

Fulton County Medical Examiner



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TABLE OF CONTENTS

Preface	3
Section I. Introduction	5
Section II. All Reported Cases	8
Section III. Manner of Death: Homicide	10
Section IV. Manner of Death: Suicide	11
Section V. Manner of Death: Non-Vehicular Accident	12
Section VI. Manner of Death: Motor Vehicle Accident	14
Section VII. Manner of Death: Undetermined	15
Section VIII. Manner of Death: Natural	17
Section IX. Graphic Depictions of Basic Case Load and Case Type	19
Section X. Special Topics	20
Deaths among Children	20
Drugs Identified in 2016 Death Investigations	23
Deaths among the Homeless	24
Deaths among the Elderly	24
Comparisons with the Past	25
Comments	26

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

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Paul Desamours, Operations Manager
Karleshia Bentley, Executive Assistant
Quanda Vance, Records and Documents Supervisor
Simone Murphy, Medicolegal Transcriptionist
Lynette Redding, Medicolegal Transcriptionist
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Sharon Cooper, Customer Service
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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 2016. 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 take the time of our staff.

Karen E. Sullivan, MD
Deputy Chief Medical Examiner
March 16, 2018

SECTION I. INTRODUCTION

The Fulton County Medical Examiner (FCME) serves all non-federal, incorporated, and unincorporated areas within Fulton County. In 2016, 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 1,010,562. Countywide, the population is about 46.4% white, 44.3% black, 6.9% Asian, and 7.5% Hispanic/Latino (July 1, 2015 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.
- **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 \$4,184,454 for year 2016. In 2016, the FCME staff consisted of 37 employees including 5 full time physician medical examiners, 12 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. In 2016 there were 2730 deaths reported to the office. Six of these were non-human remains. After excluding these 6 records from data analysis, there were a total of 2724 human death cases for this report. The FCME did not examine any exhumed bodies in 2016.

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, we assign race 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 (Not traffic fatalities)	378	22.3
	ACCIDENT (T) (Traffic fatalities)	137	8.1
	HOMICIDE	193	11.4
	NATURAL	818	48.3
	SUICIDE	120	7.1
	UNDETERMINED	47	2.8
	Total	1693	
DJ		1037	38
AJ		1693	62
TOTAL		2730	

Table 2. Manner of Death by Procedure, cross-tabulated for Accepted (certified) cases only (n=1693)

Manner	Procedure						Total
	Autopsy	External PM Exam	Signout	View	Limited Dissection	No procedure listed	
ACCIDENT*	278	53	46		1		378
ACCIDENT (T)**	118	11	7		1		137
HOMICIDE	190	1	2				193
NATURAL	356	307	87	63	5		818
SUICIDE	119	1					120
UNDETERMINED	37	4	1		1	4	47
Total	1098	377	143	63	8	4	1693

- * 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	31	21	1	1	6	2
Atlanta	488	214	58	132	54	30
College Park	15	4		8	3	
East Point	48	24	4	10	7	3
Fairburn	11	2	4		3	2
Fulton County	65	16	18	19	5	7
Hapeville	5	1	1	2	1	
Johns Creek	23	8	7		8	
Milton	12	5	4	1	2	
Palmetto	3	2	1			
Roswell	52	28	8	2	13	1
Sandy Springs	45	23	4	3	14	1
Union City	23	3	9	7	4	
Total Above	821	351	119	185	120	46
Other or Unspecified*	54	27	18	8		1
All Cases	875	378	137	193	120	47

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

SECTION III: Homicides (n = 193)

HOMICIDES	
Case Code	Number
Altercation-Exertion	1
Asphyxia-Compression	1
Asphyxia-Strangulation	1
Blunt Force	9
Burn	1
Drug Death: Poisoning + Disease	1
Gun-Assault	20
Gun-Handgun	23
Gun-Not Specified	102
Gun-Pistol	8
Gun-Revolver	5
Gun-Rifle	1
Gun-Shotgun	4
Homicidal Violence NOS	3
Malnourishment-Neglect	1
Sharp Instrument	10
Sharp Instrument-Knife	1
Sharp Instrument-Screwdriver	1

Homicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	1	1	2	3	2	3		1	13
WF		1	1		1		1		4
BM	1	21	57	36	18	13	8		154
BF	1	3	5	4	1	2		2	18
HM				1					1
HF									0
AM		1		1					2
AF					1				1
Other									0
Total	3	27	65	45	23	18	9	3	193

Comments:

- Firearms were involved in 84.5% of homicides.
- 89% of homicide victims were black/African-American.
- 87% of homicide victims were male.
- 80% of homicide victims were black males, 75% of which were 40 years of age or younger.

SECTION IV: Suicides (n = 120)

Suicides	
Case Code	Number
Asphyxia	1
Asphyxia-Hanging	22
Asphyxia-Suffocation	1
Drug Death-Poisoning	8
Drug Death-Poisoning + Disease	2
Fall-From Height	2
Gun-Handgun	28
Gun-Not Specified	2
Gun-Pistol	22
Gun-Revolver	7
Gun-Rifle	5
Gun-Shotgun	6
Jump before vehicle	2
Jump from Height	7
MVA-Driver	2
Poisoning-CO with no fire	2
Sharp Instrument-Knife	1

Suicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM		4	6	11	6	13	6	8	54
WF		1	2	2	1	7	2		15
BM		5	14	3	2	5	4	1	34
BF				1	1	2			4
HM		2	2	1	1				6
HF									0
AM				1					1
AF		1				1		1	3
Other			2		1				3
Total	0	13	26	19	12	28	12	10	120

Comments:

- 58% of suicides involved firearms.
- Suicide by hanging or other asphyxia was the second most common method.
- 11% of suicides were in persons 20 years of age or younger.
- 58% of suicides involved white decedents. 32% involved black decedents.
- 80% of suicide victims were male.

SECTION V: Non-Vehicular Accidents (n = 378)

Accidents (Non-Traffic)	
Case Code	Number
Anaphylaxis	1
Asphyxia	3
Asphyxia-Café Coronary	3
Asphyxia-Foreign body	1
Asphyxia-Overlaying	2
Asphyxia-Positional	1
Asphyxia-Suffocation	6
Blunt Force	5
Blunt Force-Sporting	1
Cardiac	3
Cardiac-ASCVD-IHD	3
Cardiac-Hypertension	4
Cardiac-Myocarditis	1
Drowning-Lake	1
Drowning-Pond	1
Drowning-Pool/Spa	2
Drowning-Tub	1
Drug Death-Adverse Effect	1
Drug Death-Poisoning	156
Drug Death: Poisoning + Disease	47
Drug Death: Poisoning + Injury	4
Drug-Death-Chronic Abuse	8
Envenomization-Spider	1
Fall	4
Fall- Down Steps	8
Fall-From Height	7
Fall-Standing Height	64
Fire death	18
Fire death from explosion	1
Hyperthermia-Exogenous	2
Hypothermia-Exogenous	6
Infection-Lung	1
Infection-Nervous System	1
MVA-ATV	2
MVA-Bicyclist	1
Poisoning-Not Drug or CO	2
Renal Disease	1
Other	1
Thromboemboli	1
Train-Commercial	2

Non-Vehicular Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	1	4	23	27	20	21	9	20	125
WF	1		4	9	8	11	6	34	73
BM	9	2	10	9	19	33	25	10	117
BF	6		5	5	12	13	5	4	50
HM	1		1	1		2		2	7
HF									0
AM			1			1		1	3
AF								1	1
Other								2	2
Total	18	6	44	51	59	81	45	74	378

Comments:

- The most common cause of accidental deaths was due to drugs and poisons which accounted for 57% of accidental deaths. Many of these deaths are due to overdose/poisoning with heroin and/or other opiates.
- Falls from a standing height, usually among elderly persons was the second most common cause of accidental death (17%)/
- 20% of accidental deaths were among persons 71 years of age or older.
- In general, the number of accidental deaths rose with age. The rate is higher in males than in females.

SECTION VI: Motor Vehicle Accidents (n = 137)

Accidents (Traffic)	
Case Code	Number
Null	1
Asphyxia-Blunt	1
Blunt Force	6
Blunt Force-Chop	1
Gun-Shotgun	2
Homicidal Violence NOS	2
MVA-Driver	53
MVA-Driver-Train	1
MVA-Motorcyclist	14
MVA-Occupant	13
MVA-Off-Road	2
MVA-Pedestrian	38
Sharp Instrument	1
Thromboemboli	1
Train-Commercial	1

Motor Vehicle Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM		1	9	2	6	7	5	1	31
WF		3	1			1	3	2	10
BM	2	12	14	16	12	8	5	1	70
BF	2	3	5	2	1	2	1	2	18
HM			2	1					3
HF									0
AM			2	1					3
AF							1		1
Other							1		1
Total	4	19	33	22	19	18	16	6	137

Comments:

- Cases classified as null, gun-shotgun, and homicidal violence likely represent cases which have incorrectly applied case codes.
- Drivers were the most common type of traffic fatality, followed by pedestrians.

SECTION VII: Undetermined Manner of Death (n = 47)

Undetermined	
Case Code	Number
Cardiac-Hypertension	1
Drowning-Pool/Spa	1
Drug Death-Poisoning	2
Fall-From Height	1
Fall-Standing Height	1
Fracture-Pathologic	1
Gun-Assault	1
Gun-Not Specified	3
Hypothermia-Exogenous	2
Malnourishment-Neglect	1
Multisystem Disease	1
MVA-Motorcyclist/Driver	1
MVA-Pedestrian	1
NULL	7
Poisoning-CO with no fire	1
SIDSOID-Both	1
SIDSOID-Classic	2
SIDSOID-Not SIDS	1
SIDSOID-Stressor	5
Undetermined	13

Undetermined Manner of Death: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	1	1	2	2	1	1	1			9
WF	1				1		1	2	1	6
BM	8	3	2		3		3		1	20
BF	5		1				1	3		10
HM										0
HF										0
AM										0
AF										0
Other									2	2
Total	15	4	5	2	5	1	6	5	4	47

Comments:

- 19% of deaths with undetermined manner are sudden unexplained deaths among infants.
- 28% of 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.

- SIDSOID deaths are sudden, unexplained infant deaths. “Stressor” means that there was possibly some contributing external factor such as bed sharing. “Classic” means that there were no possible contributory causes identified. “Not SIDS” means that a cause was not clearly identified, but the circumstances were inconsistent with “sudden infant death syndrome. “Both” indicates that there was a stressor and some evidence of a disease condition, but one that would not normally be fatal.
- The number of SIDSOID 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 = 818)

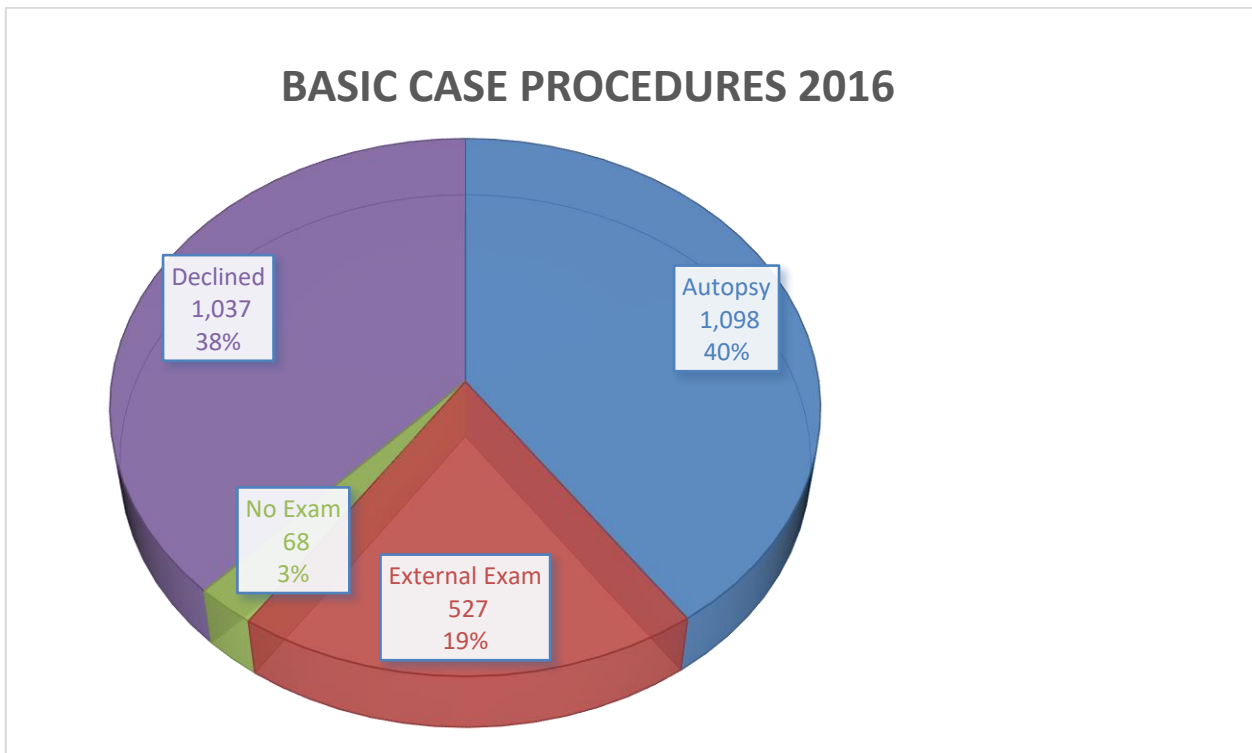
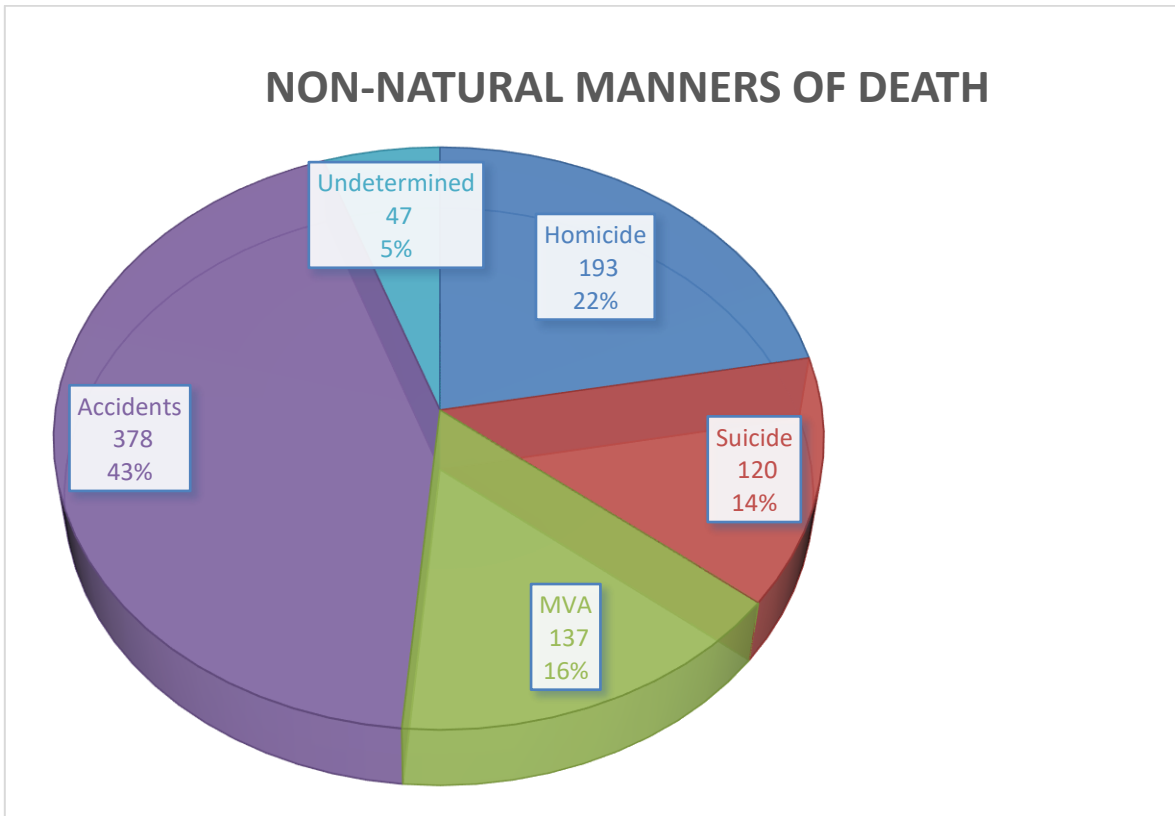
Natural Causes	
Case Code	Number
Aneurysm Rupture	3
Aorta Dissection	5
Autoimmune Disease	2
Cardiac	40
Cardiac-Anomaly	2
Cardiac-ASCVD-IHD	166
Cardiac-Cardiomyopathy	5
Cardiac-Endocarditis	3
Cardiac-Hypertension	282
Cardiac-Myocarditis	5
Cardiac-Valvular	3
Dementia-Alzheimer's	1
Dementia-NOS	4
Diabetes	14
Diabetes-Ketoacidosis	15
Diabetes-NIDDM	1
Drug Death: Poisoning	3
Drug Death: Poisoning + Disease	2
Drug Death: Poisoning + Injury	1
Drug-Death-Chronic Abuse	45
GI Tract Disease	12
Hematologic Disorder	2
Hepatobiliary Disease	3
Heritable-Genetic-Congenital	2
Hypertension	1
Infection	1
Infection-Genitourinary	3
Infection-HIV-AIDS	3
Infection-Lung	20
Infection-Nervous System	2
Multisystem Disease	1
Null	1
Neoplasm	29
Nervous System	4
Nervous System- Stroke	3
Nervous System-Hemorrhage	4
Nervous System: Hemorrhage-Hypertension	6
Nonspecific Natural	38
Obesity	2

Pancreatitis	1
Pregnancy-Complication	1
Prematurity	1
Pulmonary	11
Pulmonary-Asthma	2
Pulmonary-COPD	16
Renal Disease	8
Sarcoidosis	2
Seizure Disorder	3
Seizure Disorder-Idiopathic	7
Seizure Disorder-Withdrawal	1
SIDS/DIDS-Disease	1
Skeletal Disorder	1
stroke	1
Thromboemboli	18
Treatment Complication	3
Undetermined	2

Comments:

- 512 (62%) of natural deaths were due to heart disease. 282 (55%) of these were attributed to hypertension.
- The majority of deaths investigated by the Fulton County Medical Examiner's Center are sudden natural deaths.
- Natural deaths outnumber homicides, suicides, and accidental deaths combined.

SECTION IX: Graphic Depictions of Case Load and Case Type



SECTION X: Special Topics

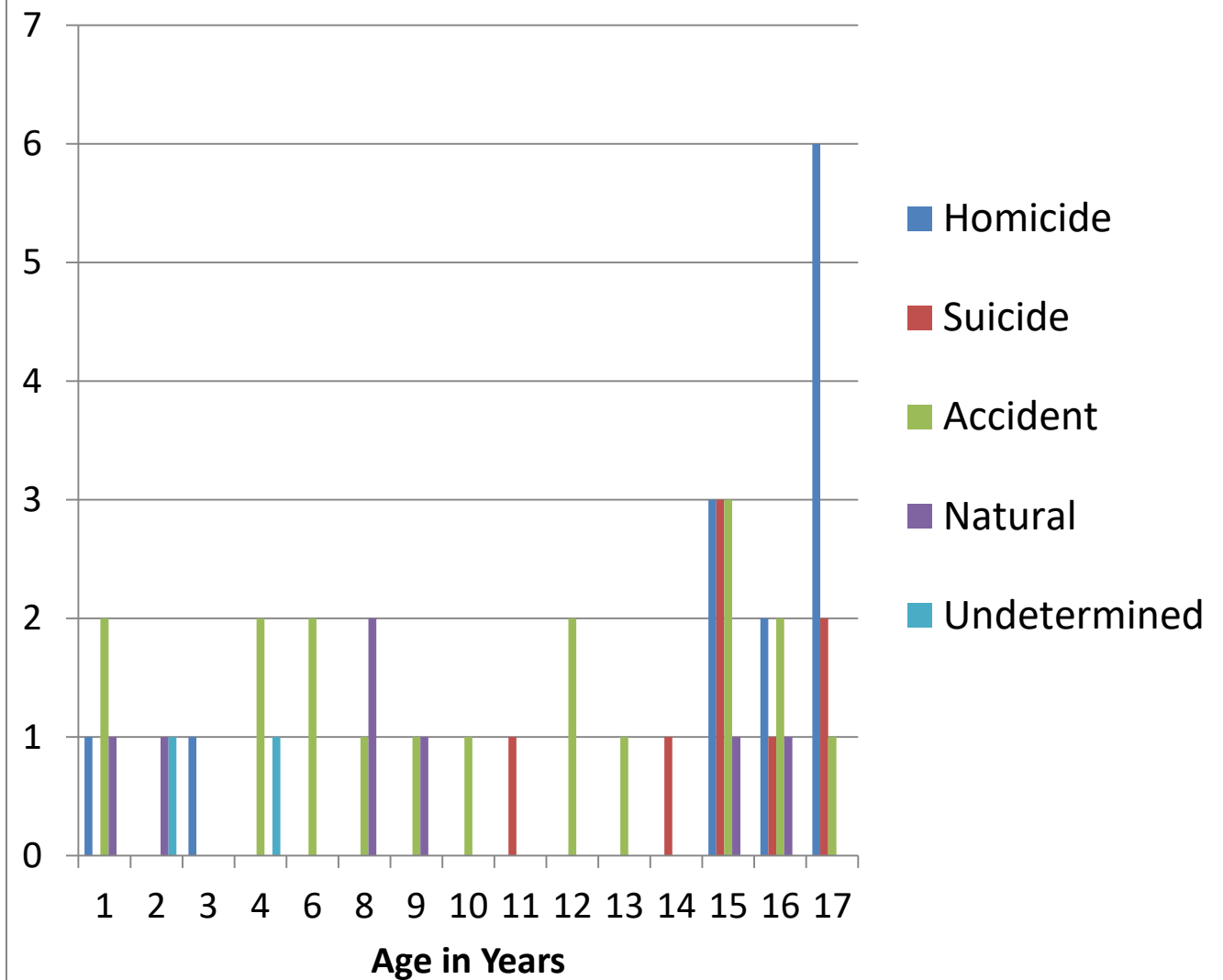
Deaths of Children Age 1 through 17 years:

	≤ 10 years old	Cause	11-17 years old	Cause
Homicide	2	Blunt Force (2)	16	Gun (15)
				Sharp Instrument (1)
Suicide	0	N/A	9	Hanging (1)
				Gun (7)
				Drug Death-Poisoning (1)
Accident	5	Asphyxia (1)	2	Hyperthermia (1)
		Drowning (2)		Drowning (1)
		Fire (1)		
		Drug Death-Poisoning (1)		
MV Accident	4	Passenger (3)	14	Passenger (5)
		Pedestrian (1)		Pedestrian (2)
				Gun (1)
				Sharp Instrument (1)
				Driver (5)
Natural	5	SIDS/D-Disorder (1)	3	Idiopathic Seizure Disorder (1)
		Heritable-Genetic-Congenital (1)		Infection-Lung (1)
		Cardiac-Myocarditis (1)		Cardiac (1)
		Infection-Genitourinary (1)		
		Nervous System (1)		
Undetermined	2	SIDS/D-Not SIDS (1)	2	Gun(2)
		Drug Death-Poisoning (1)		
Total	18		46	64

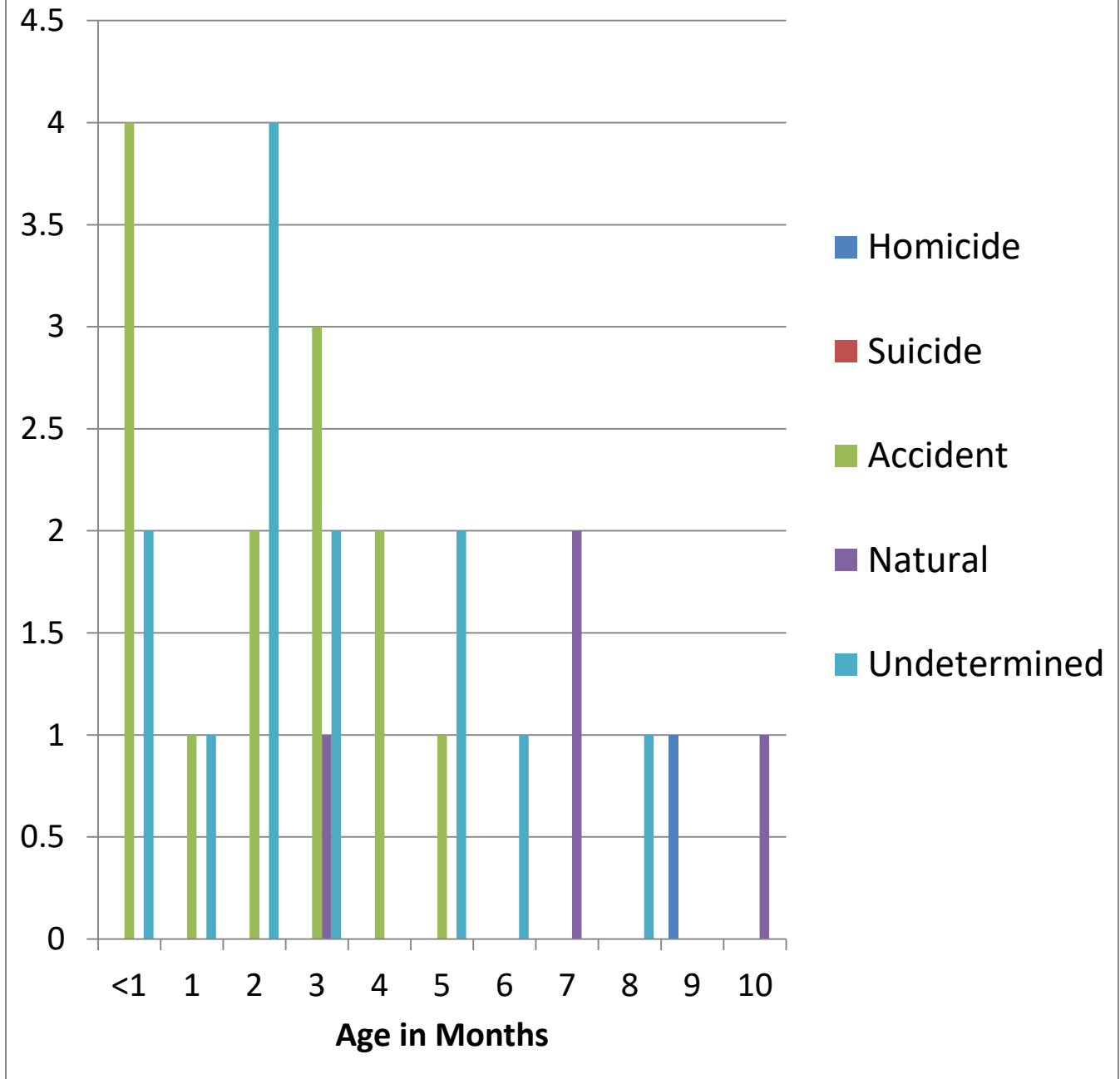
Comments:

- 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.

Childhood Deaths: Age Distribution and Manner of Death



Infant Deaths: Age Distribution and Manner of Death



Comment:

- In 2016, there were no deaths reported to the FCME of children ages 11 months or 12 months.

Drugs Identified in 2016 FCME Death Investigations

Drug	Number of Cases
Opiates including heroin, fentanyl/analogues, and other opioids	200
Cocaine/Cocaethylene	128
Benzodiazepines including alprazolam, and diazepam	40
Amphetamine/Methamphetamine and analogues	42
Ethanol	42
Other drugs including antidepressants	21

Comments:

- Of the drug related deaths, opiates including heroin and fentanyl, are implicated in 42% of cases.
- 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 Elderly

- Of the 1693 deaths certified by the medical examiner in 2016 466 (28%) were persons 66 years of age or older.
- 92 deaths were accidental (primarily falls).
- 8 deaths were homicides.
- 11 deaths were suicides.
- 14 deaths were traffic fatalities.
- 6 deaths were of undetermined manner.
- The most common manner of death was natural (335 cases) accounting for 72% of deaths in people 66 years of age or older.

Deaths among the Homeless

- There were 41 deaths among persons reported to be homeless for which jurisdiction was accepted.
- 14 deaths were due to natural causes.
- 17 deaths were due to non-vehicular accidents.
 - 1 was due to a structure fire.
 - 10 deaths involved alcohol and/or drugs.
 - 6 deaths involved cold exposure (hypothermia).
- 1 death was a traffic fatality.
- 1 death involved a commercial train.
- 4 deaths were homicides.
- 2 deaths were suicides.
- The manner of death was classified as undetermined in 2 cases.
- Ages ranged from 26 to 81 years with an average of 52 years.
- 35 (85%) were men and 32 (78%) were black.

Comparison with the past: Manners of Death 2000-2016

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

Comparison with the past: Examinations performed 2000-2016

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

*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.