

Temporary File Generated by MICAR100

Position	Variable	Item#	Name	Format	Code Structure	Description
1 - 4	Date of Death--Year	29	DOD_YR	4		Year of Death (numeric)
5 - 6	State of Death	16	ST_OCC	\$2		Alpha - see FIPS table 5-2; NCHS Part 8 Instruction Manual
7 - 12	Certificate Number		CERT_#	6		left 0 filled; 000001-999999
13	coder status		CS	1		Numeric, Valid codes: 0 - 9
14 - 17	lot		LOT	4		NCHS ID Information. Numeric, 0001 - 9999. (States commonly use "book number")
18	section number		SECT	1		NCHS ID Information. Numeric, 0 - 9
19 - 21	shipment number		SHIP	\$3		NCHS ID Information. Alpha\Numeric. Usually month of death or month of receipts
	Receipt Date Inserted at NCHS					
22 - 23	NCHS receipt date --Month		REC_MO	\$2		01-12, blank
24 - 25	NCHS receipt date --Day		REC_DY	\$2		01-31, blank
26 - 29	NCHS receipt date --Year		REC_YR	\$4		>=year of death, blank
30 - 33	PGM version control - SuperMICAR		VER_SM	4		Computer Generated. Version number of SuperMICAR
34 - 35	Date of Death--Month	29	DOD_MO	2		01-12, 99
36 - 37	Date of Death--Day	29	DOD_DY	2		01-31 (based on month), 99
38	Sex	2	SEX	\$1	M	Male
					F	Female
					U	Unknown
39	Age: units	4	AGETYPE	1	1	Years
					2	Months
					3	Weeks
					4	Days
					5	Hours
					6	Minutes
					9	Unknown
40 - 42	Age: number of units	4	AGE	3		001 - 135, 999
43	Maximum Conditions Flag		MAX_COND	\$1	1	More than 20 conditions reported or incomplete in SuperMICAR
						Blank - not at maximum
44 - 193	Condition Codes (ERN)	32	COND	\$150		Maximum of 15 code, 10 positions for each code.
	Position 1 - 2			2		Line Number (01 - 10)
	Position 3 - 4			2		Position on the line (1 - 8)
	Position 5 - 10			6		Entity-Reference Number (ERN)
194 - 298	Duration Codes	32	DUR	\$105		Maximum of 15 code, 7 positions for each code.
	Position 1 - 2			2		Line Number (01 - 10)

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Position	Variable	Item#	Name	Format		Code Structure Description
	Position 3 - 4			2		Position on the line (1 - 8)
	Position 5 - 7			3		Duration
299	Did Tobacco Use Contribute to Death?	35	TOBAC	\$1	Y	Yes
					N	No
					P	Probably
					U	Unknown
					C	Not on certificate
						Blank
300	Pregnancy	36	PREG	\$1	1	Not pregnant within past year
					2	Pregnant at the time of death
					3	Not pregnant, but pregnant within 42 days of death
						Not pregnant, but pregnant 43 days to 1 year before
					4	death
					9	Unknown if pregnant within last year
					8	Not Applicable: Computer generated
						blank
					7	Not on certificate
301	If Female--Edit Flag: From EDR only		PREG_BYPASS	1	0	Edit Passed
					1	Edit Failed, Data Queried, and Verified
					2	Edit Failed, Data Queried, but not Verified
302	Manner of Death	37	MANNER	\$1	N	Natural
					A	Accident
					S	Suicide
					H	Homicide
					P	Pending Investigation
					C	Could not be determined
						blank
303 - 304	Date of Injury--Month	38	DOI_MO	\$2		01-12, 99, blank
305 - 306	Date of Injury--Day	38	DOI_DY	\$2		01-31, 99, blank
307 - 310	Date of Injury--Year	38	DOI_YR	\$4		4-digit year, 9999
311 - 314	Time of Injury	39	TOI_HR	\$4		0000-2399, 9999, blank
315	Injury at Work?	41	INJWORK	\$1	Y	Yes
					N	No
					U	Unknown
						Blank
					X	Not Applicable: Computer generated
316	Was an Autopsy Performed?	33	AUTOP	\$1	Y	Yes

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Position	Variable	Item#	Name	Format		Code Structure Description
					N	No
					U	Unknown
						Blank
317	Were Autopsy Findings Available to Complete the Cause of Death?	34	AUTOPF	\$1	Y	Yes
					N	No
						Blank
					X	Not Applicable: Computer generated
						Blank
318 - 347	Title of Certifier	45	CERTL	\$30	D	Certifying Physician
					P	Pronouncing and Certifying Physician
					M	Medical Examiner/Coroner
						Enter Full Text for Other Individual Legally Allowed to Certify
	Date of Surgery: Applicable to States with a surgery block, blank otherwise.					
348 - 349	Date of surgery -- month		SUR_MO	\$2		01-12, 99, blank
350 - 351	Date of surgery -- day		SUR_DY	\$2		01-31, 99, blank
352 - 355	Date of surgery -- year		SUR_YR	\$4		4-digit year, 9999, blank
356	Activity at Time of death: Computer Generated		INACT	\$1	0	While engaged in sports activity
					1	While engaged in leisure activities
					2	While working for income
					3	While engaged in other types of work
					4	While resting, sleeping, eating, or engaging in other vital activities
					8	While engaged in other specified activities
					9	During unspecified activity
						blank
357	Place of Injury - Computer Generated	40	INJPL	\$1	A	Home
					B	Farm
					C	Residential Institution
					D	Military Residence
					E	Hospital
					F	School, Other Institutions, Administrative Area
					G	Industrial and Construction
					H	Garage/Warehouse
					I	Trade and Service Area

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Position	Variable	Item#	Name	Format	Code Structure	Description
					J	Mine/Quarry
					K	Street/Highway
					L	Public Recreation Area
					M	Institutional Recreation Area
					N	Sports and Recreation Area
					O	Other building
					P	Other specified Place
					Q	Unspecified Place
						Blank
358 - 381	Number of codes on each line		CODE_LN	24		12 2-digit codes
382-383	Lowest Used Line in Part I		LULI	2		Numeric, 01 - 09
384-385	Absolute Lowest Used Line		ALUL	2		Numeric, 01 - 12
386	Instruction Flag (1)		INS_1	\$1	1	Cancer Secondary
387	Instruction Flag (2)		INS_2	\$1	1	Part II Information from Manner of Death Box
388	Instruction Flag (3)		INS_3	\$1		Reserved
389-400	Auxiliary State file number		AUXNO	12		000000000001-999999999999; blank
401-430	State Specific Data		STATESP	\$30		Optional. Any information entered through SuperMICAR for state use only.