

Online Supplement

Supplemental Table 1. The categories of diseases and other conditions used in the study and the corresponding ICD-9 codes.

Abbreviation	Major ICD-9 category	ICD-9 Codes
I	Infectious and Parasitic Diseases	001-139
II	Neoplasms	140-239
III	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	240-279
IV	Diseases of the Blood and Blood-forming Organs	280-289
V	Mental Disorders	290-319
VI	Diseases of the Nervous System and Sense Organs	320-389
VII	Diseases of the Circulatory System	390-459
VIII	Diseases of the Respiratory System	460-519
IX	Diseases of the Digestive System	520-579
X	Diseases of the Genitourinary System	580-629
XI	Complications of Pregnancy, Childbirth, and the Puerperium	630-679
XII	Diseases of the Skin and Subcutaneous Tissue	680-709
XIII	Diseases of the Musculoskeletal System and Connective Tissue	710-739
XIV	Congenital Anomalies	740-759
XV	Certain Conditions originating in the Perinatal Period	760-779
XVI	Symptoms, Signs, and Ill-defined Conditions	780-799
XVII	Injury and Poisoning	800-999

Supplemental document 1: Translation of medical certificate of death (from Russian to English)

MEDICAL CERTIFICATE OF DEATH

(final, preliminary, replacing the preliminary)

Series 75 No. _____

series 75 No. _____

Date of issue ____/____/____

1. Last name, first name, patronymic of the deceased

2. Gender: male-1, female-2

3. Date of birth: year ____ month _____ date ____

4. Date of death: year ____ month _____ date ____

5. For children died at age from 6 days to 1 month: full-term-1, premature-2.

6. For children died at age from 6 days to 1 year: mass (weight) at birth ____g-1, number of months ____ and days of life ____-2, the order of birth from the given mother ____-3, age ____-4.

7. Place of permanent residence (registration) of the deceased: republic, region

_____, _____city-1, settlement-2 _____, street _____, building __, apartment _____

8. Place of death: republic, region _____, _____city-1, settlement-2

9. Death occurred at the hospital-1, at home-2, at other place-3

10. Nationality of the deceased

11. Marital status: married-1, never married-2, widow-3, divorced-4, unknown-5

12. Education: high-1, uncompleted high-2, specialized secondary-3, secondary-4, uncompleted secondary-5, elementary-6, unknown-7

13. Affiliation and occupation of the deceased

14. Death caused by disease-1, non-industrial accident-2, industrial accident-3, killing-4, suicide-5, death type non-defined-6

15. In case of death from accident, poisoning or trauma: date of trauma (poisoning):

year ____, month ____, date _____

In case of non-industrial accidents: home accident-1, street (except for transport) accident-2, transport accident-3, school accident-4, sport related-5, other-6

Place and circumstances of trauma (poisoning)_____

16. Cause of death identified by: medical officer in charge of stating the death status-1, attending physician-2, feldsher-3, morbid anatomist-4, forensic medical expert-5

17. I, medical officer (feldsher)___

job title

certify that based on the results of the corpse examination-1, medical records-2, past follow-up of the patient-3, autopsy-4, the following cause of death is identified:

18. Cause of death:

I. a) _____ (disease or state directly resulting in death)

b) _____ (pathological conditions leading to the indicated cause of death)

c) _____ (main cause of death)

d) _____ (external causes in case of trauma and poisoning)

II. Other relevant conditions facilitating the death, though not associated with disease or pathological conditions leading to it

19. Died within 42 days after the terminated pregnancy, delivery (of some cause that was not associated with pregnancy or its course, accident or accidental cause)-1, within 43-365 days after the terminated pregnancy, delivery (of direct cause or indirect obstetrical cause)-2.

Signature of the medical officer issuing this certificate of death

Stamp of the health institution
or private practitioner

Section filled out at the Civil Registry Office

20. This certificate was verified at the Civil Registry Office by a physician responsible for the correct filling out of medical certificates of death.

_____20_____

Signature of physician _____

Stamp of the Civil Registry Office