Decedent Data Specification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column#** | **Group** | **Column Header** | **Column Type** | **Validation** | **Example Value** |
| 1 (A) | Name | Last Name | Text | Required | Doe |
| 2 (B) | First Name | Required | John |
| 3 (C) | Middle Name |  | Steven |
| 4 (D) | Gender (Radio option) | Male | Text | Required * D – F only one can be checked
* **If F is checked, G cannot be blank**
 |  |
| 5 (E) | Female |  |
| 6 (F) | Other | X |
| 7 (G) | Specify other Gender | N/A |
| 8 (H) | Race (Checkbox option) | American Indian or Alaska Native | Text | Required* H – L one or more can be checked
* **If M is checked, H – L must be blank**
 |  |
| 9 (I) | Asian | Checked |
| 10 (J) | Black/African American |  |
| 11 (K) | Native Hawaiian or Other Pacific Islander | Checked |
| 12 (L) | White |  |
| 13 (M) | Unknown |  |
| 14 (N) | Ethnicity (Radio option) | Hispanic, Latino, or Spanish origin | Text  | Required* N – P only one can be checked
 | Selected |
| 15 (O) | Not of Hispanic, Latino, or Spanish origin |  |
| 16 (P) | Unknown |  |
| 17 (Q) |  | Birth Date | Text | Required* Format MM-DD-YYYY
 | 02-01-2000 |
| 18 (R) | Date time of death | Date of Death | Text | Required* Format MM-DD-YYYY
* Year of Death cannot be earlier than Birth Year
 | 02-01-2000 |
| 19 (S) | Time of Death | Required* Format (24-hour clock) HH:MM
 | 15:30 |
| 20 (T) | Location of Death | Location Name | Text | (T) not required but requested(U – X) required* Must be valid State code and must be 5 digit Zip Code
 |  |
| 21 (U) | Street Address | 1300 Western Blvd. |
| 22 (V) | City | Raleigh |
| 23 (W) | State | NC |
| 24 (X) | Zip | 27606 |
| 25 (Y) | Event causing the death occurred in facilities (Radio option) | Municipal or county jail | Text | Required* Y – AE only one can be checked
 |  |
| 26 (Z) | State prison |  |
| 27 (AA) | State-run boot camp prison |  |
| 28 (AB) | Contracted boot camp prison |  |
| 29 (AC) | Any state or Local contract facility | X |
| 30 (AD) | Other local or state correctional facility (include juvenile facilities) |  |
| 31 (AE) | None of the above |  |
| 32 (AF) |  | Name of the department or agency… | Text | Required | SC Dept. of Corrections |
| 33 (AG) |  | Name of Facility | Text | Require if applicable | Lee Correctional Institution |
| 33 (AH) | Manner of Death (Radio option) | Execution | Text | Required* AH –AN, AP only one can be checked
* **If AN is checked, AO cannot be blank**
* **If AP is checked, AQ cannot be blank**
 |  |
| 34 (AI) | Accident |  |
| 35 (AJ) | Death attributed to use of force by … |  |
| 36 (AK) | Homicide |  |
| 37 (AL) | Natural causes |  |
| 38 (AM) | Suicide |  |
| 39 (AN) | Unavailable… Pending | Yes |
| 40 (AO) | Report the agency conducting the … | Waiting for the agency’s report |
| 41 (AP) | Other |  |
| 42 (AQ) | Explain other |  |
| 43 (AR) |  | Brief Description of the circumstances leading to the death… | Text | Required | N/A |

**For radio option and checkbox option, we accept any values (‘X’ or ‘Selected’, ‘Checked’, ‘Y’…)**