

Fulton County Medical Examiner 2021 Annual Report



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Preface

The data contained within this report reflect the activities associated with investigations of death occurring in Fulton County, GA in the year 2021. 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.

I would like to thank the employees of the Fulton County Medical Examiner's Office for their dedication, excellence, and quality death investigations conducted for the citizens of Fulton County. Without their commitment to deliver a high-level of service, 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. Our staff care for and maintain an accredited facility in which death investigations may be professionally conducted with respect to the dead and at which members of the public, legal, and law enforcement communities can effectively conduct their business.

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.

Karen E. Sullivan, MD Chief Medical Examiner

SECTION I. INTRODUCTION

The Fulton County Medical Examiner (FCME) serves all non-federal, incorporated, and unincorporated areas within Fulton County. In 2021, 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 1,065.334. Countywide, the population is about 44.9% white, 44.7% black, 7.86% Asian, 3% two or more races, and 7.3% Hispanic/Latino (July 1, 2022 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 four 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.
 - o A limited autopsy 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 \$5,307.877 for fiscal year 2021. In 2021, the FCME staff consisted of 38 employees including 3 full time and 4 part 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 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, 2021 – December 31, 2021). In 2021 there were 3,086 deaths reported to the office. The FCME examined 1 exhumed body in 2021.

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
	ACCIDENT (Non-traffic fatalities)	539	26.0%
	ACCIDENT (T) (Traffic fatalities)	185	9.0%
AJ	HOMICIDE	259	12.0%
710	NATURAL	905	43.0%
	SUICIDE	155	8.0%
	UNDETERMINED	47	2.0%
	Total	2090	100.0%
DJ		996	32.0%
AJ		2090	68.0%
TOTAL		3086	100.0%

Table 2. Manner of Death by Procedure, cross-tabulated for Accepted (certified) cases only (n=2090)

Manner	Procedure									
Manner	Autopsy	External PM Exam	Limited Dissection	Death Certificate Reviews	Total					
ACCIDENT*	327	105	63	44	539					
ACCIDENT (T)**	55	70	54	6	185					
HOMICIDE	258	0	1	0	259					
NATURAL	225	415	148	117	905					
SUICIDE	34	80	41	0	155					
UNDETERMINED	38	4	5	0	47					
Total	937	674	312	167	2090					

^{• *} Non traffic-related accidents

^{• **} Traffic-related accidents

SECTION III: Homicides (n = 259)

HOMICIDES							
Case Code	Number						
Blunt Force	13						
Fire	1						
Gunshot Wound (s)	225						
Shot Gun	2						
Homicidal Violence NOS	2						
Overdose – Illicit	1						
Sharp Force Injury	11						
Sharp Force Injury and Gunshot Wound	2						
Stab Wound	2						

Homicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	1	2	4	6	1	2	1	0	17
WF	0	0	4	3	0	0	0	1	8
BM	4	24	76	44	28	15	5	1	197
BF	3	3	10	6	3	1	2	0	28
HM	0	1	2	0	0	0	1	0	4
HF	0	0	0	0	0	0	0	0	0
AM	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	1	0	2	1	4
Other	0	0	0	1	0	0	0	0	1
Total	8	30	96	60	33	18	11	3	259

- Firearms were involved in 87.0% of homicides.
- 87% of homicide victims were black/African-American.
- 84% of homicide victims were men.
- 76.0% of homicide victims were black men, 75.0% of which were 40 years of age or younger.

SECTION IV: Suicides (n = 155)

Suicides							
Case Code	Number						
Asphyxia Object	1						
Carbon Monoxide	1						
Gunshot Wound and Hanging	1						
Gunshot Wound	87						
Hanging	29						
Overdose – Mixed	3						
Overdose – OTC	2						
Overdose – Pharmaceutical	7						
Overdose – Prescription	5						
Incised Wound(s)	1						
Jump	5						
Pedestrian vs. Vehicle	2						
Pedestrian vs. Train	1						
Poisoning-NOS	4						
Sharp Force Injury	1						
Sharp Force Injury and Overdose	1						
Shot Gun Wound	4						

Suicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	unknown	Total
WM	0	2	15	4	8	13	4	8	0	54
WF	0	0	1	3	5	4	4	4	0	21
BM	0	4	18	10	10	5	2	2	0	51
BF	0	1	3	3	5	2	0	1	0	15
HM	0	0	1	2	0	1	0	0	0	4
HF	0	0	0	0	0	0	0	0	0	0
AM	0	0	3	0	1	1	0	2	0	7
AF	0	1	1	0	0	1	0	0	0	3
Other	0	0	0	0	0	0	0	0	0	0
Total	0	8	42	22	29	27	10	17	0	155

- 60.0% of suicides involved firearms.
- Suicide by hanging was the second most common method.
- 41.3% of suicides were in persons between the age of 21-40.
- 48.4% of suicides involved white decedents. 43.0% involved black decedents.
- 73% of suicide victims were male.

SECTION V: Non-Vehicular Accidents (n = 539)

Accidents (Non-Traffic)	
Case Code	Number
Airway Occlusion – Internal	1
Airway Occlusion and Overdose Illicit	1
Anaphylaxis	1
Asphyxia-Compression	5
Asphyxia-Foreign Object	5
Asphyxia- Positional	2
Asphyxia-NOS	3
Blunt Force Trauma NOS	7
Blunt Force Trauma and Natural Disease	3
Blunt Force Trauma and Illicit Drugs	1
Burns – Thermal	4
Carbon Monoxide	1
Drowning-NOS	10
Drug Death	369
Fall – NOS	1
Fall – Ground Level	73
Fall – to the Floor	2
Fall – to the Pavement	3
Fall – From Height	4
Fall – Downstairs	12
Fire death	4
Hypothermia-Environmental	16
Hyperthermia-Environmental	1
Hypothermia and Natural Disease	1
Illicit Drug Use and Carbon Monoxide	1
Illicit Drug Use and Cardiovascular Disease	9
Toro Compression	2

Non-Vehicular Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	4	18	48	29	30	17	28	174
WF	3	1	10	10	5	12	7	31	79
BM	6	3	11	27	39	40	38	17	181
BF	3	3	2	17	8	13	12	14	72
HM	1	1	3	1	2	1	1	1	11
HF	0	0	1	1	1	0	0	0	3
AM	1	0	1	2	0	0	2	2	7
AF	0	0	0	0	0	0	1	3	4
Other	2	0	0	1	1	0	2	2	8
Total	16	12	46	107	85	96	79	98	539

Comments:

- The most common cause of accidental deaths was due to drug use which accounted for 68% of accidental deaths.
- Falls, usually among elderly persons, was the second most common cause of accidental death (18.0%)
- 18.0% of accidental deaths were among persons 71+ years of age or older.

SECTION VI: Motor Vehicle Accidents (n = 185)

Accidents (Traffic)							
Case Code	Number						
ATV vs. Automobile	1						
ATV vs. Fixed Object	3						
Automobile vs. Automobile	37						
Automobile vs. Fixed Object	38						
Automobile vs. Multiple Vehicles	2						
Automobile vs. Unknown	1						
Automobile – Rollover	12						
Automobile vs. Train	1						
Automobile vs. Truck	17						
Motorcycle vs. Automobile	6						
Motorcycle vs. Fixed Object	1						
Motorcycle vs. multiple vehicles	1						
Motorcycle vs. unknown	2						
MVA – NOS	2						
Pedestrian vs. Automobile	45						
Pedestrian vs. Bus	2						
Pedestrian vs. Multiple Vehicles	4						
Pedestrian vs. Train	2						
Pedestrian vs. Truck	4						
Pedestrian vs. Unknown	2						
Scooter vs. Automobile	2						

Motor Vehicle Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	1	11	2	6	2	1	2	25
WF	0	1	4	2	4	3	3	6	23
BM	3	6	32	24	13	9	8	2	97
BF	2	4	12	7	5	4	3	1	38
HM	0	0	0	0	0	0	0	0	0
HF	0	0	0	0	0	0	0	0	0
AM	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	0	0	0	1	1

Other	0	1	0	0	0	0	0	0	1
Total	5	13	59	35	28	18	15	12	185

Comments: 32.1% of motor vehicle accidents were among the 21-30 age group. 52% of motor vehicle accidents were black males, followed by 25% black females.

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

Undetermined					
Case Code	Number				
Accident vs. Natural	1				
Accident vs. Suicide	2				
Blunt Force Trauma	2				
Gunshot Wound	4				
Homicide vs. Natrual	1				
Homicide vs. Suicide	1				
Overdose – Illicit and Asphyxia	1				
Overdose – Illicit	2				
Overdoes - Mixed	5				
Overdose - Pharmaceutical	3				
Pedestrian vs Train	1				
Seizure Disorder	2				
Sharp Force injury	1				
Sudden unexplained infant death	6				
Undetermined	15				

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	1	1	0	0	2	2	0	0	0	6
WF	0	0	0	0	3	1	0	0	1	5
BM	6	2	5	3	3	2	3	1	0	25
BF	4	1	1	1	0	1	0	0	0	8
HM	0	0	1	0	0	0	0	0	0	1
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	11	4	7	4	8	6	3	1	3	47

- 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.
- 13% 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.

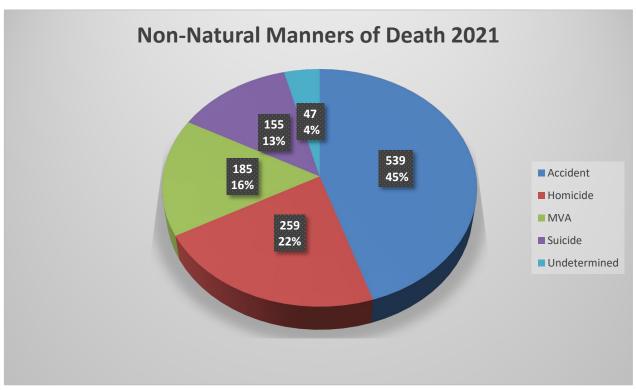
SECTION VIII: Deaths due to Natural Causes (n = 905)

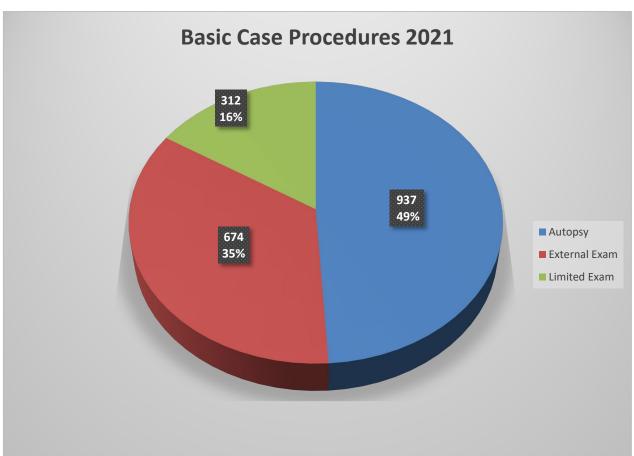
Natural Causes					
Case Code	Number				
AIDS	2				
Alzheimer Disease	1				
Aneurysm – Intracranial	2				
Bowel Obstruction	1				
Cachexia	1				
Cancer-Breast	2				
Cancer-Carcinoma	1				
Cancer-Colon	3				
Cancer-Head and Neck	1				
Cancer-Kidney	1				
Cancer-Larynx	2				
Cancer-Leukemia	2				
Cancer-Liver	1				
Cancer-Lung	9				
Cancer – Multiple Myeloma	1				
Cancer – Non Hodgkin's Lymphoma	1				
Cancer-Oral	1				
Cancer-Ovary	3				
Cancer-Pancreas	2				
Cancer-Prostate	1				
Cancer – Soft Tissue Sarcoma	1				
Cancer – Unknown Primary	6				
Cancer-Uterus	1				
Cancer-Arrhythmia	7				
Cardiac-Aortic Dissection	1				
Cardiac – Aortic Insufficiency	1				
Cardiac – Aortic Stenosis	1				
Cardiac-ASCVD	64				
Cardiac-ASCVD and Hypertension	42				
Cardiac-Cardiomyopathy	3				
Cardiac – Cerebrovascular Disease	3				
Cardiac - Congenial	1				
Cardiac-Congestive Heart Failure	7				
Cardiac-Coronary artery Disease	30				
Cardiac – Coronary Artery Thrombosis	3				
Cardiac Disease NOS	16				
Cardiac-Hypertension	311				
Cardiac-Myocardial Infarction	3				
Cardiac-Ruptured Aortic Aneurysm	2				

Cardiac-Ventricular Dilation	1
Cardiac-Sudden Cardiac Death	2
Chronic Ethanol Abuse	68
Chronic Kidney Disease	10
Chronic Lung Disease	14
CNS-Amyotrophic Lateral Sclerosis	1
CNS-Cerebral Palsy	1
CNS-Dementia	5
CNS-Encephalomyelitis	1
CNS-Hemorrhage	5
CNS-Hemorrhage Vascular Malformation	1
CNS-Hemorrhage Hypertension	8
CNS-Parkinson's Disease	2
CNS-Seizure Disorder	5
Diabetes Mellitus	57
Duodenal Ulcer	1
End State Hepatic Cirrhosis	1
Exsanguination	1
Failure to Thrive	1
Fetal Demise	1
Gastric Ulcer	2
Gastro Intestinal Hemorrhage	3
Hemorrhagic-Cerebral Infarction	1
Infection-COVID-19	41
Infection-Endocarditis	1
Infection-Osteomyelitis	1
Infection-Pneumonia – Non Aspiration	10
Infection-Pyelonephritis	1
Infection-Respiratory	30
Infection-Sepsis	2
Infection-Urosepsis	1
Malnutrition/Dehydration	1
Non-Specific Natural Disease Process	45
Obesity	5
Open Failure-Multiple Systems	1
Pancreatitis Acute	1
Peripheral Vascular Disease	1
Pulmonary-Asthma	1
Pulmonary-COPD	5
Pulmonary-Fibrosis	1
Pulmonary-Hypertension	2
Pulmonary-Thrombosis	1
Pulmonary-Embolism	14
Renal Failure	3
Severe Combined Immunodeficiency	1
Status Asthmaticus	2
Thrombosis/Embolism and COVID-19 infection	1

- The majority of deaths investigated by the Fulton County Medical Examiner's Center are sudden natural deaths.
- 54.0% of natural deaths were due to heart disease, of which 34% were attributed to hypertension.

SECTION IX: Graphic Depictions of Case Load and Case Type



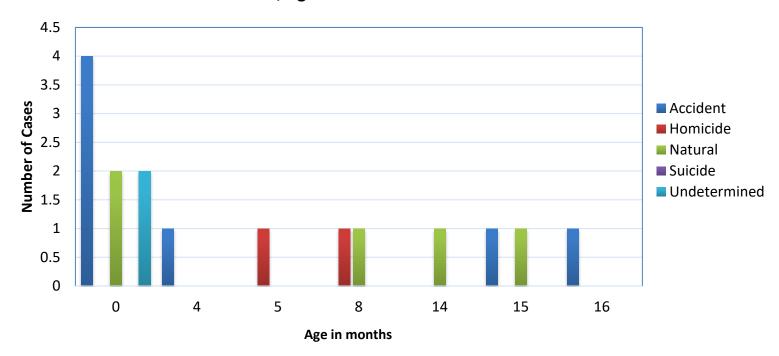


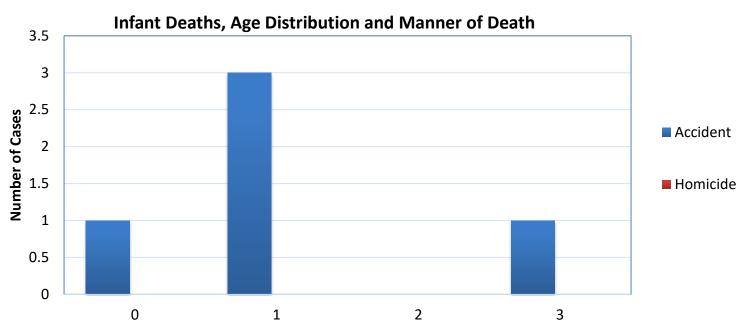
SECTION X: Special Topics

Deaths of Children Age 1 through 17 years:

	<=10		11-17	
	Years	Cause	Years	Cause
	Old	Cause	Old	Cause
Accident		Asphyxia (3)		Overdose(5)
		Asphyxia Compression(4)		MVA(5)
		Asphyxia Object(5)		
		Asphyxia Positional (1)		
	14	Drowning (1)	10	
Homicide		Malnourishment-Neglect (1)		
		Blunt Force (3) GSW(2)		Gunshot Wound (9)
		Homicidal Violence (1)		
		Overdose Illicit(1)		
	9	Sharp Force Injury(1)	9	
MV Accident				Automobile vs Fixed
				Object(2); Pedestrian vs
		Automobile vs Automobile (3)		Truck(1); Automobile vs
	5	Automobile vs Fixed Object (2)	5	Automobile (2)
Natural		Chronic Kidney Disease (1)		` ,
		Fetal Demise -unknown		Diabetes Mellitus (1)
		etiology (1)		CNS Hemorrhage-Vascular
		Infection -Pneumonia-Non		Malformation (1)
		Aspiration (1)		Cancer – Unknown Primary
		Infection- COVID-19 (2)		(1)
		Infection – Respiratory (2)		
		Infection – Sepsis (1)		
	9	Pulmonary -Asthma (1)	3	
Suicide				Hanging (1)
				Jump (1)
	0		3	Gunshot Wound (1)
		Overdose-Illicit and		
Undetermined		Asphyxia(1)		
		Sudden unexplained infant		
		death(6)		
	12	Undetermined (4)	1	Gunshot Wound (1)
Total	56		31	Total: 87

Childhood Deaths, Age Distribution and Manner of Death





- 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:
 - o Hosting the monthly meeting.
 - o Co-facilitating the meeting by presenting autopsy reports and photographs of decedents whose cases are reviewed by the panel.

- o 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		66-75	76-85 years	86-95 years	96 and	
IVIAIIIICI	Cause	years old	old	old	over	TOTAL
	Alzheimer Disease		1			1
	Asphyxia-Food		1		1	2
	Asphyxia-Object		1			1
	Asphyxia-Positional	1				1
	Airway Occlusion-Internal	1				1
ACCIDENT	Blunt Force Trauma	4	1	1		6
ACCIDENT	Burn-Thermal	2		1		3
	Drowning		1			1
	Drug Death-Poisoning	18				18
	Fall- Down Stairs		1			1
	Fall-Ground Level	2	10			12
	Automobile vs. Automobile	3	3	1		7
	Automobile vs. Fixed	2	3			5
	Automobile vs. Train			1		1
ACCIDENT (T)	Automobile vs. Truck	1	2			3
ACCIDENT (1)	Rollover	1				1
	Pedestrian vs. Automobile	2				2
	Pedestrian vs. Bus	1				1
	Cancer-Breast	1				1
	Cancer – Carcinoma (Metastatic)	1				1
	Cancer-Colon	1				1
	Cancer-Head and Neck	1				1
	Cancer-Kidney	1				1
	Cancer-Lung	3	1			4
	Cancer-Non Hodgkin's	1				1
	Cancer-Pancreas	1	1			2
NIATUDAL	Cancer-Prostate	1				1
NATURAL	Cancer-Ovary	1				1
	Cancer-Unknown Primary	3	1			4
	Cancer-Uterus	1				1
	Cardiac-Aortic Insufficiency	1				1
	Cardiac-Aortic Stenosis	1	2			3
	Cardiac-ASCVD	21	12	3		36
	Cardiac-ASCVD and Hypertension	8	8			16
	Cardiac – Coronary Artery Disease	10	3	1		14
	Cardiac-Congestive Heart Failure	2	1		1	4

	Cardiac-Hypertension	7	36	29	2	74
	Cardiac-NOS	1	1			2
	Cardiac-Coronary Thrombosis	1				1
	Cerebrovascular Disease		1			1
	CNS – Hemorrhage- Hypertension	1				1
	CNS- NOS	1				1
	Chronic Kidney Disease	1				1
	Chronic Lung Disease	2				2
	CNS Dementia	1				1
	Diabetes Mellitus	9	2			11
	Drug Use Illicit		1			1
	Environmental Hypothermia	2				2
	Gastrointestinal Hemorrhage		1			1
	Infection-COVID-19	1	2			3
	Infection Pneumonia-Non Aspiration	1				1
	Infection Respiratory	2	1			3
	Nonspecific Natural Disease Process	4	1			5
	Pulmonary- COPD	1				1
HOMICIDE	Gunshot Wound(s)	4	2			6
	Sharp Force Injury	1				1
SUICIDE	Drug Death-Poisoning	1				1
	Gunshot Wound	3	3			6
TOTAL		141	104	37	4	286

Comments: Of the 2090 deaths certified by the medical examiner in 2021, 286 (14%) were persons 66 years of age or older.

Drugs Identified in 2021 FCME Death Investigations

Alprazolam 29 Amitriptyline 1 Amlophine 1 Amphetamine 12 Benzodiazepine 2 Brorphine 1 Bupropion 4 Carfentanil 1 Chlorpheniramine 1 Citalopram 6 Clonazepam 5 Cocaethylene 7 Cocaine 155 Cyclobenzaprine 3 Desalkyffuraz 1 Desalkyffuraz 1 Dizepam 8 Diffuoroethane 1 Dilitiazem 1 Dijhenhydramine 13 Doxepin 1 Duloxetine 2 Escitalopram 4 Ethanol 83 Fentanyl 201 Fluoxetine 6 Gabapentin 3 Herroin 43 Hydrocodone 8 Hydromorphone 1 Ketamine <th>Drug</th> <th>Number of Cases</th>	Drug	Number of Cases
Amitriptyline 1 Amlophine 1 Amphetamine 12 Benzodiazepine 2 Brorophine 1 Buprenorphine 1 Bupropion 4 Carfentanil 1 Chlorpheniramine 1 Citalopram 6 Clonazepam 5 Cocathylene 7 Cocaine 155 Cyclobenzaprine 3 Desalkylfluraz 1 Dextromethorphan 8 Diazepam 8 Difluoroethane 1 Dillitiazem 1 Dillitiazem 1 Dillitazem 1 Dilloxetine 2 Escitalopram 4 Ethanol 83 Fentanyl 201 Fluoxetine 6 Gabapentin 3 Heroin 43 Hydromorphone 1 Ketamine 4 Lacosami		
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Nitrates/Nitrites1Nordiazepam2Nortraptyline2Olanzapine3Opiates5		17
Nordiazepam2Nortraptyline2Olanzapine3Opiates5		
Nortraptyline2Olanzapine3Opiates5		
Olanzapine 3 Opiates 5		
Opiates 5		
'		
	Oxycodone	14

Phenobarbital	1
Promethazine	2
Quetiapine	1
Sertraline	3
Sodium Nitrite	2
Tapentadol	1
Temazepam	4
Tramadol	9
Trazadone	1
Zolpidem	2

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	Cancer-Lung (1) Cardiac-Coronary Artery Thrombosis (1) Cardiac Hypertension(3) Chronic Ethanol Abuse (1) Chronic Lung Disease(1) Diabetes Mellitus (1) Infection-Pneumonia- Non	вм				1	3	1			5
	Aspiration (1) Infection-Urosepsis(1)	BF						1			1
	illiection-orosepsis(1)	WF						1			1
		WM				1	1	2			4
		Other									
	Burns-Thermal(1)	BF			1						1
	Environmental Hyperthermia (1)	BM				3	3	2			8
Accident	Environmental Hypothermia(3) Overdose Alcohol(1) Overdose Illicit (7) Overdose Mixed (4)	WM			1	2	2				5
		WF		1	2						3
		BF									
Accident(T)	Dedectrics of NAV(4)	BM					1				1
	Pedestrian vs MV (1) Pedestrian vs Train (1)	WM					1				1
		BF				1					1
Homicide	Blunt Force Trauma (1)	BM			1		1				2
Homiciae	Gunshot Wound (3)	WF									
		WM			1						1
	Hanging (1)	BF		1		1					2
Suicide	Gunshot Wounds (2)	WF									
		WM				1					1
TOTAL			1	2	6	10	12	6	0	0	36

Comparison with the past: Manners of Death 2000-2021

Year	Homicides	Suicides	Traffic Fatalities	Other Accidents
2000	172	76	143	192
2000	171	87	125	265
2001	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
2021	259	155	185	539

Comparison with the past: Examinations performed 2000-2021

Year	Total Cases	Certified	Autopsies	External	On-Scene	Total Bodies
				Exams	Investigation	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
2020	2665	1636	989	647	888	2,548
2021	3086	2090	1250	674	1553	2,262

^{*}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.
- 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.