

DEATH RATES FROM CERVICAL CANCER BY HEALTH SERVICE AREA, 1968-72

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INTRODUCTION

In *Statistical Notes for Health Planners* No. 6, the uses of cause-specific mortality data in health planning were discussed.¹ That note made reference to a list of causes of death which are considered preventable by a group of expert clinicians.² One of the causes on that list is cervical cancer. The availability of the Papanicolaou (Pap) test to detect the disease at an early stage has led to its widespread use. However, a great deal of controversy has developed about the effectiveness of Pap tests in population-wide screening programs.

In a recent article Foltz and Kelsey discuss the Pap test, using five criteria for an effective mass screening program:³

- "1. *Importance of the Disease.* The disease should be an important health problem and have a high prevalence in the community.
- "2. *Characteristics of the Screening Test.* The test should be simple to administer, accurate, reliable, and acceptable to the population.
- "3. *State of Knowledge of the Natural History of the Disease.* The disease should have a recognizable latent or early presymptomatic stage, and its natural progression from latent to declared disease should be well understood.

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"4. *Efficacy of Treatment.* Diagnosis and treatment should be available for patients with recognized disease and should be acceptable to them. Consensus should exist on what is appropriate efficacious treatment.

"5. *Justifiability of Screening Costs.* The costs of case-finding through screening must be politically and socially acceptable. This includes the cost of the test itself, the costs of diagnosis and treatment, and the personal and social costs associated with suggesting there is disease where none exists (false positive) and suggesting absence of disease where in fact it does exist (false negative)."^b

CERVICAL CANCER AS A HEALTH PROBLEM

Cervical cancer is not a major cause of death among United States women. In 1977, heart disease was the leading cause of death, accounting for 38 percent of all 853,354 deaths among United States women. Cancer was the second leading cause, accounting for 21 percent of all deaths. Cervical cancer, however, accounted for only 3 percent (5,166) of all cancer deaths among females, ranking well behind such other sites as breast (20 percent), colon and rectum (15 percent), and lung (13 percent). Furthermore, cervical cancer mor-

^bThis excerpt and others from the same article reprinted from *Milbank Memorial Fund Quarterly* with permission.

Figure 1. Age-adjusted death rates for white females for leading sites of malignant neoplasms: United States, 1950-75

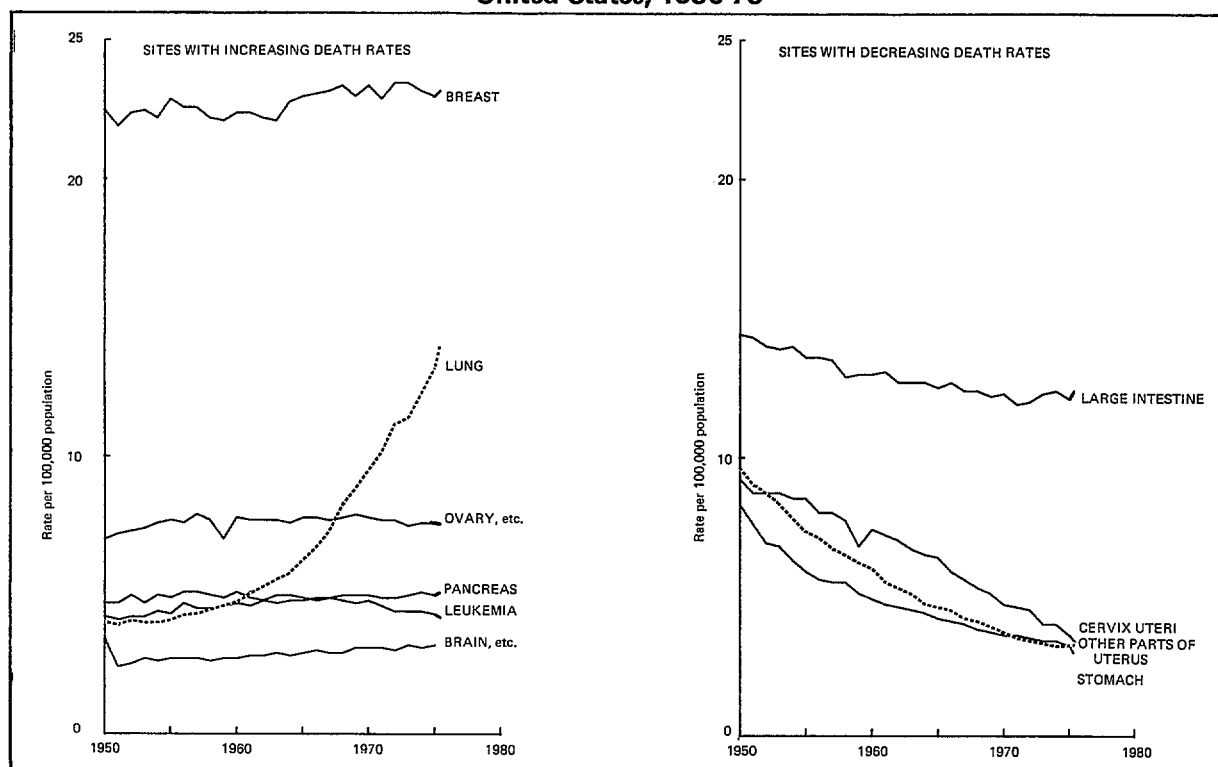
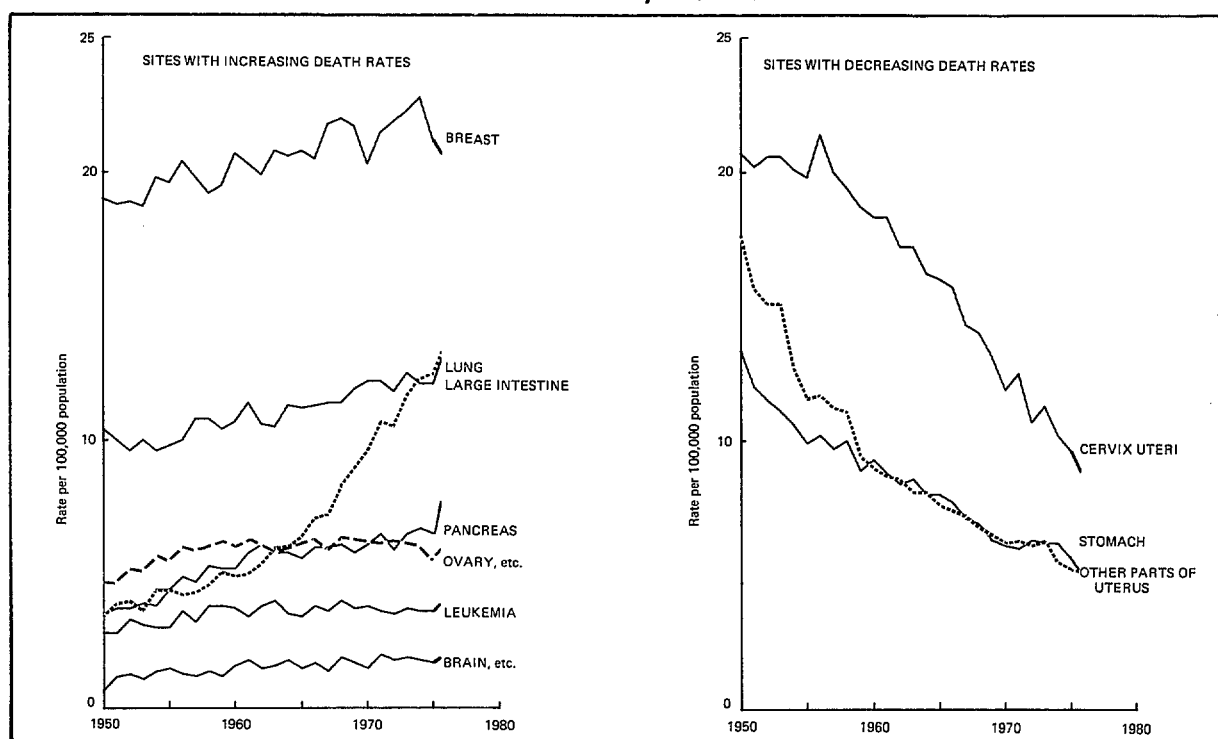


Figure 2. Age-adjusted death rates for all other females for leading sites of malignant neoplasms: United States, 1950-75



tality has been decreasing rapidly, while some of the other sites accounting for more deaths (e.g., lung cancer) have increased (figures 1 and 2).

Nevertheless, the 5,166 deaths from cervical cancer among United States women in 1977 are considered by many health professionals to be unnecessary. In addition, there is a marked disparity in the burden of cervical cancer by race: black women are nearly 3 times more likely to die from cervical cancer than are white women (table A).

Table A. Average annual death rates per 10,000 women from cervical cancer: United States, 1968-72

Age	White	Black
25-34 years.....	0.2	0.5
35-44 years.....	0.6	1.8
45-54 years.....	1.1	3.0
55-64 years.....	1.4	4.0
65-74 years.....	1.7	4.7

CHARACTERISTICS OF THE PAP TEST

Foltz and Kelsey describe the Pap test as follows:

"The Pap smear test consists of an analysis of Papanicolaou-stained cells taken from the uterine cervix (neck of the uterus) by scraping. The test may be taken in a doctor's office, clinic, or hospital. The procedure is quick, simple, and may cause some discomfort. Its safety has never been in question, and it seems to be readily accepted by women.

"The primary purpose of the Pap test is to detect cancer or lesions that may be pre-cancerous. Traditionally, the results of the Pap smear are reported in five classes: I = normal; II = atypical; III = suspicious (dysplasia); IV = carcinoma in situ; and V = invasive carcinoma. Some laboratories use as many as seven classifications, however, and the names of the classes may vary. Classes III through V are considered "positive" by most physicians and require follow-up with the more definitive diagnostic procedure, the cervical biopsy."³

They go on to point out that the accuracy and reliability of the Pap test has never been

adequately established. Some studies estimate false negative rates (i.e., proportion of women with negative Pap smears among those who in fact have cervical cancer) as high as 45 percent.

The acceptability of the Pap test is indicated by the fact that based on the 1973 Health Interview Survey 75 percent of all United States women had had at least one Pap test.⁴ However, the data also suggest that those groups with the highest incidence of cervical cancer have the lowest use of the Pap test. For example, 65 percent of white women aged 25-64 years had a Pap test within the 2 years preceding the interview, compared with 59 percent of black women. The differential by income was even greater: 52 percent of women aged 25-64 years with incomes below the poverty level had a Pap test within 2 years compared with 66 percent of those with incomes above the poverty level. There are also minority groups with extremely low rates: only one-third of black women aged 45-64 in the rural south had a Pap test within 2 years. These estimates do not reflect possible differentials in periodicity of Pap tests. That is, the socioeconomic differences may be considerably greater if we were able to measure the extent to which women received regular periodic tests since adolescence, rather than whether they had had a test within the past 2 years. While there has undoubtedly been a decrease in the gap between socioeconomic groups in the use of Pap tests (these differentials would probably have been much greater a decade ago), the number of women without periodic Pap tests remains large.

NATURAL HISTORY OF CERVICAL CANCER

A Canadian task force on cervical cancer screening concluded that the natural history of cervical cancer encompasses three stages (dysplasia, carcinoma in situ, and invasive carcinoma) over a period of about 35 years.⁵ Furthermore, "...in a significant proportion of patients with evidence of dysplasia or car-

cinoma in situ the disease, if untreated, will develop into invasive squamous carcinoma."^c

Foltz and Kelsey, however, point to more recent data which raise questions about this view of the natural history of cervical cancer. They point out that the progressions do not always occur and that much still needs to be learned about the natural history of the disease.

EFFICACY OF TREATMENT

Foltz and Kelsey describe treatment for cervical cancer as follows:

"Recommended treatment procedures have changed over time. By 1977, the usual procedure following a "positive" finding from a Pap test was a biopsy. In recent years, this biopsy has been recommended to be carried out using colposcopy (visualization and magnification of the cervix 15X). This is an office procedure and is more accurate than other types of biopsy. . . . Before extensive use of colposcopy, and in the many areas where physicians trained in colposcopy are not available, the usual procedure has been to carry out a conization (removal of part of the cervix), which requires hospitalization. The extent to which colposcopy is available in the United States is not well known. Although most expert pathologists agree that it is not good practice to move directly from positive Pap tests to cone biopsies or to cryosurgery, or from punch biopsies to hysterectomies, the actual frequencies with which such procedures take place are unknown.

"For cases of invasive carcinoma confirmed on biopsy, the usual procedure is total hysterectomy. Cases of carcinoma in situ may be treated by conization or cryosurgery if the woman is interested in future child bearing, but more likely by a total hysterectomy. In recent years, physicians in major medical centers have recommended not doing hysterectomies for cases of mild or moderate dysplasia but maintaining follow up through colposcopic evaluation, biopsies, and further Pap tests. Since the patterns of diagnosis and treatment following positive Pap tests have not been surveyed in this country, it is difficult to know whether these recommendations represent actual practice or a sought-after

ideal. Both biopsies and hysterectomies seem to have been well accepted by the medical profession and the public. For the most part, facilities have been available throughout the country."³

Although debate about the method of treating certain types of lesions still exists, treatment at an early stage does seem to prevent further progress of the disease. Furthermore the available evidence shows that ". . . in areas where the Pap test has been extensively used for a long period of time, there is a small but real decrease in mortality rates attributable to the Pap test."³

SCREENING COSTS

The costs of a screening program include not only the direct cost of the Pap test, itself, but also the costs of followup (biopsy and treatment of cases) and unnecessary treatment of false positive cases. Neither the costs nor the benefits of a screening program are easy to ascertain. The Canadian task force concluded that:

"A screening program will use resources most efficiently when it concentrates on bringing women into the program and when the frequency of examination is tailored to the degree of risk rather than when examinations are performed on the "customary" annual basis:

(a) A woman is considered at risk for the development of squamous carcinoma of the cervix as soon as she becomes sexually active.

(b) Within the group of women at risk, a high-risk subgroup is recognized; essentially it consists of those women who have had an early onset of sexual activity, especially with multiple partners.

(c) A woman may be assumed to be no longer at risk for the development of squamous carcinoma of the cervix when, having participated regularly in the program, she reaches the age of 60 without having had a smear showing significant atypia.

(d) Women who have never been sexually active are in a low-risk group."⁵

SUMMARY

There is a great deal of controversy about the value of a population-wide screening pro-

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gram for cervical cancer. It should be noted, however, that much of the debate centers around the *routine* use of an *annual* Pap test in a relatively *low-risk* population. Even critics of the test would probably concede that periodic screening at intervals appropriate to a woman's risk profile should be carried out.

In this respect, the Canadian task force recommended that:

"I. Health authorities encourage and support the development of cytologic screening programs designed to detect the precursors of clinical invasive carcinoma of the cervix.

"II. Appropriate means should be employed:

(a) To inform women of their degree of risk of developing carcinoma of the cervix.

(b) To persuade all women at risk to participate in the screening program.

"III. An effective and sufficient frequency of examination is as follows:

(a) Initial smears should be obtained from all women over the age of 18 who have had sexual intercourse.

(b) If the initial smear is satisfactory and without significant atypia, a second smear should be taken within 1 year.

(c) Provided the initial two smears and all subsequent smears are satisfactory and without significant atypia, further smears should be taken at approximately 3-year intervals until the age of 35, and thereafter at 5-year intervals until the age of 60.

(d) Women over the age of 60 who have had repeated satisfactory smears without significant atypia may be dropped from a screening program for squamous carcinoma of the cervix.

(e) Women who are not at high risk should be discouraged from having smears more frequently than is recommended above.

(f) Women at continuing high risk should be screened annually. To facilitate this, provision for taking cytologic smears should be made at family-planning clinics, student health clinics, youth clinics, venereal disease clinics, prenatal clinics, and medical facilities where women are examined before admission to penal institutions."⁵

Thus local health planners should attempt to ensure that screening programs in their area have strong outreach and education components which emphasize the need to screen and followup women at high risk of cervical cancer. Planners should consider discouraging the use of screening programs which concen-

trate on routine, annual Pap tests for all women since those who tend to use such programs are those at lowest risk of cervical cancer.

CERVICAL CANCER DEATH RATES

The rest of this Note is devoted to a presentation of cervical cancer death rates by health service area (HSA) for the period 1968-72. These rates provide a baseline for comparing HSA's and for assessing the changes in death rates which have occurred since this period. There will be a discussion of the format of the data and some examples of their interpretation.

Calculation of Death Rates and SMR's

The printout presents two sets of rates for each HSA: white female (WF) and black female (BF). (Rates for other races were not available from the data tapes that were prepared by Herbert Sauer at the University of Missouri under contract with NCHS. The tapes were used to generate the printout table.) Rates and observed number of deaths for five 10-year age groups are presented: 25-34, 35-44, 45-54, 55-64, and 65-74. In addition, the standardized mortality ratio (SMR) over the 25-74 age span is given.⁶ This SMR is calculated using the 1968-72 United States death rates for cervical cancer by age and race as the standard rates (table A). For example, suppose an HSA had the populations and deaths shown in table B. The expected number of cervical cancer deaths among white females in a single year using table A is

$$\frac{1,000}{10,000} \times (175 \times 0.2 + 166 \times 0.6 + 145 \times 1.1 + 107 \times 1.4 + 60 \times 1.7) = 54.6$$

Since the data span a 5-year period, the expected number of deaths would be 5×54.6 . However, the 1972 data are based on a 50-percent sample of death certificates, while the other years are based on all deaths. Thus the expected number of deaths in this sample

Table B. Number of women and deaths and death rates from cervical cancer, by age and race for hypothetical health service area (HSA)

Age	1970 census population in thousands		Deaths ¹		Rates ²	
	White	Black	White	Black	White	Black
25-34 years.....	175	18	23	5	0.3	0.6
35-44 years.....	166	15	56	11	0.8	1.6
45-54 years.....	145	14	79	16	1.2	2.5
55-64 years.....	107	12	70	17	1.5	3.1
65-74 years.....	60	10	57	20	2.1	2.6

¹Based on all deaths in 1968-72 and a 50-percent sample of deaths in 1972.

²Average annual death rates per 10,000 women.

is $4.5 \times 54.6 = 245.7$. Since there were 285 deaths observed, the SMR is

$$SMR_W = 100 \times \frac{285}{245.7} = 116.0$$

Thus this HSA had 16 percent more deaths than expected among its white female population.

Using the United States rates for black women as the standard,

$$\frac{1,000}{10,000} \times (18 \times 0.5 + 15 \times 1.8 + 14 \times 3.0 + 12 \times 4.0 + 10 \times 4.7) = 17.3$$

deaths in a single year and $17.4 \times 4.5 = 77.9$ in the sample are to be expected. Since there were 69 deaths observed, the SMR is

$$SMR_B = 100 \times \frac{69}{77.9} = 88.6$$

which implies that the HSA had 11 percent fewer deaths among its black women than expected. Note that the SMR's for white and black are not directly comparable since they are based on different sets of standard rates. They do indicate, however, that in this HSA black women have had somewhat better mortality than those in the United States while white women have had somewhat worse experience than those in the United States. It is important to remember that the black rates were substantially higher than the white rates in each age group (table B).

Although confidence limits for the rates and SMR's are not shown, they can be easily calculated. The approximate standard error of each rate or SMR is

$$SE(r) = \frac{r}{\sqrt{d}}$$

where r = rate (or SMR)

d = observed number of deaths

Thus the standard errors of the SMR's for the example given above are

$$SE(SMR_W) = \frac{116.0}{\sqrt{285}} = 6.9$$

$$SE(SMR_B) = \frac{88.6}{\sqrt{69}} = 10.7$$

The 95-percent confidence limits are

$$\text{upper limit: } r + 1.96 \times SE(r)$$

$$\text{lower limit: } r - 1.96 \times SE(r)$$

For the white females in the example

$$SMR_W + 1.96 \times SE(SMR_W) = 129.5$$

$$SMR_W - 1.96 \times SE(SMR_W) = 102.5$$

Since the lower confidence limit is greater than 100, the number of deaths observed is significantly higher than expected (i.e., it is unlikely that the excess is merely a chance occurrence). For black females

$$SMR_B + 1.96 \times SE(SMR_B) = 109.5$$

$$SMR_B - 1.96 \times SE(SMR_B) = 67.7$$

In this case, the HSA's favorable mortality experience (relative to United States black women) may be due to chance fluctuations. The wide confidence interval (from 32.3 percent fewer deaths to 9.5 percent more deaths than expected) indicates that more observations are needed to be able to say anything definitive about black mortality rates from

cervical cancer in this HSA, although they are probably not substantially greater than United States rates.

It is also important to note that the denominators for the rates (1970 census population) are approximations to the population at risk. If an HSA has had substantial population shifts between 1968 and 1972, the rate may be biased.

Another problem unique to this cause of death is related to the frequency of hysterectomy. After a woman has had a total hysterectomy, she is no longer at risk of developing cervical cancer. It has been suggested that a portion of the decline in cervical cancer rates for the United States is due to the increasing incidence of hysterectomy.^{7,8} If HSA's differ in the proportion of women who have had hysterectomies, their rates are not comparable. Unfortunately there are little data available to address this issue. The National Center for Health Statistics Hospital Discharge Survey⁹ indicates that in 1971 (near the midpoint of the 1968-72 period) the incidence of hysterectomy varied from 263 per 100,000 women in the Northeast Region to 290 per 100,000 in the South. A difference of this magnitude would not have much effect

on death rates. Unfortunately there are no data readily available to assess the magnitude of differences among HSA's.

Distribution of Rates

Table C shows the distribution of cervical cancer death rates among the HSA's. In order to minimize the effects of random variation on the distribution, only HSA's with 25 or more expected deaths are included. For example, table C shows that only 71 of the 202 HSA's had more than 25 expected deaths in the 55-64 age group among white women. The HSA's that are included are larger than the ones omitted, and so the distribution is not truly representative of all HSA's.

The large white-black differential is illustrated once again by the fact that the black rates for the HSA's with the lowest black rates are higher than the white rates for the HSA's with the highest white rates (e.g., in the 55-64 age group the 95th percentile was 2.2 for white women while the 5th percentile was 2.9 for black women).

Furthermore, based on the 64 HSA's with 25 or more expected deaths among black and white women aged 25-74, the correlation

Table C. Percentile distribution of cervical cancer death rates per 10,000 women for health service areas (HSA)¹ and number of areas upon which distribution is based, by age and race: United States, 1968-72

Percentile	Age in years											
	25-34	35-44	45-54	55-64	65-74	25-74 ²	25-34	35-44	45-54	55-64	65-74	25-74 ²
	White						Black					
5.....	-	0.3	0.7	0.9	0.9	63.3	-	0.9	1.8	2.9	3.5	68.1
10.....	-	0.3	0.8	0.9	1.1	69.0	-	0.9	2.2	3.3	3.5	72.8
20.....	-	0.4	0.8	1.1	1.3	81.3	-	1.0	2.4	3.5	3.6	81.2
30.....	-	0.4	0.9	1.3	1.4	89.0	-	1.3	2.5	3.6	3.6	85.5
40.....	-	0.4	1.0	1.3	1.6	95.1	-	1.3	2.6	3.8	4.2	93.3
50.....	0.1	0.5	1.0	1.4	1.7	101.8	0.4	1.3	2.9	3.8	4.2	98.9
60.....	-	0.5	1.1	1.5	1.8	105.7	-	1.4	3.1	3.9	4.5	108.6
70.....	-	0.6	1.2	1.6	1.8	113.8	-	1.4	3.1	4.8	4.9	115.6
80.....	-	0.7	1.3	1.7	2.1	125.0	-	2.4	3.2	4.9	5.4	125.9
90.....	-	0.9	1.6	2.0	2.3	138.0	-	3.0	3.9	5.1	5.6	146.3
95.....	-	0.9	1.9	2.2	2.8	147.3	-	3.0	4.5	5.8	5.6	152.3
Number of HSA's.....	2	26	71	71	60	192	1	7	13	13	8	64

¹Based on HSA's with 25 or more expected deaths in age-race group.

²Standardized mortality ratio.

between the SMR's was only 0.3. Thus HSA's with high black rates (relative to all United States black women) do not necessarily have high white rates.

Uses of the Rates

In considering Alabama 1 (AL 1) as an example of how to interpret the rates for an individual HSA, first, it will be noted that the age-specific cervical cancer death rates are based on rather small numbers of deaths. For instance, among white women aged 45-54 years the death rate was 1.3 per 10,000, which is at the 80th percentile, i.e., only 20 percent of the HSA's had a higher death rate in this age group. The 95-percent confidence interval for this rate is 0.7 to 1.9, which extends from the 5th to the 95th percentile among HSA's, or from 36 percent below to 73 percent above the United States rate. Thus the random variation inherent in this rate makes it difficult to assess its magnitude.

Since the SMR is based on all cervical cancer deaths among women aged 25-74 years, it will be more stable than the age-specific rates. It is therefore a good strategy to use the SMR as an initial screening device to select HSA's with unusually high rates and then use the age-specific rates to determine whether the problem extends over all age groups. In the case of AL 1 the SMR for white females is 136.6 with a 95-percent confidence interval of 106.9 to 166.3. Although this interval is still rather wide, it does indicate that the number of deaths observed for this HSA is significantly greater than expected. Furthermore even the lower end point of the interval is above the 60th percentile among all HSA's.

If the age-specific rates are now examined, it can be noted that every age group, except 55-64 years, has a higher rate than the United States average. Furthermore the rate among women aged 65-74 years is double the corre-

sponding national rate and above the 95th percentile. It seems clear then, that white women in AL 1 have excess mortality from cervical cancer, probably in all age groups, but with a larger excess among white women aged 65-74 years. It should be pointed out again, however, that this problem needs to be considered relative to other health problems. For example, there were 81 cervical cancer deaths in the 1968-72 period (using a 50-percent sample in 1972); so the average annual number of deaths was $81/4.5 = 18$. In a previous Note,¹⁰ it can be seen that the total number of deaths for white females in AL 1 was 5,840 during 1969-71, or 1,947 deaths per year. Thus cervical cancer deaths among white women aged 25-74 represent less than 1 percent of all deaths among white women in this HSA.

The rates for black women are even more unstable. Since there were only 15 cervical cancer deaths among black women, the 95-percent confidence interval for the SMR is 43.7 to 133.3. This indicates a large degree of uncertainty in assessing whether there is excess mortality. As was the case with white women, cervical cancer deaths represent about 1 percent of all deaths among black women in the HSA.

It should be noted that the use of confidence intervals and concern about stability of rates is relevant only when comparing an HSA with other HSA's or national rates. Since many experts believe that all cervical cancer deaths are preventable, the absolute number of cases, regardless of the rate, is indicative of a problem.

Finally, it is important to remember that these rates are based on a period ending 6 years ago and that cervical cancer deaths have been declining rapidly. If these baseline rates suggest a problem, more recent data should be obtained from State health departments to determine whether deaths from cervical cancer are declining at the national rate.

REFERENCES

¹National Center for Health Statistics: Cause-of-death data, by T. D. Woolsey. *Statistical Notes for Health Planners*. No. 6. DHEW Pub. No. (PHS)78-1237. Public Health Service. Hyattsville, Md., Feb. 1978.

²Rutstein, D. D., et al.: Measuring the quality of medical care, a clinical approach. *N. Engl. J. Med.* 294(4):582-588, Mar. 11, 1976.

³Foltz, A. M., and Kelsey, J. L.: The annual Pap test, a dubious policy success. *Milbank Mem. Fund Q.* 56(4): 426-662, 1978.

⁴National Center for Health Statistics: Use of selected medical procedures associated with preventive care, United States, by A. J. Moss and M. H. Wilder. *Vital and Health Statistics*. Series 10-No. 110. DHEW Pub. No. (HRA)77-1538. Health Resources Administration. Washington. U.S. Government Printing Office, Mar. 1977.

⁵Canadian Task Force: Cervical cancer screening programs. *Can. Med. Assoc. J.* 114(11): 1003-1033, June 5, 1976.

⁶National Center for Health Statistics: Mortality, by J. C. Kleinman. *Statistical Notes for Health Plan-*

ners. No. 3. DHEW Pub. No. (HRA) 77-1237. Health Resources Administration. Rockville, Md., Feb. 1977.

⁷Lyon, J. L., and Gardner, J. W.: The rising frequency of hysterectomy, its effect on uterine cancer rates. *Am. J. Epidemiol.* 105(5):439-443, May 1977.

⁸Stern, E., et al.: "Pap" testing and hysterectomy prevalence, a survey of communities with high and low cervical cancer rates. *Am. J. Epidemiol.* 106(4):296-305, Oct. 1977.

⁹National Center for Health Statistics: Surgical operations in short-stay hospitals, United States, by G. E. Blanken. *Vital and Health Statistics*. Series 13-No. 18. DHEW Pub. No. (HRA) 75-1769. Health Resources Administration. Washington. U.S. Government Printing Office, Nov. 1974.

¹⁰National Center for Health Statistics: Standardized mortality ratio and years of life lost index by State and health service area. *Statistical Notes for Health Planners*. No. 3 Data Supplement. DHEW Pub. No. (HRA) 77-1237. Health Resources Administration. Rockville, Md., May 1977.

SYMBOLS

Category not applicable-----	-
Quantity less than 0.05-----	0.0

Statistical Notes for Health Planners is a cooperative activity of the National Center for Health Statistics and the Bureau of Health Planning, Health Resources Administration. Information, questions, and contributions should be directed to Joel C. Kleinman, Division of Analysis, NCHS, 3700 East-West Highway, Hyattsville, Maryland 20782.

HEALTH SERVICE AREA CODES

The HSA codes as used in the following table have been modified to be consistent with county boundaries. As a result of the redefinition there are a total of 202 HSA's for which death rates have been computed.

The exceptions to the official HSA designations are as follows:

- (a) The States requesting exemption from designating HSA's and the interstate HSA's are redefined as follows:

<i>Official HSA code</i>	<i>Redefined HSA code</i>
None.....	DE 01
None.....	DC 01
None.....	HI 01
None.....	RI 01
GA 01, TN 03.....	TN 03
GA 04, SC 05.....	GA 04
GA 05, AL 07.....	GA 05
IA 01, NE 04.....	IA 01
NE 03, IA 02.....	NE 03
IA 03, IL 10.....	IA 03
OH 01, KY 03.....	OH 01
ND 02, MN 01.....	ND 02
WI 07, MN 02.....	MN 02
ND 03, MN 03.....	ND 03
MO 01, KS 04.....	MO 01
MO 03, IL 11.....	MO 03
NY 04, PA 08.....	NY 04
TN 01, VA 06.....	TN 01

- (b) HSA's officially listed as including parts of counties are redefined to include the following complete counties:

<i>Official HSA code</i>	<i>Counties included</i>
AK 01	All divisions in Alaska
AZ 01	Gila, Maricopa, Pinal
AZ 02	Cochise, Greenlee, Pima, Santa Cruz, Graham
AZ 03	Coconino, Yavapai, Apache, Navajo (includes AZ 04)
CT 01	Fairfield
CT 02	New Haven
CT 03	Middlesex, New London, Windham
CT 04	Hartford, Tolland
CT 05	Litchfield
IL 06	Area is not defined. Chicago is included in IL 07
IL 07	Cook, Dupage
MA 01	Berkshire, Franklin, Hampden, Hampshire
MA 02	Worcester
MA 03	Essex, Middlesex
MA 04	Norfolk, Suffolk
MA 05	Barnstable, Bristol, Dukes, Nantucket, Plymouth
MA 06	Area is not defined. The part counties of Essex and Middlesex are included in MA 03
NM 01	All counties in New Mexico (includes NM 02)
UT 01	All counties in Utah (includes UT 02)

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72

HSA	COLOR			25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
NAME	-SEX								
AL	1	WF	RATE/10000	0.3	0.8	1.3	1.3	3.4	136.6
AL	1	WF	OBS DEATHS	6	14	20	15	26	81
AL	1	BF	RATE/10000	1.1	0.7	3.6	2.5	4.3	88.5
AL	1	BF	OBS DEATHS	2	1	5	3	4	15
AL	2	WF	RATE/10000	0.5	1.1	0.3	0.6	3.3	106.9
AL	2	WF	OBS DEATHS	2	4	1	2	8	17
AL	2	BF	RATE/10000	0.8	3.3	4.3	5.0	4.7	131.6
AL	2	BF	OBS DEATHS	1	5	6	7	5	24
AL	3	WF	RATE/10000	0.4	0.9	1.5	2.5	1.2	138.0
AL	3	WF	OBS DEATHS	7	15	25	36	12	95
AL	3	BF	RATE/10000	0.8	2.1	4.3	6.1	7.6	146.3
AL	3	BF	OBS DEATHS	4	12	24	32	30	102
AL	4	WF	RATE/10000	0.1	1.0	1.9	2.7	3.3	179.2
AL	4	WF	OBS DEATHS	1	10	19	25	20	75
AL	4	BF	RATE/10000	1.5	3.0	3.7	4.7	6.8	142.1
AL	4	BF	OBS DEATHS	3	6	7	8	8	32
AL	5	WF	RATE/10000	0.3	0.6	0.7	2.3	1.5	112.6
AL	5	WF	OBS DEATHS	4	7	8	22	10	51
AL	5	BF	RATE/10000	1.3	3.1	3.9	5.5	7.6	152.3
AL	5	BF	OBS DEATHS	6	14	17	23	25	85
AL	6	WF	RATE/10000	0.1	0.7	1.1	2.1	1.2	106.3
AL	6	WF	OBS DEATHS	1	7	11	19	7	45
AL	6	BF	RATE/10000	0.6	1.9	3.5	3.2	7.9	117.3
AL	6	BF	OBS DEATHS	3	10	18	15	29	75
AK	1	WF	RATE/10000	0.1	0.5	1.1	0.0	1.5	69.1
AK	1	WF	OBS DEATHS	1	3	5	0	1	10
AK	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
AK	1	BF	OBS DEATHS	0	0	0	0	0	0
AZ	1	WF	RATE/10000	0.2	0.6	0.8	1.2	1.4	85.0
AZ	1	WF	OBS DEATHS	5	16	21	25	22	89
AZ	1	BF	RATE/10000	0.0	1.2	1.4	5.4	2.9	76.1
AZ	1	BF	OBS DEATHS	0	1	1	3	1	6

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLCR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
AZ	2	WF	RATE/10000	0.0	0.2	0.8	1.3	1.0	65.9
AZ	2	WF	OBS DEATHS	0	2	9	12	7	30
AZ	2	BF	RATE/10000	0.0	0.0	0.0	5.1	14.2	105.5
AZ	2	BF	OBS DEATHS	0	0	0	1	2	3
AZ	3	WF	RATE/10000	0.0	0.4	0.4	1.7	2.0	85.2
AZ	3	WF	OBS DEATHS	0	1	1	4	3	9
AZ	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
AZ	3	BF	OBS DEATHS	0	0	0	0	0	0
AZ	5	WF	RATE/10000	0.0	0.0	0.5	1.1	0.0	36.8
AZ	5	WF	OBS DEATHS	0	0	1	2	0	3
AZ	5	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
AZ	5	BF	OBS DEATHS	0	0	0	0	0	0
AR	1	WF	RATE/10000	0.3	1.0	1.5	1.4	1.4	112.3
AR	1	WF	OBS DEATHS	4	12	20	19	16	71
AR	1	BF	RATE/10000	0.0	6.3	3.7	0.0	6.2	109.5
AR	1	BF	OBS DEATHS	0	3	2	0	3	8
AR	2	WF	RATE/10000	0.2	0.6	2.1	1.9	1.7	133.7
AR	2	WF	OBS DEATHS	2	6	22	20	12	62
AR	2	BF	RATE/10000	1.1	1.5	4.6	7.6	5.8	148.1
AR	2	BF	OBS DEATHS	2	3	10	17	11	43
AR	3	WF	RATE/10000	0.1	0.3	1.0	1.9	2.4	109.0
AR	3	WF	OBS DEATHS	1	3	9	14	12	39
AR	3	BF	RATE/10000	0.0	1.9	2.5	4.7	5.7	103.2
AR	3	BF	OBS DEATHS	0	3	4	7	7	21
AR	4	WF	RATE/10000	0.1	1.0	1.3	1.2	1.5	105.5
AR	4	WF	OBS DEATHS	1	8	11	10	9	39
AR	4	BF	RATE/10000	0.0	1.4	3.5	5.4	2.1	90.2
AR	4	BF	OBS DEATHS	0	4	11	18	6	39
CA	1	WF	RATE/10000	0.2	0.6	1.0	1.2	0.6	76.6
CA	1	WF	OBS DEATHS	2	7	13	14	5	41
CA	1	BF	RATE/10000	0.0	10.6	0.0	0.0	0.0	97.0
CA	1	BF	OBS DEATHS	0	1	0	0	0	1

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA	COLOR			25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
NAME	-SEX								
CA	2	WF	RATE/10000	0.2	0.5	1.1	1.7	0.8	91.1
CA	2	WF	OBS DEATHS	5	12	26	29	9	81
CA	2	BF	RATE/10000	0.0	1.8	2.6	2.2	4.1	75.7
CA	2	BF	OBS DEATHS	0	2	2	1	1	6
CA	3	WF	RATE/10000	0.1	0.3	1.2	0.9	0.6	64.7
CA	3	WF	OBS DEATHS	1	3	13	8	4	29
CA	3	BF	RATE/10000	0.3	0.0	2.4	4.4	0.0	53.2
CA	3	BF	OBS DEATHS	0	0	1	1	0	2
CA	4	WF	RATE/10000	0.1	0.3	0.5	1.1	1.8	71.8
CA	4	WF	OBS DEATHS	4	8	20	35	42	109
CA	4	BF	RATE/10000	0.2	0.9	0.9	3.0	4.1	55.6
CA	4	BF	OBS DEATHS	1	3	3	6	4	17
CA	5	WF	RATE/10000	0.1	0.6	0.8	1.7	2.3	103.5
CA	5	WF	OBS DEATHS	4	23	30	47	44	148
CA	5	BF	RATE/10000	0.5	1.3	1.3	3.9	6.3	81.2
CA	5	BF	OBS DEATHS	3	7	7	13	11	41
CA	6	WF	RATE/10000	0.1	0.6	1.8	2.0	2.2	134.4
CA	6	WF	OBS DEATHS	1	9	29	25	19	83
CA	6	BF	RATE/10000	0.0	1.9	6.0	5.3	0.0	111.6
CA	6	BF	OBS DEATHS	0	1	3	2	0	6
CA	7	WF	RATE/10000	0.2	0.2	1.0	1.2	1.5	81.2
CA	7	WF	OBS DEATHS	6	7	26	19	14	72
CA	7	BF	RATE/10000	0.0	2.4	7.9	0.0	0.0	108.3
CA	7	BF	OBS DEATHS	0	1	2	0	0	3
CA	8	WF	RATE/10000	0.3	0.9	1.6	0.6	2.2	113.9
CA	8	WF	OBS DEATHS	3	10	18	6	17	54
CA	8	BF	RATE/10000	0.0	0.0	5.0	0.0	0.0	47.7
CA	8	BF	OBS DEATHS	0	0	1	0	0	1
CA	9	WF	RATE/10000	0.1	0.8	1.3	1.4	2.2	116.5
CA	9	WF	OBS DEATHS	4	20	32	28	28	112
CA	9	BF	RATE/10000	0.0	0.9	1.0	3.4	5.2	66.4
CA	9	BF	OBS DEATHS	0	1	1	3	3	8

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLOP NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
CA	10	WF	RATE/10000	0.2	0.6	1.0	1.4	2.0	100.9
CA	10	WF	OBS DEATHS	3	10	15	14	15	57
CA	10	BF	RATE/10000	0.0	0.0	0.0	0.0	12.6	44.0
CA	10	BF	OBS DEATHS	0	0	0	0	1	1
CA	11	WF	RATE/10000	0.1	0.6	1.0	1.3	1.9	95.1
CA	11	WF	OBS DEATHS	18	91	178	179	182	648
CA	11	BF	RATE/10000	0.4	1.0	1.8	2.9	4.2	68.4
CA	11	BF	OBS DEATHS	10	21	32	35	29	127
CA	12	WF	RATE/10000	0.1	0.4	1.0	1.3	1.8	90.5
CA	12	WF	OBS DEATHS	4	11	27	30	34	106
CA	12	BF	RATE/10000	0.0	0.0	4.4	0.0	2.2	47.3
CA	12	BF	OBS DEATHS	0	0	4	0	1	5
CA	13	WF	RATE/10000	0.1	0.2	1.1	1.3	1.3	77.6
CA	13	WF	OBS DEATHS	4	8	40	27	20	99
CA	13	BF	RATE/10000	2.6	4.5	0.0	11.9	0.0	199.6
CA	13	BF	OBS DEATHS	1	1	0	1	0	3
CA	14	WF	RATE/10000	0.3	0.7	1.0	1.3	1.1	90.3
CA	14	WF	OBS DEATHS	10	22	34	32	20	118
CA	14	BF	RATE/10000	0.0	0.7	0.9	2.7	2.5	42.0
CA	14	BF	OBS DEATHS	0	1	1	2	1	5
CO	1	WF	RATE/10000	0.1	0.4	0.9	1.6	1.9	90.1
CO	1	WF	OBS DEATHS	3	15	31	41	34	124
CO	1	BF	RATE/10000	0.0	0.7	0.9	5.9	2.2	60.7
CO	1	BF	OBS DEATHS	0	1	1	4	1	7
CO	2	WF	RATE/10000	0.1	0.7	1.3	1.8	1.2	105.5
CO	2	WF	OBS DEATHS	1	9	15	16	8	49
CO	2	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
CO	2	BF	OBS DEATHS	0	0	0	0	0	0
CO	3	WF	RATE/10000	0.0	0.2	0.8	0.7	0.7	51.0
CO	3	WF	OBS DEATHS	0	1	4	3	2	10
CO	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
CO	3	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
CT	1	WF	RATE/10000	0.1	0.3	0.7	1.3	1.3	71.2
CT	1	WF	OBS DEATHS	1	7	16	22	15	61
CT	1	BF	RATE/10000	0.0	2.6	0.8	3.6	6.8	84.1
CT	1	BF	OBS DEATHS	0	4	1	3	3	11
CT	2	WF	RATE/10000	0.1	0.3	0.3	0.8	1.4	53.8
CT	2	WF	OBS DEATHS	2	6	6	13	16	43
CT	2	BF	RATE/10000	0.5	0.0	1.8	3.0	2.6	51.8
CT	2	BF	OBS DEATHS	1	0	2	2	1	6
CT	3	WF	RATE/10000	0.2	0.3	0.3	1.1	1.5	60.8
CT	3	WF	OBS DEATHS	2	3	3	9	9	26
CT	3	BF	RATE/10000	2.8	0.0	4.6	0.0	0.0	92.6
CT	3	BF	OBS DEATHS	1	0	1	0	0	2
CT	4	WF	RATE/10000	0.0	0.3	0.8	0.9	1.3	66.3
CT	4	WF	OBS DEATHS	0	7	21	17	17	62
CT	4	BF	RATE/10000	0.5	2.7	0.9	1.6	0.0	61.9
CT	4	BF	OBS DEATHS	1	4	1	1	0	7
CT	5	WF	RATE/10000	0.0	1.7	1.2	0.0	2.5	103.4
CT	5	WF	OBS DEATHS	0	6	5	0	6	17
CT	5	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
CT	5	BF	OBS DEATHS	0	0	0	0	0	0
DE	1	WF	RATE/10000	0.4	0.3	0.9	1.1	1.3	79.7
DE	1	WF	OBS DEATHS	5	4	11	13	8	38
DE	1	BF	RATE/10000	0.0	2.5	4.1	2.4	7.6	113.8
DE	1	BF	OBS DEATHS	0	5	7	3	6	21
DC	1	WF	RATE/10000	0.3	0.5	1.2	1.1	1.2	85.6
DC	1	WF	OBS DEATHS	2	2	8	9	8	29
DC	1	BF	RATE/10000	0.5	1.4	2.4	3.5	4.5	85.5
DC	1	BF	OBS DEATHS	9	21	34	34	24	122
FL	1	WF	RATE/10000	0.2	0.8	0.7	2.0	3.1	126.6
FL	1	WF	OBS DEATHS	3	12	10	20	20	65
FL	1	BF	RATE/10000	1.4	3.2	4.5	2.9	6.3	134.3
FL	1	BF	OBS DEATHS	5	11	14	8	12	50

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLCP NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
FL	2	WF	RATE/10000	0.2	0.9	1.2	0.8	1.3	88.7
FL	2	WF	OBS DEATHS	2	7	10	7	9	35
FL	2	BF	RATE/10000	0.0	2.9	2.9	2.8	8.5	107.6
FL	2	BF	OBS DEATHS	0	6	4	5	11	26
FL	3	WF	RATE/10000	0.2	0.7	1.5	1.6	2.3	125.0
FL	3	WF	OBS DEATHS	3	9	19	16	15	62
FL	3	BF	RATE/10000	1.1	1.7	3.6	6.0	4.4	122.2
FL	3	BF	OBS DEATHS	4	6	12	16	8	46
FL	4	WF	RATE/10000	0.3	0.7	1.2	0.9	1.2	82.1
FL	4	WF	OBS DEATHS	8	17	33	30	45	133
FL	4	BF	RATE/10000	0.0	1.6	2.6	3.1	4.7	81.0
FL	4	BF	OBS DEATHS	0	5	7	7	7	26
FL	5	WF	RATE/10000	0.3	0.7	0.7	0.9	1.7	86.4
FL	5	WF	OBS DEATHS	6	14	15	15	23	73
FL	5	BF	RATE/10000	1.6	3.3	3.2	5.4	7.3	152.1
FL	5	BF	OBS DEATHS	5	9	7	10	9	40
FL	6	WF	RATE/10000	0.0	0.3	0.7	1.1	1.1	65.3
FL	6	WF	OBS DEATHS	0	4	9	19	18	50
FL	6	BF	RATE/10000	0.5	1.1	2.6	3.1	4.9	83.1
FL	6	BF	OBS DEATHS	1	2	4	4	4	15
FL	7	WF	RATE/10000	0.3	0.5	0.9	1.4	1.7	98.8
FL	7	WF	OBS DEATHS	3	5	10	17	21	56
FL	7	BF	RATE/10000	0.4	4.0	2.2	5.6	6.1	132.3
FL	7	BF	OBS DEATHS	1	9	4	8	5	27
FL	8	WF	RATE/10000	0.3	0.3	1.1	0.6	0.9	63.2
FL	8	WF	OBS DEATHS	4	4	17	12	17	54
FL	8	BF	RATE/10000	1.6	2.9	2.7	6.8	4.1	145.0
FL	8	BF	OBS DEATHS	4	6	4	7	2	23
FL	9	WF	RATE/10000	0.1	0.6	0.9	1.0	1.0	73.6
FL	9	WF	OBS DEATHS	2	19	31	33	29	114
FL	9	BF	RATE/10000	0.5	1.5	4.5	3.9	4.5	107.3
FL	9	BF	OBS DEATHS	3	8	18	11	7	47

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
GA	2	WF	RATE/10000	0.3	0.4	1.4	2.5	1.7	131.0
GA	2	WF	OBS DEATHS	4	5	16	25	11	61
GA	2	PF	RATE/10000	0.3	1.0	7.7	6.1	5.8	147.9
GA	2	PF	OBS DEATHS	0	1	7	5	3	16
GA	3	WF	RATE/10000	0.3	0.5	1.1	1.6	1.6	102.5
GA	3	WF	OBS DEATHS	13	20	39	44	28	144
GA	3	PF	RATE/10000	0.5	1.7	3.1	5.1	2.9	98.3
GA	3	PF	OBS DEATHS	6	18	27	37	14	102
GA	4	WF	RATE/10000	0.4	0.5	0.8	1.3	1.7	92.3
GA	4	WF	OBS DEATHS	4	5	8	10	9	36
GA	4	BF	RATE/10000	0.0	3.4	4.0	3.7	4.6	114.6
GA	4	BF	OBS DEATHS	0	13	15	12	11	51
GA	5	WF	RATE/10000	0.1	0.8	1.2	1.4	2.4	113.8
GA	5	WF	OBS DEATHS	1	10	16	14	16	57
GA	5	BF	RATE/10000	0.3	1.8	4.0	4.0	4.5	104.5
GA	5	BF	OBS DEATHS	2	11	23	20	16	72
GA	6	WF	RATE/10000	0.1	0.1	0.8	2.5	3.1	122.8
GA	6	WF	OBS DEATHS	1	1	7	18	15	42
GA	6	BF	RATE/10000	1.2	3.6	4.2	8.3	6.4	172.1
GA	6	BF	OBS DEATHS	5	14	16	29	17	81
GA	7	WF	RATE/10000	0.3	1.1	1.9	1.8	1.9	146.1
GA	7	WF	OBS DEATHS	3	10	18	14	10	55
GA	7	BF	RATE/10000	0.0	1.4	3.6	4.3	4.2	96.8
GA	7	BF	OBS DEATHS	0	5	13	13	9	40
HI	1	WF	RATE/10000	0.0	0.1	0.9	1.7	1.0	66.8
HI	1	WF	OBS DEATHS	0	1	5	6	2	14
HI	1	PF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
HI	1	PF	OBS DEATHS	0	0	0	0	0	0
ID	1	WF	RATE/10000	0.1	0.4	0.7	1.1	2.0	81.6
ID	1	WF	OBS DEATHS	2	6	13	16	19	56
ID	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
ID	1	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
IL	1	WF	RATE/10000	0.5	0.8	1.0	2.1	1.4	118.7
IL	1	WF	OBS DEATHS	7	11	14	23	11	66
IL	1	BF	RATE/10000	0.0	0.0	2.9	4.3	9.0	81.7
IL	1	BF	OBS DEATHS	0	0	1	1	1	3
IL	2	WF	RATE/10000	0.1	0.6	0.6	1.2	1.1	73.0
IL	2	WF	OBS DEATHS	2	10	11	18	13	54
IL	2	BF	RATE/10000	0.0	0.0	5.7	0.0	6.0	77.6
IL	2	BF	OBS DEATHS	0	0	2	0	1	3
IL	3	WF	RATE/10000	0.1	0.9	1.1	1.6	1.2	102.5
IL	3	WF	OBS DEATHS	2	12	17	22	14	67
IL	3	BF	RATE/10000	0.0	0.0	3.7	4.0	11.4	122.8
IL	3	BF	OBS DEATHS	0	0	1	1	2	4
IL	4	WF	RATE/10000	0.2	0.7	1.6	1.1	1.5	104.3
IL	4	WF	OBS DEATHS	3	13	28	17	18	79
IL	4	BF	RATE/10000	0.0	1.5	1.9	2.5	0.0	50.7
IL	4	BF	OBS DEATHS	0	1	1	1	0	3
IL	5	WF	RATE/10000	0.4	1.0	1.9	1.6	1.3	126.5
IL	5	WF	OBS DEATHS	6	13	29	25	16	89
IL	5	BF	RATE/10000	6.4	0.0	9.8	2.4	7.6	180.7
IL	5	BF	OBS DEATHS	2	0	4	1	3	10
IL	7	WF	RATE/10000	0.2	0.6	1.2	1.3	1.4	96.7
IL	7	WF	OBS DEATHS	26	75	168	155	110	534
IL	7	BF	RATE/10000	0.5	2.4	3.9	3.9	4.9	115.5
IL	7	BF	OBS DEATHS	21	82	101	69	54	327
IL	8	WF	RATE/10000	0.2	0.5	1.7	0.8	1.3	97.9
IL	8	WF	OBS DEATHS	5	9	30	11	11	66
IL	8	BF	RATE/10000	0.0	0.0	3.8	6.0	10.8	109.1
IL	8	BF	OBS DEATHS	0	0	2	2	2	6
IL	9	WF	RATE/10000	0.2	0.4	1.6	1.6	2.1	117.2
IL	9	WF	OBS DEATHS	2	4	15	11	10	42
IL	9	BF	RATE/10000	0.0	4.8	3.8	2.5	0.0	100.4
IL	9	BF	OBS DEATHS	0	3	2	1	0	6

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
IN	1	WF	RATE/10000	0.1	1.1	1.6	1.5	1.9	128.2
IN	1	WF	OBS DEATHS	5	47	74	53	46	225
IN	1	BF	RATE/10000	0.2	1.8	2.3	1.7	2.9	68.1
IN	1	BF	OBS DEATHS	1	8	8	4	4	25
IN	2	WF	RATE/10000	0.2	0.9	1.3	1.7	2.1	124.6
IN	2	WF	OBS DEATHS	11	46	64	66	57	244
IN	2	BF	RATE/10000	0.0	1.3	2.9	4.2	3.7	85.2
IN	2	BF	OBS DEATHS	3	6	11	12	7	36
IN	3	WF	RATE/10000	0.3	0.9	2.0	1.7	2.3	145.6
IN	3	WF	OBS DEATHS	9	28	60	45	46	188
IN	3	BF	RATE/10000	0.0	0.0	0.0	9.0	11.7	132.2
IN	3	BF	OBS DEATHS	0	0	0	5	5	10
IA	1	WF	RATE/10000	0.2	0.6	1.1	1.4	1.6	97.5
IA	1	WF	OBS DEATHS	18	35	66	78	72	261
IA	1	BF	RATE/10000	0.0	1.5	0.0	2.3	0.0	31.3
IA	1	BF	OBS DEATHS	0	1	0	1	0	2
IA	3	WF	RATE/10000	0.1	0.5	0.9	2.2	2.1	110.3
IA	3	WF	OBS DEATHS	1	5	9	19	13	47
IA	3	BF	RATE/10000	0.0	3.5	0.0	0.0	0.0	42.9
IA	3	BF	OBS DEATHS	0	1	0	0	0	1
KS	1	WF	RATE/10000	0.0	0.7	1.3	1.2	1.4	92.7
KS	1	WF	OBS DEATHS	0	7	14	12	11	44
KS	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
KS	1	BF	OBS DEATHS	0	0	0	0	0	0
KS	2	WF	RATE/10000	0.2	0.6	0.9	1.1	1.3	84.1
KS	2	WF	OBS DEATHS	2	7	11	13	13	46
KS	2	BF	RATE/10000	0.0	2.0	0.0	0.0	3.3	37.1
KS	2	BF	OBS DEATHS	0	1	0	0	1	2
KS	3	WF	RATE/10000	0.2	0.8	1.2	1.4	1.8	107.6
KS	3	WF	OBS DEATHS	3	15	24	27	27	96
KS	3	BF	RATE/10000	0.0	1.1	7.1	1.7	2.4	93.6
KS	3	BF	OBS DEATHS	0	1	5	1	1	8

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
KY	1	WF	RATE/10000	0.3	1.0	1.5	1.7	2.2	136.9
KY	1	WF	OBS DEATHS	11	40	59	55	54	219
KY	1	BF	RATE/10000	0.2	1.7	3.0	2.9	3.8	84.7
KY	1	BF	OBS DEATHS	1	7	12	10	10	40
KY	2	WF	RATE/10000	0.4	1.3	1.8	2.2	2.8	171.9
KY	2	WF	OBS DEATHS	14	39	56	58	56	223
KY	2	BF	RATE/10000	0.0	1.5	3.6	2.3	11.4	124.8
KY	2	BF	OBS DEATHS	0	2	5	3	12	22
LA	1	WF	RATE/10000	0.2	0.4	0.9	1.1	1.6	86.3
LA	1	WF	OBS DEATHS	6	11	22	22	22	83
LA	1	BF	RATE/10000	0.6	2.0	4.6	5.8	6.5	138.9
LA	1	BF	OBS DEATHS	7	19	38	38	29	131
LA	2	WF	RATE/10000	0.2	0.6	0.8	1.3	1.6	87.9
LA	2	WF	OBS DEATHS	4	15	17	22	19	77
LA	2	BF	RATE/10000	0.8	1.1	2.4	3.9	4.7	90.4
LA	2	BF	OBS DEATHS	7	9	17	23	20	76
LA	3	WF	RATE/10000	0.3	1.0	0.9	1.5	1.9	112.1
LA	3	WF	OBS DEATHS	5	18	17	24	22	86
LA	3	BF	RATE/10000	0.8	2.5	4.4	3.9	5.4	122.2
LA	3	BF	OBS DEATHS	6	19	32	27	32	116
ME	1	WF	RATE/10000	0.2	1.0	1.8	1.8	2.5	147.3
ME	1	WF	OBS DEATHS	4	26	45	41	43	159
ME	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
ME	1	BF	OBS DEATHS	0	0	0	0	0	0
MD	1	WF	RATE/10000	0.7	1.7	2.0	0.8	3.9	178.2
MD	1	WF	OBS DEATHS	5	13	16	5	18	57
MD	1	BF	RATE/10000	0.0	9.0	11.0	12.7	7.9	305.7
MD	1	BF	OBS DEATHS	0	2	2	2	1	7
MD	2	WF	RATE/10000	0.1	0.3	0.6	1.0	2.3	69.0
MD	2	WF	OBS DEATHS	1	4	9	9	12	35
MD	2	BF	RATE/10000	1.2	1.5	2.2	0.0	0.0	63.1
MD	2	BF	OBS DEATHS	1	1	1	0	0	3

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX		25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
MD 3 WF	RATE/10000	0.1	0.7	1.0	1.6	1.4	97.0
MD 3 WF	OBS DEATHS	2	11	16	15	7	51
MD 3 BF	RATE/10000	0.2	1.3	1.1	4.7	15.3	103.2
MD 3 BF	OBS DEATHS	1	4	2	5	9	21
MD 4 WF	RATE/10000	0.3	0.4	1.3	1.7	1.4	105.2
MD 4 WF	OBS DEATHS	15	17	61	58	33	184
MD 4 BF	RATE/10000	0.5	2.0	3.1	3.6	4.7	100.2
MD 4 BF	OBS DEATHS	7	27	37	29	23	123
MD 5 WF	RATE/10000	0.4	0.9	1.4	1.9	2.1	137.0
MD 5 WF	OBS DEATHS	2	5	8	9	8	32
MD 5 BF	RATE/10000	1.4	4.2	4.2	4.4	2.6	133.0
MD 5 BF	OBS DEATHS	2	6	6	5	2	21
MA 1 WF	RATE/10000	0.1	0.3	1.4	1.2	1.5	90.2
MA 1 WF	OBS DEATHS	1	6	30	21	20	78
MA 1 BF	RATE/10000	0.0	1.4	6.2	0.0	10.1	111.2
MA 1 BF	OBS DEATHS	0	1	3	0	2	6
MA 2 WF	RATE/10000	0.4	0.3	1.4	1.4	1.5	102.3
MA 2 WF	OBS DEATHS	6	4	26	21	17	74
MA 2 BF	RATE/10000	0.0	7.4	0.0	0.0	0.0	95.1
MA 2 BF	OBS DEATHS	0	1	0	0	0	1
MA 3 WF	RATE/10000	0.1	0.5	0.9	1.0	1.5	80.4
MA 3 WF	OBS DEATHS	3	28	51	48	51	181
MA 3 BF	RATE/10000	0.0	1.7	0.0	0.0	4.2	35.6
MA 3 BF	OBS DEATHS	0	1	0	0	1	2
MA 4 WF	RATE/10000	0.1	0.5	1.1	1.8	1.5	103.4
MA 4 WF	OBS DEATHS	4	14	38	57	38	151
MA 4 BF	RATE/10000	0.2	1.0	1.8	2.2	2.2	54.5
MA 4 BF	OBS DEATHS	1	3	4	3	2	13
MA 5 WF	RATE/10000	0.2	0.4	1.0	1.4	1.6	91.9
MA 5 WF	OBS DEATHS	4	9	25	28	26	92
MA 5 BF	RATE/10000	0.0	0.0	0.0	0.0	7.4	34.3
MA 5 BF	OBS DEATHS	0	0	0	0	1	1

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLCR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
MI	1	WF	RATE/10000	0.1	0.5	1.0	1.4	1.8	95.1
MI	1	WF	OBS DEATHS	15	57	113	108	93	386
MI	1	BF	RATE/10000	0.3	0.9	2.5	3.7	3.6	75.6
MI	1	BF	OBS DEATHS	6	19	49	48	27	149
MI	2	WF	RATE/10000	0.1	0.8	0.9	1.5	1.6	98.7
MI	2	WF	OBS DEATHS	2	12	13	16	12	55
MI	2	BF	RATE/10000	0.0	0.0	0.0	3.7	6.7	49.2
MI	2	BF	OBS DEATHS	0	0	0	1	1	2
MI	3	WF	RATE/10000	0.1	1.2	0.9	1.2	1.6	101.0
MI	3	WF	OBS DEATHS	1	21	15	17	15	69
MI	3	BF	RATE/10000	0.0	5.0	5.1	2.5	8.8	154.4
MI	3	BF	OBS DEATHS	0	6	5	2	5	18
MI	4	WF	RATE/10000	0.2	0.7	1.0	1.3	1.4	95.0
MI	4	WF	OBS DEATHS	4	16	24	24	18	86
MI	4	BF	RATE/10000	0.0	1.9	3.4	6.1	7.1	122.9
MI	4	BF	OBS DEATHS	0	2	3	4	3	12
MI	5	WF	RATE/10000	0.1	1.0	1.1	1.7	2.3	120.4
MI	5	WF	OBS DEATHS	1	13	13	15	13	55
MI	5	BF	RATE/10000	0.5	1.2	1.0	3.2	3.0	63.0
MI	5	BF	OBS DEATHS	1	2	1	2	1	7
MI	6	WF	RATE/10000	0.0	0.4	1.1	1.2	1.8	87.2
MI	6	WF	OBS DEATHS	0	7	18	15	15	55
MI	6	BF	RATE/10000	0.0	1.3	2.0	3.1	0.0	55.4
MI	6	BF	OBS DEATHS	0	1	1	1	0	3
MI	7	WF	RATE/10000	0.0	1.0	0.3	0.7	0.7	54.8
MI	7	WF	OBS DEATHS	0	6	2	4	3	15
MI	7	BF	RATE/10000	0.0	0.0	0.0	101.0	0.0	907.0
MI	7	BF	OBS DEATHS	0	0	0	1	0	1
MI	8	WF	RATE/10000	0.5	0.3	1.5	1.2	0.8	92.2
MI	8	WF	OBS DEATHS	3	2	12	9	4	30
MI	8	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MI	8	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72--Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
MN	2	WF	RATE/10000	0.3	0.6	0.9	1.1	1.6	89.0
MN	2	WF	OBS DEATHS	3	6	11	12	13	45
MN	2	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MN	2	BF	OBS DEATHS	0	0	0	0	0	0
MN	4	WF	RATE/10000	0.0	0.3	0.4	0.7	1.2	47.5
MN	4	WF	OBS DEATHS	0	2	3	5	7	17
MN	4	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MN	4	BF	OBS DEATHS	0	0	0	0	0	0
MN	5	WF	RATE/10000	0.1	0.4	0.9	0.8	0.9	63.8
MN	5	WF	OBS DEATHS	4	18	39	27	23	111
MN	5	BF	RATE/10000	0.0	0.0	0.0	2.3	0.0	14.8
MN	5	BF	OBS DEATHS	0	0	0	1	0	1
MN	6	WF	RATE/10000	0.0	0.5	0.5	0.7	0.5	46.0
MN	6	WF	OBS DEATHS	0	6	6	9	5	26
MN	6	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MN	6	BF	OBS DEATHS	0	0	0	0	0	0
MN	7	WF	RATE/10000	0.1	0.5	1.1	1.6	1.3	91.7
MN	7	WF	OBS DEATHS	1	4	10	13	8	36
MN	7	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MN	7	BF	OBS DEATHS	0	0	0	0	0	0
MS	1	WF	RATE/10000	0.4	0.5	1.0	1.3	2.0	102.9
MS	1	WF	OBS DEATHS	14	19	37	41	46	157
MS	1	BF	RATE/10000	0.6	3.0	2.9	3.8	5.6	113.1
MS	1	BF	OBS DEATHS	10	49	48	61	70	238
MO	1	WF	RATE/10000	0.2	0.7	1.3	1.4	1.7	106.9
MO	1	WF	OBS DEATHS	6	22	42	33	29	132
MO	1	BF	RATE/10000	0.9	1.7	3.1	5.6	6.3	121.9
MO	1	BF	OBS DEATHS	4	7	11	15	13	50
MO	2	WF	RATE/10000	0.3	1.1	1.3	1.2	1.6	112.5
MO	2	WF	OBS DEATHS	8	25	31	31	35	130
MO	2	BF	RATE/10000	0.0	3.1	4.6	7.8	1.8	126.8
MO	2	BF	OBS DEATHS	0	2	3	5	1	11

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
MO	3	WF	RATE/10000	0.1	0.7	1.0	1.5	1.6	97.8
MO	3	WF	OBS DEATHS	6	39	56	68	53	222
MO	3	BF	RATE/10000	0.7	3.1	4.5	4.9	4.5	133.8
MO	3	BF	OBS DEATHS	8	32	39	35	22	136
MO	4	WF	RATE/10000	0.4	0.9	1.4	1.7	1.8	125.5
MO	4	WF	OBS DEATHS	5	11	19	23	19	77
MO	4	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MO	4	BF	OBS DEATHS	0	0	0	0	0	0
MO	5	WF	RATE/10000	0.2	0.4	1.4	2.2	2.7	139.1
MO	5	WF	OBS DEATHS	2	4	16	25	23	70
MO	5	BF	RATE/10000	0.0	0.0	6.2	3.9	4.5	105.4
MO	5	BF	OBS DEATHS	0	0	3	2	2	7
MT	1	WF	RATE/10000	0.3	0.9	0.6	1.4	1.6	95.7
MT	1	WF	OBS DEATHS	5	14	11	19	14	63
MT	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
MT	1	BF	OBS DEATHS	0	0	0	0	0	0
NE	1	WF	RATE/10000	0.1	0.5	0.9	1.2	0.8	69.7
NE	1	WF	OBS DEATHS	1	7	13	17	10	48
NE	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
NE	1	BF	OBS DEATHS	0	0	0	0	0	0
NE	2	WF	RATE/10000	0.1	0.4	1.3	0.7	0.7	66.5
NE	2	WF	OBS DEATHS	1	3	11	6	5	26
NE	2	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
NE	2	BF	OBS DEATHS	0	0	0	0	0	0
NE	3	WF	RATE/10000	0.1	1.0	1.1	1.3	1.8	110.3
NE	3	WF	OBS DEATHS	2	17	17	17	18	71
NE	3	BF	RATE/10000	0.0	2.1	3.0	4.0	13.7	137.6
NE	3	BF	OBS DEATHS	0	2	2	2	5	11
NV	1	WF	RATE/10000	0.0	0.5	0.9	0.7	1.7	72.3
NV	1	WF	OBS DEATHS	0	3	5	3	4	15
NV	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
NV	1	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
NV	2	WF	RATE/10000	0.2	0.6	1.4	2.3	1.4	125.1
NV	2	WF	OBS DEATHS	2	4	9	10	3	28
NV	2	BF	RATE/10000	0.0	0.0	0.0	12.7	15.4	117.7
NV	2	BF	OBS DEATHS	0	0	0	3	2	5
NH	1	WF	RATE/10000	0.1	1.0	2.3	1.4	2.2	143.6
NH	1	WF	OBS DEATHS	3	18	43	22	26	112
NH	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
NH	1	BF	OBS DEATHS	0	0	0	0	0	0
NJ	1	WF	RATE/10000	0.1	0.5	0.7	1.2	1.1	71.0
NJ	1	WF	OBS DEATHS	3	19	28	39	22	111
NJ	1	BF	RATE/10000	0.3	1.8	4.3	4.5	6.3	117.6
NJ	1	BF	OBS DEATHS	1	4	7	5	4	21
NJ	2	WF	RATE/10000	0.1	0.5	0.8	0.9	1.3	72.4
NJ	2	WF	OBS DEATHS	3	22	45	38	39	147
NJ	2	BF	RATE/10000	0.4	1.6	2.7	5.0	4.8	98.9
NJ	2	BF	OBS DEATHS	5	17	21	26	15	84
NJ	3	WF	RATE/10000	0.2	0.7	1.3	1.6	1.4	107.7
NJ	3	WF	OBS DEATHS	3	10	23	26	16	78
NJ	3	BF	RATE/10000	0.0	2.3	2.4	8.5	0.0	104.0
NJ	3	BF	OBS DEATHS	0	4	3	7	0	14
NJ	4	WF	RATE/10000	0.1	0.4	1.0	1.5	1.2	82.9
NJ	4	WF	OBS DEATHS	4	18	46	53	31	152
NJ	4	BF	RATE/10000	0.2	2.5	2.8	6.5	1.7	106.6
NJ	4	BF	OBS DEATHS	1	9	8	12	2	32
NJ	5	WF	RATE/10000	0.3	0.8	0.9	1.3	1.7	101.1
NJ	5	WF	OBS DEATHS	9	27	33	33	33	135
NJ	5	BF	RATE/10000	0.9	3.1	1.7	3.1	3.8	96.5
NJ	5	BF	OBS DEATHS	4	13	6	8	7	38
NM	1	WF	RATE/10000	0.1	0.5	1.3	1.4	2.0	105.7
NM	1	WF	OBS DEATHS	3	13	29	24	20	89
NM	1	BF	RATE/10000	0.0	2.0	0.0	3.9	0.0	53.0
NM	1	BF	OBS DEATHS	0	1	0	1	0	2

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLCF NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
NY	1	WF	RATE/10000	0.1	0.4	1.3	1.5	1.8	103.0
NY	1	WF	OBS DEATHS	5	18	60	59	49	191
NY	1	BF	RATE/10000	0.0	0.6	2.3	2.4	6.2	67.0
NY	1	BF	OBS DEATHS	0	2	6	4	6	18
NY	2	WF	RATE/10000	0.1	0.7	1.3	1.3	1.6	98.6
NY	2	WF	OBS DEATHS	3	19	39	31	28	120
NY	2	BF	RATE/10000	0.0	1.3	1.0	8.6	9.1	102.0
NY	2	BF	OBS DEATHS	0	2	1	5	3	11
NY	3	WF	RATE/10000	0.2	0.5	1.6	2.4	2.8	149.4
NY	3	WF	OBS DEATHS	6	18	59	70	60	213
NY	3	BF	RATE/10000	0.9	1.2	1.8	0.0	0.0	48.3
NY	3	BF	OBS DEATHS	1	1	1	0	0	3
NY	4	WF	RATE/10000	0.4	0.5	1.0	1.3	2.6	110.9
NY	4	WF	OBS DEATHS	4	5	11	12	17	49
NY	4	BF	RATE/10000	0.0	16.0	0.0	22.9	0.0	341.0
NY	4	BF	OBS DEATHS	0	1	0	1	0	2
NY	5	WF	RATE/10000	0.3	0.9	1.2	2.1	2.1	132.5
NY	5	WF	OBS DEATHS	10	28	42	63	49	192
NY	5	BF	RATE/10000	0.0	4.0	6.8	2.3	0.0	121.0
NY	5	BF	OBS DEATHS	0	3	4	1	0	8
NY	6	WF	RATE/10000	0.1	0.4	0.7	0.9	1.7	73.9
NY	6	WF	OBS DEATHS	4	21	33	35	49	142
NY	6	BF	RATE/10000	0.4	1.2	2.0	4.2	4.0	82.6
NY	6	BF	OBS DEATHS	2	5	7	11	6	31
NY	7	WF	RATE/10000	0.1	0.5	1.0	0.9	1.3	77.6
NY	7	WF	OBS DEATHS	22	86	179	175	194	656
NY	7	BF	RATE/10000	0.4	1.3	2.6	3.8	3.6	84.5
NY	7	BF	OBS DEATHS	28	73	114	109	60	384
NY	8	WF	RATE/10000	0.0	0.3	0.7	1.1	0.9	60.3
NY	8	WF	OBS DEATHS	2	20	51	52	29	154
NY	8	BF	RATE/10000	0.5	1.3	2.7	5.8	3.0	95.3
NY	8	BF	OBS DEATHS	2	5	8	11	3	29

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
NC	1	WF	RATE/10000	0.3	0.6	1.2	1.6	1.9	115.1
NC	1	WF	OBS DEATHS	8	13	27	30	25	103
NC	1	BF	RATE/10000	0.7	3.4	6.2	3.3	4.4	135.5
NC	1	BF	OBS DEATHS	1	5	9	4	4	23
NC	2	WF	RATE/10000	0.1	0.6	1.5	1.2	1.7	105.3
NC	2	WF	OBS DEATHS	2	14	35	22	20	93
NC	2	BF	RATE/10000	1.2	3.0	5.0	3.6	6.1	140.2
NC	2	BF	OBS DEATHS	6	13	20	12	13	64
NC	3	WF	RATE/10000	0.2	0.4	1.6	1.2	1.8	104.7
NC	3	WF	OBS DEATHS	4	8	33	18	18	81
NC	3	BF	RATE/10000	0.9	2.8	4.1	3.2	4.0	115.6
NC	3	BF	OBS DEATHS	4	11	15	9	7	46
NC	4	WF	RATE/10000	0.1	0.4	1.2	1.0	1.6	84.0
NC	4	WF	OBS DEATHS	1	5	15	10	11	42
NC	4	BF	RATE/10000	0.4	1.1	2.5	4.8	4.1	90.3
NC	4	BF	OBS DEATHS	2	5	11	17	10	45
NC	5	WF	RATE/10000	0.5	0.9	1.6	1.7	2.2	143.5
NC	5	WF	OBS DEATHS	7	12	20	17	14	70
NC	5	BF	RATE/10000	0.8	3.5	6.4	5.3	3.2	152.6
NC	5	BF	OBS DEATHS	4	17	30	20	8	79
NC	6	WF	RATE/10000	0.1	0.5	1.3	1.8	1.7	106.8
NC	6	WF	OBS DEATHS	1	8	19	23	14	65
NC	6	BF	RATE/10000	1.3	1.9	2.6	3.6	5.0	102.1
NC	6	BF	OBS DEATHS	9	15	20	22	20	86
ND	1	WF	RATE/10000	0.3	0.6	1.1	1.4	2.6	115.3
ND	1	WF	OBS DEATHS	2	4	7	8	9	30
ND	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
ND	1	BF	OBS DEATHS	0	0	0	0	0	0
ND	2	WF	RATE/10000	0.0	0.2	0.6	0.5	1.1	45.7
ND	2	WF	OBS DEATHS	0	1	4	3	5	13
ND	2	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
ND	2	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR									(SMR)
NAME		SEX		25-34	35-44	45-54	55-64	65-74	25-74
ND	3	WF	RATE/10000	0.0	0.3	0.8	0.7	1.2	59.4
ND	3	WF	OBS DEATHS	0	3	7	6	8	24
ND	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
ND	3	BF	OBS DEATHS	0	0	0	0	0	0
OH	1	WF	RATE/10000	0.3	0.7	1.9	2.0	2.1	143.4
OH	1	WF	OBS DEATHS	11	30	75	65	49	230
OH	1	BF	RATE/10000	0.2	1.7	3.0	3.0	8.9	109.6
OH	1	BF	OBS DEATHS	1	8	13	10	20	52
OH	2	WF	RATE/10000	0.2	0.9	1.1	1.5	1.7	110.2
OH	2	WF	OBS DEATHS	6	24	31	29	22	112
OH	2	BF	RATE/10000	0.3	1.6	0.7	1.7	0.9	43.7
OH	2	BF	OBS DEATHS	1	5	2	3	1	12
OH	3	WF	RATE/10000	0.3	0.7	1.1	1.7	2.0	116.6
OH	3	WF	OBS DEATHS	3	7	11	13	12	46
OH	3	BF	RATE/10000	0.0	3.8	4.6	0.0	0.0	88.6
OH	3	BF	OBS DEATHS	0	1	1	0	0	2
OH	4	WF	RATE/10000	0.2	0.8	1.1	1.5	2.0	112.4
OH	4	WF	OBS DEATHS	5	19	27	29	29	109
OH	4	BF	RATE/10000	0.6	0.0	4.2	3.0	2.9	77.2
OH	4	BF	OBS DEATHS	1	0	6	3	2	12
OH	5	WF	RATE/10000	0.1	1.4	1.9	2.0	3.1	169.6
OH	5	WF	OBS DEATHS	6	48	65	52	59	230
OH	5	BF	RATE/10000	0.0	0.6	1.9	4.5	4.0	71.5
OH	5	BF	OBS DEATHS	0	2	5	9	5	21
OH	6	WF	RATE/10000	0.4	0.8	2.2	2.2	2.4	162.7
OH	6	WF	OBS DEATHS	6	13	40	34	27	120
OH	6	BF	RATE/10000	0.0	0.0	0.0	0.0	11.5	61.8
OH	6	BF	OBS DEATHS	0	0	0	0	3	3
OH	7	WF	RATE/10000	0.2	0.6	0.9	1.4	1.3	91.5
OH	7	WF	OBS DEATHS	4	13	19	23	15	74
OH	7	BF	RATE/10000	0.0	0.0	1.3	5.9	2.9	63.6
OH	7	BF	OBS DEATHS	0	0	1	3	1	5

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
OH	8	WF	RATE/10000	0.1	0.5	0.7	0.9	1.6	77.4
OH	8	WF	OBS DEATHS	2	9	13	12	14	50
OH	8	BF	RATE/10000	0.7	0.7	0.8	5.8	9.1	96.8
OH	8	BF	OBS DEATHS	1	1	1	5	5	13
OH	9	WF	RATE/10000	0.1	0.5	0.9	1.1	1.7	87.5
OH	9	WF	OBS DEATHS	8	27	56	51	51	193
OH	9	BF	RATE/10000	0.4	0.7	2.2	3.4	4.5	72.8
OH	9	BF	OBS DEATHS	4	8	19	19	16	66
OH	10	WF	RATE/10000	0.3	0.5	1.3	1.6	1.1	102.7
OH	10	WF	OBS DEATHS	5	19	27	25	11	78
OH	10	BF	RATE/10000	0.7	2.9	0.7	2.1	5.7	86.4
OH	10	BF	OBS DEATHS	1	5	1	2	4	13
OK	1	WF	RATE/10000	0.3	0.7	1.0	1.3	1.9	103.8
OK	1	WF	OBS DEATHS	16	41	61	75	78	271
OK	1	BF	RATE/10000	0.2	1.3	2.3	5.5	2.5	83.6
OK	1	BF	OBS DEATHS	1	5	7	19	7	39
OR	1	WF	RATE/10000	0.0	0.6	0.9	1.3	1.7	88.5
OR	1	WF	OBS DEATHS	1	13	23	28	26	91
OR	1	BF	RATE/10000	0.9	0.0	3.6	5.2	10.6	111.8
OR	1	BF	OBS DEATHS	9	0	2	2	2	6
OR	2	WF	RATE/10000	0.1	0.6	1.0	1.6	1.5	95.4
OR	2	WF	OBS DEATHS	2	12	21	30	20	85
OR	2	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
OR	2	BF	OBS DEATHS	0	0	0	0	0	0
OR	3	WF	RATE/10000	0.4	0.7	1.4	2.2	2.5	146.4
OR	3	WF	OBS DEATHS	3	5	10	14	10	42
OR	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
OR	3	BF	OBS DEATHS	0	0	0	0	0	0
PA	1	WF	RATE/10000	0.2	0.3	0.7	1.0	1.4	71.2
PA	1	WF	OBS DEATHS	16	28	70	76	76	266
PA	1	BF	RATE/10000	0.3	1.3	2.6	3.3	3.5	78.9
PA	1	BF	OBS DEATHS	8	29	52	47	32	168

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA NAME	COLOR	SEX		25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
PA	2	WF	RATE/10000	0.2	0.4	1.0	1.1	1.3	81.2
PA	2	WF	OBS DEATHS	5	10	26	24	20	85
PA	2	BF	RATE/10000	0.0	0.0	3.7	0.0	9.0	68.8
PA	2	BF	OBS DEATHS	0	0	1	0	1	2
PA	3	WF	RATE/10000	0.2	0.8	1.4	1.5	2.1	119.0
PA	3	WF	OBS DEATHS	3	18	37	36	37	131
PA	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
PA	3	BF	OBS DEATHS	0	0	0	0	0	0
PA	4	WF	RATE/10000	0.4	0.6	1.3	2.0	1.8	123.2
PA	4	WF	OBS DEATHS	12	21	43	55	36	167
PA	4	BF	RATE/10000	0.8	0.9	1.0	0.0	8.2	64.5
PA	4	BF	OBS DEATHS	1	1	1	0	4	7
PA	5	WF	RATE/10000	0.5	0.6	1.7	2.1	2.1	144.5
PA	5	WF	OBS DEATHS	9	11	32	35	25	112
PA	5	BF	RATE/10000	0.0	0.0	17.2	0.0	0.0	147.3
PA	5	BF	OBS DEATHS	0	0	1	0	0	1
PA	6	WF	RATE/10000	0.2	0.4	1.0	1.4	1.3	88.7
PA	6	WF	OBS DEATHS	12	33	92	100	62	299
PA	6	BF	RATE/10000	0.2	0.8	2.6	4.2	2.8	76.1
PA	6	BF	OBS DEATHS	1	4	13	16	8	42
PA	7	WF	RATE/10000	0.1	0.8	1.6	1.7	2.1	128.4
PA	7	WF	OBS DEATHS	2	15	33	29	24	103
PA	7	BF	RATE/10000	0.0	0.0	6.0	0.0	0.0	56.1
PA	7	BF	OBS DEATHS	0	0	2	0	0	2
PA	9	WF	RATE/10000	0.3	0.9	1.4	1.8	2.1	130.5
PA	9	WF	OBS DEATHS	4	12	20	22	18	76
PA	9	BF	RATE/10000	0.0	0.0	7.6	8.5	0.0	129.7
PA	9	BF	OBS DEATHS	0	0	1	1	0	2
RI	1	WF	RATE/10000	0.1	0.4	1.3	1.6	1.6	102.8
RI	1	WF	OBS DEATHS	2	10	35	36	27	110
RI	1	BF	RATE/10000	1.3	0.0	2.0	0.0	0.0	36.2
RI	1	BF	OBS DEATHS	1	0	1	0	0	2

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA	CCLCR			25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
NAME	-SEX								
SC	1	WF	RATE/10000	0.2	0.8	1.8	1.4	2.3	132.9
SC	1	WF	OBS DEATHS	4	12	29	18	19	82
SC	1	BF	RATE/10000	0.6	3.5	2.9	3.6	7.2	124.6
SC	1	BF	OBS DEATHS	2	10	8	8	11	39
SC	2	WF	RATE/10000	0.1	0.4	1.4	1.8	2.5	119.8
SC	2	WF	OBS DEATHS	2	6	19	19	17	63
SC	2	BF	RATE/10000	1.1	3.3	2.9	3.5	4.4	114.9
SC	2	BF	OBS DEATHS	6	16	13	12	11	58
SC	3	WF	RATE/10000	0.4	0.7	1.7	1.1	2.9	136.9
SC	3	WF	OBS DEATHS	4	6	14	7	12	43
SC	3	BF	RATE/10000	0.9	2.4	3.4	6.1	7.2	139.4
SC	3	BF	OBS DEATHS	4	12	16	23	19	74
SC	4	WF	RATE/10000	0.3	0.7	1.1	2.0	1.9	120.7
SC	4	WF	OBS DEATHS	3	6	9	12	7	37
SC	4	BF	RATE/10000	0.6	1.9	2.8	3.7	3.1	89.6
SC	4	BF	OBS DEATHS	3	9	13	14	8	47
SD	1	WF	RATE/10000	0.3	0.5	1.0	1.4	1.5	95.1
SD	1	WF	OBS DEATHS	4	8	16	19	16	63
SD	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
SD	1	BF	OBS DEATHS	0	0	0	0	0	0
TN	1	WF	RATE/10000	0.4	1.3	1.8	2.4	2.9	178.4
TN	1	WF	OBS DEATHS	5	16	21	23	19	84
TN	1	BF	RATE/10000	0.0	0.0	4.2	8.3	5.5	128.6
TN	1	BF	OBS DEATHS	0	0	1	2	1	4
TN	2	WF	RATE/10000	0.5	1.1	2.0	2.3	2.1	167.8
TN	2	WF	OBS DEATHS	9	21	37	35	21	123
TN	2	BF	RATE/10000	1.2	3.6	4.2	1.2	3.5	100.8
TN	2	BF	OBS DEATHS	1	3	4	1	2	11
TN	3	WF	RATE/10000	0.4	0.5	1.7	2.0	2.3	136.8
TN	3	WF	OBS DEATHS	5	6	20	20	16	67
TN	3	BF	RATE/10000	0.7	2.0	0.7	3.1	5.1	80.1
TN	3	BF	OBS DEATHS	1	3	1	4	5	14

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLCF NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
TN	4	WF	RATE/10000	0.3	0.5	1.3	2.3	1.8	123.3
TN	4	WF	OBS DEATHS	9	14	37	56	31	147
TN	4	BF	RATE/10000	0.8	2.3	4.8	4.9	4.3	125.9
TN	4	BF	OBS DEATHS	3	9	17	16	10	55
TN	5	WF	RATE/10000	0.6	0.7	1.1	1.2	1.6	105.2
TN	5	WF	OBS DEATHS	5	6	10	11	11	43
TN	5	BF	RATE/10000	1.3	3.8	2.4	3.6	2.3	97.7
TN	5	BF	OBS DEATHS	2	6	4	6	3	21
TN	6	WF	RATE/10000	0.0	0.8	1.3	1.0	1.6	94.0
TN	6	WF	OBS DEATHS	0	11	17	10	11	49
TN	6	BF	RATE/10000	0.4	1.0	2.9	4.1	6.3	99.4
TN	6	BF	OBS DEATHS	3	7	18	23	25	76
TX	1	WF	RATE/10000	0.2	1.1	0.4	0.6	2.4	89.2
TX	1	WF	OBS DEATHS	2	10	3	4	11	30
TX	1	BF	RATE/10000	0.0	3.7	0.0	0.0	0.0	34.5
TX	1	BF	OBS DEATHS	0	1	0	0	0	1
TX	2	WF	RATE/10000	0.4	0.5	0.8	1.6	1.0	93.4
TX	2	WF	OBS DEATHS	3	4	6	10	4	27
TX	2	BF	RATE/10000	0.0	1.8	2.6	0.0	0.0	44.7
TX	2	BF	OBS DEATHS	0	1	1	0	0	2
TX	3	WF	RATE/10000	0.0	0.8	1.2	3.1	1.1	126.5
TX	3	WF	OBS DEATHS	0	8	10	17	4	39
TX	3	BF	RATE/10000	0.0	3.7	0.0	11.9	0.0	121.2
TX	3	BF	OBS DEATHS	0	1	0	1	0	2
TX	4	WF	RATE/10000	0.1	0.7	0.9	1.4	2.0	101.8
TX	4	WF	OBS DEATHS	2	10	14	21	25	72
TX	4	BF	RATE/10000	0.0	2.8	4.9	7.0	6.5	150.9
TX	4	BF	OBS DEATHS	0	2	3	4	3	12
TX	5	WF	RATE/10000	0.3	0.7	0.9	1.4	1.5	97.2
TX	5	WF	OBS DEATHS	20	43	52	62	47	224
TX	5	BF	RATE/10000	0.6	2.0	3.1	3.8	3.8	98.9
TX	5	BF	OBS DEATHS	7	18	21	21	14	81

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
TX	6	WF	RATE/10000	0.2	0.6	0.9	1.5	1.8	101.2
TX	6	WF	OBS DEATHS	5	12	18	29	28	92
TX	6	BF	RATE/10000	0.6	4.1	5.3	5.7	6.4	158.7
TX	6	BF	OBS DEATHS	2	13	16	18	17	66
TX	7	WF	RATE/10000	0.2	0.4	1.0	1.7	2.3	111.2
TX	7	WF	OBS DEATHS	2	5	14	25	26	72
TX	7	BF	RATE/10000	0.3	1.6	2.7	5.3	6.7	117.7
TX	7	BF	OBS DEATHS	1	5	9	18	19	52
TX	8	WF	RATE/10000	0.3	0.6	1.7	1.9	2.7	142.5
TX	8	WF	OBS DEATHS	8	16	37	35	33	129
TX	8	BF	RATE/10000	2.9	4.0	1.2	0.0	3.8	85.1
TX	8	BF	OBS DEATHS	2	3	1	0	2	8
TX	9	WF	RATE/10000	0.2	0.8	0.8	1.4	2.0	102.9
TX	9	WF	OBS DEATHS	5	22	19	27	29	103
TX	9	BF	RATE/10000	0.0	1.8	2.6	1.6	2.3	62.7
TX	9	BF	OBS DEATHS	0	3	4	2	2	11
TX	10	WF	RATE/10000	0.2	0.2	1.3	1.0	1.4	81.3
TX	10	WF	OBS DEATHS	2	2	15	11	10	40
TX	10	BF	RATE/10000	1.0	1.3	3.1	2.1	2.8	76.6
TX	10	BF	OBS DEATHS	3	4	9	5	5	26
TX	11	WF	RATE/10000	0.2	0.7	0.8	1.7	2.1	104.3
TX	11	WF	OBS DEATHS	14	35	36	56	41	182
TX	11	BF	RATE/10000	0.4	1.3	3.1	4.8	2.6	90.9
TX	11	BF	OBS DEATHS	6	16	29	34	12	97
TX	12	WF	RATE/10000	0.2	0.3	1.6	1.3	0.7	94.7
TX	12	WF	OBS DEATHS	2	3	12	7	2	26
TX	12	BF	RATE/10000	0.0	2.3	2.7	3.7	0.0	77.3
TX	12	BF	OBS DEATHS	0	1	1	1	0	3
UT	1	WF	RATE/10000	0.1	0.5	0.7	0.9	0.8	63.4
UT	1	WF	OBS DEATHS	4	11	16	16	9	56
UT	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
UT	1	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA CCLCR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
VT	1	WF	RATE/10000	0.3	0.8	2.1	1.6	1.5	129.9
VT	1	WF	OBS DEATHS	3	8	22	15	11	59
VT	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
VT	1	BF	OBS DEATHS	0	0	0	0	0	0
VA	1	WF	RATE/10000	0.4	1.2	1.2	1.4	2.0	124.6
VA	1	WF	OBS DEATHS	5	15	15	15	15	65
VA	1	BF	RATE/10000	1.8	2.4	3.3	5.4	3.9	125.0
VA	1	BF	OBS DEATHS	3	4	5	7	4	23
VA	2	WF	RATE/10000	0.1	0.4	0.8	1.5	2.3	86.1
VA	2	WF	OBS DEATHS	2	10	20	20	15	67
VA	2	BF	RATE/10000	0.6	2.4	5.8	1.4	0.0	100.4
VA	2	BF	OBS DEATHS	1	3	6	1	0	11
VA	3	WF	RATE/10000	0.2	0.7	1.2	1.8	1.2	106.6
VA	3	WF	OBS DEATHS	5	18	29	36	17	105
VA	3	BF	RATE/10000	0.7	0.7	3.2	3.1	6.0	93.3
VA	3	BF	OBS DEATHS	2	2	9	7	10	30
VA	4	WF	RATE/10000	0.2	0.9	1.1	1.0	2.4	108.3
VA	4	WF	OBS DEATHS	3	14	19	13	23	72
VA	4	BF	RATE/10000	0.4	2.2	2.6	3.2	3.1	85.5
VA	4	BF	OBS DEATHS	3	15	17	16	11	62
VA	5	WF	RATE/10000	0.1	0.5	1.6	1.3	2.4	117.6
VA	5	WF	OBS DEATHS	3	12	35	19	24	93
VA	5	BF	RATE/10000	0.5	2.0	3.2	3.3	6.9	108.6
VA	5	BF	OBS DEATHS	4	18	28	20	27	97
WA	1	WF	RATE/10000	0.2	0.4	0.9	1.2	1.8	85.9
WA	1	WF	OBS DEATHS	11	18	47	49	50	175
WA	1	BF	RATE/10000	0.0	0.0	2.3	1.4	2.8	41.5
WA	1	BF	OBS DEATHS	0	0	3	1	1	5
WA	2	WF	RATE/10000	0.3	0.9	1.2	1.5	2.6	129.0
WA	2	WF	OBS DEATHS	3	10	14	15	17	59
WA	2	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WA	2	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
WA	3	WF	RATE/10000	0.1	0.6	1.0	1.4	1.7	96.8
WA	3	WF	OBS DEATHS	1	6	10	12	9	38
WA	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WA	3	BF	OBS DEATHS	0	0	0	0	0	0
WA	4	WF	RATE/10000	0.1	1.0	1.2	1.6	2.1	118.0
WA	4	WF	OBS DEATHS	1	10	13	15	14	53
WA	4	BF	RATE/10000	0.0	0.0	0.0	26.1	0.0	152.0
WA	4	BF	OBS DEATHS	0	0	0	1	0	1
WV	1	WF	RATE/10000	0.3	0.9	2.1	2.5	2.8	172.8
WV	1	WF	OBS DEATHS	11	42	100	101	78	332
WV	1	BF	RATE/10000	0.0	0.7	6.7	4.8	5.2	127.3
WV	1	BF	OBS DEATHS	0	1	12	9	8	30
WI	1	WF	RATE/10000	0.0	0.3	0.8	1.1	1.1	68.1
WI	1	WF	OBS DEATHS	1	6	14	16	12	49
WI	1	BF	RATE/10000	0.0	0.0	0.0	13.7	0.0	86.4
WI	1	BF	OBS DEATHS	0	0	0	1	0	1
WI	2	WF	RATE/10000	0.0	0.3	0.8	0.9	1.2	65.6
WI	2	WF	OBS DEATHS	2	14	35	34	30	115
WI	2	BF	RATE/10000	0.8	1.2	3.1	3.4	6.3	98.7
WI	2	BF	OBS DEATHS	3	4	6	4	4	21
WI	3	WF	RATE/10000	0.0	0.2	0.8	0.8	1.6	63.3
WI	3	WF	OBS DEATHS	0	2	8	7	11	28
WI	3	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WI	3	BF	OBS DEATHS	0	0	0	0	0	0
WI	4	WF	RATE/10000	0.1	0.5	1.2	1.5	1.3	94.2
WI	4	WF	OBS DEATHS	1	5	14	16	10	46
WI	4	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WI	4	BF	OBS DEATHS	0	0	0	0	0	0
WI	5	WF	RATE/10000	0.0	0.8	0.9	1.0	1.5	82.5
WI	5	WF	OBS DEATHS	0	9	11	11	14	45
WI	5	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WI	5	BF	OBS DEATHS	0	0	0	0	0	0

Number of cervical cancer deaths, rates per 10,000 women and standardized mortality ratio (SMR) by age, race, and health service area (HSA): United States, 1968-72—Con.

HSA COLOR NAME -SEX				25-34	35-44	45-54	55-64	65-74	(SMR) 25-74
WI	6	WF	RATE/10000	0.0	0.3	0.8	0.8	2.0	73.0
WI	6	WF	OBS DEATHS	0	2	7	6	11	26
WI	6	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WI	6	BF	OBS DEATHS	0	0	0	0	0	0
WY	1	WF	RATE/10000	0.1	0.4	1.6	1.1	1.7	97.1
WY	1	WF	OBS DEATHS	1	3	13	7	7	31
WY	1	BF	RATE/10000	0.0	0.0	0.0	0.0	0.0	0.0
WY	1	BF	OBS DEATHS	0	0	0	0	0	0

NCHS

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