

**Fulton County
Medical Examiner
*2017 Annual Report***



Prepared by:

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Deputy Chief Medical Examiner**

June 20, 2018

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Preface

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

Administrative and Support Personnel

John M. Cross, Chief Administrative and Investigative Officer
Paul Desamours, Operations Manager
Karleshia Bentley, Executive Assistant
Quanda Vance, Records and Documents Supervisor
Simone Murphy, Medicolegal Transcriptionist
Lynette Redding, Medicolegal Transcriptionist
Genavieve Staten, Customer Service
Sharon Cooper, Customer Service
Shirley Gleaton, Administrative Assistant

Medical Examiners

Jan M. Gorniak, DO, Chief Medical Examiner
Karen E. Sullivan, MD, Deputy Chief Medical Examiner
Michael M. Heninger, MD, Associate Medical Examiner
Ryan McCormick, MD, Associate Medical Examiner
Rachel Geller, MD Forensic Pathology Fellow

Investigative Staff

Candice Dalton, ME Investigator
Dumonder Dawson, Senior ME Investigator
Bertram Ennett, ME Investigator
Danielle Green, ME Investigator
Leon Harrison, ME Investigator
Brian Reents, ME Investigator
Mark Ruffin, ME Investigator
Eric Sliz, ME Investigator
Deltra Arroyo, ME Investigator

Forensic Technical Support

Artemus Barnes, Forensic Technician
Mary Burgess, Medicolegal Photographer
DeOnn Colbert, Morgue Attendant
Carlos Evans, Forensic Technician Assistant Supervisor
Filomena Fernandes, Forensic Technician
Chefrene Gory, Medicolegal Photographer
Charles Love, Forensic Technician Supervisor
Angie McCray, Forensic Technician Assistant Supervisor
Kathy Robinson, Forensic Technician
Kaneshia Lovelace, Forensic Technician
Glenda Washington, Forensic Histotechnologist

Facility Assistant

Carlo Harper

Fulton County Government Information Technology

Shenelle Armstrong

Without the above individuals, quality investigation of deaths in Fulton County would not occur, and neither would professional communication with the many agencies and members of the public who are impacted when a death occurs. These employees also care for and maintain a modern facility in which death investigations may be professionally conducted with respect for the dead and at which members of the public, legal, and law enforcement communities can effectively conduct their business.

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

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

This Annual Report is for the calendar year 2017. 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
June 20, 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 1,041,423. Countywide, the population is about 46.1% white, 44.5% black, 7.0% Asian, two or more races, 2.1% and 7.3% Hispanic/Latino (July 1, 2017 www.census.gov).

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

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

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

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

A case is accepted if:

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

A case is declined for one of two reasons:

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

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

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

There are basic general rules for classifying manner of death:

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

Budget and Staff

The operating budget was \$4,457,216 for fiscal year 2017. In 2017, 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 2017 there were 2524 deaths reported to the office. Two (2) of these were non-human remains. After excluding these two records from data analysis, there were a total of 2522 human death cases for this report. The FCME did not examine any exhumed bodies in 2017.

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)	318	23.2%
	ACCIDENT (T) (Traffic fatalities)	119	8.7%
	HOMICIDE	132	9.8%
	NATURAL	632	46.1%
	SUICIDE	127	9.3%
	UNDETERMINED	40	2.9%
	Total	1370	100.0%
DJ		1154	45.7%
AJ		1370	54.3%
TOTAL		2524	100.0%

Table 2. Manner of Death by Procedure, cross-tabulated for Accepted (certified) cases only (n=1370)

Manner	Procedure					
	Autopsy	External PM Exam	Signout	View	Limited Dissection	Total
ACCIDENT*	196	102	18	0	2	318
ACCIDENT (T)**	83	31	4	0	1	119
HOMICIDE	134	0	0	0	0	134
NATURAL	216	390	23	1	2	632
SUICIDE	95	27	0	0	5	127
UNDETERMINED	33	6	1	0	0	40
Total	757	556	46	1	10	1370

- * 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	35	14	4	3	13	1
Atlanta	398	192	37	84	57	28
College Park	30	6	9	11	3	1
East Point	24	7	3	6	5	3
Fairburn	12	7	3	0	1	1
Fulton County	74	15	30	17	9	3
Hapeville	7	2	1	1	2	1
Johns Creek	12	5	2	0	5	0
Milton	3	0	1	0	2	0
Palmetto	5	2	0	0	3	0
Roswell	43	26	7	2	7	1
Sandy Springs	47	21	7	0	17	2
Union City	19	5	6	6	2	0
Total Above	709	302	110	130	126	41
Other or Unspecified*	31	16	9	4	1	1
All Cases	740	318	119	134	127	42

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

SECTION III: Homicides (n = 134)

HOMICIDES	
Case Code	Number
Asphyxia-Strangulation	1
Blunt Force	5
Fire Death	1
Fracture-Pathologic	1
Gun-Assault	11
Gun-Handgun	21
Gun-Not Specified	80
Gun-Pistol	1
Gun-Revolver	1
Gun-Rifle	1
Homicidal Violence NOS	3
MVA-Bicyclist	1
Sharp Instrument	4
Sharp Instrument-Knife	2
Undetermined	1

Homicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	0	1	2	0	0	0	0	3
WF	0	0	3	1	1	2	0	1	8
BM	4	17	36	20	13	9	3	1	103
BF	1	2	3	2	2	0	0	0	10
HM	0	1	2	1	1	0	0	0	5
HF	0	0	0	0	0	0	0	0	0
AM	0	1	0	1	0	2	0	0	4
AF	0	0	0	1	0	0	0	0	1
Other	0	0	0	0	0	0	0	0	0
Total	5	21	45	28	17	13	3	2	134

Comments:

- Firearms were involved in 85.8% of homicides.
- 84.3% of homicide victims were black/African-American.
- 79.1% of homicide victims were men.
- 76.9% of homicide victims were black men, 74.8% of which were 40 years of age or younger.

SECTION IV: Suicides (n = 127)

Suicides	
Case Code	Number
Asphyxia	1
Asphyxia-Hanging	30
Asphyxia-Strangulation	1
Asphyxia-Suffocation	1
Drowning-Pool/Spa	1
Drug Death-Adverse Effect	1
Drug Death-Poisoning	15
Drug Death-Chronic Abuse	1
Gun-Assault	2
Gun-Handgun	23
Gun-Not Specified	22
Gun-Pistol	4
Gun-Revolver	8
Gun-Rifle	2
Gun-Shotgun	3
Jump from Height	6
Poisoning-Carbon monoxide with no fire	2
Poisoning-Not Drug or Carbon monoxide	2
Sharp Instrument-Knife	2

Suicides: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	0	2	8	11	8	12	5	8	54
WF	0	2	2	4	3	7	4	0	22
BM	0	5	11	6	5	5	1	0	33
BF	0	0	1	6	3	1	1	0	12
HM	0	0	0	0	0	0	0	0	0
HF	0	0	1	0	0	0	0	0	1
AM	0	0	0	3	0	0	0	0	3
AF	0	0	1	0	0	1	0	0	2
Other	0	0	0	0	0	0	0	0	0
Total	0	9	24	30	19	26	11	7	127

Comments:

- 50.4% of suicides involved firearms.
- Suicide by hanging or other asphyxia was the second most common method.
- 7.1% of suicides were in persons 20 years of age or younger.
- 59.8% of suicides involved white decedents. 35.4% involved black decedents.
- 70.9% of suicide victims were male.

SECTION V: Non-Vehicular Accidents (n = 318)

Accidents (Non-Traffic)	
Case Code	Number
Null	1
Anaphylaxis-Drug	1
Asphyxia	6
Asphyxia-Blunt	1
Asphyxia-Blunt/Sharp	1
Asphyxia-Café Coronary	1
Asphyxia-Food	1
Asphyxia-Foreign body	1
Asphyxia-Hanging	3
Asphyxia-Overlaying	1
Asphyxia-Positional	2
Asphyxia-Wedging	2
Blunt Force	5
Blunt Force-Clothing Fire	1
Cardiac	2
Cardiac-Hypertension	3
Crushed/Pinned	2
Drowning-Lake	1
Drowning-Pond	1
Drowning-Pool/Spa	4
Drowning-Tub	2
Drug Death-Adverse Effect	2
Drug Death-Poisoning	174
Drug Death: Poisoning + Disease	7
Drug Death: Poisoning + Injury	2
Drug-Death-Chronic Abuse	6
Electrical	2
Fall	7
Fall-Down Steps	5
Fall-From Height	5
Fall-Standing Height	36
Fire death	6
Hyperthermia-Exogenous	2
Hypothermia-Exogenous	8
Multisystem Disease	1
Nervous System Hemorrhage	2
Nervous System-Hemorrhage-High blood pressure	4
Pica-Polyphagia	2

Pulmonary	1
Seizure Disorder-Posttraumatic	1
Sharp Instrument-Scissors	2
Train-Commercial	1

Non-Vehicular Accidents: Age, Race, and Sex

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
WM	3	1	20	26	15	17	11	20	113
WF	0	1	11	6	2	7	1	20	48
BM	4	3	10	23	12	24	15	10	101
BF	6	0	1	8	6	8	8	4	41
HM	0	2	2	1	1	0	1	1	8
HF	1	0	1	0	0	0	0	0	2
AM	0	0	1	1	0	0	1	1	4
AF	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	1	1
Total	14	7	46	65	36	56	37	57	1

Comments:

- The most common cause of accidental deaths was due to drugs and poisons which accounted for 60.0% of accidental deaths.
- Falls from a standing height, usually among elderly persons was the second most common cause of accidental death (16.7%)/
- 17.9% of accidental deaths were among persons 71 years of age or older.

SECTION VI: Motor Vehicle Accidents (n = 119)

Accidents (Traffic)	
Case Code	Number
Blunt Force	2
MVA-ATV	1
MVA-Bicyclist	1
MVA-Driver	43
MVA-Motorcyclist/Driver	11
MVA-Motorcyclist/Rider	1
MVA-Occupant	10
MVA-Pedestrian	38
MVA-Rider	12

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	6	4	6	4	2	6	32
WF	0	0	1	1	2	1	0	1	6
BM	0	7	13	9	10	5	2	1	47
BF	1	2	5	6	6	3	1	3	27
HM	0	1	0	2	0	0	0	0	3
HF	0	0	0	1	0	0	1	0	2
AM	0	0	0	0	1	0	1	0	2
AF	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Total	1	14	25	23	25	13	7	11	119

Comments:

- Drivers were the most common type of traffic fatality, followed by pedestrians.

SECTION VII: Undetermined Manner of Death (n = 42)

Undetermined	
Case Code	Number
Null	2
Asphyxia	1
Blunt Force	2
Drowning-Other	1
Drug Death-Poisoning	1
Fall	2
Fall-Standing Height	1
MVA-Pedestrian	1
Neglect + Natural Disease	1
Nervous System-Hemorrhage-High blood pressure	1
Poisoning-Not Drug or Carbon monoxide	1
Seizure disorder	1
SIDSOID-Classic	1
SIDSOID-Not SIDS	3
SIDSOID-Stressor	2
Thromboemboli	1
Undetermined	20

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	1	1	1	0	0	0	3
WF	0	0	1	0	2	0	1	0	0	4
BM	4	0	4	2	3	2	1	0	0	17
BF	3	0	0	4	2	0	0	0	0	10
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	1	0	0	0	0	1
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	1	0	0	0	6	7
Total	7	0	5	7	10	3	2	0	6	42

Comments:

- 14.2% of deaths with undetermined manner are sudden unexplained deaths among infants.
- 14.2% 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 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.

- The number of SIDS/OID 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 = 632)

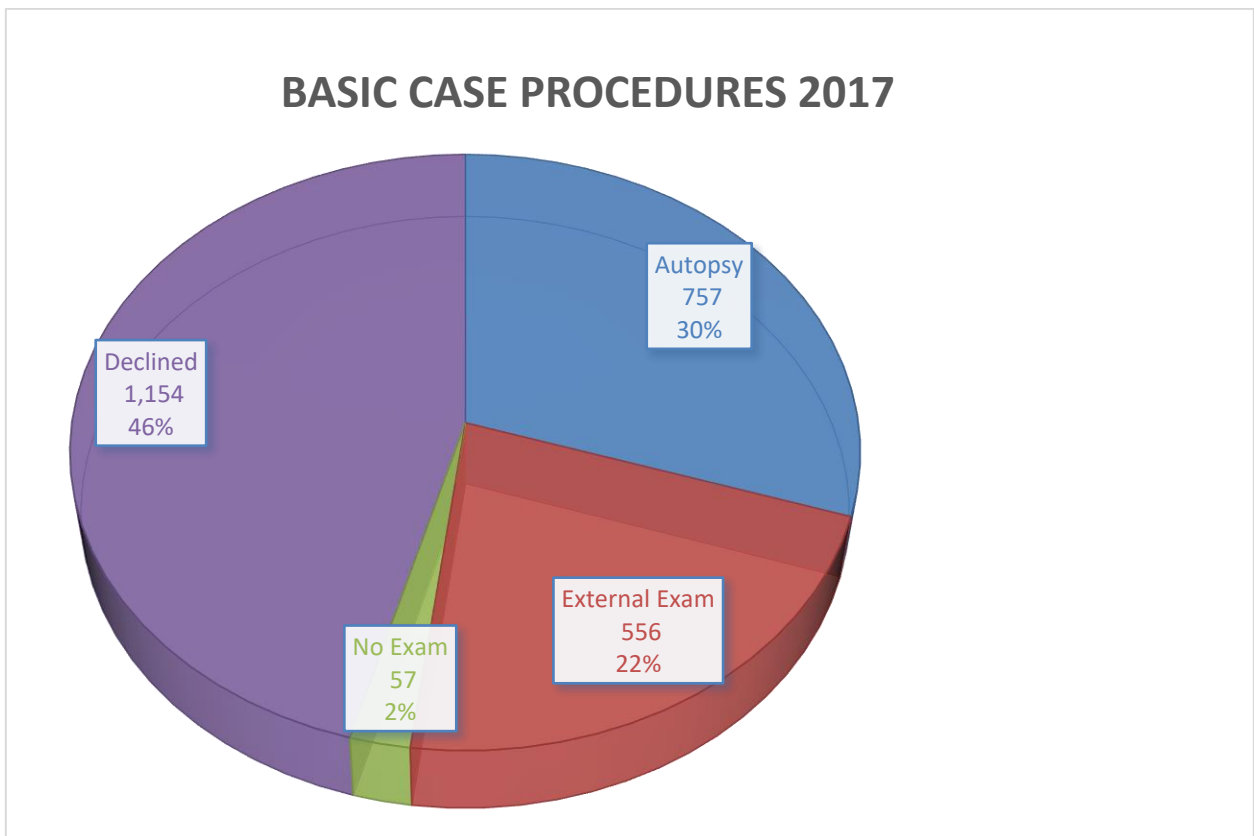
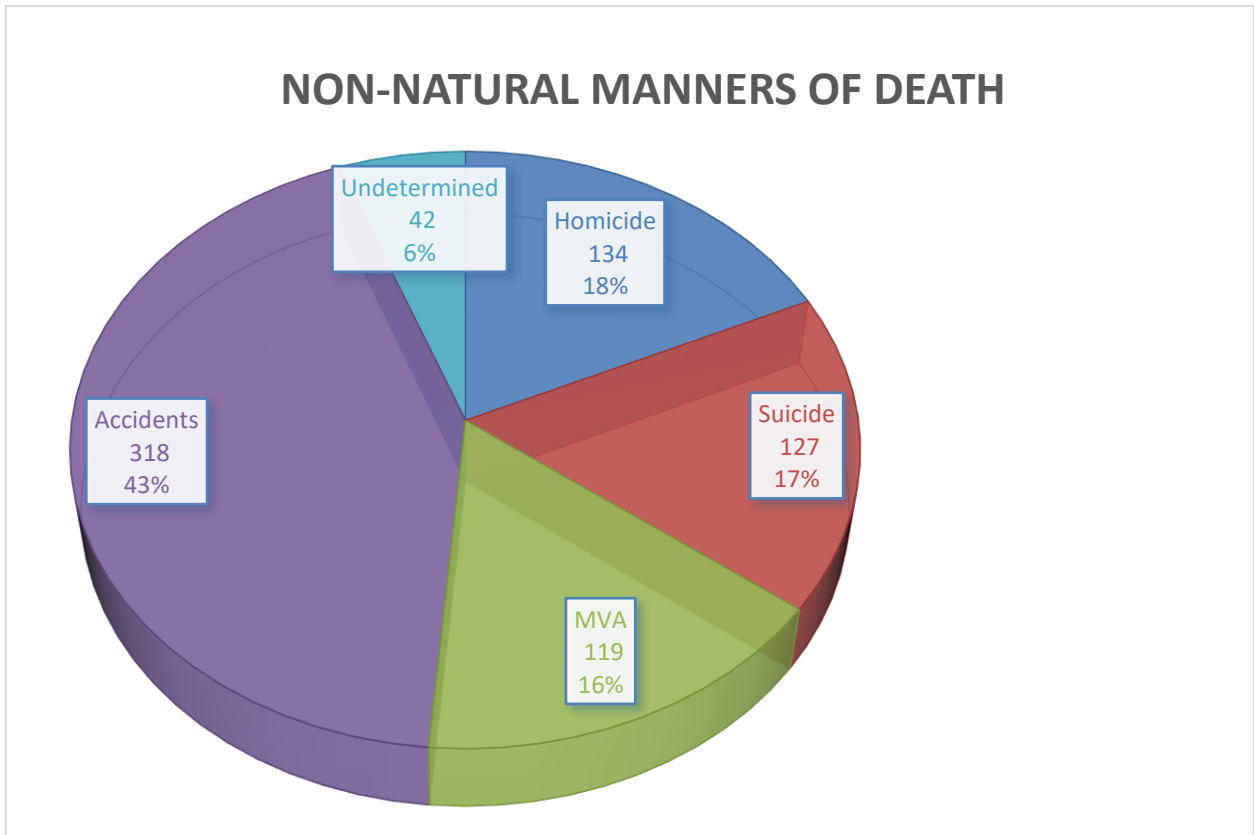
Natural Causes	
Case Code	Number
Aneurysm Rupture	2
Aorta Dissection	2
Cardiac	45
Cardiac-Anomaly	1
Cardiac-ASCVD-IHD	141
Cardiac-Cardiomyopathy	8
Cardiac-Endocarditis	2
Cardiac-Hypertension	205
Cardiac-Infarct NOS	2
Cardiac-Myocarditis	5
Cardiac-Valvular	1
Diabetes	13
Diabetes-Insulin dependent	2
Diabetes-Ketoacidosis	16
Diabetes-Noninsulin dependent	5
Drug Death-Poisoning + Disease	3
Drug Death-Poisoning + Injury	1
Drug-Death-Chronic Abuse	30
Endocrine Disease	1
Fracture-Pathologic	1
GI Tract Disease	14
Hepatobiliary Disease	4
Heritable-Genetic-Congenital	1
Infection	3
Infection-Genitourinary	1
Infection-HIV-AIDS	1
Infection-Lung	7
Infection-Nervous System	1
Malnourishment-Neglect	1
Multisystem Disease	2
Neoplasm	15
Nervous System	4
Nervous System-Hemorrhage	4
Nervous System-Hemorrhage-HBP	2
Nervous System-Infection	1
Nonspecific Natural	22
Obesity	2
Pancreatitis	2

Pulmonary	5
Pulmonary-Asthma	4
Pulmonary-COPD	14
Renal Disease	11
Seizure Disorder	2
Seizure Disorder-Idiopathic	7
Thromboemboli	14
Undetermined	2

Comments:

- 65.2% of natural deaths were due to heart disease. 49.8% of these were attributed to hypertension.
- The majority of deaths investigated by the Fulton County Medical Examiner's Center are sudden natural deaths.

SECTION IX: Graphic Depictions of Case Load and Case Type



SECTION X: Special Topics

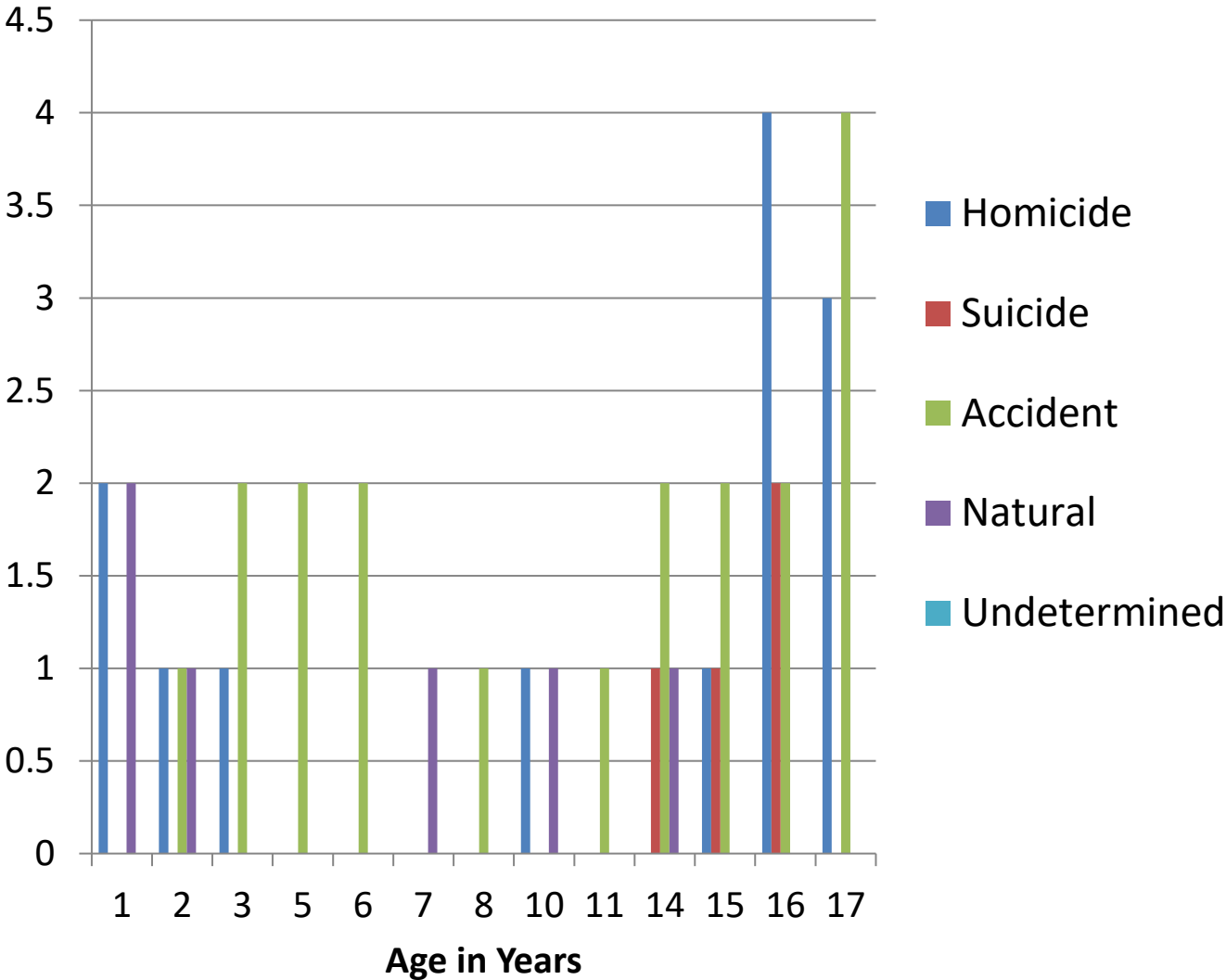
Deaths of Children Age 1 through 17 years:

	<= 10 years old	Cause	11-18 years old	Cause
Homicide	4	Homicidal Violence NOS (2) Blunt Force (1) Gun-Assault (1)	13	Gun (13)
Suicide			4	Hanging (1) Gun (3)
Accident	7	Asphyxia (2) Drowning (3) Hyperthermia-Exogenous (1) Crushed-Pinned (1)	4	Hyperthermia (1) Asphyxia (2) Fall-From Height (1)
MV Accident	1	MVA-Occupant (1)	9	MVA-Rider (5) MVA-Driver (2) MVA-Pedestrian (2)
Natural	3	Cardiac-Myocarditis (1) Heritable-Genetic-Congenital (1) Diabetes-Ketoacidosis (1)	1	Cardiac-Cardiomyopathy (1)
Total	15		31	Total 46

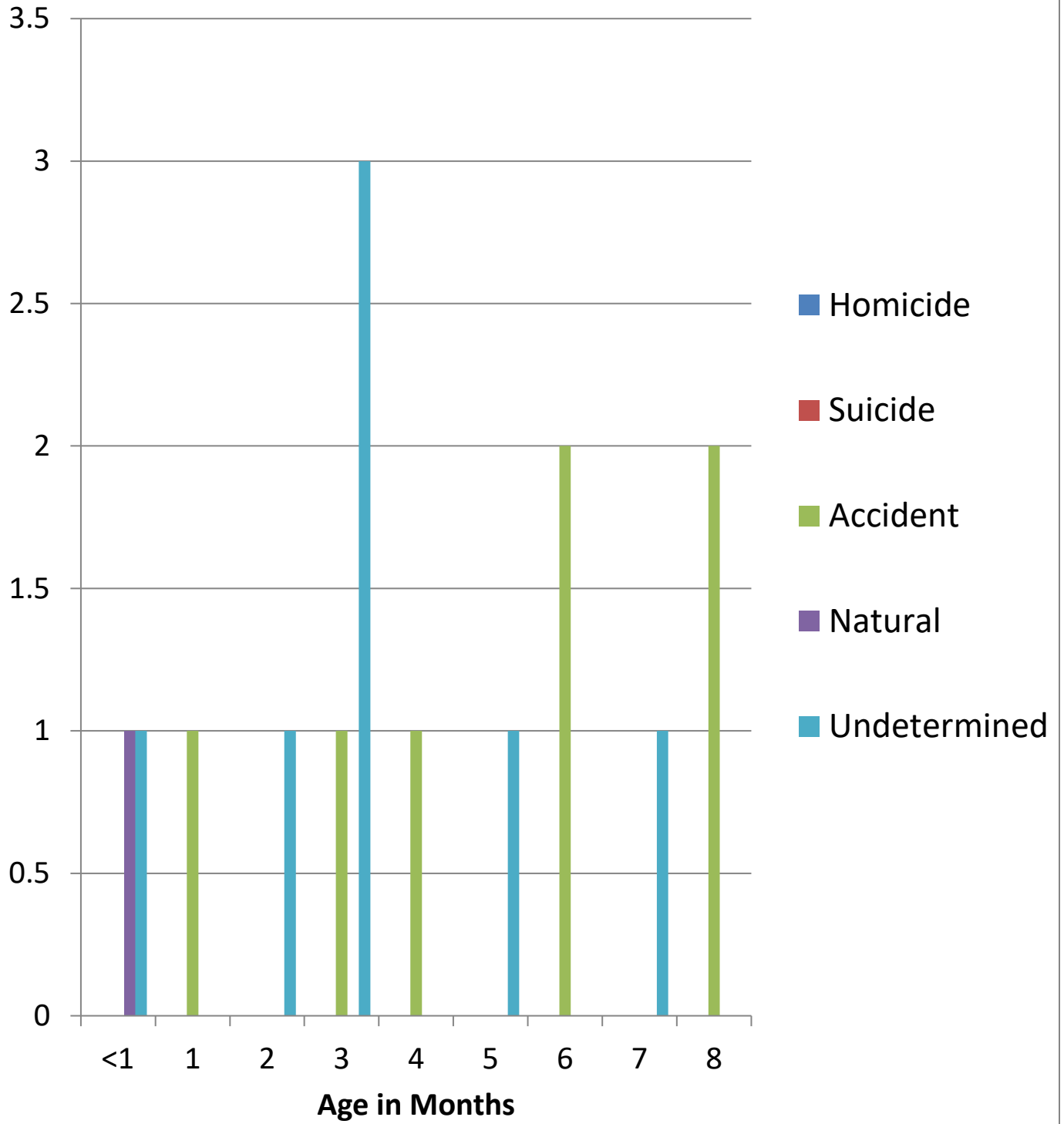
Comments:

- 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



Drugs Identified in 2017 FCME Death Investigations:

Drug	Number of Cases
Heroin	65
Cocaine	74
Fentanyl	50
Ethanol	52
Amphetamine/amphetamines	4
Oxycodone	22
Morphine/opiates (some of these may be heroin)	20
Alprazolam	34
Methamphetamine	29
Methadone	4
Hydrocodone	6
Diazepam	6
Diphenhydramine	7
Acetaminophen	1
Citalopram	3
Cocaethylene	15
U-47700	7
Benzodiazepine	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 Elderly:

Manner	Cause	66-75 years old	76-85 years old	86-95 years old	95 and over	TOTAL
ACCIDENT	Anaphylaxis-Drug	1				1
	Asphyxia			1		1
	Asphyxia-Food	1				1
	Asphyxia-Positional	1				1
	Blunt Force	2		2		4
	Burn-Clothing Fire		1			1
	Drowning-Tub	1				1
	Drowning-Pool/Spa		1			1
	Drug Death-Poisoning	2				2
	Drug Death-Poisoning+Disease	1				1
	Fall		2	4		6
	Fall- Down Steps	1	3	1		5
	Fall-Standing Height	7	11	14	2	34
	Fire Death			1		1
	Hypothermia-Exogenous	2		1		3
	nervous System-Hemorrhage		1			1
	Nervous System-Hemorrhage-HBP		2	1		3
	Pulmonary			1		1
ACCIDENT (T)	MVA-Driver	3		2		5
	MVA-Occupant		1			1
	MVA-Pedestrian	3	4			7
HOMICIDE	Fracture-Pathologic	1				1
	Gun-Not Specified			1		1
	Gun-Handgun	1				1
NATURAL	Aneurysm Rupture			1		1
	Cardiac	8	6	1		15
	Cardiac-ASCVD-IHD	32	20	4	1	57
	Cardiac-Cardiomyopathy	1				1
	Cardiac-Hypertension	51	22	12		85
	Diabetes	2	4			6
	Diabetes-Ketoacidosis	2				2
	Diabetes-NIDDM	1	1			2
	Drug-Death-Chronic Abuse	2	1			3
	Fracture-Pathologic		1			1
	GI Tract Disease	3		1		4
	Hepatobiliary Disease	1				1
	hypertension	1				1
	Infection			1		1
	Infection-Genitourinary	1				1
Infection-HIV-AIDS	1				1	

	Neoplasm	4	1			5
	Nervous System-Hemorrhage-HBP	1				1
	Nonspecific Natural	3	7	5	1	16
	Pulmonary	2				2
	Pulmonary-COPD	3	1	2		6
	Renal Disease	1	3			4
	Seizure Disorder-Idiopathic	1				1
	Thromboemboli	1				1
	Undetermined	1		1		2
SUICIDE	Asphyxia-Hanging	1	1			2
	Drowning-Pool/Spa		1			1
	Drug Death-Poisoning	1				1
	Gun-Assault		2			2
	Gun-Handgun	1				1
	Gun-Not Specified	2		1		3
	Gun-Revolver	1		2		3
UNDETERMINED	Undetermined	1				1
	Neglect+Natural Disease		1			1
TOTAL		157	98	60	4	319

- Of the 1370 deaths certified by the medical examiner in 2017, 319 (23%) were persons 66 years of age or older.

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	Seizure Disorder (1)	BM		1	2	1	5	2	1		12
	Renal Disease (1)	WF				1					1
	Neoplasm (1)	WM					5				5
	Infection-Lung (2)										
	Drug-Death-Chronic Abuse (3)										
	Diabetes-Ketoacidosis (1)										
	Diabetes (1)										
	Cardiac-Hypertension (3)										
	Cardiac-ASCVD-IHD (4) cardiac (1)										
Accident	Nervous System-Hemorrhage (1)	BF	1	1	1		2				5
	Hypothermia-Exogenous (4)	BM		1		1	3	3			8
	Fire death (2)	WM			1		1	1			3
	Drug Death-Poisoning (9)										
Accident(T)	MVA-Pedestrian (2)	WM				1	1				2
Homicide	Sharp Instrument (2)	BM			1	1	2				4
	Gun-Handgun (1)										
	Blunt Force (1)										
Suicide	Asphyxia-Hanging (1)	BM				1					1
Undetermined	Undetermined (13)	BM			1	1	2	2	2		8
		WF				1					1
		WM							1		1
		HM						1	1		2
		Unknown									1
TOTAL			1	3	6	8	22	10	3	1	54

Comparison with the past: Manners of Death 2000-2017

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

Comparison with the past: Examinations performed 2000-2017

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

*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.