This is well-written, interesting retrospective population-based study of place of death among over 150,000 adults in British Columbia Canada. This study found that Asian places of birth were significantly associated with increased likelihoods of hospital death and decreased likelihoods of nursing home death. I agree with the authors’ discussion that the relationship between place of birth and place of death was intriguing. The question is well defined, methods seem appropriate and well described and the data appear sound. The authors used satisfactory analyses and clearly explained their methods.

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1. The major component of this article that was missing was any reference to hospice services in relation to home deaths. As home deaths are much more likely among patients with hospice services, it is important to assess the availability and utilization of hospice services when examining place of death. If the authors have no access to hospice data, this should be acknowledged as a limitation, but the discussion should still discuss, in general, the hospice utilization and availability in British Columbia.

2. Also, in the discussion, rather than referring to previous literature on “minorities”, it would be more helpful and interesting to cite some of the place of death literature specifically related to Asian populations in America and/or Canada, since it is not clear that Chinese, Indian and Filipino populations necessarily share place of death characteristics with African-Americans, for example. It would be helpful if the authors shared with the reader some of the reasons given in the literature for different rates of hospital and/or nursing home deaths in some of these populations, or other Asian populations, such as Japanese-Americans.

- Minor Essential Revisions
The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1. I was surprised that pneumonia was associated with increased likelihood of hospital death and reduced likelihood of nursing home death compared to cancer, given that pneumonia is such a common cause of death in nursing home facilities. It would be helpful if the authors could comment on this a little, such as, if this is because of the overlap between dementia and pneumonia as a cause of death and limitations of death certificates if only the primary cause of death on the death registration was used?

2. On Table 5, please align the rows "Place of death: Extended care facility" and "Place of death: Hospital" to the left so they are in the same alignment as "place of death: home". At first, it was hard to tell that this was a three-part table, stratified by place of death.

- Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

NONE.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.