

Sources and Databases on Mortality and Morbidity in Finland, 1750–1950

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Sources and Databases on Mortality and Morbidity in Finland, 1750–1950

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ABSTRACT

This paper examines both the use and untapped potential of historical sources on mortality and morbidity in Finland. From the late 1600s, Lutheran priests recorded individual deaths, while causes of death were added on the historical sources from the mid-1700s. The Tabulation office compiled annual aggregate statistics on deaths by age, sex and cause of death based on priests' reports from the mid-1700s until 1900s. These records constitute one of the world's earliest national statistics. After the introduction of mandatory medical death examinations in 1936, causes of death were classified using national codes and later the International Classification of Diseases. In addition to mortality, various sources describe morbidity and epidemics. Annual reports from physicians and hospitals include patient statistics, individual observations, and epidemic analyses. Additionally, forensic materials, such as autopsy reports, detail unnatural deaths. Most burial records before the mid-1900s have been transcribed into accessible databases such as HisKi and Katiha. However, the multilingual nature and evolving understanding and terminology in causes of death pose classification challenges. To address this issue, this study discusses on the first attempt to apply the Historical International Classification of Diseases (ICD10h) to Finnish- and Swedish-language records, facilitating comparisons of causes of death before the 1900s. Although Finnish mortality sources have been used to some extent in historical and population studies, they remain an underutilized resource for comparative research. This article aims to raise awareness of these rich sources, exploring their origins, structure, and content, advocating for their broader application in historical, demographic, and epidemiological studies.

Keywords: Mortality, Morbidity, Databases, Finland

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1 INTRODUCTION: DEVELOPMENT OF MORTALITY STATISTICS IN FINLAND

Finland has one of the oldest and most comprehensive systems for producing mortality statistics and keeping records of causes of death and population in Europe. Similarly extensive, long-term, individual-level and aggregate data series on cause-specific mortality exist for only a few other regions, such as Sweden and England before the 1800s (see [Hiltunen Maltesdotter & Edvinsson, 2025](#); [Wrigley & Schofield, 1981](#)). Historical sources on causes of death in Finland were produced by the church, the judiciary, and the statistical and health authorities (Figure 1). As Finland was part of the Kingdom of Sweden until 1809, they have the same administrative roots that shaped the compilation of causes of death records. These customs went through only some gradual changes before 1936, when an extensive national system with mandatory death certificates was established. The aim of this article is to bring together the various sources of mortality and causes of death, examining their origins, content, and structure. Sources on morbidity are considered and introduced in relation to how they may contribute to the mortality data, but the focus is on mortality sources. We introduce the authorities and organizations responsible for compiling and conserving the material, the established databases covering individual-level causes of deaths, and recent research utilizing this source material. Our goal is to increase awareness of and encourage the use of these valuable resources in future research.

The earliest scattered records of causes of death appear in parish registers from the late 1600s, while systematic documentation became mandatory in 1749 with the founding of the Swedish Tabell Office (Swe. *Tabellverket*, Fin. *Taulustolaitos*, *Tabellilaitos*) ([Koskivirta, 2014](#), pp. 195–196; [Pitkänen, 1988](#), pp. 75–79). This reflected Enlightenment-era values prioritizing utility, the systematic organization of information, and efficient governance alongside growing concerns over workforce size and economic development (e.g., [Sköld, 2004](#), pp. 9–12). The period was marked by rapid population growth in Finland, as the population increased from approximately 0.49 million in 1760 to 0.83 million by 1800, 1.64 million in 1850, 2.66 million in 1900, and reaching 4.03 million by 1950 ([SF 1](#)).

The first authority to collect national population statistics was the Swedish Tabell Office, which was founded by the Royal Swedish Academy of Sciences in the early 1740s. Its statistics relied on parish-level data gathered by priests and their subsequent compilation at higher administrative levels ([Kovero, 1948](#), pp. 3–6; [Sköld, 2004](#), pp. 14–16). After 1750, Lutheran priests submitted annual reports on their parishioners to local authorities, including information on mortality. This information was summarized at higher levels, and the reports were eventually sent to Stockholm for compilation. As one of Europe's earliest state-run statistical systems, the Swedish Tabell Office preceded modern population statistics. However, their accuracy varied due to inconsistent practices, and challenges in reaching non-sedentary or remote populations ([Kovero, 1948](#), pp. 3–7).

Finland became an autonomous part of the Russian Empire after the war in 1809. Key societal structures from the Swedish era were maintained, however, to stabilize the region after a century of wars. Swedish-era laws, the Lutheran religion, and traditional privileges were preserved, while Russian serfdom was never introduced ([Einonen, 2020](#), pp. 16–21). Finland's integration into the Russian Empire brought little change in how causes of death were recorded, and the operating language of the reporting remained the same. In the region comprising current Finland the records were written mainly in Swedish, although from the late 1800s this increasingly changed to Finnish. In contrast, Russian Orthodox churches used Russian. Although Finland gradually built its own statistical systems, it relied on already established methods. The Senate Chamber Office (Swe. *Kammarexpeditionen*, Fin. *Senaatin kamaritoimituskunta*) oversaw the compilation of population statistics in the early 1800s ([Pitkänen, 1988](#), p. 79). Finland's national identity began to strengthen particularly by the mid-1800s, when it was still an autonomous Grand Duchy under the Russian Empire, a state that lasted until the declaration of its independence in 1917. The nationalistic hegemony valued an educated and informed nation, and the authorities required to achieve this goal, as seen in the establishment of The Statistical Office of Finland in 1865 ([Eilola, 2021](#), p. 93; [Luther, 1993](#), pp. 50–57; [Pitkänen, 1988](#), pp. 58–59, p. 80).

Another legacy of the Swedish administration was the establishment of Finland's own *Collegium Medicum* in 1812, later called the Medical Board (Swe. *Medicinalstyrelse*, Fin. *Lääkintöhallitus*). The Medical Board oversaw the administration of and directives concerning healthcare, physicians, and hospitals, and regulated the medical professions. It also collected annual data on morbidity and epidemics from physician reports. In addition, the Medical Board organized disease inspections,

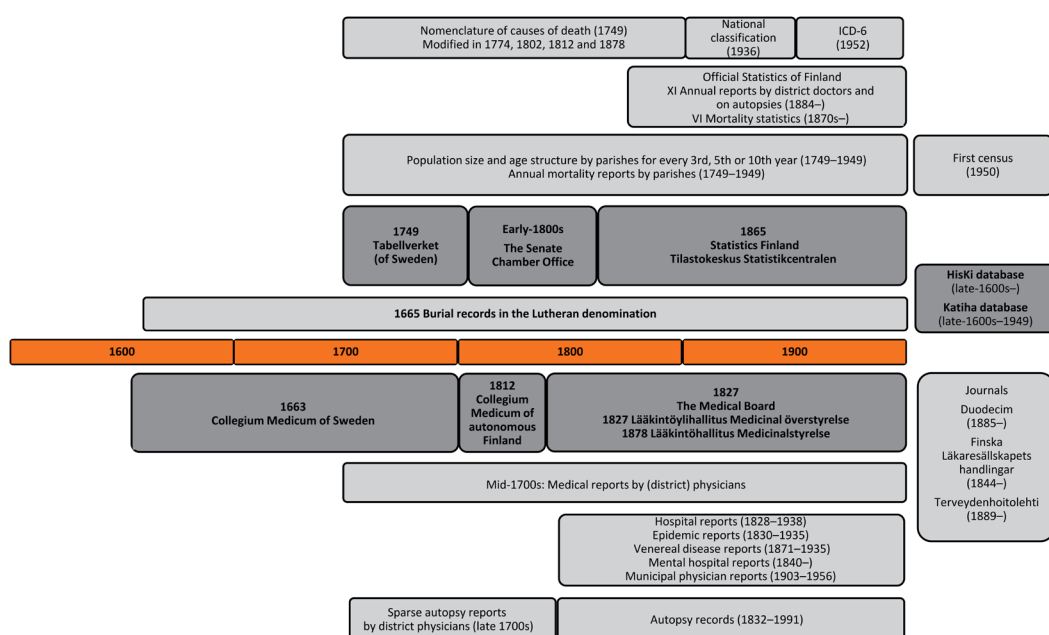
distributed information on epidemic diseases, and supervised and collected annual data on forensic autopsy reports. Forensic autopsies, performed by physicians, gained importance in legal cases and increasingly contributed to the investigation and determination of unclear causes of death from the 1800s (Koskivirta, 2014, p. 197; Luef, 2013, p. 671; Tiitta, 2009).

Changes in medical knowledge and medical culture significantly influenced how causes of death were understood and recorded (Vuorinen, 2006). The information on causes of death was usually based on the local priest's understanding of information given by the deceased's kin, especially in rural areas, until the early 1900s (Pitkänen, 1988, p. 83). The understanding of diseases, and hence the accuracy of mortality sources, varied over time. Vuorinen (2006, pp. 282–285, pp. 317–322) provides a thorough overview of historical causes of death nomenclature and modern translations of contemporary terms. The causes of death nomenclatures used in Finland were similar to those used in Sweden until the early 1800s. The nomenclature initially had 33 individual causes of death, or categories formulated from several causes of death (Smedby & Schiøler, 2006, p. 22, p. 26). Slight modifications occurred in 1774, 1802, 1812, and 1878, with the 1878 revision focusing on only 10 types of epidemics and violent deaths (for example see: KA VSA). In 1936, Finland adopted a national classification similar to ICD-4, with 192 causes organized across 18 categories. After briefly using ICD-6 in 1952–53, later ICD versions were utilized (Smedby & Schiøler, 2006, pp. 22–23).

Throughout the 1800s, especially physicians had questioned the accuracy of the causes of death given by the common people and the clergy (Vuorinen, 2006, pp. 35–40). Most of the causes of death were listed by the most prevalent and evident symptoms, while some common epidemic diseases such as smallpox were labelled as such. However, it was not until 1936 that death certificates produced by trained physicians became mandatory for all deaths. This improved the quality of data, as these certificates were sent from the population register to the medicolegal officer of the provincial administration, who then reviewed and forwarded them to Statistics Finland (Nieminen, 1999, p. 29).

The compilation of mortality statistics in Finland was a shared responsibility among various authorities. Initially based on clerical records, it was later expanded to include information produced by several institutions. The focal change in determining causes of death in Finland was the slow transfer of this responsibility from the clergy to medical professionals. The motives for compiling mortality statistics also shifted from efforts to increase the population of the Swedish realm to broader interests in public health. Recently, the legislation around the use of client data in health care and social services has been changed. The new law of 2024 regards individual health data as permanently confidential by default, but access can still be granted for a request for research purposes.¹ Next, we will introduce the most extensive mortality sources in Finland.

Figure 1 *Main organizations and most comprehensive sources related to data on morbidity and mortality in Finland before 1950*



¹ <https://www.finlex.fi/fi/lainsaadanto/saaduskokoelma/2023/703>

2 MATERIALS ON MORTALITY AND MORBIDITY

2.1 SOURCES ON MORTALITY

2.1.1 PARISH RECORDS AND LISTS OF BURIALS

Following decrees in 1665 and 1667 and the Church Law of 1686, Lutheran priests were required to maintain parish records on baptisms, marriages, burials, and levels of religious knowledge. These regulations were implemented gradually, and the earliest surviving records vary by region (Saarti et al., 2019, pp. 219–223). Initially sparse, Lutheran burial records included only the burial date, location, and the deceased's or guardian's name. As population statistics developed in the mid-1700s, details such as death date, age, and cause of death were added (Figure 2). The reliability of parish records varies across time and location. In particular, Pitkänen (1977) shows that data on stillbirths and infants who died before baptism is missing from both baptism and burial records. This omission likely reflects the nature of these sources, which recorded only church members, and the clergy's ecclesiastical view that those who died before baptism were not considered members of the church. Practical factors, such as long travel distances, also contributed to delays in baptism. Although the interval between birth and baptism was usually short, it varied considerably across regions and time periods. Emergency baptisms became more common in the 1800s, yet local practices and decisions meant stillbirths were inconsistently recorded, making it impossible to determine their overall extent (Pitkänen, 1977).

The oldest parish records are held in the National Archives of Finland, while more recent records are held in the archives of local churches. They have been largely digitized to cover the period from the earliest records until the early 1900s by the National Archives of Finland and Finland's Family History Association (FFHA). From 2004 onwards, and increasingly during recent years, the latter has digitized burial records extending up to the 1970s, working with volunteers such as genealogists, who mainly work in facilities offered by the local churches. The Regional Parish Register (Swe. *Centralregistren*, Fin. *Aluekeskusrekisteri*) is responsible for providing information services on more recent parish records, and has extensively digitized those parish records still held in parish archives (KH YK 20.11.2023). In addition, the Genealogical Society of Finland (GSOF) has transcribed declarations of deaths published in the Official Journal (Swe. *Officiella tidningen*, Fin. *Virallinen lehti*) for 1905–1954. This digitized database is available for their members (GSOF, KJ).

Figure 2 A list of deceased and buried individuals, Veteli parish 1862 (KA VSA IF)

Döds och Begravnings i Veteli församling år 1862		Döds		Begravnings		Ålder		Orsak till döden	
Dag	Månad	Namn	Ålder	Dag	Månad	Ålder	Orsak till döden	Dag	Månad
Januari Månad									
19	Jan	Torp (seder Skillingen) Andrus Mattij. Rönkäns barn. Maria Rönkä	29	1	Jan	29	1	Barn	
20	Jan	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	2	1	Jan	20	1	Barn	
26	Jan	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	7	1	Jan	26	1	Barn	
31	Jan	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	18	1	Jan	31	1	Barn	
Februari Månad									
3	Feb	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	6	1	Feb	3	1	Barn	
6	Feb	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	4	1	Feb	6	1	Barn	
18	Feb	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	18	1	Feb	18	1	Barn	
20	Feb	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	9	1	Feb	20	1	Barn	
Mars Månad									
6	Mars	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	18	1	Mars	6	1	Barn	
16	Mars	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	17	1	Mars	16	1	Barn	
22	Mars	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	12	1	Mars	22	1	Barn	
April Månad									
13	Apr	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	3	1	Apr	13	1	Barn	
18	Apr	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	3	1	Apr	18	1	Barn	
25	Apr	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Apr	25	1	Barn	
27	Apr	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	10	1	Apr	27	1	Barn	
Maj Månad									
7	Maj	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Maj	7	1	Barn	
14	Maj	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Maj	14	1	Barn	
21	Maj	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Maj	21	1	Barn	
27	Maj	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Maj	27	1	Barn	
Juni månad									
9	Juni	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juni	9	1	Barn	
13	Juni	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juni	13	1	Barn	
21	Juni	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juni	21	1	Barn	
26	Juni	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juni	26	1	Barn	
Juli månad									
9	Juli	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juli	9	1	Barn	
13	Juli	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juli	13	1	Barn	
21	Juli	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juli	21	1	Barn	
26	Juli	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Juli	26	1	Barn	
Augusti månad									
8	Aug	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Aug	8	1	Barn	
17	Aug	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Aug	17	1	Barn	
20	Aug	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Aug	20	1	Barn	
27	Aug	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Aug	27	1	Barn	
September månad									
14	Sep	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Sep	14	1	Barn	
21	Sep	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Sep	21	1	Barn	
28	Sep	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Sep	28	1	Barn	
Oktober månad									
9	Oct	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Oct	9	1	Barn	
19	Oct	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Oct	19	1	Barn	
27	Oct	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Oct	27	1	Barn	
November månad									
9	Nov	Andrus Gustaf Mattij. Rönkäns barn. Maria Rönkä	1	1	Nov	9	1	Barn	

After the reformation in the Kingdom of Sweden, the area of modern Finland was predominantly Lutheran from the 1500s onwards. Membership in the Lutheran Church was mandatory for all subjects of Sweden until 1779, after which date foreigners and their descendants could form other churches, but were still obligated to report to authorities (Tala, 2008, p. 28, p. 31). Communities belonging to other Christian denominations, as well as Jewish communities, remained tiny in Finland compared to many other parts of Europe, largely due to restrictions on religious conversion among subjects of the Swedish Crown. As a result, these minority groups appear only marginally in historical records, and their trajectories have not been examined in detail.

The largest minority denomination was the Russian Orthodox population in the easternmost parts of Finland, and they kept their own records, though the quality has been considered less systematic than those of the Lutheran Church (see Tala, 2008, p. 28, p. 31). Border changes in Eastern Finland affected parish obligations, as Lutheran parishes in "Old Finland", the south-eastern parts of Finland that Sweden lost to Russia in 1721 and 1743, began officially recording causes of death after their annexation in 1812, while Orthodox parishes had done so in their own records since 1724 (Koskivirta, 2014, p. 198; Saarti et al., 2019, p. 222).

The Sami population, the indigenous people of Finnish Lapland, experienced active proselytization. Permanent Lutheran churches were established in Lapland from the early 1600s to support new settlements and population growth. In addition, priests made annual visits to Lapland (Kylli, 2025, pp. 12–13, pp. 17–21). However, the coverage of the population statistics and church records over Sami people likely varies greatly. While some regions, families, and periods are more extensively covered, no prior exhaustive reports on the extent of such coverage were available to the authors.

2.1.2 STATISTICS FINLAND AND ITS PREDECESSORS

Under Tabellverket's order, priests compiled two types of aggregate statistics. The table on population changes was gathered annually from 1749 onwards, and contained detailed data on deaths from accidents and violence, categorized by sex. Deaths by diseases and other causes were reported annually by age and sex (Figure 3). Later, their total number was also collected on a monthly basis, categorized by sex. Tables on population structure were collected yearly (1749–1751), every three years (1753–1775), five years (1780–1875), and 10 years (1880–1940), recording population size by sex, age, marital status, social class or occupation, and number of households. The original documents are held in the archives of Statistics Finland, with copies located in parish archives, often digitized by National Archives of Finland or the FFHA. The official vital statistics for the whole of Finland (1749–2025), based on these sources, are available in Statistics Finland's database (SF 1).

Although Finnish population statistics have been considered reliable nationwide, they have local and occupational discrepancies, and they increasingly excluded segments of the population due to migration towards end of 1800s (Happonen, 2009, pp. 141–44; Pitkänen, 1981, pp. 126–28). It has been pointed out that establishing accurate vital statistics requires a comparison between the data in parish and tax records and that given in the population tables (Happonen, 2009, pp. 142–44). Despite quality concerns, the labor-intensive process of compiling statistics remained unchanged for a long period. Census debates in the 1860s and 1870s led to structural changes in registration forms in 1877, but a 10-year census law was enacted only in 1938 (Strömmer, 1948, pp. 8–14). Due to the Second World War, however, the first census only took place in 1950 (SVT VI C102). Nevertheless, the population tables contain the most detailed data for national and local aggregate statistics on causes of death and population structure.

Statistics Finland has published mortality and causes of death data since 1865. The number of nationwide annual deaths, categorized by age and sex, were published even before that. For earlier periods, more sporadic statistics, such as those in *Tilastollisen päätoimiston tilastoarkisto* (KA TPT K01A and KA TPT K01B), can be utilized. Early mortality publications covered multiple years with annual totals, while yearly reports began in 1878. One of the first reports details famine mortality in 1868, presenting nationwide and district-level information on monthly deaths, categorized by diseases. The same publication includes annual totals on violent deaths and accidents at the district level from 1865 (SVT VI VLT). Most of the mortality statistics are published in the series of *Suomen virallinen tilasto VI*, often written in both Finnish and French. In 1936, Statistics Finland began publishing an annual series on causes of death based on causes determined by physicians. For the first few years, causes of death statistics were published in the population statistics series of *Suomen virallinen tilasto VI* (SVT VI), and from 1941 in the cause of death statistics series of *Suomen virallinen tilasto VI B* (SVT VI B) (Tilasto-opas, 1982, p. 52; Luther, 1993, p. 179).

Figure 3 *A table on population changes: Deceased and buried individuals from Veteli parish, 1762 (KA VSA IIdf)*

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TAB II.
UTDRAG

Ar *Wille Capell* FÖRSÄMLINGS Kyrko-Bok *efter the therstädes Döde Personer, Ar 1762 efter vissa Classer af Aldern, jämte the Sjukdomar och Tillfalligheter, bourgenom: the offtid.*

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Lists of individuals who died after 1936 and their causes of death are available in the archives of Statistics Finland, organized by province and parish, and have been sporadically digitized ([KA TPT K03Ab](#)). Death certificates from 1936 onward are classified according to the contemporary codes for causes of death, allowing for the analysis of trends in specific causes over time. Brief descriptions are often included in cases of unnatural death. This currently undigitized collection is stored at the National Archives of Finland for 1936–1965, and thereafter is maintained by Statistics Finland ([KA TPT K03Aa](#)).

2.1.3 MORTALITY SOURCES IN CITIES

With the 1879 Health Care Act, the determination of the causes of death in cities was partially transferred from priests to city physicians, who were required to issue death certificates for all their deceased patients. The death certificates were deposited in the archives of the city health boards (Koskivirta, 2014, p. 201). Other archival materials related to causes of death may also be found in these city archives. For example, the Helsinki City Archives holds a digitized card index of deceased persons, documenting 60,000 deceased individuals from 1914–1935. The cards contain detailed information on the deceased persons, such as name, sex, dates of birth and death, occupation, place of residence, and cause and place of death (HKA TA Ksb). The Helsinki City Archives also preserves printed and digitized statistics on health and medical care in the city, including data on mortality categorized by sex, age, and cause of death (HKA TA Dcb).

2.2 SOURCES ON MORBIDITY

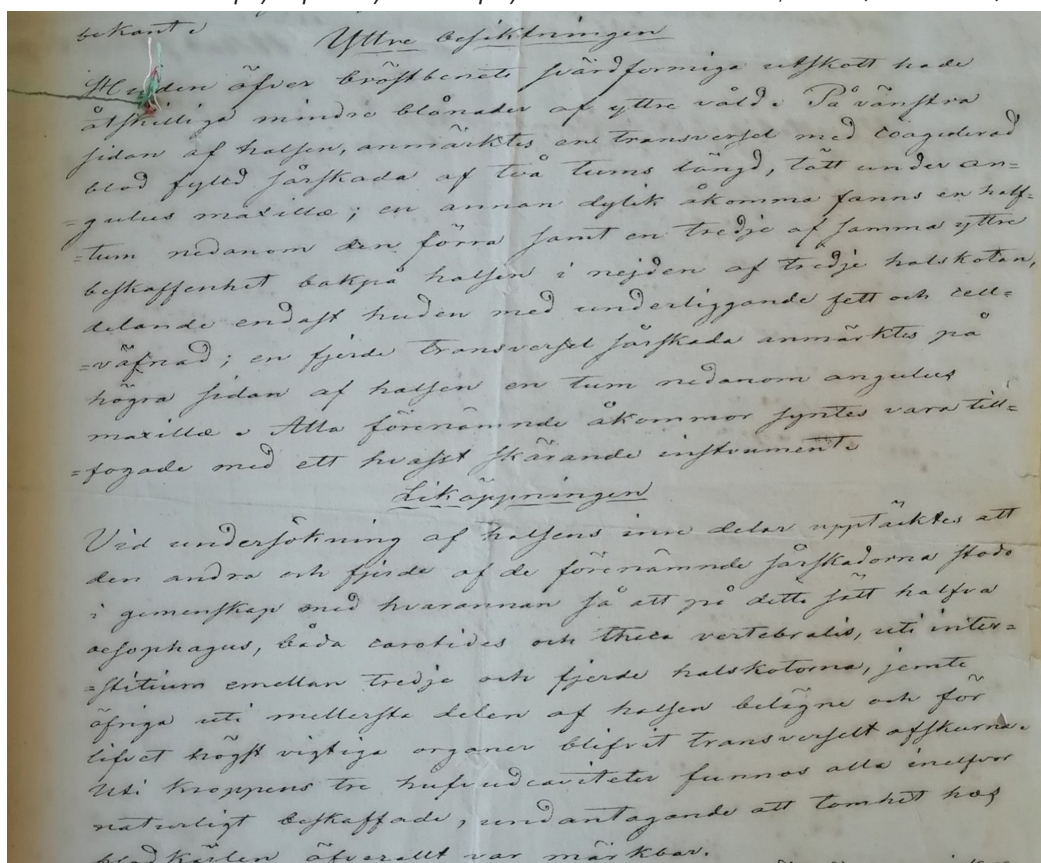
Sources concerning morbidity in Finland before the 1800s are only partially systematically organized, and are mostly sporadic. Most of the material is held in the National Archives of Finland's Medical Board's I archive ([LHA I](#)), compiled by hospitals, physicians, and various other health officials. Finnish district physician reports from the 1750s onwards provide information about general morbidity and epidemics. Reports from 1767 to 1809 are held in Sweden's National Archive ([RA CM ÅFP](#), also digitized and available in *Digitala forskarsalen*); those from 1809 to 1827 have not been preserved, due to the Great Fire of Turku in 1827. From 1828 to 1928, the reports are held in the Medical

2.3 SOURCES ON UNNATURAL DEATHS

The need to distinguish natural (unintentional) deaths and accidents from unnatural (intentional) and violent deaths such as homicides and suicides is and has been important for the legal protection of communities. In cases of uncertain, sudden deaths, the police and judicial authorities were responsible for investigating the death, and, due to the same increased need for precision, the responsibility for determining the cause of death shifted from the priests to physicians, who conducted forensic autopsies (Gustafsson, 2007, p. 16, p. 45; Koskivirta, 2014, p. 194). Forensic autopsies became more common in suspected homicides, infanticides, and suicides from the latter half of the 1700s. Due to the small number of physicians, however, academically trained barber-surgeons also performed autopsies. With the increase in the number of physicians in the 1800s, conducting forensic autopsies became the exclusive responsibility of physicians, and they were routinely conducted in cases where determining the cause of death involved legal interests (Kontturi, 2021, pp. 37–46; Koskivirta, 2014, p. 197; Rautelin, 2009, pp. 484–485; Salmela, 2017).

Forensic autopsy reports, including definitions of causes of death, are kept in the district physicians' archives within the collections of the National Archive of Finland (Figure 5). Copies of the autopsy reports were also sent to the courts that investigated the deaths. These copies can be found attached to the court records. A third copy of the autopsy reports was sent to the Medical Board, whose archives contain reports for autopsies conducted in Finland from 1832 to 1991 (KA LHA I Ed; LHA V Ec). Statistical information on causes of death established through forensic autopsies were compiled in the annual reports of the Medical Board. From the 1850s, these reports were published as a supplement to the medical journal *Finska Läkaresällskapets Handlingar* (FLH), and from 1884 as a Statistics Finland's series on medical administration *Suomen virallinen tilasto XI Medicinalverket/Lääkintölaitos* (SVT XI LV). Forensic and judicial sources can be used to complement the historical knowledge of causes of death based on the population tables' cause of death statistics. Research on the history of homicides and historical criminology have, however, indicated that, at the beginning of the 1800s, cause of death statistics reported significantly fewer homicide victims compared to judicial sources and statistics (Kivivuori & Lehti, 2011, pp. 132–133, pp. 144–145; Koskivirta, 2001, p. 21, pp. 362–365). Over the course of the century, however, this difference gradually diminished (Lehti & Sirén, 2018, pp. 355–356; Vuorela, 2021, pp. 72–75).

Figure 5 An autopsy report by district physician in Hämeenlinna, 1807 (KA LHA Ed)



3 HisKi AND KATIHA DATABASES AND ICD10h FOR FINLAND

3.1 HisKi

The HisKi database,² maintained by the Genealogical Society of Finland, contains transcriptions of baptisms, marriages, burials, and migration, mostly from Lutheran parishes, from the 1600s up to mid-1900s. The HisKi was launched in 1996, but it grew from an earlier project (Piilahti, 2018, pp. 85–86). Already in the early 1900s, genealogists faced challenges due to limited access to parish records. To address this, GSOF produced handwritten copies of records before the 1850s, fortunately preserving some materials later destroyed in war. These copies were added to the HisKi, along with latter records (Piilahti, 2017, pp. 72–73, pp. 76–77, p. 85). As of 2025, HisKi contains 3.9 million individual death records, although deaths before the mid-1700s do not include information on causes of death. The number of records added to the HisKi varies significantly from year to year; the average for 2021–2025 was about 170,000 records annually, one-third of which were burial records (HisKi database website).

The HisKi includes all parishes within Finland's current borders, regardless of when they were established. Coverage is nearly extensive before 1850, because the handwritten copies of parish records from the earliest entries to 1850 were entered first. However, changes of parish borders and the loss of original sources might periodically decrease the extent of the coverage, and the information from very distant regions might also have been less extensively reported. After 1850 the material becomes more uneven, as the data-entry volunteers may choose which parishes, periods, and record types (baptisms, marriages, burials or migration) they wish to transcribe. This inevitably results in gaps in the database. While some parishes have extensive entries until the first decade of 1900s, for others the best coverage ends around 1850. Information on deceased individuals commonly includes dates of death and burial, place of residence, name, social group or occupation, civil status, age, and cause of death in the original languages (mainly Swedish, Finnish, German, and Latin). The HisKi search engine may be used in Finnish, Swedish, or English. One should avoid overly narrow searches, due to varying spellings in many details, such as names and causes of death.

Although the auditors, usually voluntary genealogists, were instructed to accurately preserve the content of the original sources, some unauthorized changes were nevertheless made, leading to occasional deletions and errors (Kortesoja, 2014, pp. 182–183). As of 2025, volunteers enter data via a web platform,³ where the sources digitized by the FFHA can be directly accessed. Volunteers may discuss transcription issues in a dedicated Facebook group. Afterwards, the data is added in batches to the HisKi database. Occasional cross-checks by dedicated volunteers help ensure accuracy, although the review process is not systematic. Errors can also later be reported through the HisKi search engine. As the society relies on voluntary work, its capacity to add more sources depends on volunteer contributions. All in all, the HisKi is a free resource primarily used for genealogy, but also for scientific research, covering the oldest individual-level causes of death records from Lutheran parishes across the country up to the early-1900s.

3.2 KATIHA

The Karjala Database (Katiha)⁴ contains various individual-level records, including lists of burials from Karelian Lutheran and Orthodox parishes and the Petsamo region from 1681–1949 (Piilahti, 2018, p. 86; Saarti et al., 2019, p. 216). The Karelian parishes were disbanded after Finland ceded the territory to the Soviet Union after the Second World War, and their population was resettled across Finland. The building of Katiha began as a research project in 1988, and the database association was founded in 1990. Over the decades, the Ministry of Education and Culture, the Labor Administration, the South-Eastern Finland University of Applied Sciences, numerous civic organizations, and many individual volunteers have participated in its creation and maintenance, with much of the funding also being provided by civic organizations (Saarti et al., 2019, pp. 216–218).

Katiha contains nearly one million burial records, along with other types of materials such as baptism, marriage, migration and catechetical records, all of which may be searched through an searching engine usable in both Finnish and Swedish. According to the National Archives of Finland, as of early 2026 all burial records from former Finnish Karelia have been digitized and incorporated into Katiha.

2 HisKi database website: <https://hiski.genealogia.fi/hiski?en>

3 HisKi database saving platform: <https://hiskitallennus.genealogia.fi/>

4 Katiha database website: <https://katiha.kansallisarkisto.fi/>

New materials are published annually at the beginning of the year, as their use is no longer subject to legal restrictions. The available material on mortality is mainly in line with the HisKi database, listing individuals with date of death and burial, place of residence, name, sex, social group or occupation, civil status, age, and cause of death. Like the HisKi, it allows searches by, for example, parish, name, birth and death dates, residence, and cause of death. Data up to 1949 is available online for free, but records less than 100 years old may require a license, and may be viewed physically at the National Archives of Finland. Information in the database may be shared upon official request, including causes of death information.

The primary distinction between HisKi and Katiha lies in their geographical scope. In addition, Katiha contains catechetical records, which are absent from HisKi, and may facilitate future record linkage. The development of both databases has been extensive and time consuming, and the organizations and individuals involved have invested substantial resources to make these materials accessible, primarily for genealogical use. Nonetheless, the potential scientific value of this data is considerable, and its applicability extends well beyond genealogical research. However, systematic error checks have not been made, and the coverage of the sources must be tested, including, for example, levels of infant mortality and sex ratio at birth.

Both databases require still substantial cleaning and classification. While the variables are generally similar, temporal changes in recordkeeping affect usability. For instance, the absence of age at death in the oldest records does not always imply a case of infant mortality, but may also reflect missing information for adults or elderly individuals. The original sources and information for these databases appear in Finnish, Swedish, German, and Latin, and neither HISCO nor ICD coding has yet been incorporated into these databases, which means that analyses of cause-specific mortality still require proficiency in the original source languages. Nevertheless, as discussed in the following section, ICD-10h coding for language-specific strings may become available in the future.

3.3 ICD-10h FOR FINLAND

Classifying causes of death over time and space in multilingual countries like Finland is challenging due to variations in equivalence, spelling, and detail. To address this, the Historical International Classification of Diseases (ICD-10h) has been used for a sample of Finnish burial records before 1900 (Luostarinen et al., n.d.). The Swedish project (DDB) provided the basis for coding causes of death written in Swedish, while coding of terms written in Finnish relied mainly on works by Vuorinen (2002, 2006) and Forsius (1999–2006). About 10,000 spellings from 15 geographically distant parishes, dating from the mid-1700s to the end of the 1800s, were coded in a pilot project into 520 ICD-10h categories following ICD-10h guidelines. Most causes of deaths were recorded in Swedish, and fewer in Finnish, with only some in Latin and German. Each cause of death was assigned between 1 and 4 codes, as assigning a single code was often difficult due to the descriptive nature of the causes, as they list not only immediate but also underlying causes of death, and descriptions of circumstances. The coding process involved minimal possible interpretation, and no additional precision was added beyond what appeared in the original sources (see principles: Reid et al., 2024a; Reid et al., 2024b). The coding is still under development and has not yet been published, however inquiries about the work may be directed to the authors.

4 RECENT RESEARCH ON MORTALITY AND MORBIDITY SOURCES

Some of the source material on mortality and morbidity in Finland has been extensively utilized in research, while other material has only been used sporadically. Most of the research on these sources was carried out in the fields of history, evolutionary biology, and health sciences. The vast material provided by Tabellverket and Statistics Finland forms an essential foundation for all kinds of population health studies. These materials have recently been used in historical research concerning famine and infant mortality (Peltola & Saaritsa, 2019; Saaritsa et al., 2023; Voutilainen, 2016). Material collected and produced by the Medical Board has also been used in many studies concerning the organization and development of health care, e.g., hospitals and mental hospitals, the physician system, medicine, and medical culture (for example, Hakosalo, 2023; Kontturi, 2021; Maaniitty, 2021; Pesonen, 1980; Pietikäinen, 2013; Turpeinen, 2012; Vuorinen, 2006). These materials still have a lot to offer to

researchers, as some of the archive units, despite their abundance and large coverage, have so far been scarcely utilized in research.

The HisKi database and its causes of death data have attracted interest in statistical and epidemiological research (Ketola et al., 2021; Nitsch et al., 2025; Pasanen, 2024). Some mortality research already utilizes individual-level follow-up data (Bruckner et al., 2015; Lahdenperä et al., 2025; Ukonaho, 2024). Forensic sources and perspectives on causes of death have been emphasized, especially in historical studies of women's suicides (Salmela, 2018). Recent research on homicides and uncertain, sudden deaths has also used autopsy reports attached to court records as source material, and examined the role of forensic evidence in legal practice (Koskivirta, 2016; Luukkonen, 2019). In historical criminology, data derived from cause of death statistics has been used, for example, to conduct comparative homicide studies between the Nordic countries (Kivivuori & Lehti, 2011; Lehti & Sirén, 2018).

The mortality and morbidity sources from Finland represent a comprehensive body of source material for diverse research questions and methodologies, which hopefully will be extensively and increasingly made use of in the future, both in organizing and analyzing data. One way to explore new topics would be linking individual-level data from existing databases. The collection of such data would enable studies on, for example, socio-economic and rural-urban mortality patterns. Comparative research on such topics would offer new information on a Northern European country with late industrialization and urbanization (mostly from the late 1800s onwards), major and well-documented population crises, such as the famine of 1867–68 (Voutilainen, 2016), and a relatively late demographic transition, with the most mortality decline occurring after 1880s (Kannisto et al., 1999). Possible research topics include, for example, a comparison of rural and urban recovery from population crises, local and national high-mortality epidemics and their management, as well as mortality comparisons between socio-economic groups for diseases of different transmission patterns. The extensive individual-level mortality sources, together with aggregate level statistics covering the whole population, offer great potential for studying long-term mortality patterns that cannot be extensively studied in many other parts of the world before the 1800s. This is possible in a country with one major religion and denomination, as well as a long tradition of record-keeping.

5 CONCLUSIONS

Finland's records on mortality and morbidity have been developed over centuries through the combined efforts of churches, state authorities, and medical institutions. Starting with parish records in the late 1600s, and systematized in 1749 under Swedish rule, the collection of mortality data became more structured over time. New authorities, increasing medical and forensic knowledge, and the professionalization of medical officials improved the accuracy of causes of death records, especially from the late 1800s. In the 1900s, the advent of mandatory death certificates and forensic autopsies contributed increasingly to the medicalization of death. After that, the use of both national and international disease and causes of death classifications have made comparisons between different time periods and locations possible. Taken together, these developments laid the foundation for one of Europe's oldest and most comprehensive systems of mortality statistics.

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- E** Saapuneet asiakirjat
- Eb** Saapuneet vuosikertomukset
 Eba Piirilääkärien ja apteekkarien vuosikertomukset (1827–1928)
 Ebb Kunnanlääkärien vuosikertomukset (1903–1914) (digitized)
- Ec** Sairaaloiden sairaspäiväkirjat (1828–1938)
- Ed** Saapuneet ruumiinavauspöytäkirjat (1832–1928)
- Ef** Tarttuvia tauteja koskevat ilmoitukset
 Efa Kulkutautiraportit (1830–1932)
 Efb Kolerailmoitukset (1831–1925)
 Efc Ilmoitukset laivojen koleratarkastuksista (1892–1925)
 Efd Veneeriset tautitapaussilmoitukset (1871–1935)
 Efe Leprailmoitukset (1891–1932)

- Efg:1 Sairaaloiden ja terveydenhoitolautakuntien viikkoilmoitukset kulkutaudeista (1916–1916)
- Ek** Muut saapuneet asiakirjat
 Ek:1 Mielisairaalain kuukausi- ja viikkoilmoitukset (1885–1892)
 Ek:2 Niuvanniemen kuukausi- ja viikkoilmoitukset (1902–1929)
 Ek:3 Sairaalan ilmoitukset (1900–1929)
- H** Sisällön mukaan järjestetyt asiakirjat
 Hb Kulkutauteihin liittyvät asiakirjat ja potilaspäiväkirjojen yhteenvedot
- LHA III. *Lääkintöhallituksen III houruinhoidon johtokunnan arkisto* [National board of health, Archive III of the board of asylum care]. Kansallisarkisto (KA), The National Archives of Finland.
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 B:2 Lapinlahden ja Seilin hoitolaitosten potilasluettelot (1840–1878)
 B:3 Muut mielisairaita koskevat luettelot (1840, 1865–1868, 1871)
- LHA V. *Lääkintöhallituksen V arkisto* [National Board of Health, Archive V]. Kansallisarkisto (KA), The National Archives of Finland.
- E** Saapuneet asiakirjat
 Eba Piiri- ja alue- sekä lääninlääkärien vuosikertomukset (1929–1971)
 Ebb Kunnanlääkärien vuosikertomukset (1929–1956)
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 K01A Väkilukutaulut (1751–1940)
 K01B Väestönmuutostaulut (1808–1950)
 K03Aa Kuolintodistukset (1936–1965)
 K03Ab Luettelot kuolleista (1936–1965, 1966–1980) (partly digitized)
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 IIDf Väkilukutaulut (digitized)
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