STATEID	state death certificate ID number
FIRSTNAME	first name
MIDDLENAME	middle name
LASTNAME	last name
MAIDENNAME	maiden name (if applicable)
SUFFIX	suffix (jr, sr, etc)
BIRTHDATE	date of birth
DEATHDATE	date of death
GENDER	gender (M=male, F=female)
RACE	race
HISPANICETHNICITY	Hispanic/Latino or not
AGEYEARS	age at death (in years; 0 means less than 1)
RESADDRESS	address of residence
RESSTATE	state of residence
RESCITY	city of residence
RESCOUNTY	county of residence
ZIP	zip code of residence
ARMEDFORCES	Y or N, ever in armed forces?
YEARSEDUCATION	Years of education or highest educational attainment
OCCUPATION	Occupation
INDUSTRY	Industry
MARITALSTATUS	Marital status
PLACETYPE	place of death type (i.e. hospital, own home, other place, etc)
DEATHCITY	City of death
DEATHCOUNTY	County of death
MANNERDEATH	Manner of death (homicide, suicide, natural, unknown)
INJURY_DATE	date of injury that led to death
INJURYPLACE	place of injury
INJURYSTATE	state where injury occurred
INJURYCOUNTY	county where injury occurred
INJURYDESC	description of injury
CAUSEA	First cause of death
CAUSEB	second cause of death