A map of Cobb County, Georgia, showing various colored regions. The map is outlined in orange. The regions are colored in shades of blue, brown, grey, cyan, and purple. The text "Cobb County Medical Examiner 2019 Annual Report" is centered over the map.

**Cobb County Medical Examiner
2019 Annual Report**

Published July 30th, 2020

Preface

This annual report is a collection of data describing the work of the employees of the Cobb County Medical Examiner's Office; although it reflects the work completed by our office in the prior year, what this report does not make evident is the dedication of the employees of this office. The staff of the Cobb County Medical Examiner's Office strives to serve Cobb County and provide its citizens with accurate and timely death investigation while showing compassion for family and friends of our patients. The employees who served in our office in the past year are:

Administrative Personnel

Libby Ervin, Part-Time Administrative Assistant
Michael Gerhard, D-ABMDI, Operations Manager
Lisa Miller, Part-Time Administrative Assistant
Blossom Pugh, Accreditation Coordinator
Becky Youngblood, Administrative Assistant

Forensic Investigators

Allison Gaines, MBS, D-ABMDI
Martin Jackson, D-ABMDI
LeAnn LeHolm, FI I
Autumn Quinn, D-ABMDI
Cara Rolfe, PhD, F-ABMDI
Holly Rymer, D-ABMDI
Temperance Stoddard, MS, F-ABMDI

Forensic Technicians

Tyrone White
Shana Wooldridge

Medical Examiners

Christopher Gullede, MD, MS, Chief Medical Examiner
Cassie Boggs, MD, Deputy Chief Medical Examiner
Abraham Philip, MD, Medical Examiner

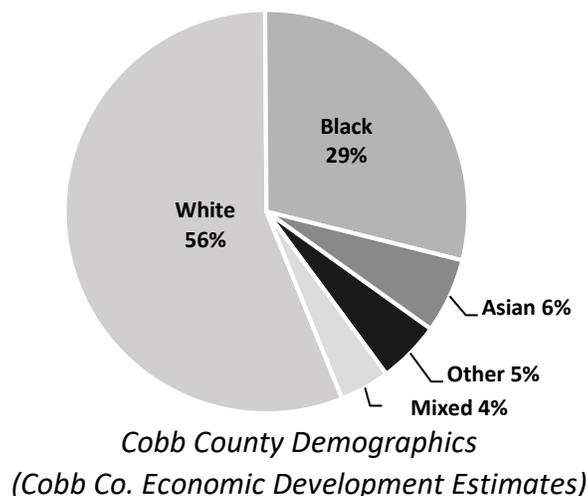
The role of a Medical Examiner's Office is to determine the cause and manner of deaths that occur within its jurisdiction. Although this information is most often thought of as applying to the individual whose death is being investigated, analysis of the entirety of the data collected and produced by the Medical Examiner's Office can also be of benefit to the community when it is used by the public health, public safety, and planning departments serving the community. This report is a compilation of the data for 2019 in hopes of such service. Our office is dedicated to the service of our community, and so this document is one that evolves as the needs and interests of our community change.

Table of Contents

Introduction	4
All Reported Deaths	7
All Accepted Jurisdiction Deaths.....	9
Deaths by Manner	
Natural	12
Accident	15
Homicide	18
Suicide	22
Undetermined.....	25
Special Populations	
Drug Related Deaths	28
Children.....	36
1-17 Years old	38
Infants	39
Motor Vehicle Related Deaths.....	40
Death Certificate Investigations	43

INTRODUCTION

The Cobb County Medical Examiner's Office (CCMEO) serves Cobb County which covers an area of 345 square miles. The municipalities served by the office include Marietta, Kennesaw, Smyrna, Acworth, Powder Springs, and Austell. The CCMEO additionally covers two federal parks, the unincorporated areas of Cobb County, and five Federal Qualified Opportunity Zones. Deaths occurring within Cobb County fall under the jurisdiction of the CCMEO with some exceptions such as those deaths occurring on state property and are thus investigated by the Georgia Bureau of Investigation and military personnel who die on Dobbins Air Reserve Base and fall under the jurisdiction of the Armed Forces Medical Examiner System. Additionally, deaths that occur outside of Cobb County, but resulted from an injury that occurred within Cobb County, also fall under CCMEO jurisdiction. Cobb County has an estimated population of 760,513 as of 2019. According to the estimated 2019 census data reported by Cobb County, the demographics of the county are 56% White, 29% Black, 6% Asian, 5% Other, and 4% of mixed demographics.



The mission of the CCMEO is to provide Cobb County with accurate and timely medico-legal death investigations and quality postmortem examinations, where the causation of death occurred within the geographic boundaries of Cobb County and was the result of homicide, suicide, accident, or a death where the cause and manner were not apparent. The deaths that fall under the jurisdiction of the CCMEO are defined by § 45-16-24 (The Georgia Death Investigation Act) as deaths that occur:

- (1) As a result of violence;
- (2) By suicide or casualty;
- (3) Suddenly when in apparent good health;
- (4) In any suspicious or unusual manner, with particular attention to those persons 16 years of age and under;
- (5) After birth but before seven years of age if the death is unexpected or unexplained;
- (6) As a result of an execution carried out pursuant to the imposition of the death penalty under Article 2 of Chapter 10 of Title 17;

- (7) When an inmate of a state hospital or a state, county, or city penal institution;
- (8) After having been admitted to a hospital in an unconscious state and without regaining consciousness within 24 hours of admission;
- (9) As a result of an apparent drug overdose; or
- (10) When unattended by a physician.

Upon the reporting of a death to the CCMEO, jurisdiction of the case is either declined or accepted. Cases are declined because the case belongs to another jurisdiction for investigation or the case need not have been reported to the CCMEO and a treating physician of the decedent should sign the death certificate. Cases accepted for jurisdiction by the CCMEO means that the death certificate will be signed by the Medical Examiner.

Depending upon the circumstances of the death, the Medical Examiner may sign the death certificate based upon the review of medical records, perform an external examination, or perform an autopsy which may be limited in the dissection depending upon the details of the case. Although the deaths that fall under the jurisdiction of the CCMEO are defined by law, the extent of examination, if any, required for these deaths is at the discretion of the Medical Examiner. To meet the mission of the CCMEO, the Medical Examiner makes determinations of cause and manner of death based on investigative information and any necessary examination of the deceased.

The findings of the Medical Examiner are available to the judicial system for criminal cases, law enforcement agencies for assistance in investigations, the health department for community health surveillance, local hospitals for quality control and education, family members of the deceased for understanding of medical history and cause of death, and the general public under the rules of the Open Records Act.

Operations

Deaths are reported to the CCMEO via Forensic Investigators who are responsible for assigning a sequential case number and collecting information about the death and the circumstances surrounding the death. Based on this information, and as needed in consultation with the Medical Examiner, the Investigator establishes whether the case falls within the jurisdiction of the CCMEO, if any scene investigation is required, and, when necessary, has the body transported to the CCMEO facility. The Medical Examiner then determines the extent of examination that is required, the ancillary testing that is needed to determine the cause and manner of death, and if further identification of the body is needed. After completion of the examination, the body is released as per the request of the legal next of kin. The written autopsy report is completed once all additional investigation and testing results are available.

The Medical Examiners for the CCMEO are physicians licensed to practice medicine in the state of Georgia and continue to meet the annual requirements for continuing medical education for maintenance of licensure. Additionally, the current Medical Examiners have completed training in anatomic pathology and clinical pathology as well as subspecialty training in forensic

pathology. The current Medical Examiners gained certification through the American Board of Pathology (ABP) in anatomic, clinical, and forensic pathology and continue to meet the annual requirements for maintenance of certification.

The investigative staff of the CCMEO are all certified as Diplomates or Fellows of the American Board of Medicolegal Death Investigators (ABMDI), which is an organization that sets the guidelines for the performance of Death Investigators in the United States. Each Investigator at the CCMEO continues to meet the ongoing requirement for continuing education as set forth by the ABMDI.

Data

The data within this report were compiled from the CCMEO database MEDEX and other documentation within our office to include tracking spreadsheets and, when necessary, the case files. Much of the data was hand collected and analyzed from more than one source within our office, and as such, discrepancies in the data are likely due to human error in the documentation or data entry processes. The CCMEO is currently in the process of establishing a new database for the office, the database selected has the ability to compile data for future annual reports using the database rather than depending exclusively on office staff man-hours.

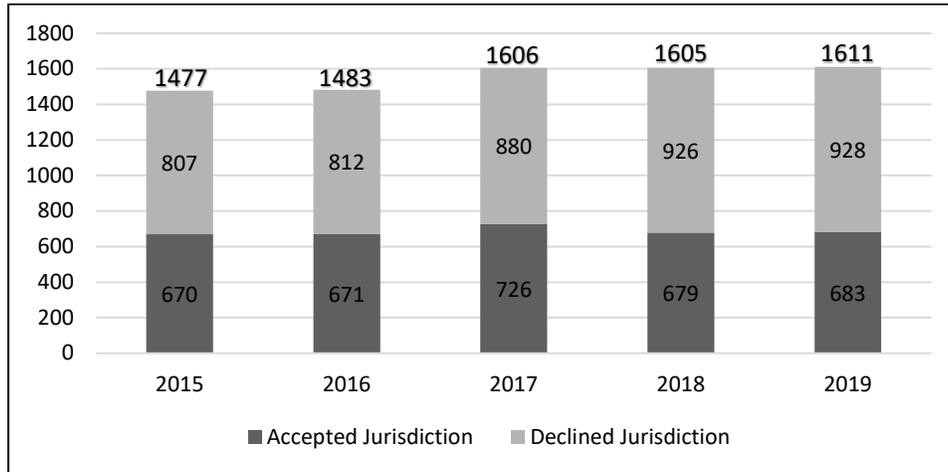
Data Trends

Given the lack of detailed annual reports on deaths in Cobb County prior to 2015, analysis of trends in the data is limited at this time; however, as data continues to be collected and analyzed in future years, identification and analysis of trends will be possible and will be used to improve the health and safety of the citizens of Cobb County. If historical data concerning reportable aspects for deaths occurring in Cobb County is available, it is embedded within the body of the report.

Cause of Death vs Manner of Death

Cause of death is an official determination of conditions resulting in a human's death. Whereas, manner of death can only be; accident, homicide, natural, suicide, and undetermined.

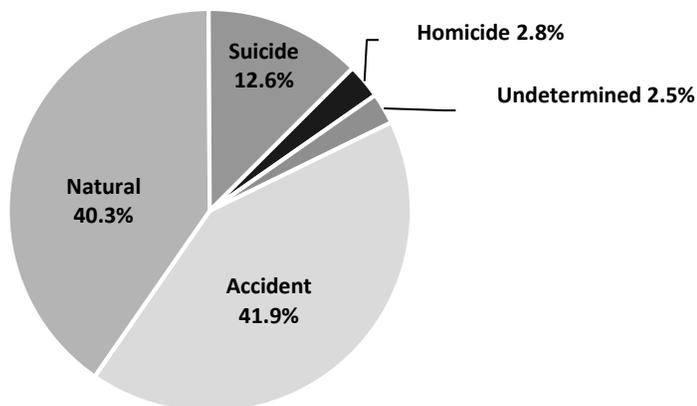
ALL REPORTED DEATHS

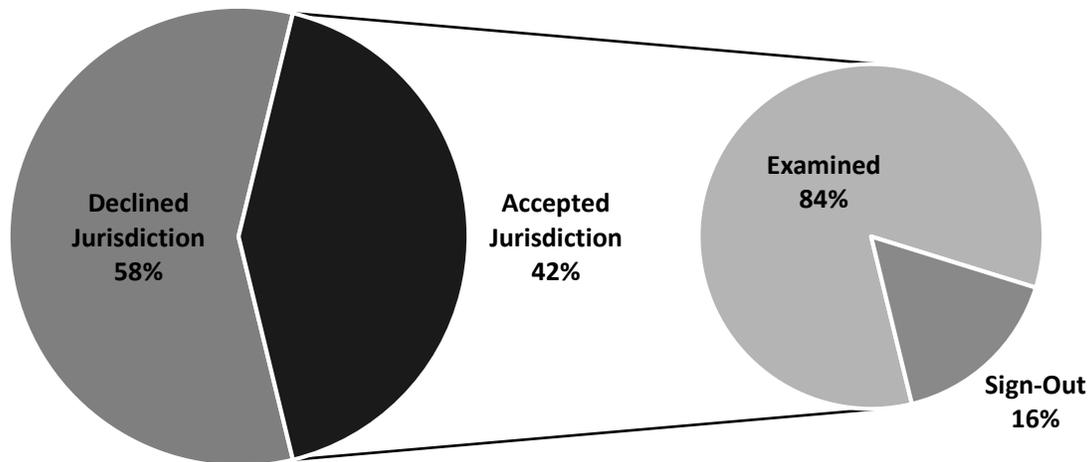


Deaths Reported; Jurisdiction Accepted vs. Declined, 2015 to 2019

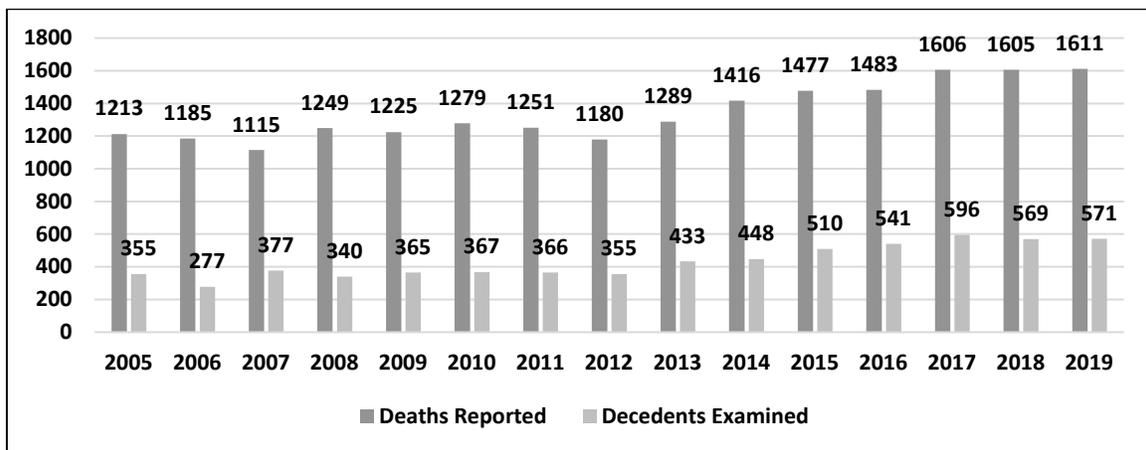
Total deaths reported by jurisdiction status and manner of death

Jurisdiction	Manner of Death	Frequency	Percent
Accepted	Accident	286	41.9%
	Homicide	19	2.8%
	Natural	275	40.3%
	Suicide	86	12.6%
	Undetermined	17	2.5%
Total =		683	100%
Declined		928	57.6%
Accepted		683	42.4%
Total =		1611	100%





Declined vs. Accepted Jurisdiction with Examined vs. Sign-Out



Deaths Reported vs. Decedents Examined, 2005-2019

Investigation into the death determines if jurisdiction is initially accepted. However, acceptance of jurisdiction by the CCMEO solely means that a Medical Examiner will sign the death certificate. Acceptance of jurisdiction does not always necessitate a postmortem examination of the body; “sign-out” cases are those which the Medical Examiner issues the death certificate without having examined the body. These cases include:

- 1) Deaths that occurred after hospitalization with documentation of injuries in accidental and suicidal manners of death where the treating physicians had determined the cause of death but could not sign the death certificate because the manner was not natural. In Georgia, a Medical Examiner or coroner must sign the death certificate per state law if the manner of death is not natural.
- 2) Non-natural deaths that were not reported to the CCMEO at the time of death and the remains were no longer available for examination. These deaths are most often detected by funeral homes or the Office of Vital Records, who notifies the CCMEO to initiate a death certificate investigation.

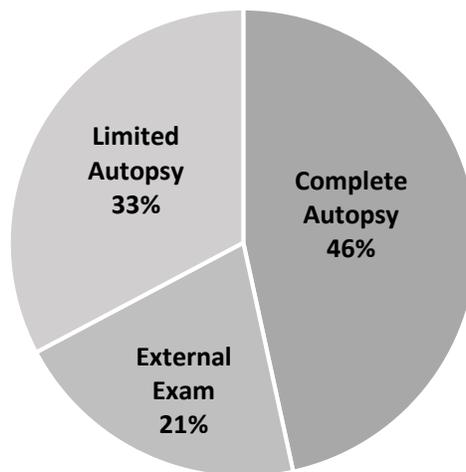
3) Natural deaths where an attending physician existed and was known at the time of death, and the death does not fall under the jurisdiction of the CCMEQ, but upon notification to the physician of the death, the physician refuses to sign the death certificate. As a service to the family, in these cases, the CCMEQ will subpoena required medical records and issue a death certificate.

ALL ACCEPTED JURISDICTION DEATHS

Accepted jurisdiction cases by manner of death and procedure performed

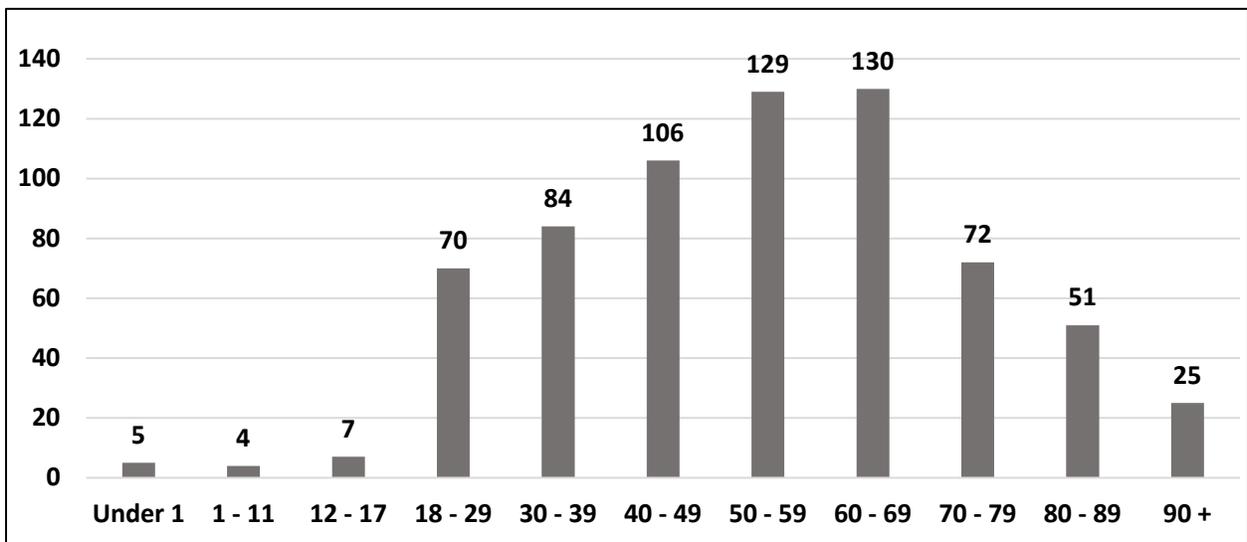
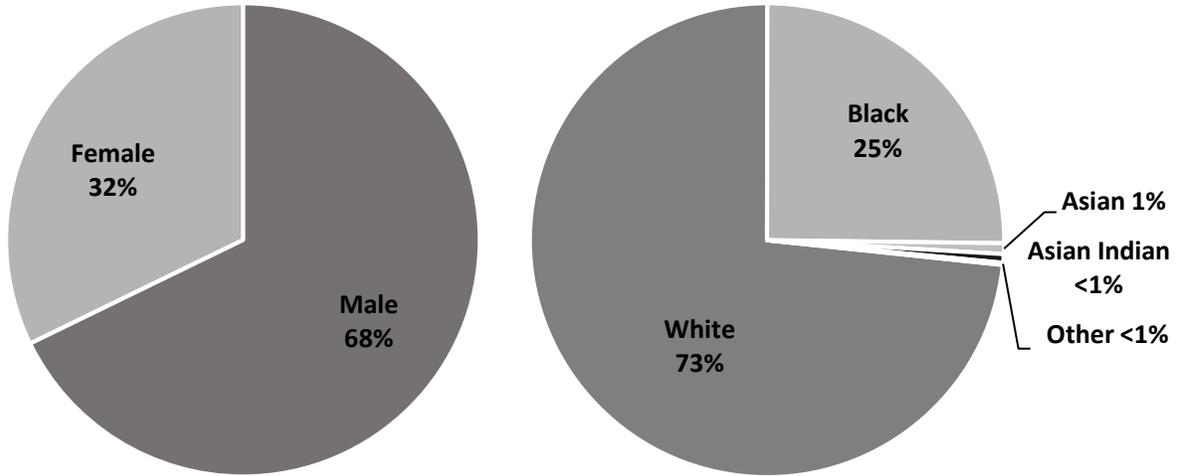
Manner of Death	Procedure Performed				Total	Percentage
	Complete Autopsy	Limited Autopsy	External Exam	Sign-Out		
Accident	118	68	20	80	286	41.9%
Homicide	19	-	-	-	19	2.8%
Natural	98	54	93	30	275	40.3%
Suicide	17	64	3	2	86	12.6%
Undetermined	14	1	2	-	17	2.5%
Total =	266	187	118	112	683	100%

Of the 683 cases of accepted jurisdiction, 112 deaths were handled as sign-outs, and therefore, the body was released without examination or was not available for examination at the time the death was reported to the CCMEO. 571 cases were examined by a Medical Examiner at the CCMEO office.



Type of Examination Performed and Manner of Death

The extent of the examination that is required for a case is determined by the Medical Examiner based upon the information known, and sometimes unknown, about the case at the time of the examination. In certain types of cases, such as homicides, even if the cause and manner of death are known at the time of autopsy, due to the needs of the community and the judicial system, a complete autopsy is performed. When possible, the Medical Examiner will honor family wishes about the extent of the examination performed within the bounds of the Georgia Death Investigation Act and best practices within the field of forensic pathology.



All Accepted Jurisdiction by Sex, Race and Age

Comments:

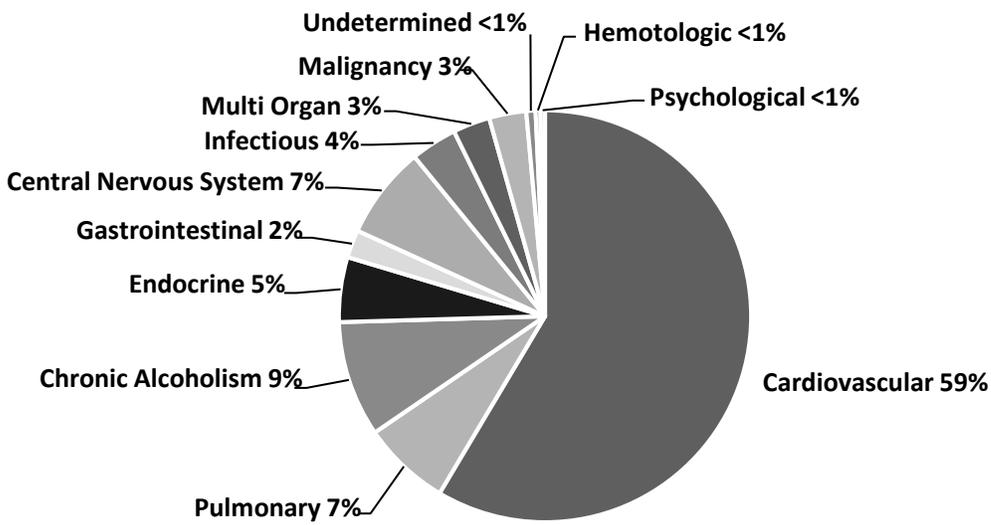
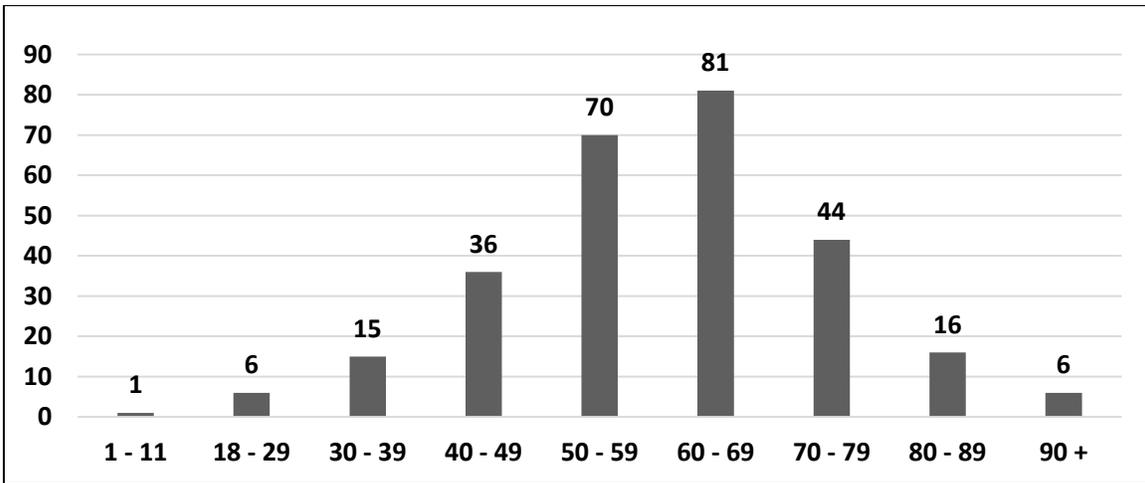
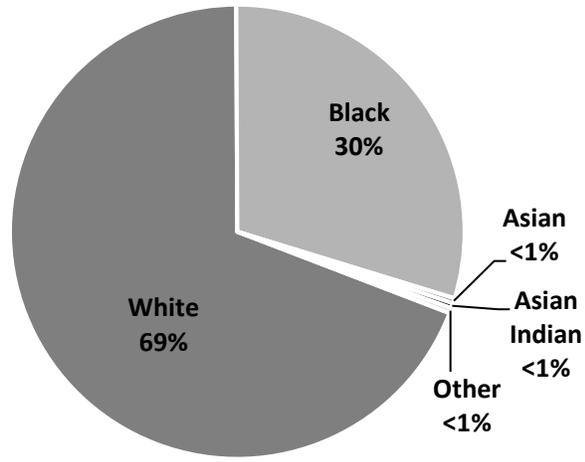
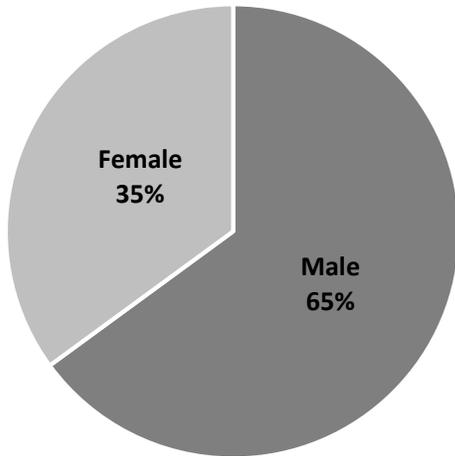
- Our current database has no consistent method for tracking ethnicity of a decedent; therefore, only race can be reported.
- White and black include individuals of Latino/Hispanic ethnicity, based on how that individual self-identified.

DEATHS BY MANNER

NATURAL

Accepted jurisdiction cases of natural deaths by major organ system / cause of death

Cardiovascular	161
Aortic Dissection	7
Hypertensive	42
Ischemic	72
Hypertensive & Ischemic	25
Other (Ex: Cardiomyopathy; Valvular Disease)	15
Chronic Alcoholism	25
Central Nervous System	20
Cerebral Aneurysm	2
Dementia	5
Seizure Disorder	4
Stroke	9
Endocrine	14
Diabetes	13
Renal Disease	1
Gastrointestinal	6
Ulceration	2
Hemorrhage NOS	2
Cirrhosis of the Liver NOS	1
Hepatitis C Cirrhosis	1
Hematologic	1
Sickle Cell	1
Infectious	10
Rotavirus	1
Sepsis	4
Influenza	1
Tuberculosis	1
Pneumonia	3
Malignancy	8
Leukemia/Lymphoma	1
Breast Carcinoma	1
Pancreatic Carcinoma	2
Throat Carcinoma	1
Esophageal Carcinoma	1
Lung Carcinoma	1
Gastrointestinal Stromal Tumor	1
Multi-Organ	8
Cardiac Amyloidosis	2
Cerebral Palsy	1
Morbid Obesity	5
Psychological	1
Anorexia Nervosa	1
Respiratory	19
Asthma	3
Chronic Obstructive Pulmonary Disease	5
Pulmonary Thromboembolism	10
Sleep Apnea	1
Undetermined	2



Natural Deaths by Sex, Race, Age and Cause of Death

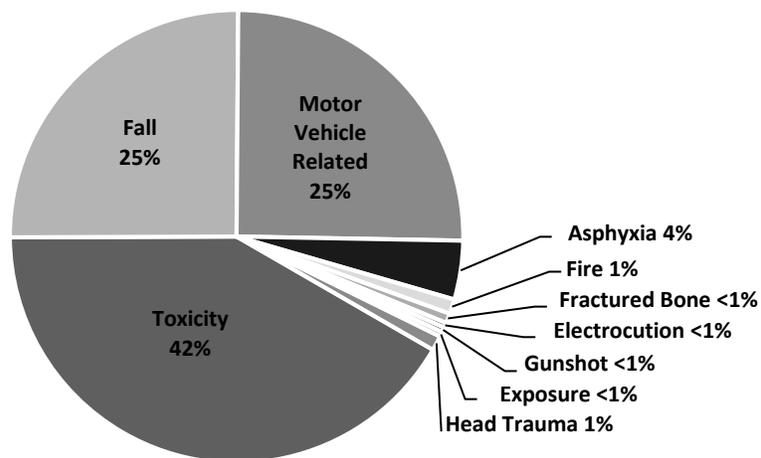
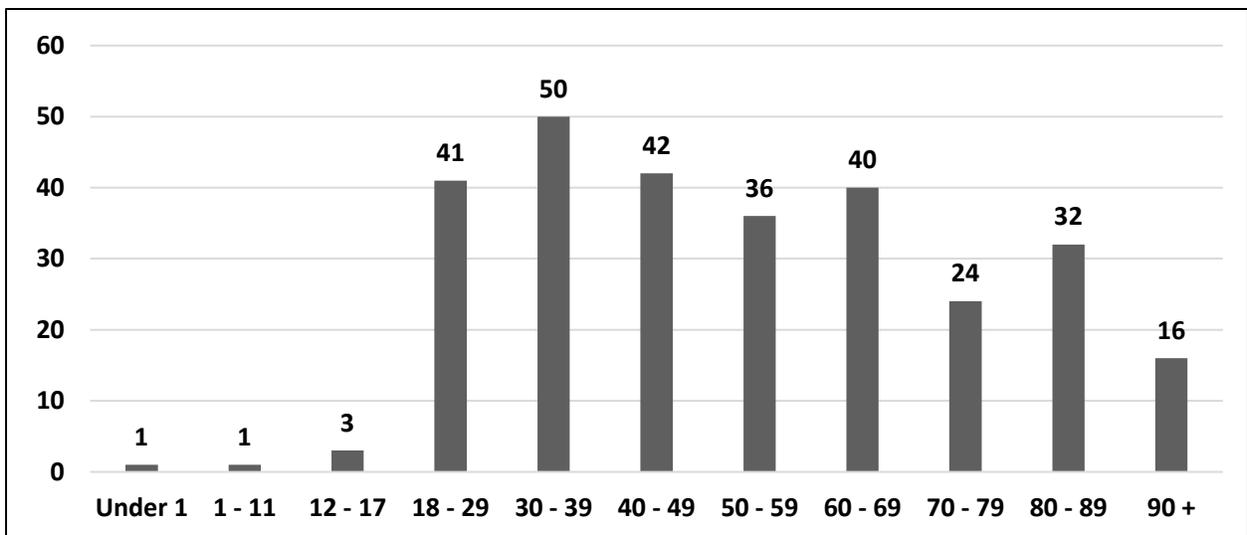
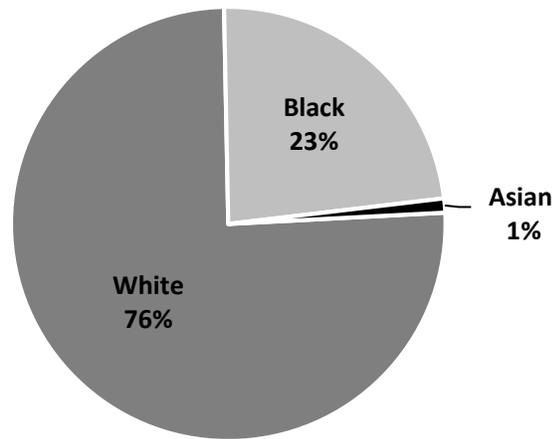
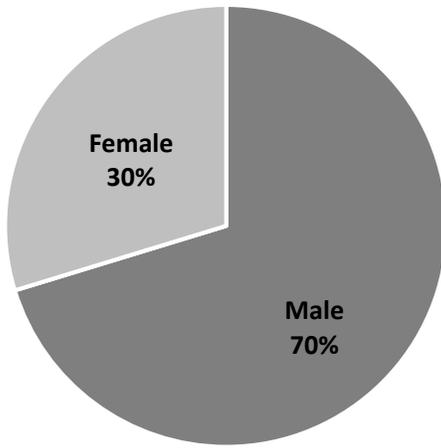
Comments:

- In keeping with national trends, the organ system most commonly causing death in Cobb County is the cardiovascular system with ischemic cardiovascular disease processes being the most common.
- Chronic ethanol abuse results in pathological changes in multiple organs including the liver and heart. Deaths due to chronic alcoholism can be the result of cardiomyopathy caused by the myocardial toxic effects of ethanol, gastrointestinal hemorrhage, liver failure resulting in encephalopathy or body cavity effusions, and other metabolic derangements. Chronic ethanol abuse deaths are considered separately from acute alcohol intoxication deaths, which are considered drug related and thus usually accidental in manner.

ACCIDENT

Accepted jurisdiction cases of accidental deaths by sex, race, age and cause of death

Cause of Death		Asphyxia				Drug and/or Alcohol Toxicity	Fall	House Fire	Heat Exhaustion	Falling Object	Motor Vehicle		Electrocution	Gunshot Wound	Fractured Bone	Total
		Choking	Drowning	Carbon Monoxide	Positional						Blunt Force Trauma	Fire				
SEX	Female	1				31	37	1		1	13			1	85	
	Male	1	6	1	3	88	35	2	1	2	56	3	1	1	1	201
RACE	Asian						2				1				3	
	Black		3		2	23	6		1		28	2	1	1	67	
	White	2	3	1	1	96	64	3		3	40	1			2	216
AGE	Under 1				1										1	
	1 - 17	1									3				4	
	18 - 29		4			21					15	1			41	
	30 - 39					33	2		1	2	10		1	1	50	
	40 - 49		1			28	4	1			7	1			42	
	50 - 59		1		1	18	2	1		1	12				36	
	60 - 69					17	10				12				1	40
	70 - 79			1	1	2	13				6	1				24
	80 - 89						27	1			3				1	32
	90 +	1					14				1					16
Total =		2	6	1	3	119	72	3	1	3	69	3	1	1	2	286



Accidental Deaths by Sex, Race, Age and Cause of Death

Comments:

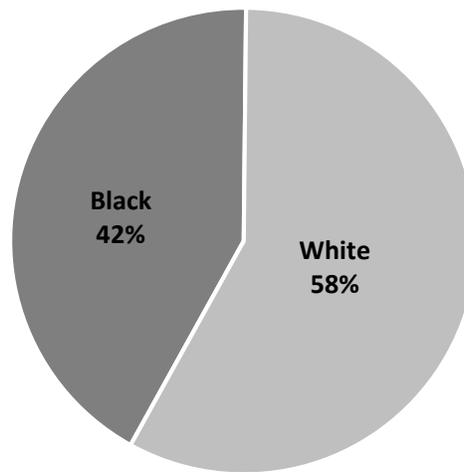
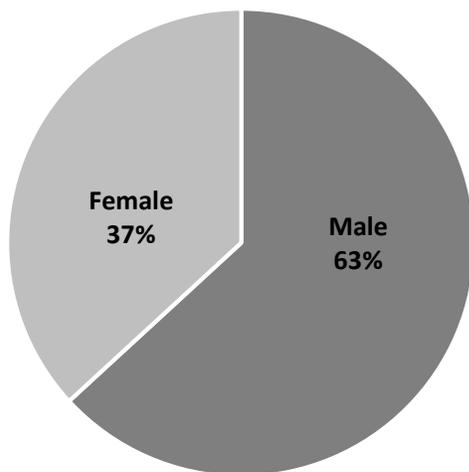
- In Cobb County, accidental drug related deaths were slightly more common in the 30-39 age bracket.
- Males were more likely than females to die of an accidental manner of death.
- Deaths associated with acute drug overdoses and motor vehicle collisions are further discussed in the Special Populations section.

HOMICIDE

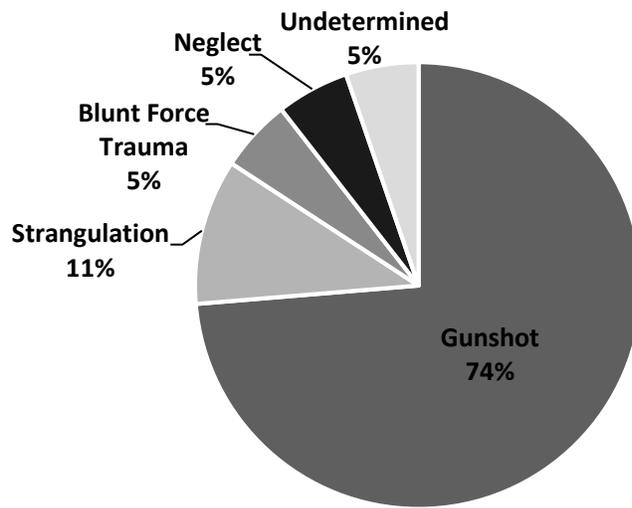
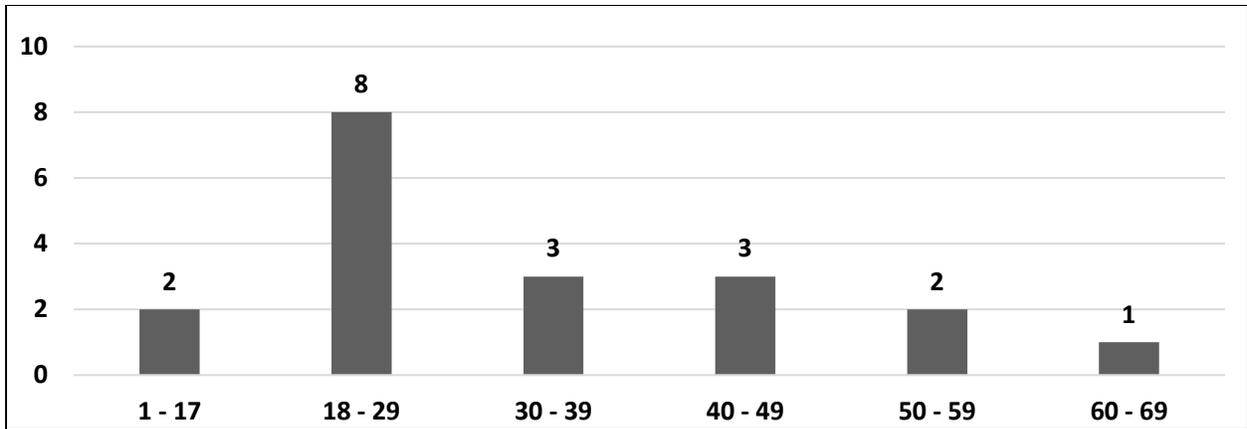
A complete autopsy is performed on all homicides occurring within the Cobb County jurisdiction, and all homicides, by definition, will have jurisdiction accepted by the Medical Examiner's Office.

Accepted jurisdiction cases of homicide deaths by sex, race, age and cause of death

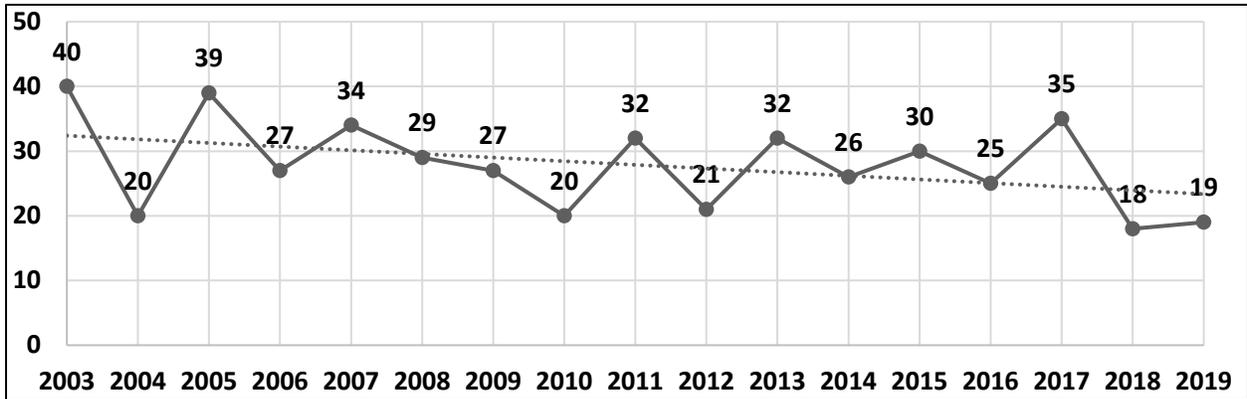
Cause of Death		Gunshot Wound	Neglect	Blunt Force Trauma	Strangulation	Undetermined	Total
SEX	Female	3	1	1	2		7
	Male	11				1	12
RACE	Black	6		1	1		8
	White	8	1		1	1	11
AGE	1 - 17	2					2
	18 - 29	7		1	1		9
	30 - 39	2					2
	40 - 49	3			1		4
	50 - 59					1	1
	60 - 69		1				1
Total =		14	1	1	2	1	19



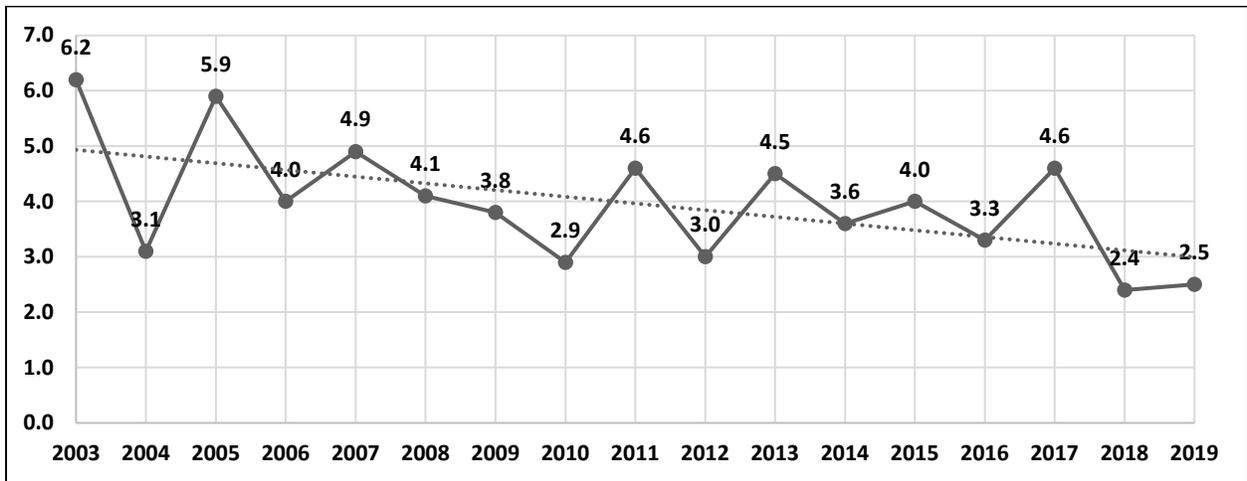
Homicide by Sex and Race



Homicide by Age and Cause of Death



Homicide Totals, 2003-2019

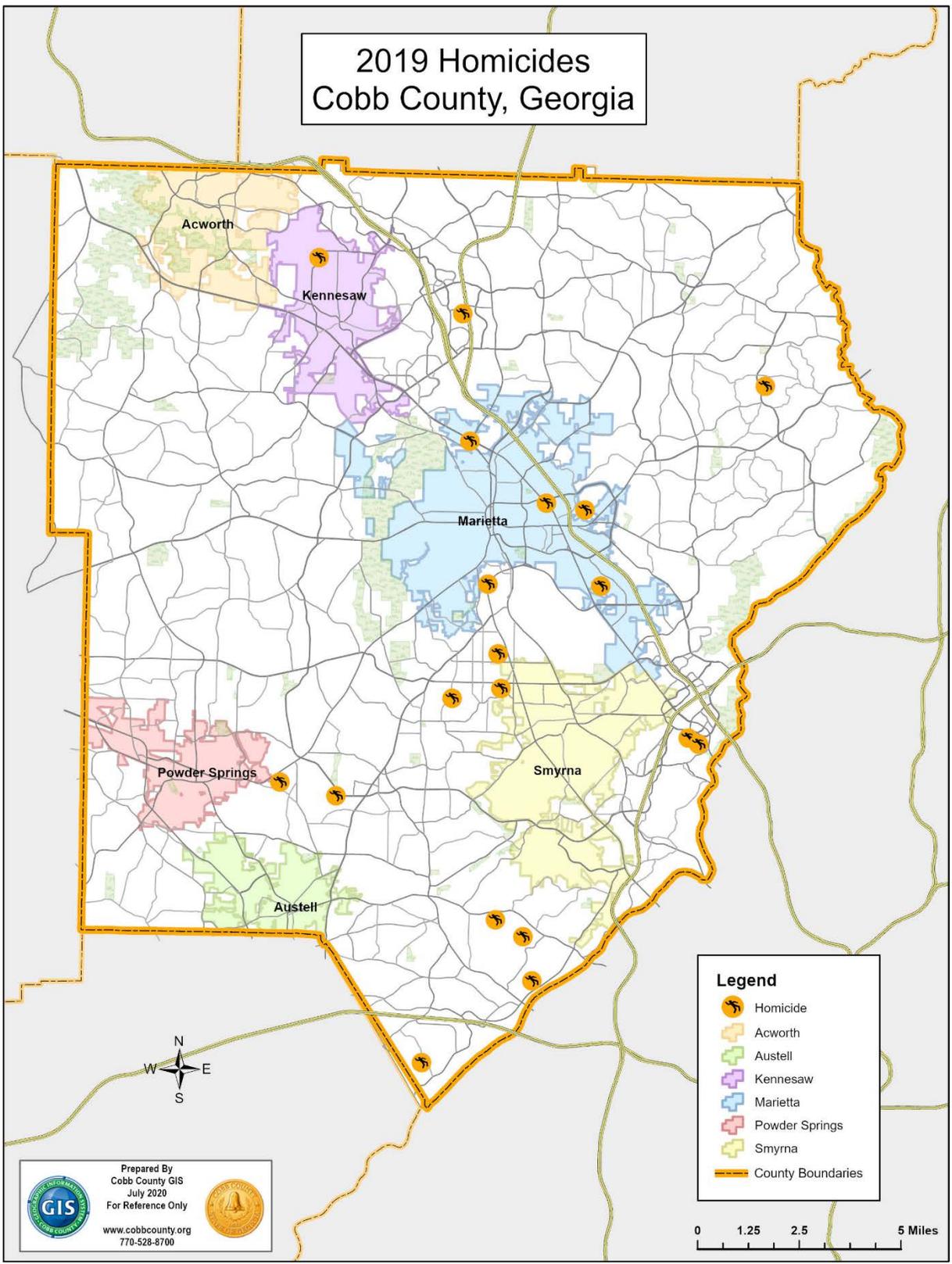


Homicide Rate per 100,000 Population, 2003-2019

Comments:

- Firearms were involved in 74% of homicides.
- 63% of homicide victims were males.
- The number of homicides remained nearly the same as 2018.
- Two persons under the age of 18 died by a homicidal manner in 2019.

2019 Homicides Cobb County, Georgia



Prepared By
Cobb County GIS
July 2020
For Reference Only
www.cobbcounty.org
770-528-8700

Legend

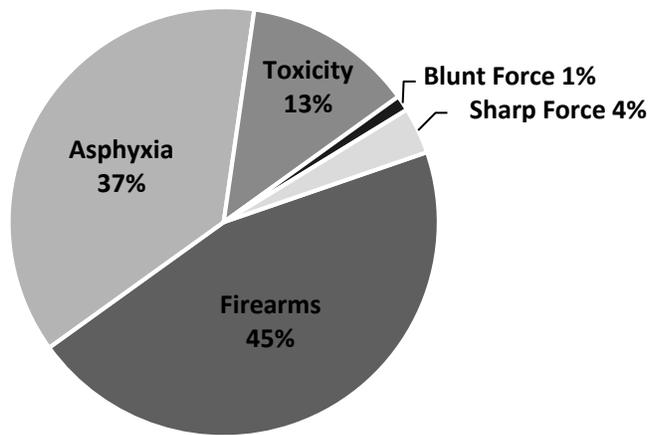
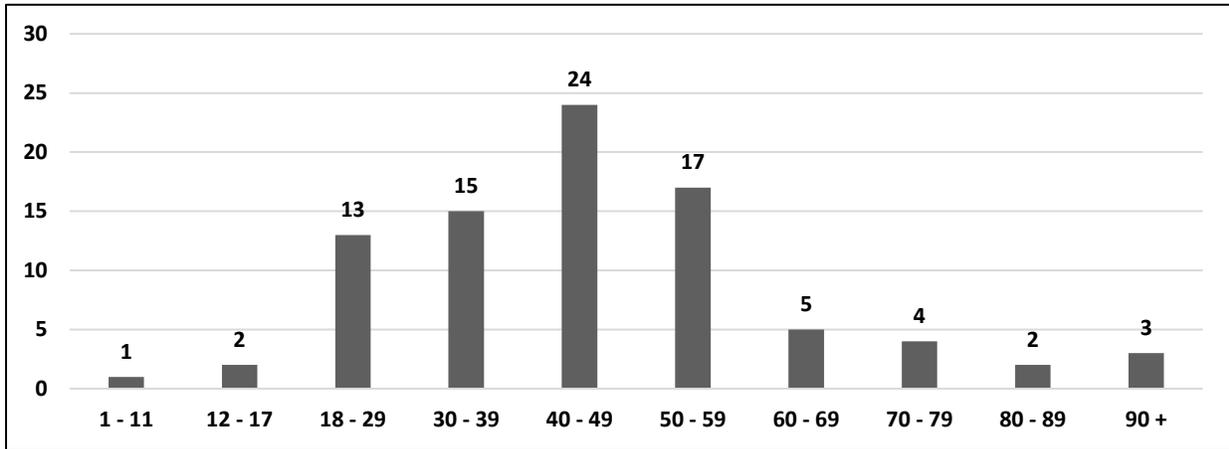
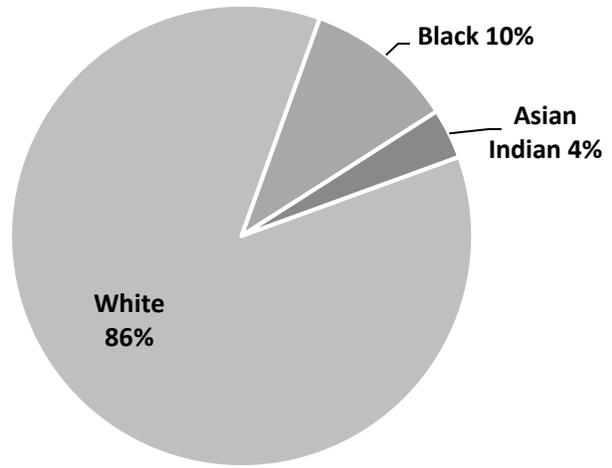
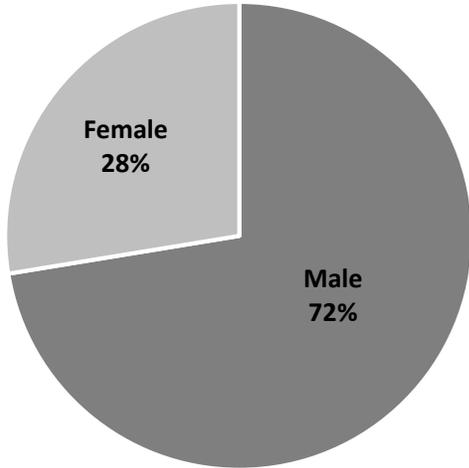
- Homicide
- Acworth
- Austell
- Kennesaw
- Marietta
- Powder Springs
- Smyrna
- County Boundaries

0 1.25 2.5 5 Miles

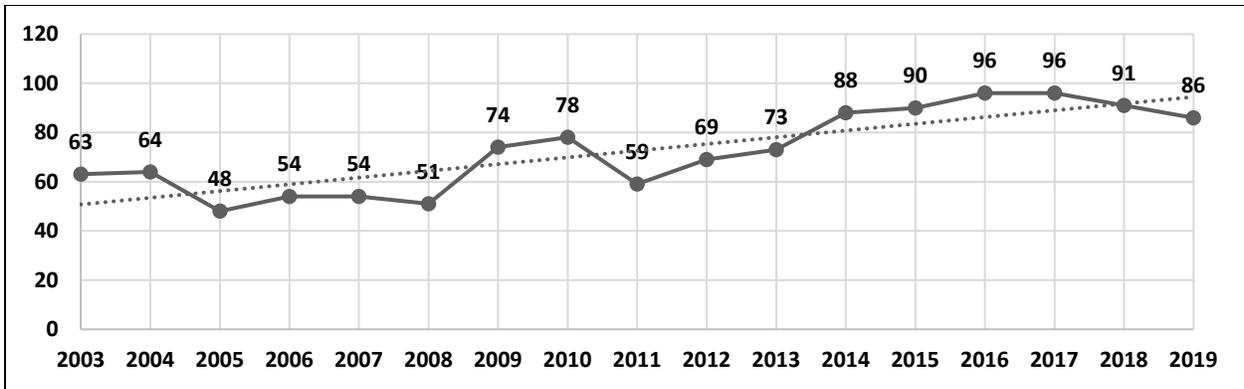
SUICIDE

Accepted jurisdiction cases of suicide deaths by sex, race, age and cause of death

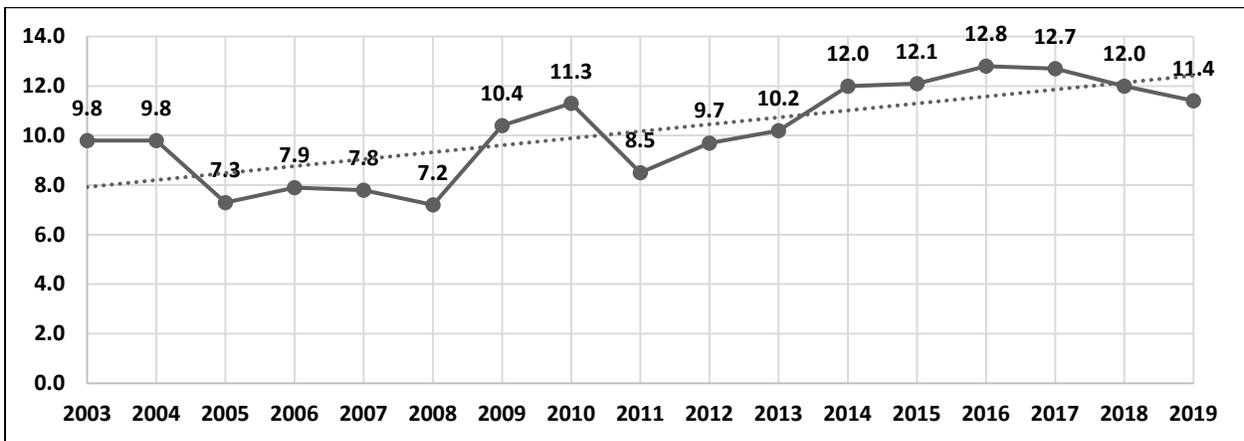
Cause of Death		Asphyxia			Firearm		Drug and/or Alcohol Toxicity	Train	Sharp Force Trauma	Total
		Auto Exhaust	Drowning	Hanging	Gunshot Wound	Shotgun Wound				
SEX	Female		1	9	8		5		1	24
	Male	1		21	29	2	6	1	2	62
RACE	Asian			1	1		1			3
	Black			3	3	1	2			9
	White	1	1	26	33	1	8	1	3	74
AGE	1 - 11				1					1
	12 - 17			1	1					2
	18 - 29			7	6					13
	30 - 39	1		4	7	2			1	15
	40 - 49			12	5		7			24
	50 - 59		1	5	7		3	1		17
	60 - 69			1	2		1		1	5
	70 - 79				3				1	4
	80 - 89				2					2
	90+				3					3
Total =		1	1	30	37	2	11	1	3	86



Suicides by Sex, Race, Age and Cause of Death



Suicide Totals, 2003-2019



Suicide Rate per 100,000 Population, 2003-2019

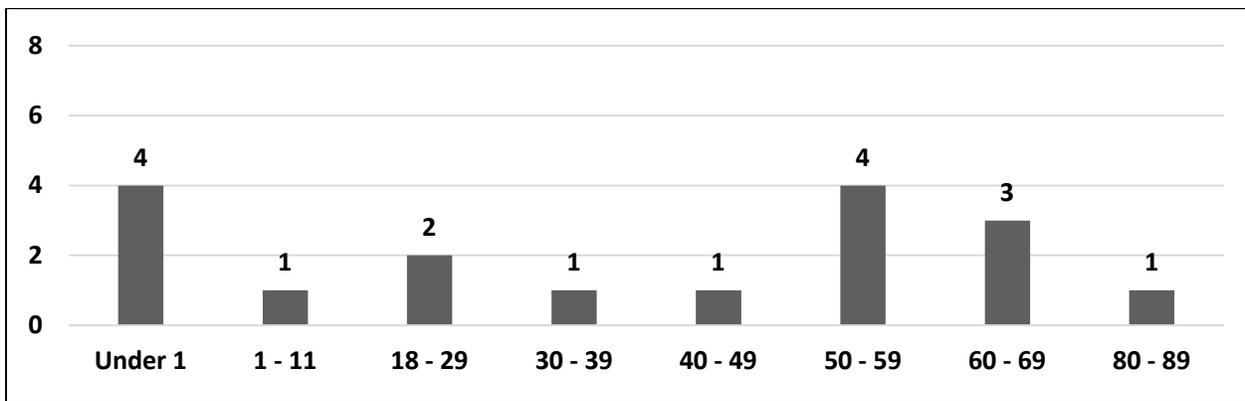
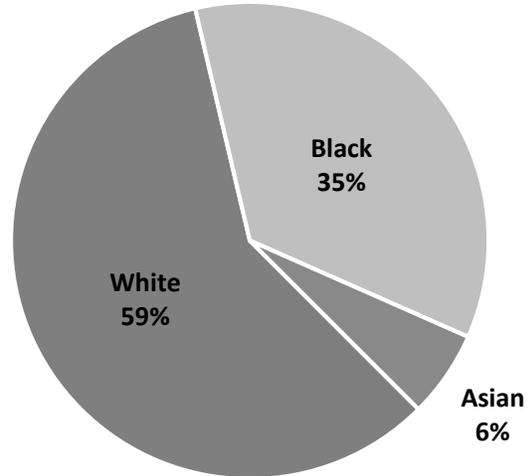
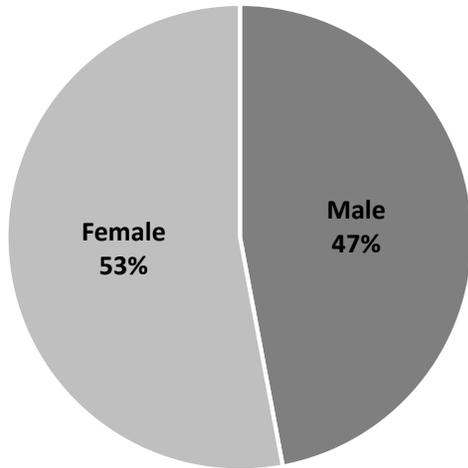
Comments:

- Firearms were the most common method of suicide.
- 72% of suicide victims were male.
- Persons with a suicidal manner of death are significantly more likely to identify as white.
- The age bracket with the greatest number of suicides was the 40-49-year bracket.

UNDETERMINED

Accepted jurisdiction cases of undetermined manner deaths by sex, race, age and cause of death

Cause of Death		Blunt Force Trauma	Exsanguination	Seizure Disorder	Drugs and/or Alcohol Present	Unsafe Sleeping	Undetermined Cause	Total
SEX	Female	1			5	3		9
	Male	1	1	1	1	1	3	8
RACE	Asian					1		1
	Black	1	1		2	1	1	6
	White	1		1	4	2	2	10
AGE	Under 1					4		4
	1 - 17				1			1
	18 - 29	1			1			2
	30 - 39						1	1
	40 - 49			1				1
	50 - 59				3		1	4
	60 - 69	1	1				1	3
	80 - 89				1			1
Total =		2	1	1	5	4	3	17



Undetermined Deaths by Sex, Race and Age

The above cases were assigned an undetermined manner of death and are different from cases where the cause of death is certified as undetermined. Cases in which the cause of death is undetermined can be certified as any manner of death. In many cases where the cause of death is undetermined, no evidence of an injury or disease process could be found at autopsy usually because such cases were caused by a physiological derangement or because advanced decomposition had developed.

Of the 683 deaths certified by the CCMEQ, 17 were certified as having an undetermined manner. An undetermined manner means that at the end of the investigation and examination, the known circumstances of the case could be explained by more than one manner or not enough information is known to determine a manner.

Four of the undetermined deaths in Cobb County in 2019 were in infants under 1 year of age and are discussed below in *Special Populations*.

Of the total 17 cases; 14 had identifiable causes of death but circumstances concerning the cases could be explained by more than one manner of death. The remaining 3 cases could not have a cause of death determined despite complete examination and investigation.

**SPECIAL
POPULATIONS**

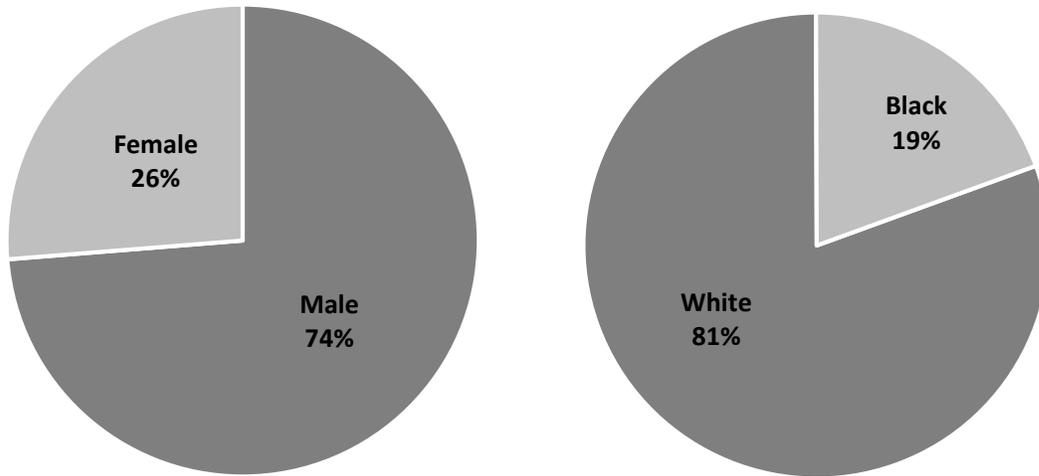
DRUG RELATED DEATHS

Acute Accidental Drug Toxicity Deaths

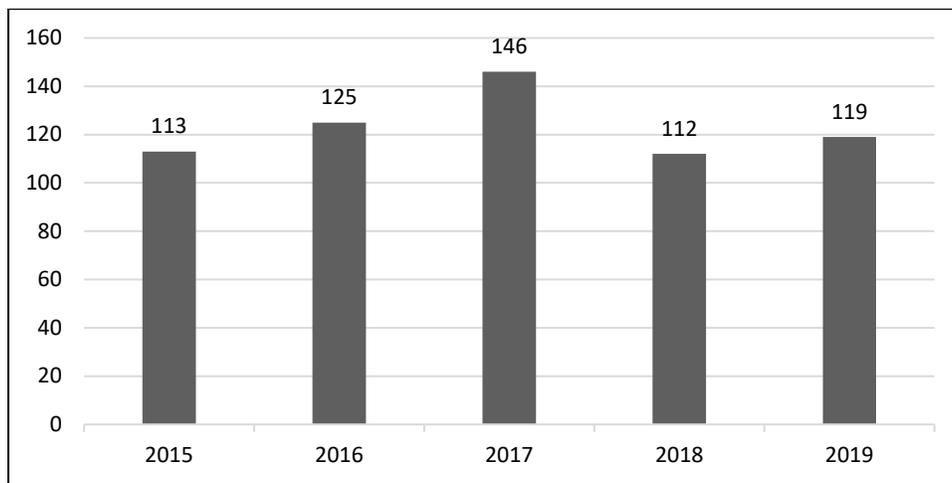
Acute accidental drug toxicity deaths are commonly caused by a combination of multiple drugs rather than one single drug. In 2019 there were 119 decedents who died of an acute accidental drug and/or alcohol toxicity. The table below is a tallied list of all the drugs or drug classes involved; the table does not sum to 119 because most of the decedents had multiple drugs in their blood that were determined to contribute to the death. In addition to prescription and illicit drugs, ethanol is also often present in drug toxicity deaths, and depending on the other drug(s), present, can contribute to the death or occasionally may be the sole cause of death.

Drugs related to the cause of death

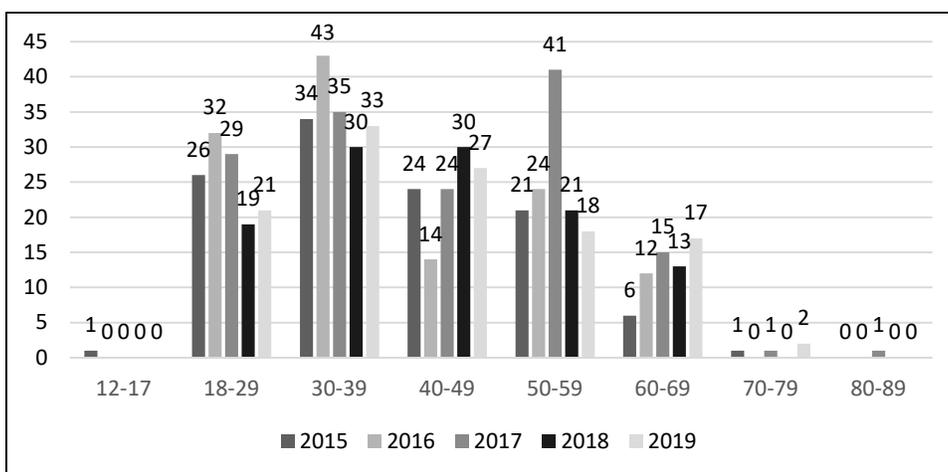
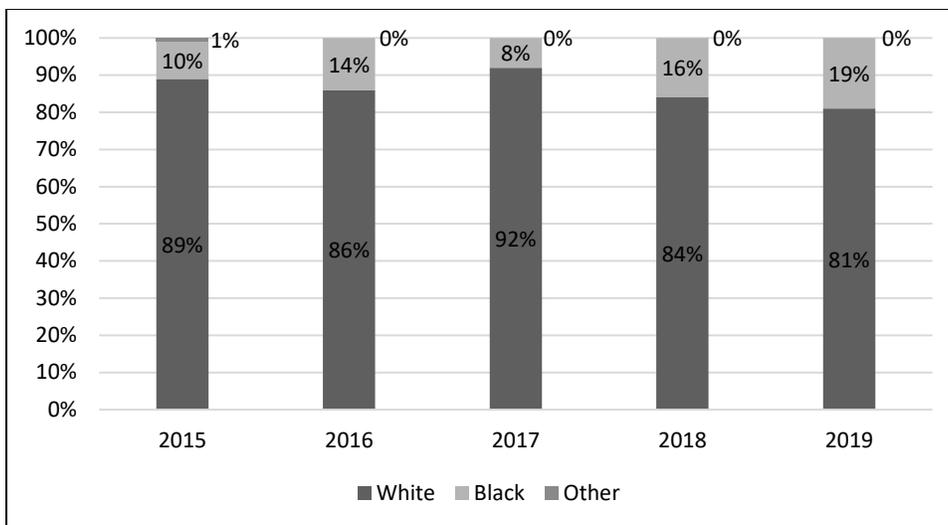
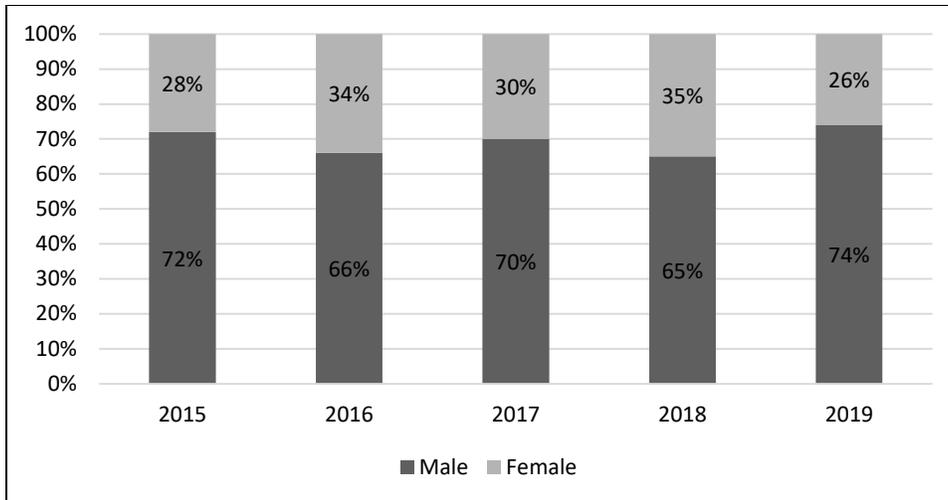
DRUG TYPE and/or CLASS	2015	2016	2017	2018	2019
FENTANYL / DESIGNER OPIOIDS (4-ANPP, acryl fentanyl, butyryl fentanyl, car fentanyl, cyclopropylfentanyl, fentanyl, furanyl fentanyl, methoxy acetyl fentanyl, para-fluor butyryl fentanyl/FIBF, U-47700)	33	41	44	35	31
Heroin	41	36	37	43	29
Morphine	26	10	20	12	6
Oxycodone	22	15	26	17	13
Hydrocodone	-	4	10	4	6
OTHER OPIOIDS (ex: hydromorphone, methadone, meperidine, mitragynine, oxymorphone, xglazine)	-	3	14	9	15
OTHER NARCOTICS (ex: buprenorphine, tramadol)	3	1	4	0	2
Alprazolam	21	14	31	16	9
OTHER BENZODIAZEPINES (ex: chlordiazepoxide, clonazepam, flubromazolam, diazepam, lorazepam, midazolam, nordiazepam)	5	0	10	6	7
Cocaine	14	17	33	17	26
Methamphetamine / Amphetamine	22	18	30	29	42
NON-NARCOTIC PAIN MEDICATION / SEDATIVES (ex: gabapentin, pregabalin, zolpidem)	5	1	10	2	4
ANTI-DEPRESSANTS (ex: amitriptyline, bupropion, citalopram, doxepin, fluoxetine, nortriptyline, paroxetine, quetiapine, sertraline, trazadone)	11	2	13	10	15
MUSCLE RELAXERS (ex: carisoprodol, cyclobenzaprine)	-	2	8	3	0
OTHER PRESCRIPTION MEDICATIONS (ex: buprenorphine, busiprone, butalbital, carbamazepine, clozapine, duloxetine, diltiazem, flecainide, hydroxyzine, lamotrigine, nadolol, olanzapine, phentermine, phenobarbital, promethazine, propranolol, promethazine, topiramate, venlafaxine, zolpidem)	-	3	6	12	17
OVER THE COUNTER MEDICATIONS (ex: acetaminophen, dextromethorphan, diphenhydramine, loperamide,	5	2	9	6	6
OTHER PRODUCTS OF ABUSE (ex: dinitrophenol, difluoroethane, dichlorobenzene, ethylene glycol, GHB, isopropanol, methanol, mitragynine, pentylone)	10	5	2	7	7
Ethanol	13	17	21	19	19



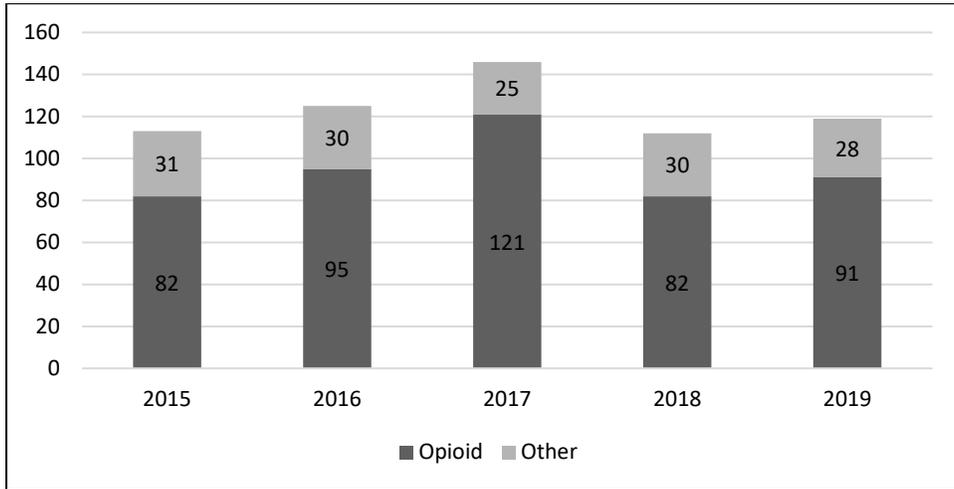
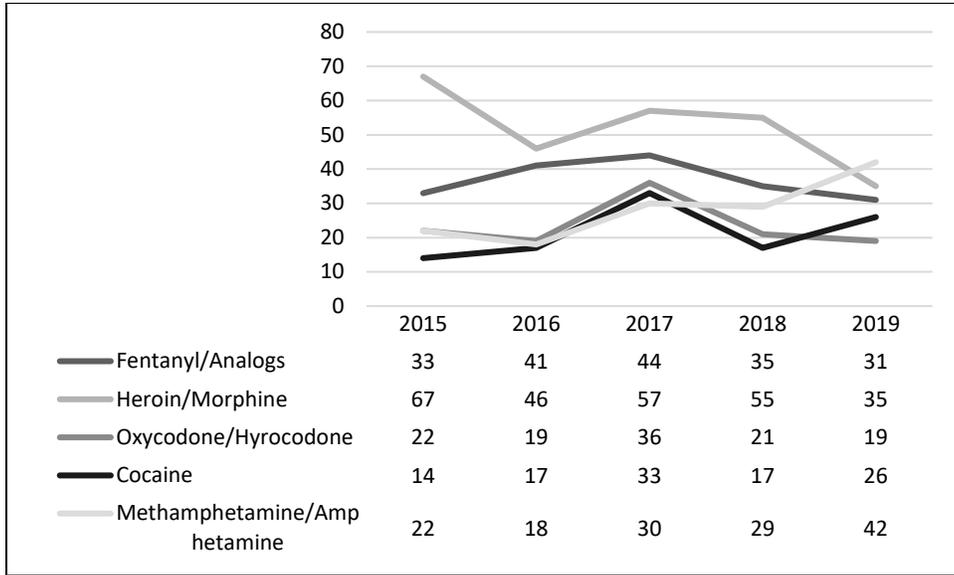
Drug Related Deaths by Sex and Race, 2019



Acute Accidental Drug Deaths, 2015-2019



Acute Accidental Deaths; Sex, Race and Age, 2015-2019

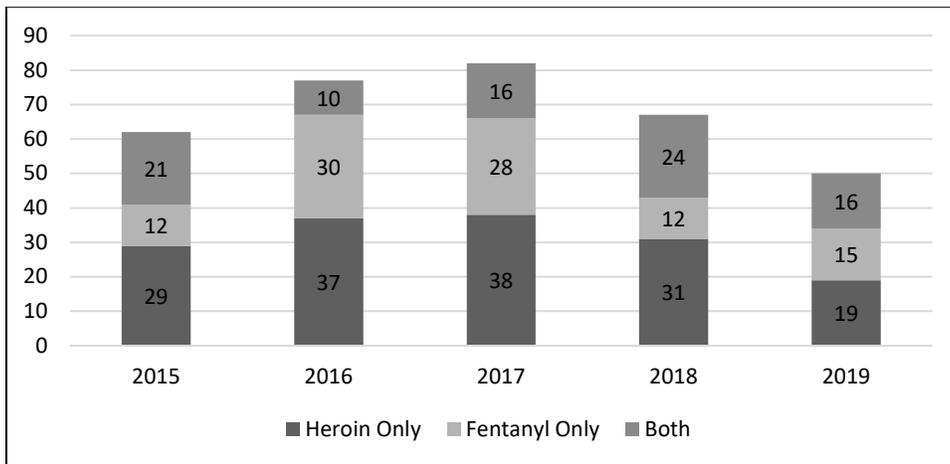
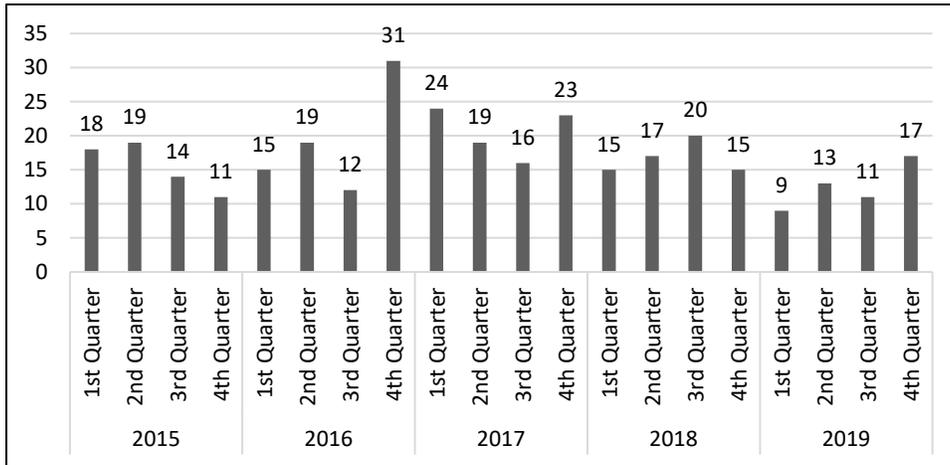


Acute Accidental Drug Toxicity Deaths, 2015-2019

Comments:

- Acute accidental drug toxicity deaths continue to be a significant portion of the deaths in Cobb County. Drug related deaths equal nearly one-quarter of the deaths investigated by the CCMEQ.
- The overall number of acute accidental drug toxicity deaths in 2019 (119) increased slightly relative to 2018 (112).
- The age brackets with the highest number of acute accidental drug toxicity deaths in 2019 were 30-39 and 40-49, which is unchanged from 2018.
- Certain drugs, such as cocaine, heroin, and methamphetamine, are by definition, illicit; however, diversion of drugs such as oxycodone and alprazolam allows persons to obtain these prescription medications via illicit means. Determining whether a person whose

death is caused by prescribed or diverted sources of these drugs is often not possible. Fentanyl has the added complication that sophisticated clandestine laboratories are capable of manufacturing it, so fentanyl deaths can be related to prescribed sources, diverted prescription sources, or illicit production. However, most deaths caused by acute accidental fentanyl toxicity have been due to illicit sources.

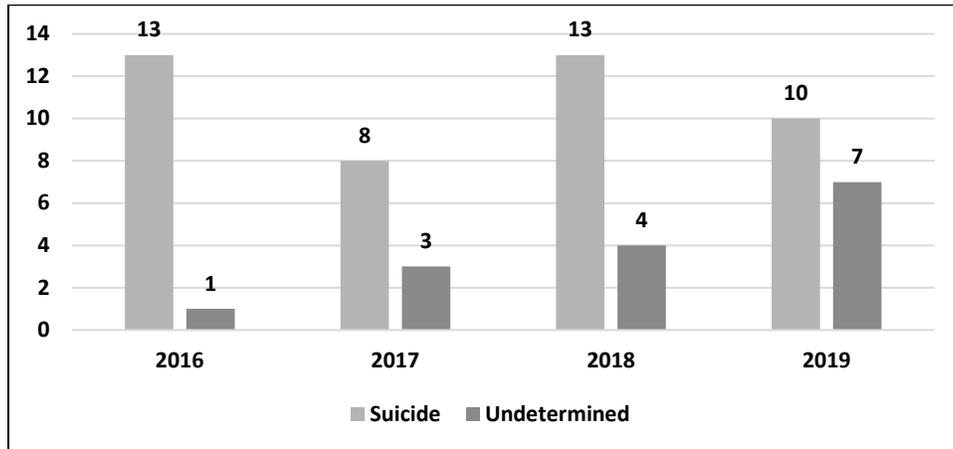


Heroin and/or Fentanyl Related Deaths by Quarter and Years, 2015 – 2019

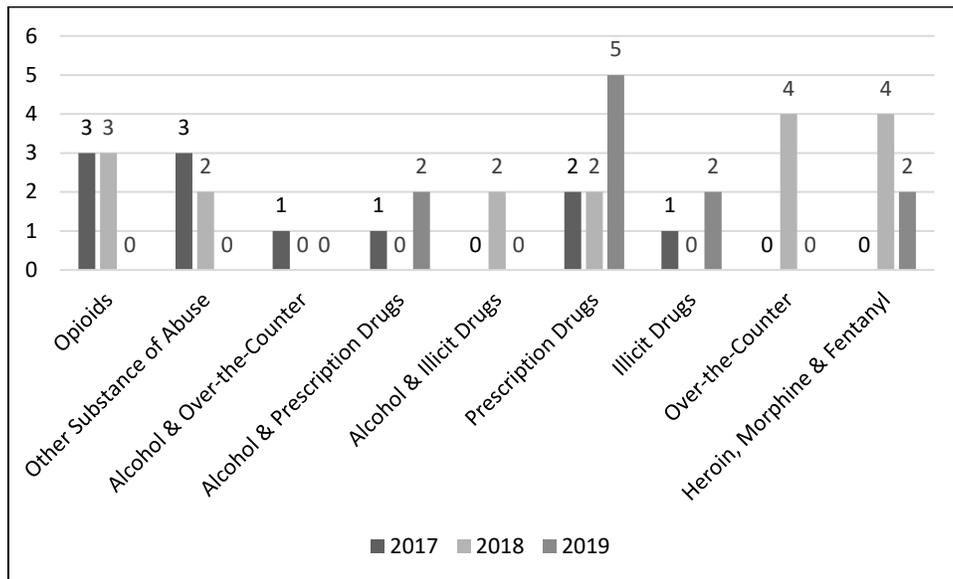
Comments:

- Longitudinal monitoring of the acute accidental deaths caused by toxicity of heroin and fentanyl and its analogs demonstrates waxing and waning in the number of these deaths when examined quarterly; however, the total number of these deaths in 2019 (60 deaths) decreased relative to 2018 (67 deaths).

Acute Non-Accidental Drug Toxicity Deaths



Acute Non-Accidental Drug Toxicity Deaths by Manner, 2016 – 2019



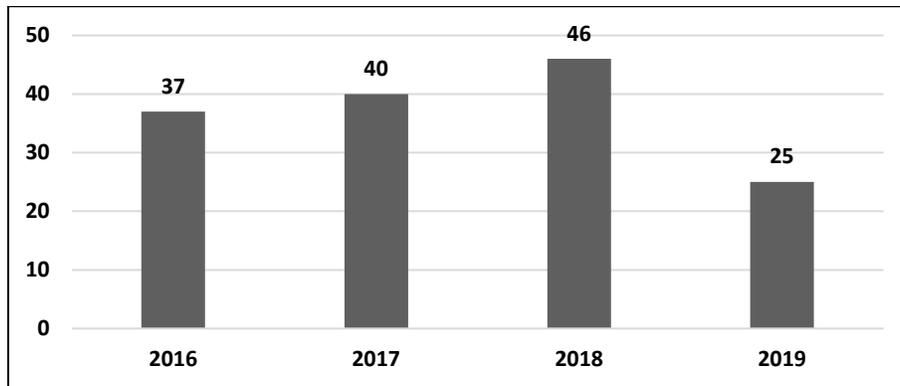
Acute Non-Accidental Drug Toxicity Deaths, 2017 - 2019

Comments:

- Acute non-accidental drug toxicity deaths also occur. The cases in this data set are those individuals whose deaths were ruled to be either suicidal in manner or undetermined in manner. The manner of death in these cases would be ruled undetermined if circumstances of the case indicated the possibility of both a suicidal and accidental death, and the investigation could not determine which was the more likely manner.

Death Related to the Consequences of Chronic Drug Abuse

Chronic alcohol and drug abuse cause complications due to the repetitive toxicity to various organs. The toxicity in these deaths takes years to manifest in most cases, and the organs that are involved vary depending upon the drug class involved. Per the National Association of Medical Examiners standards, deaths that occur due to the chronic toxicity of drug usage are classified as natural deaths.



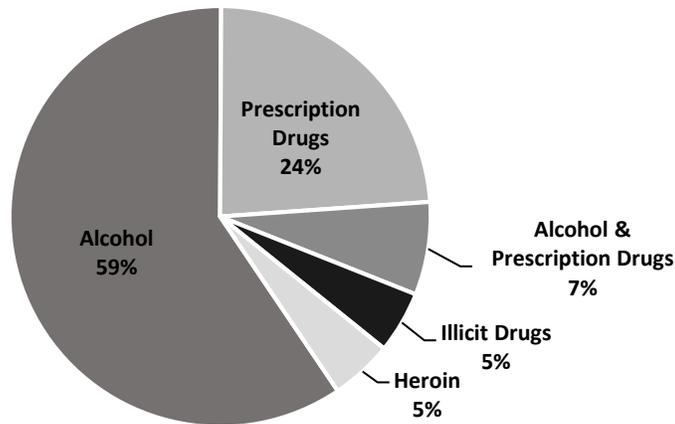
Chronic Alcohol and Drug Use Deaths by Year, 2016 – 2019

Comments:

- All drugs have the potential to cause chronic toxic effects. Alcohol is the drug that is most commonly associated with chronic toxic effects due to prevalence of its use and the recognized medical complications of its chronic use. The toxicity of alcohol is discussed in the Natural Deaths section above.

Drugs Contributing to Death

Deaths due to injuries, both intentional (such as suicidal hanging) and unintentional (such as drowning and motor vehicle collision) are frequently associated with the use of drugs. The types of drugs and combinations of the types of drugs involved are shown below. The data shown below does not reflect all instances where drugs (including alcohol) were suspected to be involved, but only cases where the presence of these drugs was also reflected in the other conditions significant to the death on the death certificate.



Deaths Where Drugs Contributed to the Cause of Death, 2019

Comments:

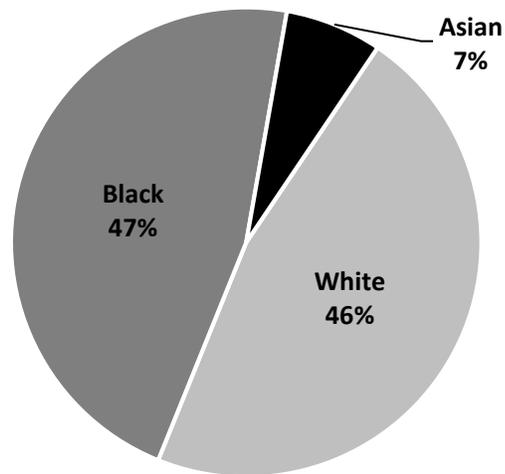
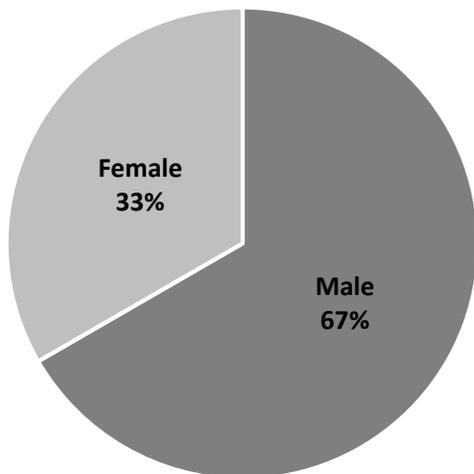
- Alcohol was the drug most commonly indicated to have been a significant contributing factor in traumatic deaths. The preponderance of alcohol in this data set is likely multifactorial in that its use is prevalent in the population but also because it has a defined legal standard as to what concentration in the blood is enough for intoxication.

CHILDREN (defined as 17 years and younger)

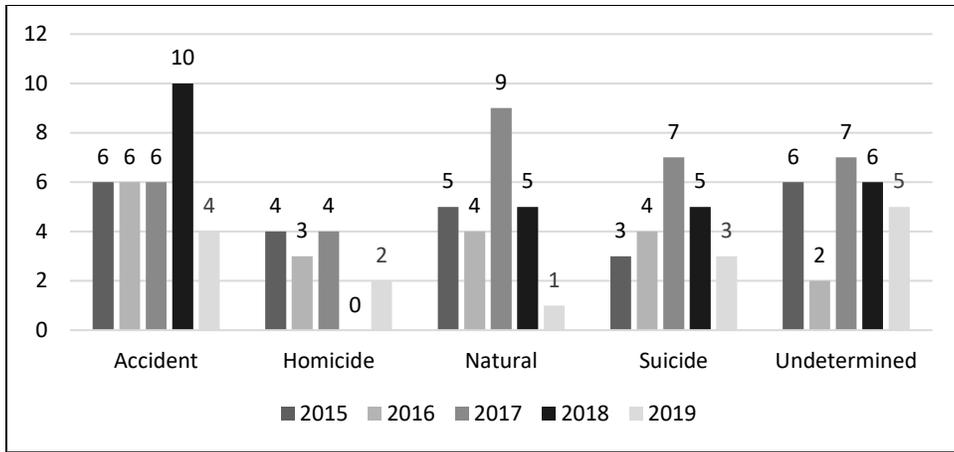
All children and infant deaths occurring in Georgia are required to be reported to the local Medical Examiner or Coroner according to the Georgia Death Investigation Act. Although all deaths in children must be reported to the CCMEO, not all the deaths in this population required an examination. Certain fetal demise cases may fall under the jurisdiction of the Medical Examiner depending on the circumstances of the case, but these are the exception rather than the rule for such deaths. Additionally, natural deaths in children due to documented complications of prematurity and diagnosed terminal diseases such as childhood cancers would not require a medicolegal investigation nor acceptance of jurisdiction by the Medical Examiner.

Accepted jurisdiction cases of children by sex, race, age and manner of death

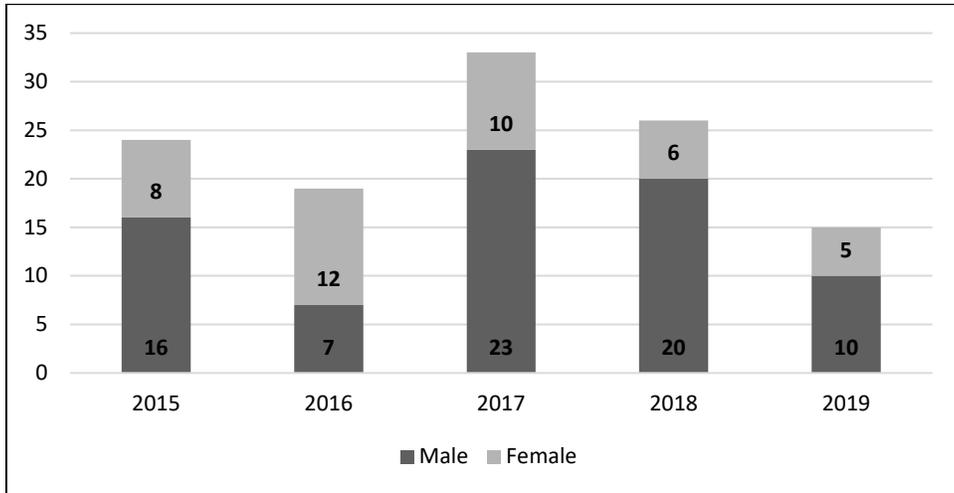
Manner of Death		Accident	Homicide	Natural	Suicide	Undetermined	Total
SEX	Female				2	3	5
	Male	4	2	1	1	2	10
RACE	Asian					1	1
	Black	2	2		1	2	7
	White	2		1	2	2	7
AGE	Under 1	1				4	5
	1 - 11			1	1	1	3
	12 - 17	3	2		2		7
Total =		4	2	1	3	5	15



Children (17 and younger) by Sex and Race



Child Deaths by Manner of Death, 2015-2019



Child Deaths by Sex, 2015-2019

1 -17 YEARS OLD

Accepted jurisdiction cases of children aged 1 - 17 years by sex, race, manner and cause of death

		Manner of Death					Total	
		Accident	Homicide	Natural	Suicide			Undetermined
Cause of Death		Blunt Force Injuries (Motor Vehicle)	Gunshot Wound	Addisonian Crisis w/ Rotavirus	Asphyxia (Hanging)	Gunshot Wound	Adenovirus & Hydrocodone	
SEX	Female				1	1		2
	Male	3	2	1		1	1	8
RACE	Black	1	2			1	1	5
	White	2		1	1	1		5
Total =		3	2	1	1	2	1	10

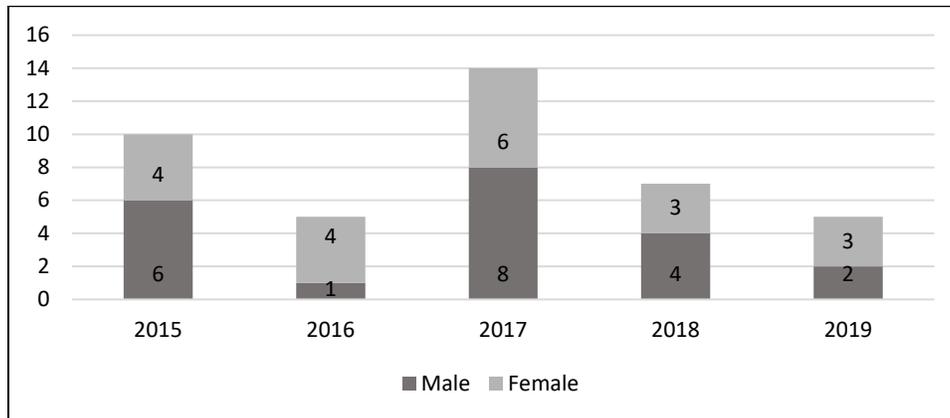
Comment:

- There is no significant difference in distribution of manner of death.

INFANTS (defined as less than 1 year of age)

Accepted jurisdiction cases of infants by sex, race, manner, and cause of death

		Manner of Death		Total
		Accident	Undetermined	
Cause of Death		Asphyxia	Undetermined	
SEX	Female		3	3
	Male	1	1	2
RACE	Asian		1	1
	Black	1	1	2
	White		2	2
Total =		1	4	5

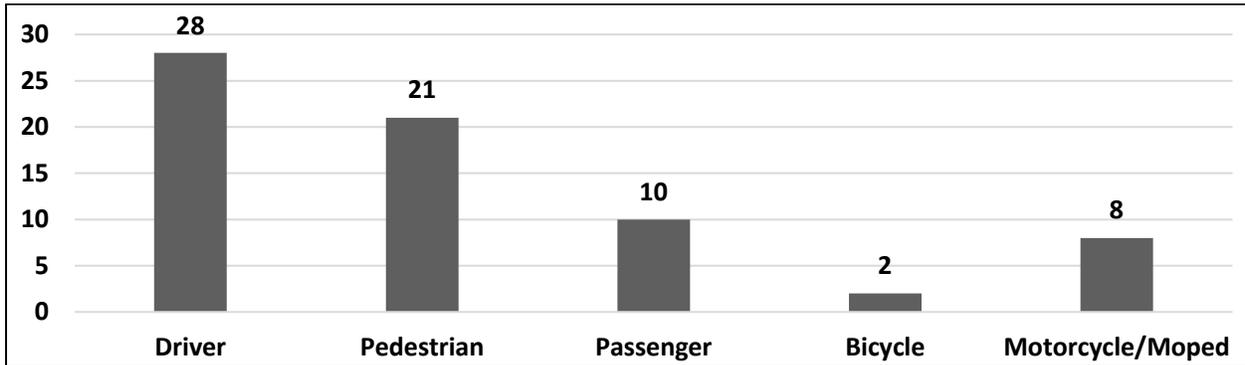


Infant Deaths by Sex, 2015–2019

Comments:

- The most common manner of death for infants (defined as <1 year of age) is “undetermined”. This classification of infant deaths is in following with national trends and recommendations due to the nature of infant deaths. In the infant population, the risk of an accidental asphyxial component (such as in overlay or inappropriate bedding) contributing to the death is great enough that it is the national standard to certify such deaths as an undetermined manner unless a definitive cause of death is found.
- Following national trends, the CCMEQ has shifted terminology for cause of death in infant(s) with a risk of an asphyxia component to the death from Sudden Unexplained Infants Death to Undetermined.

MOTOR VEHICLE RELATED DEATHS



Motor Vehicle Related Deaths by Role of Decedent

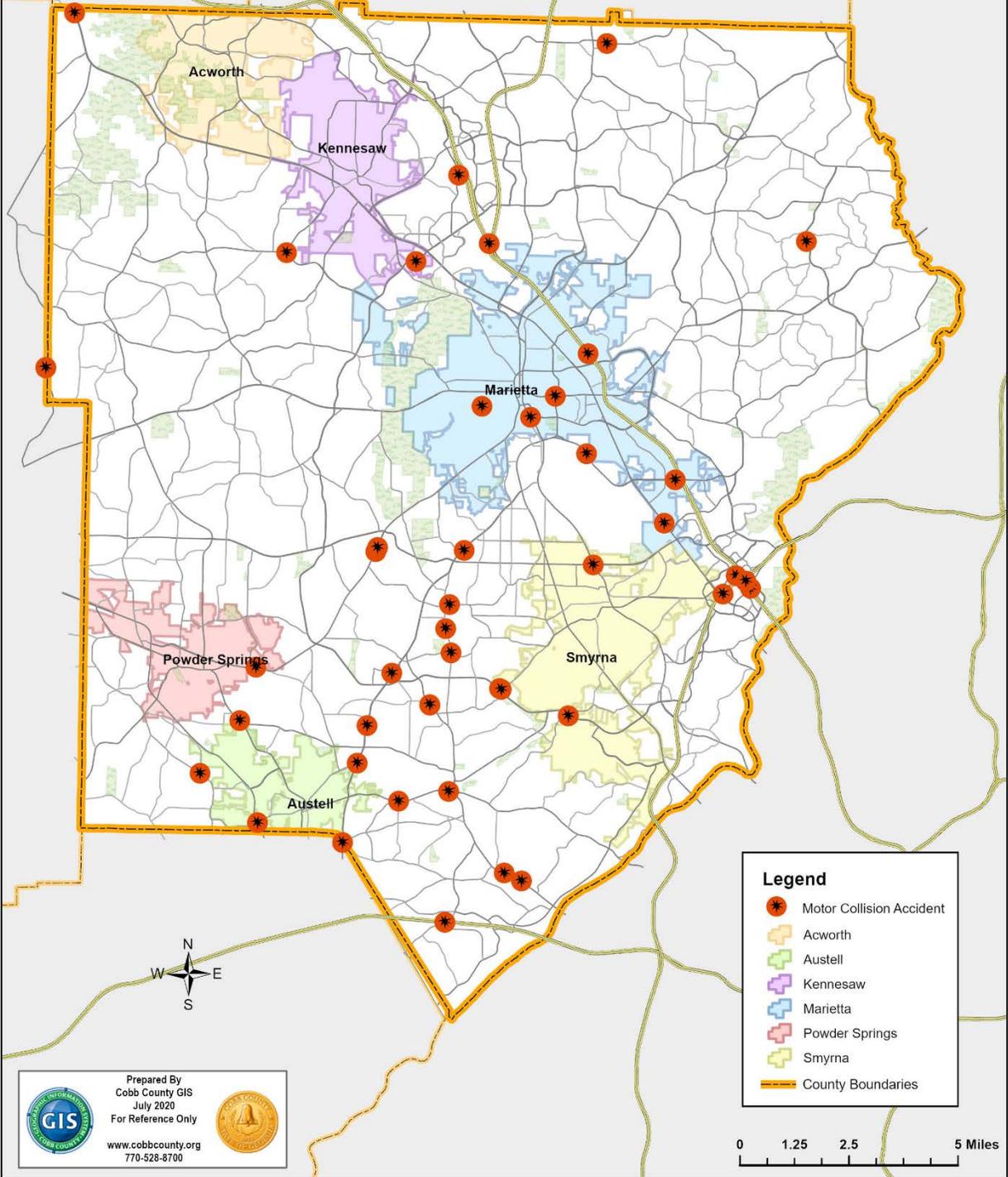
Comments:

- There was a total of 69 motor vehicle related deaths, including pedestrians struck by a motor vehicle.

Alcohol-Related Motor Vehicle Deaths:

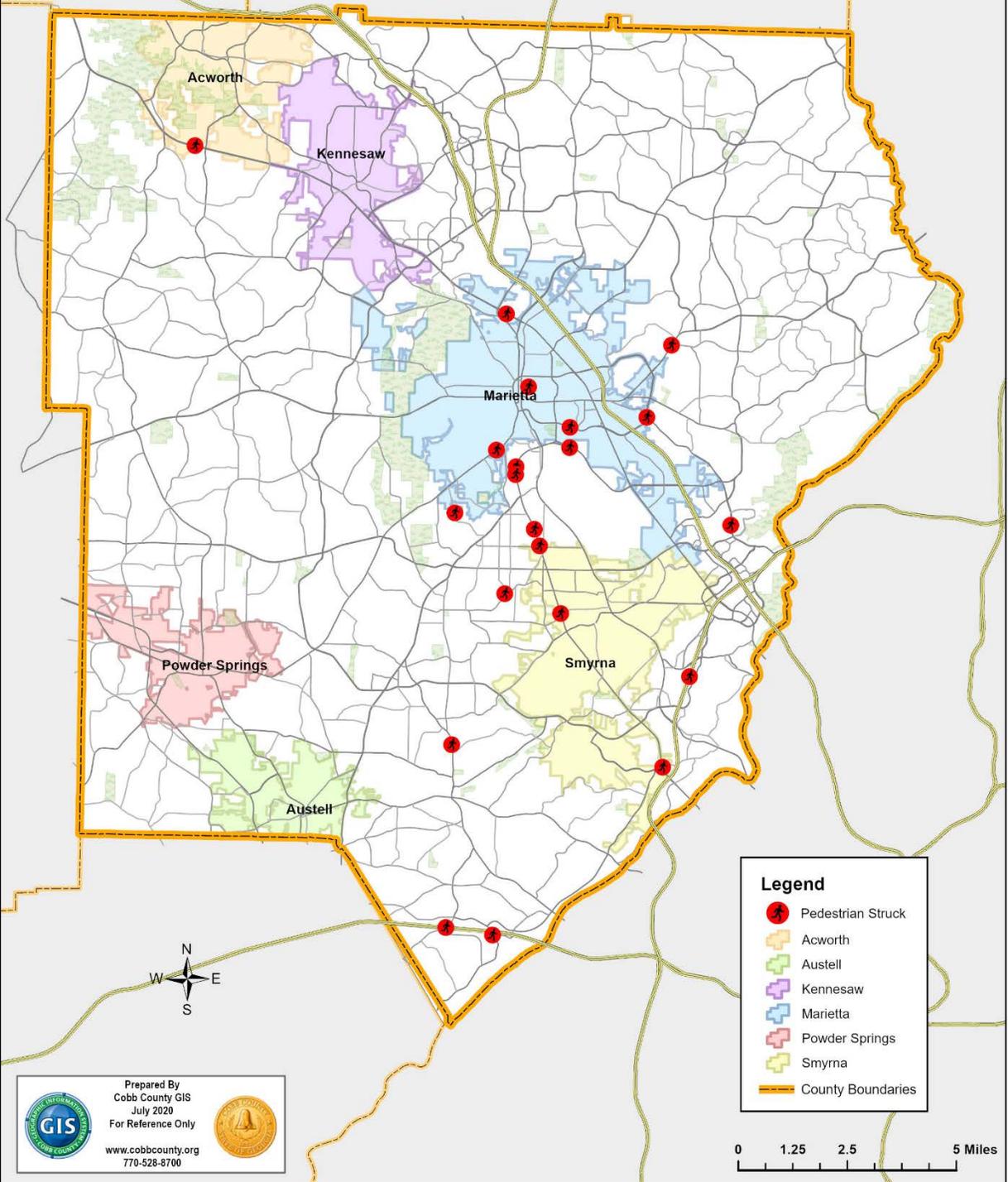
- Alcohol was involved in 21 of 69 of the accidents.
- For 14 cases, documentation available could not determine if alcohol was involved (ex. delayed reporting, prolonged survival interval, or driver not tested).
- Twelve (of 21) pedestrians tested above the legal limit for alcohol.
- Seven (of 28) deceased drivers of motor vehicles tested above the legal limit for alcohol.
- Two of the accidents involved a surviving driver who was shown to have tested above the legal limit for alcohol.

2019 Motor Vehicle Collision Deaths Cobb County, Georgia



Prepared By
Cobb County GIS
July 2020
For Reference Only
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770-528-8700

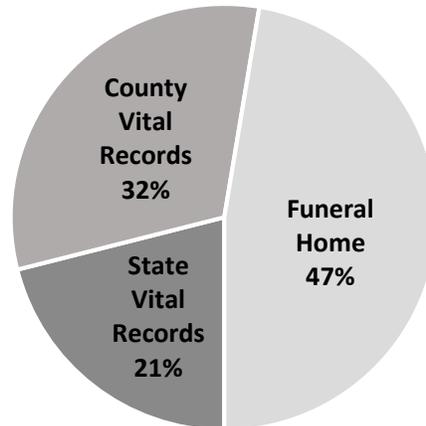
2019 Pedestrian Deaths Cobb County, Georgia



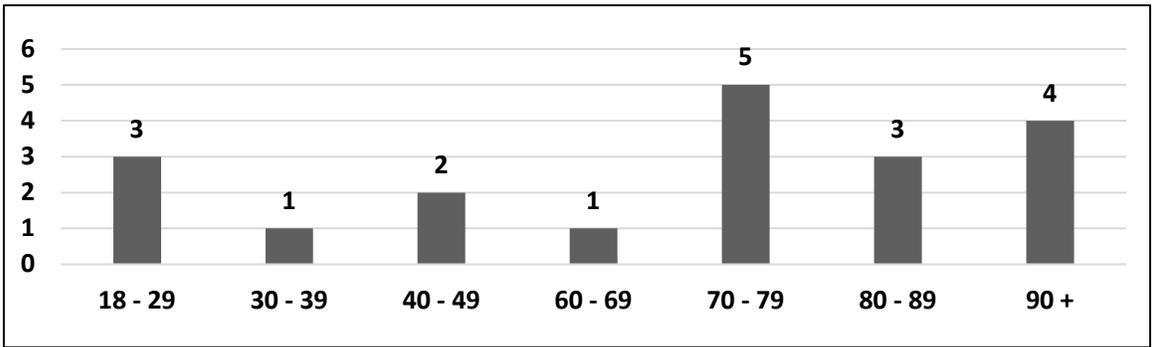
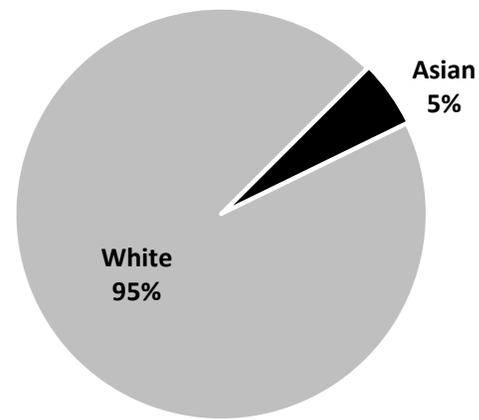
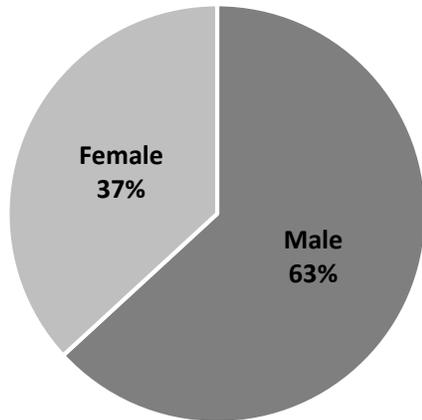
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DEATH CERTIFICATE INVESTIGATIONS

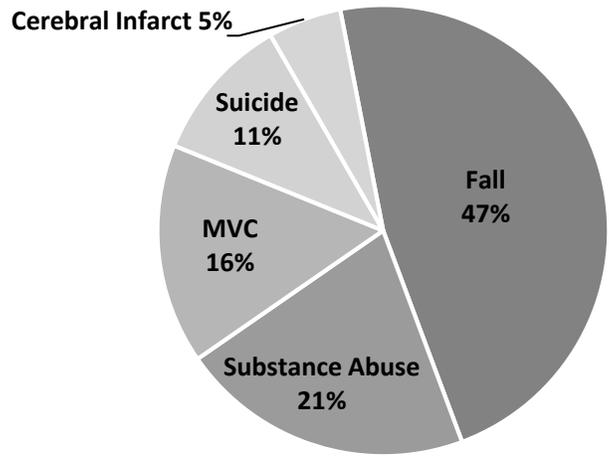
When the reporting of a death to the CCMEO is delayed for any reason, there is the possibility that the body will not be available for examination to determine the cause and manner of death. These deaths are reported to the CCMEO by external agencies that are involved in the processing of the death certificate, such as funeral homes or County and State Vital Records. When these deaths are reported to our office, the available records are reviewed to determine cause and manner of death retroactively. In 2019 there were 29 death certificate investigations, 19 were accepted and 10 were declined.



		Manner			Total
		Accident	Natural	Suicide	
SEX	Female	6	1		7
	Male	9	1	2	12
RACE	Asian	1			1
	White	14	2	2	18
AGE	18-29	2		1	3
	30-39	1			1
	40-49	1		1	2
	60-69		1		1
	70-79	5			5
	80-89	3			3
	90+	3	1		4
Total =		15	2	2	19



Death Certificate Investigation by Source, Sex, Race and Age



Death Certificate Investigation by Cause of Death

When deaths are not reported in a timely fashion, the body is routinely not examined because often the disposition of the remains (burial or cremation) has already occurred. No exhumations were required in 2019.

Death certificate investigations are evaluated separately from other sign-out work because these are cases that fall under the Medical Examiner jurisdiction and thus should have been reported to the CCMEO. Two types of deaths are routinely represented in the death certificate investigations: non-natural elder deaths, such as those due to complications of falls, and delayed deaths, such as when a person overdoses on illicit drugs but death occurs days to weeks later because of medical complications despite hospitalization. There is currently no system in place to consistently screen for these deaths, so the extent of how many such deaths occur versus how many are reported to our office is unknown.