The census returns of mortality were in 1890 derived from two sources—the registration returns in those states and cities in which a registration of deaths is maintained and from the returns of the enumerators.

In most of the large cities of the country and in the states of Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and the District of Columbia there is a registration of deaths which is fairly accurate and complete. In these regions, which contain about 21,000,000 people, or nearly one-third of the population, the returns can be depended upon as fairly reliable.

Throughout the rest of the country, comprising more than two-thirds of its population, where the mortality returns were obtained from the enumerators only, it is probable that more than one-half of the deaths were not reported. Moreover, these returns differ in fullness with the age, sex, race, and nativity of the people reported upon. The omissions were doubtless greater among females than among males, among children than among adults, among negroes than among whites, and among foreign whites than among native whites. Necessarily, therefore, the report of deaths from diseases incident to childhood, or those diseases to which females, negroes, or the foreign born are peculiarly subject, are affected in like manner. The result is that the conclusions derived from the returns of the enumerators in the regions not covered by the registration records are more or less unreliable, and should be accepted with caution.

The death rate derived from the registration records, that is, the annual number of deaths per 1,000 of the population, is 22.27. This, however, is not a fair average. The result is that the conclusions derived from the returns of the enumerators in the regions not covered by the registration records are more or less unreliable, and should be accepted with caution.

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The distribution of deaths from scarlet fever, malarial fever, and pneumonia is shown in Maps 214, 219, and 221, respectively. These maps indicate that the highest incidence of scarlet fever is in the southeastern states, particularly in Alabama, Georgia, and South Carolina. In contrast, the disease is less prevalent in the northern states.

Pneumonia shows a different pattern, with the highest incidence occurring in the northern and northeastern states, whereas the southern states and the western states have lower rates.

The distribution of malarial fever is similar to that of scarlet fever, with the highest incidence in the southeastern states, particularly in the coastal regions. The western states and the northern states have lower rates of incidence.

The distribution of deaths from these diseases is also influenced by population density. In sparsely settled regions, such as the Rocky Mountain region and the plains and prairie region, the incidence of these diseases is lower. In contrast, in densely populated regions, such as the northeastern states and the southern states, the incidence is higher.

The death rate from scarlet fever is generally higher in the southern states, particularly in the southeastern states, where the disease is more prevalent. The death rate from malarial fever is highest in the southern states, particularly in the states with a warm climate, such as Texas and Florida. The death rate from pneumonia is highest in the northeastern states, particularly in New England.

The age distribution of deaths from these diseases also varies. The highest incidence of deaths from scarlet fever and malarial fever occurs in children under 5 years of age. The highest incidence of deaths from pneumonia occurs in adults aged 65 years and over.

The sex distribution of deaths from these diseases is also different. The death rate from scarlet fever is higher in females than in males, whereas the death rate from malarial fever is higher in males than in females. The death rate from pneumonia is higher in males than in females, particularly in the age group 65 years and over.

The distribution of deaths from these diseases is also influenced by race. The death rate from scarlet fever is higher among whites than among African Americans. The death rate from malarial fever is higher among African Americans than among whites. The death rate from pneumonia is higher among whites than among African Americans.

In conclusion, the distribution of deaths from scarlet fever, malarial fever, and pneumonia is influenced by geographic, demographic, and racial factors. These factors interact to determine the incidence and mortality of these diseases in different areas and among different populations.
TABLE OF COMPARATIVE DEATH RATES OF MALES AND FEMALES FROM 15 TO 45 YEARS OF AGE IN THE REGISTRATION AREA, BY CONJUGAL CONDITION, WITH DISTINCTION OF COLOR AND GENERAL NATIVITY: 1890.

<table>
<thead>
<tr>
<th>CLASS AND CONJUGAL CONDITION</th>
<th>MALES</th>
<th>FEMALES</th>
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<tbody>
<tr>
<td>Single</td>
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<td></td>
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<tr>
<td>Native, White</td>
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<tr>
<td>Foreign</td>
<td></td>
<td></td>
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<tr>
<td>Native, Colored</td>
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<tr>
<td>Foreign</td>
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<tr>
<td>Married</td>
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<tr>
<td>Native, White</td>
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<td>Foreign</td>
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<td>Native, Colored</td>
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<td>Foreign</td>
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<td>Widowed</td>
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<td>Native, White</td>
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<td>Foreign</td>
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<tr>
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224. COMPARATIVE DEATH RATES OF MALES AND FEMALES FROM 15 TO 45 YEARS OF AGE IN THE REGISTRATION AREA, BY CONJUGAL CONDITION, WITH DISTINCTION OF COLOR AND GENERAL NATIVITY: 1890.

225. PROPORTION OF DEATHS AT ALL AGES, IN EACH MONTH, IN THE UNITED STATES: 1890.

226. PROPORTION OF DEATHS IN EACH 5 YEARS OF AGE IN EACH MONTH, IN THE UNITED STATES: 1890.

227. PROPORTION OF DEATHS AT 60 YEARS OF AGE AND OVER IN EACH MONTH IN THE UNITED STATES: 1890.

228. PROPORTION OF DEATHS FROM SCARLET FEVER IN EACH MONTH IN THE CITIES AND IN THE RURAL DISTRICTS OF THE UNITED STATES: 1890.

229. PROPORTION OF DEATHS FROM MEASLES IN EACH MONTH IN THE CITIES AND IN THE RURAL DISTRICTS OF THE UNITED STATES: 1890.

230. PROPORTIONS OF DEATHS OF FEMALES, AT EACH AGE, FROM DIPHTHERIA AND FROM CROUP IN THE UNITED STATES: 1890.
Diagram 237, showing the liability of persons of different sexes and ages to erysipelas, shows that the liability to this disease increases with age up to 75 years, and then rapidly diminishes. On the other hand, young children below the age of 5 are also extremely subject to this disease. Diagram 238, illustrating the distribution by age and sex of consumption, shows that up to the age of 15 or 20 there is little liability to this disease; that the greatest liability diminishes rapidly.

Diagram 239, shows that in the cities the deaths are most numerous in midwinter, while in the country they are most numerous in the late winter and spring months. Diagram 240, illustrating the prevalence among the sexes and at various ages of scrofula and tubercle, shows that among young children these diseases are more common among the males, but after maturity they become slightly more common among females, and that the liability to them diminishes with increasing age.

The distribution of deaths from this disease throughout the year in cities and rural districts, illustrated by Diagram 241, shows that in the cities the deaths are most numerous in midwinter, while in the country they are most numerous in the late winter and spring months.

Diagrams 242 and 243, illustrating similarly the prevalence of cancer and tumor, show that this is a disease of old age, reaching its greatest mortality between 60 and 70 years, while the proportion of children that suffer from it is trifling. Diabetes, also, as shown by Diagram 244, is much more common among people of advanced age than children or youths.

Deaths from apoplexy and paralysis are, as appears from Diagram 245, most common at advanced ages, reaching a maximum between 70 and 75 years of age.
Heart disease and dropsy are also diseases of old age, reaching their maximum, as shown by Diagram 244, between 60 and 70 years of age.

Bronchitis, as appears from Diagram 245, is a disease of children, a large proportion of the deaths under 1 year of age being due to this cause. It is also a disease of old age, a second maximum of deaths being reached between 70 and 75 years.

Mortality from pneumonia, as appears from Diagram 246, is common at all ages and to both sexes.

Diseases of the liver, as appears from Diagram 247, are very prevalent with children under 1 year of age, but disappear almost entirely as age advances, increasing again as maturity is reached, and attaining a second maximum between 60 and 65 years of age.

Diagram 248 shows that the class of diseases therein treated is vastly more prevalent among mature persons than children and among men of advanced age far more than among women.

Diagram 249 shows that Bright's disease, common to both sexes, is much more prevalent among men than women.

Diagram 250 shows in the cities the greatest prevalence of this class of diseases in the late winter and early spring, while in the rural districts they are more prevalent in the spring months.

Diagram 251 shows that suicides are more prevalent among women between the ages of 15 and 25, while among men they are much more prevalent at a more advanced age. In the cities there is no marked difference in the number of suicides at the different times of the year, but in the country a marked increase is seen in the months of April and May over any other part of the year, as shown in Diagram 252.