0	0	0	7
55-59 YEARS	0	0	0	2	0	0	0	1	0	1	0	0	0	0	4
60-64 YEARS	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
65-69 YEARS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70-74 YEARS	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2
75 + YEARS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	7	8	9	9	10	13	7	6	2	1	1	0	1	76

FEMALES

AGE OF PARTY B BY AGE OF PARTY A

AGE OF PARTY A	AGE OF PARTY B											TOTAL			
	18-20 YEARS	21-24 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	UNKNOWN
18-20 YEARS	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
21-24 YEARS	1	5	4	2	0	0	0	0	0	0	0	0	0	0	12
25-29 YEARS	2	5	18	6	5	2	2	0	0	0	0	0	0	0	38
30-34 YEARS	0	3	13	7	9	3	2	0	0	0	0	0	0	0	37
35-39 YEARS	0	1	3	2	5	6	4	0	0	0	0	0	0	0	21
40-44 YEARS	0	0	3	11	2	10	10	0	0	0	0	0	0	0	36
45-49 YEARS	0	0	1	5	3	5	6	2	1	2	0	0	0	0	25
50-54 YEARS	0	0	0	0	1	4	1	3	2	0	0	0	0	0	11
55-59 YEARS	0	0	0	0	0	0	2	2	0	0	0	0	0	0	4
60-64 YEARS	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
65-69 YEARS	0	0	0	0	0	1	0	0	0	1	0	0	0	0	2
70-74 YEARS	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
75 + YEARS	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	14	42	34	25	31	25	7	3	5	1	1	0	0	192

TABLE H-5
2008 VERMONT CIVIL UNIONS

EDUCATION OF PARTY A	EDUCATION OF PARTY B				TOTAL
	< HS	H.S. GRAD	1-3 YRS. COLLEGE	4+ YEARS COLLEGE	
< HIGH SCHOOL	4	8	1	1	14
H.S. GRADUATE	8	24	17	8	57
1-3 YRS COLLEGE	3	12	22	17	55
4 + YRS COLLEGE	2	15	26	94	137
UNKNOWN	0	0	0	0	5
TOTAL	17	59	66	120	268

TABLE H-6
2008 VERMONT CIVIL UNIONS

NUMBER FOR PARTY A	NUMBER FOR PARTY B			TOTAL
	FIRST	SECOND	THIRD + UNKNOWN	
FIRST	162	34	4	200
SECOND	33	17	6	56
THIRD + UNKNOWN	5	2	1	8
TOTAL	200	53	11	268

Appendices

APPENDIX A

VERMONT HOSPITALS

HOSPITAL	COUNTY	TOWN
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 is the *calculated* weeks of gestation. However this method is subject to error due to imperfect maternal recall and to misidentification of the LMP. Therefore an edit is run that checks whether the calculated weeks of gestation is consistent with the infant's plurality and birth weight. If the birth weight is within the bounds for the calculated weeks of gestation, then the *calculated* weeks of gestation becomes the assigned gestational age. If the birth weight is not within the bounds for the calculated weeks, but it is within the bounds for the clinical estimate of gestation, then the *clinical estimate* of gestation is assigned as the gestational age. If the birth weight does not fit within the bounds for either the calculated weeks of gestation or the clinical estimate of gestation, the gestational age is designated "unknown". If the month and year for LMP are given, but the day is missing, the gestational age is *imputed* using the gestational age of the preceding record that has complete data with the same computed month of gestation and the same 500-gram birth weight interval.

In 2008, 87.3 percent of the Vermont resident records used the *calculated* weeks, 12.7 percent used the *clinical estimate* of the weeks, and 4 records were designated "unknown" gestational ages.

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 Nutrition During Pregnancy, Institute of Medicine, National Academy of Sciences, 1990. The recommendations are as follows:

PRE-PREGNANCY BMI	RECOMMENDED WEIGHT GAIN
< 19.8	28 - 40 lbs
19.8 - 26.0	25 - 35 lbs
26.1 - 29.0	15 - 25 lbs
> 29.0	15 - 25 lbs
Multiple births	35 - 45 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	
	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. WHITE POPULATION

1955 - 2008

YEAR	CRUDE BIRTH RATE (1)	FERTILITY RATE (1)	LOW BIRTH WEIGHT PERCENT	CRUDE DEATH RATE (2)	INFANT DEATH RATE (3)	NEONATAL DEATH RATE (3)	FETAL DEATH RATE (3)	ABORTION RATIO (4)	MARRIAGE RATE (5)	DIVORCE RATE (5)
1955	23.8	113.7	n/a	9.2	23.6	17.7	14.9			
1960	22.7	113.2	6.8	9.5	22.9	17.2	13.9			
1965	18.3	91.3	7.2	9.4	21.5	16.1	13.7			
1970	17.4	84.1	6.8	9.5	17.8	13.8	12.3	277		
1975	13.6	62.5	6.3	8.9	14.2	10.4	9.4	332	10.6	5.2
1980	15.1	65.6	5.7	8.9	11.0	7.5	8.1	277	10.2	5.0
1985	15.0	64.1	5.7	9.0	9.3	6.1	6.9			
1990	15.8	68.3	5.6	8.9	7.6	4.8	6.4	258	9.8	4.7
1995	14.1	63.6	6.2	9.3	6.3	4.1	5.9	204	8.9	4.4
1996	13.9	63.3	6.4	9.1	6.0	4.0	5.9	202	8.8	4.3
1997	13.7	62.8	6.5	9.0	6.0	4.0	5.8	194	8.9	4.3
1998	13.8	63.6	6.6	9.0	6.0	4.0	5.7	188	8.4	3.5
1999	13.7	64.0	6.6	9.2	5.8	3.9	5.7	177	8.6	4.1
2000	13.9	65.3	6.6	9.0	5.7	3.8	5.6	167	8.2	4.1
2001	13.7	65.0	6.8	9.0	5.7	3.8	5.5	165	8.2	3.9
2002	13.5	64.8	6.9	9.0	5.8	3.9	5.5	164	7.8	4.0
2003	13.6	66.1	7.0	8.9	5.7	3.9	5.2	165	7.5	3.8
2004	13.5	66.1	7.2	8.6	5.7	3.8	5.3	161	7.8	3.7
2005	13.4	66.3	7.3	8.7	5.7	3.8	5.3(9)	158	7.7	3.7
2006	13.7	68.0	7.2	8.6	5.6	3.7	n/a(10)	162(11)	7.3	3.6
2007	13.7(6)	68.8(6)	7.2(7)	8.5(8)	5.6(8)	3.7(8)	n/a(10)	n/a(10)	7.3	3.6
2008	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	n/a(10)	7.1(12)	3.5(12)

1. 1955-1975 rates based on race of child; 1980-1992 were previously reported by race of child, now reported by race of mother. 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. Data are for all races. Rates are per 1000 population.

6. National Center for Health Statistics "Births: Final Data for 2007". National Vital Statistics Reports: Vol. 58 No. 24, August, 2010, Table 1.

7. Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats. <http://www.cdc.gov/nchs/vitalstats.htm>. September 1, 2010.

8. National Center for Health Statistics "Deaths: Final Data for 2007". National Vital Statistics Reports: Vol. 58, No. 19, May 2010, Tables 1 and 30.

9. National Center for Health Statistics "Fetal and Perinatal Mortality, United States, 2005". National Vital Statistics Reports: Vol. 57, No. 8, Jan 28, 2009.

10. U.S. White rate unavailable at this time.

11. Centers for Disease Control and Prevention. "Abortion Surveillance - United States, 2006." November 27, 2009 / 58(SS08);1-35; Table 10. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5808a1.htm>

12. National Vital Statistics Report "Births, Marriages, Divorces and Deaths: Provisional Data for 2008" Vol 57, Number 19 July 29, 2009, Table A

APPENDIX E VERMONT VITAL RECORDS FORMS

DH-PHS-BIR-2005

DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

CHILD			
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)	
PARENTS			
6. MOTHER'S NAME --- (FIRST, MIDDLE, LAST, SUFFIX)		7. MOTHER'S DATE OF BIRTH --- (MONTH, DAY, YEAR)	
8. MOTHER'S BIRTH NAME --- (LAST NAME ONLY)		9. MOTHER'S BIRTHPLACE --- (STATE OR FOREIGN COUNTRY)	
10a. RESIDENCE OF MOTHER --- STREET AND NUMBER		10b. CITY OR TOWN	10c. STATE
11. FATHER'S NAME --- (FIRST, MIDDLE, LAST, SUFFIX)		12. DATE OF BIRTH --- (MONTH, DAY, YEAR)	
13. FATHER'S BIRTHPLACE --- (STATE OR FOREIGN COUNTRY)			
CERTIFIER			
14a. CERTIFIER'S NAME		14b. TITLE	14c. DATE CERTIFIED --- (MONTH, DAY, YEAR)
15a. ATTENDANT'S NAME --- (IF OTHER THAN CERTIFIER)		15b. TITLE	
REGISTRAR			
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			

TYPE OR
PRINT IN
PERMANENT
BLACK INK

TO BE SIGNED
BY THE
REGISTRAR
ON COPY
ONLY

INFORMATIONAL COPY ONLY

THIS IS NOT A CERTIFIED COPY

Name Known to Physician:	Date of Death:
---------------------------------	-----------------------

DH-PHS-PROD-09

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Demographic Information**

Type or Print in Black Ink

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)				
1b. ALIASES (Any other names the decedent used or was known as)	1c. DECEDENT'S LAST NAME AT BIRTH			
2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	3. SOCIAL SECURITY NUMBER	4a. AGE-LAST BIRTHDAY (Years)	4b. IF UNDER 1 YEAR Months Days	4c. IF UNDER 1 DAY Hours Minutes
5. DATE OF BIRTH (Month, Day, Year)			6. BIRTHPLACE (City and State or Foreign Country - include Province if Canada)	
7a. RESIDENCE STREET AND NUMBER (Include Apartment Number)		7b. CITY OR TOWN OF RESIDENCE	7c. STATE OR FOREIGN COUNTRY	
8a. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b. VETERAN OF ANY WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	8c. IF SO, WHAT WAR(S)?		
9. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union dissolution <input type="checkbox"/> Never Married or in Civil Union <input type="checkbox"/> Unknown		10a. BIRTH NAME OF SURVIVING SPOUSE / CIVIL UNION PARTNER		10b. SEX OF SURVIVING SPOUSE/PARTNER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
11. FATHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)		12. MOTHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)		
13a. INFORMANT'S NAME (First, Middle, Last)		13b. RELATIONSHIP TO DECEDENT		
13c. INFORMANT'S MAILING ADDRESS (Street and Number, City or Town, State, Zip Code)				
14. DECEDENT'S EDUCATION LEVEL: (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> 9 th - 12 th grade; no diploma <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____		
16. DECEDENT'S RACE: (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____				
17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)		18. KIND OF BUSINESS/INDUSTRY		19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
20. PLACE OF DEATH If death occurred in a hospital: (Indicate only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival If death occurred somewhere other than a hospital: <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____				
21a. FACILITY NAME (If not institution, give street and number)		21b. CITY OR TOWN	21c. STATE	
22a. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)				
22b. PLACE OF TEMPORARY STORAGE (Name of cemetery, other place)			22c. LOCATION OF TEMPORARY STORAGE (City or Town, State)	
22d. PLACE OF FINAL DISPOSITION (Name of cemetery, crematory, other place)			22e. LOCATION OF FINAL DISPOSITION (City or Town, State)	
23a. NAME OF FUNERAL FACILITY OR AUTHORIZED PERSON		23b. ADDRESS OF FUNERAL FACILITY OR AUTHORIZED PERSON (Street and Number, City, State, Zip Code)		
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR AUTHORIZED PERSON		25. VERMONT LICENSE NUMBER	26. DATE OF DISPOSITION (Month, Day, Year)	

To Be Completed/Verified By: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

If attached to a completed Preliminary Report of Death – Medical Certification, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

Name Known to Physician:	Date of Death:
--------------------------	----------------

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Medical Certification**

Type or Print in Black Ink

19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
20. PLACE OF DEATH <i>If death occurred in a hospital:</i> (Indicate only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		<i>If death occurred somewhere other than a hospital:</i> <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____	
21a. FACILITY NAME (If not institution, give street and number)		21b. CITY OR TOWN	21c. STATE
27. MANNER OF DEATH: <i>Note: All deaths that are not "Natural" should be referred to a Medical Examiner. Call 1-888-552-2952.</i> <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined			
28. CAUSE PART I. <i>Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</i>			
IMMEDIATE CAUSE (Final disease or condition resulting in death.) → a. _____ Due to (or as a consequence of):			APPROXIMATE INTERVAL: ONSET TO DEATH
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of):			
c. _____ Due to (or as a consequence of):			
d. _____			
29. CAUSE PART II. <i>Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</i>			
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
32a. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32b. M.E. CASE NUMBER	33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. WERE FINDINGS OF AUTOPSY AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF AN INJURY IS PART OF THE CAUSE OF DEATH (Pt. I OR II) THE DEATH SHOULD BE CERTIFIED BY A MEDICAL EXAMINER. CALL 1-888-552-2952			
35. DATE OF INJURY (Month, Day, Year)	36. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	37. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	38. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. LOCATION OF INJURY (Street and Number, City or Town, State)			
40. DESCRIBE HOW INJURY OCCURRED			41. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (specify) _____
42a. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)	42b. ACTUAL OR PRESUMED TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM	42c. DATE PRONOUNCED DEAD (Month, Day, Year)	42d. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input type="checkbox"/> PM
43a. SIGNATURE OF CERTIFIER – To the best of my knowledge, on the basis of case history, examination, and/or investigation, death occurred at the time, date, and place and due to the cause(s) and manner stated.			43b. DATE CERTIFIED (Month, Day, Year)
43c. NAME OF CERTIFIER (Type or Print)			43d. LICENSE NUMBER
43e. ADDRESS OF CERTIFYING PHYSICIAN (Street and Number, City or Town, State, Zip Code)			44. CONTACT PHONE NUMBER ()
45. TITLE OF CERTIFIER: <input type="checkbox"/> Physician <input type="checkbox"/> Pathologist <input type="checkbox"/> Medical Examiner		46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

To Be Completed/Verified By: MEDICAL CERTIFIER

If attached to a completed Preliminary Report of Death – Demographic Information, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

DEPARTMENT OF HEALTH
VERMONT REPORT OF FETAL DEATH

144

DH-PHS-FD-89

(20 Wks. & over or 400 grams & over in weight)

STATE FILE NUMBER

PARENTS

MOTHER

FATHER

1. FETUS NAME (First, Middle, Last)		2. DATE OF DELIVERY (Month, Day, Year)		3. SEX	
4a. PLURALITY—SINGLE, TWIN, ETC. (Specify)		4b. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, ETC. (Specify)		5a. FACILITY—NAME (If not in facility, give street and number)	
6a. MOTHER'S NAME (First, Middle, Last)		6b. MAIDEN SURNAME		7. DATE OF BIRTH (Month, Day, Year)	
8a. RESIDENCE—STATE		8b. CITY, TOWN OR LOCATION		8c. ZIP CODE	
9. FATHER'S NAME (First, Middle, Last)				10. DATE OF BIRTH (Month, Day, Year)	
11. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)		12. RACE — White, Black, American Indian, etc. (Specify)		13. EDUCATION (Specify only highest grade completed)	
				14. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year)	
				14a. OCCUPATION	
				14b. BUSINESS/INDUSTRY	
11a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____		12a.		13a.	
11b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____		12b.		13b.	
15. PREGNANCY HISTORY (Complete First Section)		16. WAS MOTHER ABUSED? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	
LIVE BIRTHS		OTHER TERMINATIONS (Spontaneous and induced abortions, conceptions)			
15a. Now Living		15b. Now Dead		15c. DATE OF LAST LIVE BIRTH (Month, Day, Year)	
Number _____		Number _____		15d. DATE OF LAST OTHER TERMINATION (Month, Day, Year)	
				15e. DATE OF LAST OTHER TERMINATION (Month, Day, Year)	
				18. DATE OF FIRST PRENATAL VISIT (Month, Day, Year)	
				19. DATE OF LAST RECORDED VISIT (Month, Day, Year)	
				20. NUMBER OF RECORDED VISITS	
				21. WEIGHT OF FETUS (Specify Unit)	
				22. CLINICAL ESTIMATE OF GESTATION (Wk)	
23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)		25. OBSTETRIC PROCEDURES (Check all that apply)		27. CONGENITAL ANOMALIES OF CHILD (Check all that apply)	
Anemia (Hct. <30/Hgb. <10) 01 <input type="checkbox"/>		Amniocentesis 01 <input type="checkbox"/>		Anencephalus 01 <input type="checkbox"/>	
Cardiac disease 02 <input type="checkbox"/>		Electronic fetal monitoring 02 <input type="checkbox"/>		Spina bifida/Meningocele 02 <input type="checkbox"/>	
Acute or chronic lung disease 03 <input type="checkbox"/>		Induction of labor 03 <input type="checkbox"/>		Hydrocephalus 02 <input type="checkbox"/>	
Diabetes 04 <input type="checkbox"/>		Stimulation of labor 04 <input type="checkbox"/>		Microcephalus 04 <input type="checkbox"/>	
Genital herpes 05 <input type="checkbox"/>		Tocolysis 05 <input type="checkbox"/>		Other central nervous system anomalies (Specify) 05 <input type="checkbox"/>	
Hydramnios/Oligohydramnios 06 <input type="checkbox"/>		Ultrasound 06 <input type="checkbox"/>		Heart malformations 06 <input type="checkbox"/>	
Hemoglobinopathy 07 <input type="checkbox"/>		None 00 <input type="checkbox"/>		Other circulatory/respiratory anomalies (Specify) 07	
Hypertension, Chronic 08 <input type="checkbox"/>		Other 07 <input type="checkbox"/>			
Hypertension, pregnancy-associated 09 <input type="checkbox"/>		(Specify)			
Eclampsia 10 <input type="checkbox"/>		26. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)		Rectal atresia/stenosis 08	
Incompetent cervix 11 <input type="checkbox"/>		Febrile (>100° F. or 38° C.) 01 <input type="checkbox"/>		Tracheo-esophageal fistula/Esoophageal atresia 09 <input type="checkbox"/>	
Previous infant 4000+ grams 12 <input type="checkbox"/>		Meconium, moderate/heavy 02 <input type="checkbox"/>		Omphalocele/Gastroschisis 10	
Previous preterm or small-for-gestational-age infant 13 <input type="checkbox"/>		Premature rupture of membrane (>12 hours) 03 <input type="checkbox"/>		Other gastrointestinal anomalies (Specify) 11	
Renal disease 14 <input type="checkbox"/>		Abruptio placenta 04 <input type="checkbox"/>			
Rh sensitization 15 <input type="checkbox"/>		Placenta previa 05 <input type="checkbox"/>		Malformed genitalia 12	
Uterine bleeding 16 <input type="checkbox"/>		Other excessive bleeding 06 <input type="checkbox"/>		Renal agenesis 13	
None 00 <input type="checkbox"/>		Seizures during labor 07 <input type="checkbox"/>		Other urogenital anomalies (Specify) 14	
Other 17 <input type="checkbox"/>		Precipitous labor (<3 hours) 08 <input type="checkbox"/>		Cleft lip/palate 15	
(Specify)		Prolonged labor (>20 hours) 09 <input type="checkbox"/>		Polydactyly/Syndactyly/Adactyly 16 <input type="checkbox"/>	
		Dysfunctional labor 10 <input type="checkbox"/>		Club foot 17	
		Breech/Malpresentation 11 <input type="checkbox"/>		Diaphragmatic hernia 18 <input type="checkbox"/>	
		Cephalopelvic disproportion 12 <input type="checkbox"/>		Other musculoskeletal/integumental anomalies (Specify) 19 <input type="checkbox"/>	
		Cord prolapse 13 <input type="checkbox"/>			
		Anesthetic complications 14 <input type="checkbox"/>		Down's syndrome 20	
		Fetal distress 15 <input type="checkbox"/>		Other chromosomal anomalies (Specify) 21	
		None 00 <input type="checkbox"/>			
		Other 16 <input type="checkbox"/>		None 00	
		(Specify)		Other 22 <input type="checkbox"/>	
				(Specify)	
23b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)		28. NAME OF PHYSICIAN PROVIDING PRENATAL CARE			
Tobacco use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>					
Average number cigarettes per day _____					
Alcohol use during pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>					
Average number drinks per week _____					
Weight gained during pregnancy _____ lbs.					
24. METHOD OF DELIVERY (Check all that apply)					
Vaginal 01 <input type="checkbox"/>					
Vaginal birth after previous C-section 02 <input type="checkbox"/>					
Primary C-section 03 <input type="checkbox"/>					
Repeat C-section 04 <input type="checkbox"/>					
Forceps 05 <input type="checkbox"/>					
Vacuum 06 <input type="checkbox"/>					
Hysterotomy/Hysterectomy 07 <input type="checkbox"/>					

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29. PART 1. Fetal or maternal condition directly causing fetal death.	IMMEDIATE CAUSE Enter only one cause per line for a, b, and c.	a. _____ DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
		b. _____ DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):	Specify Fetal or Maternal
Fetal and/or maternal conditions, if any, giving rise to the immediate cause(s), stating the underlying cause last.	PART 2. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part 1.		30. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)
31. I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD. (Signature)	32. DATE SIGNED (Month, Day, Year)	34. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Lay - Midwife <input type="checkbox"/> Family Member <input type="checkbox"/> R.N. <input type="checkbox"/> L.P.N. <input type="checkbox"/> P.A. <input type="checkbox"/> E.M.T. <input type="checkbox"/> OTHER (Specify)	
This certification constitutes permission for final disposition. 33. CERTIFIER'S NAME AND TITLE (Type/Print) Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> OTHER (Specify)	35. ATTENDANT'S MAILING ADDRESS (Street, Town, State, Zip Code)		

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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: (Month, Day, Year)																
Residence-State:	City or Town:		Zip Code:															
Domestic Relationship: <input type="checkbox"/> Not married/ not in civil union <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Widowed <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced <input type="checkbox"/> dissolved <input type="checkbox"/> <input type="checkbox"/> Unknown	Of Hispanic Origin? (If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)	Education (Specify only highest grade completed)																
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Other (Specify)	Elementary/Secondary (0-12)	College (1-4 or 5+)															
MEDICAL INFORMATION																		
Date of Procedure: (Month, Day, Year)	Clinical Estimate of Gestation (Weeks)	Previous Pregnancies (Complete each section)																
Date Last Normal Menses Began: (Month, Day, Year)		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Live Births</th> <th colspan="2">Other Terminations</th> </tr> <tr> <th>Now Living</th> <th>Now Dead</th> <th>Spontaneous</th> <th>Induced</th> </tr> </thead> <tbody> <tr> <td># _____</td> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>None <input type="checkbox"/></td> <td>None <input type="checkbox"/></td> <td>None <input type="checkbox"/></td> <td>None <input type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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 (Check only one)																		
<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 (Specify) _____																		
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)

DEPARTMENT OF HEALTH

VERMONT LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER

LOCAL FILE NUMBER

GROOM

TYPE OR PRINT IN
BLACK INK
SEE MANUAL FOR
INSTRUCTIONS

96053

1. NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)	
3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
4a. USUAL RESIDENCE - STATE	4b. CITY OR TOWN	5. BIRTHPLACE (State or Foreign Country)	
6a. FATHER'S NAME (First, Middle, Last)	6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S NAME (First, Middle, Maiden Surname)	7b. BIRTHPLACE (State or Foreign Country)

BRIDE

8a. NAME (First, Middle, Last)		8b. MAIDEN SURNAME (If Different)	9. DATE OF BIRTH (Month, Day, Year)
10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
11a. USUAL RESIDENCE - STATE	11b. CITY OR TOWN	12. BIRTHPLACE (State or Foreign Country)	
13a. FATHER'S NAME (First, Middle, Last)	13b. BIRTHPLACE (State or Foreign Country)	14a. MOTHER'S NAME (First, Middle, Maiden Surname)	14b. BIRTHPLACE (State or Foreign Country)

APPLICANT

We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Vermont.

15a. GROOM'S SIGNATURE	15b. DATE SIGNED	15c. BRIDE'S SIGNATURE	15d. DATE SIGNED
------------------------	------------------	------------------------	------------------

CERTIFICATION

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.

16a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)
16b. TOWN CLERK (Signature)
16c. TOWN OR CITY
16d. THIS LICENSE IS VALID FROM _____ (DATE) TO _____ (DATE) UNLESS WAIVED BY A VERMONT COURT.

OFFICIANT

(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. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON: (Month, Day, Year)	17b. WHERE MARRIED - CITY OR TOWN
17c. SIGNATURE OF PERSON PERFORMING CEREMONY	
17d. NAME (Type/Print)	17e. TITLE
17f. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)	

INFORMATIONAL
COPY ONLY

REGISTRATION

18a. CLERK'S SIGNATURE	18b. DATE RECEIVED BY LOCAL REGISTRAR
18a. TRUE COPY - (Clerk's Signature) (To be signed by Registrar on copy only)	18b. TOWN
	18c. DATE

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

GROOM

20. NAME	IF PREVIOUSLY MARRIED	EDUCATION (Specify only highest grade completed)	
21. RACE - White, Black, American Indian, Etc. (Specify)	LAST MARRIAGE ENDED BY	Elementary or Secondary (0-12)	
	DATE	College (1-4 or 5+)	
	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH YEAR	
22. NO. OF THIS MARRIAGE (1st, 2nd, etc.)	23a.	23b.	24.

BRIDE

25. NAME	IF PREVIOUSLY MARRIED	EDUCATION (Specify only highest grade completed)	
26. RACE - White, Black, American Indian, Etc. (Specify)	LAST MARRIAGE ENDED BY	Elementary or Secondary (0-12)	
	DATE	College (1-4 or 5+)	
	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	MONTH YEAR	
27. NO. OF THIS MARRIAGE (1st, 2nd, etc.)	28a.	28b.	29.

137240

DEPARTMENT OF HEALTH
VERMONT RECORD OF DIVORCE OR ANNULMENT

COURT DOCKET NUMBER

STATE FILE NUMBER

HUSBAND		
1. HUSBAND'S NAME (First, Middle, Last)		
2a. RESIDENCE-STATE	2b. CITY OR TOWN	3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4. BIRTHPLACE (State of Foreign Country)	5. DATE OF BIRTH (Month, Day, Year)	
WIFE		
6a. WIFE'S NAME (First, Middle, Last)		6b. MAIDEN SURNAME
7a. RESIDENCE-STATE	7b. CITY OR TOWN	8. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9. BIRTHPLACE (State of Foreign Country)	10. DATE OF BIRTH (Month, Day, Year)	
MARRIAGE		
11a. PLACE OF THIS MARRIAGE (State of Foreign Country)	11b. CITY TOWN OR LOCATION	11c. DATE OF THIS MARRIAGE (Month, Day, Year)
12a. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	12b. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE	13. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____
14a. NAME OF PETITIONER'S ATTORNEY (Type/Print)	14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
<input type="checkbox"/> NO ATTORNEY		
DECREE		
15. I CERTIFY THAT THIS DECREE BECAME ABSOLUTE (FINAL) ON (Month, Day, Year)	16. TYPE OF DECREE—Absolute Divorce or Annulment (Specify)	17. COUNTY OF DECREE
18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No Children		19. LEGAL GROUNDS FOR DECREE (Specify)
20. SIGNATURE OF COURT OFFICIAL	21. TITLE OF COURT OFFICIAL	22. DATE SIGNED (Month, Day, Year)

INFORMATIONAL COPY ONLY

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

THIS SECTION MUST BE COMPLETED BEFORE FILING WITH THE COUNTY CLERK
(Title 18, Section 5004, V.S.A.)

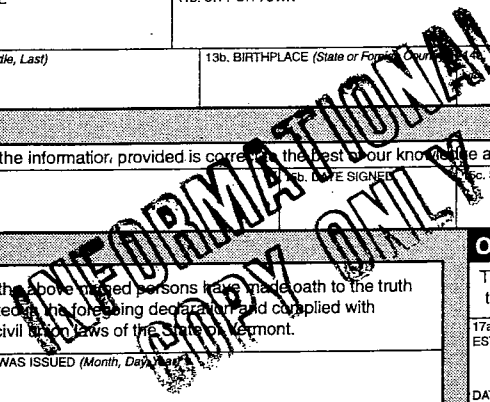
	23. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	24. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		25. Race - White, Black, American Indian, etc. (Specify)	26. EDUCATION (Specify only highest grade completed)	
		By Death, Divorce, Dissolution, or Annulment (Specify below)	DATE (Month, Day, Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
HUSBAND	23a.	24a.	24b.	25a.	26a.	
WIFE	23b.	24c.	24d.	25b.	26b.	

First Copy: Original Record to be sent to Dept. of Health when divorce becomes absolute

DEPARTMENT OF HEALTH
**VERMONT LICENSE AND CERTIFICATE
 OF CIVIL UNION**

LOCAL FILE NUMBER		STATE FILE NUMBER	
PARTY A			
1. NAME (First, Middle, Last)		1b. MAIDEN SURNAME (If Applicable)	1c. DATE OF BIRTH (Month, Day, Year)
2. SEX	3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
4a. USUAL RESIDENCE - STATE		4b. CITY OR TOWN	5. BIRTHPLACE (State or Foreign Country)
6a. FATHER'S NAME (First, Middle, Last)		6b. BIRTHPLACE (State or Foreign Country)	7a. MOTHER'S NAME (First, Middle, Maiden Surname)
			7b. Birthplace (State or Foreign Country)
PARTY B			
8a. NAME (First, Middle, Last)		8b. MAIDEN SURNAME (If Applicable)	8c. DATE OF BIRTH (Month, Day, Year)
9. SEX	10. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
11a. USUAL RESIDENCE - STATE		11b. CITY OR TOWN	12. BIRTHPLACE (State or Foreign Country)
13a. FATHER'S NAME (First, Middle, Last)		13b. BIRTHPLACE (State or Foreign Country)	14b. Birthplace (State or Foreign Country)
			14c. MOTHER'S NAME (First, Middle, Maiden Surname)
APPLICANTS			
We hereby certify that the informant, provided is correct to the best of our knowledge and belief and that we are free to form a civil union under the laws of Vermont.			
15a. SIGNATURE		15b. DATE SIGNED	15c. SIGNATURE
			15d. DATE SIGNED
CERTIFICATION		OFFICIANT (See instructions on back)	
I hereby certify that the above named persons have made oath to the truth of the facts stated in the foregoing declaration and complied with the civil union laws of the State of Vermont.		This license authorizes the establishment of a civil union IN VERMONT ONLY of the above named parties by any person duly authorized to certify a civil union.	
16a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)		17a. I CERTIFY THAT THE ABOVE PERSONS ESTABLISHED A CIVIL UNION ON (Month, Day, Year)	17b. IN THE CITY OR TOWN OF
16b. TOWN CLERK (Signature)		DATE >	
16c. TOWN OR CITY		17c. SIGNATURE OF OFFICIANT	
16d. THIS LICENSE IS VALID FROM _____ (DATE)		17d. NAME (Type/Print)	17e. TITLE
TO _____ (DATE) UNLESS WAIVED BY A VERMONT COURT		17f. ADDRESS OF OFFICIANT (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
REGISTRATION			
18a. CLERK'S SIGNATURE		18b. DATE RECEIVED BY LOCAL REGISTRAR	
19a. TRUE COPY - (Clerk's Signature) (To be signed by Registrar on copy only)		19b. TOWN	19c. DATE
Attest:			

112775



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

PARTY A			
20. NAME		IF PREVIOUSLY MARRIED OR IN A CIVIL UNION	
		LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE
21. RACE - White, Black, American Indian, etc. (Specify)		22. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	EDUCATION (Specify only highest grade completed)
		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	Elementary or Secondary (0-12) College (1-4 OR 5+)
		23a.	23b.
			24.
PARTY B			
25. NAME		IF PREVIOUSLY MARRIED OR IN A CIVIL UNION	
		LAST MARRIAGE OR CIVIL UNION ENDED BY	DATE
26. RACE - White, Black, American Indian, etc. (Specify)		27. TOTAL NO. OF CIVIL UNIONS OR MARRIAGES INCLUDING THIS ONE	EDUCATION (Specify only highest grade completed)
		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT	Elementary or Secondary (0-12) College (1-4 OR 5+)
		28a.	28b.
			29.

101356

DEPARTMENT OF HEALTH
VERMONT RECORD OF
CIVIL UNION DISSOLUTION OR ANNULMENT

COURT DOCKET NUMBER

STATE FILE NUMBER

PARTY A

1a. NAME (First, Middle, Last)	1b. SEX	1c. MAIDEN SURNAME (If Applicable)
2a. RESIDENCE - STATE	2b. CITY OR TOWN	3. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4. BIRTHPLACE (State or Foreign Country)	5. DATE OF BIRTH (Month, Day, Year)	

PARTY B

6a. NAME (First, Middle, Last)	6b. SEX	6c. MAIDEN SURNAME (If Applicable)
7a. RESIDENCE - STATE	7b. CITY OR TOWN	7c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9. BIRTHPLACE (State or Foreign Country)	10. DATE OF BIRTH (Month, Day, Year)	

CIVIL UNION

11a. PLACE OF THE CIVIL UNION (State or Foreign Country)	11b. CITY, TOWN OR LOCATION	11c. DATE OF THIS CIVIL UNION (Month, Day, Year)
12a. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	12b. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 12a Number _____ <input type="checkbox"/> NONE	13. PETITIONER <input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (Specify) _____
14a. NAME OF PETITIONER'S ATTORNEY (Type/Print) <input type="checkbox"/> NO ATTORNEY	14b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	

DECREE

15. I CERTIFY THAT THIS DECREE BECAME ABSOLUTE (FINAL) ON (Month, Day, Year)	16. TYPE OF DECREE - Absolute Dissolution or Annulment (Specify)	17. COUNTY OF DECREE
18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Party A _____ Party B _____ Joint Custody _____ Other _____ <input type="checkbox"/> No Children		19. LEGAL GROUNDS FOR DECREE (Specify)
20. SIGNATURE OF COURT OFFICIAL	21. TITLE OF COURT OFFICIAL	22. DATE SIGNED (Month, Day, Year)

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

THIS SECTION MUST BE COMPLETED BEFORE FILING WITH THE COUNTY CLERK
(Title 18, Section 5004, V.S.A.)

	23. TOTAL NUMBER OF CIVIL UNIONS OR MARRIAGES, INCLUDING THIS ONE	24. IF PREVIOUSLY MARRIED OR IN A CIVIL UNION, LAST MARRIAGE OR CIVIL UNION ENDED BY:		25. RACE - White, Black, American Indian, etc. (Specify)	26. EDUCATION (Specify only highest grade completed)	
		DEATH, DIVORCE, DISSOLUTION, OR ANNULMENT (Specify below)	DATE (Month, Day, Year)		Elementary or Secondary (0-12)	College (1-4 OR 5+)
PARTY A	23a.	24a.	24b.	25a.	26a.	
PARTY B	23b.	24c.	24d.	25b.	26b.	

First Copy: Original Record to be sent to Dept. of Health when dissolution becomes absolute.