

## Responses to Editor and Reviewers

### Editors Comments

1. Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in **PPT** and submit it in the system.

We have now included a PPT file in the submission which contains decomposable versions of the Figures.

2. Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Our manuscript is prepared in Microsoft Word, using 12pt Book Antiqua and 1.5 line spacing.

3. You need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "**Supported by...**".

As part of the supporting documents uploaded with this resubmission, we have included the Funding agreement between the Australian National University (ANU) and the Indonesian Ministry of Health.

5. Please provide all authors abbreviation names and manuscript title here. The abbreviation names should be the same as the copyright.

We have added the abbreviated author names and citation information at the bottom of page 4.

6. All figures, tables and legends should not be in the main text. They should be put at the end of this paper.

All figures and tables are now at the end of the main text. The figures are also submitted separately in a supplementary editable PPT file.

7. Please write the article highlight section accordingly. Please don't copy from the main text.

We have finished written the article highlight section which is on the page 17 and 18, following the Discussion.

8. Please check and confirm that there are no repeated references!

We have checked the manuscript and confirm there are no repeated references.

9. Please add **PubMed** citation numbers (**PMID NOT PMCID**) and **DOI** citation to the reference list and **list all authors**. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

We have gone through all references and confirmed that only PMID and DOI have been provided, not PMCID. We have also changed the formatting style to include all authors in the citation.

For all our papers, 1) we were able to provide either DOI and PMID OR 2) the website address was included in the reference.

10. Please don't include abbreviations in the title of the figure/table.

We have removed any abbreviations in figure or table titles

11. Please don't include any \*, #, ...in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters.

We have changed all symbols to superscript numbers in the tables. We have used superscript letters to indicate statistical significance.

#### Reviewers Comments

Reviewer #1: This is an interesting manuscript about the quality of evidence used to assign ischemic heart disease (IHD) as a cause of death from the Verbal Autopsy (VA) questionnaires in the Sample Registration System (SRS) 2016 database. The authors demonstrated that strong evidence of IHD was assigned based on surgery for coronary heart disease and terminal chest pain with two of sudden death, history of heart disease, medical diagnosis of heart disease, or terminal short of breath. In addition, Male gender and hospital death were significantly associated with strong and/or medium evidence (acceptable evidence). This manuscript is nicely structured. However, I have several comments about this manuscript. Please consider the following comments.

(Comments) 1. Page 3, Abstract, Results, lines 4-6 A higher proportion of male deaths at health facilities used strong evidence than for male deaths outside health facilities and this result is statistically significant ( $p=.0068$ ). This result was not found anywhere in the text. I think the authors should describe in the text. Please consider.

We have revised this sentence to read as follows:

For deaths outside health facilities, VA questionnaires for male deaths contained acceptable evidence in significantly higher proportions as compared to those for female deaths. ( $p<.001$ ).

The relevant evidence to support this sentence is provided in the newly added Table 5, and in the associated text on page 11.

2. Page 3, Abstract, Results, lines 6-8 Death from IHD was more frequent among 50-69 and over 70 year olds, accounting for 49.3% and 34.3% of the total number of deaths respectively. Also, this result was not found anywhere in the text. In addition, in Table 2, the percentages of 50-69 and over 70year olds are 48.4% and 36.1%, respectively. Is the one or the other correct? Please consider.

The figures in Table 2 are correct. We have aligned the Abstract to agree with the data in the Table now (pg 3 line 22-23). We have also included new text in the first paragraph of the Results (pg 10 line 5-7) to refer to this information.

3. Page 3, Abstract, Results, lines 8-9 Two thirds of deceased were male (66.2%) Is this data correct? I think the percentage of male gender is 58.3% (233/400). Sorry if I have got it wrong. Please consider.

The figure 58.4% is correct. We have made the correction in results of abstract (pg 3 line 24) and the first paragraph of the results section (pg 10 line 5).

4. Page 3, Abstract, Results, lines 9-10 Smoking behavior was found in 49.8% of deceased and 98.1% of this group were male. Judging from Tale 2, I think the percentage of smoker is 44.0% (176/400), not 49.8%. Furthermore, this result was not found anywhere in the text. Please consider.

We have corrected the smoking prevalence figure in the abstract to 44.11% (pg 3 line 24-25) and added text including that information to the first paragraph of the Results (pg 10 line 13-15).

5. Page 10, Results, line 2 (last line) Table 3 demonstrates. The authors probably make a mistake. Correct "Table 3" to "Table 2".

Incorrect table numbers have been corrected throughout the manuscript.

6. Page 11, Table 2 As for each variable, statistical analysis were not performed at all. Categorical variables should be compared using chi-square test. In addition, as for age and place of death, why the total number is not 400?

We have added statistical comparisons for Table 2 and Table 4 using chi-square (pg 24). For some variables there were missing values in a small number of cases, for example age. This is the reason for which the totals for some columns do not add up to 400.

7. Page 14, Results, line 1 as shown in Table 5 The authors probably make a mistake. Correct "Table 5" to "Table 4".

Incorrect table numbers have been corrected throughout the manuscript.

8. Page 14, Results, lines 5-6 A stratified analysis showed that this association was statistically significant only for male deaths that occurred at home. Page 18, Discussion, lines 10-12 However, for deaths at home, there was a significantly higher proportion of male deaths with acceptable evidence as compared to female deaths. I think the authors should describe the data in detail. I'm afraid the data seems not to be found anywhere. Please consider

We have added an extra table (Table 5) (pg 27) and revised the associated text in the Results section on page 11 to read as follows:

Acceptable evidence was also positively associated with deaths in males as compared to deaths in females (data not shown) but a stratified analysis (Table 5) showed that this association was statistically significant only for male deaths that occurred at home. ( $p < 0.005$ ).

In the discussion section, we have added a cross reference to Table 5, to indicate to readers the location of relevant data to support this statement.

We trust that the above adequately addresses the comments from the reviewer.

9. Table 4 As for age of deceased, why the authors did not include under 30 years old in analysis?

In our data set there were very few (5) cases of deaths from Ischaemic Heart Disease in those aged under 30 years. For this reason we did not include them in our analysis.