percent higher than the rate of 474.5 for those with 12 years of education and 2.7 times the rate for those with 13 years of education or more. Rates are shown only for ages 25–64 years because persons under age 25 may not have completed their education. Rates are not shown for the older ages because of misreporting of educational attainment on the death certificate (see Technical notes). Data on educational attainment must be interpreted with caution because of misreporting on the death certificate and biases that result from differences between the classification of educational attainment on the death certificate and in census surveys (see Technical notes).

Injury at work

For persons aged 15 years and over, a total of 5,651 deaths were reported on death certificates due to injuries at work (table 24). Rates were lowest for age groups 15–24 years and 65 years and over. The risk of work-related death was much greater for males than for females; the age-adjusted death rate for males was 5.0 deaths per 100,000 U.S. standard population compared with 0.4 for females, resulting in a mortality ratio of 12.5. The age-adjusted rate for the white population (2.7) was 3.8 percent higher than the rate for the black population (2.6). The male-to-female ratios for the white and black populations were 12.5 and 10.4, respectively.

In 1998 and 1999 the age-adjusted death rate for injury at work was 2.6 deaths per 100,000 U.S. standard population (tables 24 and 25). The rate increased by 2.0 percent for males and decreased by 20 percent for females. However, these changes were not statistically significant. Between 1998 and 1999 the age-adjusted death rate for injury-at-work remained at 2.7 percent for the white population. The 8.3-percent increase for the black population was not statistically significant.

State of residence

Mortality varies considerably by State (table 26). The State with the highest mortality was Mississippi with a rate 21 percent above the national average and the State with the lowest rate was Hawaii with a rate 23 percent below the national average. The rate for the District of Columbia was 1,082 deaths per 100,000 standard population, 23 percent above the national average; however, the District of Columbia, as a city, is not comparable with the States. Variations in mortality by State are associated with differences in socioeconomic status, race, and ethnic composition as well as differences in risk for specific causes of death (19). Geographic variation will be examined in more detail in a separate report (4).

Infant mortality

In 1999 a total of 27,937 deaths occurred in children under 1 year (table D), 434 fewer than in 1998. The infant mortality rate of 7.1 infant deaths per 1,000 live births, although the lowest rate ever recorded for the United States, was not statistically different from the rate in 1998 (figure 5 and table 27). In contrast, the decrease in the infant death rate mentioned under Death rates by age and sex was statistically significant (for a discussion of the differences between infant death rates and infant mortality rates, see Infant mortality in Technical notes). The mortality rate for white infants decreased to 5.8 in 1999, whereas the rate for black infants was not statistically different from 1998 (14.3 in 1998 and 14.6 in 1999). Race cited on the death certificate is considered relatively accurate for white and black infants (14). However, for other race groups race may be misreported on the death certificate; consequently, infant mortality by race for these population groups is better measured using data from the linked file of live births and infant deaths (20).

The ratio of the black-to-white infant mortality rates was 2.5 in 1999 compared with 2.4 in 1998. During 1960–71 infant mortality rates converged as a result of the rates declining more for the black than the white population (31.6 and 25.3 percent, respectively). From 1971 to 1990 rates diverged as rates for the black population declined less than for the white population (43.9 and 55.0 percent, respectively). Since 1990 rates for the white population declined 23.7 percent and for the black population by 18.9 percent.

Between 1998 and 1999 the neonatal mortality rate (deaths to infants age 0–27 days per 1,000 live births) decreased for all races (4.7) and for white neonates (3.9) (table 27). For black neonates the rate (9.8) did not change significantly from 1998. The postneonatal mortality rate (deaths to infants age 28 days–1 year per 1,000 live births) declined for all races combined and for white postneonates, but the rate for black postneonates (4.8) did not change from 1998.

The 10 leading causes of infant death in 1999 accounted for 67.6 percent of all infant deaths in the United States (table E). In order,

Table D. Number of infant, neonatal, and postneonatal deaths and mortality rates, by race and sex: United States, 1999

[Rates are infant (under 1 year), neonatal (under 28 days), and postneonatal (28 days–11 months) deaths per 100,000 live births in specified group. For infant mortality rates by Hispanic origin or by detailed race, refer to data from the linked file of live births and infant deaths; see Technical notes]

Race and sex	Infant		Neonatal		Postneonatal	
	Number	Rate	Number	Rate	Number	Rate
All races[1]	27,937	705.6	18,728	473.0	9,209	232.6
Male	15,646	771.9	10,355	510.9	5,291	261.0
Female	12,291	636.0	8,373	433.3	3,918	202.7
White	18,067	576.8	12,164	388.3	5,903	188.4
Male	10,197	635.1	6,734	419.4	3,463	215.7
Female	7,870	515.4	5,430	355.6	2,440	159.8
Black	8,822	1,455.8	5,920	976.9	2,902	478.9
Male	4,897	1,591.6	3,297	1,071.6	1,600	520.0
Female	3,925	1,315.8	2,623	879.3	1,302	436.5

[1]Includes races other than white and black.