



VITAL STATISTICS DEATHS FILE (January 1, 1986 onwards)

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

Table with 2 columns: File Number, Date Received. Includes a row for ISP Appendix.

PROJECT TITLE

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APPLIES TO COHORT(S)

Empty text box for cohort(s)

DATE RANGE

From (yyyy/mm/dd)

To (yyyy/mm/dd)

Empty text box for start date

Empty text box for end date

OTHER DATE RANGE AND FILTERING CRITERIA

Large empty text box for other criteria

DESCRIPTION

An extract of the deaths registration files provided by the British Columbia Vital Statistics Agency. Includes all deaths registered in the province of BC.

Table with 3 columns: FIELD NAMES, VARIABLE NAMES, REASON FOR REQUEST. Lists fields like PHN, EVENT\_YEAR, EVENT\_MONTH, etc.

FIELD NAMES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Place Of Death - 6-Digit Postal Code	RECORDED_POSTAL_CODE6	
<input type="checkbox"/> Marital Status	MARITAL_STATUS	
<input type="checkbox"/> Sex	GENDER	
<input type="checkbox"/> Deceased's Year Of Birth	DATE_OF_BIRTH	
<input type="checkbox"/> Deceased's Month Of Birth	DATE_OF_BIRTH	
<input type="checkbox"/> Deceased's Day Of Birth	DATE_OF_BIRTH	
<input type="checkbox"/> Age Units (in Year, Month, Day, Hour, Minute)	AGE_UNITS	
<input type="checkbox"/> Age At Death	DEATH_AGE	
<input type="checkbox"/> Birthplace Of Deceased - City	BIRTH_COMMUNITY	
<input type="checkbox"/> Birthplace Of Deceased - Province / Territory	BIRTH_PROVINCE_OR_STATE	
<input type="checkbox"/> Birthplace Of Deceased - Country	BIRTH_COUNTRY	
<input type="checkbox"/> Deceased Occupation	DECEASED_WORK_TYPE	
<input type="checkbox"/> Deceased Work Years	WORK_YEARS	
<input type="checkbox"/> Deceased Industry	DECEASED_INDUSTRY	
<input type="checkbox"/> Deceased Usual City Of Residence	COMMUNITY_OR_LOCATION	
<input type="checkbox"/> Deceased Usual Province / Territory Of Residence	PROVINCE_OR_STATE	
<input type="checkbox"/> Deceased Usual Country Of Residence	COUNTRY	
<input type="checkbox"/> Deceased's Usual Residence - First 3 Digits Of Postal Code	PSTL3_CD_OBJ_DESCR	
<input type="checkbox"/> Deceased's Usual Residence - 6-Digit Postal Code	PSTL4_CD_OBJ_DESCR	
<input type="checkbox"/> Deceased's Usual LHA Of Residence	LHA_OBJ_DESCR	
<input type="checkbox"/> Deceased's Usual HSDA Of Residence	HSDA_OBJ_DESCR	
<input type="checkbox"/> Deceased's Usual HA Of Residence	HA_OBJ_DESCR	
<input type="checkbox"/> Birthplace Of Mother - City	M_BIRTH_COMMUNITY	
<input type="checkbox"/> Birthplace Of Mother - Province / Territory	M_BIRTH_PROVINCE_OR_STATE	

FIELD NAMES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Birthplace Of Mother - Country	M_BIRTH_COUNTRY	
<input type="checkbox"/> Father / Co-Parent's Birthplace - City	F_BIRTH_COMMUNITY	
<input type="checkbox"/> Father / Co-Parent's Birthplace - Province / Territory	F_BIRTH_PROVINCE_OR_STATE	
<input type="checkbox"/> Father / Co-Parent's Birthplace - Country	F_BIRTH_COUNTRY	
<input type="checkbox"/> Registration Date	REG_DATE	
<input type="checkbox"/> Registration Number	REG_NUMBER	
<input type="checkbox"/> Underlying Cause Of Death (With ICD Code Version)	VALUE_CAUSE_ICD	
<input type="checkbox"/> Nature Of Injury Code	VALUE_INJURY	
<input type="checkbox"/> Record Axis Codes (With ICD Code Version) And Code Type	VALUE_AXIS	
<input type="checkbox"/> Place Of Death Type Code	RECORDED_PLACE_TYPE	
<input type="checkbox"/> Place Of Accident Or Violence Type Code	PLACE_ACC_OR_VIOLENCE_CODE	
<input type="checkbox"/> Date Of Accident Or Violence- Year	ACC_OR_VIOLENCE_DATE	
<input type="checkbox"/> Date Of Accident Or Violence- Month	ACC_OR_VIOLENCE_DATE	
<input type="checkbox"/> Date Of Accident Or Violence- Day	ACC_OR_VIOLENCE_DATE	
<input type="checkbox"/> Recent Surgery (W/I 4 Weeks Of Death)	WAS_SURGERY_PERFORMED_RECENTLY	
<input type="checkbox"/> Date Of Surgery - Year	SURGERY_YEAR	
<input type="checkbox"/> Date Of Surgery - Month	SURGERY_MONTH	
<input type="checkbox"/> Date Of Surgery - Day	SURGERY_DAY	
<input type="checkbox"/> Coronary By-Pass Surgery Flag	WAS_CORONARY_BYPASS_PERFORMED	
<input type="checkbox"/> Heart Valve Replaced Flag	WAS_HEART_VALVE_REPLACED	
<input type="checkbox"/> Organ Transplant Recipient Flag	WAS_ORGAN_TRANSPLANT_RECIPIENT	
<input type="checkbox"/> Autopsy Being Held Flag	IS_AUTOPSY_BEING_HELD	
<input type="checkbox"/> Results Of Autopsy Used In Determining Ucod Flag	WAS_CAUSE_DETER_FROM_AUTOPSY	

FIELD NAMES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Further Information From Autopsy Expected Flag	IS_MORE_INFO_TO_FOLLOW	
<input type="checkbox"/> Environmental Or Lifestyle Factors	ENV_OCC_LIFESTYLE_DESC	
<input type="checkbox"/> Maternal Death During Pregnancy	WAS_DURING_PREGNANCY	
<input type="checkbox"/> Maternal Death Up 42 Days Postpartum	WAS_POST_PARTUM_WITHIN_42_DAYS	
<input type="checkbox"/> Maternal Death 42 Days To 1 Year Postpartum	WAS_POST_PARTUM_43_DAYS_TO_1YR	
<input type="checkbox"/> Manner Of Death Code	MANNER_OF_DEATH_CODE	
<input type="checkbox"/> Activity Code	DEATH_ACTIVITY_CODE	
<input type="checkbox"/> Date Of Final Illness Year	FINAL_ILLNESS_YEAR	
<input type="checkbox"/> Date Of Final Illness Month	FINAL_ILLNESS_MONTH	
<input type="checkbox"/> Date Of Final Illness Day	FINAL_ILLNESS_DAY	
<input type="checkbox"/> Hospital Code - <b>replaced by Project Specific Id #</b>	HOSP	
<input type="checkbox"/> Unencrypted Hospital Code	HOSP	
<input type="checkbox"/> Medical Certifier MSP Billing # - <b>replaced by Project Specific Id #</b>	MSP_ID	
<input type="checkbox"/> Place Of Accident Or Violence	ACC_OR_VIOLENCE_PLACE	
<input type="checkbox"/> Coroner Notified Flag	WAS_CORONER_NOTIFIED	
<input type="checkbox"/> Coroner Viewed Body Flag	WAS_BODY_VIEWED	
<input type="checkbox"/> Coroner Waived Case Flag	WAS_CASE_WAIVED_BY_CORONER	