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WILMINGTON, DELAWARE 19898

POLYMER PRODUCTS DEPARTMENT

December 14, 1989

PERSONAL AND CONFIDENTIAL

TO: H. V. BRADLEY - WASHINGTON WORKS  
H. D. RAMSEY - WASHINGTON WORKS  
R. D. LANYON - WASHINGTON WORKS

FROM: H. A. SMITH

WASHINGTON WORKS  
CANCER INCIDENCE AND OVERALL MORTALITY RATES

The Corporate Epidemiology Section has just completed an update and review of cancer incidence rates among employees and overall mortality rates among employees and pensioners, including all data through 1987. The basis for comparison is the experience of the entire Du Pont Company. Tables for your site are attached.

This information should be reviewed by your site medical personnel. There is always a chance there could be a question about the numbers in a specific grouping and sometimes our records show the final cause of death and not the primary cause of death. If there are any questions, please contact me so we can keep the records straight.

This information is part of our ongoing program to monitor employee health. It's another tool to help us do our job and, as such, can be used in any way you see fit. It is not the type of thing you would add to the annual communication list or, except in some very special circumstance, use for a special employee communication. This report issues every several years because this type of data has no real meaning for year-to-year trends. In fact, this information seldom stands alone - it's usually used in conjunction with other studies (e.g., animal) or to point out an area deserving of a closer look. Site statistics involve very small numbers, and trying to follow up and explain a small number of cases is exceedingly frustrating because chance plays the biggest role. When you break the data into very small groupings, sooner or later you are going to have a case versus a very small fractional expected number.

BETTER THINGS FOR BETTER LIVING

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SUMMARY OF DATACancer Incidence

No statistically significant excess was observed in the overall cancer experience of employees at this location from 1956-1987. There was, however, a statistically significant excess of cancers of the buccal cavity and pharynx among male wage (8 cases and 2.6 expected) and all male employees. This elevation was reported in the 1956-1983 surveillance and one case has occurred since that time. There was also a statistically significant excess of kidney and other urinary cancers among male salary (5 cases versus 1.8 expected) and all male employees (8 cases versus 3.8 expected). This excess was not present during 1956-1983. Three cases have been diagnosed during 1984-1987 and 1.1 would be expected overall. A bladder cancer excess among male wage employees was also statistically significant (8 cases versus 4.0 expected). No elevation was reported during the earlier surveillance. Three bladder cancer cases were reported during 1984-1987; two of these were initially diagnosed in 1976. An additional new finding was a statistically significant elevation in multiple myeloma among all men (4 observed versus 1.4 expected). Again, three cases were diagnosed during 1984-1987 and 0.5 would be expected. No statistically significant deficits were observed in the overall or site-specific cancer experience of employees at Washington Works during 1956-1987. Cancer experience among female employees was not unusual.

W. V. Bradley  
Cancer

Mortality

Statistically significant deficits were observed in the overall mortality experience of male wage and all male employees at this location from 1957-1987. There was also a statistically significant deficit of deaths from cerebrovascular disease among male wage employees (5 deaths versus 11.1 expected). Significant deficits were seen among all male employees for suicide (3 observed versus 10.1 expected) and "other" accidents (6 observed versus 12.1 expected). No unusual patterns were seen in the mortality tables for female employees.

HAS/is  
Attachment  
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#### INTERPRETATION OF SURVEILLANCE DATA

Enclosed are tables showing the (1) numbers of cancer cases reported from 1956 through 1987 among active employees at departmental locations and (2) numbers of deaths reported from 1957 through 1987 among active employees and pensioners at departmental locations. For each specific cause the number of observed cases/deaths (OBS) is compared to the number expected (EXP) based on the experience of the entire Company by the ratio of the observed to the expected numbers of cases/deaths (OBS/EXP). Accompanying each table is a descriptive text which summarizes the main points.

#### Sources of Surveillance Data

Cancer cases that occur among active employees are recorded in the Company-wide Cancer Registry that was started in 1956. Through 1988, cases have been reported to the Registry primarily by diagnoses entered on Accident and Health Insurance (A&H) claims and by death certificates that accompany life insurance claims filed by beneficiaries of deceased employees. Beginning in 1977, these sources were supplemented by cancer registry report forms submitted by Company physicians. The Cancer Registry includes only cancer cases that occur among active employees and does not include employees whose cancer was first diagnosed after retirement or after

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employment termination resulting from resignation, discharge or other reasons.

Deaths that occur among active and pensioned employees are recorded in the Company-wide Mortality registry that was initiated in 1957. Deaths are identified through life insurance claims filed by beneficiaries of deceased employees. Deaths that occur among employees terminated without pension are not included since there is no uniform mechanism for identification of these deaths.

#### Methods of Analysis

Methods used for the cancer incidence and mortality tables are basically the same and are discussed concurrently.

To determine expected numbers of cases/deaths for the standardized analysis, cancer incidence and mortality rates for Du Pont employees (and pensioners for mortality), specific for 5-year age categories, sex and payroll class (i.e. wage or salary roll). These rates are computed for each of the major causes shown in the enclosed tables. Then, the Company-wide rates are multiplied by the cumulative midyear population of employees (and pensioners, where applicable) from each plant or office

location, specific for age, sex and payroll class, over the entire study period. The sum of the products over all age groups is the expected number of cases or deaths.

Standardized analyses are generally preferred because they provide age-adjusted expected numbers and are based on actual plant populations. In some cases, however, they may not be appropriate or informative. In these isolated cases (identified in the attached text and tables), we have provided instead the results of the proportionate incidence or mortality analyses. In these analyses, the observed distribution of cases/deaths by cause at a given site is compared with the expected which is derived from proportions which occur within the entire Company. In these situations, we have no populations for rates and can look only at proportional distributions.

Proportions can be misleading, however, as it is possible to have an unusual distribution of cases/deaths without there being any excess rate for any specific cause. For example, if a plant has a lower death rate from heart disease than the rate in the Company as a whole, the proportion of deaths from other causes would be inflated (compared to that of the entire Company) in order that proportions for all causes add up to 100 percent.

### Tests of Significance

To test whether the observed to expected ratios (OBS/EXP) given in the tables differ significantly from 1.00, we determine the probability that the difference between the observed and expected numbers occurred by chance alone. This probability value is obtained from the Poisson probability distribution. The difference is considered statistically significant if the probability value is less than 0.10 using the two-tailed test. In the two-tailed test, statistically significant deficits as well as excesses are denoted. Statistical significance is tested only if either the observed or expected number of cases or deaths is 4 or more.

### Interpretation of Statistically Significant Results

The designation of a statistically significant excess often suggests the need for further investigation to determine whether the excess may have occurred because of some agent at the plant. However, an excess may also occur because of environmental and other factors associated with increased risks, such as smoking, diet, alcohol, ethnic origin, socioeconomic status or genetic factors.

Chance alone may account for a statistically significant difference. When the level of statistical significance is set at 0.10, one should expect to find a statistically significant difference in about 10 out of every 100 comparisons due to chance alone, even when no specific causative factor is responsible.

The magnitude of the difference, expressed as the ratio of the observed to the expected numbers (OBS/EXP), must also be considered in interpretation of the data. The OBS/EXP ratio and corresponding probability value should be considered together in the assessment of the difference between an observed and expected number.

It may be that the observed number for a particular cause is greater than the expected number, but the difference is not statistically significant. In this instance it does not necessarily follow that a particular agent at the plant may not be associated with the moderate excess. If the number of persons at the plant exposed to the agent is small, excess morbidity or mortality in that group would be difficult to detect because of dilution by data from the rest of the plant. Also, it may be too soon for effects of an agent to be manifested by excess morbidity or mortality.

OBSERVED AND EXPECTED CANCER INCIDENCE USING POPULATION BASED RATES - 40CT89  
 WASHINGTON (PARKERSBURG) - PLANT (LOCATION CODE = 013)  
 1956 - 1987, MALES

TYPE OF CANCER	SALARY ROLL			MAGE ROLL			MAGE + SALARY		
	OBSERVED	EXPECTED	OBS/EXP	OBSERVED	EXPECTED	OBS/EXP	OBSERVED	EXPECTED	OBS/EXP
BUCAL CAVITY & PHARYNX	1	1.47	0.68	8	2.64	3.03 *	9	4.11	2.19 *
ESOPHAGUS	0	0.43	0.00	0	0.91	0.00	0	1.34	0.00
STOMACH	0	0.75	0.00	0	1.58	0.00	0	2.33	0.00
SMALL AND LARGE INTESTINE	8	4.97	1.61	6	6.72	0.89	14	11.69	1.20
RECTUM	2	1.77	1.13	3	2.97	1.01	5	4.74	1.05
LIVER AND BILIARY PASSAGES	0	0.43	0.00	2	0.82	2.43	2	1.25	1.59
PANCREAS	1	1.18	0.85	2	1.96	1.02	3	3.14	0.95
PERITONEUM	0	0.10	0.00	1	0.10	9.85	1	0.20	5.04
UNSPEC. DIGESTIVE ORGANS	0	0.03	0.00	0	0.01	0.00	0	0.03	0.00
NOSE, NASAL CAVITIES, ETC.	1	0.13	7.71	0	0.53	0.00	1	0.66	1.52
LARYNX	1	0.69	1.47	3	1.92	1.56	4	2.60	1.54
LUNG, BRONCHUS, & TRACHEA	7	7.06	0.99	10	13.30	0.75	17	20.44	0.83
MEDIASTINUM & UNSPEC.	0	0.12	0.00	0	0.14	0.00	0	0.26	0.00
PLEURA	0	0.12	0.00	1	0.32	3.16	1	0.44	2.28
BREAST	0	0.11	0.00	0	0.10	0.00	0	0.21	0.00
PROSTATE	1	2.57	0.39	3	3.82	0.79	4	6.39	0.63
TESTIS	2	1.15	1.74	2	1.63	1.23	4	2.78	1.44
OTHER MALE GENITAL ORGANS	0	0.02	0.00	0	0.23	0.00	0	0.24	0.00
KIDNEY & OTHER URINARY	5	1.84	2.72 *	3	1.97	1.52	8	3.81	2.10 *
BLADDER	0	1.91	0.00	8	3.97	2.02 *	8	5.88	1.36
MALIGNANT MELANOMA	7	3.33	2.10	5	5.94	0.84	12	9.27	1.50
EYE	0	0.12	0.00	0	0.22	0.00	0	0.34	0.00
BRAIN & OTHER NERVOUS SYSTEM	0	1.37	0.00	3	2.93	1.02	3	4.31	0.70
THYROID	1	0.49	0.00	1	1.17	0.86	1	1.65	0.60
OTHER ENDOCRINE GLANDS	0	0.21	4.70	0	0.16	0.00	1	0.37	2.72
BONE	0	0.16	0.00	1	0.26	3.88	1	0.42	2.40
CONNECTIVE TISSUE	0	0.72	0.00	1	1.21	0.83	1	1.93	0.52
LYMPHOSARCOMA & RETICULOSARCOMA	0	1.10	0.00	0	1.23	0.00	0	2.33	0.00
HODKIN'S DISEASE	1	0.88	1.13	2	2.22	0.90	3	3.10	0.97
OTHER LYMPHOMA	1	0.77	1.30	3	1.66	1.61	4	2.93	1.65
MULTIPLE MYELOMA	2	0.45	4.44	2	0.91	2.19	4	1.37	2.95 *
LEUKEMIA	2	1.39	1.44	4	2.69	1.49	6	4.08	1.47
MYCOSIS FUNGOIDES	0	0.12	0.00	0	0.00	-	0	0.12	0.00
OTHER HEMATOPOIETIC SYSTEM	1	0.18	5.61	0	0.22	0.00	1	0.40	2.52
OTHER & UNKNOWN	1	0.95	1.05	1	1.82	0.55	2	2.78	0.72
TOTAL ALL CAUSES	45	39.10	1.15	75	68.34	1.10	120	107.64	1.12

STATISTICALLY SIGNIFICANT EXCESS (\*) / DEFICIT (#) AT THE 2-TAILED 0.10 LEVEL  
 (CALCULATED ONLY WHERE EITHER OBS OR EXP GE 4)

NOTE: OTHER SKIN CANCER NOT INCLUDED IN THIS REPORT



OBSERVED AND EXPECTED CANCER INCIDENCE USING POPULATION BASED RATES - 30OCT89  
 WASHINGTON (PARKERSBURG) + PLANT (LOCATION CODE = 013)  
 1956 - 1987, FEMALES

TYPE OF CANCER	SALARY ROLL		HAGE ROLL		HAGE + SALARY	
	OBSERVED	EXPECTED	OBSERVED	EXPECTED	OBSERVED	EXPECTED
BUCCAL CAVITY & PHARYNX	0	0.04	0	0.07	0	0.11
ESOPHAGUS	0	0.00	0	0.00	0	0.00
STOMACH	0	0.09	0	0.00	0	0.09
SMALL AND LARGE INTESTINE	0	0.31	0	0.12	0	0.42
RECTUM	0	0.15	0	0.07	0	0.22
LIVER AND BILIARY PASSAGES	0	0.00	0	0.05	0	0.05
PANCREAS	0	0.05	0	0.01	0	0.06
PERITONEUM	0	0.00	0	0.00	0	0.00
UNSPEC. DIGESTIVE ORGANS	0	0.00	0	0.00	0	0.00
NOSE, NASAL CAVITIES, ETC.	0	0.01	0	0.00	0	0.01
LARYNX	0	0.02	0	0.01	0	0.04
LUNG, BRONCHUS, & TRACHEA	0	0.44	0	0.04	0	0.48
MEDIASTINUM & UNSPEC.	0	0.00	0	0.00	0	0.00
PLEURA	0	0.00	0	0.00	0	0.00
BREAST	2	2.56	2	1.25	4	3.81
CERVIX	0	1.45	3	1.21	3	2.66
OTHER FEMALE GENITAL ORGANS	0	0.89	0	0.30	0	1.19
KIDNEY & OTHER URINARY	0	0.02	0	0.07	0	0.09
BLADDER	0	0.05	0	0.02	0	0.07
MALIGNANT MELANOMA	2	0.42	0	0.19	2	0.61
EYE	0	0.01	0	0.00	0	0.01
BRAIN & OTHER NERVOUS SYSTEM	0	0.10	0	0.00	0	0.11
THYROID	1	0.31	0	0.02	1	0.33
OTHER ENDOCRINE GLANDS	0	0.00	0	0.06	0	0.06
SORE	0	0.08	0	0.00	0	0.08
CONNECTIVE TISSUE	0	0.09	0	0.07	0	0.16
LYMPHOSARCOMA & RETICULOSARCOMA	0	0.14	1	0.03	1	0.17
HODGKIN'S DISEASE	0	0.17	0	0.03	0	0.20
OTHER LYMPHOMA	0	0.11	0	0.08	0	0.18
MULTIPLE MYELOMA	1	0.06	0	0.00	1	0.06
LEUKEMIA	0	0.10	0	0.09	0	0.19
MYCOSIS FUNGOIDES	0	0.00	0	0.00	0	0.00
OTHER HEHATOPOIETIC SYSTEM	0	0.00	0	0.00	0	0.00
OTHER & UNKNOWN	0	0.06	0	0.04	0	0.10
TOTAL ALL CAUSES	6	7.74	6	3.65	12	11.60
						1.03

NOTE: OTHER SKIN CANCER NOT INCLUDED IN THIS REPORT

OBSERVED AND EXPECTED DEATHS USING POPULATION-BASED RATES - 50CT89  
 WASHINGTON (PARKERSBURG) - PLANT (LOCATION CODE = 013)  
 1957 - 1987, MALES

CAUSE OF DEATH	SALARY ROLL			WAGE ROLL			WAGE + SALARY		
	OBSERVED	EXPECTED	OBS/EXP	OBSERVED	EXPECTED	OBS/EXP	OBSERVED	EXPECTED	OBS/EXP
<b>MALIGNANT NEOPLASMS</b>									
BUCCAL CAVITY & PHARYNX	1	0.72	1.38	2	1.25	1.59	3	1.98	1.52
DIGESTIVE ORGANS	8	9.88	0.81	11	16.79	0.74	19	24.66	0.77
RESPIRATORY SYSTEM	12	10.97	1.09	17	21.66	0.79	29	32.61	0.89
BREAST	0	0.10	0.00	0	0.08	0.00	0	0.18	0.00
GENITAL ORGANS	1	2.29	0.44	2	3.30	0.61	3	5.59	0.54
URINARY ORGANS	0	2.03	0.00	4	2.85	1.40	4	4.87	0.82
LYMPHATIC, ETC.	4	4.20	0.95	6	6.67	0.90	10	10.88	0.92
OTHER & UNSPECIFIED	4	5.23	0.77	8	7.29	1.10	12	12.52	0.96
TOTAL MALIGNANT NEOPLASMS	30	35.41	0.85	50	57.87	0.86	80	93.28	0.86
<b>CEREBROVASCULAR DISEASE</b>	5	5.83	0.86	5	11.11	0.45 *	10	16.94	0.59
<b>DISEASES OF THE HEART</b>									
CHRONIC RHEUMATIC HEART DISEASE	1	0.65	1.53	1	0.71	1.41	2	1.35	1.47
ARTERIOSCLEROTIC HEART DISEASE	44	42.35	1.04	63	71.80	0.88	107	114.15	0.94
CHRONIC ENDOCARDITIS	0	0.24	0.00	0	0.47	0.00	0	0.72	0.00
HYPERTENSIVE HEART DISEASE	0	0.73	0.00	1	1.30	0.77	1	2.03	0.49
OTHER HEART DISEASE	8	6.08	1.52	13	10.05	1.29	21	16.13	1.30
<b>OTHER CARDIOVASCULAR DISEASE</b>	0	0.02	0.00	0	0.02	0.00	0	0.04	0.00
RHEUMATIC FEVER	1	0.32	3.16	0	0.59	0.00	1	0.90	1.11
HYPERTENSION WITHOUT MENTION OF HEART	2	0.28	7.14	0	0.45	0.00	2	0.73	2.75
GENERAL ARTERIOSCLEROSIS	5	2.48	2.01	3	4.09	0.75	8	6.58	1.22
OTHER									
<b>EXTERNAL CAUSES OF DEATH</b>									
MOTOR VEHICLE ACCIDENTS	4	3.36	1.19	8	14.23	0.56	12	17.59	0.68
SUICIDE	0	2.97	0.00	3	7.16	0.42	3	10.12	0.30 *
HOMICIDE	0	0.32	0.00	1	2.48	0.40	1	2.80	0.36
OTHER ACCIDENTS	2	3.38	0.59	4	8.70	0.46	6	12.08	0.50 *
<b>OTHER CAUSES</b>									
INFLUENZA	0	0.02	0.00	0	0.06	0.00	0	0.08	0.00
PNEUMONIA	4	1.61	2.59	3	2.81	1.07	7	4.41	1.59
NEPHRITIS & NEPHROSIS	0	0.51	0.00	1	1.37	0.73	1	1.88	0.53
TUBERCULOSIS OF RESPIRATORY SYSTEM	0	0.03	0.00	0	0.18	0.00	0	0.22	0.00
DIABETES MELLITUS	0	0.68	0.00	2	1.51	1.32	2	2.19	0.91
PEPTIC ULCER	0	0.39	0.00	0	0.59	0.00	0	0.97	0.00
APPENDICITIS	0	0.03	0.00	0	0.01	0.00	0	0.05	0.00
HERNIA & INTESTINAL OBSTRUCTION	0	0.20	0.00	1	0.24	4.18	1	0.44	2.29
CIRRHOSIS OF THE LIVER	2	1.55	1.22	0	2.60	0.00	2	4.15	0.48
EMPHYSEMA	1	0.82	1.29	3	1.86	1.62	4	2.68	1.50
SYMPTOMS & ILL-DEFINED CONDITIONS	0	1.11	0.00	1	1.98	0.51	1	3.09	0.32
RESIDUAL	6	8.70	0.69	13	13.45	0.97	19	22.15	0.86
UNSPECIFIED	0	0.05	0.00	0	0.18	0.00	0	0.23	0.00
<b>TOTAL ALL CAUSES</b>	115	120.12	0.96	176	217.85	0.81 *	291	337.99	0.86 *

STAT SIG EXCESS (\*) / DEFICIT (#) AT 2-TAILED 0.10 LEVEL (CALCULATED ONLY WHERE EITHER OBS OR EXP GE 4)

OBSERVED AND EXPECTED DEATHS USING POPULATION-BASED RATES - SOCIETY  
 WASHINGTON (PARKERSBURG) - PLANT (LOCATION CODE = 013)  
 1957 - 1987, FEMALES

CAUSE OF DEATH	SALARY ROLL				WAGE ROLL				WAGE + SALARY			
	OBSERVED	EXPECTED	OBS/EXP	OBS/EXP	OBSERVED	EXPECTED	OBS/EXP	OBS/EXP	OBSERVED	EXPECTED	OBS/EXP	OBS/EXP
MALIGNANT NEOPLASMS	0	0.01	0.00	0.00	0	0.00	-	-	0	0.01	0.00	0.00
BUCCAL CAVITY & PHARYNX	0	0.29	0.00	0.00	0	0.12	0.00	0.00	0	0.42	0.00	0.00
DIGESTIVE ORGANS	0	0.44	0.00	0.00	0	0.06	0.00	0.00	0	0.50	0.00	0.00
RESPIRATORY SYSTEM	0	0.92	0.00	0.00	0	0.20	0.00	0.00	0	1.12	0.00	0.00
BREAST	0	0.26	0.00	0.00	0	0.06	0.00	0.00	0	0.32	0.00	0.00
GENITAL ORGANS	0	0.04	0.00	0.00	0	0.03	0.00	0.00	0	0.08	0.00	0.00
URINARY ORGANS	0	0.28	0.00	0.00	0	0.11	0.00	0.00	0	0.39	0.00	0.00
LYMPHATIC, ETC.	0	0.33	0.00	0.00	0	0.00	0.00	0.00	0	0.33	0.00	0.00
OTHER & UNSPECIFIED	0	2.57	0.00	0.00	0	0.58	0.00	0.00	0	3.15	0.00	0.00
TOTAL MALIGNANT NEOPLASMS	0	0.28	0.00	0.00	0	0.12	0.00	0.00	0	0.39	0.00	0.00
CEREBROVASCULAR DISEASE	0	0.09	0.00	0.00	0	0.00	-	-	0	0.09	0.00	0.00
DISEASES OF THE HEART	2	0.56	3.54	0.00	0	0.17	0.00	0.00	2	0.73	2.72	0.00
CHRONIC RHEUMATIC HEART DISEASE	0	0.01	0.00	0.00	0	0.00	-	-	0	0.01	0.00	0.00
ARTERIOSCLEROTIC HEART DISEASE	0	0.04	0.00	0.00	0	0.00	-	-	0	0.04	0.00	0.00
CHRONIC ENDOCARDITIS	0	0.16	6.15	0.00	0	0.01	0.00	0.00	1	0.17	5.80	0.00
HYPERTENSIVE HEART DISEASE	1	0.00	-	-	0	0.00	-	-	0	0.00	-	-
OTHER HEART DISEASE	0	0.01	0.00	0.00	0	0.00	-	-	0	0.01	0.00	0.00
OTHER CARDIOVASCULAR DISEASE	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
RHEUMATIC FEVER	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
HYPERTENSION WITHOUT MENTION OF HEART	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
GENERAL ARTERIOSCLEROSIS	0	0.09	0.00	0.00	0	0.03	0.00	0.00	0	0.12	0.00	0.00
OTHER	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
EXTERNAL CAUSES OF DEATH	1	0.48	2.10	0.00	0	0.24	0.00	0.00	1	0.72	1.39	0.00
MOTOR VEHICLE ACCIDENTS	0	0.12	0.00	0.00	0	0.09	0.00	0.00	0	0.21	0.00	0.00
SUICIDE	0	0.11	0.00	0.00	0	0.15	0.00	0.00	0	0.26	0.00	0.00
HOMICIDE	0	0.11	0.00	0.00	0	0.04	0.00	0.00	0	0.15	0.00	0.00
OTHER ACCIDENTS	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
OTHER CAUSES	0	0.06	0.00	0.00	0	0.02	0.00	0.00	0	0.06	0.00	0.00
INFLUENZA	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
PNEUMONIA	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
NEPHRITIS & NEPHROSIS	0	0.00	-	-	0	0.02	0.00	0.00	0	0.02	0.00	0.00
TUBERCULOSIS OF RESPIRATORY SYSTEM	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
DIABETES MELLITUS	0	0.02	0.00	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00
PEPTIC ULCER	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
APPENDICITIS	0	0.00	-	-	0	0.00	-	-	0	0.00	-	-
HERNIA & INTESTINAL OBSTRUCTION	0	0.06	0.00	0.00	0	0.00	-	-	0	0.06	0.00	0.00
CIRRHOSIS OF THE LIVER	0	0.09	10.74	0.00	0	0.03	0.00	0.00	0	0.02	0.00	0.00
EMPHYSEMA	1	0.09	10.74	0.00	0	0.06	15.94	0.00	1	0.13	7.89	0.00
SYMPTOMS & ILL-DEFINED CONDITIONS	2	0.43	4.69	0.00	1	0.06	15.94	0.00	3	0.49	6.13	0.00
RESIDUAL	0	0.00	-	-	0	0.03	0.00	0.00	0	0.03	0.00	0.00
UNSPECIFIED	0	0.00	-	-	0	0.03	0.00	0.00	0	0.03	0.00	0.00
TOTAL ALL CAUSES	7	5.30	1.32	0.00	1	1.59	0.63	0.00	8	6.89	1.16	0.00

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