

Tracing Mortality in 19th-Century Albanian Provinces. Parish Registers and Death-Causes in Shkodra and Jubani

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Tracing Mortality in 19th-Century Albanian Provinces

Parish Registers and Death-Causes in Shkodra and Jubani

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ABSTRACT

Tracing vital events in the 19th century across Albanian provinces is a complex research endeavour related to the organisation of Albanian population into three different communities (Muslim, Catholic and Orthodox) under the Millet system applied in the Ottoman Empire, which grouped population by religion rather than ethnicity. The registration of births, deaths, and marriages was the responsibility of the respective religious communities, and as a result, the methods, regularity, language and quality of these records vary. This study draws on archival sources from the Central State Archives in Tirana, mainly from the Shkodra Archdiocese collection, to analyse how deaths among the Catholic population were reported and registered. We analyse the accuracy and reliability of the registers, and the main causes of death as recorded in the registers, combining the data with other official sources, especially sources regarding epidemics of the 19th century in Albanian territories. These documents provide evidence not only of how the state classified deaths and responded to mortality crises, but also of how shortages of medical personnel affected the implementation of legislation.

Keywords: Mortality, Causes of death, Albania, Parish registers

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1 INTRODUCTION

Historical demography is still less developed in Southeastern Europe as compared to most Western and Central European countries. The *Global History of Historical Demography* includes country chapters for almost all European countries outside Southeastern Europe. Only Greece and Romania have a country chapter, while all other countries (including Albania) of this region are missing (Fauve-Chamoux et al., 2016). This is not simply a neglect of this region but reflects the less developed historical demographic research and the scarcity of available sources. A recent overview of 84 databases with historical population longitudinal microdata includes only one database from Southeast Europe, the Historical Population Database of Transylvania (Mandemakers, 2025). This database covering one region of Romania is the largest one in Southeast Europe (Dumănescu et al., 2022) and has been used for analysing deaths (e.g. Holom & Hărăguș 2025). The only other country from Southeast Europe with analyses of such a database of deaths is Greece (e.g. Raftakis, 2022).

Albania became an independent state after the proclamation of independence in 1912 and its subsequent recognition from the Conference of Ambassadors in London in 1913. During the 19th century Albanian lands, a historical term used for the territories in present-day Albania, Kosovo, and nearby areas where significant Albanian speaking population lived were included in Rumeli *Vilajet*. Their territorial and administrative organisation underwent frequent changes because of administrative reorganizations of Ottoman Europe. After several administrative reconfigurations and border changes after the Eastern Crisis and the Conference of Berlin, during the 1880s, the Albanian lands were divided into the *vilayets* of Shkodra, Kosovo, Monastir, and Ioannina and their administrative organization remained almost unchanged until independence (Thëngjilli, 2000).

Frequent administrative reconfigurations, uprisings against Ottoman Rule, the international situation and in particular the Eastern Crisis impacted the demographic development of Ottoman Europe and complicated procedures for recording population data and vital statistics. Even though the Ottoman state introduced a more regularized population registration system during the 19th century to record births, deaths and migrations (Karpāt, 1978),¹ reliable data on mortality remained scarce until the last quarter of the century (Faroghi et al., 1997). The Ottoman Population Office and population registers were created between 1829 and 1831; officials in the *kazas* were required to register all births, deaths, and migrations and to report several times a year to the central office in Istanbul. The *kaza* was the main unit of population registration and a similar system to that adopted for the population census in 1881/82 (Karpāt, 1985).²

The Ottoman population registers were designed primarily for administrative and fiscal purposes and included only male inhabitants in separate volumes for Muslims and non-Muslims. They were regularly updated with information on birth, death, and migration, and changes in military service and poll tax status. Women were included for the first time in population registers in the census of 1881/82 (Kabadayi & Erūnal, 2024; Shaw, 1978). Only recently have scholars begun to use these materials to estimate mortality patterns (Erūnal, 2021). Overall, the Ottoman census system evolved into a key instrument of governance, combining fiscal, military, and administrative objectives, while gradually extending state control into areas previously dominated by the autonomous structures of the *millets* (Shaw, 1978).

The organization of the Albanian population during the 19th century into three religious communities (Muslim, Catholic, and Greek Orthodox) under the Ottoman Millet system makes tracing vital events a challenging research task. Since each religious community was responsible for recording births, deaths, and marriages, the resulting records lack uniformity in methodology, regularity, quality and language (Ottoman Turkish, Greek, Latin/Italian). This fragmentation reflects the broader religious pluralism of Ottoman Albania, where legal and administrative practices remained decentralized rather than standardized (Clayer, 2012).

As a result, the study of mortality relies on a combination of Ottoman administrative records and ecclesiastical sources, particularly parish registers for the Catholic and Orthodox population. However, the documentary sources on different religious communities remain uneven. Ottoman population

- 1 Karpāt offers detailed information on the establishment of a modern population registration system in the Ottoman Empire during the 19th century, and the authorities at the central and local levels responsible for conducting the population censuses and registration of vital events. See also Shaw (1978).
- 2 On the local administrative structure of the Ottoman Empire during the 19th century and changes during *Tanzimat* see Shaw (2011, pp. 269–286).

registers offer limited data on causes of deaths. Examples of the actual forms of population registers show how the registers were used as continuous records of vital events and listed births and deaths. Deaths were registered by writing 'death' across the name of the deceased ([McCarthy, 1984](#)). Historical research on the Ottoman Balkans is constrained by the availability of archival records, which is particularly evident in the case of Orthodox communities, where the maintenance of parish registers was neither standardized nor obligatory. Although baptisms, marriages, and burials were recorded, entries were often sporadic and frequently tied to fiscal concerns, leaving little evidence of systematic demographic documentation ([Todorov, 1998](#); [Todorova, 1993](#)). On the other hand, Catholic parish registers represent a more consistent and reliable source for historical demographic analysis, since they became mandatory by the Council of Trent (1545–1563).

In the Albanian context, parish registers provide an important source for the study of mortality patterns and causes of death. This study draws on archival sources from the Central State Archives in Tirana, mainly from the Shkodra Archdiocese collection, to analyse how deaths among the Catholic population were reported and registered. The registers kept by the Catholic clergy stored at the National State Archive in Tirana include baptisms, marriages, burials, status animarum and mass registers.³ The main source for our analysis are the death registers of Shkodra and Jubani. This article analyses the death registers of Shkodra from 1820 to 1898, and of Jubani from 1789 to 1950. We analyse the accuracy and reliability of the data of parish registers, and the main death causes recorded, combining the data with other official sources, especially sources regarding epidemics of the 19th century in Albanian territories.

2 NATIONAL CONTEXT OF DEATH REGISTRATION AND PUBLIC HEALTH ADMINISTRATION

In the 19th-century Albanian provinces, the registration of deaths and the supervision of burials were arranged by respective religious communities in accordance with Millet social order system. Religious authorities had the responsibility of keeping records of deaths, and at the same time served as a mediator between the local population and the state administration. As a result, practices of death registration varied across religious communities. The Catholic communities kept much more organized records about baptism, marriage, and death, while among the Orthodox population such practices developed later and were less systematic.

Existing literature suggests that death registration among Albanian Orthodox community emerged in the last quarter of the 19th century, in connection with broader processes of the establishment of a consolidated administration and a regular tax collection system. A decision taken in Korça in December 1874 to establish a metropolitan registry for births, baptisms, marriages and deaths ([Materiale dokumentare, 1981](#)) illustrates these developments. Beduli, who analysed the Codex of Saint Procopius Church in Tirana (1818–1922) reveals the lack of such records for Tirana Orthodox community prior to 1880 and their subsequent introduction. He testifies that as a member of *Dhimogjerondi*, the administrative council of the Orthodox community, he had proposed the copying of the register, which had eventually happened, but no further information on the storage of both the original and the copy were available to him ([Beduli, 1997](#)).

More generally, the production of statistical data about deaths in the Ottoman Empire was closely linked to the management of epidemics in the 19th century. Between the late 1700s and mid-1800s, the Ottoman Empire faced repeated outbreaks of plague and, from 1821 onward, deadly waves of cholera. Plague took the lives of hundreds of thousands, mostly in Constantinople, and cholera caused seven significant epidemics throughout the 19th century (1831, 1847, 1854, 1865, 1870, 1876 and 1893), which slowed down not only demographic growth but also modernization processes ([Harrison, 2012](#); [İlikan Rasimoğlu, 2022](#)).⁴ Repeated epidemics of plague and cholera became a trigger for establishing new mechanisms in public health administration and medicine in the Ottoman Empire. The cholera pandemic of 1831 can be considered an important turning point as it resulted in creating

³ For general information on records of the Catholic Church in Shkodra see Nuro (2020).

⁴ For general information on main epidemics in Albanian territories see Hoxha (1962). On plague epidemics and its demographic, social and economic consequences in Albanian territories see Malaj (2025) and Muhaj (2024).

sanitary institutions and systematic recording of morbidity and mortality, particularly in large cities including Istanbul ([Balsoy & Gündoğdu, 2021](#)).

While preventive actions against diseases were probably better organized and controlled in the capital, it is worth mentioning that other distant provinces were affected by modernization as well. Archival correspondence from Albanian provinces indicates an increase of the state interference in regulating and controlling death, burial practices and other aspects of public health, especially in times of epidemic outbreaks. For instance, in 1876 the governor of Shkodra addressed the archbishop asking him to adopt measures to guarantee that no burials would take place within at least 24 hours after death because there was suspicion that a Catholic woman had been buried alive ([Gouvernement General Scutari d'Albanie, 1876](#)). The archbishop acknowledged the need for such measures, while noting differences in religious customs, particularly the more rapid burial practices among Muslims, and notified that he would issue instructions prohibiting burial within 24 hours after death, except in cases of medical certification ([Pooten, 1876](#)).

Even when the legislation for deaths to be certified by a medical expert existed, this did not usually happen in practice. The obligation of medical examinations and recording of deaths was documented during epidemic outbreaks. During the cholera outbreak of 1911 in Shkodra, the Governor made efforts to enforce the medical inspection of sick and deceased people. However, reports indicate that such cases were frequently concealed by the families and deaths were not reported, practices that limited the effectiveness of state policies ([Nedim, 1911](#)).

These examples highlight the gap between formal regulation and everyday practice. Outside epidemic contexts, there is little evidence of systematic medical certification of death. Structural constraints played a decisive role in this regard. Medical infrastructure in the Albanian provinces remained quite limited: apart from Shkodra, most settlements of Shkodra *vilayet* lacked both physicians and hospitals. Therefore, deaths were not routinely verified by professionals, and burial would normally take place within 12 to 24 hours, often without verifying that a person was dead ([Cozzi, 1909](#)).

Epidemics served as the main environment for more organized registration of mortality statistics. Epidemics such as smallpox, cholera, typhus, and plague received much attention due to the necessity of applying preventative measures that included quarantine, vaccinations, and the collection of statistics. In the second half of the 19th century, the prevention of epidemics became increasingly important to the Ottoman provincial authorities. In a note concerning the spread of cholera in Europe, the *vali* of Shkodra ordered that great care, and dedication must be paid to cleaning and disinfection of houses and streets. The note highlights the central role of religious and community leaders for the communication of necessary advice related to the prevention of the disease and appeals to the archbishop to notify the Catholic community on preventive measures regarding cholera ([Vali of Scutari, 1893](#)).

Public health policies were implemented in Albanian provinces despite the limited medical infrastructure. The religious authorities were integrated in the administration of public health while simultaneously the state authority was increasingly emphasised in traditionally autonomous social spheres. The Ottoman authorities used religious hierarchies as channels for the transmission and implementation of government policies. The cooperation of religious communities was important for the implementation of central public health policies such as vaccination campaigns ([Gojani, 1898](#)), burial practices and sanitary reforms. Religious institutions were intermediaries between state directives and their recognition and implementation by the population.

Simultaneously, the implementation of such measures and the accurate registration of individual causes of death depended on the existence of qualified medical personnel and was shaped by local social dynamics. Linguistic barriers and religious differences could influence the work of medical personnel, as illustrated by cases in Durrës and Dibër in the 1890s. In Durrës, a coastal town, part of the *sandjak* of Durrës, administrative unit within the *vilayet* of Shkodra, in 1894, at the request of the *imam* and the city elder, the municipal doctor was removed from duty because he was not qualified and did not know the Albanian or Turkish languages ([Osmanli arxiv, 2008](#)). The letter of a doctor appointed in Dibër in 1895 testifies to the religious dimension of practicing the profession when he writes to the Archbishop of Shkodra that he was unable to practice as a doctor due to the refusal of residents who requested the appointment of a Muslim doctor ([Zamputti, 1896](#)). While it is not possible to make general assumptions on the extent of such phenomena in Albanian provinces, these cases draw attention to eventual obstacles that could be posed by the religious and linguistic plurality for efficient

public health services and identification of death causes, even in towns where municipal doctors were appointed.

In such a context, death and cause-of-death registration in the Albanian provinces of the Ottoman Empire during the 19th century remained inconsistent and situation-dependent. Confessional organization played its role in this process, as did the epidemic situation, limited public health infrastructure and local social conditions.

3 RECORDING DEATHS IN SHKODRA AND JUBANI: DATABASE CREATION AND DESCRIPTION OF DATA

In ecclesiastical terms, in mid-19th century Albania was divided into the three archbishoprics of Antivari/Bar, Durazzo/Durrës, and Skopje and the four bishoprics of Shkodra, Sapa, Alessio/Lezha, and Pulati.⁵ The total number of Catholics in northern Albania was approximately 96,000 in 1850 ([von Hahn, 1854](#)). In 1867, Pope Pius IX elevated the Diocese of Shkodra to an archdiocese and metropolis and transferred the seat of the new metropolitan from Antivari to Shkodra, until 1886, when the Archdiocese of Antivari was detached from Shkodra ([Deutsch, 2009](#)). The bishopric of Shkodra was the most populous of these dioceses with about 28,000 Catholics in 1850 ([von Hahn, 1854](#)).

State authorities in Southeast Europe started to record vital events later than Catholic Church authorities. Therefore, parish registers can help trace historical mortality patterns and identify trends in specific causes of death, including information about epidemics. Even though the terminology may differ from modern medical classifications, parish registers are important for epidemiological research as they can be used to identify and categorize causes of death and study the prevalence of diseases in the past. The French school of historical demography is especially known for its use of such sources. These sources are known to be of different quality and may be affected by under-registration of vital events ([Willigan & Lynch, 1982](#)). One important database of deaths in Southeast Europe, the Historical Population Database of Transylvania, is based on parish registers of different denominations in this region ([Dumănescu et al., 2022](#)).

Limitations of the data can be related to the accuracy of the information included about the causes of death. Often, they were based on lay observations rather than accurate medical diagnosis, because of missing trained medical personnel, especially in rural areas in peripheral regions of the Ottoman Empire, like Albania.

The analysis of parish books and vital records as part of historical research is still rare in Albania, especially for the period before the 20th century. Kërçiku ([1962](#)), in his publication on the history of medicine in Shkodra, analysed data from the ecclesiastical registers of the city, which at the time of his research were still preserved in the archive of the Archdiocese of Shkodra. Kërçiku notes the existence of death registers covering the period from 1747 to 1947, as well as the absence of 29 registers for the years 1755–1758, 1770–1785, 1818, and 1898–1906.

We aimed to construct a database of historical Catholic church records due to the earlier availability of records. In a first step we made an inventory of the available parish registers at the Central State Archive in Tirana. We have found sources covering 44 Catholic parishes in Northern Albania, while in 1863 about 100 parishes existed in this area ([von Hahn, 1869](#)). Nopcsa collected data about violent deaths for the period 1890–1905 from 30 parishes in Northern Albania ([Nopcsa, 1907](#)), but of these parishes we have found up to date records for only one third of them. A considerable number of church books have been obviously lost, because of neglect of local priests, frequent uprisings and wars, and the fight against religion in Communist Albania (1944–1991). Unfortunately, most parishes have surviving records beginning only in the 19th century and in most of them the church books have considerable gaps. Nopcsa indicates as main reasons for these data gaps the vacancies or the advanced age of the priests concerned ([Nopcsa, 1907](#)).

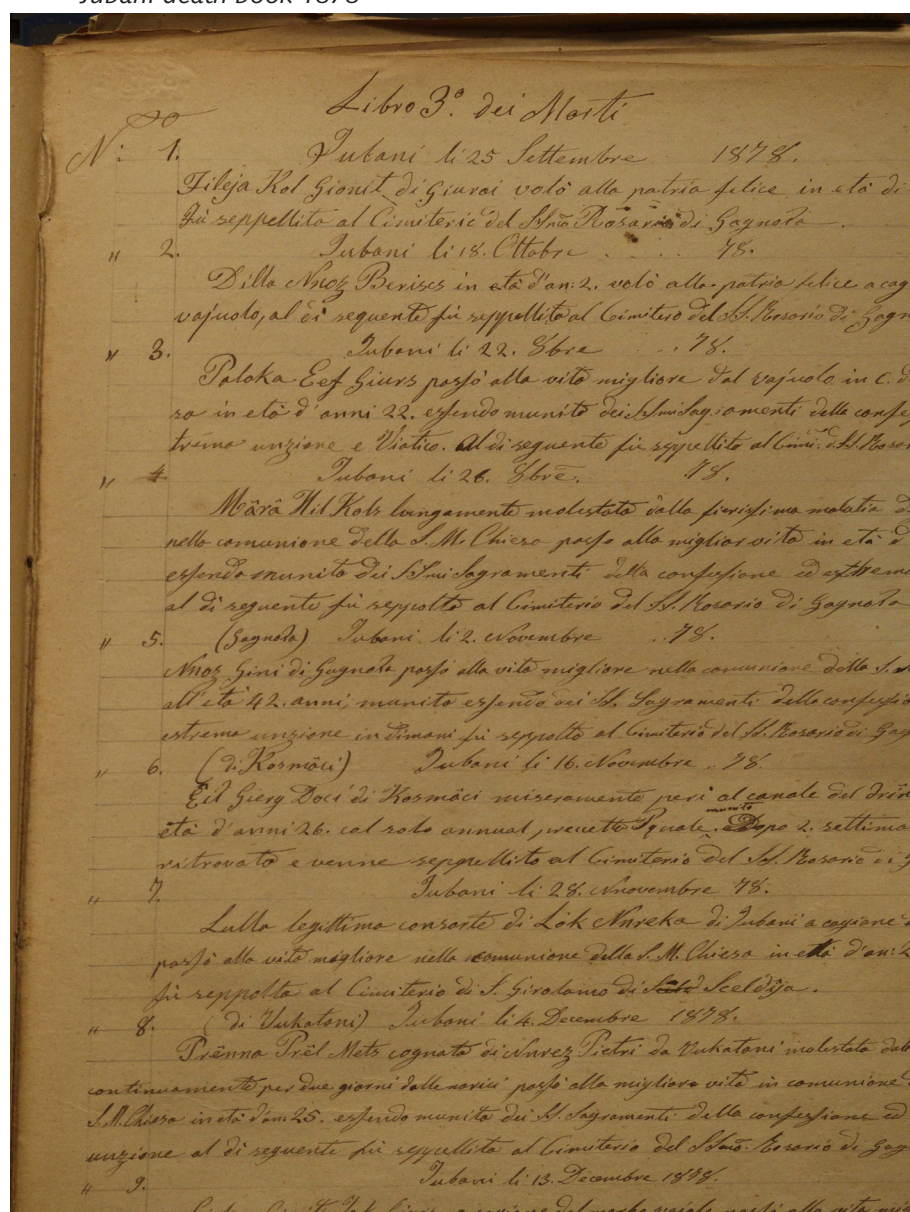
⁵ A detailed description of the ecclesiastical division of the Catholic Church in Albanian lands in mid-19th century is given by von Hahn ([1869](#), pp. 131–150).

We have chosen two parishes as a starting point for the database: Shkodra as an urban parish and Jubani as a rural parish. Shkodra was the parish with the largest number of souls (6,130 in 1863; [von Hahn, 1869](#)), the far most important city in Northern Albania and has the oldest available sources. In addition, the literacy rate was 65.0% for men of at least 15 years and for women it was 32.0% according to the Albanian Population Census of 1918. In contrast, in rural areas Catholics had literacy rates of only 1.8% for men and 0.3% for women ([Gruber et al., 2024](#)). Therefore, we expected this parish would yield large numbers of reported deaths with data of high quality for analyses.

Jubani was chosen as the first rural parish, because it has one of the longest and uninterrupted series of church books (1789–1903) and death registration up to 1950. In addition, there are two church censuses (*status animarum*) available for the years 1881 and 1896 and the data of the census of 1918. These enumerations will be of help for a family reconstitution project envisaged for the future. The parish of Jubani (about 10 km southwest of Shkodra) was part of the Bishopric of Shkodra and encompassed only 559 Catholics in 1863 ([von Hahn, 1869](#)).

The death books were handwritten in Italian or Latin (Figure 1). The priests did not use a printed form but wrote a sentence/paragraph for each entry. The information contained in the entries was distributed into different variables: source information, date of death, date of burial, name, gender, age, name of parents or husband, place of residence, occupation, cause of death, other information, and cemetery.

Figure 1 Jubani death book 1878



Source: Jubani death book, 1878.

At first, we shall have a general look at the completeness of the death books of Shkodra and Jubani. To date, we have not been able to locate in the archive the registers of Shkodra mentioned by Kërçiku (1962) corresponding to the period prior to 1820 or after 1898. A plausible explanation may be the loss of these records during the process of their transfer from Shkodra to the Central State Archive in Tirana. The database contains the deaths of Shkodra for the period from 1820 to 1898 and of Jubani for the period from 1789 to 1950. Data is missing for Jubani for years 1810, 1811, and 1825, while for Shkodra data is missing from 1884 to 1889. Although the absence of data for the specified years cannot be explained with certainty, the reasons proposed by Nopcsa (1907) may provide a plausible interpretation. Other years obviously do not cover all deaths, because in Jubani in some years only one or two deaths were reported. In 1861 in Shkodra 237 deaths were reported while in all previous years fewer than 30 deaths were reported. In 1846 in Jubani the priest made a note that in March 75 persons had died, but there are no individual entries in the death book. In Shkodra the priest wrote on October 29th, 1882, that 13 more people had died, but they were not registered individually in the death book. The youngest age groups were clearly under-reported in the early decades of these death books in both parishes and in addition, the considerably smaller number of female deaths in both parishes suggest an under-enumeration of female deaths (see Table 1). Stillbirths are absent from the records of these two parishes for the period under investigation, and the reporting of neonatal deaths is likely incomplete.

The year of death is generally available, but the day or month of death are sometimes missing. Christian names are generally reported in Jubani, while in contrast, in Shkodra a quarter of deaths were reported without any Christian name. This is contrary to our expectations that in Shkodra the quality of the reporting would be better. In Jubani women were reported more often without names than men, while age did not play a role. Especially high were the rates of missing names during epidemics and in the 1840s. In Shkodra age was the most important factor: almost half of children's deaths were reported without names and in consequence of this pattern in the 1860s the proportion was highest, because at this time the general reporting of children's deaths started. In both parishes one quarter of deaths of unknown age were reported without names, too. Similarly, in Jubani almost all deaths were reported with family names, while in Shkodra only half all deaths were reported with family names. Father's names were reported for half of deaths and husband's names were reported for about a third of female deaths in Jubani and for about a fifth of female deaths in Shkodra.

Gender was not directly reported in the death books, because no forms with such a column were used. Gender is therefore derived from Christian names and information like "son of" and "wife of". In the absence of such information, gender could not be coded. The sexes were quite unbalanced among the reported deaths: about 57% were male deaths in Jubani and in Shkodra. In Jubani we can find an expected age pattern with the highest sex ratios among the youngest age groups, while in Shkodra the highest sex ratio was in the age range of 40 to 59 years. Two thirds of deaths with unknown age were men in Shkodra, while in Jubani the proportion was similar to the overall average. The higher sex ratio among medium aged deaths can partly be explained by non-residents of Shkodra who died there.

Age reporting in the death books was not complete as about one tenth of deaths were registered without ages. The largest age cohorts (except the ones with missing ages) were the youngest ones (see Table 1). We constructed four large age groups for comparative purposes: young (0–19 years), medium-aged (20–59 years), old (60+ years), and unknown age. These age groups are based on the reported ages and in the absence of a reported age on descriptions like "child", "young" (for the "young" category), and "old person" (for the "old" category). In Jubani only a third of all reported deaths involved children, while in Shkodra 45% of reported deaths were of people below 20 years. In Shkodra almost half of all deaths were in the "young" category from 1860 to 1900, which can be an indication of a rather complete enumeration of the youngest age groups, except for girls (see above). In Jubani the development was more complicated with a share of 40% for children in the 1870s and 1880s, a decrease to 30% in the 1890s, 40 to 50% from 1900 to 1930 and more than 60% from 1930 to 1950. In the final decades the enumeration of children seems to be complete (except some girls). The reported ages were often rounded and in Jubani three fourth of reported ages were indicated as being "approximate" until the 1850s. The age distribution of deaths among females was not much different from those of males, only the highest age groups were more prominent among females.

The place of residence was reported for three quarters of deaths in Jubani, while it was done only for one fifth in Shkodra. Occupations were registered for only a few people, but for no peasants. The cemetery where the dead people were buried were reported for almost all deaths in Jubani, but only for one ninth in Shkodra. Sometimes other information was reported, as e.g. deaths occurring abroad.

Table 1 Overview of Catholic death registers for Shkodra and Jubani

	Shkodra		Jubani	
	N	%	N	%
Male	3,747	57.4	1,269	56.1
Female	2,754	42.2	991	43.8
Unknown	26	0.4	2	0.1
Sum	6,527		2,262	
Age groups:				
0–19 years	2,932	44.9	746	32.9
20–59 years	1,515	23.2	784	34.7
60+ years	1,393	21.3	474	20.9
Unknown age	687	10.5	258	11.5
Single years:				
Under 1 year	967	14.8	259	11.5
1 to 2 years	374	5.7	111	4.9
Day of death reported	2,142	94.7	6,301	96.5
Christian name reported	4,803	73.6	2,092	92.5
Family name reported	3,420	52.4	2,158	95.4
Father reported	3,453	52.9	1,183	52.3
Husband reported	623	9.5	303	13.4
Place of residence reported	1,125	17.2	1,765	78.0
Occupation reported	112	1.7	2	0.1
Cemetery reported	736	11.3	2,091	92.4

Source: *Gruber et al., 2025a, 2026b*.

We can clearly see an improvement of reporting of infant and child deaths over time, while in Shkodra there was no improvement in recording of female deaths after the 1840s, and in Jubani the proportions were quite stable for all decades. In Shkodra we see a gradual improvement in reporting of ages from almost 100% of missing ages in the 1820s to below 5% in the 1890s while in Jubani the situation was rather stable with some peaks during times of epidemics (1810s and 1820s) and the 1860s and 1870s. We cannot yet explain the latter peak due to the near absence of reported causes of death during those decades.

4 CAUSES OF DEATH

Most of the recorded deaths had no cause of death stated. Either there is no information at all, or the information is not a cause of death, as e.g. "was found dead". We can analyse causes of death for only 9.1% of the deaths in Shkodra and 6.7% of the deaths in Jubani, which add to a sum of about 750 cases. Women had almost the same percentage as men in Jubani, while in Shkodra the proportion of men was more than twice the one for women. A comparison with research about causes of death in other multi-denominational countries of East or Southeast Europe shows us that the Historical Population Database of Transylvania does not report missing causes of death (*Dumănescu et al., 2022; Holom & Hărăguș, 2025*). In Hungary the beginning of recording causes of death depended on the denomination with Roman Catholics starting later than Lutherans and Calvinists. Most of the Roman Catholic parishes started with systematic registration of causes of death in the 1830s and 1850s (*Öri & Pakot, 2026*). In Ukraine in the 19th century Orthodox death registers contained fewer

causes of death (mostly exceptional ones) than Protestant ones. In addition, age heaping was strong and females and infants were under-registered in Orthodox sources (Serdiuk & Chyruk, 2026). These Ukrainian sources are therefore the most similar to the Albanian sources analysed in this paper.

In Shkodra the lowest percentages can be found for infants (0.2%), followed by an increase up to the age group 20–29 years (17.0%) and a subsequent decrease. In Jubani the pattern is the same with a smaller peak for young adults and no stated causes of death after age 79. In Shkodra we see an interesting trend with a constant decrease of stated causes of death from more than half of all reported deaths in the 1820s to only 5% in the 1890s (see Figure 2). In Jubani we see no causes of death in the 1780s, a peak of about 50% in the 1810s due to the plague epidemic and no causes of death reported after 1880. An increase in completeness of death registration and age reporting coincided with a decrease in reporting of causes of death. There are different reasons for Jubani and Shkodra: in Jubani the priests simply stopped reporting causes of death, while in Shkodra it seems that exceptional deaths were always reported and in contrast rather "ordinary" deaths were rarely reported before 1861. The rather complete reporting of all deaths afterwards combined with reporting only exceptional causes of deaths led to much smaller proportions of reported causes of death.

Figure 2 *Proportion of recorded causes of death in Jubani and Shkodra*

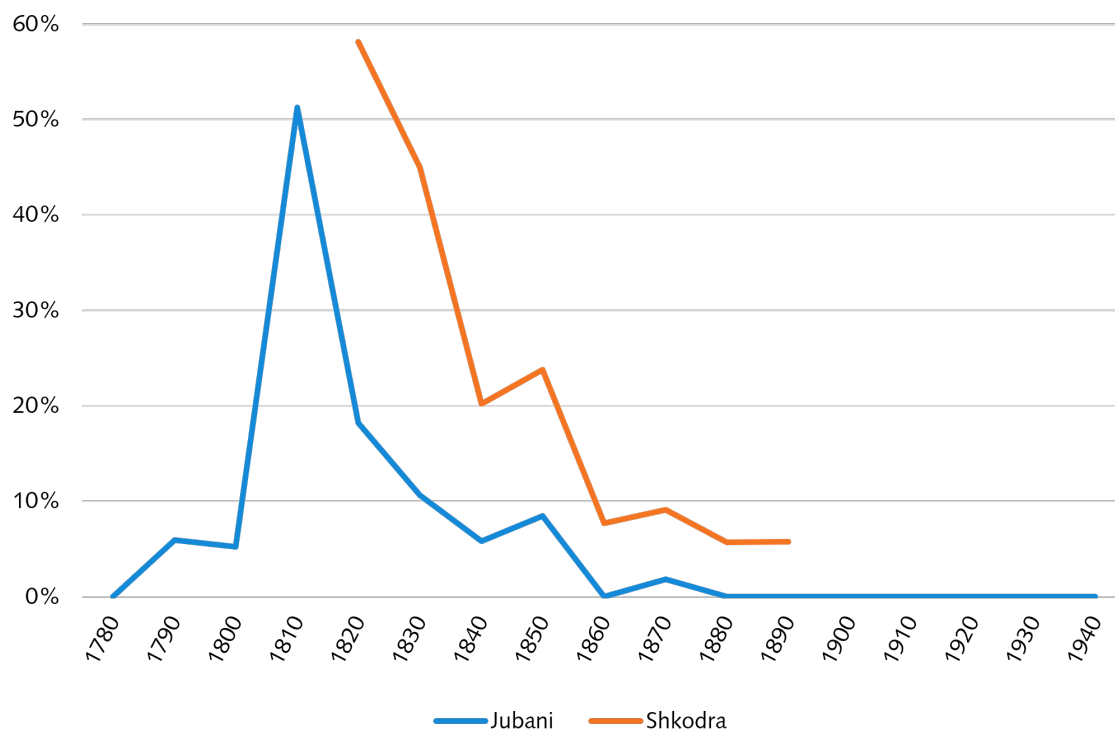


Table 2 *Causes of death availability*

	Shkodra		Jubani	
	N	%	N	%
No cause given	5,907	90.5	1,836	81.2
Not a cause of death	29	0.4	274	12.1
Cause of death available	591	9.1	152	6.7
All	6,527		2,262	

Source: Gruber et al., 2025a, 2026b.

Table 3 *Causes of death in Albania in the 19th century/HistCat*

	Shkodra		Jubani	
	N	%	N	%
External	308	52.1	28	18.4
Ill defined	132	22.3	12	7.9
Infectious	107	18.1	109	71.7
Circulatory	27	4.6	1	0.7
Childbirth	7	1.2	-	-
Diarrhoea	3	0.5	-	-
Respiratory	3	0.5	-	-
Nervous system	-	-	1	0.7
Other	4	0.7	1	0.7
Total	591		152	

Source: [Gruber et al., 2025a, 2026b](#).

Causes of death have been coded into ICD10h ([Reid et.al., 2024](#)). Reported causes of death are obviously heavily biased towards spectacular and extraordinary causes of death: murder, accidents, and epidemics. The most important general historical categorisations (Histcat) are in Shkodra external causes (more than 50%), ill-defined causes (more than 20%), and infectious diseases (almost 20%). In Jubani more than 70% of the causes of death belong to the infectious diseases, almost 20% to external causes, and less than 10% to the ill-defined causes.

The most important group were external causes, mostly murder, war-related deaths, accidents, and people dying in hospitals or prisons. Overall, we have found 163 cases of killings in Shkodra and 21 cases of killings in Jubani. About 90% of them were men, either of medium age or without age reported. In Jubani such cases were reported only in the first half of the 19th century, while in Shkodra such cases were reported in all decades. About 50 cases of accidents were reported in Shkodra, more men than women, and often without stated age. Thirty-nine cases of war related deaths were reported, all of them men and most of them without stated age. Eighteen people died in a hospital, almost all male and half of them without stated age. Ten people died in prison, almost all male and half of them without stated age.

Infectious diseases are an expected prominent group among causes of death in historical populations. In Jubani there were 100 cases of plague (most of them in October 1818 and October 1819) and nine cases of smallpox reported, while in Shkodra there were 97 cases of smallpox (especially in 1861 and 1872) and only one case of plague. The absence of plague cases as a cause of death in Shkodra can be explained by the fact that the plague epidemic had spread in the city of Shkodra in 1817. Most of the deaths due to epidemics in Jubani had no age stated and no name reported. In Shkodra most of these deaths had no name reported and only half of them an age.

The third large category are the ill-defined causes of death: sudden or immediate death (80 cases in Shkodra and one case in Jubani), ill health or longstanding diseases (23 cases in Shkodra), fever (12 cases in Shkodra and six cases in Jubani), and natural causes (10 cases in Shkodra and two cases in Jubani). This group is also an effect of missing proper medical care by trained personnel and missing examination of dead persons by trained personnel. The recording of death causes was often dependent to the medical knowledge that the priests might have possessed.

Published statistics on deaths in Shkodra for the period 1800–1819 sparsely include information on death causes for comparative analyses. Nine hundred sixteen deaths were recorded, including 78 cases of plague, seven cases of smallpox, three cases of suicide, eight cases of accidental death, and 36 cases of murder ([Kërçiku, 1962](#)), reflecting the prominence of infectious diseases and external causes in cause of death registration.

5 CONCLUDING REMARKS

The last decades of the 19th century witnessed the creation of a more centralized and bureaucratic public health system in the Albanian provinces, in which the registration of deaths and the diagnosis of causes of death were increasingly linked to the Ottoman Empire's efforts to manage epidemics and population movements. Despite limitations in practice, archival documentation demonstrates a continuing goal of state institutions to document and classify causes of death. Analysis of documents in Ottoman and Greek, especially death registers, would complete the picture of the sources, procedures, and practice of recording causes of death in Albania in the 19th and early 20th centuries.

The analysis of Catholic parish registers of Shkodra and Jubani reflects the possibilities and limitations of these registers for the historical demography of Albania. While offering important insights on mortality, under-recording of deaths, especially of women and neonatal deaths, incomplete or vague information on death causes, limited to well-known diseases (especially during epidemics) and apparent death causes such as accidents and murders, related among other factors to the underdevelopment of medical services, and the availability of the data only for the Catholic population represent considerable impediments to demographic research of Albanian population in the 19th century.

Despite the limited proportion of reported death-causes in the database, it offers significant opportunities for historical-demographic studies on Albania. The database could contribute to the reconstruction of mortality patterns, through estimation of crude death rates, identification of seasonal mortality trends, and tracking of age-specific mortality. It is also important for analysing the spread of epidemics and violent deaths. An analysis of violent deaths would be feasible, especially if additional data from archival documents and the death books analysed by Nopcsa in the beginning of the 20th century are considered. When combined with baptism and marriage registers, the death books enable reconstruction of family structures. A case study of family reconstitution is planned for the parish of Jubani, which would be the first application of this method to Albanian data.

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