

**Fulton County
Medical Examiner
*2019 Annual Report***



Prepared by:

**Marian Green, Deputy Director
On behalf of
Karen E. Sullivan, MD, Interim Chief Medical Examiner**

January 31, 2021

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Preface

This Annual Report would not be possible without the dedication and professionalism of the employees who work for and with the Fulton County Medical Examiner's Office in Atlanta, GA.

Administrative and Support Personnel

John Cross, Deputy Director
Paul Desamours, Division Manager
Karleshia Bentley, Executive Assistant
Quanda Vance, Records and Documents Supervisor
Lynette Redding, Medicolegal Transcriptionist
Simone Murphy, Medicolegal Transcriptionist
Charles Morgan, Customer Service

Shirley Gleaton, Administrative Assistant

Medical Examiners

Karen E. Sullivan, MD, Interim Chief Medical Examiner
Michael M. Heninger, MD, Associate Medical Examiner

Investigative Staff

Candice Dalton, ME Investigator
Dumonder Dawson, Senior ME Investigator
Bertram Ennett, ME Investigator
Brian Reents, ME Investigator
Mark Ruffin, ME Investigator
Deltra Arroyo, ME Investigator
Guillermo Saldana, ME Investigator

Forensic Technical Support

Artemus Barnes, Forensic Technician
Mary Burgess, Medicolegal Photographer
DeOnn Colbert, Morgue Attendant
Filomena Fernandes, Forensic Technician
Chefrene Gory, Medicolegal Photographer
Angie McCray, Forensic Technician Assistant Supervisor
Tanya Walker, Forensic Technician
Kaneshia Lovelace, Forensic Technician
Glenda Washington, Forensic Histotechnologist

Facility Assistant

Carlo Harper

Fulton County Government Information Technology

Shenelle Armstrong

Without the above individuals, quality investigation of deaths in Fulton County would not occur, and neither would professional communication with the many agencies and members of the public who are impacted when a death occurs. These employees also care for and maintain a modern

facility in which death investigations may be professionally conducted with respect for the dead and at which members of the public, legal, and law enforcement communities can effectively conduct their business.

I thank the employees of the Fulton County Medical Examiner's Office for their dedication, excellence, and professional quality death investigations conducted for the citizens of Fulton County.

It is hoped that the information in this report may be useful to public health, public safety, and other policy and program planners who strive to improve the safety and quality of life.

This Annual Report is for the calendar year 2019. Delay in publication of this report is due in great part to having to merge information from two data sources, as the office implemented a case management system mid-year 2019. Also, it is not uncommon for some death cases to take many months to finalize because of extensive testing or the need for investigative information that takes time to obtain. The Report itself takes time to prepare and must be done while we carry out our usual activities and death investigations, which also takes the time of our staff.

Karen E. Sullivan, MD
Interim Chief Medical Examiner
January 31, 2021

SECTION I. INTRODUCTION

The Fulton County Medical Examiner (FCME) serves all non-federal, incorporated, and unincorporated areas within Fulton County. In 2019, these areas include nearly all of the City of Atlanta, Alpharetta, Chattahoochee Hills, College Park, East Point, Fairburn, Hapeville, Johns Creek, Milton, Mountain Park, Palmetto, Roswell, Sandy Springs, the City of South Fulton, and Union City and other areas served by special law enforcement agencies such as the Metropolitan Atlanta Rapid Transit Authority (MARTA) and college police forces. The FCME does not serve the few areas of Federal property within the county such as the Federal Penitentiary, which arranges for its own investigations. Some deaths occurring on state property are investigated by the Georgia Bureau of Investigation (GBI). Under the provisions of the Georgia Death Investigation Act (Official Code of Georgia Annotated 45-16-20), FCME investigates deaths that are suspected or known to have resulted from external causes such as injury or poisoning, those occurring while a person is in custody of law enforcement agencies, and deaths that are sudden, unexpected, and not explained with a reasonable degree of medical probability.

Fulton County covers approximately 527 square miles and has an estimated population of 1,063,937. Countywide, the population is about 45.5% white, 44.5% black, 7.6% Asian, 2.2% two or more races, and 7.2% Hispanic/Latino (July 1, 2019 www.census.gov).

The laws describing the duties of medical examiners in Georgia are contained mostly in Official Code of Georgia Annotated, Title 45, Chapter 16: Georgia Death Investigations Act. The types of death required to be reported to the medical examiner include:

- Violence (injury)
- Casualty (accident)
- Suicide
- Suddenly when in apparent good health
- When unattended by physician (no doctor who can sign the death certificate)
- Suspicious or unusual
- Children under 7 if death is unexpected or unexplained
- Executions pursuant to death penalty
- Inmate of state hospital or state, county, or city penal institution
- Admitted to hospital unconscious and dying within 24 hours without regaining consciousness

Decisions about autopsies are not mandated and are left to the discretion of the medical examiner. As can be seen, the laws are general enough that jurisdiction may be accepted in a wide variety of cases that are not otherwise specified in law, such as sudden death while under anesthesia, which may be considered to be "sudden and unexpected" or "unusual."

When a death is reported to FCME, jurisdiction is either accepted (AJ) or declined (DJ). If a case is accepted, it means that the medical examiner will be signing the death certificate (certifying the death).

A case is accepted if:

- It meets criteria specified by law as described above, and
- The incident leading to death occurred in Fulton County, or
- If the place of incident or onset of fatal events is unknown, the death occurred or the dead body was found in Fulton County.

A case is declined for one of two reasons:

- The incident leading to death did not occur in Fulton County.
- There is a physician who is willing to sign the death certificate.

The case medical examiner (forensic pathologist) generally uses one of five approaches to certify a death (obtain information to complete the death certificate):

- **Sign-out:** The death certificate is signed without examining the body. These include death certificate review cases.
- **View:** External examination of the body without a dictated report and without toxicology and/or chemistry tests.
- **External Examination:** External examination of the body with a dictated report of the examination. Usually includes toxicology and/or chemistry tests.
- **Autopsy:** Complete autopsy: internal and external examination with dictated report.
- **Limited Dissection:** External examination with internal examination limited to a specific area of the body
 - May be performed if there is expressed objection to autopsy by the legal next of kin or significant health or safety risks exist for staff and a complete autopsy need not be performed.
 - A limited dissection is most often performed to rule out skull and/or brain injuries.

There are basic general rules for classifying manner of death:

- **Natural** deaths are due solely to disease and/or the aging process
- **Accident** applies when an injury or poisoning causes death and there is little to no evidence that the injury or poisoning occurred with intent to harm or cause death. The fatal outcome was unintentional.
- **Suicide** results from an injury or poisoning as a result of an intentional self-inflicted act committed to do self-harm or cause one's own death.
- **Homicide** occurs when death results from a volitional act committed by another person to cause harm, fear, or death. Intent to cause death is a common element but is not required for classified as homicide. The classification of homicide for the purpose of death certification neither indicates nor implies criminal intent, which remains a determination within the province of the justice system.
- **Undetermined** or "could not be determined" is a classification used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death, in thorough consideration of all available information.

Budget and Staff

The operating budget was \$4,613,775.00 for fiscal year 2019. In 2019, the FCME staff consisted of 35 employees including 4 full time physician medical examiners, 11 investigators, 8 administrative support staff, 11 forensic technicians and morgue support staff, and 1 facility support staff. We had one forensic pathology physician in a fellowship training position funded by Emory University School of Medicine.

General Response

When a death is reported to FCME, the case is assigned a sequential case number. Basic information is obtained on all cases reported. Investigators, in consultation with the on-call medical examiner as needed, make decisions about whether the case should be accepted or declined, if death scene investigation is required, and whether or not the body need be transported to the Fulton County Medical Examiner's Center. The medical examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed. Usually, bodies transported to FCME are ready to be returned to the family and funeral home within 24 hours, or less, if the body has been officially identified.

For further information about FCME, see our website: <http://www.fultoncountyga.gov/fcme-home>. For further information about medical examiners and death investigation, see the website of the National Association of Medical Examiners at <http://www.thename.org/>.

Data Source and Analyses

The data herein are derived from the Holds Our Medical Examiner Records (HOMER) Microsoft Access database (January 1, 2019 – June 15, 2019) & VertiQ Software (June 16, 2019 – December 31, 2019). In 2019 there were 2415 deaths reported to the office. The FCME did not examine any exhumed bodies in 2019.

Race/Ethnicity Categories

Categorizing race/ethnicity of decedents depends on personal preferences in how race/ethnicity is reported by family members. For our database purposes, race is assigned as follows:

B: Black/African-American
W: White/Caucasian
WH: White Hispanic/Latino
BH: Black Hispanic/Latino
H: Hispanic/Latino
AS: Asian
PI: Pacific Islander
NA: Native American

SECTION II. ALL REPORTED CASES

Table 1. Number of cases Accepted (AJ) and Declined (DJ) by Manner of Death

	Manner of Death	Frequency	Percent
AJ	ACCIDENT (Non-traffic fatalities)	340	25.1%
	ACCIDENT (T) (Traffic fatalities)	138	10.2%
	HOMICIDE	183	14.0%
	NATURAL	515	38.0%
	SUICIDE	129	9.5%
	UNDETERMINED	49	3.6%
	Total	1354	100.0%
DJ		1068	44.1%
AJ		1354	55.9%
TOTAL		2422	100.0%

Table 2. Manner of Death by Procedure, cross-tabulated for Accepted (certified) cases only (n=1354)

Manner	Procedure					
	Autopsy	External PM Exam	Signout	View	Limited Dissection	Total
ACCIDENT*	196	124	19	0	1	340
ACCIDENT (T)**	107	25	4	0	2	138
HOMICIDE	181	1	0	0	1	183
NATURAL	255	225	28	0	8	515
SUICIDE	106	18	0	0	5	129
UNDETERMINED	37	9	1	2	0	49
Total	882	402	52	2	17	1354

- * Non traffic-related accidents
- ** Traffic-related accidents

Table 3. Police Jurisdiction for Non-Natural Manners of Death

Police Jurisdiction	TOTAL Non-Natural	Accident	Accident (Traffic)	Homicide	Suicide	Undetermined
Alpharetta	21	9	3	1	6	2
Atlanta	372	174	31	101	47	19
College Park	19	5	3	8	1	2
East Point	31	6	2	13	6	4
Fairburn	5	2	1	1	1	0
Fulton County	15	5	2	4	2	2
Hapeville	4	3	0	0	1	0
Johns Creek	10	5	0	0	5	0
Milton	4	1	1	0	0	2
Palmetto	2	1	1	0	0	0
Roswell	33	12	2	5	12	2
Sandy Springs	31	21	3	1	4	2
Union City	19	9	0	6	2	2
Total Above	566	253	49	140	87	37
Other or Unspecified*	98	21	8	28	28	13
All Cases	664	274	57	168	115	50

* Includes other police jurisdictions such as MARTA and college campus police

SECTION III: Homicides (n = 183)

HOMICIDES	
Case Code	Number
Asphyxia-Compression	5
Blunt Force	9
Drowning-Pool	2
Gun-Not Specified	135
Gun-Handgun	8
Gun-Revolver	1
Gun-Rifle	2
Homicidal Violence NOS	1
Malnourishment-Neglect	1
MVA-Occupant	1
MVA-Pedestrian	1
MVA-NOS	3
Seizure Disorder-Post Trauma	1
Sharp Instrument	12
Torso Compression	1

Homicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	0	1	3	3	2	0	0	9
WF	0	1	0	2	0	0	0	0	3
BM	1	25	50	35	13	15	1	0	140
BF	2	6	5	6	7	1	0	0	27
HM	0	0	0	1	0	0	0	0	1
HF	0	1	0	0	1	0	0	0	2
AM	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	0	0	1
Total	3	33	56	47	24	19	1	0	183

Comments:

- Firearms were involved in 80.0% of homicides.
- 91.3% of homicide victims were black/African-American.
- 82.0% of homicide victims were men.
- 77.0% of homicide victims were black men, 61.0% of which were 40 years of age or younger.

SECTION IV: Suicides (n = 129)

Suicides	
Case Code	Number
Asphyxia and drug toxicity	1
Asphyxia-Hanging	29
Asphyxia-Suffocation	2
Automobile Fixed Object	1
Drowning-Pool/Spa	1
Drug Death-Poisoning	12
Gun-Handgun	24
Gun-Not Specified	32
Gun-Pistol	1
Gun-Revolver	6
Gun-Shotgun	3
Hemorrhage-Catheter removal	1
Jump from Height	7
MVA-Driver	2
Pedestrian vs. Train	2
Pedestrian vs. Vehicle	1
Poisoning-Hydrogen sulfide	1
Sharp Instrument	1
Vitiated Atmosphere	2

Suicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	unknown	Total
WM	0	1	11	9	14	10	4	7	1	57
WF	0	2	3	3	6	3	1	1	0	19
BM	0	5	9	10	8	3	0	1	0	36
BF	0	0	3	3	1	2	1	1	0	11
HM	0	1	0	0	1	0	0	0	0	2
HF	0	0	0	0	0	0	0	0	0	0
AM	0	1	0	0	1	0	0	0	0	2
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	0	1	0	0	0	0	2
Total	0	10	27	25	32	18	6	10	1	129

Comments:

- 51.2% of suicides involved firearms.
- Suicide by hanging or drug poisoning was the second most common method.
- 7.8% of suicides were in persons 20 years of age or younger.
- 60.0% of suicides involved white decedents. 36.4% involved black decedents.
- 72.1% of suicide victims were male.

SECTION V: Non-Vehicular Accidents (n = 340)

Accidents (Non-Traffic)	
Case Code	Number
Null	1
Adverse Medication	1
Airway Occlusion – Internal	1
Anaphylaxis – Insect	1
Asphyxia-Compression	5
Asphyxia-Foreign body	2
Asphyxia-Food	1
Asphyxia-Foreign body	1
Asphyxia-Hanging	2
Asphyxia-NOS	2
Asphyxia-Positional	2
Asphyxia-Suffocation	1
Blunt Force	6
Carbon Monoxide	1
Cardiac-ASCVD-IHD	3
Cardiac-Hypertension	3
Choking	1
Diabetes	2
Drowning-Pool	5
Drowning-Pool/Spa	1
Drug Death	192
Electrocution	7
Explosion	1
Fall - NOS	40
Fall – Ground level	23
Fall – From Height	7
Fall – From moving object	1
Fall – Standing Height	7
Fall – Downstairs	6
Fire death	2
Hypothermia-Exogenous	10
MARTA-Train	1
MVA-Pedestrian	1

Non-Vehicular Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	3	10	24	11	17	12	19	96
WF	2	1	4	8	2	6	3	22	48
BM	5	2	7	14	22	30	32	16	128
BF	2	0	4	10	3	20	7	11	57
HM	0	0	0	0	2	0	0	0	2
HF	0	0	0	0	0	0	0	1	1
AM	0	0	0	2	0	1	0	2	5
AF	0	0	0	0	0	0	1	2	3
Other	0	0	0	0	0	0	0	0	0
Total	9	6	25	58	40	74	55	73	340

Comments:

- The most common cause of accidental deaths was due to drug use which accounted for 56.5% of accidental deaths.
- Falls, usually among elderly persons, was the second most common cause of accidental death (25.0%)
- 21.5% of accidental deaths were among persons 71+ years of age or older.

SECTION VI: Motor Vehicle Accidents (n = 138)

Accidents (Traffic)	
Case Code	Number
Asphyxia-Compression	2
ATV-Rollover	1
ATV vs. Truck	1
Automobile vs. Automobile	10
Automobile vs. Bicycle	3
Automobile vs. Fixed Object	11
Automobile – Rollover	1
Automobile vs. Truck	7
Electric Scooter vs. Automobile	2
Motorcycle vs. Automobile	2
Motorcycle vs. Fixed Object	1
Motorcycle vs. Truck	2
Motorcycle vs. Unknown	1
MVA – NOS	10
MVA-Bicyclist	2
MVA-Driver	26
MVA-Motorcyclist/Driver	11
MVA-Motorcyclist/Rider	1
MVA-Occupant	8
MVA-Pedestrian	15
Pedestrian vs. Automobile	13
Pedestrian vs. Bus	1
Pedestrian vs. Multiple Vehicles	1
Pedestrian vs. unknown	6

Motor Vehicle Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	2	8	2	5	3	5	0	25
WF	0	0	0	3	1	1	0	3	8
BM	0	6	11	14	13	10	5	4	63
BF	1	1	10	5	3	4	6	2	32
HM	0	1	3	0	0	1	0	0	5
HF	0	0	0	0	0	1	0	0	1
AM	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	0	1	0	0	0
Other	0	0	2	0	1	0	0	0	4
Total	1	10	34	24	23	21	16	9	138

Comments: 25.0% of motor vehicle accidents were among the 21-30 age group. 46.1% of motor vehicle accidents were black males, followed by 23.2% black females.

SECTION VII: Undetermined Manner of Death (n = 49)

Undetermined	
Case Code	Number
Accident vs. Homicide	1
Blunt Force	3
Drug Death-Poisoning	12
Fire Death	1
Gun-Handgun	4
Gun-Not Specified	1
Homicide vs. Natural	1
Intrauterine fetal demise	1
Sudden unexplained infant death	7
Undetermined	16

Undetermined Manner of Death: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	No Age	Total
WM	0	0	1	0	1	0	0	1	0	3
WF	1	0	2	0	0	1	1	1	0	6
BM	5	3	2	2	0	4	2	1	0	19
BF	3	0	0	1	0	3	0	1	1	9
HM	1	0	0	0	0	1	0	0	0	2
HF	0	0	0	0	0	0	0	0	0	0
AM	0	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	1	0	9	10
Total	10	3	5	3	1	9	4	4	10	49

Comments:

- Deaths with undetermined manner are classified that way because a cause of death could not be determined, such as in cases with decomposed or skeletal remains.
- 16.0% of deaths with undetermined manner are sudden unexplained deaths among infants.
- The number of sudden unexplained infant deaths has decreased in the last few years, and the number of asphyxia deaths in infants has increased, likely due to the classification of some of these infant deaths as accidental when there is evidence of overlay, suffocation, etc.

SECTION VIII: Deaths due to Natural Causes (n = 515)

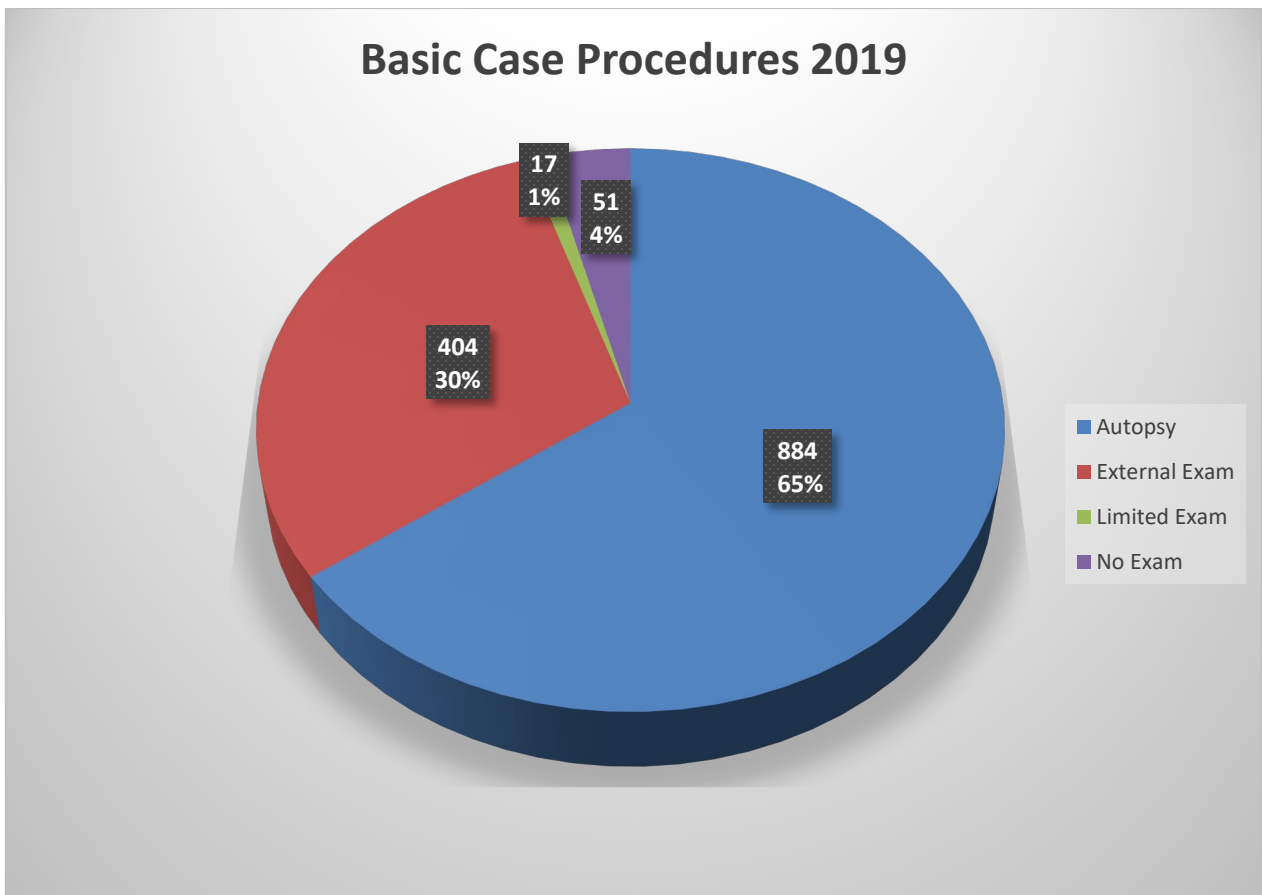
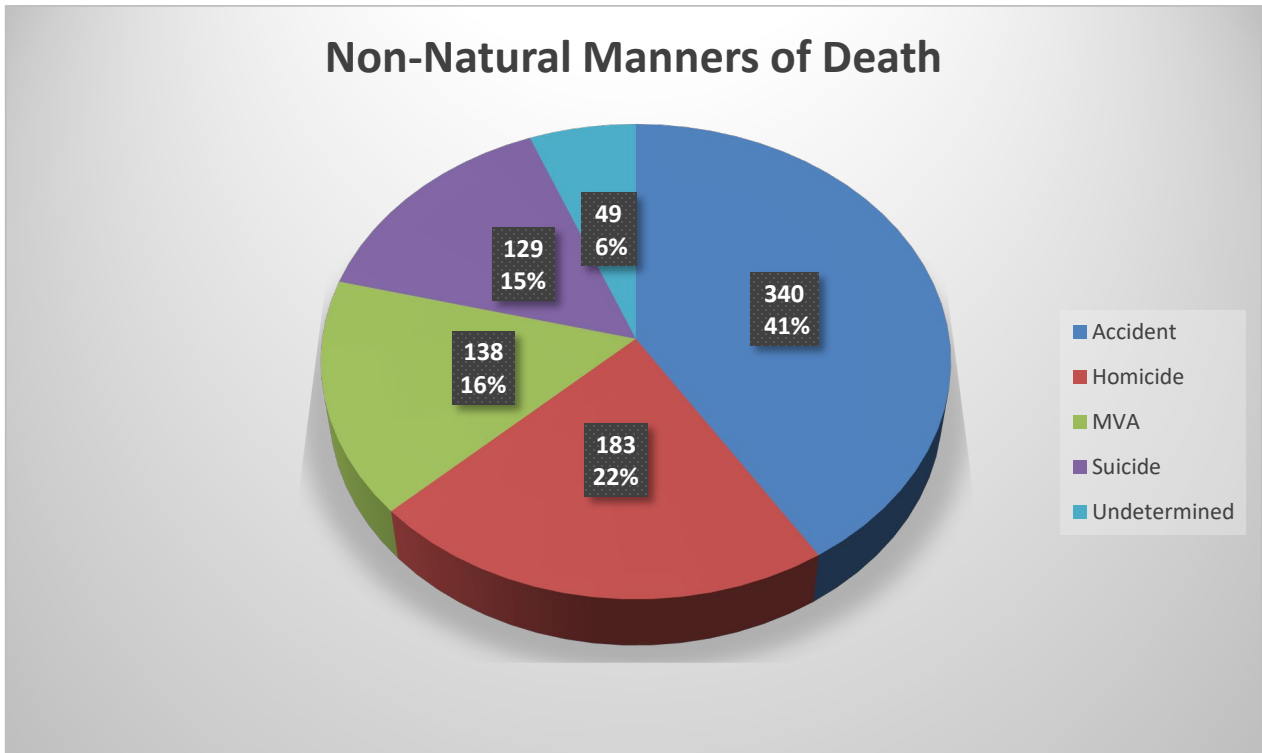
Natural Causes	
Case Code	Number
Aneurysm – Cardiac Chamber	1
Cardiac	4
Cardiac-Arrhythmia	1
Cardiac-ASCVD-IHD	87
Cardiac-Cardiomyopathy	1
Cardiac-Congestive Heart Failure	1
Cardiac-Congenital	1
Cardiac-Coronary artery Disease	10
Cardiac-Hypertension	225
Cardiac-Infarct NOS	1
Cardiac-Myocarditis	1
Cardiac-Ruptured Aortic Aneurysm	1
Cardiac-Sudden Cardiac Death	3
Cardia-Valve Insufficiency	1
Cardiac-Ventricular Dilation	1
Cancer-Breast	2
Cancer-Lung	3
Cancer-Pancreas	2
Chronic Ethanol Abuse	25
Chronic Kidney Disease	2
Chronic Lung Disease	1
CNS-CVA(Stroke)	1
CNS-Huntington’s Disease	1
CNS-Multiple Sclerosis	1
CNS-Seizure Disorder	4
CNS-Hemorrhage Hypertension	1
Diabetes	28
Diabetes-Ketoacidosis	2
Drug-Death-Chronic Abuse	16
Endocrine Disease	2
Gastric Ulcer	1
Hematologic Disorder	4
Infection-Genitourinary	2
Infection-HIV-AIDS	2
Infection-Lung	7
Infection-Nervous System	1
Infection-Osteomyelitis	1
Infection-Pneumonia-Non Aspiration	1
Infection-Respiratory	1
Infection-Sepsis	2
Malnourishment	1
Multisystem Disease	1
Neoplasm	4

Neoplasm-Lung	1
Nervous System-Hemorrhage	1
Nonspecific Natural	20
Organ Failure- Liver-Cirrhosis-Alcohol	1
Organ Failure-Kidney	1
Obesity	3
Pancreatitis	1
Prematurity	1
Pulmonary	1
Pulmonary-Asthma	3
Pulmonary-COPD	9
Pulmonary-Thrombosis	3
Pulmonary-Embolism	2
Renal Disease	3
Seizure Disorder-Idiopathic	3
Thromboembolic	4

Comments:

- The majority of deaths investigated by the Fulton County Medical Examiner's Center are sudden natural deaths.
- 65.1% of natural deaths were due to heart disease, of which 44.1% were attributed to hypertension.

SECTION IX: Graphic Depictions of Case Load and Case Type

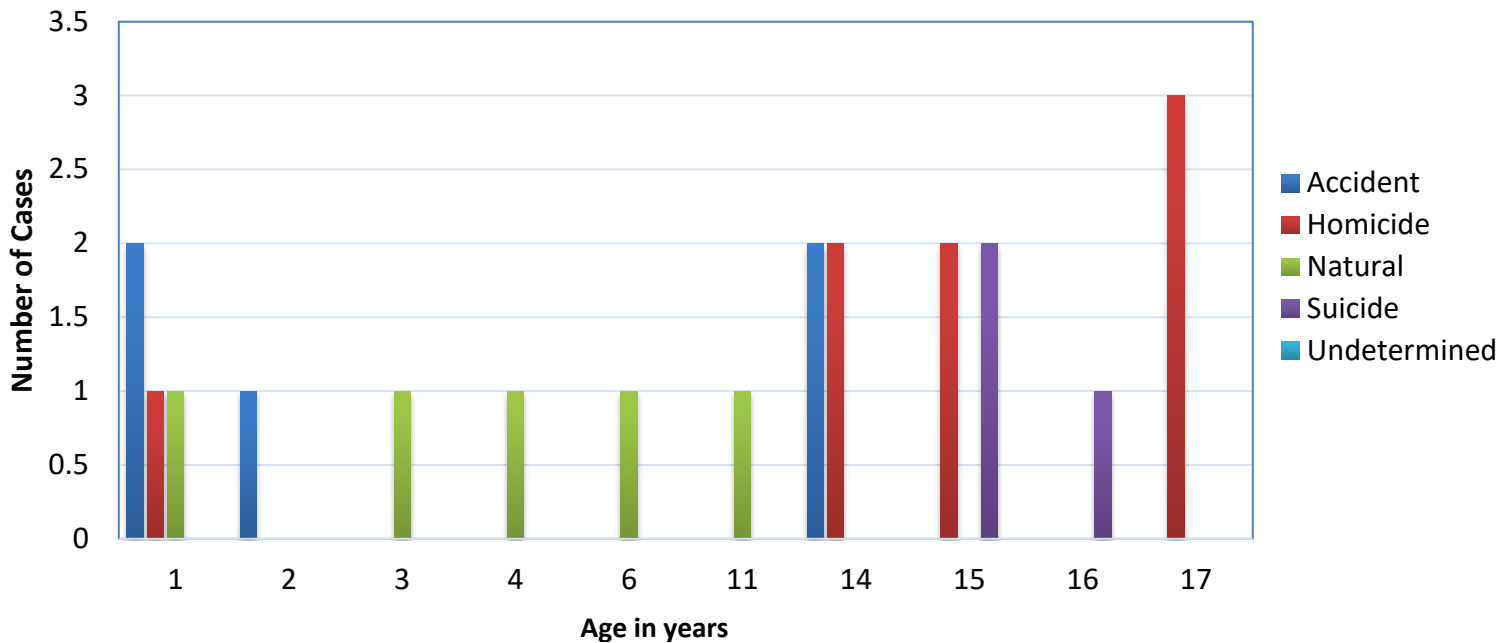


SECTION X: Special Topics

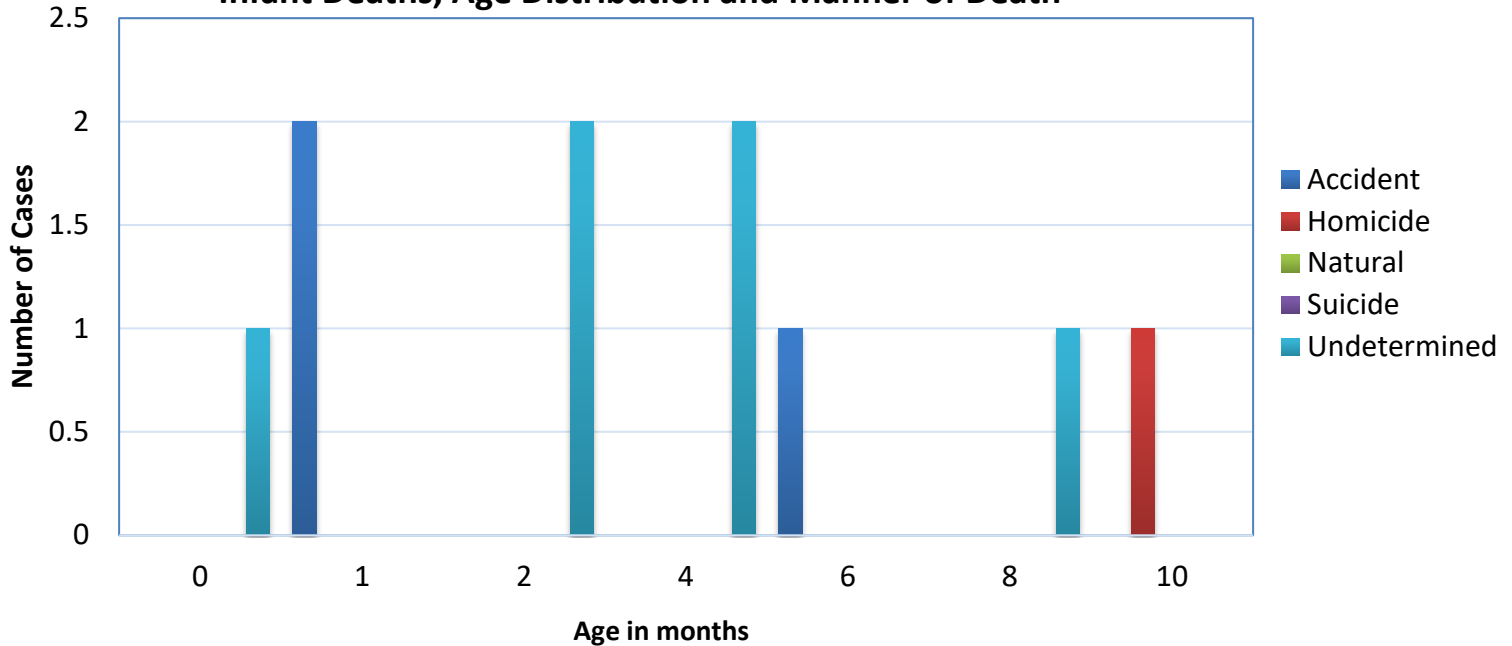
Deaths of Children Age 1 through 17 years:

	<= 10 Years Old	Cause	11-17 Years Old	Cause
Accident	9	Asphyxia (6) Choking (1) Drowning (1) Fall (1)		
Homicide	3	Malnourishment-Neglect (1) Blunt Force (1)	6	Gun (3) Stab Wound(1) Drowning-Pool (1)
MV Accident	1	MVA – Occupant (1)	1	Pedestrian vs. Automobile
Natural	8	Asthma (1) Congenital (1) Infection-Lung (5) Prematurity (1)	2	Seizure Disorder-Idiopathic (2)
Suicide			2	Hanging (1) Gunshot (1)
Undetermined	11	Unexplained Infant Death (11)		
Total	32		11	Total 43

Childhood Deaths, Age Distribution and Manner of Death



Infant Deaths, Age Distribution and Manner of Death



Comments:

- Fulton County’s Georgia Child Fatality Review Committee (CFR) is chaired by the Fulton County District Attorney’s Office and conducts monthly reviews of decedents aged 17 and younger.
- The FCME participates in the committee by:
 - Hosting the monthly meeting.
 - Co-facilitating the meeting by presenting autopsy reports and photographs of decedents whose cases are reviewed by the panel.
 - Helping to enter decedent information into on-line database of the National Center for Fatality Review and Prevention.
- The FCME also participates in the state of Georgia’s Child Fatality Review Panel which reviews county CFR cases which qualify for inclusion into the Sudden Death in the Young Registry conducted by the Centers of Disease Control and Prevention.

Deaths among the Elderly:

Manner	Cause	66-75 years old	76-85 years old	86-95 years old	96 and over	TOTAL
ACCIDENT	Anaphylaxis-Insect		1			1
	Asphyxia-Foreign Body	1				1
	Asphyxia-Food			1		1
	Asphyxia-NOS		1			1
	Airway Occlusion-Internal		1			1
	Carbon Monoxide			1		1
	Cardiac-ASCVD-HD	1				1
	Cardia-Hypertension	1				1
	Drowning-Pool	1	1			2
	Drug Death-Poisoning	10				10
	Explosion		1			1
	Fall	5	8	9	3	25
	Fall Against Object	2		4		6
	Fall- Down Steps		2		2	4
	Fall-Floor			1		1
	Fall-Ground		1	1		2
	Fall-Ground Level	1	5	8	1	15
	Fall-Standing Height	1	3	2		6
	Fire Death			1		1
	Hypothermia-Exogenous	3				3
	Overdose-illicit	3	1			4
	Overdose-Mixed	1				1
	Overdose-Pharmaceutical	1				1
Overdose-Prescription	2				2	
ACCIDENT (T)	Automobile vs. Truck	3				3
	Motorcycle	1				1
	MVA –NOS			1		1
	MVA – Bicyclist	1				1
	MVA-Driver	1				1
	MVA-Occupant	1	2			3
	MVA-Pedestrian	8	1			9
NATURAL	Cardiac-ASCVD-IHD	25	8	6		39
	Cardiac – Coronary Artery Disease	3				3
	Cardiac-Hypertension	54	24	12	4	94
	Cardiac-Infarct NOS	1				1
	Cancer- Breast		2			2
	Cancer - Lung	1				1
	Cancer – Pancreas	1				1
	Chronic Ethanol Abuse	4	2			6
	CNS- Seizure	1				1
CNS – Hemorrhage- Hypertension	1				1	

	Diabetes	1				1
	Diabetes-Ketoacidosis	1				1
	Diabetes-Mellitus	2	2			4
	Drug-Death-Chronic Abuse	2				2
	Infection-Lung		1			1
	Neoplasm	1				1
	Nonspecific Natural	5	5	1	2	13
	Pulmonary- COPD	3	1			4
	Pulmonary-Thrombosis		1			1
SUICIDE	Asphyxia-Hanging		1		1	2
	Automobile vs. Fixed Object	1				1
	Drug Death-Poisoning	1				1
	Gun-Handgun	1	1			2
	Gun-Not Specified	3		1		4
	Gun-Revolver			1		1
	Hemorrhage-Catheter	1				1
	Vitiated Atmosphere	1				1
UNDETERMINED	Blunt Force			1		1
TOTAL		162	76	51	13	302

Comments: Of the 1354 deaths certified by the medical examiner in 2019, 302 (22%) were persons 66 years of age or older. 20% of these deaths among the elderly were due to falls.

Drugs Identified in 2019 FCME Death Investigations

Drug	Number of Cases
Alprazolam	9
Amphetamine	21
Aspirin	1
Bupropion	3
Buspirone	1
Carisoprodol	1
Citalopram	4
Clonazepam	1
Cocaethylene	17
Cocaine	97
Codeine	1
Cyclobenzaprine	2
Dextromethorphan	2
Diazepam	3
Diphenhydramine	1
Duloxetine	3
Ethanol	19
Fentanyl	54
Gabapentin	1
Guaifenesin	2
Heroin	44
Hydrocodone	3
Hydroxyzine	3
Ketamine	1
Levorphanol	2
Meprobamate	1
Methadone	2
Methamphetamine	30
Metoclopramide	1
Mirtazapine	1
Morphine	12
Noroxycodone	1
Norsertaline	1
Nortriptyline	1
Opiates	1
Oxycodone	8
Phenobarbital	1
Quetiapine	3
Risperidone	1
Sertraline	3
Temazepam	1
Trazadone	3
Venlafaxine	4
Zolpidem	1

Drugs Identified cont'd

Comments: The majority of drug deaths involve two or more substances. Drug deaths result not only from use of illicit substances, but from prescription and over the counter drugs as well.

Deaths among the Homeless:

Manner	Case Code	Race/Sex	<20	20-29	30-39	40-49	50-59	60-69	70-79	Unknown	Total	
Natural	Cardiac – Hypertension (2) Chronic Ethanol Abuse (1) Diabetic Ketoacidosis (1) Idiopathic Seizure Disorder (1) Obesity (1) Stroke (1)	BM					2	1	1		4	
		BF			1						1	
		WF										0
		WM				2						2
Accident	Acute and chronic alcoholism (1) Asphyxia – Compression (1) Drug Death-Poisoning (5) Hypothermia Exogenous (9) Sharp Instrument (1)	BF			1	1	1	1			4	
		BM		1	2			1	1	3	8	
		WM			2	2				1	5	
Accident(T)	Automobile-Pedestrian (3) Blunt force trauma (1) Train –Pedestrian (1)	BF		1				1			2	
		BM							1		1	
		WM					2				2	
Homicide	Blunt Force (1) Drug Death-Poisoning(1) Gun-Handgun (1) Malnourishment (1) Sharp Instrument (1)	BM				1	1	1		1	4	
		WM					1				1	
Suicide	Asphyxia-Hanging (3) Drug death – Poisoning (1) Gunshot (1)	BM		1							1	
		WF				1					1	
		WM				1	1			1	3	
TOTAL		0	3	7	7	8	5	3	6	39		

Comparison with the past: Manners of Death 2000-2019

Year	Homicides	Suicides	Traffic Fatalities	Other Accidents
2000	172	76	143	192
2001	171	87	125	265
2002	203	83	125	265
2003	181	79	113	276
2004	159	90	137	240
2005	145	78	130	262
2006	149	77	132	245
2007	182	86	121	275
2008	156	84	119	255
2009	129	86	111	233
2010	146	101	80	266
2011	126	98	76	239
2012	135	102	89	234
2013	141	119	102	268
2014	154	106	101	332
2015	157	115	105	337
2016	193	120	137	378
2017	134	127	119	318
2018	157	132	132	356
2019	183	129	138	340

Comparison with the past: Examinations performed 2000-2019

Year	Total Cases	Certified	Autopsies	External Exams	On-Scene Investigation	Total Bodies Examined*
2000	2098	1349	784	331	832	1331
2001	2014	1361	831	355	885	1406
2002	2063	1326	843	302	930	1322
2003	2298	1312	860	412	960	1554
2004	2254	1324	874	310	883	1312
2005	2171	1322	887	369	896	1427
2006	2212	1401	921	436	890	1495
2007	2238	1403	1002	365	921	1482
2008	2271	1386	940	303	894	1420
2009	2371	1418	893	456	856	1441
2010	2477	1416	910	367	848	1414
2011	2337	1299	868	338	780	1321
2012	2241	1315	832	391	825	1313
2013	2429	1454	952	442	1032	1511
2014	2594	1583	1027	525	1084	1635
2015	2545	1596	1052	483	995	1622
2016	2730	1693	1098	521	1113	1723
2017	2524	1370	757	565	1149	1621
2018	2551	1346	876	413	1248	1679
2019	2422	1354	882	402	1100	1494

*Indicates cases in which the body was examined by an investigator and/or medical examiner.

Comments:

The services provided by the Fulton County Medical Examiner go beyond the routine duties of conducting death investigations. Some of these other services include:

- Testifying in court cases.
- Participating on county and state Child Fatality Review Teams and preparing child fatality information for the Child Death Review reporting system.
- Giving lectures and training sessions.
- Providing a forensic pathology training program.
- Providing death investigations and forensic technician internships.
- Instructing pathology residents in forensic pathology.
- Reporting notifiable conditions to the Health Department.
- Reporting applicable deaths to federal agencies such as the Consumer Product Safety Commission and the Food and Drug Administration.
- Reporting childhood deaths to the Child Fatality Review Team and District Attorney.
- Reporting traffic fatalities to the Fulton County Solicitor.
- Reporting homicide victims to the Fulton County District Attorney.
- Participating in national organizations such as the National Association of Medical Examiners and their activities.
- Development and maintenance of in-house databases.
- Reporting unidentified decedents to NCIC (National Crime Information Center) and the NamUs Unidentified Decedent Reporting System.
- Providing forensic pathology and death investigation experience to medical students and nursing students at Morehouse School of Medicine, Emory University School of Medicine, and other medical institutions.
- Participating in programs such as the Sudden Death in the Young case registry conducted by the Centers for Disease Control and Prevention.