

**Overall:**

Important manuscript as information regarding potential impact of migration on health, especially mortality, is scarce. However, there are some questions and comments that need to be addressed.

**Abstract:**

- Please, clarify the objectives of the study in the abstract.
- Please, define in methods the area of provenience variable.
- Please, add SMR for some of the important results.

**Introduction:**

- Description of the setting of the study should be in the Methods section. Moreover, a better explanation about this region needs to be included in the manuscript, especially for international audience. For example, why Veneto is one of the sites receiving more migrants? Is a rural area? Is a richer area? People travel because job opportunities?
- Is the group of foreign people in Veneto is large, what proportion is illegal? Is there any estimation?

**Methods:**

- Please use subheadings: Design, Selection criteria, Setting, Variables definition, Procedures (data collection), Analysis, and Ethics.
- How data regarding migration was obtained? How information was verified?
- "Only consistent information available across mortality records and census data" can be valid for those who died, but how about the alive group? Thinking in potential bias, was there another type of information of used in this analysis?
- How the age groups were defined? Why not every 10 years or 5 years as Figure 1? I think it is not a sample size problem.
- How the large geographical areas were defined? Why not by country?
- How was the process of data collection, especially for death certificates? Is there only one archive for this? How data was extracted from certificates?
- Is area of provenience similar to geographical area?

**Results:**

- Was there any migration surrogate available for analysis?

**Discussion:**

- There is a need of better explanation of results and not only describe them and compare them with other studies. For example, apparently the gap in mortality between migrants and Italians has reduced (first paragraph), but there are not potential reasons for that. Is nutritional transition playing a role? Has the migration patterns changed over time? Similar for causes of death: cancer, infectious diseases, etc.
- How the increased infant mortality can be explained among migrants? This journal has an international audience and points such as this need to be clarified.
- What is remigration? Coming back to the country of origin? Moving to other place in Italy or in other country?

- Truncation can be a good method to avoid underestimation of mortality rates in elderly? But what was the explanation for excluding children?
- As pointed out by authors, remigration might be a problem. How much can this affect the obtained results? This is important as years analyzed are compatible with the economic crisis in Europe and the whole world.
- Many of this kind of studies lack of an assessment of non-migrant site-of-origin population to compare estimates against. As a result, we are seeing only a part of the problem. As health is every time more global, I think it needs to be discussed.
- Reasons for migration are different from geographical area or country or region into the country. This need to be addressed also in the discussion.

### **Conclusion:**

- Please delete the first sentence of this part as it looks like the Introduction.
- There are sentences that are not part of a conclusion and need to be located in the appropriate sections. For example: deaths from cerebrovascular disease are mainly hemorrhagic is not a conclusion, the link between ischemic heart disease and overweight and diabetes is not a conclusion. Please rewrite this section.