



2024 ANNUAL REPORT

Office of the Chief Medical Examiner (OCME)

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Table of Contents

BACKGROUND	4
Jurisdictional Authority	4
Autopsy Facilities and Designated Counties.....	6
2022 MEDICAL EXAMINER CASES.....	7
Total Deaths and Autopsies	8
Deaths Investigated by the Medical Examiner System	8
Autopsies Performed by the Medical Examiner System.....	8
Autopsies Performed at OCME.....	9
Deaths by County of Death.....	10
Manner of Death.....	11
Deaths by Race/Ethnicity	13
Deaths by Gender.....	14
Deaths by Age Group	15
Deaths by Gender and Age Group.....	16
Accidental Deaths	17
Accidental Deaths by County of Death	18
Accidental Deaths by Race/Ethnicity.....	19
Accidental Deaths by Age Group.....	19
Accidental Deaths by Gender and Age Group	20
Accidental Deaths by Means of Death	20
Accidental Deaths Attributed to Falls/Jumps.....	21
Accidental Deaths Attributed to Motor Vehicles	22
Accidental Deaths Attributed to Poisoning	23
Homicide Deaths	24
Homicide Deaths by County of Death	25
Homicide Deaths by Race/Ethnicity	26
Homicide Deaths by Age Group.....	26
Homicide Deaths by Gender and Age Group.....	27
Homicide Deaths by Means of Death.....	27

Natural Deaths	28
Natural Deaths by County of Death	29
Natural Deaths by Race/Ethnicity.....	30
Natural Deaths by Age Group.....	30
Natural Deaths by Gender and Age Group	31
Suicide Deaths	32
Suicide Deaths by County of Death	33
Suicide Deaths by Race/Ethnicity	34
Suicide Deaths by Age Group.....	34
Suicide Deaths by Gender and Age Group.....	35
Suicide Deaths by Means of Death.....	35
Technical Notes.....	36
Glossary	38
References	42
Appendix: North Carolina County of Death Table	43

BACKGROUND

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. The OCME, a pivotal entity, is responsible for overseeing the operations of the entire medical examiner system (ME System) in North Carolina and is assisted in that effort by three (3) regional autopsy centers and four (4) hospital-based pathology practices contracted to perform autopsies for the medical examiner system.

Session Law 2023-134, Section 9H.8.(g) mandates the Office of the Chief Medical Examiner to submit an annual report each February. This report, a crucial tool for transparency and accountability, provides a comprehensive overview of the North Carolina medical examiner system's local and regional autopsy centers.

The data are considered provisional and subject to change as cases continue to be finalized and entered, and some cases may not yet be captured within tracking systems. Data on cases from 2023 and 2024 and later are not included as they were unavailable at the time of the data query for this report's submission.

The report includes vital data on medical examiner jurisdictional cases, toxicology testing, District Attorney ordered autopsies for suspected death by distribution violation, submitted death certificates, and pending/not yet submitted death certificates for calendar year 2023. This data is instrumental in understanding the performance and challenges of the medical examiner system in North Carolina.

Limitations of current data systems.

While we are implementing a new information technology system to enhance our data tracking and reporting capabilities, it's important to note that our existing system, which was used to develop this annual report, has some limitations. For instance, it lacks key data points such as the date the case commenced and details on autopsies completed and pending at our regional autopsy centers. We anticipate that these limitations will be addressed with the successful launch of our new system, which is currently being developed and implemented.

About the Medical Examiner System in North Carolina Jurisdictional Authority

There are approximately 110,000 deaths each year in North Carolina, but only a portion (less than 15%) are referred to the medical examiner system. Under § 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 340 county medical examiners, at least two in each county—all of whom are appointed by NC’s Chief Medical Examiner. All county medical examiners have some medical or death investigation background. The appointment for local medical examiners is for three years, and initial training (orientation) and ongoing, continuing education are required. Once the medical examiner has determined that a death falls under the jurisdiction of the medical examiner system, the examiner may perform an external examination on the body, collect specimens for toxicological testing, provide an investigation report to the OCME, and assist in certifying the cause and manner of death on the death certificate.

The medical examiner determines whether the body requires an autopsy based on the investigation and OCME guidelines and statutes. Such cases will receive external and internal examination at facilities staffed by forensic or anatomic pathologists. There are four Regional Autopsy Centers (RACs), which are staffed by American Board of Pathology-certified forensic anatomic pathologists, and there are four Autopsy Centers, which are staffed by American Board of Pathology-certified anatomic pathologists.

The four Regional Autopsy Centers in the state include the Office of the Chief Medical Examiner in Raleigh (a state agency), which performs one-third of all medicolegal autopsies in the system. The other three are contracted entities in Greenville, staffed by East Carolina University (ECU) at Brody School of Medicine; Winston-Salem, staffed by Wake Forest University Health Services (WFUHS); and Charlotte, staffed by the County of Mecklenburg Medical Examiner’s Office (Meck). The four hospital-based Autopsy Centers, which are also under contract, are at Coastal Pathology Associates at Onslow Memorial Hospital in Jacksonville, Falvy C. Barr, Jr., MD. at Sampson Regional Medical Center in Clinton, Southeastern Pathology Associates in Lumberton, and Mountain Pathology Services at Harris Regional Hospital in Sylva.

OCME in Raleigh serves as the central administrative office of the NC Examiner System, providing oversight for the statewide ME system. OCME is the only system component operated by the State of North Carolina. In addition to serving as a Regional Autopsy Center, OCME includes a forensic toxicology laboratory accredited by the American Board of Forensic Toxicology that provides toxicology testing for the entire ME system. OCME is a section within the Division of Public Health (DPH), part of the North Carolina Department of Health and Human Services (NC DHHS).

Autopsy Facilities and Designated Counties

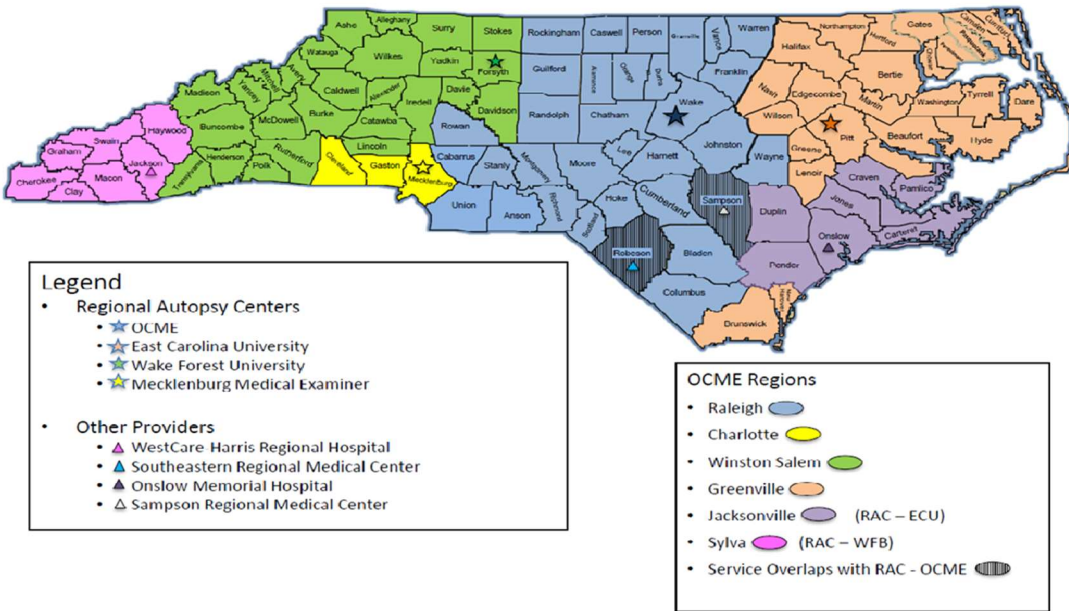
Facility	Counties Served
Office of the Chief Medical Examiner (OCME)	(33) Alamance, **Anson, Bladen, **Cabarrus, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, *Robeson, Rockingham, Rowan, *Sampson, Scotland, Stanly, **Union, Vance, Wake, Warren, Wayne
Southeastern Pathology Associates Falvy C. Barr, Jr., MD	*Robeson *Sampson
East Carolina University	(31) Beaufort, Bertie, Brunswick, Camden, *Carteret, Chowan, *Craven, Currituck, Dare, *Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, *Jones, Lenoir, Martin, Nash, *New Hanover, Northampton, *Onslow, *Pamlico, Pasquotank, *Pender, Perquimans, Pitt, Tyrrell, Washington, Wilson
Coastal Pathology Associates	(7) *Carteret, *Craven, *Duplin, *Jones, *Onslow, *Pamlico, *Pender)*
Wake Forest University Health Services	(33) Alexander, Allegheny, Ashe, Avery, Buncombe, Burke, Caldwell, ***Catawba, *Cherokee, *Clay, Davidson, Davie, Forsyth, *Graham, *Haywood, Henderson, Iredell, *Jackson, Lincoln, Madison, McDowell, *Macon, Mitchell, Polk, Rutherford, Stokes, Surry, *Swain, Transylvania, Watauga, Wilkes, Yadkin, Yancey
County of Mecklenburg	(3) Cleveland, Gaston, Mecklenburg
Mountain Pathology Services	(7) *Cherokee, *Clay, *Graham, *Haywood, *Jackson, *Macon, *Swain

Note: * County designations may overlap with multiple regional facilities.

** Absorbed by OCME in 2022 without additional resources when the autopsy center eliminated coverage.

*** Absorbed by WFUHS in 2021 when the autopsy center stopped providing ME/Autopsy services.

Medical Examiner Autopsy Centers in North Carolina



2022 MEDICAL EXAMINER CASES

In 2022, an estimated 113,873 people died in North Carolina, and 19,191 of these deaths were referred to the ME system. Of these referred deaths, 16,813 were accepted as jurisdictional cases and investigated by the ME system, and 1.6% of the cases are pending final determination (n=256). At the time of this report, 15,979 (95%) of medical examiner cases have a certified death certificate.

Note: Pending refers to deaths when determining manner depends on further information (Centers for Disease Control). All case counts exclude assessment for non-human remains, historical remains, fetal deaths, those that are not yet identified, delayed examinations where death occurred before 2022 (e.g., exhumations), and deaths occurring outside North Carolina.

Table 1. Overview of Deaths Reported and Jurisdictional Dispositions, 2022

	<i>OCME Jurisdiction*</i>	<i>NC Medical Examiner System</i>
<i>Total Deaths¹</i>	49,093	113,873
<i>Deaths Referred to ME¹</i>	8,618	19,191
<i>Cases Declined by ME¹</i>	1,107 (12.8%)	2,378 (12.4%)
<i>Deaths Investigated by ME¹</i>	7,511 (87.2%)	16,813 (87.6%)
<i>Deaths Certified by ME¹</i>	7,183	15,979
<i>Autopsies¹</i>	1,530	4,906
<i>Scene Visits²</i>	117	N/A
<i>Cases with Toxicology Performed²</i>	6,804 (94.7%)	14,633 (91.6%)
<i>External and Supplemental Examinations²</i>	2,398	N/A
<i>Unidentified Bodies After Examination²</i>	226	N/A
<i>Exhumation²</i>	0	N/A
<i>Bodies Brought to OCME²</i>	3,780	N/A
<i>Bodies Transported by OCME²</i>	3,752	N/A
<i>Unclaimed Bodies²</i>	116	N/A
<i>Organ/Tissue Donations³</i>	288	535

Note: *OCME jurisdiction: deaths investigated by the ME system in the 33 counties OCME serves and autopsies performed at OCME (see Technical Notes), including Falvy C. Barr, Jr., MD and Southeastern Pathology Associates because services overlap with OCME. OCME does not perform partial autopsies or hospital autopsies.

¹Data Source: NC DHHS/Division of Public Health/State Center for Health Statistics, provisional

²Data Source: Office of the Chief Medical Examiner (OCME)

³Data Source: HonorBridge & LifeShare Carolinas

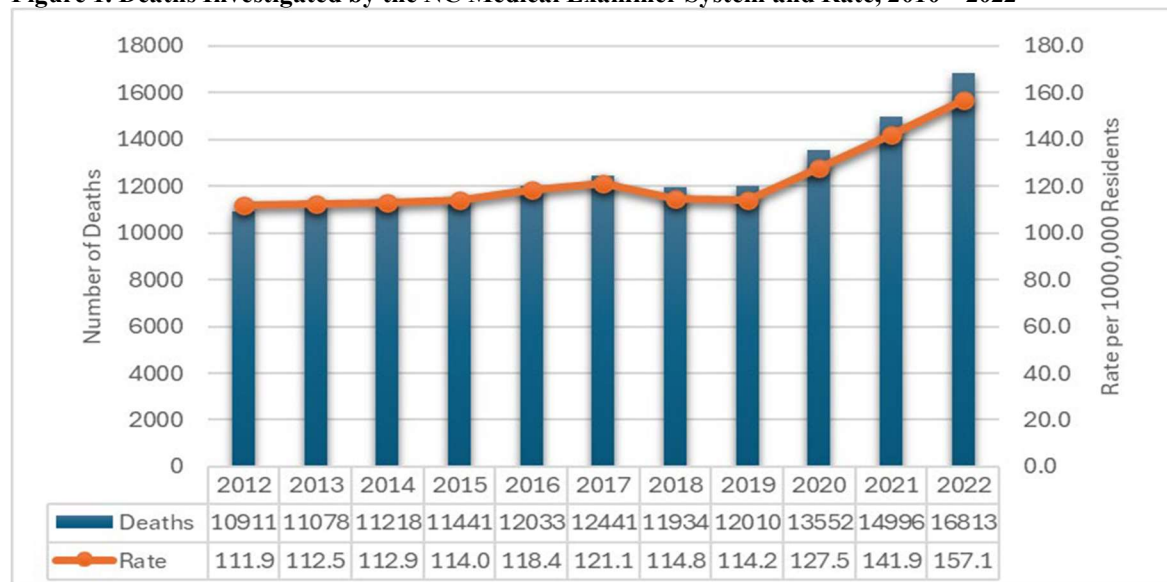
Total Deaths and Autopsies

Deaths Investigated by the Medical Examiner System

The ME system investigated a record number of deaths in 2022 (n=16,813), a 12.1% increase from the previous year’s caseload (n=14,996) and a 54.1% increase in deaths investigated compared to 2012 (n=10,911). The rate of deaths investigated by the ME system increased from 114.2 deaths per 100,000 NC residents in 2019 to 157.1 deaths per 100,000 NC residents in 2022.

Note: Rates include pending cases and exclude fetal deaths, non-human deaths, and deaths occurring outside North Carolina.

Figure 1. Deaths Investigated by the NC Medical Examiner System and Rate, 2010 – 2022

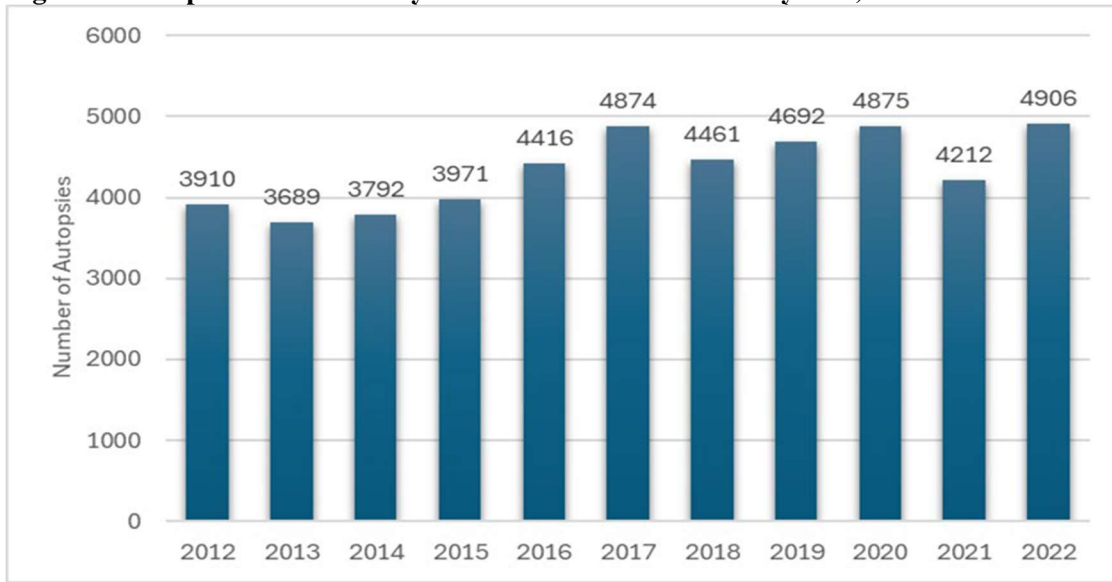


Note: Rates per 100,000 NC residents.

Autopsies Performed by the Medical Examiner System

The ME system performed 4,906 autopsies in 2022, the most performed annually, followed by autopsies in 2020 (n=4,875). Of the 16,813 deaths investigated by the ME system, 29.0% of cases were autopsied. Over 4,000 autopsies have been performed annually since 2016.

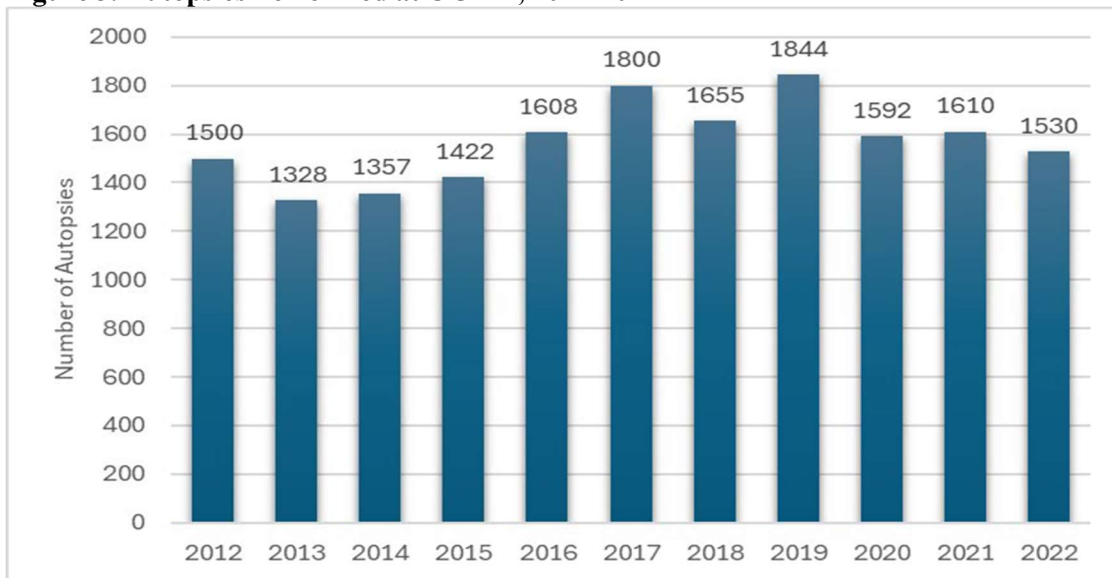
Figure 2. Autopsies Performed by the NC Medical Examiner System, 2012-2022



Autopsies Performed at OCME

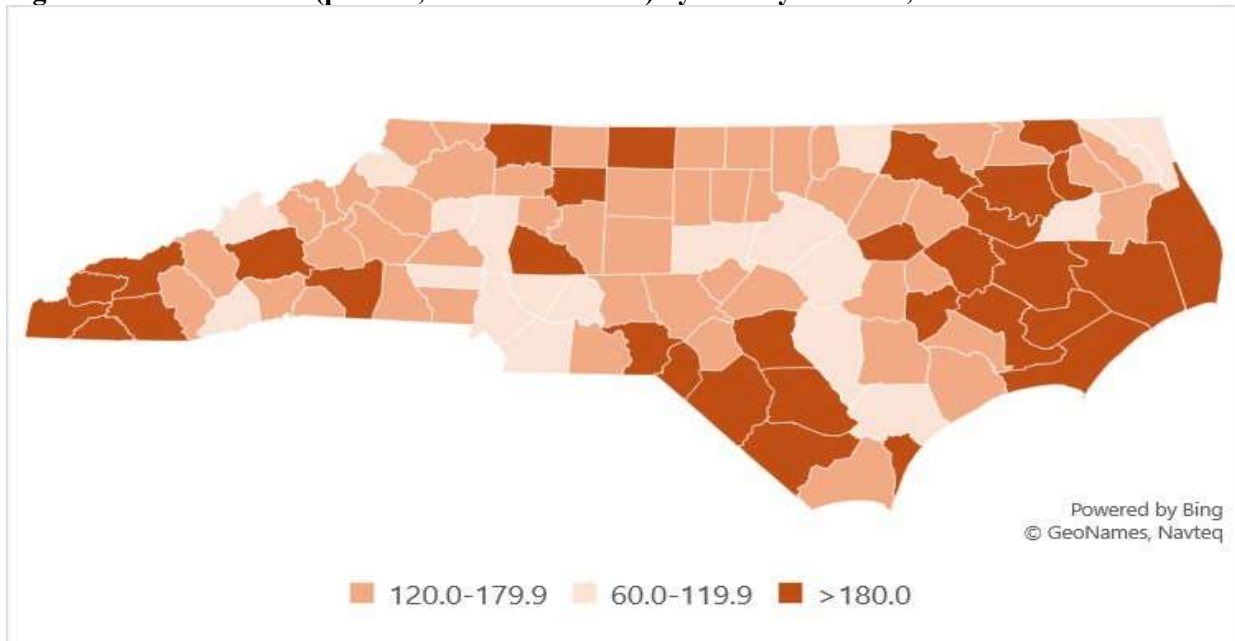
1,530 autopsies were performed at the OCME in 2022, representing a decrease in total autopsies performed at the OCME compared to 2019 (n=1,844). Of the 4,906 autopsies performed by the ME system in 2022, 31.2% were performed at the OCME. Of the 7,511 deaths investigated by the OCME in 2022, 20.4% of cases were autopsied.

Figure 3. Autopsies Performed at OCME, 2012-2022



Deaths by County of Death

Figure 4. Rate of Deaths (per 100,000 NC Residents) by County of Death, 2022



Note: Rates per 100,000 NC residents. The data shown represents the county of death for deaths certified by the medical examiner system. Death totals and rates for all 100 NC counties are provided in the Appendix.

About one-fifth of the 100 North Carolina urban and rural counties had an overall death rate greater than 200 deaths per 100,000 NC residents. The top three counties are Gates County (337.1 deaths per 100,000), Pitt County (270.8 deaths per 100,000), and Macon County (265.3 deaths per 100,000). The overall death rate for Gates County was more than double the statewide death rate (151.5 deaths per 100,000).

Table 2. Top 10 Overall Death Rates (per 100,000) by County of Death

County of Death	Total Deaths	
	Deaths	Rate
Gates	35	337.1
Pitt	470	270.8
Macon	101	265.3
Hyde	12	262.2
Dare	98	258.2
Swain	36	257.8
Robeson	300	257.2
Cherokee	75	254.1
Richmond	105	245.5
Scotland	83	243.0
NC Total	16215	151.5

Note: Rates per 100,000 NC residents.

*Excludes 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 ME system in 2022 were classified as Accident (n=8,821). Of the remaining cases, 26.2% were certified as Natural (n=4,251), 9.9% were certified as Suicide (n=1,610), 6.1% were certified as Homicide (n=989), and 1.8% were certified as Undetermined (n=287).

Trends:

- Compared to 2021, accidental deaths increased by 11.8% and homicide deaths increased by 5.0%. There was a significant increase in deaths certified as Natural (15.7%) and Suicide (21.1%).
- Accidental deaths continued to increase in 2022. Although there was a significant increase in the number of natural deaths in 2022, the proportion of ME cases certified as Natural declined from 35.0% in 2016 to 26.2% in 2022.
- Of all deaths investigated by the ME system, non-Hispanic American Indian/Alaskan Native (NH AI/AN) individuals had the highest overall death rate in 2022 (271.6 deaths per 100,000).
- The overall death rate among males (211.6 deaths per 100,000) was more than double the rate among females (94.0 deaths per 100,000 residents).
- Overall death rates were highest among the 65-year-old and older age group (250.8 deaths per 100,000) and lowest among the 5-14-year-old age group (15.3 deaths per 100,000).

Figure 5. Percentage of Deaths Certified by Manner of Death, 2022

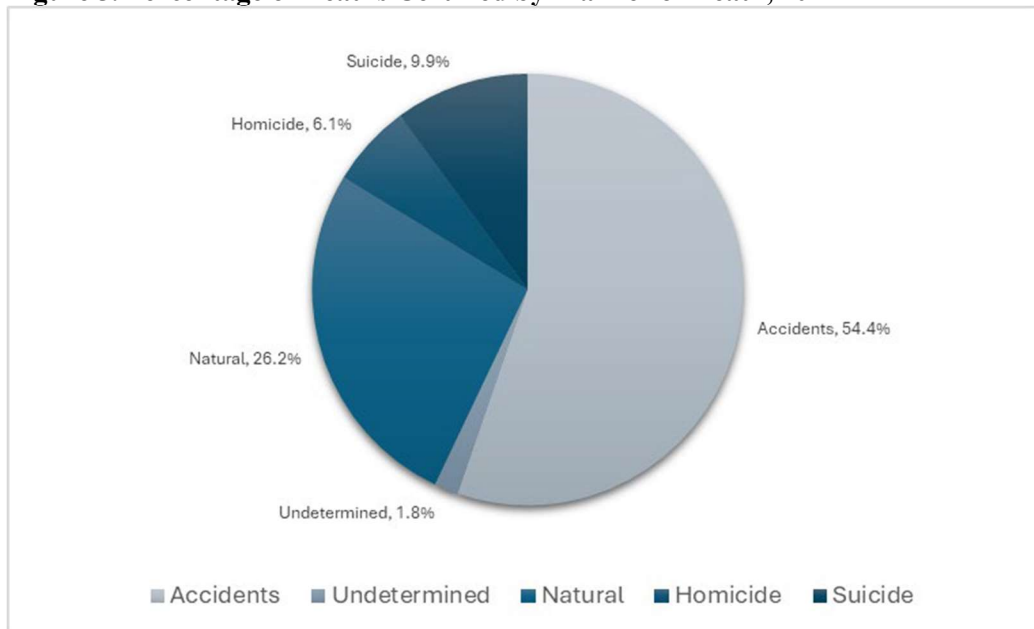


Figure 6. Number and Rate of Deaths (per 100,000) Certified by Manner of Death, 2022

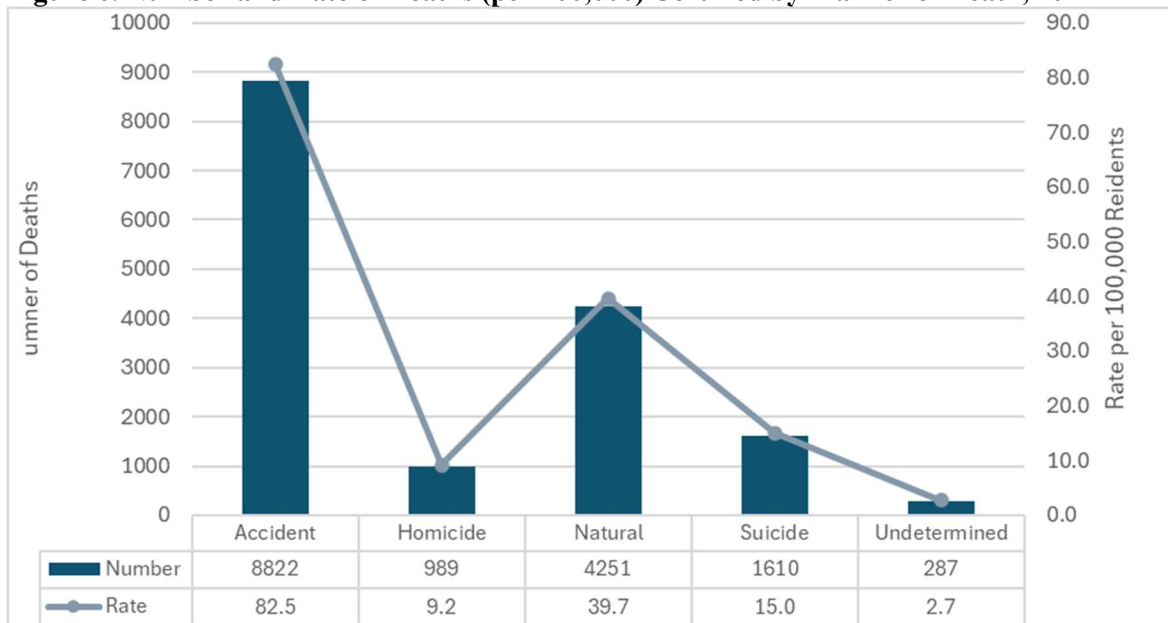


Figure 7. Number of Deaths Certified by the ME System by Manner of Death, 2016 -2022

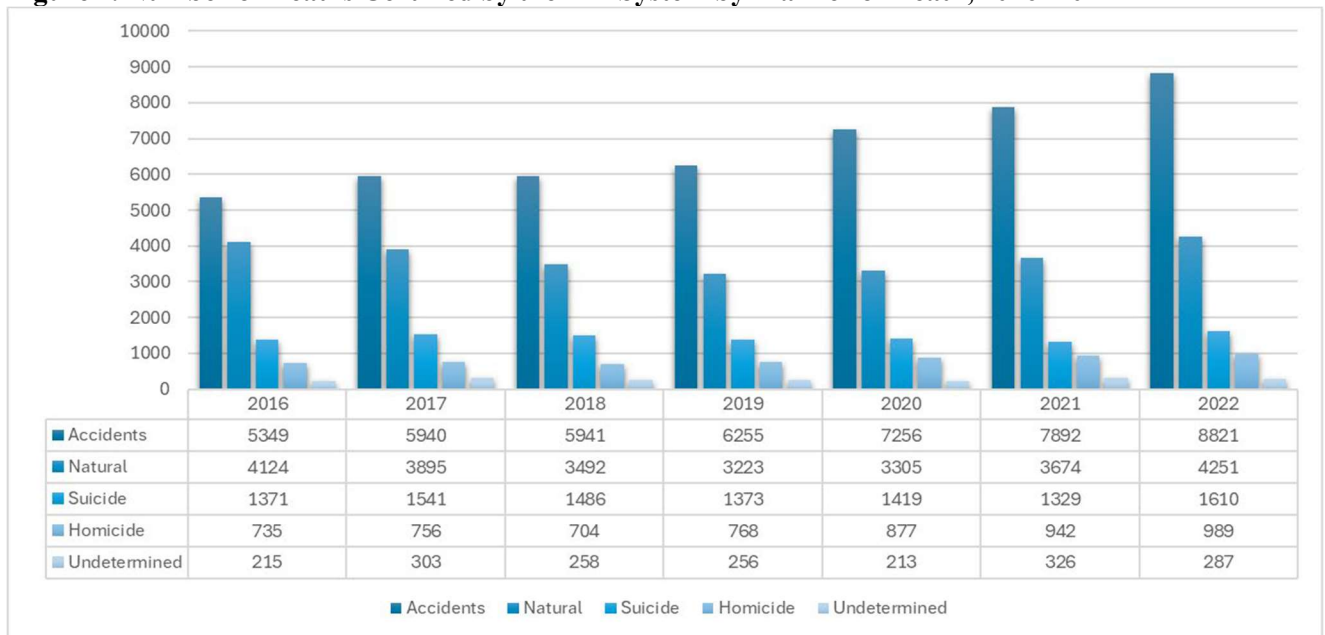
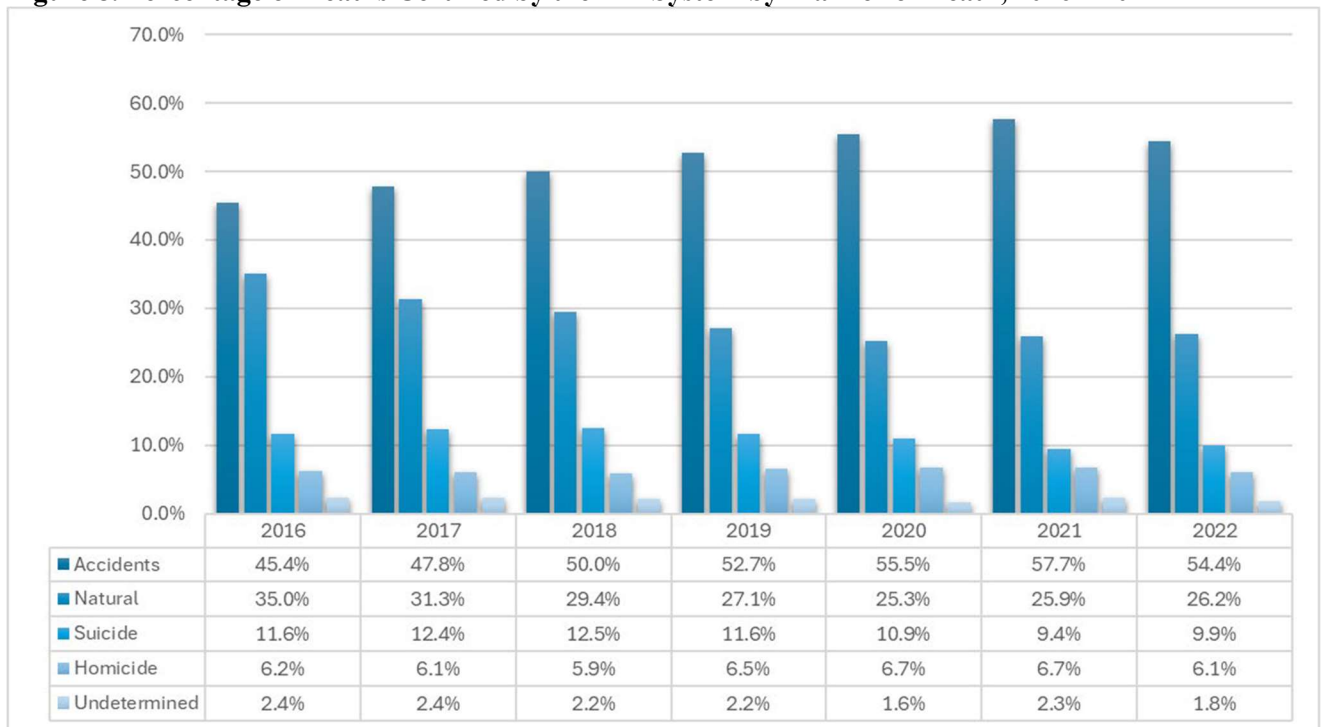
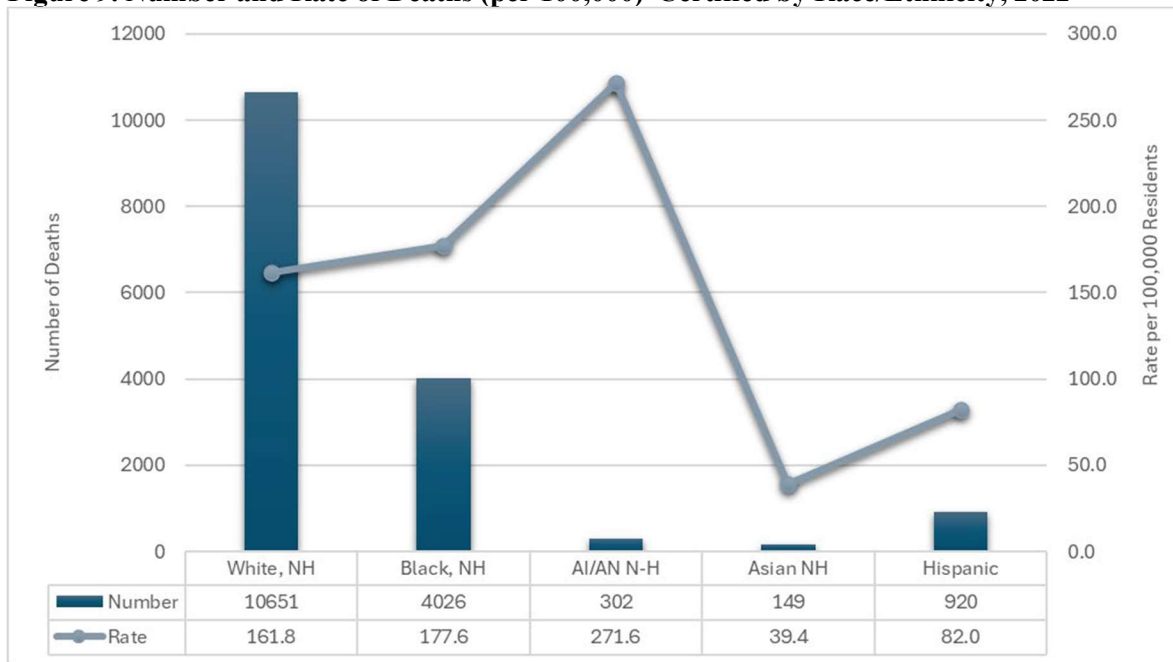


Figure 8. Percentage of Deaths Certified by the ME System by Manner of Death, 2016 – 2022



Deaths by Race/Ethnicity

Figure 9. Number and Rate of Deaths (per 100,000) Certified by Race/Ethnicity, 2022



Note: AI/AN, NH: non-Hispanic American Indian or Alaskan Native
 *Rates per 100,000 NC residents,

Table 3. Number and Rate of Deaths Certified by Race/Ethnicity and Manner, 2022

Race/Ethnicity	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
White, NH	10651	161.8	6057	92.0	243	3.7	2801	42.5	1255	19.1	140	2.1
Black, NH	4026	177.6	1929	85.1	607	26.8	1120	49.4	199	8.8	98	4.3
AI/AN, NH	302	271.6	188	169.1	30	27.0	50	45.0	25	22.5	2	1.8
Asian NH	149	39.4	53	14.0	3	0.8	52	13.8	35	9.3	2	0.5
Hispanic	920	82.0	505	45.0	93	8.3	197	17.6	83	7.4	28	2.5
NC Total	16215	151.5	8822	82.5	989	9.2	4251	39.7	1610	15	287	2.7

Note: AI/AN, NH: non-Hispanic American Indian or Alaskan Native
 *Rates per 100,000 NC residents

Deaths by Gender

Figure 10. Number and Rate (per 100,000) of Deaths Certified by Gender and Manner, 2022

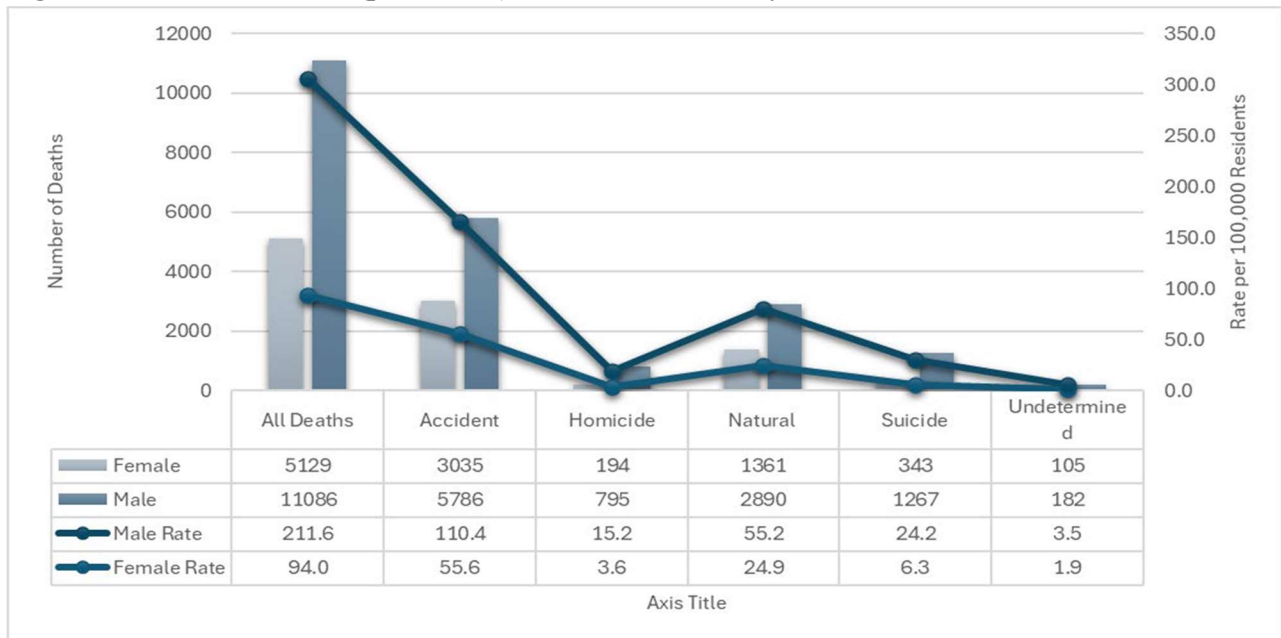


Table 4. Number and Rate of Deaths Certified by Gender and Manner, 2022

Sex	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Female	5129	94.0	3035	55.6	194	3.6	1361	24.9	343	6.3	105	1.9
Male	11086	211.6	5786	110.4	795	15.2	2890	55.2	1267	24.2	182	3.5
NC Total	16215	151.5	8822	82.5	989	9.2	4251	39.7	1610	15	287	2.7

Note: Rates per 100,000 NC residents, excludes out-of-state deaths.

Deaths by Age Group

Figure 11. Number and Rate (per 100,000) of Deaths Certified by Age Group, 2022

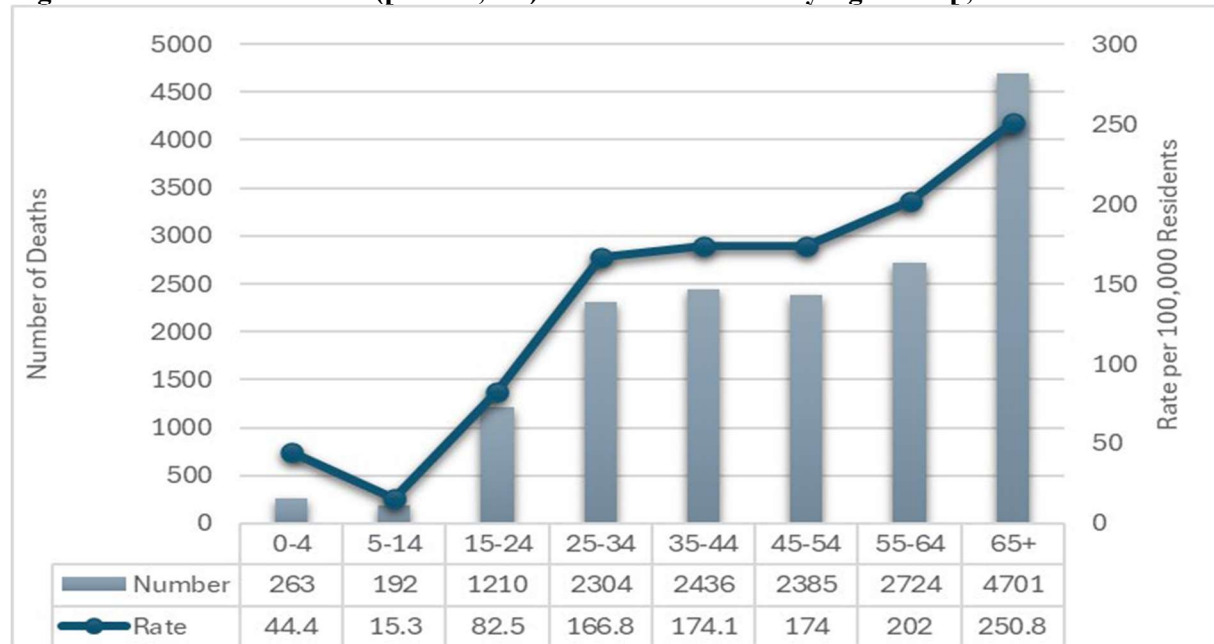


Table 5. Number and Rate (per 100,000) of Deaths Certified by Age Group and Manner, 2022

Age Group	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Total	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
0-4	263	44.4	87	14.7	21	3.5	36	6.1	0	0.0	95	16.0
5-14	192	15.3	83	6.6	21	1.7	33	2.6	16	1.3	30	2.4
15-24	1210	82.5	636	43.4	271	18.5	54	3.7	212	14.5	20	1.4
25-34	2304	166.8	1509	109.2	256	18.5	198	14.3	269	19.5	35	2.5
35-44	2436	174.1	1511	108.0	171	12.2	410	29.3	262	18.7	36	2.6
45-54	2385	174.0	1299	94.8	110	8.0	650	47.4	238	17.4	28	2.0
55-64	2724	202.0	1155	85.7	81	6.0	1170	86.8	252	18.7	23	1.7
65+	4701	250.8	2541	135.6	58	3.1	1700	90.7	361	19.3	20	1.1
NC Total	16215	151.5	8822	82.5	989	9.2	4251	39.7	1610	15.0	287	2.7

Note: Rates per 100,000 NC residents, excludes out-of-state deaths.

Deaths by Gender and Age Group

Figure 12 Number and Rate(per 100,000) of Deaths Certified by Gender and Age Group, 2022

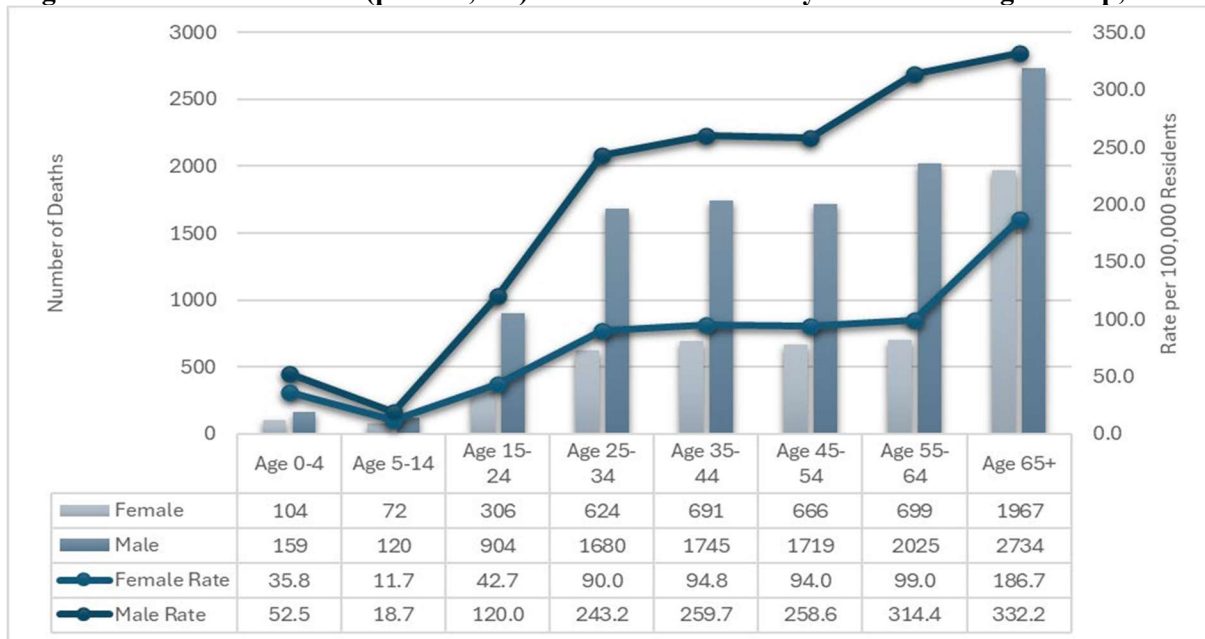


Table 6. Number and Rate of Deaths Certified by Gender, Age Group and Manner, 2022

Age Group	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Total	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
0-4	104	35.8	33	11.4	7	2.4	17	5.9	0	0.0	35	12.1
5-14	72	11.7	36	5.8	6	1.0	14	2.3	4	0.6	9	1.5
15-24	306	42.7	197	27.5	30	4.2	18	2.5	45	6.3	8	1.1
25-34	624	90.0	439	63.3	39	5.6	74	10.7	47	6.8	12	1.7
35-44	691	94.8	444	60.9	36	4.9	114	15.6	70	9.6	11	1.5
45-54	666	94.0	368	52.0	33	4.7	177	25.0	56	7.9	11	1.6
55-64	699	99.0	311	44.0	20	2.8	294	41.6	53	7.5	8	1.1
65+	1967	186.7	1207	114.6	23	2.2	653	62.0	68	6.5	11	1.0
Female Total	5129	93.0	3035	55.1	194	3.5	1361	24.7	343	6.2	105	1.9
0-4	159	52.5	54	17.8	14	4.6	19	6.3	0	0.0	60	19.8
5-14	120	18.7	47	7.3	15	2.3	19	3.0	12	1.9	21	3.3
15-24	904	120.0	439	58.3	241	32.0	36	4.8	167	22.2	12	1.6
25-34	1680	243.2	1070	154.9	217	31.4	124	18.0	222	32.1	23	3.3
35-44	1745	259.7	1067	158.8	135	20.1	296	44.0	192	28.6	25	3.7
45-54	1719	258.6	931	140.1	77	11.6	473	71.2	182	27.4	17	2.6
55-64	2025	314.4	844	131.0	61	9.5	876	136.0	199	30.9	15	2.3
65+	2734	332.2	1334	162.1	35	4.3	1047	127.2	293	35.6	9	1.1
Male Total	11086	213.5	5786	111.4	795	15.3	2890	55.7	1267	24.4	182	3.5
NC Total	16215	151.5	8822	82.5	989	9.2	4251	39.7	1610	15.0	287	2.7

Note: *Rates per 100,000 NC residents,

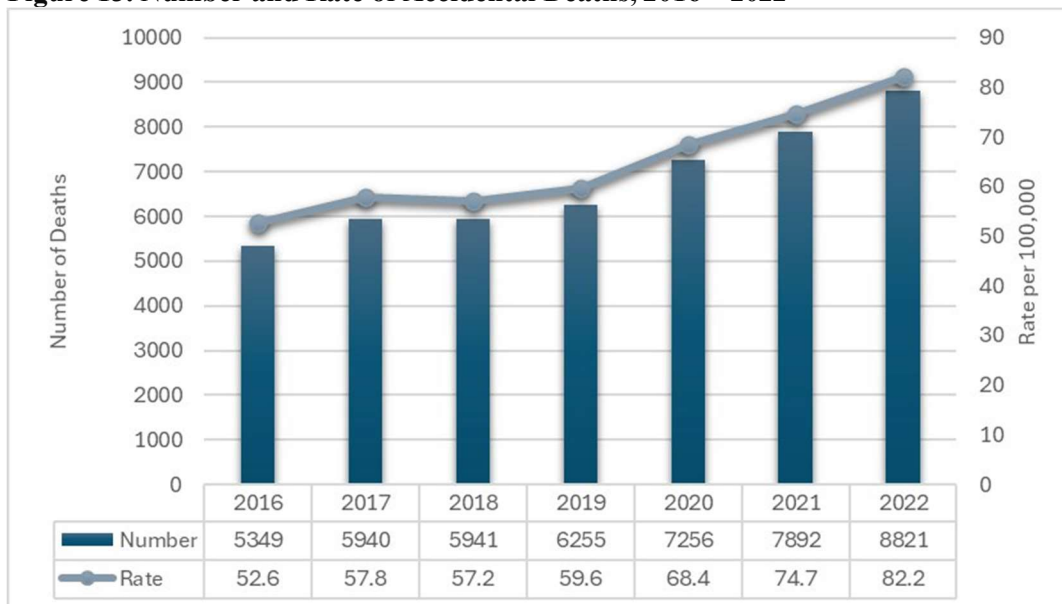
Accidental Deaths

Accidental deaths accounted for more than half of deaths investigated and certified by the ME system in 2022 (54.4%). The number of deaths certified as Accident in 2022 (n=8,822) increased by 11.7% from 2021 (n=7,892).

Trends:

- Non-Hispanic American Indian/Alaskan Native individuals had the highest accidental death rate (169.1 deaths per 100,000); non-Hispanic White individuals had the greatest number of accidental deaths (n=6,057).
- The 65-year-old and older age group had the highest accidental death rate (135.6 deaths per 100,000), with more than half of accidental deaths in this age group attributed to falls/jumps (n=1,573).
- Males had more than double the rate of accidental deaths compared to females (110.3 deaths and 55.6 deaths per 100,000, respectively). Males had a higher accidental death rate across all age groups compared to females of the same age.
- Poisoning was the leading means of accidental deaths (n=4,109), followed by motor vehicle accidents (1,883).
- Poisoning deaths are often drug overdoses; see monthly Suspected Overdose Deaths report for more information: https://www.ocme.dhhs.nc.gov/annreport/docs/OCME_Monthly_Suspected_OD_Report-Dec2023.pdf
- Deaths attributed to motor vehicle accidents have gradually increased from 869 in 2020 to 1,883 in 2022.
- Poisoning deaths increased dramatically 119.5% in 2022 (n=4,109) compared to 2016 (n=1,872). The rate of accidental poisoning deaths in 2022 was more than double 2015 (38.4 deaths and 14.8 deaths per 100,000, respectively).
- Poisoning accounted for more than half of accidental deaths among the 35-44-year-olds (n=1,114), 25-34-year-olds (n=1,080), and 45-54-year-old (n=878) age groups.

Figure 13. Number and Rate of Accidental Deaths, 2016 – 2022

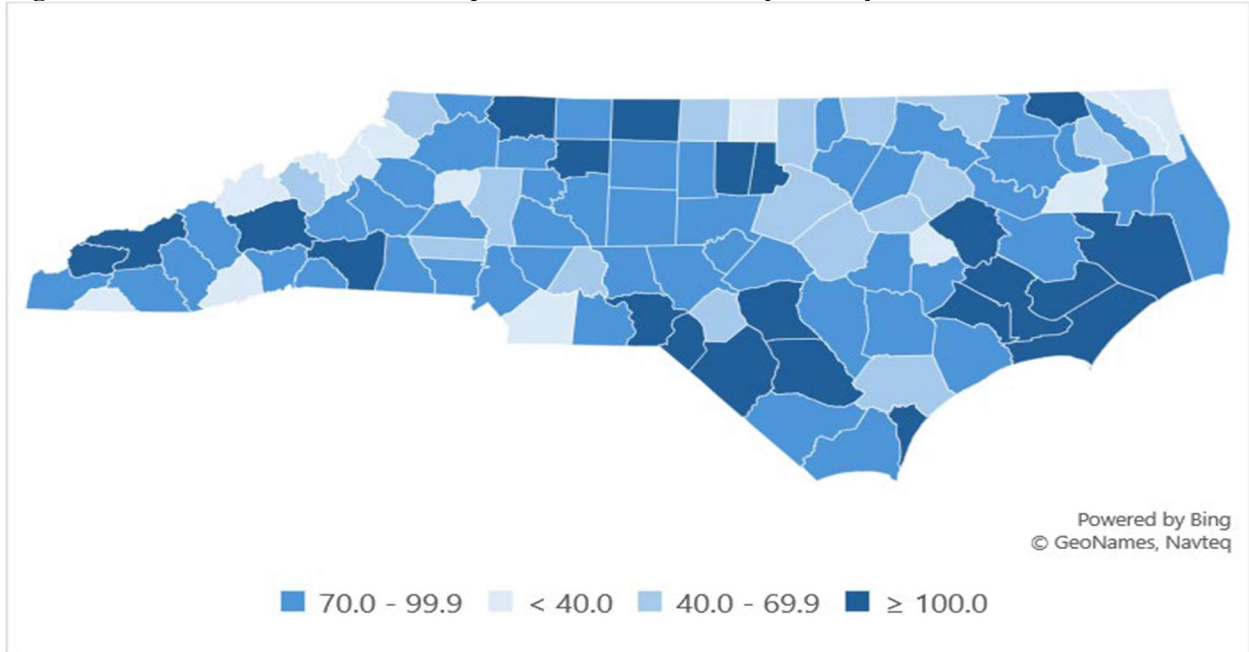


Note: Rates per 100,000 NC residents.

Accidental Deaths by County of Death

Death totals and rates for all 100 NC counties are provided in the Appendix.

Figure 14. Rate of Accidental Deaths per 100,000 Residents by County of Death, 2022



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 accidental death rate (150.3 deaths per 100,000), followed by Swain County (134.0 deaths per 100,000) and Graham County (129.8 deaths per 100,000). The accidental death rate for Pitt County was more than double the statewide rate (68.4 deaths per 100,000).

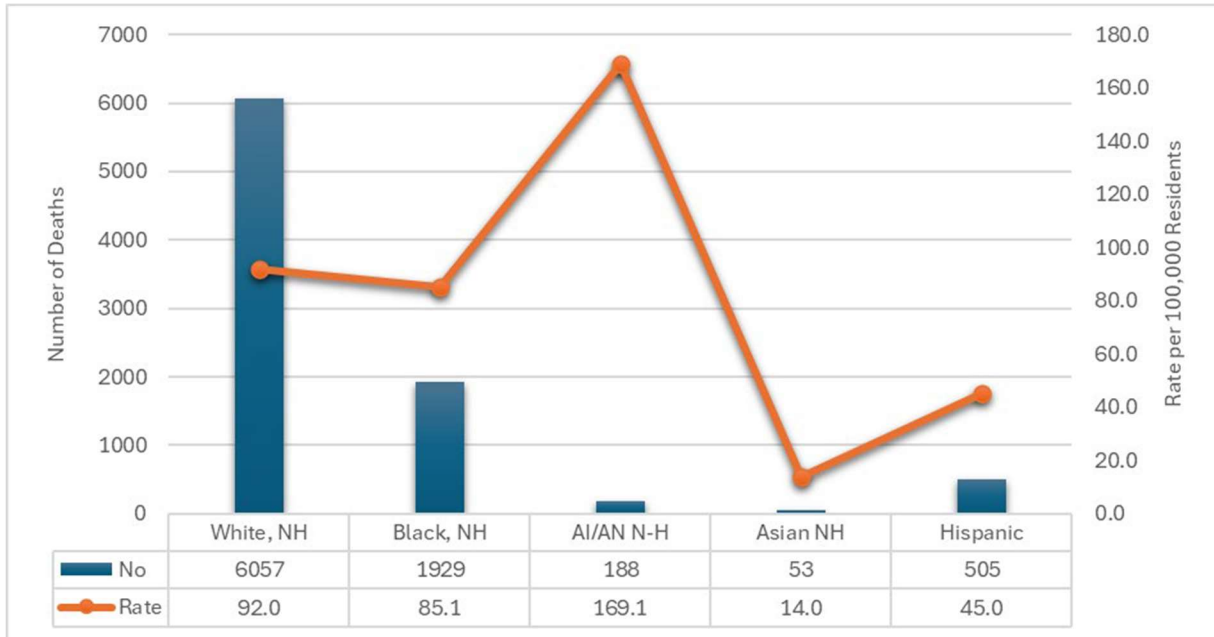
Table 7. Top 10 Accidental Death Rates by County of Death, 2022

County of Death	Accidents	Rate
Pitt	311	179.2
Robeson	191	163.7
Buncombe	417	152.4
Forsyth	534	137.2
Richmond	57	133.2
Jones	12	130.0
New Hanover	301	128.1
Graham	10	125.3
Surry	86	120.4
Craven	116	115.0
NC Total*	8821	82.4

Note: Rates per 100,000 NC residents.

Accidental Deaths by Race/Ethnicity

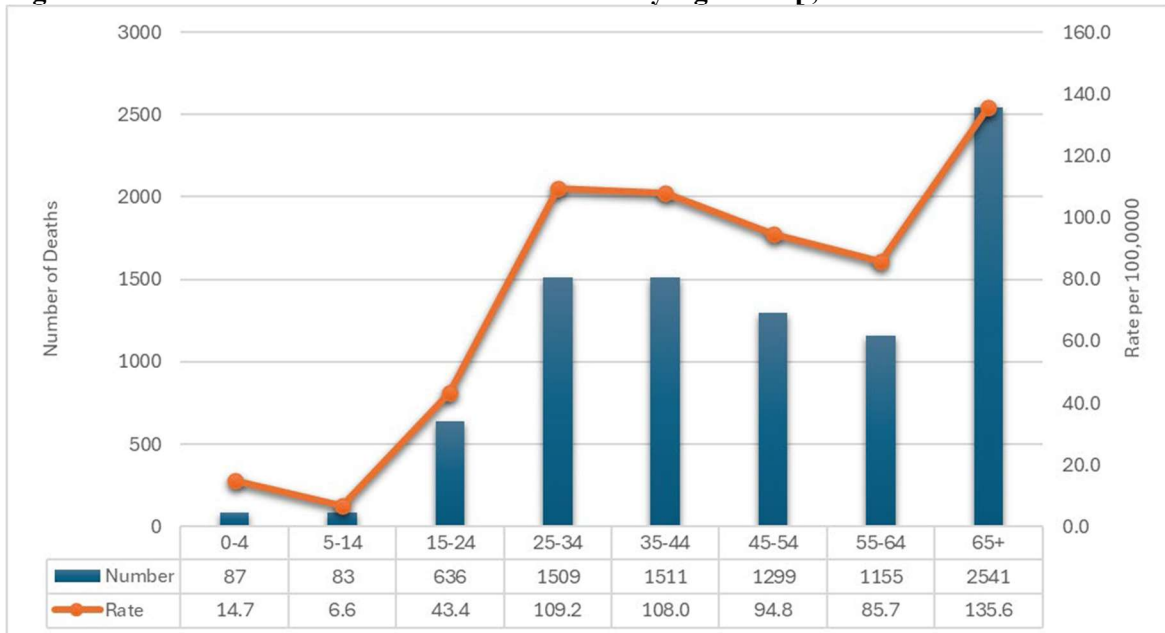
Figure 15. Number and Rate of Accidental Deaths by Race/Ethnicity, 2022



Note: AI/AN, NH: non-Hispanic American Indian or Alaskan Native
Rates per 100,000 NC residents.

Accidental Deaths by Age Group

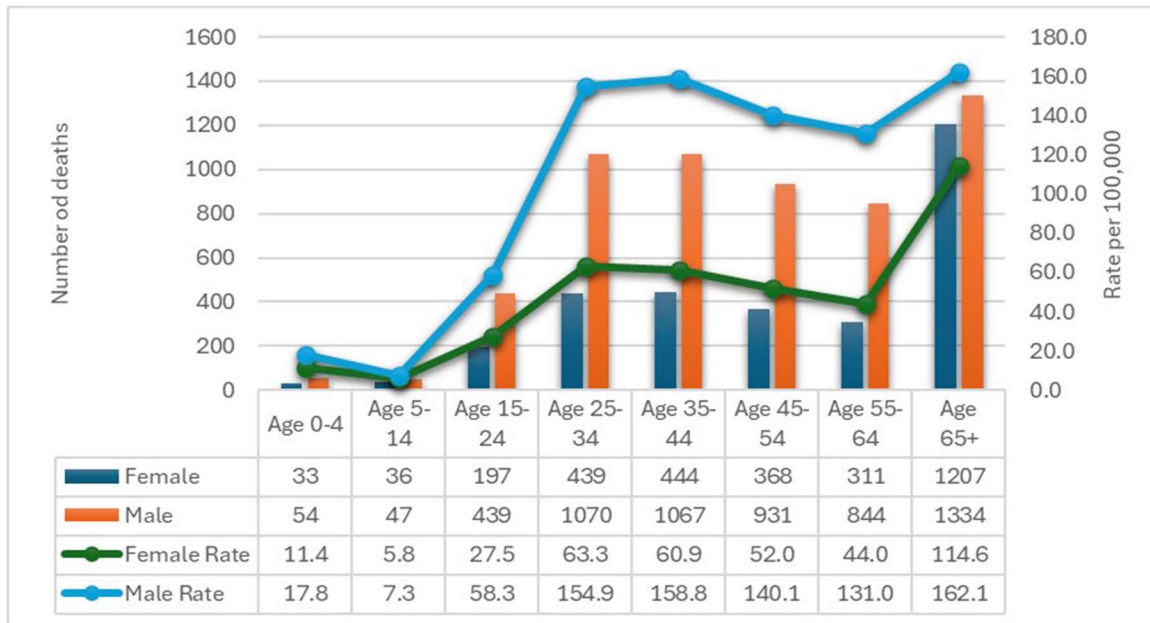
Figure 16. Number and Rate of Accidental Deaths by Age Group, 2022



Note: Rates per 100,000 NC residents.

Accidental Deaths by Gender and Age Group

Figure 17 Number and Rate of Accidental Deaths by Gender and Age Group, 2022



Note: Rates per 100,000 NC residents.

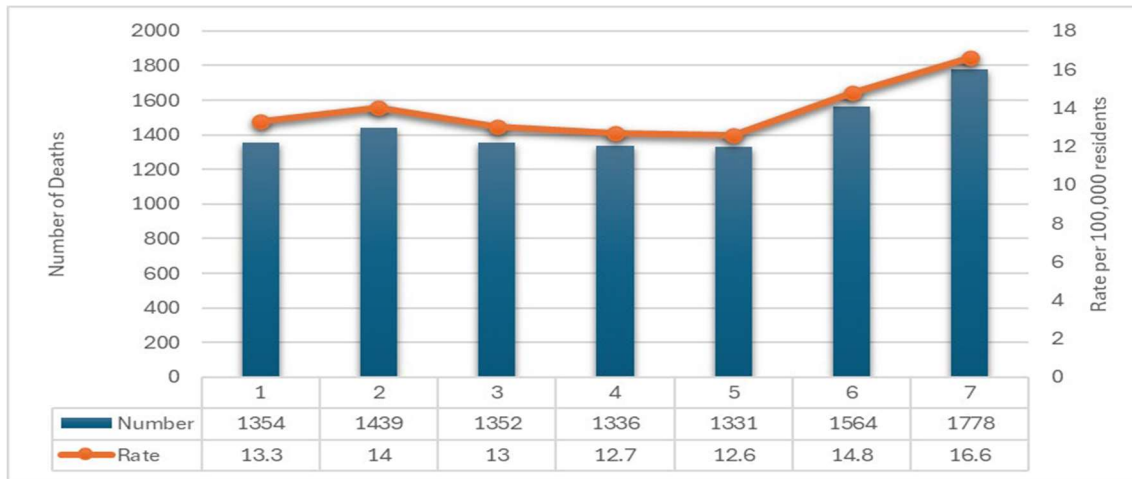
Accidental Deaths by Means of Death

Table 8. Number of Accidental Deaths by Means of Death, 2022

Means	Deaths	Percent
Poisoning	4109	46.6%
MVA	1883	21.3%
Falls	1778	20.2%
Drowning	145	1.6%
Fire/Burns	139	1.6%
Exposure to Cold, Hot, or Other	93	1.1%
Struck	71	0.8%
Unspecified Accidents	62	0.7%
Asphyxia	57	0.6%
Suffocation and Strangulation	37	0.4%
Other	21	0.2%
Gun/Firearms	19	0.2%
Other Transport Accidents	17	0.2%
Electrocution	15	0.2%
Pregnancy/Perinatal Conditions	9	0.1%
Acute/Chronic Disease	366	4.1%
Total	8821	100%

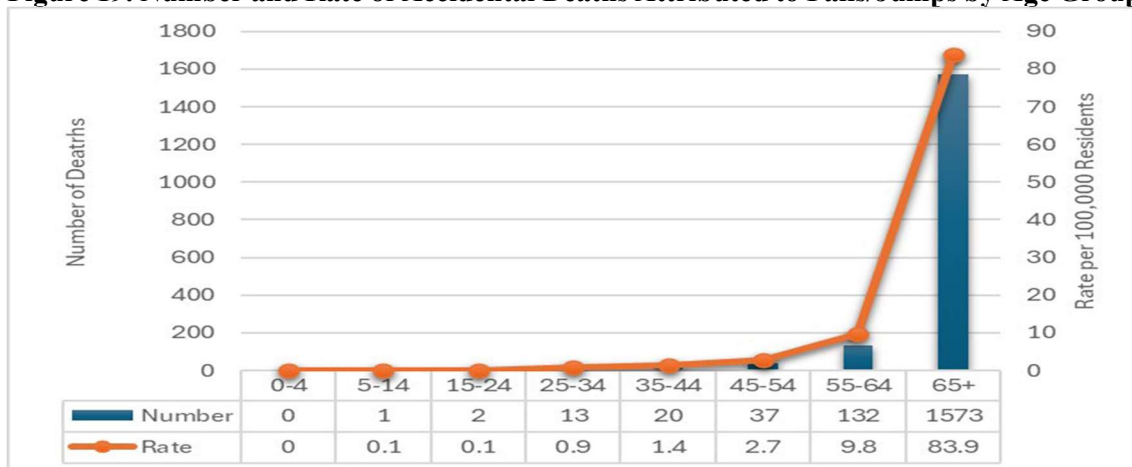
Accidental Deaths Attributed to Falls/Jumps

Figure 18. Number and Rate of Accidental Deaths Attributed to Falls/Jumps, 2016-2022



Note: Rates per 100,000 NC residents.

Figure 19. Number and Rate of Accidental Deaths Attributed to Falls/Jumps by Age Group, 2022



Note: Rates per 100,000 NC residents.

Table 9. Accidental Deaths Attributed to Falls/Jumps by Age Group, 2022

Age Group	Accidental Deaths	Falls/Jumps Deaths	Falls/Jumps Death Rate	% of Accidental Deaths
0-4	87	0	0.0	0.0%
5-14	83	1	0.1	1.2%
15-24	636	2	0.1	0.3%
25-34	1509	13	0.9	0.9%
35-44	1511	20	1.4	1.3%
45-54	1299	37	2.7	2.8%
55-64	1155	132	9.8	11.4%
65+	2541	1573	83.9	61.9%

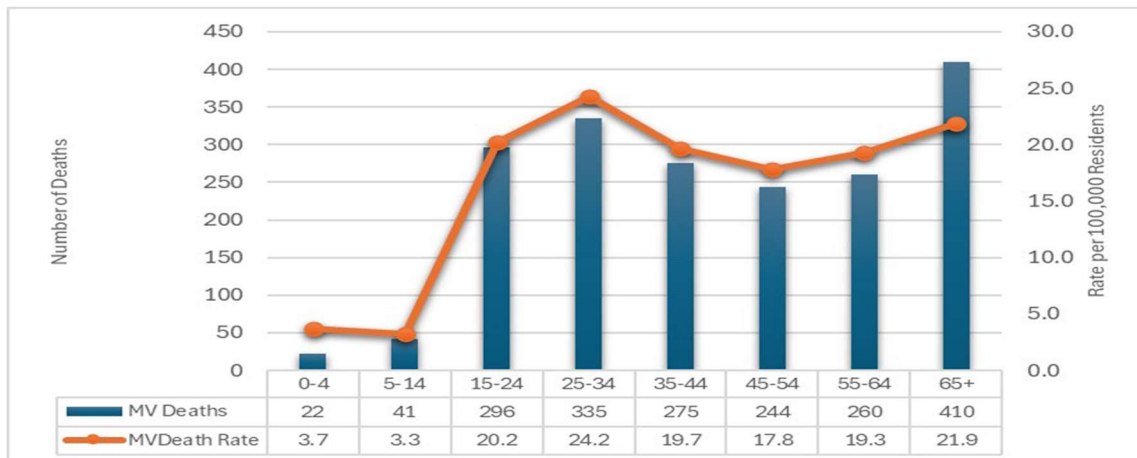
Accidental Deaths Attributed to Motor Vehicles

Figure 20. Number and Rate of Accidental Deaths Attributed to Motor Vehicles, 2016-2022



Note: Rates per 100,000 NC residents.

Figure 21 Number and Rate of Accidental Deaths Attributed to Motor Vehicle by Age Group, 2022



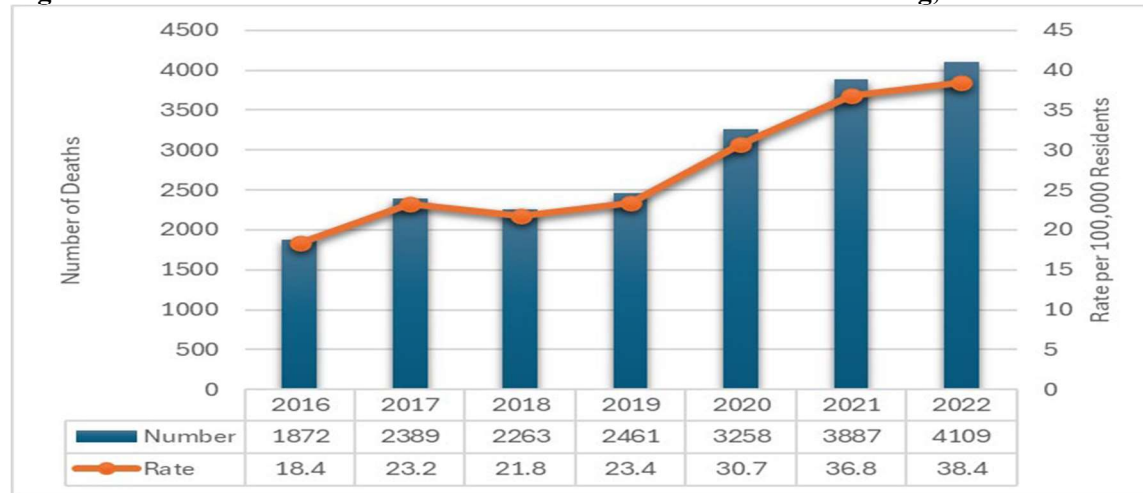
Note: Rates per 100,000 NC residents.

Table 10. Accidental Deaths Attributed to Motor Vehicle by Age Group, 2022

Age Group	Accidental Deaths	MV Deaths	MV Death Rate	% of Accidental Deaths
0-4	87	22	3.7	25.3%
5-14	83	41	3.3	49.4%
15-24	636	296	20.2	46.5%
25-34	1509	335	24.2	22.2%
35-44	1511	275	19.7	18.2%
45-54	1299	244	17.8	18.8%
55-64	1155	260	19.3	22.5%
65+	2541	410	21.9	16.1%

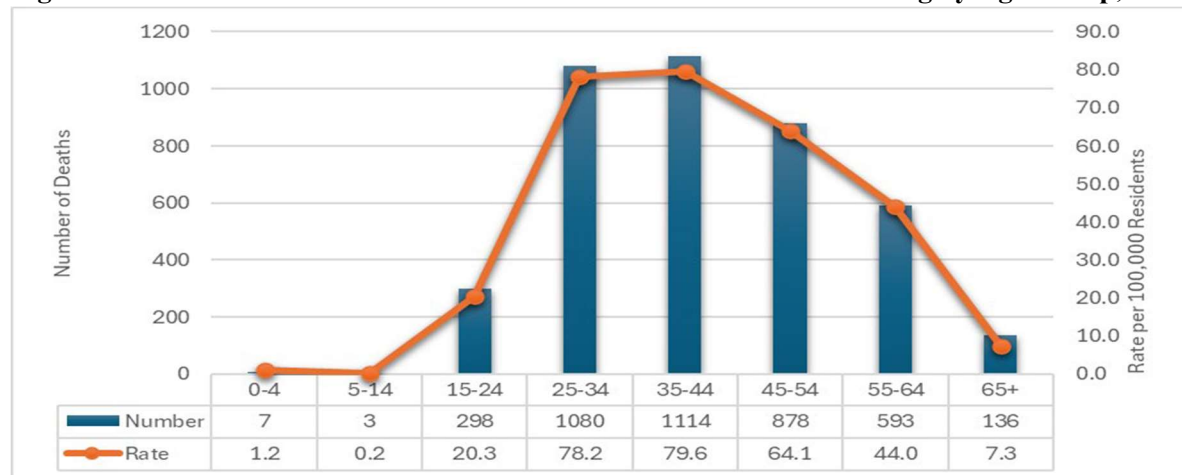
Accidental Deaths Attributed to Poisoning

Figure 22. Number and Rate of Accidental Deaths Attributed to Poisoning, 2016-2022



Note: Rates per 100,000 NC residents.

Figure 23 Number and Rate of Accidental Deaths Attributed to Poisoning by Age Group, 2022



Note: Rates per 100,000 NC residents.

Table 11. Accidental Deaths Attributed to Poisoning by Age Group, 2022

Age Group	Accidental Deaths	Poisoning Deaths	Poisoning Death Rate	% of Accidental Deaths
0-4	87	7	1.2	8.0%
5-14	83	3	0.2	3.6%
15-24	636	298	20.3	46.9%
25-34	1509	1080	78.2	71.6%
35-44	1511	1114	79.6	73.7%
45-54	1299	878	64.1	67.6%
55-64	1155	593	44.0	51.3%
65+	2541	136	7.3	5.4%

Homicide Deaths

Homicide deaths accounted for 6.1% of the deaths investigated by the ME system in 2022. The number of deaths certified as Homicide in 2022 (n=989) slightly increased 5% from 2021(n=941).

Trends:

- More than half of deaths certified as Homicide occurred in non-Hispanic Black individuals (n=607). The homicide death rate among non-Hispanic Black individuals was 7.2 times the rate among non-Hispanic White individuals (26.8 deaths and 3.7 deaths per 100,000, respectively).
- The 15-24 age group had the greatest number of homicide deaths (n=271) and death rate (18.5 deaths per 100,000) followed by the 25-34 age group (n=256; 18.5 deaths per 100,000).
- Males had 4.2 times the homicide rate than females (15.2 and 3.6 deaths per 100,000, respectively). Males had a higher homicide death rate across all age groups compared to females of the same age.
- Guns were the leading means of homicide deaths (n=809), accounting for more than 80% of homicide deaths.

Figure 24. Number and Rate of Homicide Deaths, 2016-2022

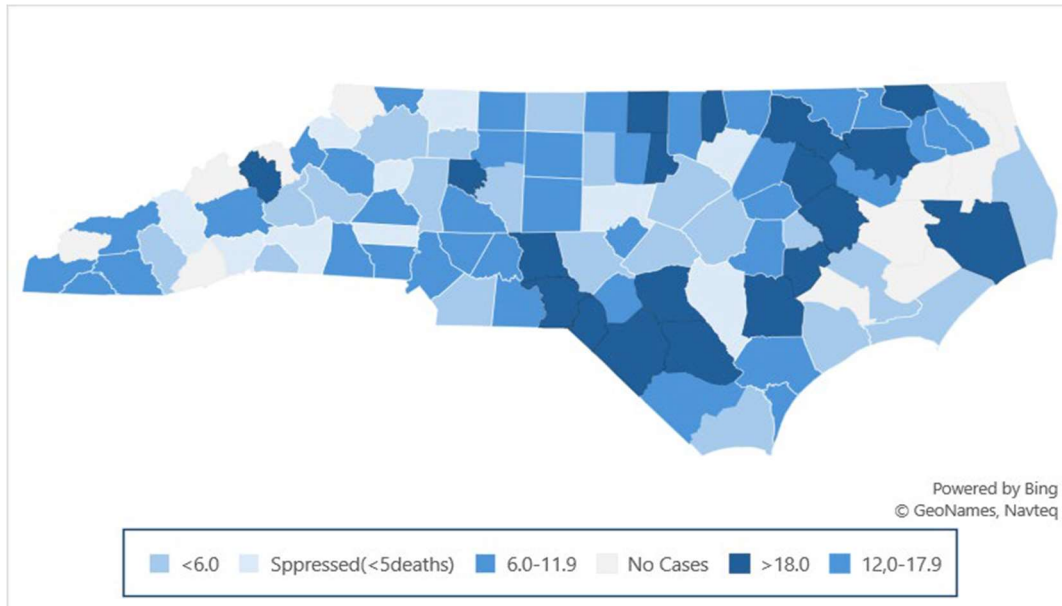


Note: Rates per 100,000 NC residents.

Homicide Deaths by County of Death

Death totals and rates for all 100 NC counties are provided in the Appendix.

Figure 25 Rate of Homicide Deaths per 100,000 Residents by County of Death, 2022



Scotland County had the highest death rate for deaths certified as Homicide (41.0 deaths per 100,000), followed by Halifax County (25.1 deaths per 100,000). The homicide death rate for Scotland County was 4.5 times higher than the statewide rate (9.2 deaths per 100,000). The top five urban counties with the highest number of deaths certified as Homicide were Mecklenburg (134), Cumberland (69), Durham (63), Forsyth (61) and Guilford (55).

Table 12. Top 10 Homicide Death Rates by County of Death, 2022

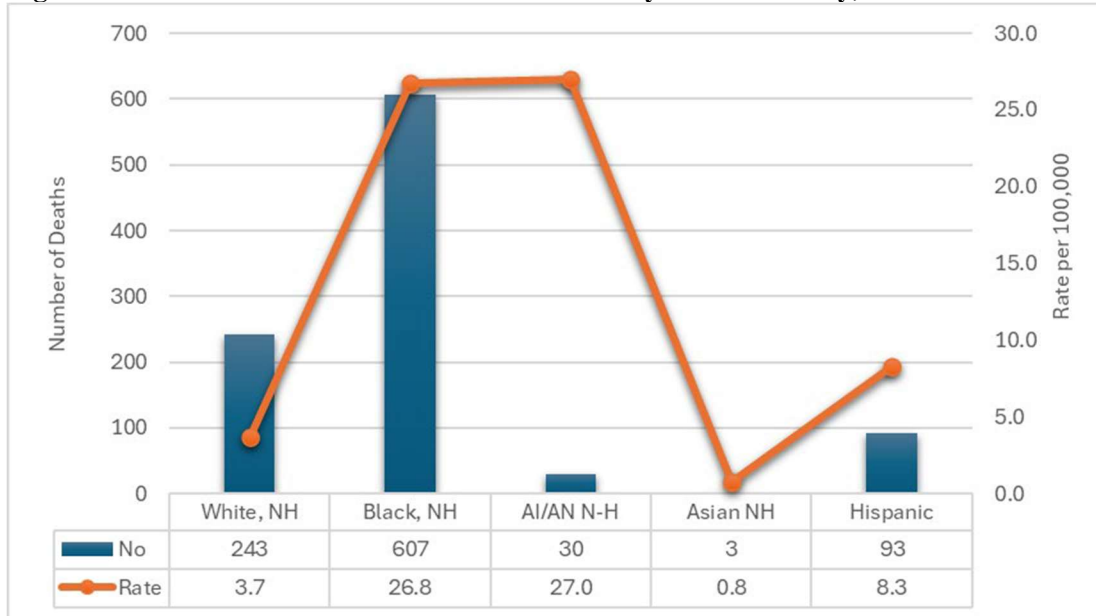
NC Counties	Homicide	Rate(per 100,000)
Scotland	14.0	41.0
Halifax	12.0	25.1
Robeson	28.0	24.0
Richmond	10.0	23.4
Bertie	4.0	23.2
Pitt	40.0	23.0
Edgecombe	11.0	22.8
Hyde	1.0	21.9
Vance	9.0	21.4
Yancey	4.0	21.3
NC Total	989.0	9.2

Note: Rates per 100,000 NC residents.

Rural & Urban Counties as US Census Definition for Rurality

Homicide Deaths by Race/Ethnicity

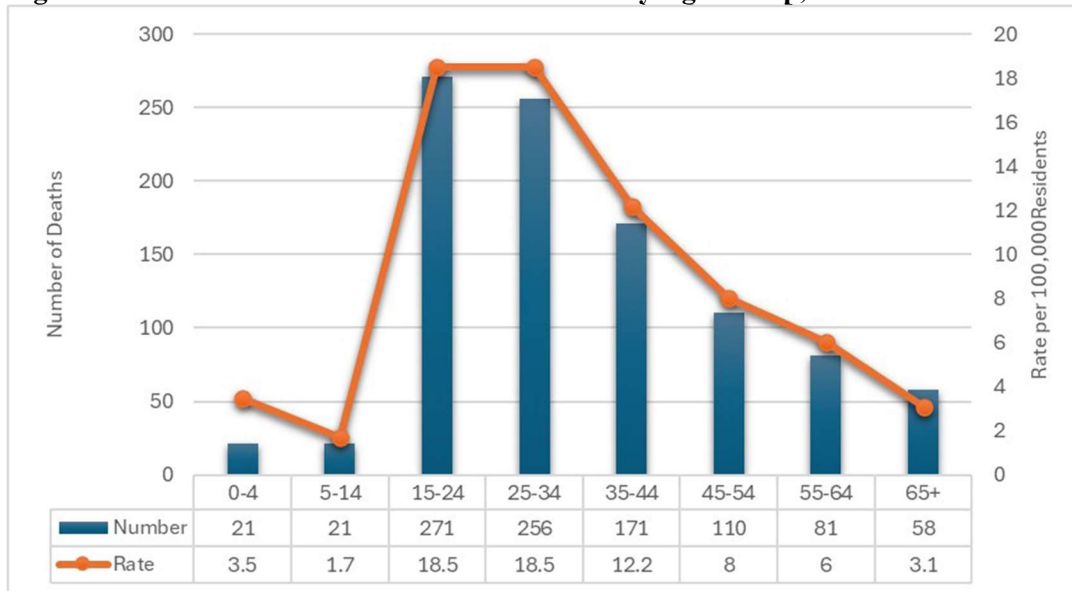
Figure 26. Number and Rate of Homicide Deaths by Race/Ethnicity, 2022



Note: AI/AN, NH: non-Hispanic American Indian or Alaskan Native
Rates per 100,000 NC residents.

Homicide Deaths by Age Group

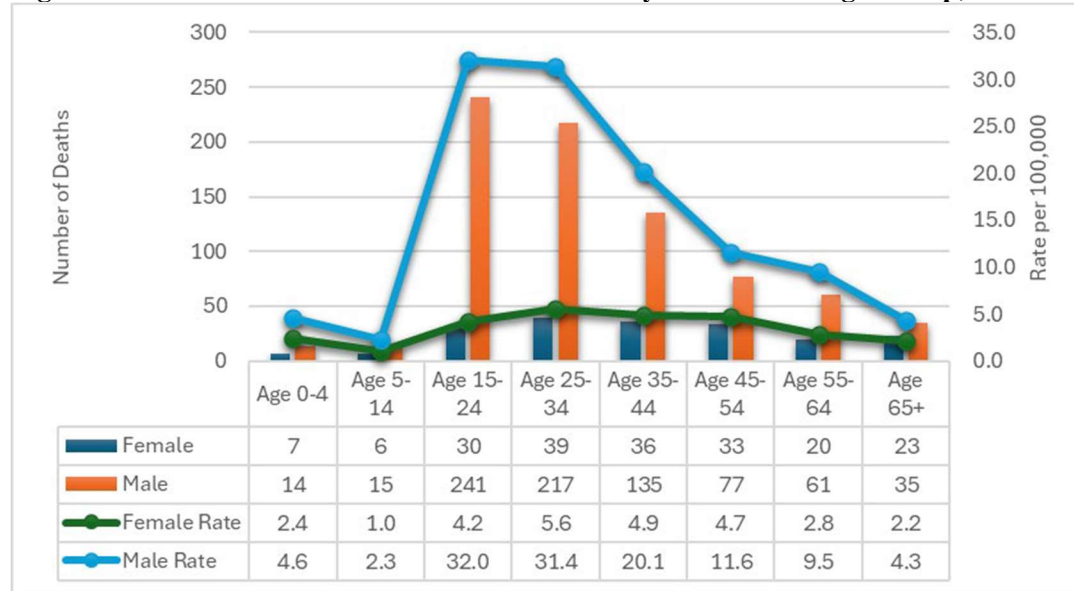
Figure 27. Number and Rate of Homicide Deaths by Age Group, 2022



Note: Rates per 100,000 NC residents.

Homicide Deaths by Gender and Age Group

Figure 28. Number and Rate of Homicide Deaths by Gender and Age Group, 2022



Note: Rates per 100,000 NC residents.

Homicide Deaths by Means of Death

Table 13. Number of Homicide Deaths by Means of Death, 2022

Means	No	Percent
Gun	809	82%
Sharp	60	6%
Blunt	64	6%
Medical/Natural	12	1%
Unspecified	12	120%
Abuse/Neglect	11	1%
Hanging, Strangulation, Suffocation	10	1%
Poisoning	6	1%
Fire/Burns	4	0%
NC Total	988	219%

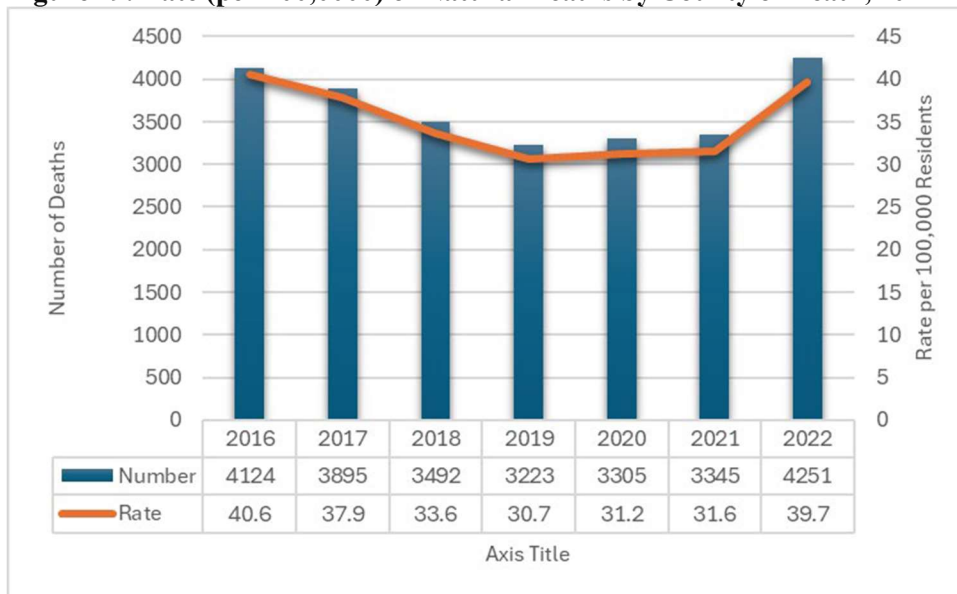
Natural Deaths

Natural deaths accounted for 26.2% of the deaths investigated by the ME system in 2022, which is the second largest proportion of deaths by any manner.

Trends:

- There was a significant increase in deaths certified as Natural in 2022 (n=4251) compared to 2021(n=3,345). However, the proportion of ME cases certified as Natural has declined annually, from 35.0% in 2016 (n=4,124) to 26.2% in 2022 (n=4,251).
- Non-Hispanic Black residents had the highest natural death rate (49.4 deaths per 100,000); the greatest number of natural deaths was among non-Hispanic White residents (n=2,801).
- The 65 years and older age group accounted for the greatest number of deaths certified as Natural (n=1,700) with a death rate of 90.7 deaths per 100,000 residents followed by the 55-64 age group (1,170) with a death rate of 86.8 deaths per 100,000.
- Males had a higher natural death rate across all age groups compared to females of the same age.

Figure 29. Rate (per 100,000) of Natural Deaths by County of Death, 2022

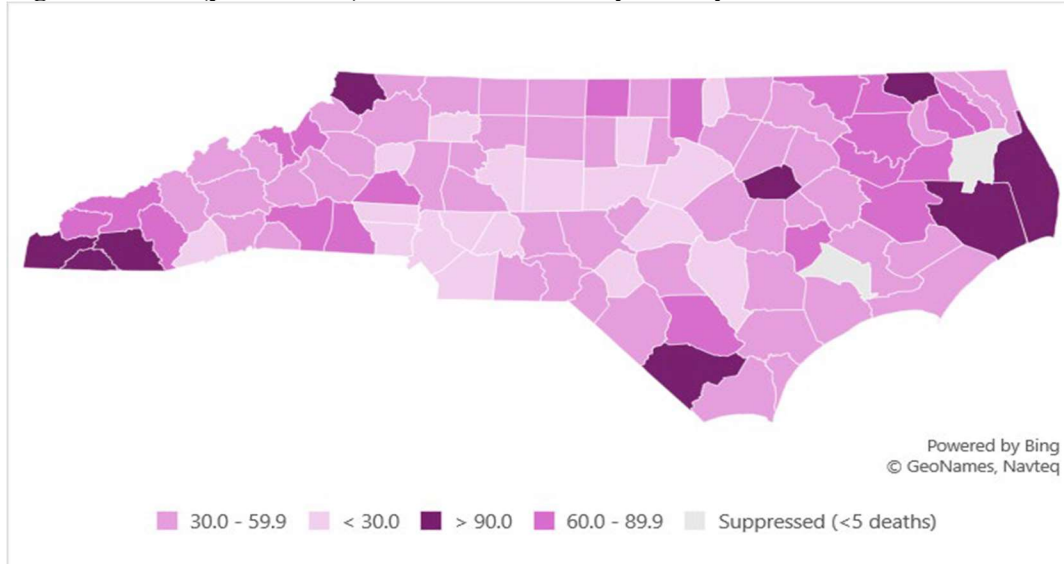


Note: Rates per 100,000 NC residents.

Natural Deaths by County of Death

Death totals and rates for all 100 NC counties are provided in the Appendix.

Figure 30 Rate (per 100,000) of Natural Deaths by County of Death, 2022



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

Majority of the counties with the highest death rates certified as Natural were rural counties. Gates County had the highest death rate for deaths certified as Natural (183.0 deaths per 100,000), followed by Dare County (142.3 deaths per 100,000). Their rates were three to four times the statewide rate of 39.7 deaths per 100,000 residents.

Table 14. Top 10 Natural Death Rates by County of Death, 2022

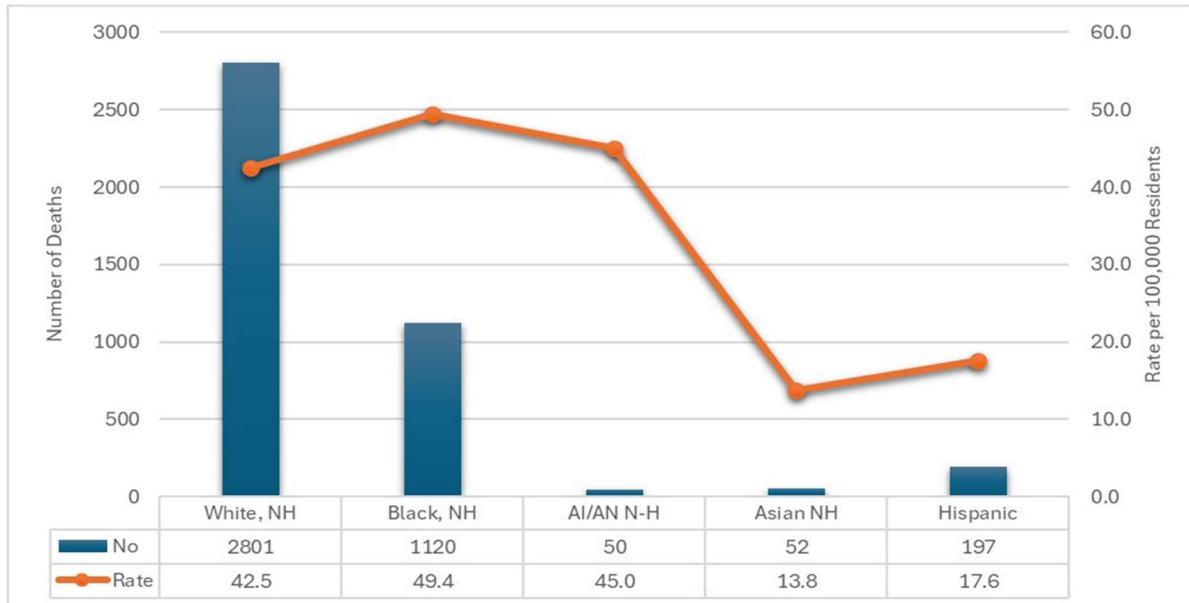
County of Death	Deaths	Rate
Gates	19	183.0
Dare	54	142.3
Clay	16	137.8
Macon	51	134.0
Hyde	6	131.1
Cherokee	35	118.6
Wilson	81	103.3
Columbus	49	98.2
Ashe	26	95.9
Lenoir	49	89.7
NC Total	4251	39.7

Note: Rates per 100,000 NC residents.

Rural & Urban Counties as US Census Definition for Rurality

Natural Deaths by Race/Ethnicity

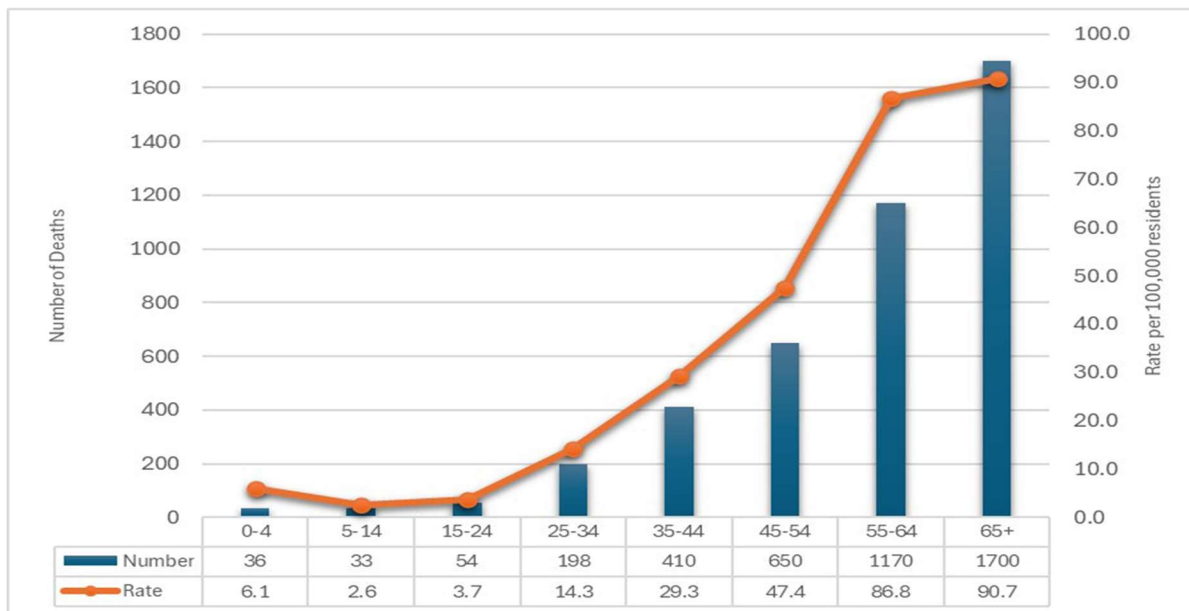
Figure 31. Number and Rate of Natural Deaths by Race/Ethnicity, 2022



Note: AI/AN, NH: non-Hispanic American Indian or Alaskan Native
Rates per 100,000 NC residents.

Natural Deaths by Age Group

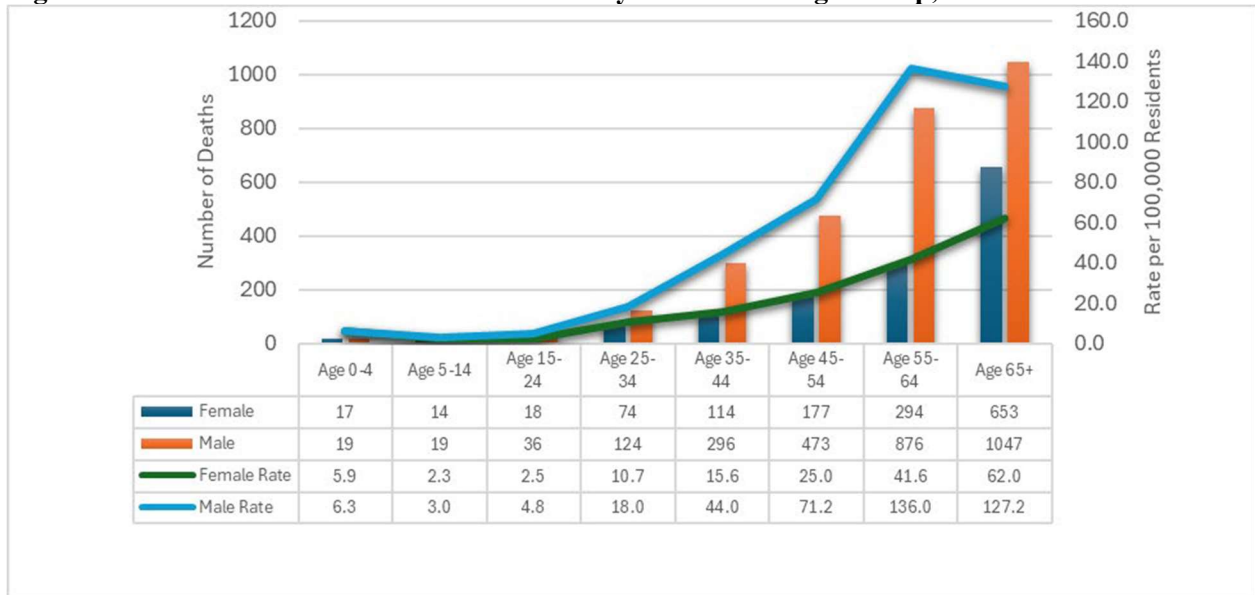
Figure 32. Number and Rate of Natural Deaths by Age Group, 2022



Note: Rates per 100,000 NC residents.

Natural Deaths by Gender and Age Group

Figure 33. Number and Rate of Natural Deaths by Gender and Age Group, 2022



Note: Rates per 100,000 NC residents.

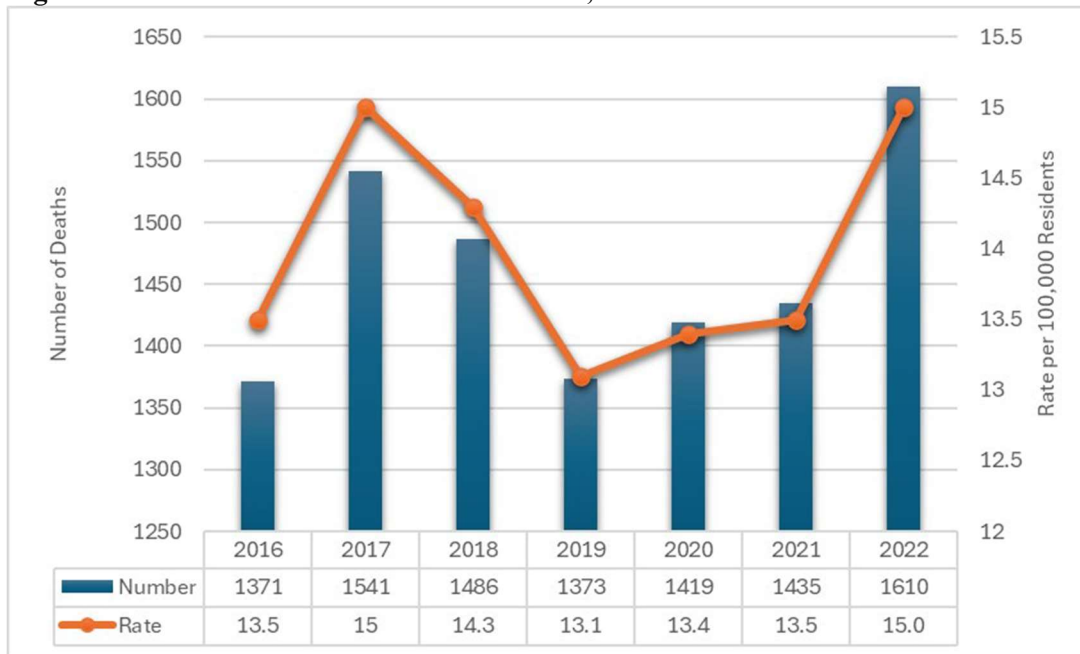
Suicide Deaths

Suicide deaths accounted for 9.9% of the deaths investigated by the ME system in 2022. There was a 12.2% increase in deaths certified as Suicide in 2022 (n=1,610) compared to 2021 (n=1,435).

Trends:

- Non-Hispanic American Indian or Alaska Native (AI/AN) residents had the highest suicide death rate (22.5 deaths per 100,000), 3.0 times the rate among Hispanic residents (7.4 deaths per 100,000) and 2.6 times the rate among Non-Hispanic Black residents (8.8 deaths per 100,000).
- The 25-34-year age group had the highest suicide death rate, followed by the 65 and older age group (19.5 deaths and 19.3 deaths per 100,000, respectively).
- Males had a higher suicide death rate across all age groups compared to females of the same age.
- Guns were the leading means of suicide deaths (n=990), followed by hanging, strangulation & suffocation (n=329).

Figure 34. Number and Rate of Suicide Deaths, 2016-2022

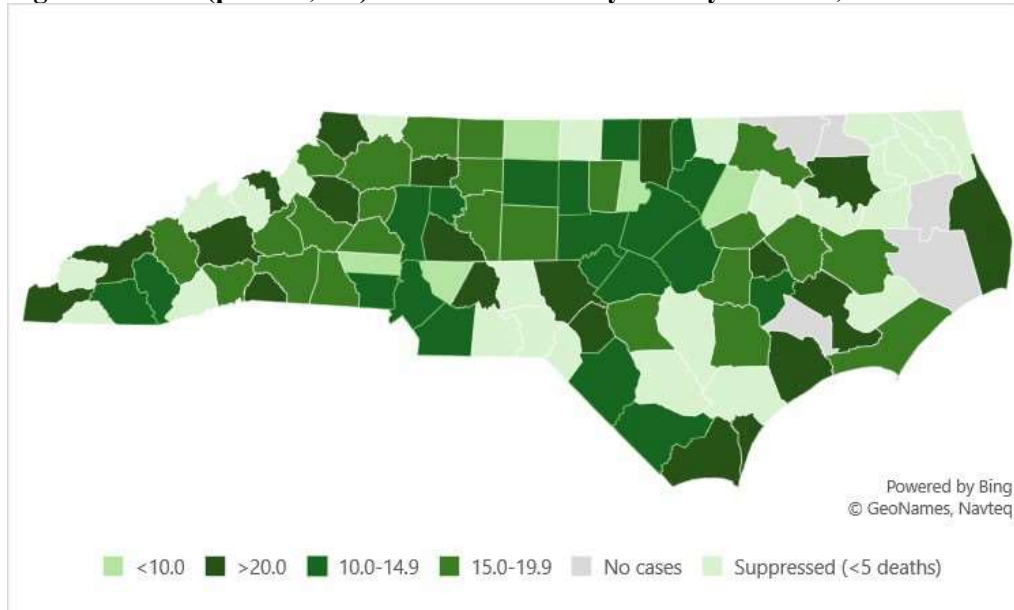


Note: Rates per 100,000 NC residents.

Suicide Deaths by County of Death

Death totals and rates for all 100 NC counties are provided in the Appendix.

Figure 35. Rate (per 100,000) of Suicide Deaths by County of Death, 2022



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

Majority of the top 10 counties with the highest death rate for deaths certified as Suicide are rural counties except Dare County. Swain County had the highest death rate for deaths certified as Suicide (57.3 deaths per 100,000), followed by Bertie County (46.4 deaths per 100,000) and Cherokee County (40.7 deaths per 100,000) which were three times the statewide rate of 15.0 per 100,000 residents. The top five urban counties with the highest number of deaths certified as Suicide were Wake (133), Mecklenburg (125), Buncombe (74), Forsyth (72) and Guilford (64)

Table 15. Top 10 Suicide Death Rates by County of Death, 2022

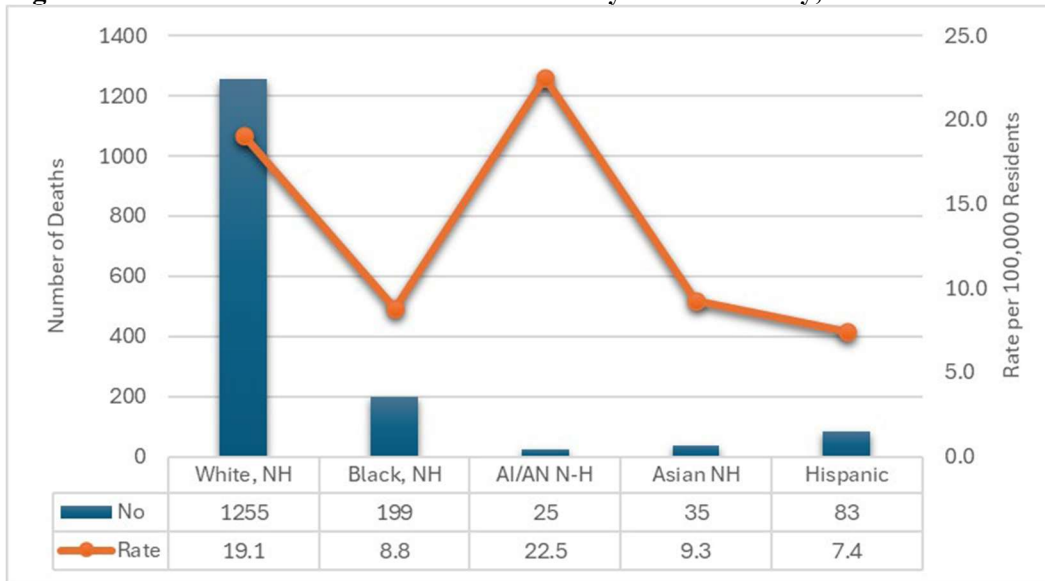
County of Death	Deaths	Rate
Swain	8	57.3
Bertie	8	46.4
Cherokee	12	40.7
Mitchell	6	39.8
Yadkin	12	32.0
Dare	12	31.6
Polk	6	30.0
Greene	6	29.7
Gates	3	28.9
Camden	3	27.1
NC Total	1610	15.0

Note: Rates per 100,000 NC residents.

Rural & Urban Counties as US Census Definition for Rurality

Suicide Deaths by Race/Ethnicity

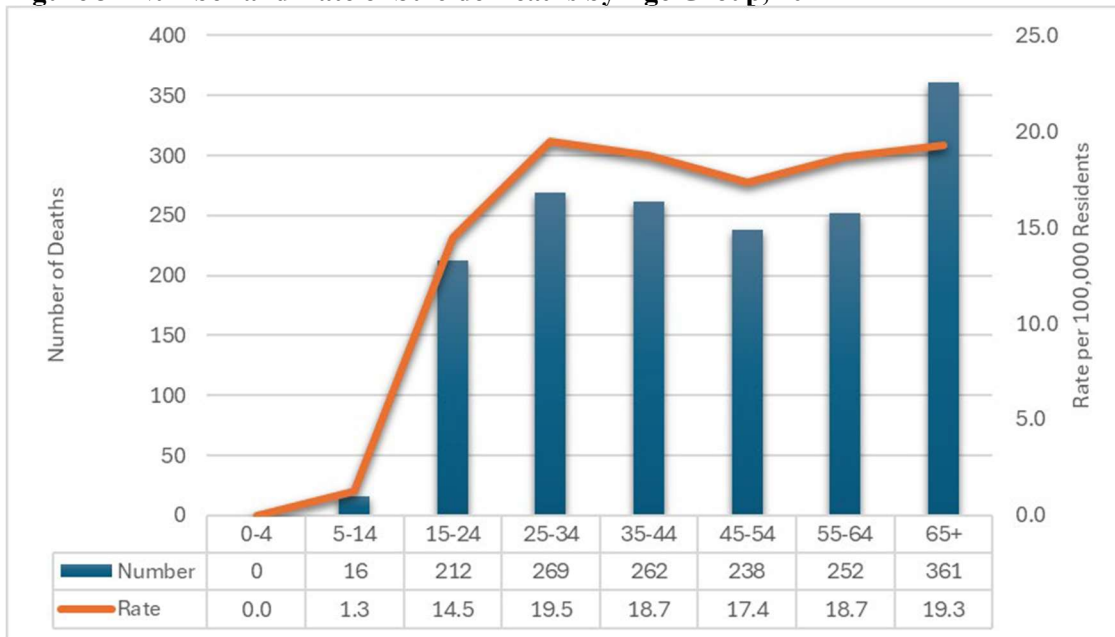
Figure 36. Number and Rate of Suicide Deaths by Race/Ethnicity, 2022



Note: AI/AN, NH: non-Hispanic American Indian or Alaskan Native
Rates per 100,000 NC residents.

Suicide Deaths by Age Group

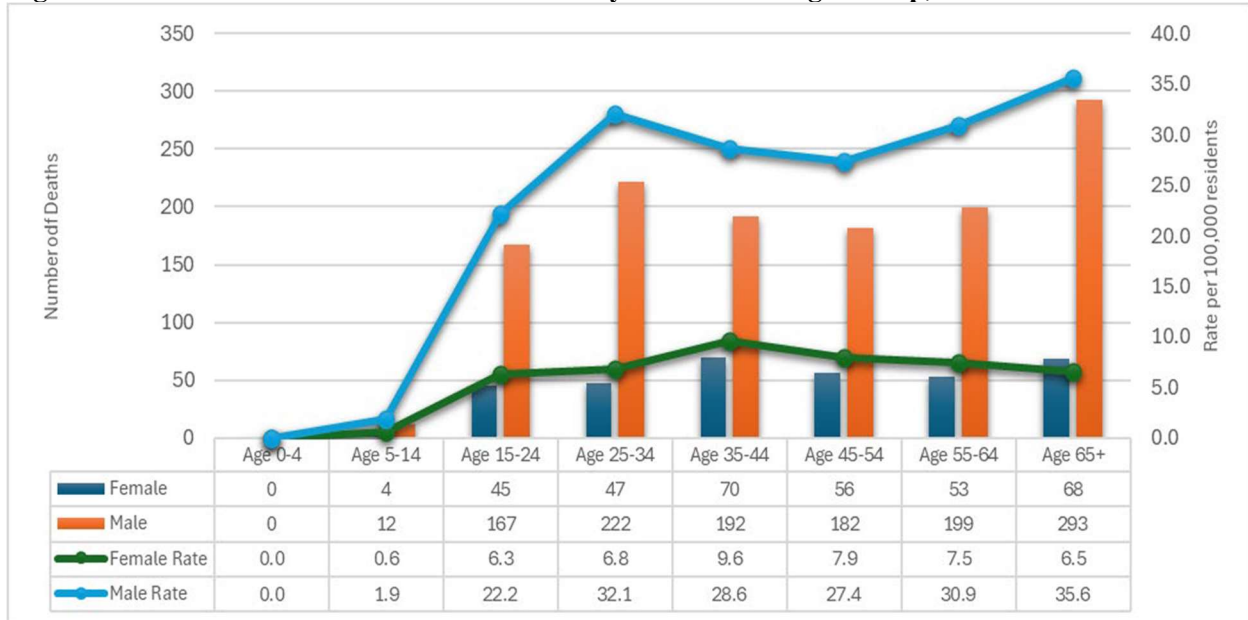
Figure 37 Number and Rate of Suicide Deaths by Age Group, 2022



Note: Rates per 100,000 NC residents.

Suicide Deaths by Gender and Age Group

Figure 38. Number and Rate of Suicide Deaths by Gender and Age Group, 2022



Note: Rates per 100,000 NC residents.

Suicide Deaths by Means of Death

Table 16. Number of Suicide Deaths by Means of Death, 2022

Means of Death	Suicide Deaths	Percent
Gun	990	61%
Hanging, Strangulation, Suffocation,	329	20%
Poisoning	189	12%
Fall/Jump	48	3%
Sharp	26	2%
Fire, Smoke, Flames	12	1%
Drowning	10	1%
MVA	3	0%
Unspecified	3	0%
NC Totals	1610	

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 they may not have allowed 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.

ME Jurisdiction

Refers to any death where the ME assumes jurisdiction in accordance with § 130A-383 of the North Carolina General Statutes. These include autopsies performed at OCME, the 3 regional autopsy centers and 4 hospital-based pathology practices that are contracted to perform autopsies for the ME system.

OCME Jurisdiction

Deaths that fall under OCME jurisdiction are defined as deaths autopsied at the OCME and deaths investigated in one of the 33 counties OCME provides examination (autopsy, external exam, supplemental exam) and medical examiner services: Alamance, **Anson, Bladen, **Cabarrus, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Robeson*, Rockingham, Rowan, Sampson*, Scotland, Stanly, **Union, Vance, Wake, Warren, and Wayne.

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

**NOTE: Absorbed by OCME in 2022 without additional resources when the autopsy center eliminated coverage.

Death Rates

Annual death rates are computed as resident deaths per 100,000 people in the specific population being described. Deaths in this report are assigned to the county in which the 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). 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. “ND” 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; American Indian/Alaska Native, non-Hispanic; Asian/Pacific Islander, 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.

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).

Non-Human Deaths

These are cases identified as animal remains.

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 oneself (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. 2024-2029. *Inspection and Accreditation Checklist*. 1-32.

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

Appendix: North Carolina County of Death Table

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

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Alamance	230	130.4	113	64.1	6	3.4	72	40.8	25	14.2	4	ND
Alexander	29	79.4	10	27.4	1	ND	9	24.6	7	19.2	2	ND
Alleghany	17	152.0	10	89.4	1	ND	5	44.7	1	ND	0	0.0
Anson	37	166.7	16	72.1	2	ND	10	45.0	4	ND	2	ND
Ashe	44	162.3	11	40.6	0	0.0	26	95.9	7	25.8	0	0.0
Avery	25	142.3	7	39.8	2	ND	13	74.0	3	ND	0	0.0
Beaufort	83	187.5	37	83.6	0	0.0	37	83.6	8	18.1	1	ND
Bertie	38	220.4	11	63.8	4	ND	15	87.0	8	46.4	0	0.0
Bladen	70	237.7	33	112.1	6	20.4	25	84.9	2	ND	1	ND
Brunswick	217	141.8	96	62.7	8	5.2	76	49.7	35	22.9	2	ND
Buncombe	640	233.9	417	152.4	18	6.6	115	42.0	74	27.0	8	2.9
Burke	139	158.2	67	76.2	3	3.4	51	58.0	16	18.2	1	ND
Cabarrus	267	113.2	159	67.4	17	7.2	58	24.6	21	8.9	4	ND
Caldwell	117	145.4	56	69.6	6	7.5	36	44.7	18	22.4	0	0.0
Camden	13	117.2	4	ND	0	0.0	6	54.1	3	ND	0	0.0
Carteret	132	190.3	72	103.8	3	ND	39	56.2	13	18.7	3	ND
Caswell	29	128.2	10	44.2	3	ND	14	61.9	1	ND	0	0.0
Catawba	270	165.2	113	69.1	17	10.4	109	66.7	25	15.3	2	ND
Chatham	87	108.9	52	65.1	2	ND	20	25.0	11	13.8	2	ND
Cherokee	75	254.1	21	71.2	3	ND	35	118.6	12	40.7	3	ND
Chowan	26	186.5	13	93.3	2	ND	8	57.4	2	ND	1	ND
Clay	21	180.8	2	ND	1	ND	16	137.8	1	ND	1	ND
Cleveland	173	171.8	70	69.5	7	7.0	75	74.5	16	15.9	2	ND
Columbus	112	224.5	49	98.2	6	12.0	49	98.2	6	12.0	1	ND
Craven	199	197.3	116	115.0	5	5.0	51	50.6	23	22.8	1	ND
Cumberland	653	193.9	338	100.4	69	20.5	165	49.0	51	15.1	13	3.9
Currituck	32	103.2	11	35.5	0	0.0	18	58.0	2	ND	1	ND
Dare	98	258.2	27	71.1	2	ND	54	142.3	12	31.6	2	ND
Davidson	220	127.5	137	79.4	9	5.2	36	20.9	33	19.1	3	ND
Davie	59	133.8	29	65.8	8	18.1	14	31.8	6	13.6	2	ND
Duplin	80	163.3	37	75.5	10	20.4	23	46.9	8	16.3	2	ND
Durham	574	172.5	338	101.6	63	18.9	116	34.9	33	9.9	12	3.6
Edgecombe	75	155.3	29	60.0	11	22.8	25	51.8	4	ND	4	ND
Forsyth	819	210.5	534	137.2	61	15.7	129	33.1	72	18.5	20	5.1
Franklin	90	120.7	53	71.1	2	ND	24	32.2	11	14.8	0	0.0
Gaston	323	137.9	214	91.4	17	7.3	52	22.2	31	13.2	4	ND

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Gates	35	337.1	11	105.9	2	19.3	19	183.0	3	ND	0	0.0
Graham	18	225.6	10	125.3	0	0.0	7	87.7	1	ND	0	0.0
Granville	94	151.9	28	45.2	4	ND	41	66.2	15	24.2	2	3.2
Greene	25	123.7	8	39.6	1	ND	10	49.5	6	29.7	0	0.0
Guilford	905	165.7	536	98.2	55	10.1	209	38.3	64	11.7	15	2.7
Halifax	89	186.0	40	83.6	12	25.1	26	54.3	8	16.7	2	ND
Harnett	168	121.0	99	71.3	7	5.0	40	28.8	18	13.0	1	ND
Haywood	95	151.7	43	68.7	2	ND	33	52.7	12	19.2	3	ND
Henderson	192	162.6	113	95.7	3	ND	54	45.7	19	16.1	2	ND
Hertford	34	162.9	13	62.3	2	ND	18	86.2	0	0.0	1	ND
Hoke	71	132.0	31	57.6	8	14.9	15	27.9	12	22.3	3	ND
Hyde	12	262.2	5	109.3	1	ND	6	131.1	0	0.0	0	0.0
Iredell	222	113.3	116	59.2	8	4.1	65	33.2	25	12.8	4	2.0
Jackson	74	172.3	38	88.5	2	ND	27	62.9	5	11.6	0	0.0
Johnston	257	109.5	135	57.5	8	3.4	73	31.1	34	14.5	0	0.0
Jones	16	173.3	12	130.0	0	0.0	4	ND	0	0.0	0	0.0
Lee	108	164.9	56	85.5	4	ND	35	53.5	8	12.2	3	ND
Lenoir	105	192.2	34	62.2	10	18.3	49	89.7	7	12.8	5	9.2
Lincoln	79	84.9	40	43.0	2	ND	25	26.9	8	8.6	1	ND
Macon	101	265.3	37	97.2	3	ND	51	134.0	5	13.1	2	ND
Madison	19	87.3	8	36.8	0	0.0	7	32.2	4	ND	3	ND
Martin	40	186.0	17	79.0	3	ND	15	69.7	4	ND	0	0.0
McDowell	58	129.6	29	64.8	2	ND	17	38.0	7	15.6	0	0.0
Mecklenburg	1322	115.4	736	64.3	134	11.7	283	24.7	125	10.9	23	2.0
Mitchell	20	132.5	4	ND	0	0.0	10	66.3	6	39.8	0	0.0
Montgomery	44	169.9	24	92.7	5	19.3	14	54.1	1	ND	0	0.0
Moore	183	173.4	104	98.5	6	5.7	43	40.7	23	21.8	3	ND
Nash	151	157.6	72	75.2	13	13.6	54	56.4	8	8.4	2	ND
New Hanover	480	204.3	301	128.1	20	8.5	88	37.5	55	23.4	9	3.8
Northampton	24	143.0	10	59.6	1	ND	12	71.5	0	0.0	1	ND
Onslow	265	127.8	129	62.2	9	4.3	76	36.7	45	21.7	4	ND
Orange	257	170.8	159	105.7	25	16.6	33	21.9	30	19.9	6	4.0
Pamlico	25	201.9	14	113.1	0	0.0	7	56.5	3	ND	1	ND
Pasquotank	72	175.9	34	83.1	6	14.7	28	68.4	1	ND	3	ND
Pender	64	97.4	32	48.7	4	ND	20	30.4	4	ND	4	ND
Perquimans	20	151.4	8	60.6	1	ND	9	68.1	2	ND	0	0.0
Person	50	126.9	15	38.1	8	20.3	20	50.8	5	12.7	2	ND
Pitt	470	270.8	311	179.2	40	23.0	80	46.1	29	16.7	9	5.2
Polk	34	170.1	17	85.1	1	ND	9	45.0	6	30.0	1	ND
Randolph	226	154.7	145	99.3	10	6.8	40	27.4	22	15.1	6	4.1
Richmond	105	245.5	57	133.2	10	23.4	25	58.4	3	ND	5	11.7
Robeson	300	257.2	191	163.7	28	24.0	52	44.6	17	14.6	4	ND
Rockingham	175	190.3	101	109.8	5	5.4	52	56.5	9	9.8	4	ND

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Rowan	283	189.1	149	99.6	16	10.7	71	47.4	33	22.1	7	4.7
Rutherford	147	226.3	74	113.9	1	ND	52	80.0	12	18.5	5	7.7
Sampson	62	104.9	40	67.7	2	ND	15	25.4	3	ND	2	ND
Scotland	83	243.0	39	114.2	14	41.0	20	58.5	4	ND	3	ND
Stanly	73	113.8	36	56.1	5	7.8	12	18.7	17	26.5	1	ND
Stokes	65	143.9	36	79.7	3	ND	16	35.4	9	19.9	1	ND
Surry	132	184.9	86	120.4	2	ND	32	44.8	11	15.4	1	ND
Swain	36	257.8	16	114.6	1	ND	10	71.6	8	57.3	1	ND
Transylvania	23	69.0	11	33.0	0	0.0	8	24.0	3	ND	0	0.0
Tyrrell	6	178.3	3	ND	0	0.0	3	ND	0	0.0	0	0.0
Union	186	74.7	82	32.9	11	4.4	61	24.5	30	12.0	1	ND
Vance	69	163.7	39	92.6	9	21.4	10	23.7	5	11.9	1	ND
Wake	1217	103.6	706	60.1	51	4.3	298	25.4	133	11.3	15	1.3
Warren	21	112.2	9	48.1	2	ND	8	42.8	2	ND	0	0.0
Washington	11	101.6	0	0.0	0	0.0	9	83.1	1	ND	1	ND
Watauga	51	92.6	20	36.3	1	ND	18	32.7	10	18.2	2	ND
Wayne	190	162.0	97	82.7	13	11.1	52	44.3	22	18.8	1	ND
Wilkes	109	165.7	55	83.6	3	ND	32	48.6	13	19.8	5	7.6
Wilson	151	192.5	45	57.4	9	11.5	81	103.3	13	16.6	1	ND
Yadkin	56	149.5	32	85.4	2	ND	9	24.0	12	32.0	1	ND
Yancey	25	132.9	11	58.5	4	ND	6	31.9	4	ND	0	0.0
NC Total	16215	151.5	8822	82.5	989	9.2	4251	39.7	1610	15.0	287	2.7

Note: ND represents “not available” and used when there are too few deaths to use for calculating rates.