



# ANNUAL REPORT 2019

## Office of the Chief Medical Examiner (OCME)

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# INTRODUCTION

## Overview

The North Carolina General Assembly passed the Statewide Medical Examiner Act of 1967 to provide a statewide system for postmortem medicolegal examinations. The Office of the Chief Medical Examiner (OCME) was established in 1968 and the first Chief Medical Examiner was appointed. In addition to the OCME, there are three (3) regional autopsy centers and another five (5) hospital-based pathology practices that are contracted to perform autopsies for the medical examiner (ME) system. The OCME is responsible for overseeing the operations of the entire medical examiner system in North Carolina.

## Jurisdictional Authority

Pursuant to § 130A-383 of the North Carolina General Statutes, the following deaths are investigated by the medical examiner system:

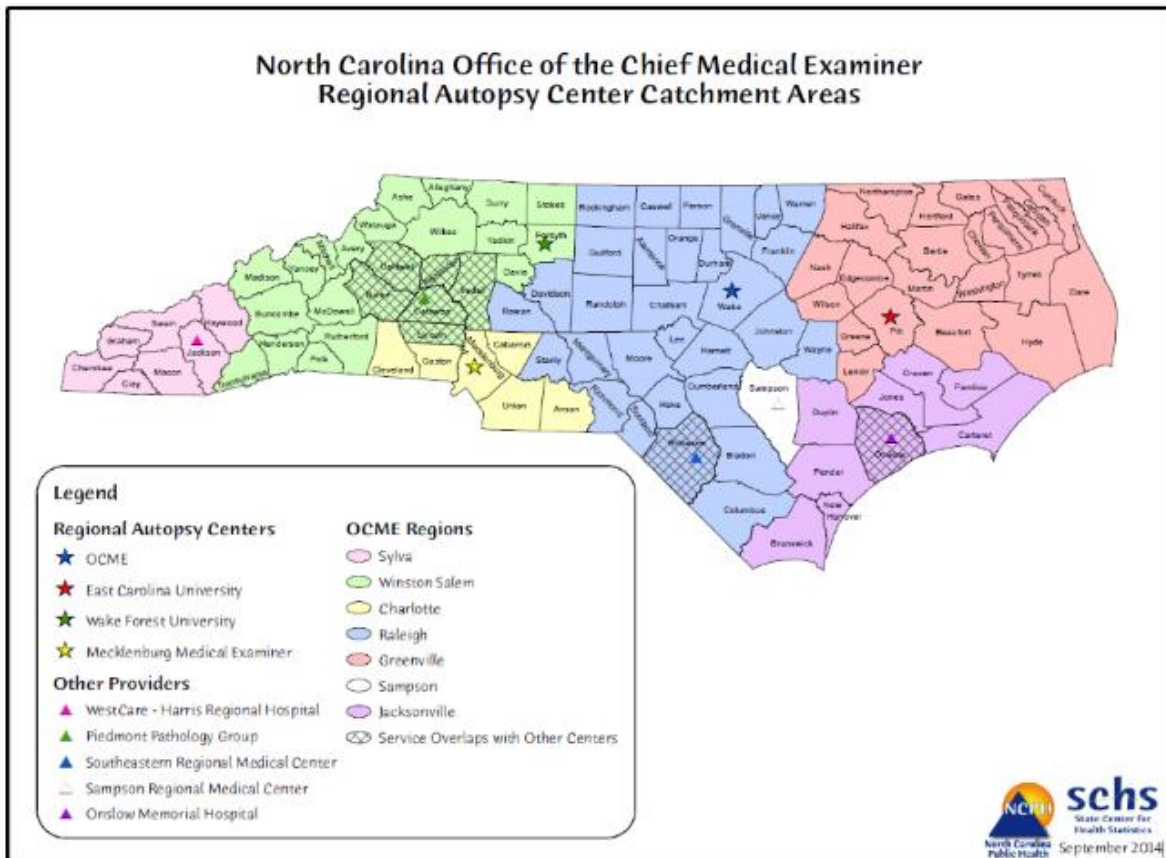
- Any death resulting from violence, poisoning, accident, suicide, or homicide;
- Sudden deaths when the deceased had been in apparent good health or when unattended by a physician;
- Deaths occurring in a jail, prison, correctional institution, or in police custody;
- Deaths occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes;
- Deaths occurring pursuant to Article 19 of Chapter 15 of the General Statutes;
- Deaths occurring under suspicious, unusual or unnatural circumstances.

There are approximately 420 county medical examiners, at least two in each county, appointed by the Chief Medical Examiner. All county medical examiners have some type of medical background. The appointment for a medical examiner is 3 years, and orientation training and continuing education are required. Once the medical examiner has determined that a death falls under the jurisdiction of the medical examiner system, the medical examiner may investigate the death scene and must investigate the circumstances surrounding the death, perform an external examination on the body, collect specimens for toxicological testing, and is responsible for providing an investigation report to the OCME and for certifying the cause and manner of death on the death certificate.

The medical examiner determines whether the body requires an autopsy at one of the regional autopsy centers, based on the investigation and OCME Guidelines and statutes. Such cases will receive both an external and internal examination by a forensic pathologist or anatomic pathologist. At the regional autopsy centers, American Board of Pathology-certified forensic pathologists perform autopsy examinations.

The central office in Raleigh provides oversight for the statewide medical examiner (ME) system, and is the only component of the system operated by the State of North Carolina. It includes a forensic toxicology laboratory accredited by the American Board of Forensic Toxicology (ABFT) that provides all toxicology testing for the entire ME system. It also serves as a regional autopsy center and staff perform one-third of all the medicolegal

autopsies in the system. There are four regional autopsy centers in the state, each of which is staffed by American Board of Pathology-certified forensic pathologists. The other three regional autopsy centers are in Greenville, staffed by the East Carolina University (ECU) Brody School of Medicine; Winston-Salem, staffed by Wake Forest Baptist Medical Center; and Charlotte, staffed by Mecklenburg County. In addition to the four regional autopsy centers, there are five hospitals where medicolegal autopsies are performed by board-certified anatomic pathologists. The hospitals are located in the far western (Sylvia), southeastern (Jacksonville, Lumberton, Clinton), and piedmont (Hickory) areas of the state.



# TECHNICAL NOTES

## Deaths Investigated

“Deaths Investigated” in this report include deaths reported to the medical examiner where the ME accepts jurisdiction. Death totals include North Carolina residents and non-North Carolina residents whose deaths were investigated under the jurisdiction of the medical examiner. Deaths investigated include MEI Scene Investigations as well as reported deaths that, while may not allow for a scene investigation, involved an investigation beyond the initial report of the death, usually in the form of a records review in response to information provided as part of a cremation request.

## County of Death

Deaths in this report are assigned to the county where the decedent was pronounced dead, rather than county of residence or the county where an event leading to death may have occurred. For example, an individual is injured in one county, and is transported and later pronounced dead in a different county. This death is reported to the medical examiner of the second county where the individual was pronounced dead.

## Death Rates

Annual death rates are computed as resident deaths per 100,000 persons in the specific population being described. Deaths in this report are assigned to the county in which death occurred. Population denominators for death rates were provided by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS) ([www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm)). Out-of-state deaths are reported in death totals but are excluded from death rate calculations.

In this report, rates are given for data with 5 or more deaths; however, these rates should be interpreted with extreme caution and should be considered unreliable. “NA” represents “not available” and is used when there are too few deaths to use for calculating rates.

## Race/Ethnicity Reporting

The Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS) has begun to generate annual county-level resident post-census “bridged population estimates.” NCHS bridged population files take 2000 Census population data which included 31 different race categories (and which allowed individuals to choose more than one race) and bridge it back to four single-race categories (White, Black/African American, American Indian/Alaska Native, and Asian/Pacific Islander). The file also includes population estimates for ethnicity (Hispanic/Latino and non-Hispanic/Latino) by race. The post-census estimates are updated annually as additional data become available.

Race and ethnicity-specific rates are generated from NCHS bridged population data in this report. Hispanic origin is not considered a racial category, but rather an ethnicity. As such, unless noted otherwise, rates presented for specific races include Hispanics/ Latinos in one of the racial categories.

Using the NCHS bridged population file, this report presents data which combine race and ethnicity categories: for example, white, non-Hispanic; African American/Black, non-Hispanic; Other races/ non-Hispanic; and Hispanic/Latino.

Hispanic origin (yes/no) is collected on the detailed "Report of Investigation by Medical Examiner" (RIME).

**Race/Ethnicity Grouping:**

- a. Hispanic: Decedents of Hispanic ethnicity are coded as Hispanic, regardless of race.
- b. Reported Race, Non-Hispanic:
  - a. Decedents with race reported and non-Hispanic are grouped as race category, non-Hispanic.
  - b. Decedents with reported race and unknown or missing ethnicity are also grouped as race category, non-Hispanic.
- c. Other race/ethnicity: responses that do not match any of the above race/ethnicity groupings.
- d. Not Reported or Unknown: Decedents with missing or unknown race AND missing or unknown Hispanic ethnicity or non-Hispanic ethnicity are grouped as Unknown Race/Ethnicity.

**Additional Technical Notes**

1. Toxicology results are based on blood, vitreous fluid, or other specimens used for testing at the discretion of the pathologist and/or toxicologist.
2. Percentages may total above or below 100% due to rounding.

# FREQUENTLY ASKED QUESTIONS

## **What does it mean when the Medical Examiner accepts jurisdiction?**

“Upon the death of any person resulting from violence, poisoning, accident, suicide, or homicide; occurring suddenly when the deceased had been in apparent good health or when unattended by a physician; occurring in a jail, prison, correctional institute, or in police custody; or occurring under any suspicious, unusual or unnatural circumstance, the medical examiner of the county in which the deceased is found shall be notified...” N.C. General Statutes § 130A-383

This means that a medical examiner has been notified to investigate the circumstances surrounding deaths due to unnatural or unexpected apparently natural means. Even though a medical examiner has been notified of a death, this does not mean it falls under medical examiner jurisdiction. During preliminary investigations, a medical examiner may find sufficient evidence that the death does not fall under medical examiner jurisdiction and it is then the responsibility of the primary care physician to sign the death certificate. If jurisdiction is accepted, the medical examiner will perform an examination of the body and make inquiries about the circumstances of the death. In some circumstances, such as when an autopsy is required as part of the death investigation, the decedent may have to be transported to a designated regional facility for examination.

\*NOTE: County designations may overlap with multiple regional facilities.



## Regional and Supporting Facilities and Their Designated Counties

Facility	Counties Served
<b>Office of the Chief Medical Examiner (OCME)</b>	Alamance, Bladen, Caswell, Chatham, Columbus, Cumberland, Davidson, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Robeson*, Rockingham, Rowan, Sampson*, Scotland, Stanly, Vance, Wake, Warren, Wayne *Robeson County: Southeast Regional Medical Center *Sampson County: Sampson Regional Medical Center
<b>ECU Brody School of Medicine</b>	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrell, Washington, Wilson
<b>Onslow Memorial Hospital</b>	Brunswick, New Hanover, Onslow, Pender (services overlap with ECU)
<b>Wake Forest Baptist Medical Center</b>	Alexander, Allegheny, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba*, Davie, Forsyth, Henderson, Iredell, Lincoln, Madison, McDowell, Mitchell, Polk, Rutherford, Stokes, Surry, Transylvania, Watauga, Wilkes, Yadkin, Yancey *Catawba County: Piedmont Pathology Group
<b>Mecklenburg County ME Office</b>	Anson, Cabarrus, Cleveland, Gaston, Mecklenburg, Union
<b>Harris Regional Hospital</b>	Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain

### How are cause and manner of death determined?

A full external and internal examination (autopsy) may be required to determine the cause and manner of death, but in some cases, an external examination may be all that is necessary. The decision to perform an autopsy is determined by the medical examiner and his/her review of medical records, investigative reports, medications, and other information.

### What is the difference between Cause of Death and Manner of Death?

The cause of death is (a) the disease or injury that initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence that produced fatal injury.

Manner of death determination is something that originated in the United States. Unlike the cause of death, with thousands of possibilities, in North Carolina, manner of death is limited to: Natural, Suicide, Accident, Homicide and Undetermined. The fundamental purpose for determining the manner of death is for public health surveillance and vital statistics.

### ***How long will an examination take?***

Usually, an examination will be done within 1-2 days after the person's death. However, in some instances of suspicious death or identification issues, a decedent may be held at the Medical Examiner's Office for a longer period of time. A decedent must be positively identified before he/she leaves the facility. Under these circumstances, family and friends can assist in this process by contacting investigating officials or the medical

examiner with medical/dental provider names and records, x-rays, photographs with identifying marks or tattoos, and other useful resources.

As part of the autopsy, the pathologist may take biological samples such as blood, other body fluids, and tissues for further study in an effort to determine the cause and manner of death. Toxicology testing on some of these samples may be performed if the pathologist believes that the results may affect the determination of cause or manner. The sample testing will not delay the release of the body to the next of kin. However, the results of such testing may take several months to finalize, causing the manner and cause of death to be certified as “pending.” If a death certificate is issued with a “pending” manner and cause of death, a supplemental death certificate will be issued once all testing is completed.

How do I obtain NC Medical Examiner documents?

### ***Death Certificates***

Death certificates are public records. **Copies of death certificates and/or supplemental death certificates are not issued by the OCME and may be obtained from the Register of Deeds Office in the county where the death occurred or the State Vital Records Office.** Anyone can obtain copies of the death certificate from vital records for a fee. Funeral homes can assist you in the process of obtaining copies of the death certificate.

A death certificate is completed by the assigned county medical examiner. For instance, if a person dies in Wake County and the death falls under medical examiner jurisdiction, the Wake County medical examiner assigned to the case would be responsible for the death certificate.

### ***Autopsy, Investigation, and Toxicology Reports***

Autopsy, Investigation, and Toxicology Reports are also public records and once finalized, may be obtained from the OCME. To request any of these documents, please use the [Document Request](#) web form. If you do not have Internet access, you may request documents by calling the OCME during regular business hours. There is no fee for these documents.

The Toxicology Laboratory located at the Office of the Chief Medical Examiner in Raleigh is nationally accredited by the American Board of Forensic Toxicology, Inc. and serves all 100 counties of the North Carolina Medical Examiner System by providing forensic analytical testing of specimens and evidence from medical examiner cases. The laboratory is responsible for analytical testing, records maintenance and review of analytical testing and interpretation of results for more than 10,000 medical examiner cases annually. The staff which consists of toxicologists, chemists, laboratory technicians and administrative technicians performs more than 36,000 analytical tests each year.

Note: Toxicologists at the North Carolina Office of the Chief Medical Examiner (NC-OCME) are limited to interpreting information for our own cases.

# 2019 MEDICAL EXAMINER DATA HIGHLIGHTS

In 2019, 96,686 people died in North Carolina **12,010** of these deaths were accepted and investigated by the medical examiner system. At the time of this report, **11,881** deaths have been certified and less than 1% of deaths are pending (n=119). *Note: Pending investigation refers to deaths when determination of manner depends on further information (Centers for Disease Control). Fetal and non-human deaths are excluded from pending cases.*

**Table 1. Overview of Deaths Reported and Jurisdictional Dispositions, 2019**

	<b>OCME Jurisdiction</b>	<b>NC Medical Examiner System</b>
<i>Total Deaths</i>	39,949	96,686
<i>Deaths Referred to ME</i>	5,802	13,788
<i>Cases Declined by ME</i>	759	1,807
<i>Deaths Investigated by ME<sup>1</sup></i>	5,085	12,010
<i>Deaths Certified by ME<sup>2</sup></i>	5,029	11,881
<i>Scene Visits<sup>‡</sup></i>	68	-
<i>Autopsies<sup>3</sup></i>	1,844	4,692
<i>Cases with Toxicology Performed<sup>‡</sup></i>	4,871 (95.9%)	11,292 (94.2%)
<i>External and Supplemental Examinations<sup>‡</sup></i>	87	-
<i>Skeletal Remains Autopsied</i>	11	16
<i>Exhumations<sup>‡</sup></i>	1	-
<i>Non-Human Deaths Investigated</i>	2	10
<i>Fetal Deaths Investigated</i>	1	6
<i>Unidentified Bodies After Examination</i>	2	5
<i>Bodies Transported to OCME<sup>‡</sup></i>	1929	-
<i>Unclaimed Bodies<sup>‡</sup></i>	92	-

<sup>1</sup>OCME: includes 1 exhumation, 1 fetal death, and 3 non-human deaths investigated; ME total: includes 11 non-human deaths, 6 fetal deaths, and 1 exhumation investigated

<sup>2</sup>OCME: includes 1 fetal death certified; ME total: includes 5 fetal deaths and 1 non-human death certified

<sup>3</sup>OCME autopsies: includes 1 exhumation, 1 fetal death, and 1 non-human death; ME total autopsies: includes 1 exhumation, 5 fetal deaths, and 1 non-human death

<sup>4</sup>Data for certified deaths only

<sup>‡</sup>Data reported for OCME only

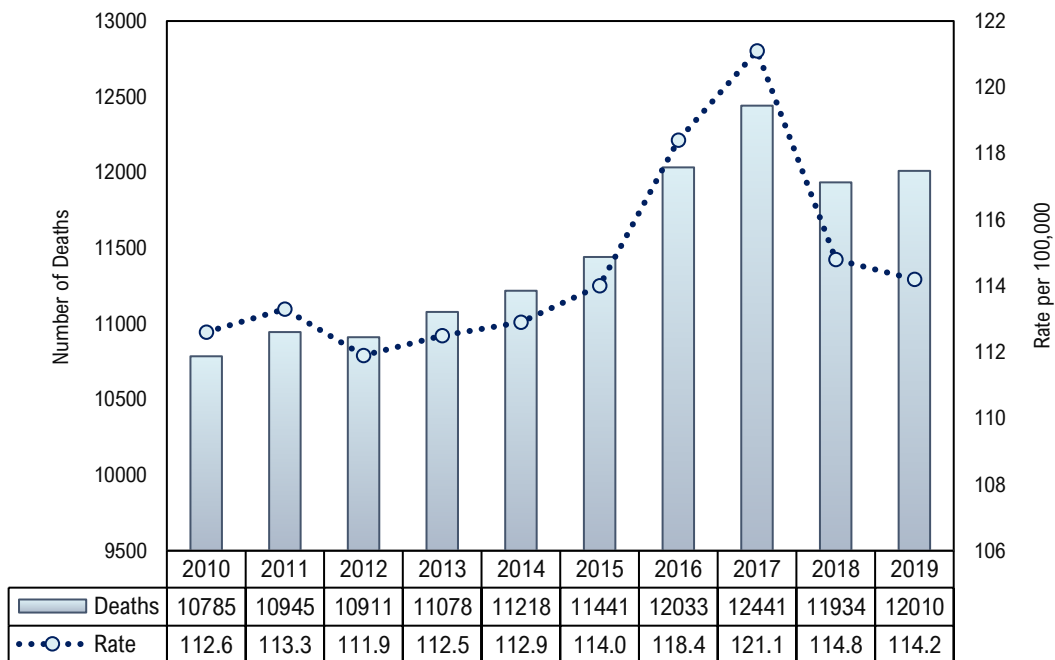
Note: OCME does not perform partial autopsies or hospital autopsies.

# TOTAL DEATHS AND AUTOPSIES

## Deaths Investigated by the Medical Examiner System

There were 12,010 deaths investigated by the medical examiner system in 2019, a slight increase in cases compared to the previous year (n=11,934 deaths). The rate of deaths investigated by the medical examiner system in 2019 was 114.2 deaths per 100,000 (n=11,994). In the 10-year period spanning 2010 to 2019, the greatest number of deaths were investigated in 2017 (n=12,441). The overall death investigation rate was also highest in 2017 (121.1 deaths per 100,000). *Note: Rates include pending cases and excludes non-human and fetal deaths.*

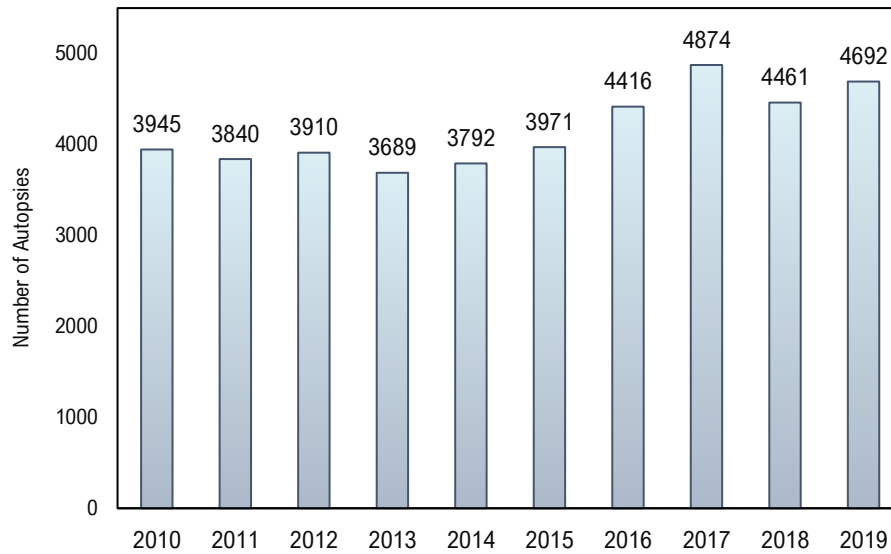
**Figure 1. Deaths Investigated by the NC Medical Examiner System, 2010 – 2019**



## Autopsies Performed by the Medical Examiner System

A total of 4,692 autopsies were performed by the medical examiner system in 2019, a slight increase from the previous year (n=4,461). Of the 12,010 deaths investigated by the medical examiner system, 39.1% of cases were autopsied. The greatest number of autopsies performed by the ME system was in 2017 (n=4,874), followed by 2019. Over 4,400 autopsies have been performed annually since 2016.

**Figure 2. Autopsies Performed by the NC Medical Examiner System, 2010 – 2019†**

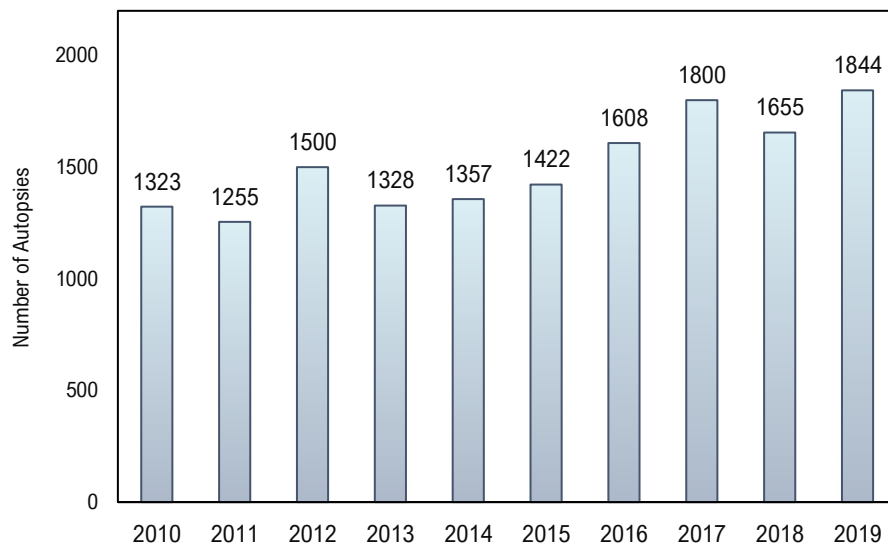


†Autopsy totals include non-human deaths, fetal deaths, and exhumations where autopsy was performed. Autopsy totals for 2019 include 1 non-human death, 5 fetal deaths, and 1 exhumation.

## Autopsies Performed at OCME

A total of 1,844 autopsies were performed at the OCME in 2019, representing the greatest number of autopsies performed in the last 10 years. Of the 4,692 autopsies performed by the medical examiner system in 2019, 39.3% were performed at the OCME. Over 1,600 autopsies have been performed annually at the OCME since 2016. Of the 5,085 deaths investigated by the OCME in 2019, 36.3% of cases were autopsied.

**Figure 3. Autopsies Performed at OCME, 2010 – 2019†**

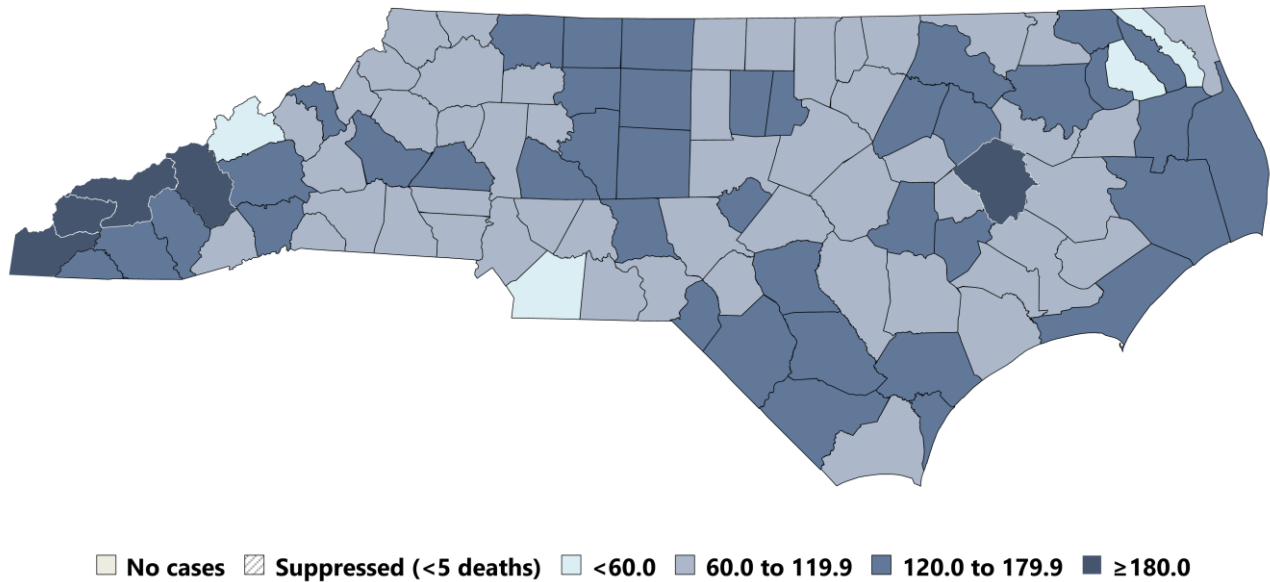


†OCME autopsy totals include non-human deaths, fetal deaths, and exhumations where autopsy was performed. In 2019, an autopsy was performed at OCME for 1 non-human death, 1 fetal death, and 1 exhumation.

## Deaths by County of Death, 2019

Death totals and rates for all 100 NC Counties is provided in the Appendix.

**Figure 4. Rate of Deaths per 100,000 Residents by County of Death, 2019**



Note: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Three counties had an overall death rate greater than 200 deaths per 100,000 residents: Swain County (244.6 deaths per 100,000 residents), Pitt County (210.8 deaths per 100,000 residents), and Graham County (200.7 deaths per 100,000 residents). The overall death rate for Swain County was more than double the statewide death rate (113.0 deaths per 100,000).

**Table 2. Top 10 Counties by Rate of Death**

County of Death	All Deaths	
	Deaths	Rate
Swain	35	244.6
Pitt	382	210.8
Graham	17	200.7
Haywood	123	196.8
Cherokee	52	181.1
Forsyth	686	179.5
Buncombe	467	178.2
Macon	63	176.3
New Hanover	393	167.8
Jackson	71	162.3
<b>NC Total*</b>	<b>11870</b>	<b>113.0</b>

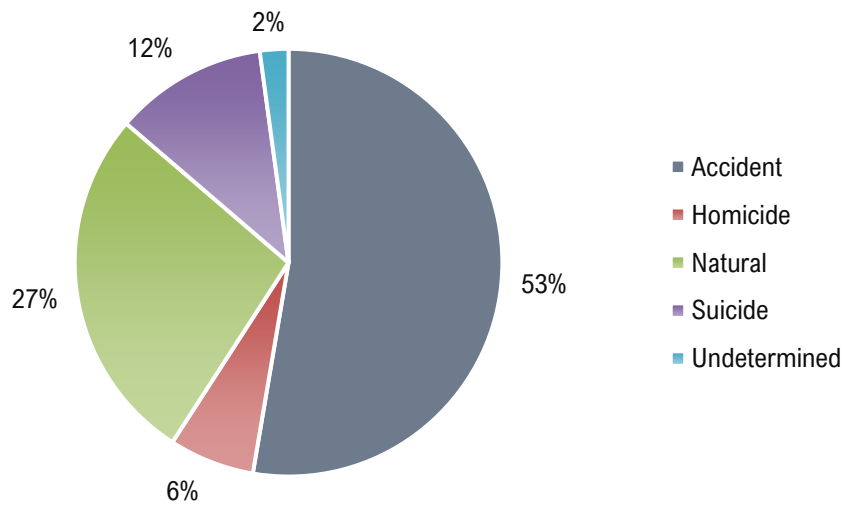
\*Excludes 5 out-of-state deaths.

# MANNER OF DEATH

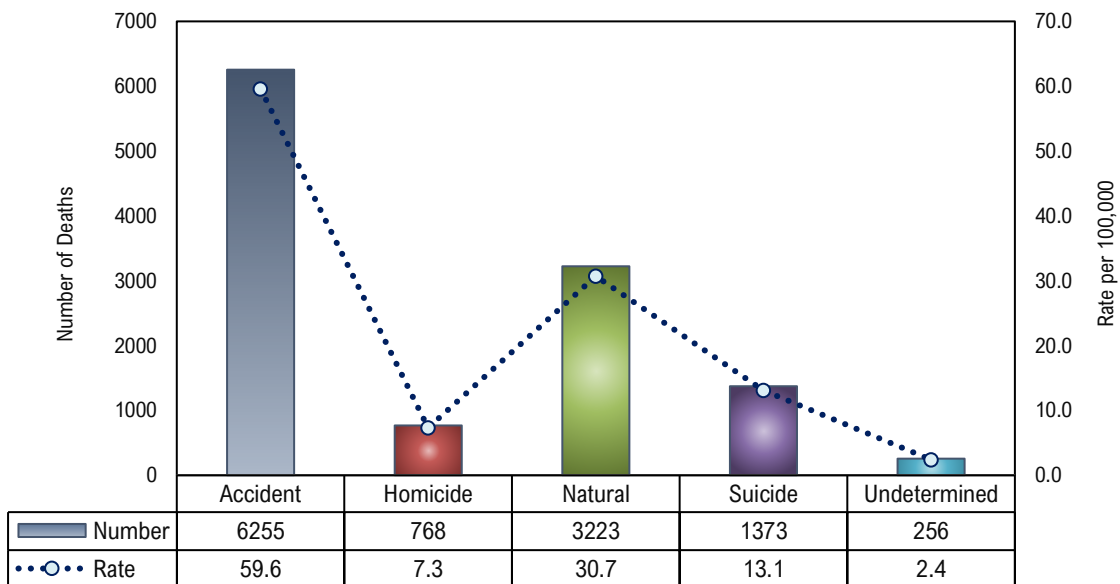
The manner of death is a classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. Manner of death is classified as Accident, Homicide, Natural, Suicide, and Undetermined.

More than half of cases certified by the medical examiner system in 2019 were classified as Accident (n=6,255). Of remaining cases, 27.1% were certified as Natural (n=3,223), 11.6% were certified as Suicide (n=1,373), 6.5% were certified as Homicide (n=768) and 2.2% were certified as Undetermined (n=256).

**Figure 5. Percentage of Deaths Certified by Manner of Death, 2019**

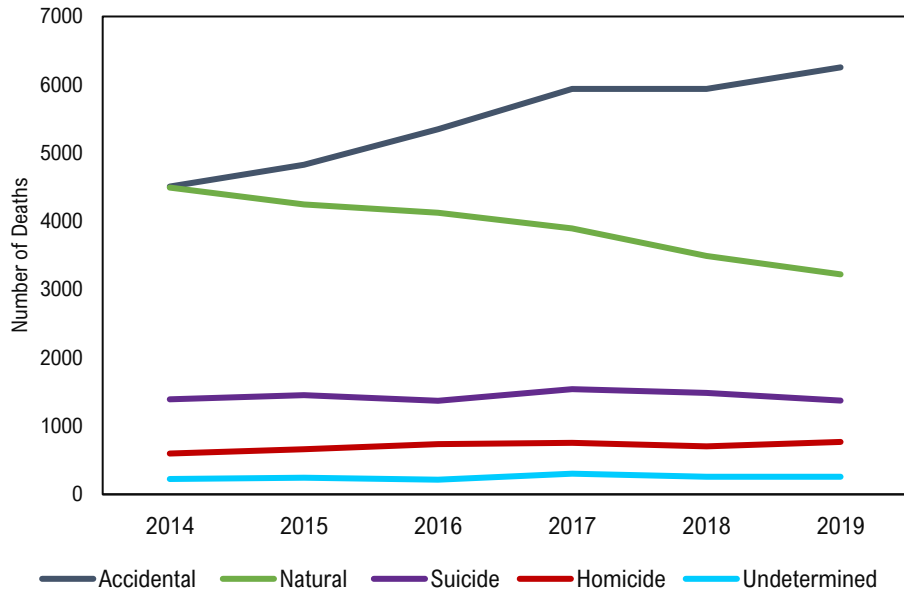


**Figure 6. Number and Rate of Deaths Certified by Manner of Death, 2019**

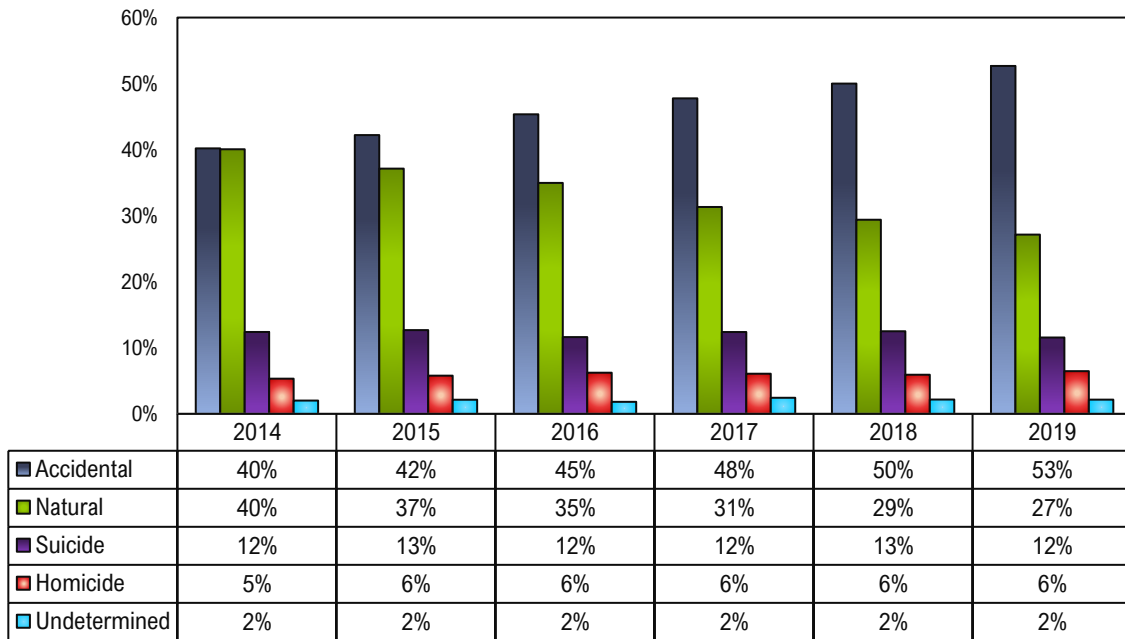


The percentage of deaths certified as Natural has decreased in the past 5 years from 40% in 2014 to 27% in 2019. The percentage certified as Accident has increased from 40% in 2014 to 53% in 2019. Percentage of deaths certified as Suicide, Homicide, and Undetermined has remained relatively the same for the past 5 years.

**Figure 7. Deaths Certified by the ME System by Manner of Death, 2014 – 2019**



**Figure 8. Percentage of Deaths Certified by the ME System by Manner of Death, 2014 – 2019**

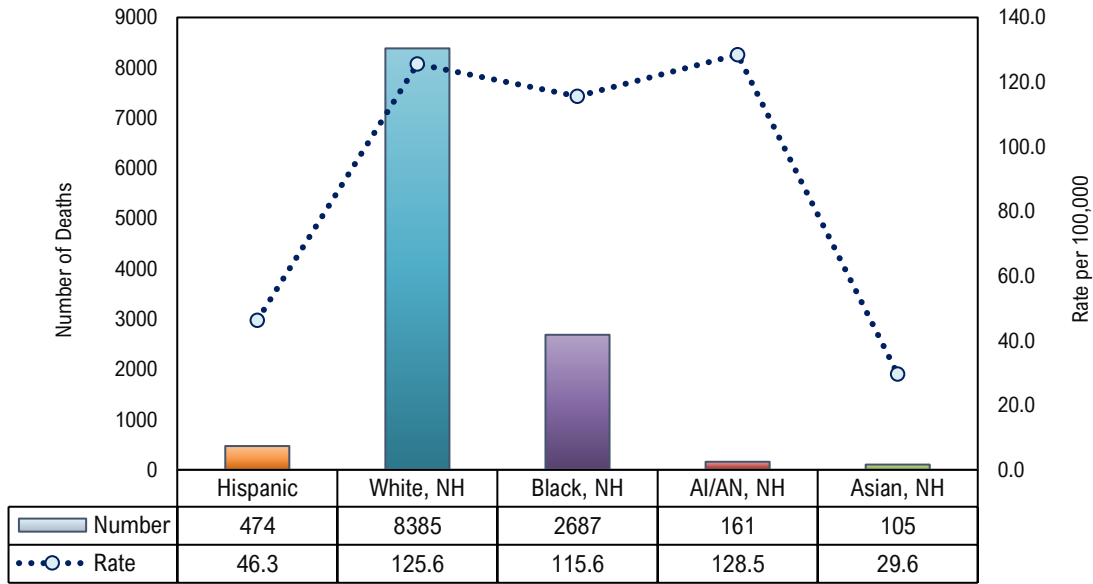




## Deaths by Race/Ethnicity

Total death rates in 2019 were highest among non-Hispanic American Indian or Alaskan Native persons (128.5 deaths per 100,000 population) and non-Hispanic White persons (125.6 deaths per 100,000 population), and lowest among non-Hispanic Asian persons (29.6 deaths per 100,000 population).

**Figure 9. Number and Rate of Death by Race/Ethnicity, 2019**



AI/AN, NH: non-Hispanic American Indian or Alaskan Native

**Table 3. Number and Rate of Death by Race/Ethnicity and Manner, 2019\***

Race/ Ethnicity	All Deaths		Accident			Homicide			Natural			Suicide			Undetermined		
	Deaths	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate
Hispanic	474	46.3	251	53%	24.5	59	12%	5.8	103	22%	10.1	49	10%	4.8	12	3%	1.2
White, NH	8385	125.6	4716	56%	70.6	201	2%	3.0	2177	26%	32.6	1150	14%	17.2	141	2%	2.1
Black, NH	2687	115.6	1126	42%	48.5	484	18%	20.8	844	31%	36.3	145	5%	6.2	88	3%	3.8
AI/AN, NH	161	128.5	95	59%	76.8	16	10%	11.3	36	22%	29.1	8	5%	6.5	6	4%	4.8
Asian, NH	105	29.6	41	39%	11.5	3	3%	0.8	38	36%	10.7	20	19%	5.6	3	3%	0.8
Other	23	ND	12	52%	ND	3	13%	ND	5	22%	ND	1	4%	ND	2	9%	ND
Total	11875	113.0	6255	53%	59.6	768	6%	7.3	3223	27%	30.7	1373	12%	13.1	256	2%	2.4

AI/AN, NH: non-Hispanic American Indian or Alaskan Native

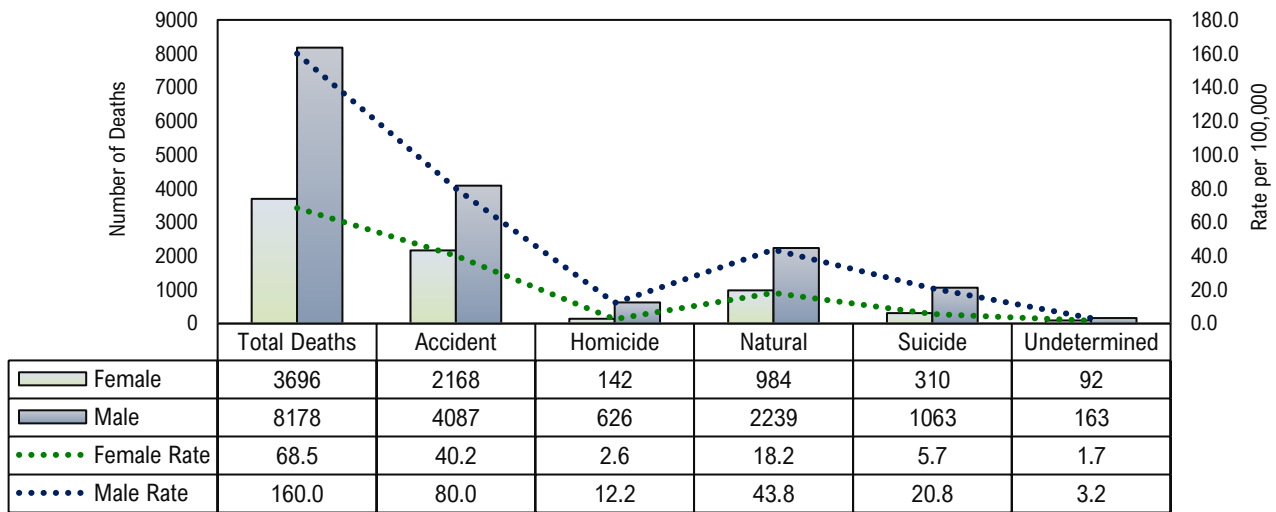
\*Rates exclude out-of-state deaths.

†Missing race/ethnicity n=40

## Deaths by Gender

Males had more than two times the overall death rate of females (160.0 deaths per 100,000 and 68.4 deaths per 100,000, respectively). The rate of deaths certified as Accident was greatest among both females and males. Compared to females, males had nearly two times the rate of deaths certified as Accident (80.0 deaths per 100,000), 4.7 times the rate of deaths certified as Homicide (12.2 deaths per 100,000), 2.4 times the rate of deaths certified as Natural, and 3.6 times the rate of deaths certified as Suicide (20.8 deaths per 100,000).

**Figure 10. Number and Rate of Death by Gender and Manner, 2019**



**Table 4. Number and Rate of Death by Gender and Manner, 2019\***

Gender†	All Deaths		Accident			Homicide			Natural			Suicide			Undetermined		
	Deaths	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate
Female	3691	68.4	2167	59%	40.2	141	4%	2.6	983	27%	18.2	310	8%	5.7	90	2%	1.7
Male	8170	160.0	4084	50%	80.0	624	8%	12.2	2237	27%	43.8	1062	13%	20.8	163	2%	3.2
Total	11875	113.0	6255	53%	59.6	768	6%	7.3	3223	27%	30.7	1373	12%	13.1	256	2%	2.4

\*Rates exclude out-of-state deaths.

†Missing gender n=1

## Deaths by Age Group

Overall death rates were highest among persons aged 65 and older (200.9 deaths per 100,000) and lowest among persons aged 5-14 (6.8 deaths per 100,000).

Figure 11. Number and Rate of Death by Age Group, 2019

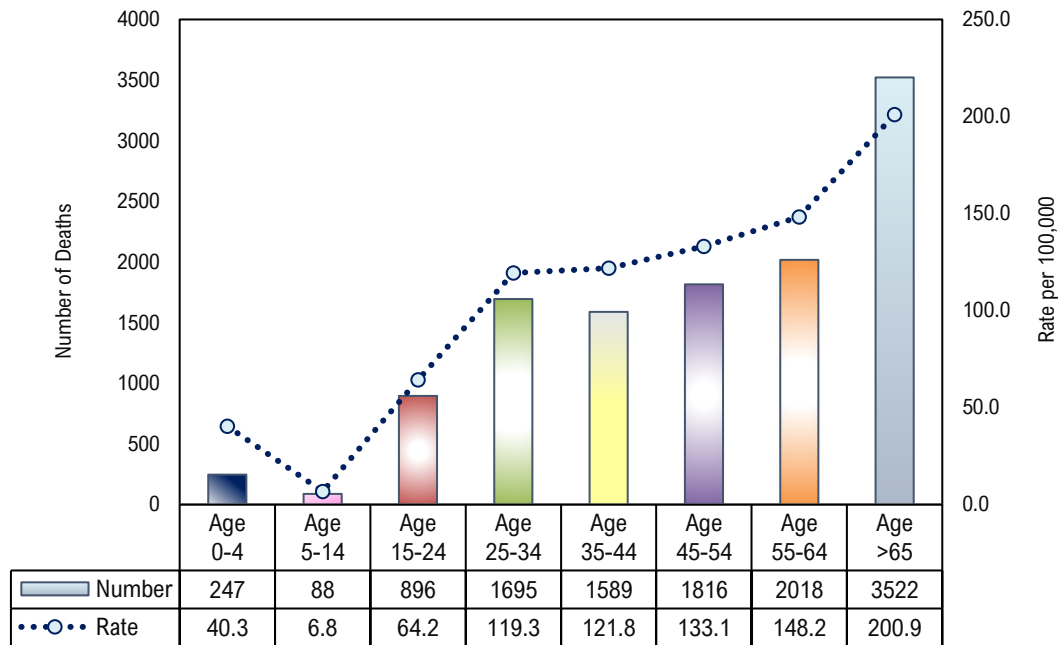


Table 5. Number and Rate of Death by Age Group and Manner, 2019

Age†	All Deaths		Accident			Homicide			Natural			Suicide			Undetermined		
	Deaths	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate
0-4	245	40.2	69	28%	11.3	23	9%	3.8	42	17%	6.9	0%			111	45%	18.2
5-14	88	6.8	49	56%	3.8	11	13%	0.8	10	11%	0.8	15	17%	1.2	3	3%	0.2
15-24	894	64.2	467	52%	33.5	193	22%	13.9	38	4%	2.7	181	20%	13.0	15	2%	1.1
25-34	1695	119.4	1084	64%	76.4	212	13%	14.9	149	9%	10.5	221	13%	15.6	29	2%	2.0
35-44	1584	121.4	926	58%	71.0	112	7%	8.6	301	19%	23.1	223	14%	17.1	22	1%	1.7
45-54	1814	133.0	840	46%	61.6	100	6%	7.3	624	34%	45.7	228	13%	16.7	22	1%	1.6
55-64	2017	148.1	779	39%	57.2	62	3%	4.6	917	45%	67.3	229	11%	16.8	30	1%	2.2
65+	3521	200.9	2036	58%	116.2	52	1%	3.0	1139	32%	65.0	275	8%	15.7	19	1%	1.1
Total	11875	113.0	6255	53%	59.6	768	6%	7.3	3223	27%	30.7	1373	12%	13.1	256	2%	2.4

\*Rates exclude out-of-state deaths.

†Missing age n=4

## Deaths by Gender and Age Group

Among both females and males, the 65 and older age group had the highest overall death rate (143.4 deaths per 100,000 and 274.8 deaths per 100,000, respectively) and the 5-14 age group had the lowest overall death rate (4.6 deaths per 100,000 and 43.7 deaths per 100,000, respectively).

**Figure 11. Number and Rate of Death by Gender and Age Group, 2019**

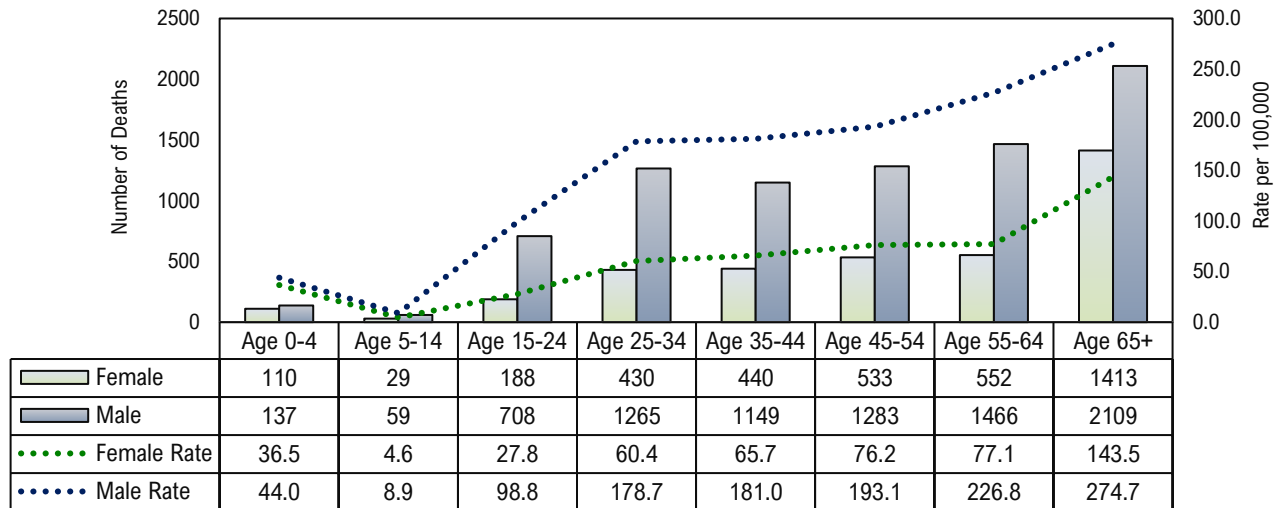


Table 6. Number and Rate of Death by Gender, Age Group and Manner, 2019\*

	Age†	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Female	0-4	109	36.5	32	10.7	9	3.0	25	8.4			43	14.4
	5-14	29	4.6	17	2.7	2	0.3	4	0.6	5	0.8	1	0.2
	15-24	188	27.8	113	16.7	25	3.7	14	2.1	32	4.7	4	0.6
	25-34	430	60.4	290	40.7	38	5.3	53	7.4	38	5.3	11	1.5
	35-44	437	65.2	254	37.9	15	2.2	97	14.5	59	8.8	12	1.8
	45-54	533	76.2	253	36.2	20	2.9	188	26.9	69	9.9	3	0.4
	55-64	552	77.1	236	33.0	14	2.0	236	33.0	56	7.8	10	1.4
	65+	1412	143.4	972	98.7	18	1.8	366	37.2	51	5.2	5	0.5
	Female Total	3691	68.4	2167	40.2	141	2.6	983	18.2	310	5.7	90	1.7
Male	0-4	136	43.7	37	11.9	14	4.5	17	5.5			68	21.8
	5-14	59	8.9	32	4.8	9	1.4	6	0.9	10	1.5	2	0.3
	15-24	706	98.8	354	49.5	168	23.5	24	3.4	149	20.8	11	1.5
	25-34	1265	178.9	794	112.3	174	24.6	96	13.6	183	25.9	18	2.5
	35-44	1147	180.7	672	105.9	97	15.3	204	32.1	164	25.8	10	1.6
	45-54	1281	192.8	587	88.3	80	12.0	436	65.6	159	23.9	19	2.9
	55-64	1465	226.7	543	84.0	48	7.4	681	105.4	173	26.8	20	3.1
	65+	2109	274.8	1064	138.6	34	4.4	773	100.7	224	29.2	14	1.8
	Male Total	8170	160.0	4084	80.0	624	12.2	2237	43.8	1062	20.8	163	3.2
Total*	11875	113.0	6255	59.6	768	7.3	3223	30.7	1373	13.1	256	2.4	

\*Rates exclude out-of-state deaths.

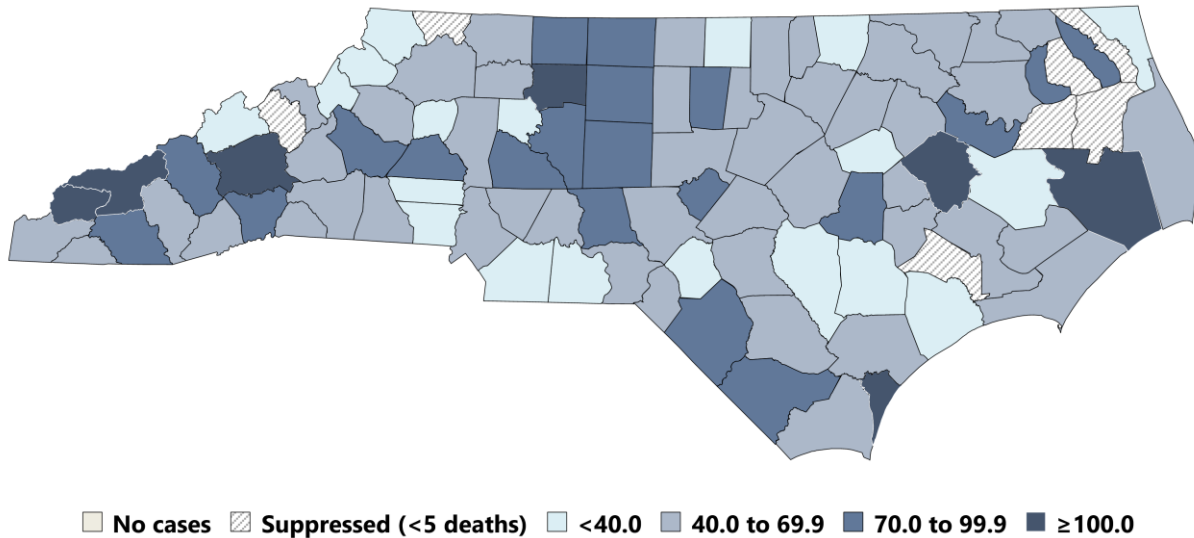
†Female missing age n=1; male missing age n=2; unknown gender n=1

# ACCIDENT DEATHS

## Accident Deaths by County of Death, 2019

Death totals and rates for all 100 NC Counties is provided in the Appendix.

**Figure 12. Rate of Accident Deaths per 100,000 Residents by County of Death, 2019**



Note: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

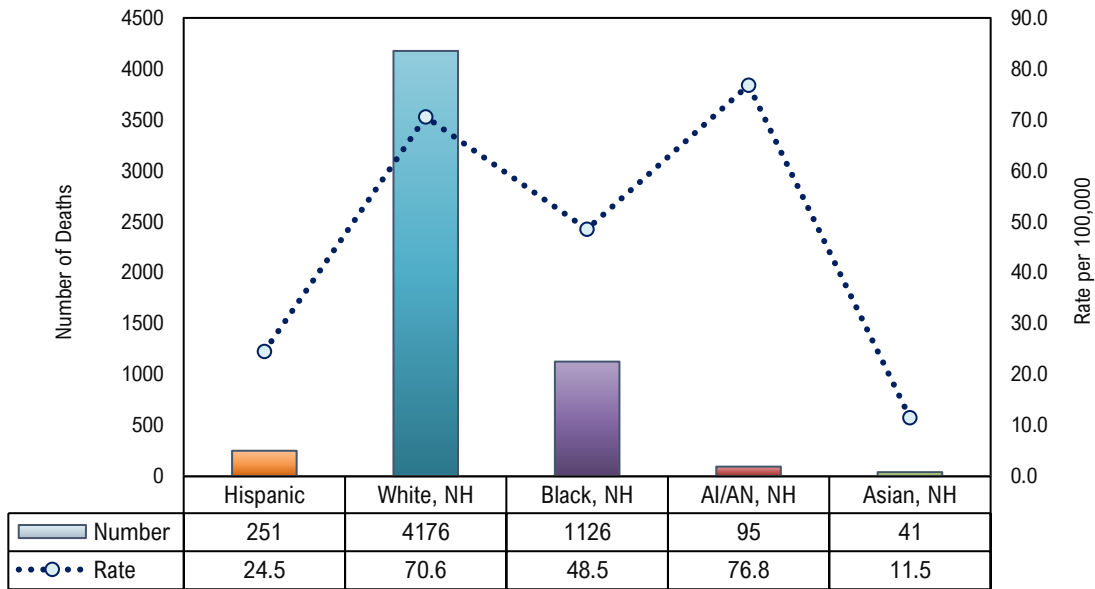
Pitt County had the highest death rate for deaths certified as Accident (146.2 deaths per 100,000), followed by Forsyth County (116.7 deaths per 100,000) and Buncombe County (114.9 deaths per 100,000). The rate of deaths certified as Accident for Pitt County was 2.5 times higher than the statewide rate (59.6 deaths per 100,000).

**Table 7. Top 10 Counties by Accident Death Rate**

County of Death	Accident Deaths	
	Deaths	Rate
Pitt	265	146.2
Forsyth	446	116.7
Buncombe	301	114.9
Swain	16	111.8
New Hanover	257	109.7
Graham	9	106.3
Hyde	5	101.4
Orange	142	95.8
Robeson	117	89.7
Haywood	50	80.0
NC Total	6255	59.6

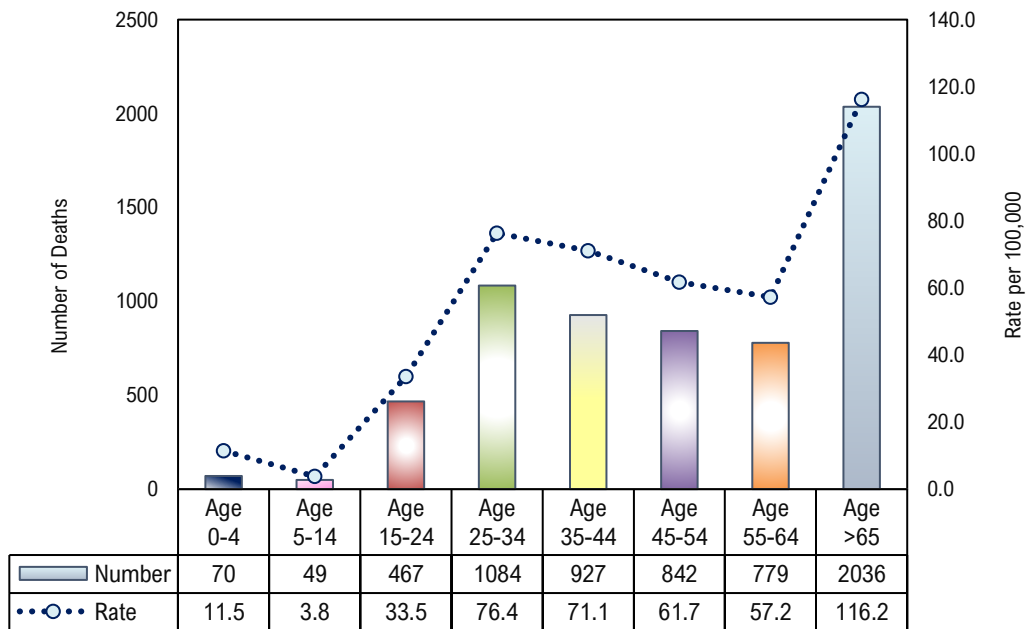
## Accident Deaths by Race/Ethnicity

Figure 13. Number and Rate of Accident Deaths by Race/Ethnicity, 2019



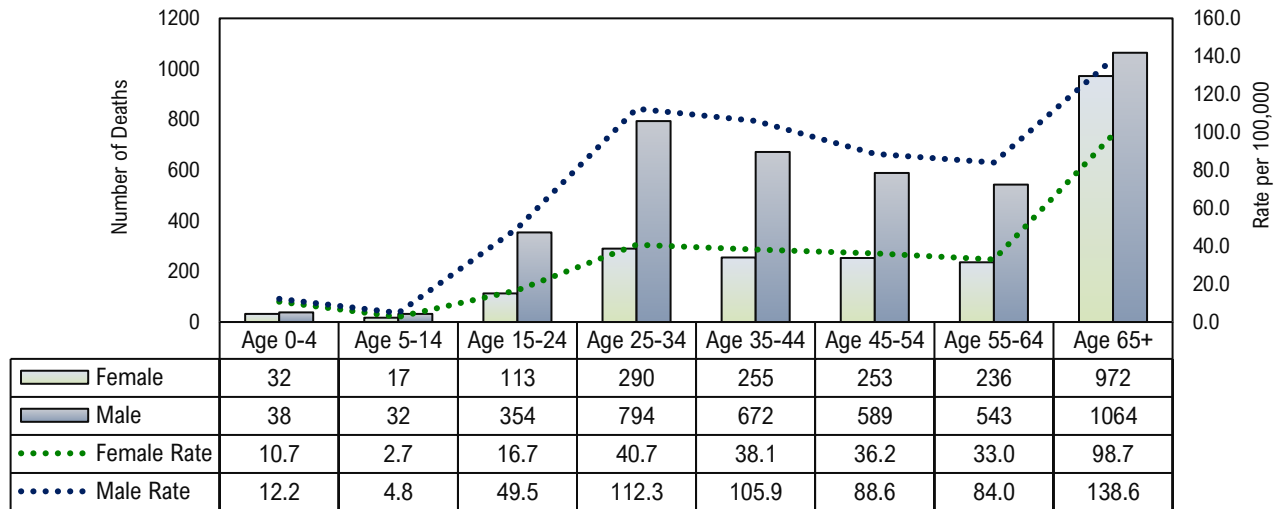
## Accident Deaths by Age Group

Figure 14. Number and Rate of Accident Deaths by Age Group, 2019



## Accident Deaths by Age Group and Gender

Figure 15. Number and Rate of Accident Deaths by Gender and Age Group, 2019



## Accident Deaths by Means of Death

Table 8. Top 10 Counties by Rate of Death

Means of Death	Deaths	%
Poisoning	2462	39.4%
Fall/Jump	1336	21.4%
Blunt	1005	16.1%
Motor Vehicle	938	15.0%
Drowning	140	2.2%
Asphyxia	119	1.9%
Fire/Burns	112	1.8%
Environmental	29	0.5%
Transportation, not Motor Vehicle	27	0.4%
Gun	16	0.3%
Other	71	1.1%

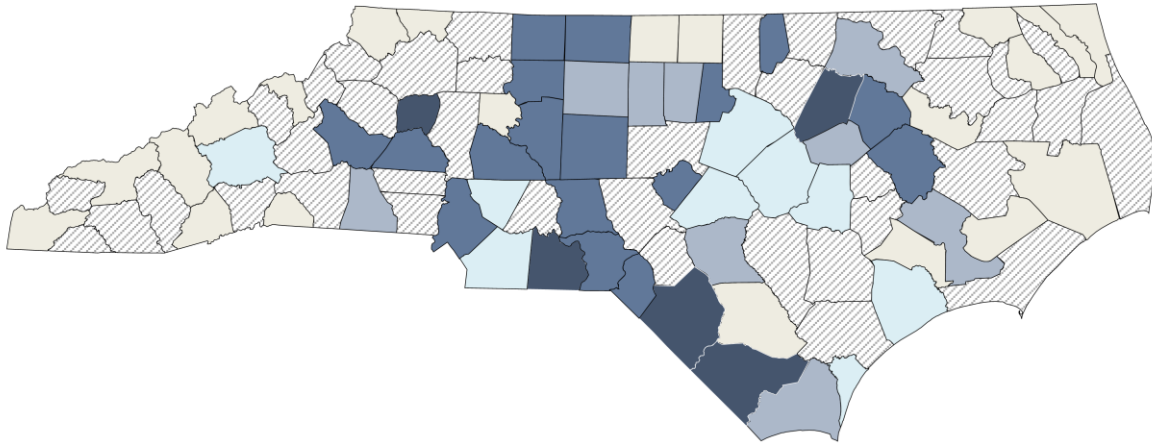


# HOMICIDE DEATHS

## Homicide Deaths by County of Death, 2019

Death totals and rates for all 100 NC Counties is provided in the Appendix.

**Figure 16. Rate of Homicide Deaths per 100,000 Residents by County of Death, 2019**



No cases
  Suppressed (<5 deaths)
  <6.0
  6.0 to 11.9
  12.0 to 17.9
  ≥18.0

Note: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Columbus County had the highest death rate for deaths certified as Homicide (25.2 deaths per 100,000), followed by Anson County (21.2 deaths per 100,000). The Homicide death rate for Columbus County was 3.5 times higher than the statewide rate (7.3 deaths per 100,000).

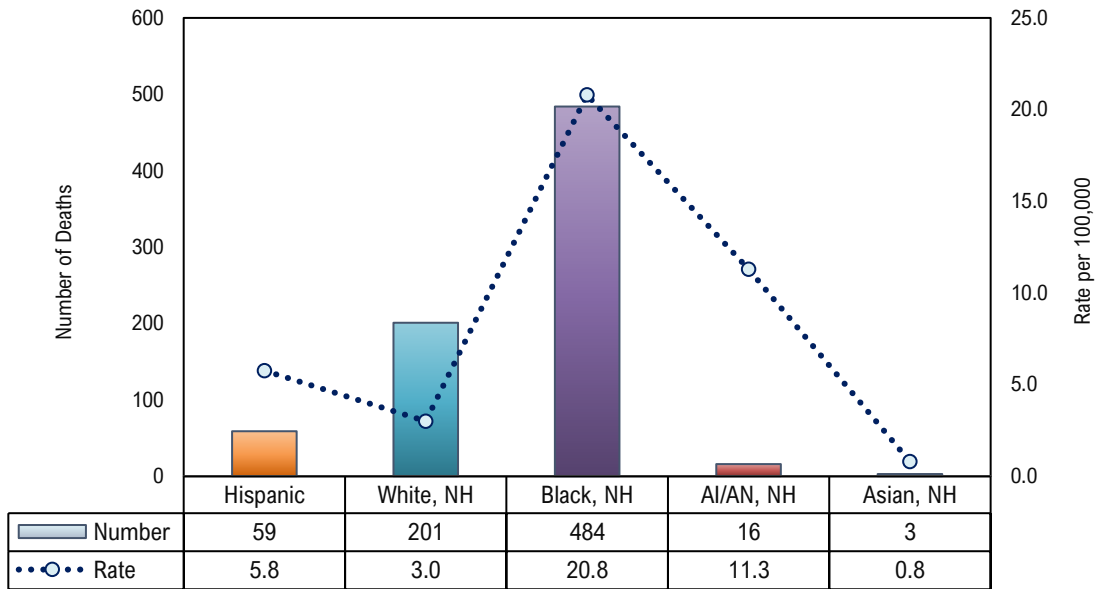
**Table 9. Top 10 Counties by Homicide Death Rate**

County of Death	Homicide Deaths	
	Deaths	Rate
Columbus	14	25.2
Anson	5	21.2
Robeson	25	19.2
Alexander	7	18.7
Nash	17	18.0
Vance	8	17.9
Scotland	6	17.3
Durham	53	16.4
Edgecombe	8	15.6
Richmond	6	13.4
NC Total*	764	7.3

\*Excludes 4 homicide deaths that were out-of-state

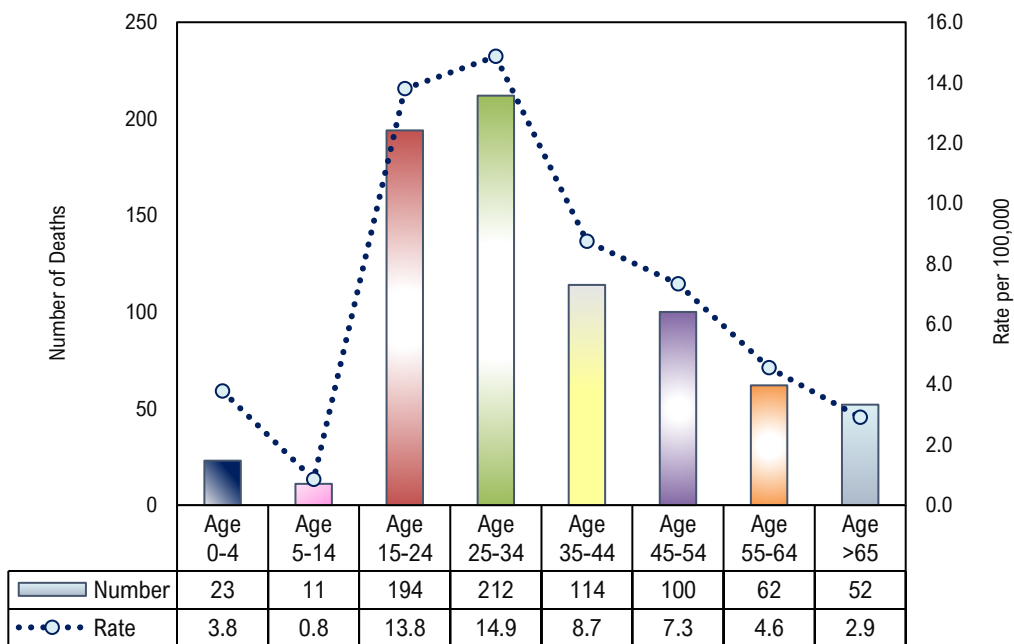
## Homicide Deaths by Race/Ethnicity

Figure 16. Number and Rate of Homicide Deaths by Race/Ethnicity, 2019



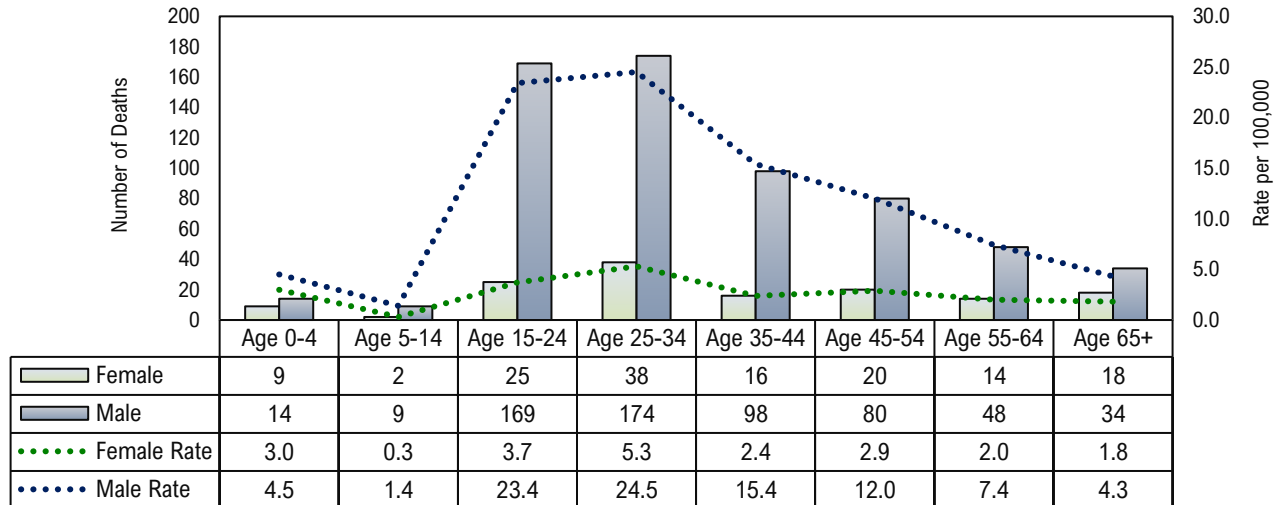
## Homicide Deaths by Age Group

Figure 17. Number and Rate of Homicide Deaths by Age Group, 2019



## Homicide Deaths by Age Group and Gender

Figure 18. Number and Rate of Homicide Deaths by Gender and Age Group, 2019



## Homicide Deaths by Means of Death

Table 10. Homicide Means of Death

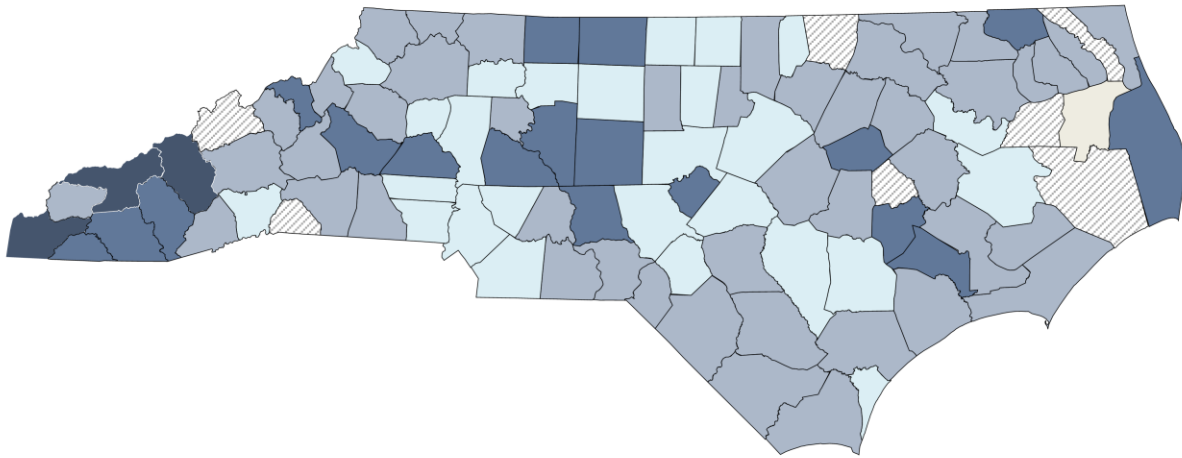
Means of Death	Deaths	%
Gun	589	76.7%
Sharp	86	11.2%
Blunt	58	7.6%
Asphyxia	11	1.4%
Abuse or Neglect	8	1.0%
Motor Vehicle	6	0.8%
Poisoning	4	0.5%
Drowning	2	0.3%
Environmental	1	0.1%
Fall/Jump	1	0.1%
Fire/Burns	1	0.1%
Unknown	1	0.1%

# NATURAL DEATHS

## Natural Deaths by County of Death, 2019

Death totals and rates for all 100 NC Counties is provided in the Appendix.

**Figure 19. Rate of Natural Deaths per 100,000 Residents by County of Death, 2019**



No cases
  Suppressed (<5 deaths)
  <30.0
  30.0 to 59.9
  60.0 to 89.9
  ≥90.0

Notes: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

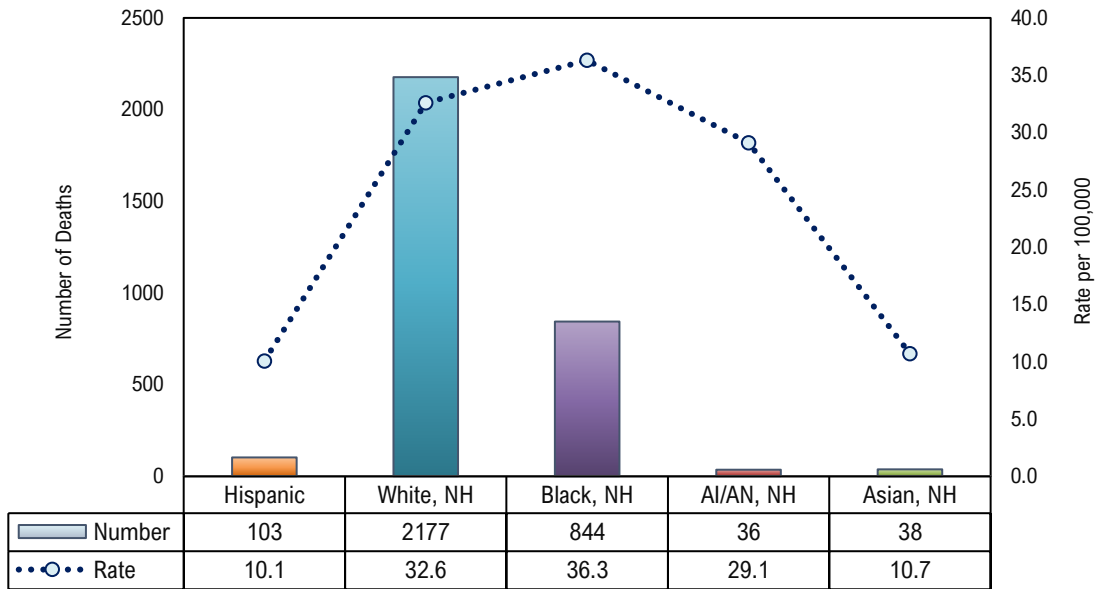
Cherokee County had the highest death rate for deaths certified as Natural (104.5 deaths per 100,000), followed by Swain County (97.8 deaths per 100,000). The Natural death rate for Cherokee County and Swain County was more than 3 times the statewide rate (30.7 deaths per 100,000).

**Table 11. Top 10 Counties by Rate of Death**

County of Death	Natural Deaths	
	Deaths	Rate
Cherokee	30	104.5
Swain	14	97.8
Haywood	57	91.2
Jackson	34	77.7
Mitchell	11	73.7
Lenoir	40	71.3
Clay	8	70.9
Wilson	58	70.9
Dare	26	70.1
Gates	8	69.3
NC Total	3223	30.7

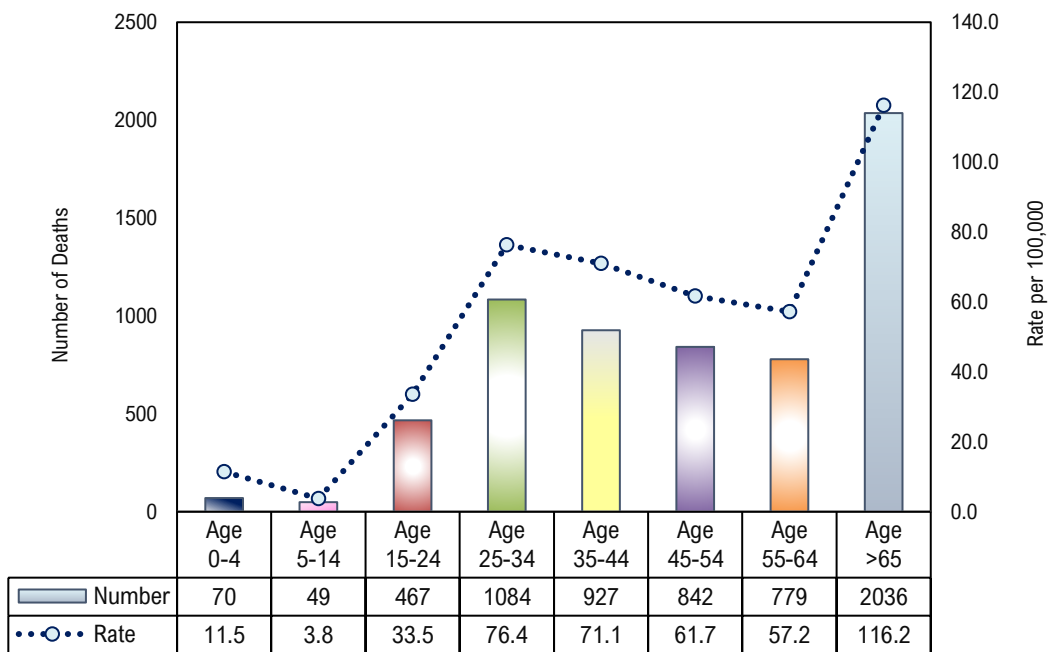
## Natural Deaths by Race/Ethnicity

Figure 19. Number and Rate of Natural Deaths by Race/Ethnicity, 2019



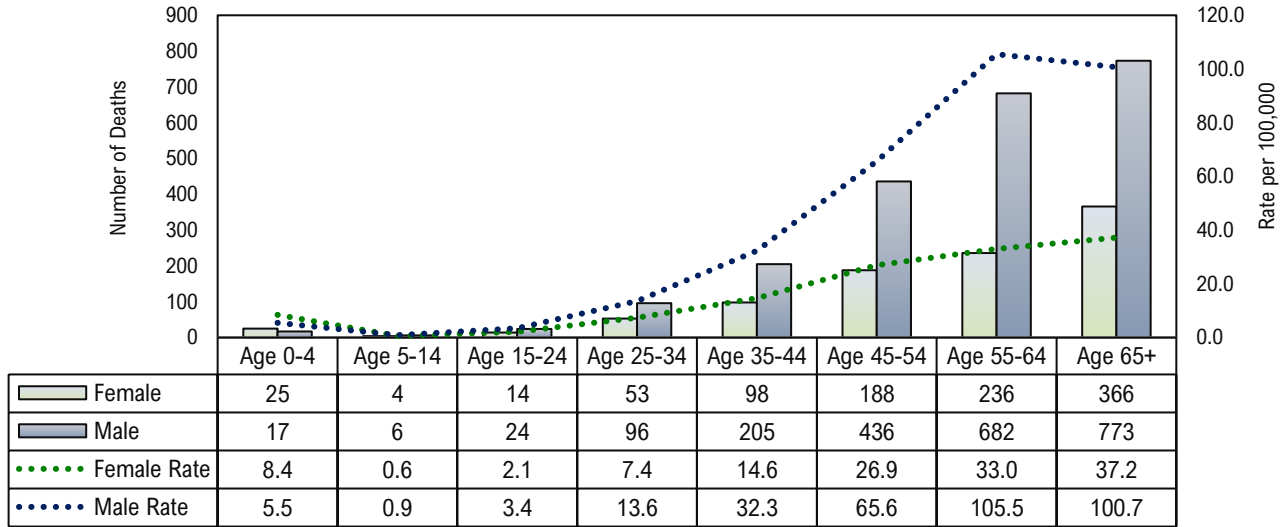
## Natural Deaths by Age Group

Figure 20. Number and Rate of Natural Deaths by Age Group, 2019



# Natural Deaths by Gender and Age Group

Figure 21. Number and Rate of Natural Deaths by Gender and Age Group, 2019

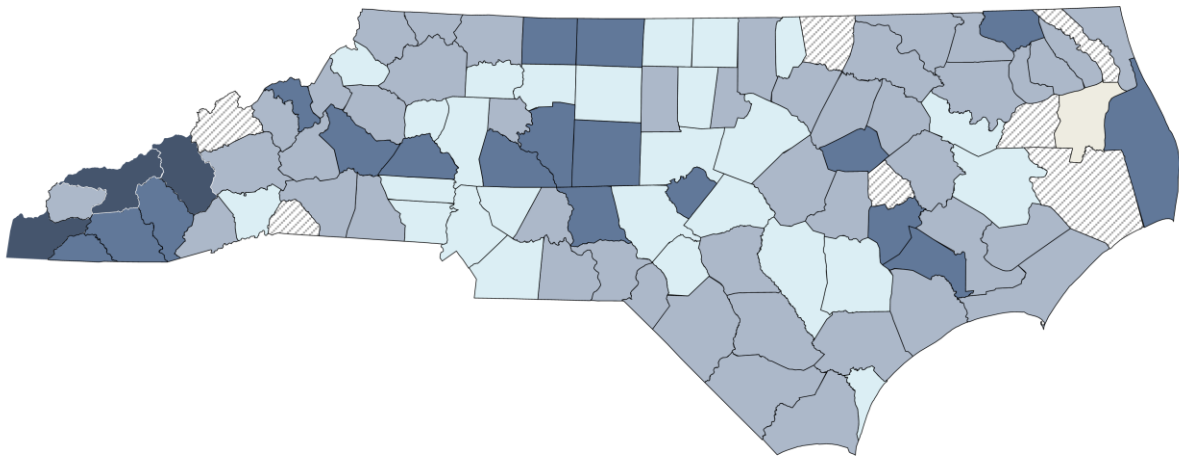


# SUICIDE DEATHS

## Suicide Deaths by County of Death, 2019

Death totals and rates for all 100 NC Counties is provided in the Appendix.

**Figure 22. Rate of Suicide Deaths per 100,000 Residents by County of Death, 2019**



No cases
  Suppressed (<5 deaths)
  <30.0
  30.0 to 59.9
  60.0 to 89.9
  ≥90.0

Notes: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

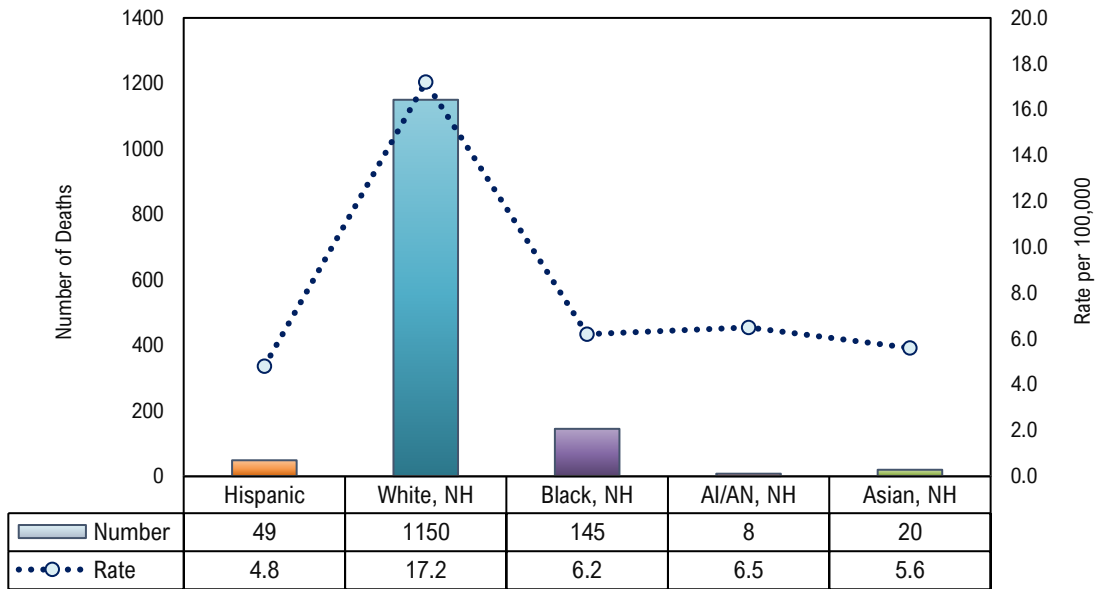
Ashe County had the highest death rate for deaths certified as Suicide (29.4 deaths per 100,000), followed by Macon County (28.0 deaths per 100,000) and Watauga County (26.7 deaths per 100,000). The rate of deaths certified as Suicide for Ashe County, Macon County and Watauga County were more than double the statewide rate (13.1 deaths per 100,000).

**Table 12. Top 10 Counties by Rate of Death**

County of Death	Suicide Deaths	
	Deaths	Rate
Ashe	8	29.4
Macon	10	28.0
Watauga	15	26.7
Pender	16	25.4
Buncombe	61	23.3
Carteret	16	23.0
Haywood	14	22.4
New Hanover	51	21.8
Henderson	25	21.3
Transylvania	7	20.4
NC Total	1373	13.1

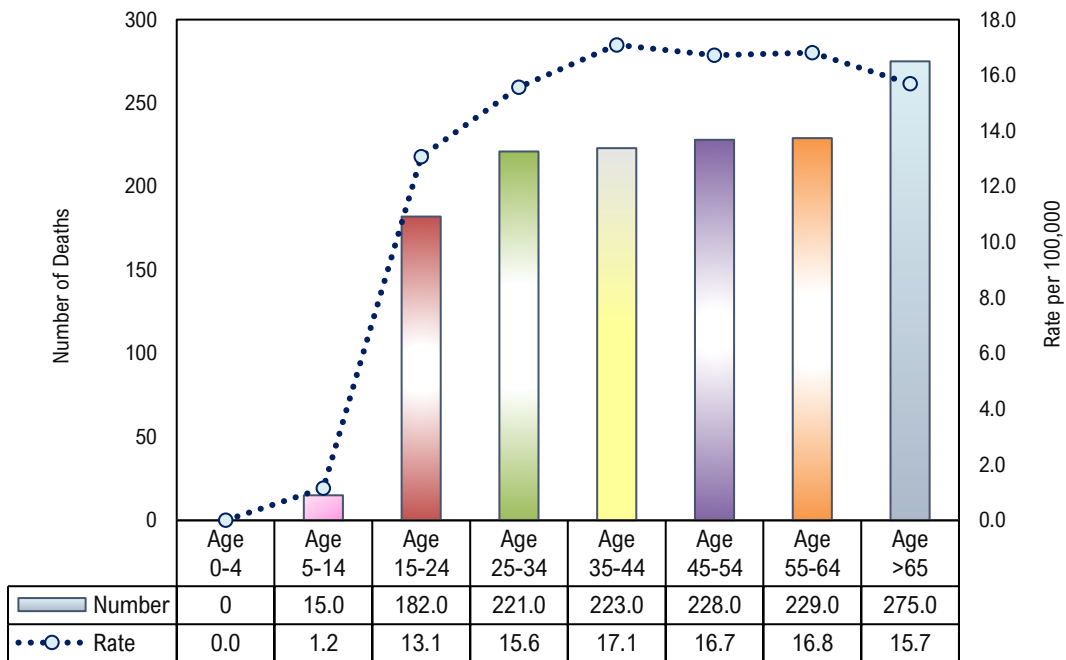
## Suicide Deaths by Race/Ethnicity

Figure 22. Number and Rate of Suicide Deaths by Race/Ethnicity, 2019



## Suicide Deaths by Age Group

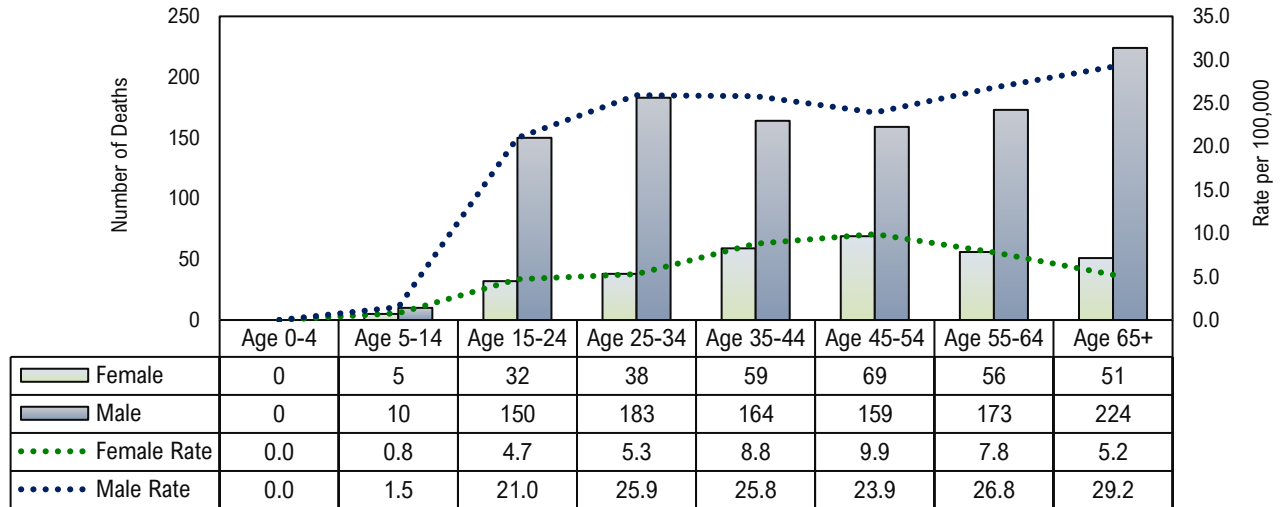
Figure 23. Number and Rate of Suicide Deaths by Age Group, 2019





## Suicide Deaths by Gender and Age Group

Figure 24. Number and Rate of Suicide Deaths by Gender and Age Group, 2019



## Suicide Deaths by Means of Death

Table 13. Suicide Means of Death

Means of Death	Deaths	%
Gun	787	57.3%
Hanging	266	19.4%
Poisoning	175	12.7%
Asphyxia	82	6.0%
Sharp	18	1.3%
Blunt	14	1.0%
Fall/Jump	11	0.8%
Drowning	8	0.6%
Fire/Burns	5	0.4%
Motor Vehicle	4	0.3%
Transportation, not Motor Vehicle	2	0.1%
Other	1	0.1%

# GLOSSARY

## **Accident**

This *manner of death* is used when there is no evidence of intent; an unexpected, sudden, and unintentional death.

## **Age at Death**

The reported age in completed years as of the last birthday. Exact age in either months or days at time of death is recorded on death certificates for decedents under 1 year of age (CDC 2003).

## **Associate Chief Medical Examiner**

A board-certified forensic pathologist licensed to practice medicine in the state of North Carolina appointed by the *Chief Medical Examiner*. The *Associate Chief Medical Examiner* is responsible for performing autopsies and investigating deaths that fall under the jurisdiction of the medical examiner system with the goal of determining *cause and manner of death*.

## **Autopsy**

A comprehensive postmortem external and internal examination performed to determine the cause and manner of death, collect evidence, and document the absence or presence of injury. These are cases where jurisdiction is accepted by the OCME for investigation and a forensic autopsy is deemed necessary to determine the Cause and/or Manner of Death.

## **Case**

A human death that is reported and/or investigated by the Medical Examiner's Office.

## **Case Investigated Only**

Means the body was not viewed by a medical examiner, although the case was investigated and certified by an ME.

## **Cause of Death**

The disease, abnormality, injury, or poisoning that caused the death, not the mechanism of death, such as cardiac or respiratory arrest, shock, or heart failure (CDC 2003). The *cause of death* is determined based on the results of the external and/or internal examination, toxicology testing, and antemortem medical records, if necessary.

## **Chief Medical Examiner**

The head of the Office of the Chief Medical Examiner (OCME). The *Chief Medical Examiner* must be a board-certified forensic pathologist licensed to practice medicine in the state of North Carolina.

**County of Death**

The county in which the death occurred. The *county of death* may differ from the county in which the decedent legally resided, also known as the *county of residence*.

**County of Residence**

The county in which the decedent legally resided prior to death. The *county of residence* may differ from the county in which the death occurred, also known as the *county of death*.

**Deputy Chief Medical Examiner**

A board-certified forensic pathologist licensed to practice medicine in the state of North Carolina appointed by the *Chief Medical Examiner*. The *Deputy Chief Medical Examiner* is responsible for performing autopsies and investigating deaths that fall under the jurisdiction of the medical examiner system with the goal of determining *cause and manner of death*. The *Deputy Chief Medical Examiner* also assumes the duties of the *Chief Medical Examiner* in the event of his/her absence.

**Examination**

These are cases where jurisdiction is accepted by the OCME for investigation but do not require a full autopsy. They will receive a thorough external examination and may require additional testing or investigation.

**Homicide**

This *manner of death* is used when the death resulted from intentional harm of one person by another. Intent to cause death is a common element, but not required for a *manner of death* classification of *homicide* (CDC 2003).

**Jurisdiction**

Pursuant to § 130A-383 of the North Carolina General Statutes, the medical examiner assumes jurisdiction:

- (a) Upon the death of any person resulting from violence, poisoning, accident, suicide or homicide; occurring suddenly when the deceased had been in apparent good health or when unattended by a physician; occurring in a jail, prison, correctional institution or in police custody; occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes; or occurring under any suspicious, unusual or unnatural circumstance, the medical examiner of the county in which the body of the deceased is found shall be notified by a physician in attendance, hospital employee, law-enforcement officer, funeral home employee, emergency medical technician, relative or by any other person having suspicion of such a death. No person shall disturb the body at the scene of such a death until authorized by the medical examiner unless in the unavailability of the medical examiner it is determined by the appropriate law enforcement agency that the presence of the body at the scene would risk the integrity of the body or provide a hazard to the safety of others. For the limited purposes of this Part, expression of opinion that death has occurred may be made by a nurse, an emergency medical technician or any other competent person in the absence of a physician.
- (b) The discovery of anatomical material suspected of being part of a human body shall be reported to the medical examiner of the county in which the material is found.

(c) Upon completion of the investigation and in accordance with the rules of the Commission, the medical examiner shall release the body to the next of kin or other interested person who will assume responsibility for final disposition. (1955, c. 972, s. 1; 1957, c. 1357, s. 1; 1963, c. 492, s. 4; 1967, c. 1154, s. 1; 1983, c. 891, s. 2; 1989, c. 353, s. 1; 2008-131, s. 2.)

### **Jurisdiction Declined**

If the OCME is notified of an attended, medically expected, natural death, the OCME declines jurisdiction, and the attending physician completes the death certification.

### **Local Medical Examiner**

A medical professional appointed by the *Chief Medical Examiner*, charged with the duty of investigating and certifying specified categories of human deaths in North Carolina. A medical examiner's authority derives from Article 16 of Section 130A of the North Carolina General Statutes. His/her primary purpose is to detect, analyze, and document the medical aspects of certain types of deaths so that deaths can be better understood scientifically, legally, and socially.

### **Manner of Death**

A classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. The *manner of death* is one of the items that must be reported on the death certificate and consists of five (5) categories: *accident, homicide, natural, suicide, and undetermined* (NAME 2002).

### **Means of Death**

The method or item involved in causing the death. For example, the *means of death* may be a firearm, poison, motor vehicle, or sharp instrument.

### **Natural**

This *manner of death* is used when the death resulted from disease and/or the aging process (CDC 2003).

### **Office of the Chief Medical Examiner (OCME)**

The Office of the Chief Medical Examiner (OCME) is a branch within the Division of Public Health (DPH), which is part of the North Carolina Department of Health and Human Services (NC DHHS). The OCME is responsible for the investigation of all sudden, unexpected, violent deaths that occur in North Carolina, as well as natural deaths unattended by a physician and deaths that occur while in custody.

### **Pending Investigation**

Used when determination of manner depends on further information (CDC 2003).

### **Scene**

The location of a fatality or injury. A case may have more than one scene (i.e. place of injury and place of death).

**Suicide**

This *manner of death* is used when the death resulted from an intentional, self-inflicted act committed to do self-harm or cause the death of one's self (CDC 2003).

**Toxicology Report**

The findings of toxicological or other chemical tests performed upon tissue or body fluid(s) from a decedent.

Substances tested may include toxins, alcohol, drugs of abuse, prescription drugs, their metabolites, or clinical chemistries.

**Undetermined**

This *manner of death* is used when the information pointing to one manner of death is no more compelling than the information pointing to one or more other competing manners of death (CDC 2003).

# REFERENCES

Centers for Disease Control and Prevention. 2003. *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*. 1 – 138.

Hanzlick R, Hunsaker JC, Davis GJ. 2002. *A Guide for Manner of Death Classification*. National Association of Medical Examiners: 1 – 29.

National Association of Medical Examiners. 2014. *Inspection and Accreditation Checklist*. 1-32.

North Carolina General Statutes, Article 16, § 130A-389.

# APPENDIX: COUNTY OF DEATH TABLE

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Alamance	192	113.5	100	59.1	13	7.7	56	33.1	18	10.6	5	3.0
Alexander	24	64.1	6	16.0	7	18.7	9	24.1	2	NA	0	0.0
Alleghany	11	98.8	3	NA	0	0.0	5	44.9	3	NA	0	0.0
Anson	27	114.7	7	29.7	5	21.2	11	46.7	2	NA	2	NA
Ashe	29	106.6	8	29.4	0	0.0	13	47.8	8	29.4	0	0.0
Avery	16	91.4	5	28.6	1	NA	7	40.0	3	NA	0	0.0
Beaufort	37	78.6	14	29.7	2	NA	14	29.7	6	12.7	1	NA
Bertie	24	126.6	11	58.0	2	NA	8	42.2	3	NA	0	0.0
Bladen	41	124.8	23	70.0	0	0.0	13	39.6	4	NA	1	NA
Brunswick	145	101.4	60	42.0	10	7.0	49	34.3	22	15.4	4	NA
Buncombe	467	178.2	301	114.9	12	4.6	86	32.8	61	23.3	7	2.7
Burke	115	127.2	53	58.6	4	NA	44	48.7	13	14.4	1	NA
Cabarrus	206	95.2	121	55.9	5	2.3	52	24.0	23	10.6	5	2.3
Caldwell	88	107.0	38	46.2	3	NA	32	38.9	10	12.2	5	6.1
Camden	5	46.4	2	NA	0	0.0	3	NA	0	0.0	0	0.0
Carteret	85	122.3	43	61.9	3	NA	23	33.1	16	23.0	0	0.0
Caswell	23	101.8	14	62.0	0	0.0	5	22.1	4	NA	0	0.0
Catawba	138	86.6	65	40.8	9	5.6	35	22.0	26	16.3	3	NA
Chatham	75	100.8	40	53.7	2	NA	20	26.9	11	14.8	2	NA
Cherokee	52	181.1	19	66.2	0	0.0	30	104.5	3	NA	0	0.0
Chowan	21	150.9	10	71.9	2	NA	8	57.5	1	NA	0	0.0
Clay	18	159.6	6	53.2	2	NA	8	70.9	2	NA	0	0.0
Cleveland	117	119.4	56	57.2	7	7.1	36	36.7	17	17.4	1	NA
Columbus	84	151.5	39	70.3	14	25.2	20	36.1	9	16.2	2	NA
Craven	120	117.6	64	62.7	9	8.8	32	31.4	14	13.7	1	NA
Cumberland	433	128.7	214	63.6	35	10.4	127	37.7	45	13.4	12	3.6
Currituck	30	107.5	11	39.4	0	0.0	12	43.0	5	17.9	2	NA
Dare	58	156.5	25	67.4	1	NA	26	70.1	6	16.2	0	0.0
Davidson	119	70.7	77	45.8	5	3.0	8	4.8	22	13.1	7	4.2
Davie	41	96.0	17	39.8	0	0.0	16	37.5	6	14.1	2	NA
Duplin	47	79.9	23	39.1	1	NA	16	27.2	6	10.2	1	NA
Durham	480	148.6	222	68.7	53	16.4	161	49.8	36	11.1	8	2.5
Edgecombe	75	145.8	31	60.3	8	15.6	27	52.5	6	11.7	3	NA
Forsyth	686	179.5	446	116.7	47	12.3	112	29.3	62	16.2	19	5.0
Franklin	68	97.5	37	53.0	1	NA	21	30.1	9	12.9	0	0.0
Gaston	185	82.3	89	39.6	4	NA	58	25.8	31	13.8	3	NA
Gates	17	147.4	6	52.0	0	0.0	8	69.3	2	NA	1	NA
Graham	17	200.7	9	106.3	3	NA	5	59.0	0	0.0	0	0.0
Granville	70	116.0	26	43.1	4	NA	31	51.4	9	14.9	0	0.0
Greene	13	62.2	9	43.0	2	NA	1	NA	0	0.0	1	NA
Guilford	700	130.1	421	78.3	65	12.1	146	27.1	60	11.2	8	1.5
Halifax	64	127.8	32	63.9	5	10.0	21	41.9	4	NA	2	NA

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Harnett	137	100.6	74	54.3	8	5.9	32	23.5	22	16.2	1	NA
Haywood	123	196.8	50	80.0	0	0.0	57	91.2	14	22.4	2	NA
Henderson	149	127.0	87	74.1	2	NA	33	28.1	25	21.3	2	NA
Hertford	28	118.4	13	55.0	3	NA	8	33.8	3	NA	1	NA
Hoke	44	79.8	20	36.3	3	NA	12	21.8	7	12.7	2	NA
Hyde	7	141.9	5	101.4	0	0.0	2	NA	0	0.0	0	0.0
Iredell	141	77.5	75	41.2	4	NA	32	17.6	26	14.3	4	NA
Jackson	71	162.3	30	68.6	2	NA	34	77.7	5	11.4	0	0.0
Johnston	189	90.1	93	44.3	10	4.8	64	30.5	21	10.0	1	NA
Jones	11	117.8	4	NA	0	0.0	6	64.2	1	NA	0	0.0
Lee	54	87.4	29	46.9	6	9.7	13	21.0	4	NA	2	NA
Lenoir	83	148.0	35	62.4	3	NA	40	71.3	5	8.9	0	0.0
Lincoln	52	60.0	23	26.6	2	NA	13	15.0	14	16.2	0	0.0
Macon	63	176.3	28	78.4	1	NA	23	64.4	10	28.0	1	NA
Madison	11	50.8	6	27.7	0	0.0	2	NA	3	NA	0	0.0
Martin	26	115.8	16	71.3	0	0.0	6	26.7	2	NA	2	NA
McDowell	49	107.0	27	59.0	1	NA	14	30.6	7	15.3	0	0.0
Mecklenburg	1063	95.5	560	50.3	134	12.0	235	21.1	106	9.5	28	2.5
Mitchell	21	140.7	9	60.3	0	0.0	11	73.7	1	NA	0	0.0
Montgomery	34	125.0	17	62.5	3	NA	8	29.4	4	NA	2	NA
Moore	100	98.8	54	53.4	4	NA	25	24.7	16	15.8	1	NA
Nash	142	150.7	58	61.5	17	18.0	53	56.2	12	12.7	2	NA
New Hanover	393	167.8	257	109.7	14	6.0	64	27.3	51	21.8	7	3.0
Northampton	22	112.8	11	56.4	1	NA	7	35.9	3	NA	0	0.0
Onslow	197	97.1	58	28.6	8	3.9	95	46.8	33	16.3	3	NA
Orange	219	147.8	142	95.8	9	6.1	28	18.9	27	18.2	13	8.8
Pamlico	15	118.6	7	55.3	0	0.0	5	39.5	3	NA	0	0.0
Pasquotank	51	127.6	28	70.1	2	NA	15	37.5	5	12.5	1	NA
Pender	77	122.1	33	52.3	3	NA	25	39.7	16	25.4	0	0.0
Perquimans	8	58.9	2	NA	0	0.0	5	36.8	1	NA	0	0.0
Person	26	65.6	12	30.3	0	0.0	9	22.7	3	NA	2	NA
Pitt	382	210.8	265	146.2	24	13.2	60	33.1	27	14.9	6	3.3
Polk	18	86.9	10	48.3	0	0.0	3	NA	4	NA	1	NA
Randolph	169	117.8	83	57.8	8	5.6	59	41.1	13	9.1	6	4.2
Richmond	50	111.7	25	55.8	6	13.4	14	31.3	4	NA	1	NA
Robeson	204	156.4	117	89.7	25	19.2	46	35.3	9	6.9	7	5.4
Rockingham	98	107.6	49	53.8	5	5.5	33	36.2	10	11.0	1	NA
Rowan	159	112.1	76	53.6	9	6.3	53	37.4	15	10.6	6	4.2
Rutherford	67	100.0	30	44.8	2	NA	24	35.8	11	16.4	0	0.0
Sampson	49	77.3	24	37.9	4	NA	12	18.9	6	9.5	3	NA
Scotland	49	140.9	23	66.1	6	17.3	16	46.0	2	NA	2	NA
Stanly	71	113.3	38	60.7	3	NA	21	33.5	7	11.2	2	NA
Stokes	36	78.9	16	35.1	1	NA	14	30.7	5	11.0	0	0.0
Surry	92	128.2	48	66.9	4	NA	29	40.4	10	13.9	1	NA
Swain	35	244.6	16	111.8	0	0.0	14	97.8	4	NA	1	NA
Transylvania	37	108.0	16	46.7	0	0.0	12	35.0	7	20.4	2	NA



County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Tyrrell	5	131.1	4	NA	1	NA	0	0.0	0	0.0	0	0.0
Union	130	54.2	65	27.1	8	3.3	37	15.4	19	7.9	1	NA
Vance	48	107.5	26	58.2	8	17.9	6	13.4	4	NA	4	NA
Wake	858	77.1	463	41.6	43	3.9	218	19.6	115	10.3	19	1.7
Warren	13	66.0	5	25.4	2	NA	3	NA	3	NA	0	0.0
Washington	8	68.8	4	NA	2	NA	2	NA	0	0.0	0	0.0
Watauga	45	80.0	16	28.4	2	NA	12	21.3	15	26.7	0	0.0
Wayne	158	127.5	90	72.6	5	4.0	45	36.3	15	12.1	3	NA
Wilkes	76	111.3	33	48.3	2	NA	25	36.6	13	19.0	3	NA
Wilson	97	118.6	27	33.0	5	6.1	58	70.9	7	8.6	0	0.0
Yadkin	31	82.4	17	45.2	2	NA	7	18.6	5	13.3	0	0.0
Yancey	16	88.6	3	NA	1	NA	9	49.8	3	NA	0	0.0
<b>NC Total</b>	<b>11870</b>	<b>113.0</b>	<b>6255</b>	<b>59.6</b>	<b>764</b>	<b>7.3</b>	<b>3223</b>	<b>30.7</b>	<b>1373</b>	<b>13.1</b>	<b>255</b>	<b>2.4</b>
Out of State	5	ND	0	ND	4	ND	0	ND	0	ND	1	ND
<b>Total</b>	<b>11875</b>		<b>6255</b>		<b>768</b>		<b>3223</b>		<b>1373</b>		<b>256</b>	