2A.

**TOTAL MORTALITY**

During 2005, 45,115 Arizona residents died, 2,379 more than in 2004 (Table 2A-1). There were 23,614 deaths of Arizona male residents and 21,501 deaths among females. In 2005, females accounted for 48 out of every 100 deaths compared to 46 per 100 in 1995.

Approximately 81.0 percent of all resident deaths in 2005 were White non-Hispanics. Hispanics or Latino accounted for 11.8 percent of all resident deaths in 2005, followed by American Indians or Alaska Natives (3.7 percent), Blacks or African Americans (2.6 percent) and Asians or Pacific Islanders (0.8 percent). Females accounted for a minority of deaths in each racial/ethnic group (Table 2A-1).

Of the 45,115 deaths in 2005, only 33.8 percent occurred in hospitals. The majority of deaths (66.2 percent) occurred in the place of residence, including nursing homes and other long-term care facilities (Table 2A-4). Inpatient deaths accounted for 81.4 percent of all hospital deaths. Hospital deaths accounted for a minority (9,574) of the total deaths (32,163) among elderly 65 years or older. In contrast, nine out of ten (89.0 percent) of all infant deaths occurred in hospitals.
Beginning with the 2000 data year in Arizona, the age-adjusted mortality rates discussed below are based on the year 2000 population standard. The rates for 1995-1999 were re-calculated using the new standard.

The total age-adjusted mortality rate increased from 757.3 in 2004 to 772.5 in 2005 (Figure 2A-1).

The percent difference between male and female mortality rates narrowed from 47 percent greater mortality rate in 1995 to 44 percent greater in 2005.

The 2005 age-adjusted death rates for the major race/ethnic groups were as follows: the rate for White non-Hispanic population was 744.6 deaths per 100,000 U.S. standard population; Black population, 1053.1; American Indian population, 1006.6; and Asian or Pacific Islander population, 629.5 (Figure 2A-2, Table 2B-4).

In 1990, the age-adjusted death rate for the Black population was 1.31 times that of the White non-Hispanic population; that is, the average risk of death for the Black population was about 31 percent higher than for the White non-Hispanic population. In 2000, the ratio increased to 1.36:1.00. The 2005 ratio was even higher and the age-adjusted mortality rate for Arizona’s Black or African American residents exceeded by 41 percent the mortality rate of White non-Hispanics.
If there was no monthly variation in proportional contribution to the annual death total, 8.3 percent (100/12) of deaths should occur monthly. However, when the monthly distribution of resident deaths is examined, only one month, December (10.0 percent of annual deaths), deviated in 2005 from the expected value by no less than 20 percent. (Figure 2A-3). September was the month with the lowest proportional contribution (7.6 percent) to the annual death total among Arizona residents.

The majority of the 2,208 non-residents who died in Arizona during 2005 did so during January, February, March and April. August continued to be the month with the lowest proportional contribution (5.0 percent) to the annual death total among out-of-State residents who died in Arizona.

Autopsies were reported as performed on 4,505 decedents, or 10.0 percent of the deaths that occurred among Arizona residents in 2005. The percent of deaths autopsied in 2005 declined from the overall fraction of 10.5 percent calculated for the preceding year.

Among the leading causes of death, the highest percentages of death autopsied were for homicide (98.4 percent), unintentional injuries (50.6 percent), and suicide (49.6 percent). The lowest percentages of autopsies were reported for prostate cancer (0.2 percent), Alzheimer's disease (0.6 percent), breast cancer (0.9 percent), and Parkinson's disease (1.4 percent). Deaths at older ages (i.e., those from chronic diseases) are less likely to be autopsied, than the deaths at younger ages i.e., those more likely to be injury/violence-related. (Figure 2A-4).