

**Fulton County
Medical Examiner
*2020 Annual Report***



Prepared by:

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

December 7, 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.

Medical Examiners

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

Administrative and Support Personnel

Marian Green, Deputy Director
Paul Desamours, Division Manager
Karleshia Bentley, Executive Assistant
Quanda Vance, Records and Documents Supervisor
Lynette Redding, Medicolegal Transcriptionist
Charles Morgan, Customer Service
Shirley Gleaton, Administrative Assistant
Justin Velez
Simone Murphy
Alysia Bradley

Investigative Staff

Candice Dalton, ME Investigator
Danielle DeYoung, ME Investigator
Dumonder Dawson, Senior ME Investigator
Bertram Ennett, Senior Investigator
Brian Reents, Senior Investigator
Darrell Reid, ME Invesstigaor
Mark Ruffin, ME Investigator
Deltra Arroyo, ME Investigator
Guillermo Saldana, ME Investigator
Jodi Bensley, Lead Investigator
Danielle Green, ME Investigator
Tanya Walker, ME Investigator
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Forensic Technical Support

Artemus Barnes, Forensic Technician
Mary Burgess, Medicolegal Photographer
DeOnn Colbert, Morgue Attendant
Filomena Fernandes, Forensic Technician
Chefrene Gory, Forensic Technician Assistant Supervisor
Kaneshia Lovelace, Forensic Technician Assistant Supervisor
Angie McCray, Forensic Technician Supervisor
Ibukunolawa Olaoye, Forensic Technician Supervisor
Lindsay Plain, Forensic Technician
Glenda Washington, Forensic Histotechnologist
Alphonso White, Morgues Attendant

Facility Assistant

Carlo Harper

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 2020. Delay in publication of this report is due in part to the fact that some death cases can 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
Chief Medical Examiner
December 7, 2021

SECTION I. INTRODUCTION

The Fulton County Medical Examiner (FCME) serves all non-federal, incorporated, and unincorporated areas within Fulton County. In 2020, 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 1,066,710. 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.
- **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 Autopsy:** 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 \$4,617,566.00 for fiscal year 2020. In 2020, the FCME staff consisted of 35 employees including 2 full time physician medical examiners, 11 investigators, 8 administrative support staff, 11 forensic technicians and morgue support staff, and 1 facility support staff.

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 72 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 VertiQ Case Management Software (January 1, 2020 – December 31, 2020). In 2020 there were 2,665 deaths reported to the office. The FCME did not examine any exhumed bodies in 2020.

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
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)	382	23.0%
	ACCIDENT (T) (Traffic fatalities)	170	10.0%
	HOMICIDE	258	16.0%
	NATURAL	678	41.0%
	SUICIDE	107	7.0%
	UNDETERMINED	41	3.0%
	Total	1636	100.0%
DJ		1029	39.0%
AJ		1636	61.0%
TOTAL		2665	100.0%

Table 2. Manner of Death by Procedure, cross-tabulated for Accepted (certified) cases only (n=1636)

Manner	Procedure			
	Autopsy	External Exam	Limited Autopsy	Total
ACCIDENT*	192	138	52	382
ACCIDENT (T)**	78	54	38	170
HOMICIDE	258	0	0	258
NATURAL	186	402	90	678
SUICIDE	27	52	28	107
UNDETERMINED	39	1	1	41
Total	780	402	209	1636

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

SECTION III: Homicides (n = 258)

HOMICIDES	
Case Code	Number
Blunt Force	11
Force Injury	4
Gun-Not Specified	228
Gun-Shot Gun	1
Homicidal Violence NOS	2
Malnourishment-Neglect	2
Overdose-Pharmaceutical	1
Poisoning and Blunt Force	1
Stab Wound	7
Traumatic Brain Injury	1

Homicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	0	2	6	2	0	2	2	14
WF	1	0	1	1	1	0	0	2	6
BM	6	33	80	40	27	10	6	2	204
BF	4	2	6	9	3	3	0	0	28
HM	0	0	1	0	2	1	0	0	4
HF	0	0	0	0	0	0	0	0	0
AM	0	0	0	0	0	1	0	0	1
AF	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	0	0	0	1
Total	12	35	90	57	35	15	8	6	258

Comments:

- Firearms were involved in 89.0% of homicides.
- 90.0% of homicide victims were black/African-American.
- 84.0% of homicide victims were men.
- 79.0% of homicide victims were black men, 62.0% of which were 40 years of age or younger.

SECTION IV: Suicides (n = 107)

Suicides	
Case Code	Number
Asphyxia NOS	1
Drug Death-Poisoning	8
Force Injury	2
Gunshot Wound	57
Hanging	18
Incised Wound(s)	1
Jump	9
Laceration/Stabbing	1
Pedestrian vs. Train	5
Poisoning-NOS	2
Vitiated Atmosphere	3

Suicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	unknown	Total
WM	0	1	8	7	8	13	9	3	0	49
WF	0	0	2	3	3	2	1	1	0	12
BM	0	4	7	6	7	3	2	0	0	29
BF	0	1	1	4	0	0	0	0	0	6
HM	0	0	1	1	0	1	0	0	0	3
HF	0	0	0	0	0	0	0	0	0	0
AM	0	1	1	1	0	0	1	0	0	4
AF	0	0	1	0	0	0	1	0	0	2
Other	0	0	2	0	0	0	0	0	0	2
Total	0	7	23	22	18	19	14	4	0	107

Comments:

- 53.3% of suicides involved firearms.
- Suicide by hanging was the second most common method.
- 42.0% of suicides were in persons between the age of 21- 40.
- 57.0% of suicides involved white decedents. 33.1% involved black decedents.
- 79.4% of suicide victims were male.

SECTION V: Non-Vehicular Accidents (n = 383)

Accidents (Non-Traffic)	
Case Code	Number
Airway Occlusion – Internal	3
Asphyxia-Compression	2
Asphyxia-Foreign body	2

Asphyxia-Food	4
Asphyxia-NOS	2
Asphyxia -Autoerotic	1
Blunt Force	6
Carbon Monoxide	1
Choking	2
Drowning-NOS	7
Drug Death	271
Electrocution	2
Ethanol use and Cardiovascular Disease	1
Exsanguination	1
Fall – NOS	1
Fall – Ground Level	36
Fall – to the Floor	4
Fall – to the Pavement	2
Fall – From Height	5
Fall – From moving object	1
Fall – Downstairs	7
Fire death	3
Gunshot Wound	1
Hypothermia-Environmental	12
Subdural Hemorrhage	1
Thermal and Blunt Force Injuries	1
Toxicity Inhalant	4

Non-Vehicular Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	1	18	27	22	16	16	16	116
WF	1	0	7	6	9	12	1	19	55
BM	2	4	11	22	26	34	28	9	136
BF	1	1	10	9	13	10	11	7	62
HM	0	0	3	2	2	0	1	1	9
HF	0	0	0	0	0	0	0	0	0
AM	0	0	1	0	0	0	0	1	2
AF	0	0	0	0	0	0	0	2	2
Other	0	0	0	1	0	0	0	0	1
Total	4	6	50	67	72	72	57	55	383

Comments:

- The most common cause of accidental deaths was due to drug use which accounted for 71.1% of accidental deaths.

- Falls, usually among elderly persons, was the second most common cause of accidental death (15.0%)
- 14.1% of accidental deaths were among persons 71+ years of age or older.

SECTION VI: Motor Vehicle Accidents (n = 169)

Accidents (Traffic)	
Case Code	Number
ATV vs. Automobile	1
ATV-Rollover	1
Automobile vs. Automobile	41
Automobile vs. Bicycle	1
Automobile vs. Bus	6
Automobile vs. Fixed Object	32
Automobile vs. Multiple Vehicles	2
Automobile vs. Unknown	3
Automobile – Rollover	3
Automobile vs. Scooter	1
Automobile vs. Truck	6
Bicycle Rollover	1
Bicycle vs. Truck	3
Electric Scooter vs. Automobile	1
Motorcycle vs. Automobile	6
Motorcycle vs. Fixed Object	3
Motorcycle vs. Truck	2
MVA – NOS	2
Pedestrian vs. Automobile	30
Pedestrian vs. Bus	2
Pedestrian vs. Motorcycle	1
Pedestrian vs. Multiple Vehicles	8
Pedestrian vs. Train	7
Pedestrian vs. Truck	1
Pedestrian vs. Unknown	4
Truck vs. Truck	1

Motor Vehicle Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	4	3	1	4	3	4	3	22
WF	0	1	2	1	0	1	0	3	5
BM	6	6	29	12	16	6	9	5	89
BF	1	5	14	5	6	4	2	1	38
HM	0	0	5	1	0	1	0	0	7
HF	1	0	1	0	0	1	0	0	3

AM	0	0	0	1	0	0	1	1	3
AF	0	0	0	0	2	0	0	0	2
Other	0	0	0	0	0	0	0	0	0
Total	8	16	54	20	26	16	16	13	169

Comments: 32.1% of motor vehicle accidents were among the 21-30 age group. 53.1% of motor vehicle accidents were black males, followed by 22.1% black females.

SECTION VII: Undetermined Manner of Death (n = 41)

Undetermined	
Case Code	Number
Accident vs. Homicide	3
Accident vs. Suicide	1
Asphyxia and Blunt Force Trauma	1
Asphyxia and Drug Toxicity	1
Blunt Force	3
Drowning and Drug Intoxication	2
Drug Death-Poisoning	2
Gunshot Wound	3
Homicide vs. Suicide	1
Intrauterine fetal demise	2
Sudden unexplained infant death	8
Undetermined	14

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	0	0	0	1	0	1	1	3
WF	0	0	1	1	0	3	0	1	0	6
BM	5	2	1	2	0	3	2	1	1	17
BF	8	0	1	2	1	0	0	1	0	13
HM	0	0	0	0	0	0	0	0	0	0
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	0	0	2	2
Total	13	2	3	5	1	7	2	4	4	41

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.
- 20.0% 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 = 678)

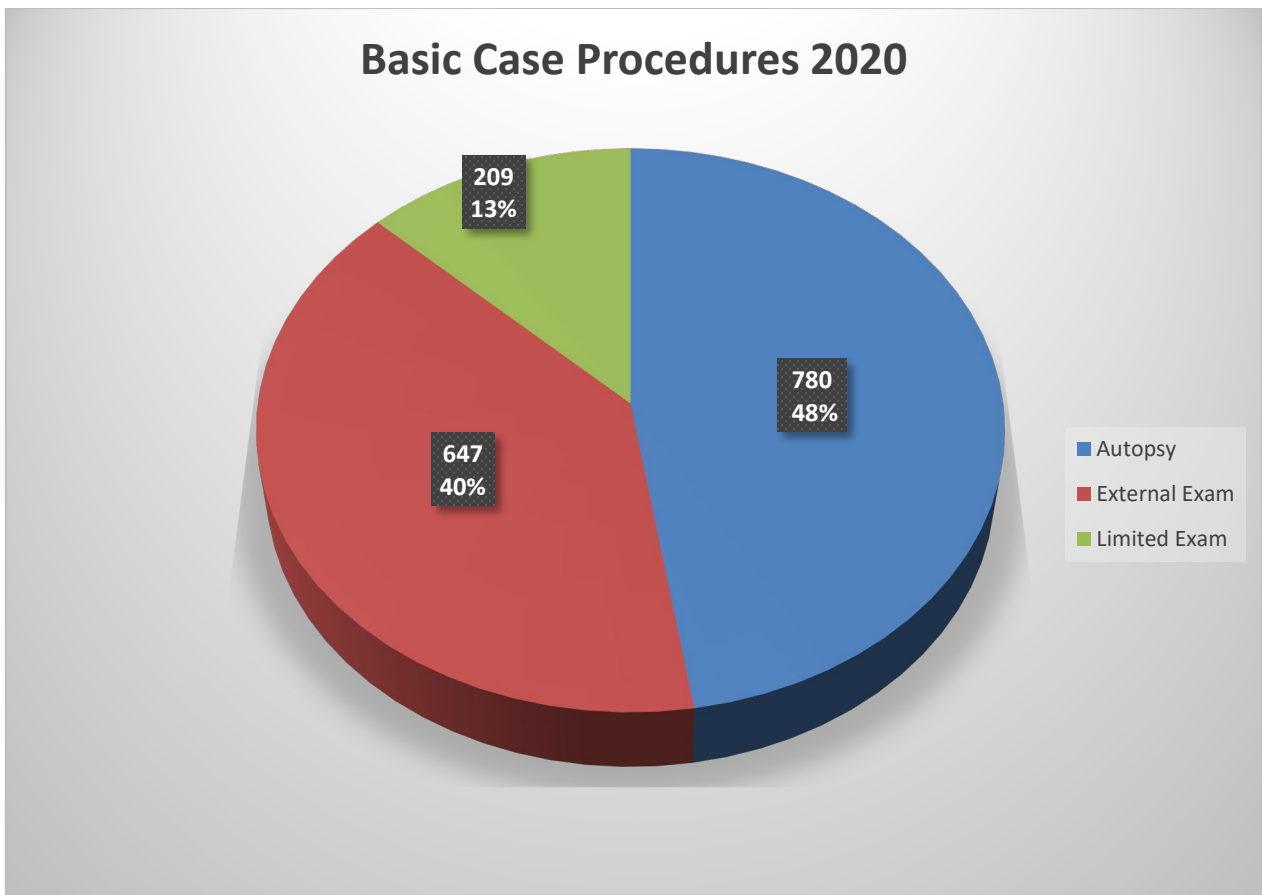
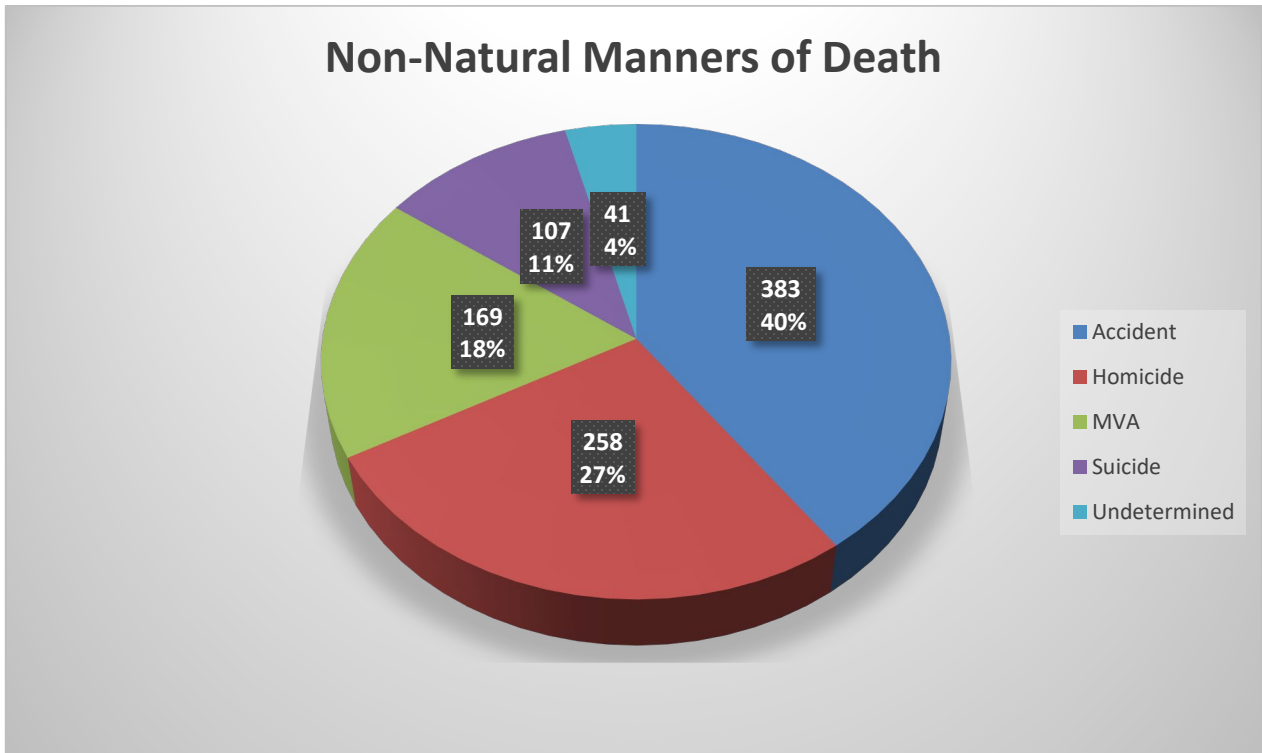
Natural Causes	
Case Code	Number
AIDS	3
Aneurysm – Intracranial	1
Anorexia Nervosa	2
Bowel Obstruction	1
Cancer-Brain	1
Cancer-Breast	3
Cancer-Carcinoma	2
Cancer-Cervical	1
Cancer-Gastric	1
Cancer-Gastrointestinal	1
Cancer-Hodgkins Disease	1
Cancer-Larynx	1
Cancer-Leukemia	1
Cancer-Lung	3
Cancer-Other	2
Cancer-Ovary	1
Cancer-Pancreas	1
Cancer-Prostate	1
Cancer-Uterus	1
Cardiac-Arrhythmia	8
Cardiac-ASCVD-IHD	63
Cardiac-ASCVD and Hypertension	16
Cardiac-Cardiomyopathy	2
Cardiac-Congestive Heart Failure	8
Cardiac-Coronary artery Disease	13
Cardiac-Hypertension	267
Cardiac-Myocardial Infarction	6
Cardiac-Myocarditis	2
Cardiac-Ruptured Aortic Aneurysm	1
Cardiac-Sudden Cardiac Death	2
Chronic Ethanol Abuse	57
Chronic Kidney Disease	6
Chronic Lung Disease	4
CNS-CVA(Stroke)	1
CNS-Dementia	3
CNS-Hemorrhage	2
CNS-Hemorrhage Hypertension	6
CNS-Seizure Disorder	6
Diabetes Mellitus	40
Endocrine Disease	1

End State Hepatic Cirrhosis	1
Esophageal Stricture	1
Fetal Demise	1
Gastric Ulcer	1
Gastro Intestinal Hemorrhage	5
Gastrointestinal Volvulus	1
Hemorrhagic-Cerebral Infarction	1
Hemorrhagic-Shock	1
Infection-Appendicitis	1
Infection-Diverticulitis	1
Infection-Endocarditis	1
Infection-Gastroenteritis	1
Infection-Meningitis	2
Infection-Peritonitis	2
Infection-Non Aspiration	6
Infection-Respiratory	23
Infection-Sepsis	2
Infection-Urosepsis	1
Infection-Ischemic Colitis	1
Infection-Liver Disease Steatosis	1
Myotonic Dystrophy	1
Non-Specific Natural Disease Process	47
Pancreatitis Acute	1
Prematurity	1
Pulmonary-COPD	5
Pulmonary-Fibrosis	1
Pulmonary-Interstitial	1
Pulmonary-Thrombosis	1
Pulmonary-Embolism	20
Renal Failure	1
Sickle Cell Anemia	1
Status Asthmaticus	1

Comments:

- The majority of deaths investigated by the Fulton County Medical Examiner’s Center are sudden natural deaths.
- 57.0% of natural deaths were due to heart disease, of which 42% were attributed to hypertension.

SECTION IX: Graphic Depictions of Case Load and Case Type

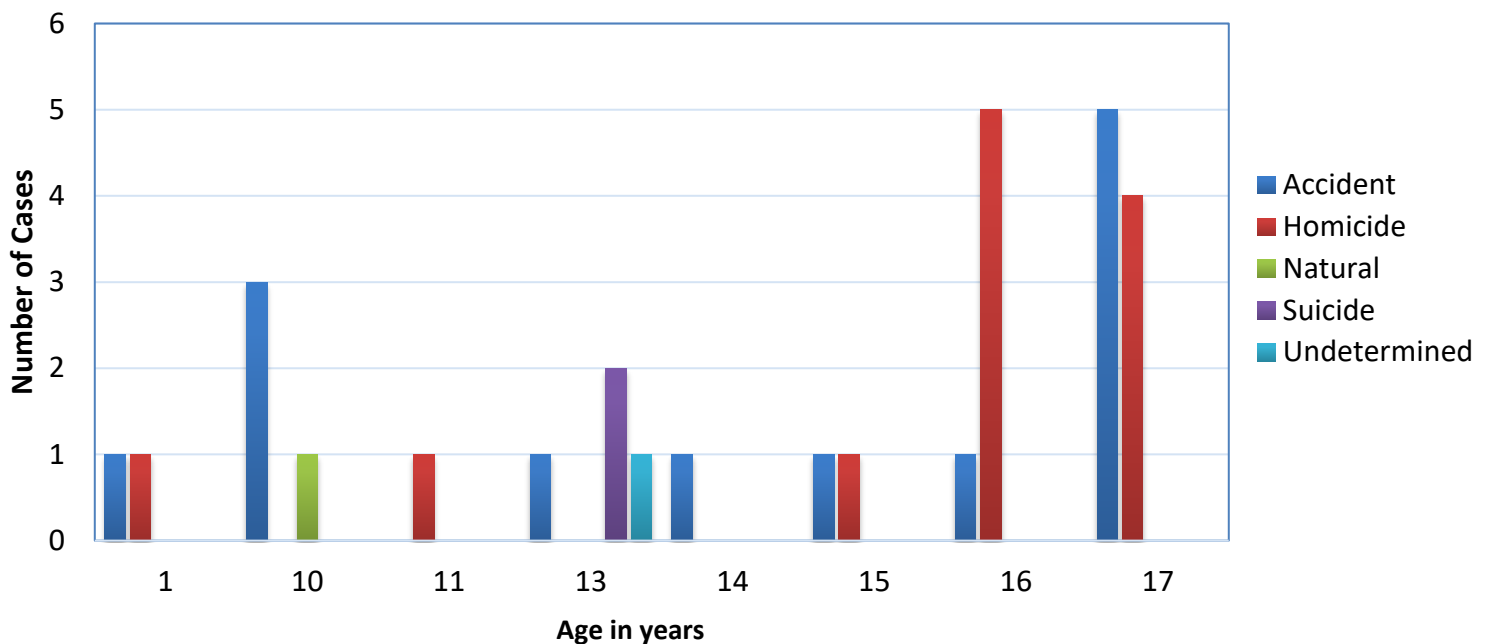


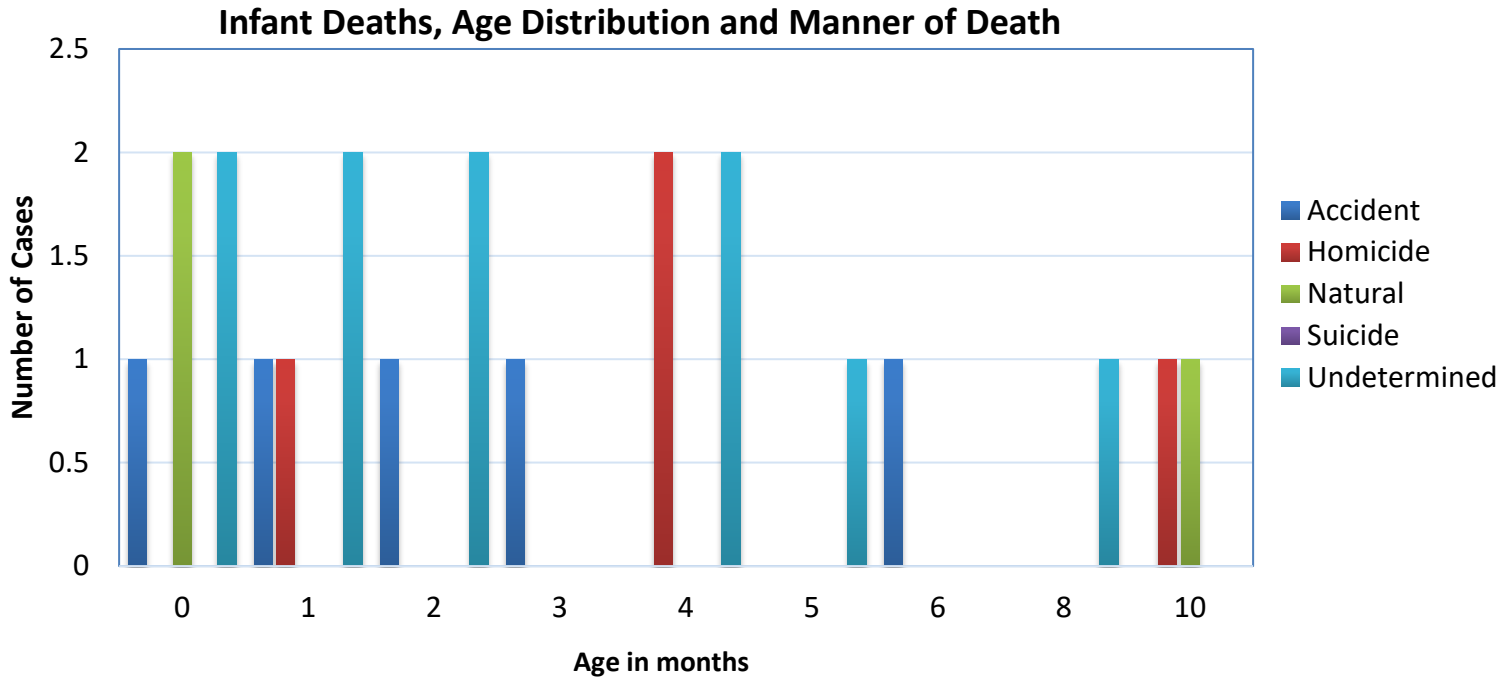
SECTION X: Special Topics

Deaths of Children Age 1 through 17 years:

	<= 10 Years Old	Cause	11-17 Years Old	Cause
Accident	4	Asphyxia (4)		
Homicide	5	Malnourishment-Neglect (1) Blunt Force (4)	11	Gunshot Wound (11)
MV Accident	5	Automobile vs Bus(2) Automobile Rollover (1) Automobile vs Automobile (1) Automobile vs Fixed Object (1)		
Natural	4	Status Asthmaticus (1) Fetal Demise –Unknown Etiology (1) Peritonitis (1) Prematurity (1)		
Suicide			2	Hanging (2)
Undetermined	10	Unexplained Infant Death (8) Intrauterine Fetal Demise	1	Gunshot Wound
Total	28		14	Total 42

Childhood 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:
 - 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.

Deaths among the Elderly:

Manner	Cause	66-75 years old	76-85 years old	86-95 years old	96 and over	TOTAL
ACCIDENT	Asphyxia-Food		1	2		3
	Airway Occlusion-Internal	2	1			3
	Blunt Force Trauma			1		1
	Drug Death-Poisoning	16	2	1		19
	Ethanol Abuse	1				1
	Fall-NOS		1			1
	Fall- Down Steps	1	1	2		4
	Fall-Floor	1	2			3
	Fall-Ground Level		9	13	2	24
	Fall-Pavement		1			1
	Fire Death	1	1			2
	Hypothermia-Environmental	3				3
	Subdural Hemorrhage			1		1
	ACCIDENT (T)	Automobile vs. Automobile	6		2	
Automobile vs. Fixed		1	1			2
Bicycle Rollover		1				1
Pedestrian vs. Automobile		1		1		2
Pedestrian vs. Bus		1				1
NATURAL	AIDS	1				1
	Bowel Obstruction	1				1
	Cancer-Breast		1			1
	Cancer-Colon			1		1
	Cancer-Gastrointestinal	1				1
	Cancer-Other	1				1
	Cancer-Ovary	1				1
	Cancer-Uterus	1				1
	Cardiac-ASCVD	10	5		6	21
	Cardiac – Coronary Artery Disease		2		1	3
	Cardiac-Congestive Heart Failure	10		1		11
	Cardiac-Hypertension	54	45	5	13	117
	Cardiac-Myocarditis	1				1
	Cardiac-Myocardial Infarction	2				2
	Chronic Ethanol Abuse	9	3			12
	CNS Dementia	1		1	1	3
	CNS – Hemorrhage- Hypertension	2	1			3
	Chronic Ethanol Abuse	9	3			12
	Chronic Kidney Disease	3		1		4
	Chronic Lung Disease	3				3
	CNS Dementia	1		1	1	3
	Diabetes Mellitus	9	3			12
	Gastrointestinal Hemorrhage	3				3
Hemorrhagic- Cerebral Infarction	1				1	
Infection Pneumonia-Non Aspiration	1				1	

	Infection Respiratory	4	1	1		6
	Nonspecific Natural	17	9	5		31
	Pancreatitis-Acute		1			1
	Pulmonary- COPD			1		1
	Pulmonary-Embolism	1				1
	Pulmonary-Fibrosis		1			1
	Pulmonary-Interstitial		1			1
HOMICIDE	Blunt Force Trauma	1				1
	Gunshot Wound	6		2		8
	Malnutrition-Neglect			1		1
	Overdose-Pharmaceutical		1			1
	Shotgun Wound		1			1
	Stab Wound	1				1
SUICIDE	Hanging	1				1
	Drug Death-Poisoning		1			1
	Gun-Not Specified	5				5
	Jump	1		1		2
TOTAL	197	99	44	24	364	

Comments: Of the 1636 deaths certified by the medical examiner in 2020, 364 (22%) were persons 66 years of age or older.

Drugs Identified in 2020 FCME Death Investigations

Drug	Number of Cases
Acetaminophen	2
Alprazolam	27
Amitriptyline	2
Amphetamine	6
Benzodiazepine	1
Buprenorphine	1
Bupropion	2
Carfentanil	3
Carisoprodol	1
Chloroethane	1
Clonazepam	1
Cocaethylene	7
Cocaine	110
Codeine	1
Cyclobenzaprine	2
Dextromethorphan	3
Diazepam	7
Difluoroethane	3
Diphenhydramine	1
Doxylamine	2
Duloxetine	1
Ethanol	55
Fentanyl	130
Fluoxetine	1
Gabapentin	1
Guaifenesin	1
Heroin	43
Hydrocodone	3
Ketamine	2
Levorphanol	1
Lorazepam	1
Methadone	6
Methamphetamine	49
Mitragynine	5
Morphine	15
Nordiazepam	3
Opiates	2
Oxazepam	1
Oxycodone	10
Paroxetine	1
Pregabalin	1
Promethazine	2
Sertraline	3
Temazepam	1

Tezamide	1
Tizamide	1
Tramadol	7
Zolpidem	1

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	AIDS (1)										
	Cardiac-Arrhythmia (2)	BM				3	2	6	2		13
	Cardiac-ASCD (3)	BF					1	1			2
	Cardiac Hypertension(4)										
	Chronic Ethanol Abuse (4)	WF				1	1				2
	CNS-CVA Stroke (1)	WM				1					1
	Diabetes Mellitus (1)	Other						1			1
	Non Specific Natural Disease Process (1) Pulmonary Embolism (1) Respiratory (1)										
Accident	Drug Death –Poisoning (13)	BF				1	1				2
	Ethanol Use (1)	BM				2	2	3			7
	Ground Level Fall (1)	WM			1	4		2			7
	Hypothermia Exogenous (2)	WF			1						1
Accident(T)		BF									
		BM									
	Automobile-Pedestrian (1)	WM					1				1
Homicide		BF			1			1			2
	Gunshot Wound (2)	BM			1	1	1				3
	Sharp Instrument (4)	WF			1						1
	Homicidal Violence (1)	WM			1						1
Suicide		BM				2					2
	Jump (2)	WF									
		WM									
TOTAL			0	0	6	15	9	14	2	0	46

Comparison year over year: Manners of Death 2000-2020

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
2020	258	107	170	382

Comparison year over year: Examinations performed 2000-2020

Year	Total Cases	Certified	Autopsies	External Exams	Total Bodies Examined*	On-Scene Investigation
2000	2098	1349	784	331	1331	832
2001	2014	1361	831	355	1406	885
2002	2063	1326	843	302	1322	930
2003	2298	1312	860	412	1554	960
2004	2254	1324	874	310	1312	883
2005	2171	1322	887	369	1427	896
2006	2212	1401	921	436	1495	890
2007	2238	1403	1002	365	1482	921
2008	2271	1386	940	303	1420	894
2009	2371	1418	893	456	1441	856
2010	2477	1416	910	367	1414	848
2011	2337	1299	868	338	1321	780
2012	2241	1315	832	391	1313	825
2013	2429	1454	952	442	1511	1032
2014	2594	1583	1027	525	1635	1084
2015	2545	1596	1052	483	1622	995
2016	2730	1693	1098	521	1723	1113
2017	2524	1370	757	565	1621	1149
2018	2551	1346	876	413	1679	1248
2019	2422	1354	882	402	1494	1100
2020	2665	1636	989	647	1902	888

*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.