

Fulton County Medical Examiner



Prepared by:

**Karleshia Bentley, Executive Assistant
On behalf of
Karen E. Sullivan, MD, Chief Medical Examiner**

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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 2022. 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 2022, 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 1,074,634. Countywide, the population is about 44.2% white, 45% black, 8.1% Asian, 2.3% two or more races, and 7.4% Hispanic/Latino (July 1, 2023 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 sign the death certificate (certify 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 deceased 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 should 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.
 - 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 \$5,776,836.00 for fiscal year 2022. In 2022, the FCME staff consisted of 39 employees including 4 full time and 4 part time physician medical examiners, 13 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, 2022 – December 31, 2022). In 2022 there were 2,943 deaths reported to the office.

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)	533	24.0%
	ACCIDENT (T) (Traffic fatalities)	186	8.4%
	HOMICIDE	278	13.0%
	NATURAL	1013	46.0%
	SUICIDE	138	6.0%
	UNDETERMINED	58	2.6%
	Total	2206	100.0%
DJ		737	25.0%
AJ		2206	75.0%
TOTAL		2943	100.0%

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

Manner	Procedure				
	Autopsy	External PM Exam	Limited Dissection	Death Certificate Reviews	Total
	ACCIDENT*	310	44	76	103
ACCIDENT (T)**	54	72	41	19	186

HOMICIDE	277	0	0	1	278
NATURAL	278	190	165	380	1013
SUICIDE	23	83	31	1	138
UNDETERMINE D	51	2	2	3	58
Total					2206

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

SECTION III: Homicides (n =278)

HOMICIDES	
Case Code	Number
Asphyxiation	1
Blunt Force	18
Fire	0
Gunshot Wound (s)	237
Shot Gun	1
Overdose	1
Homicidal Violence NOS	3
Overdose – Illicit	1
Sharp Force Injury	12
Sharp Force Injury and Gunshot Wound	1
Stab Wound	5
Strangulation	3

Homicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	0	2	1	4	5	3	0	15
WF	0	0	0	0	1	0	0	3	4
BM	3	33	83	61	19	19	7	1	226
BF	4	0	8	8	1	1	2	2	26
HM	0	0	0	0	1	0	0	0	1
HF	0	0	2	1	0	0	0	0	3
AM	0	0	0	0	1	0	0	0	1
AF	0	0	0	0	0	0	1	0	1
Other	1	0	0	0	0	0	0	0	1
Total	8	33	95	71	27	25	13	6	278

Comments:

- Firearms were involved in 85.0% of homicides.
- 90% of homicide victims were black/African-American.
- 87% of homicide victims were men.

- 81% of homicide victims were black men, 72% of which were 40 years of age or younger.

SECTION IV: Suicides (n = 138)

Suicides	
Case Code	Number
Ethylene Glycol	1
Starvation	1
Carbon Monoxide	1
Gunshot Wound and Hanging	1
Gunshot Wound	66
Hanging	31
Overdose – Mixed	1
Overdose – Pharmaceutical	1
Overdose – Prescription	8
Jump	11
Pedestrian vs. Vehicle	1
Pedestrian vs. Train	3
Poisoning-NOS	1
Sharp Force Injury	1
Vitiated atmosphere	5
Strangulation	1
Shot Gun Wound	3
Drowning	1

Suicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	unknown	Total
WM	0	4	8	12	10	7	8	8	0	57
WF	0	0	5	1	1	2	0	3	0	12
BM	0	2	17	12	4	3	5	0	0	43
BF	0	0	4	2	2	2	0	1	0	11
HM	0	2	2	2	1	0	1	0	0	8
HF	0	0	1	0	0	0	0	0	0	1
AM	0	0	1	0	0	0	0	0	0	1
AF	0	0	0	1	0	0	0	1	0	2
Other	0	0	3	0	0	0	0	0	0	3
Total	0	8	41	30	18	14	14	13	0	138

Comments:

- 50% of suicides involved firearms.
- Suicide by hanging was the second most common method.
- 51% of suicides were in persons between the age of 21- 40.
- 50% of suicides involved white decedents. 39% involved black decedents.

- 79% of suicide victims were male.

SECTION V: Non-Vehicular Accidents (n = 533)

Accidents (Non-Traffic)	
Case Code	Number
Aircraft	2
Asphyxia	3
Asphyxia-food	6
Asphyxia-Compression	3
Asphyxia-Foreign Object	1
Asphyxia and COVID-19 infection	2
Aspiration of Food	1
Asphyxia-NOS	3
Blunt Force Trauma NOS	1
Blunt Force Trauma and Natural Disease	1
Blunt Force Trauma and Illicit Drugs	1
Carbon Monoxide	1
Choking	3
Drowning-NOS	7
Drug Death	355
Electrocution	2
Fall – Ground Level	77
Fall – to the Floor	2
Fall – to the Pavement	3
Fall – From Height	4
Fall – Downstairs	11
Fire death	6
Hypothermia-Environmental	6
Hyperthermia Natural Disease	5
Gunshot wound	5
Hanging	1
Overdose-Alcohol	7
Overdose-Illicit	208
Overdose-Mixed	110
Overdose-Multiple	1
Overdose-Pharmaceutical	8
Overdose-Prescription	4
Overdose-drowning	1
Torso Compression	1
Illicit Drug Use and Cardiovascular Disease	7
Toxicity-Inhalant	1

Non-Vehicular Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71 +	Unk	Total
WM		1	23	35	27	21	14	32		153
WF		1	7	10	7	5	8	28		66
BM	6	1	21	30	30	45	48	20	1	202
BF	3		9	19	13	11	12	9		76
HM	1		5	8	4					18
HF						1				1
AM					2	1	2	2		7
AF			1			1		4		6
Unk									1	1
Other	1				1			1		3
Total	11	3	66	102	84	85	84	96	2	533

Comments:

- The most common cause of accidental deaths was due to drug use which accounted for 66% 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 = 186)

Accidents (Traffic)	
Case Code	Number
Bicycle vs Motor vehicle	1
Fall from Moving Vehicle	1
Automobile vs. Automobile	9
Automobile vs. Fixed Object	14
Automobile – Rollover	18
Automobile vs. Truck	19
Motor Vehicle vs Fixed Object	16
Motor Vehicle Rollover	3
Motor Vehicle vs Motor Vehicle	37
Motorcycle vs. Fixed Object	7
Motorcycle vs. Unk	1
Motorcycle vs. Vehicle	1
Pedestrian vs. Automobile	6
Pedestrian vs. Multiple Vehicles	6
Pedestrian vs. Train	4
Pedestrian vs. Truck	3
Pedestrian vs Motor Vehicle	
Scooter vs. Fixed Object	1

Motor Vehicle Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Unk	Total
WM		1	4	2	3	3	6	4	1	24
WF		1	3	1		3	1	2		11
BM		4	20	33	11	10	9	5		92
BF	2	4	13	11	4	2	7	2		45
HM		1	1	4	2	1				9
HF		1				1				2
AM										0
AF			1							1
Other			1		1					2
Total	2	12	43	51	21	20	23	13	2	186

Comments: 23% of motor vehicle accidents were among the 21-30 age group. 49% of motor vehicle accidents were black males, followed by 24% black females.

SECTION VII: Undetermined Manner of Death (n =58)

Undetermined	
Case Code	Number
Accident vs Homicide	2
Accident vs. Natural	2
Accident vs. Suicide	1
Blunt Force Trauma	1
Gunshot Wound	5
Cerebral Hemorrhage	1
Drowning	1
Fall from Height	1
Fire Death	7
Homicide vs. Natural	3
Homicide vs. Suicide	1
Pedestrian vs Motor Vehicle	3
Overdose – Illicit	3
Overdoes - Mixed	3
Overdose - Pharmaceutical	2
Pedestrian vs Train	3
Poison	1
Seizure Disorder	2
Sudden unexplained infant death	5
Undetermined	18

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	2	2	3	0	2	0	9
WF	0	0	0	1	1	0	1	1	0	4
BM	5	1	2	3	4	6	2	0	0	23
BF	9	1	0	1	5	2	0	0	1	19
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	14	2	3	7	12	11	3	3	3	58

Comments:

- Deaths with undetermined manners are classified that way because a cause of death could not be determined, such as in cases with decomposed or skeletal remains.
- 9% 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 = 1013)

Natural Causes	
Case Code	Number
Alzheimer Disease	2
Aneurysm – Intracranial	1
Cachexia	1
Cancer-Brain	3
Cancer-Breast	12
Cancer-Carcinoma	4
Cancer-Colon	1
Cancer-Gastrointestinal	1
Cancer-Head and Neck	1
Cancer-Hematologic	1
Cancer-Kidney	2
Cancer-Leukemia	3
Cancer – Liver	2
Cancer – Lung	1
Cancer-Lymphoma	1
Cancer- Multiple Myeloma	3
Cancer-Non Hodgkin's Lymphoma	1
Cancer- Ovary	5

Cancer – Prostate	5
Cancer – Unknown Primary	1
Cancer-Uterus	1
Cardiac-Aortic Dissection	6
Cardiac – Aortic Stenosis	1
Cardiac- Arrhythmia	5
Cardiac-ASCVD	70
Cardiac-ASCVD and Hypertension	47
Cardiac-Cardiomyopathy	2
Cardiac – Artery Anomaly	2
Cardiac- Coronary Artery Dissection	6
Cardiac-Congestive Heart Failure	7
Cardiac-Coronary Artery Disease	26
Cardiac – Coronary Artery Thrombosis	7
Cardiac Disease NOS	6
Cardiac-Hypertension	438
Cardiac-Myocardial Infarction	19
Cardiac- Myocarditis	6
Cardiac- Pericarditis	3
Cardiac-Sarcoidosis	2
Cardiac-Disease NOS	4
Chronic Drug Use	1
Chronic Ethanol Abuse	3
Chronic Kidney Disease	12
Chronic Lung Disease	1
CNS-Cerebral Palsy	1
CNS-Dementia	5
CNS-Meningioma	1
CNS-Hemorrhage Aneurysm	7
CNS-Hemorrhage NOS	3
CNS-Hemorrhage Hypertension	2
CNS-Parkinson’s Disease	2
CNS- Sarcoidosis	1
CNS-Seizure Disorder	13
Dehydration	1
Diabetes Mellitus	53
Duodenal Ulcer	1
Endocrine Disease Multiple Endocrine Organs	1
Endocrine Disease Thyroid Gland	1
Fetal Demise	2
Gastric Ulcer	2
Gastrointestinal Hemorrhage	3
Infection-COVID-19	32
Infection-Necrosis	1
Infection-Peritonitis	1
Infection-Pneumonia -	1
Infection-Pneumonia – Non Aspiration	18
Infection-Pyelonephritis	1

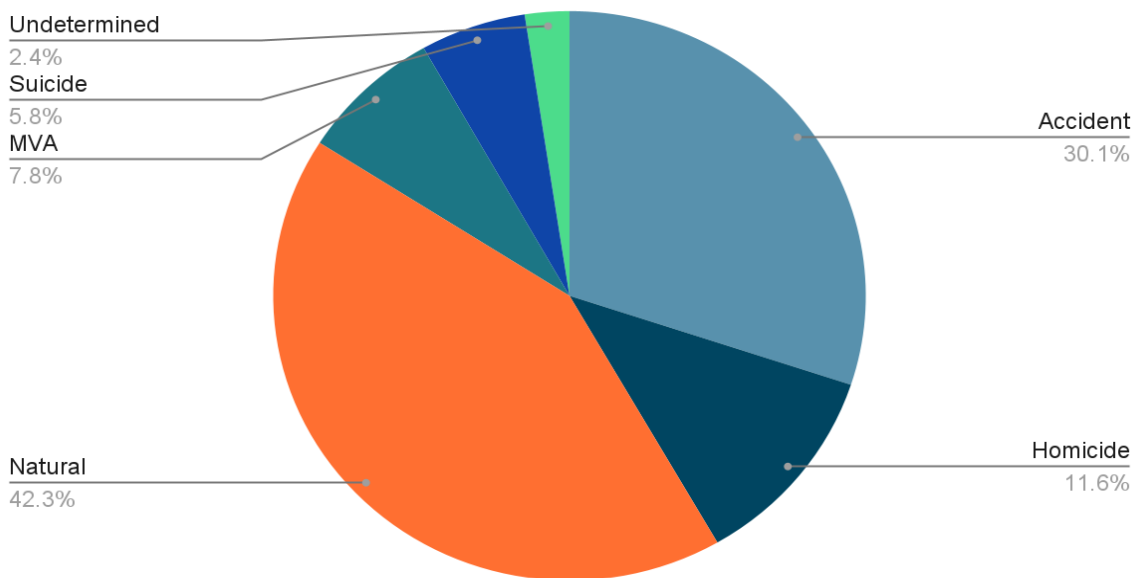
Infection-Respiratory	5
Infection-Sepsis	2
Infection-Urosepsis	1
Intestinal Ischemia	1
Non-Specific Natural Disease Process	59
Obesity	3
Organ Failure Liver Cirrhosis Alcohol	1
Organ Failure Liver Cirrhosis	1
Pancreatitis Chronic	3
Pulmonary-Acute Interstitial Pneumonia	1
Pulmonary-COPD	19
Pulmonary-Embolism	28
Pulmonary-Fibrosis	2
Pulmonary-Hypertension	1
Pulmonary-Thrombosis	2
Status Asthmaticus	2
Systemic Lupus Erythematosus	3
Thrombosis/Embolism and COVID-19 infection	5
Tuberculosis	1

Comments:

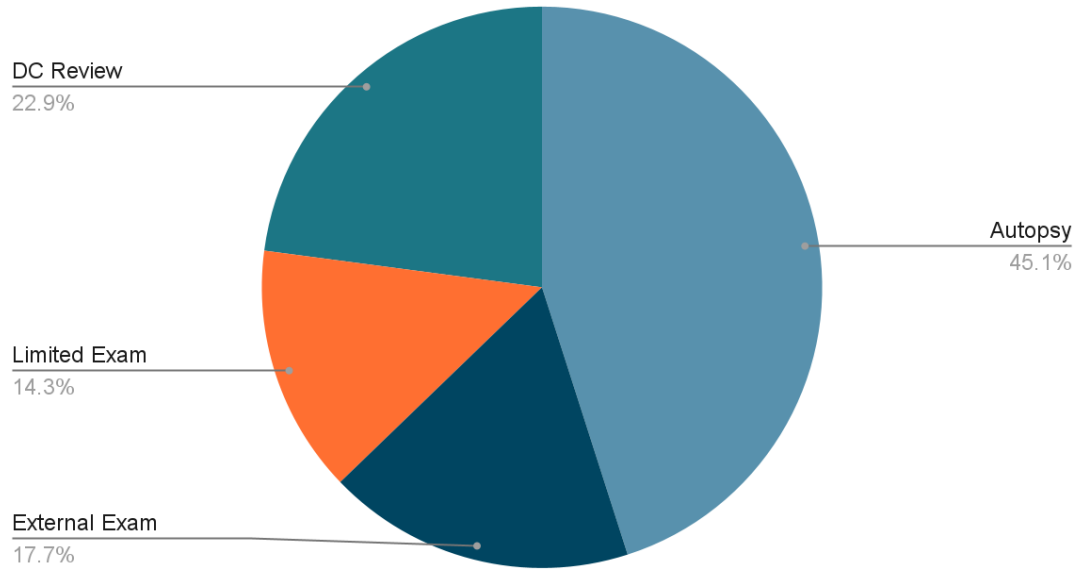
- The majority of deaths investigated by the Fulton County Medical Examiner’s Center are sudden natural deaths.
- 54.0% of natural deaths were due to heart disease, of which 34% were attributed to hypertension.

SECTION IX: Graphic Depictions of Caseload and Case Type:

Non-Natural Manners of Death 2022



Basic Case Procedures 2022

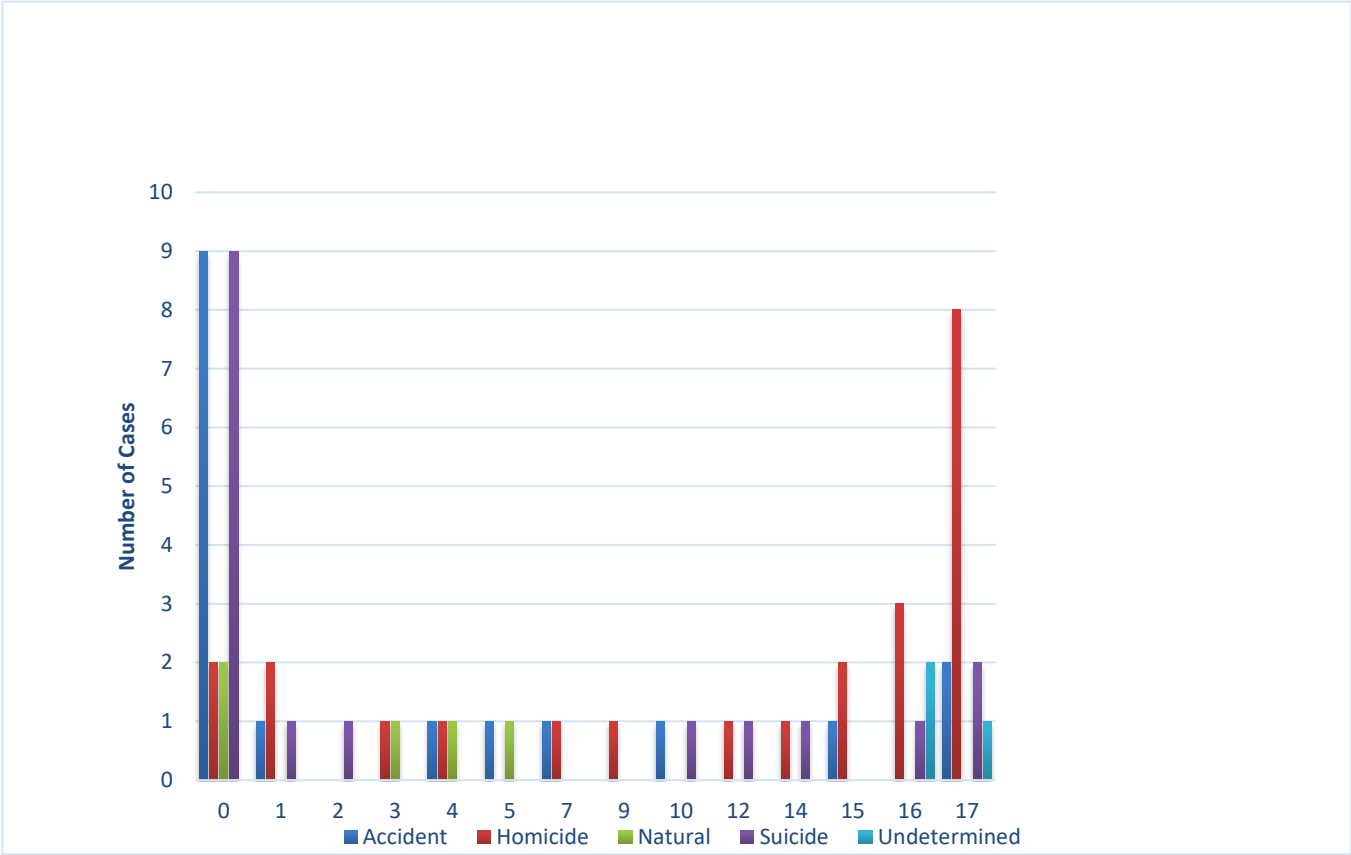


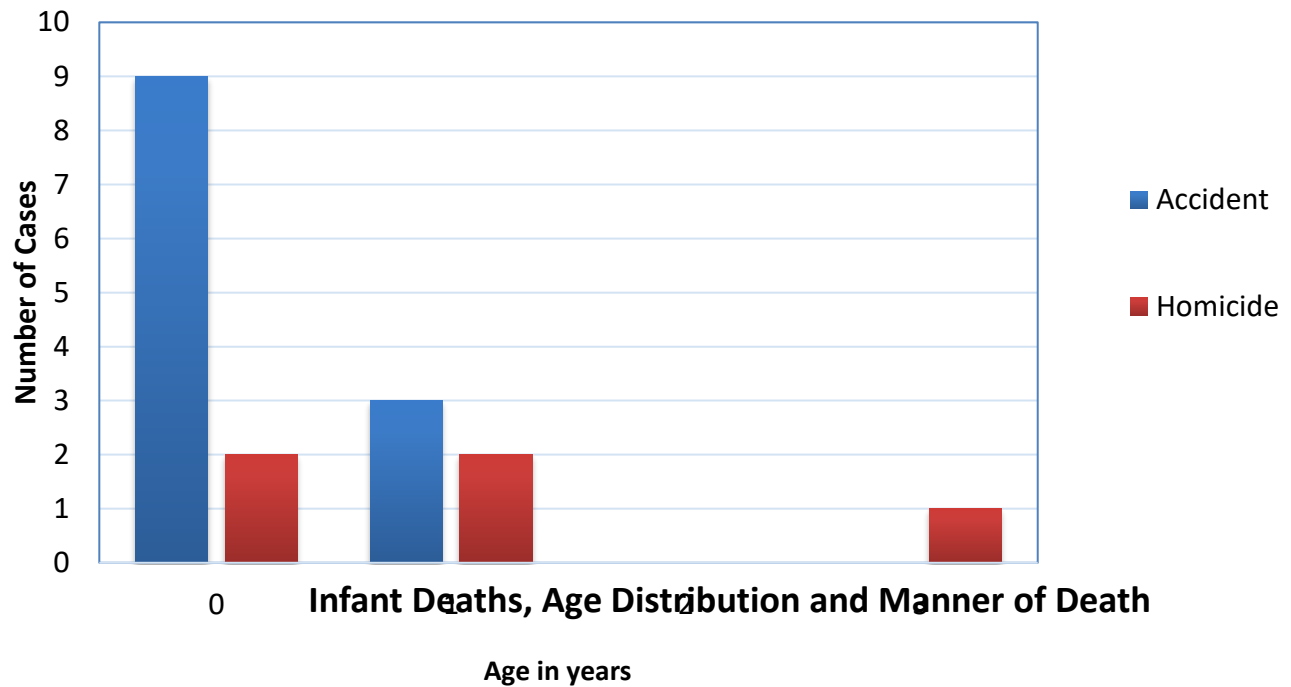
SECTION X: Special Topics

Deaths of Children Age 1 through 17 years:

	<= 10 Years Old	Cause	11-17 Years Old	Cause
Accident	13	Asphyxia (3) Asphyxia Compression(3) Asphyxia Object(2) Asphyxia Positional (1) Drowning (3) Placental abruption (1)	3	Blunt force injuries (3)
Homicide	8	Blunt Force (2) GSW(4) Homicidal Violence (1) Overdose Illicit(1)	15	Gunshot Wound (15)
MV Accident	2	Motor Vehicle Rollover (1) Motor Vehicle vs Motor Vehicle (1)	3	Motor Vehicle Rollover (1); Pedestrian vs Motor Vehicle(1); Automobile Rollover (1)
Natural	12	Diabetes Mellitus (1)	5	Status Asthmaticus (1) Infection COVID-19 (1)

		Fetal Demise -unknown etiology (1) Cancer - Liver(1) Infection- Sepsis (1) Infection- Pyelonephritis (1) Seizure Disorder (1) Infection- COVID-19 (5) Infection – Respiratory (1)		Cardiac- Arrhythmia (1) Seizure Disorder (1) Cardiac-Myocarditis (1)
Suicide	0		3	Hanging (3)
Undetermined	14	Cerebral Hemorrhage (1) Fire (1) Drowning (1) Sudden unexplained infant death(5) Undetermined (6)	2	Undetermined (1) Drowning(1)
Total	25		31	Total: 56





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 the 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
	Aircraft		4			4
ACCIDENT	Asphyxia-Food	2	6			8
	Asphyxia and Blunt force trauma	2				2
	Asphyxiation	2				2
	Asphyxia-Positional	1				1
	Airway Occlusion-Internal	1				1
	Blunt Force Trauma	2				2

	Blunt Force Trauma and Natural Disease	2	2			4
	Burn-Thermal	2		1		3
	Drowning	5	3			8
	Drug Death	32	6			38
	Fall- Down Stairs		1			1
	Fall-Ground Level	2	10			12
	Fire					
ACCIDENT (T)	Choking					
	Automobile vs. Automobile	2				2
	Automobile vs. Fixed Object	2	2			4
	Pedestrian vs Train	2				2
	Pedestrian vs Truck	2				2
	Automobile vs. Truck	2				2
	Pedestrian vs. Automobile	2				2
	Alzheimer Disease	2				2
NATURAL	Cancer-Breast	1				1
	Cancer-Colon	1				1
	Cancer-Head and Neck	1				1
	Cancer-Hematologic	1				1
	Cancer-Lung	3	1			4
	Cancer-Non Hodgkin's	1				1
	Cancer-Leukemia	1	1			2
	Cancer-Prostate	1				1
	Cancer-Ovary	1				1
	Cancer-Lymphoma	3	1			4
	Cancer-Myeloma	1				1
	Cancer-Non Hodgkin's Lymphoma					
	Cancer- Unknown Primary					
	Cardiac-Aortic Dissection	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 NOS	1				1
	CNS Seizure Disorder					
	CNS- Dementia	1				1
	Chronic Kidney Disease	1				1
	Chronic Lung Disease	2				2
	Chronic Ethanol Abuse	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 Pneumonia	2	1			3
	Nonspecific Natural Disease Process	4	1			5
	Pulmonary- COPD	1				1
HOMICIDE	Gunshot Wound(s)	4	2			6
SUICIDE	Sharp Force Injury	1				1
	Drug Death-Poisoning	1				1
	Gunshot Wound	3	3			6
	Jump	2				2
TOTAL		141	104	37	4	286

Comments: Of the 2168 deaths certified by the medical examiner in 2022, 286 (14%) were persons 66 years of age or older.

Drugs Identified in 2022 FCME Death Investigations

Drug	Number of Cases
Alprazolam	13
Amitriptyline	2
Amlodipine	1
Amphetamine	10
Benzodiazepine	3
Librium	1
Buprenorphine	2
Bupropion	5
Carfentanil	1
Chlorpheniramine	1
Citalopram	2
Clonazepam	6
Cocaethylene	4
Cocaine	130
Cyclobenzaprine	1
Dextromethorphan	4
Diazepam	3
Difluoroethane	1
Diphenhydramine	6
Duloxetine	1
Ethanol	100
Fentanyl	229
Fluoxetine	6
Gabapentin	1

Heroin	20
Hydrocodone	7
Hydromorphone	2
Ketamine	2
MDMA	1
Methadone	7
Methamphetamine	62
Mirtazapine	1
Mitragynine	17
Nitrates/Nitrites	1
Nordiazepam	3
Nortraptyline	1
Olanzapine	1
Opiates	3
Oxycodone	20
Promethazine	2
Quetiapine	1
Sertraline	1
Tramadol	1
Xylazine	2
Zolpidem	3

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	Unk	Total
Natural	Cancer-Lung (1) Cardiac-Coronary Artery Thrombosis (1) Cardiac Hypertension(3) Chronic Ethanol Abuse (1) Chronic Lung Disease(1) Diabetes Mellitus (1)	BM				1	3	1			5
	Infection-Pneumonia- Non Aspiration (1) Infection-Urosepsis(1)	BF						1			1
		WF									
		WM				1	1	2			4

Accident	Burns-Thermal(1) Environmental Hyperthermia (1) Environmental Hypothermia(3) Overdose Alcohol(1) Overdose Illicit (7) Overdose Mixed (4)	Other								
		BF			1					1
		BM				3	3	2		8
		WM			1	2	2			5
		WF		1	2					3
		BF								
		BM					1			1
Accident(T)	Pedestrian vs MV (1) Pedestrian vs Train (1)	WM				1			1	
		BF				1			1	
		BM			1		1		2	
		WF								
Homicide	Blunt Force Trauma (1) Gunshot Wound (3)	WM			1				1	
		BF		1		1			2	
		WF								
Suicide	Hanging (1) Gunshot Wounds (2)	BF		1		1			2	
		WF								
		WM				1			1	
TOTAL		1	2	6	10	12	6	0	0	36

Comparison with the past: Manners of Death 2000-2022

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
2021	259	155	185	539
2022	278	138	186	533

Comparison with the past: Examinations performed 2000-2022

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
2020	2665	1636	989	647	888	2,548
2021	3086	2090	1250	674	1553	2,262
2022	2943	2168	993	394	1750	2182

*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 at Morehouse School of Medicine, Emory University School of Medicine, and other higher education institutions.