

Medical Examiner Information System (MEIS) Annual Report, 2023



North Carolina Office of the Chief Medical Examiner (OCME)

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Introduction

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. 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.

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 examinations at facilities staffed by forensic or anatomic pathologists. There are five 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 five Regional Autopsy Centers in the state include the Office of the Chief Medical Examiner in Raleigh (a state agency) which does one-third of all medicolegal autopsies in the system. The other four are contracted entities in Greenville, staffed by the East Carolina University (ECU) at Brody School of Medicine; Winston-Salem, staffed by Wake Forest University Health Services (WFUHS); Charlotte, staffed by County of Mecklenburg Medical Examiner's Office (Meck) and the newly created South Piedmont Regional Autopsy Center in Union County that opened December 17, 2024. The four, hospital-based Autopsy Centers, which are also under contract, are located 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 into 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 (NCDHHS).

Regional Autopsy Facilities and Designated Counties

Figure 1: Map of Medical Examiner Autopsy Centers in North Carolina

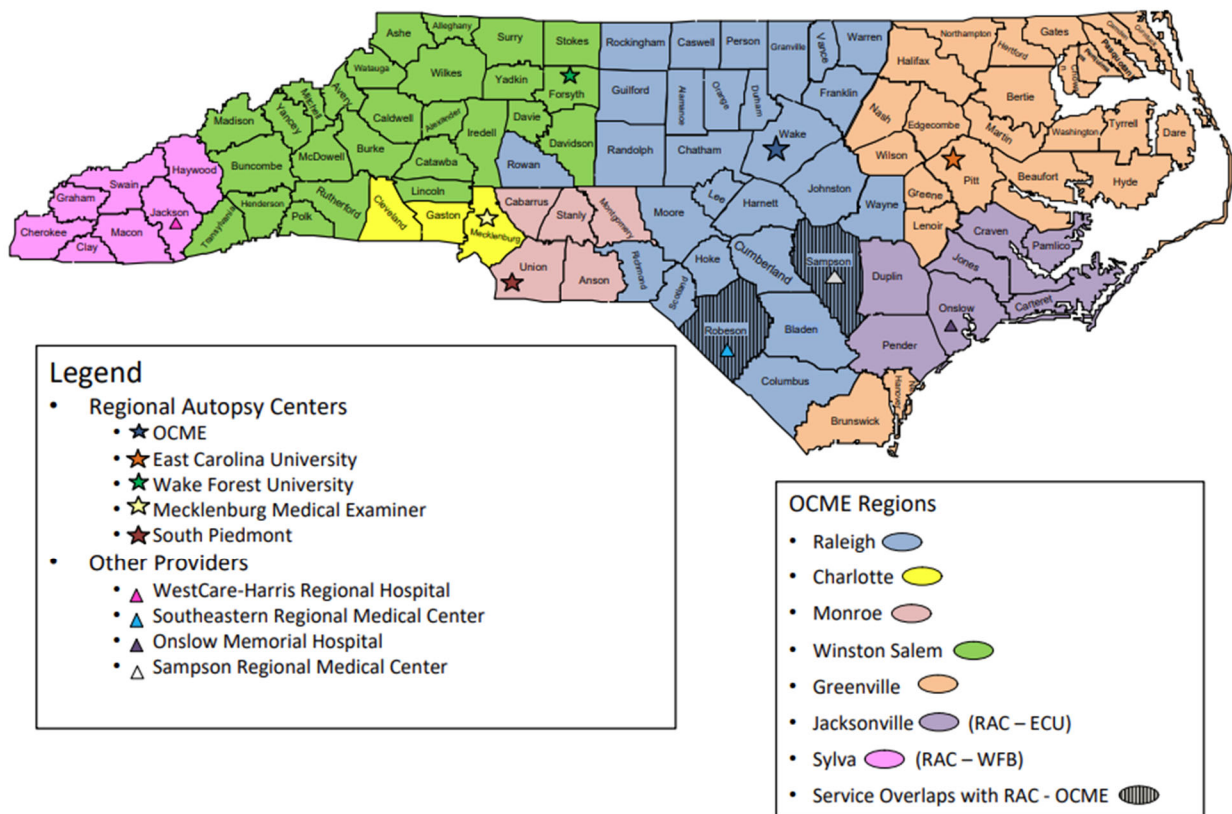


Table 1: Autopsy Facilities and Designated Counties

Facility	Counties Served
Office of the Chief Medical Examiner (OCME)	(28) Alamance, Bladen, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Moore, Orange, Person, Randolph, Richmond, *Robeson, Rockingham, Rowan, *Sampson, Scotland, 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
South Piedmont	(5) Union, Anson, Cabarrus, Montgomery, Stanly

* County designations may overlap with multiple regional facilities.

Methods

Deaths Investigated

"Deaths investigated" refers to cases reported to the medical examiner in which jurisdiction was accepted. The total includes deaths of North Carolina residents that fell under the jurisdiction of the medical examiner. Although deaths occurring out of state are included in overall medical examiner statistics, they are not used in the calculation of manner of death rates. Investigated deaths include both Medical Examiner Investigator scene investigations and cases where a scene investigation was not possible. In such cases, further investigation was conducted, usually through a review of records based on information provided in connection with a cremation request.

County of Death

Deaths in this report are assigned to the county where the decedent was pronounced dead, rather than the 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 pursuant to § 130A-383 of the North Carolina General Statutes. These include autopsies performed at OCME, the regional autopsy centers, and four 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 28 counties OCME serves: Alamance, Bladen, Caswell, Chatham, Columbus, Cumberland, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Moore, Orange, Person, Randolph, Richmond, Robeson*, Rockingham, Rowan, Sampson*, Scotland, Vance, Wake, Warren, and Wayne.

*County designations may overlap with multiple regional facilities.

Rate Calculations

Annual death rates are calculated as the number of deaths per 100,000 people within the specific population being described. In this report, deaths are assigned to the county where the death occurred. Rate calculations are not provided when there were fewer than five deaths. When there were between five and nine deaths, rates are included but should be interpreted with caution due to the small number of cases.

Race/Ethnicity Reporting

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 the race category, non-Hispanic.
 - b. Decedents with reported race and unknown or missing ethnicity are also grouped as race category, non-Hispanic.
- c. 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

Differences Between OCME and Other Data Sources

Data from the OCME and vital records from the State Center for Health Statistics (SCHS) can differ due to the distinct purposes and processes of these systems. Death certificates reflect medical certifier’s judgement based on information available at the time of death, while OCME investigates deaths that are unexpected, unexplained, or involve injury, violence, or poisoning. These investigations may reveal different causes or manners of death than initially recorded on death certificates. OCME data include deaths of non-residents and are continuously updated as new information emerges, unlike death certificate data, which are finalized annually. Differences in case definitions, data sources, and whether the data are provisional or final also contribute to discrepancies between OCME, SCHS, and the Injury and Violence Prevention Branch (IVPB) products. For more comprehensive insights into violent deaths in North Carolina, please refer to the North Carolina Violent Death Reporting System (NC-VDRS) Annual Report at the Injury and Violence Prevention Branch

Section I: Overview of OCME Statistics

Deaths Reported to the ME System

Statewide ME System

In 2023, a total of 108,375 deaths occurred in North Carolina. Of these, 19,007 were referred to the ME system.

OCME Jurisdiction

Within the OCME jurisdiction in 2023, a total of 44,636 deaths occurred, and 8,316 of these were referred to the ME System.

Deaths Investigated by the ME System

Statewide ME System

Of the cases referred, 16,090 cases were accepted for jurisdiction and investigated. Among these, 14,936 (92.8%) were NC residents, and 1,154 (7.2%) were non-NC residents.

OCME Jurisdiction

Within the OCME jurisdiction, 7,076 cases were accepted and investigated. Of these cases, 6,753 (95.4%) were NC residents, and 323 (4.6%) were non-NC residents.

Deaths Certified by the ME System

Statewide ME System

Of the 16,090 cases investigated, 15,606 (97.0%) were certified by the ME system. At the time of this report, 484 (3.0%) cases from 2023 remain pending.

OCME Jurisdiction

Of the 7,076 cases investigated within the OCME jurisdiction, 7,003 (99.0%) were certified. At the time of this report, 73 (1.0%) of cases from 2023 remain pending.

Scene Visits

Medicolegal death investigators did not begin responding to scenes on a full-time basis until October 2022. As a result, scene response data were limited during that initial period, with investigators responding to 91 scenes from July to December 2022. In contrast, 2023 marked the first calendar year of consistent scene response, during which investigators responded to a total of 472 scenes. Of these, 265 occurred from July through December 2023 and represent a 191.2% increase from the prior year.

Unidentified Decedents After Examination

In 2023, there were 231 unidentified decedents after examination within the OCME jurisdiction.

Unclaimed Decedents After Examination

In 2023, there were 110 unclaimed decedents after examination within the OCME jurisdiction.

Autopsy Examinations

Statewide ME System

In 2023, the ME System performed 4,442 autopsies. Of the 16,090 deaths investigated by the ME System, 27.6% of cases were autopsied. Over 4,000 autopsies have been performed by the ME System annually since 2016.

OCME Jurisdiction

In 2023, the OCME jurisdiction performed 1,397 autopsies. Of the 4,442 by the ME System, 31.4% were performed at the OCME. Of the 7,076 deaths investigated by the OCME in 2023, 19.7% cases were autopsied.

External and Second External Examinations

OCME Jurisdiction

In 2023, the OCME jurisdiction performed 1,004 external examinations and 1,297 second external examinations. Of the 16,090 deaths investigated by the OCME in 2023, 6.2% of cases had an external exam, and 8.1% of cases had a second external exam.

Toxicology Laboratory Testing

Statewide ME System

After the examination of the body, OCME may order laboratory testing to aid in determining the cause of death or to answer anticipated questions surrounding the death. In 2023, there were 14,722 cases with toxicology laboratory testing. Of these cases, 13,921 (94.6%) cases were NC residents, and 801 (5.4%) cases were non-NC residents.

OCME Jurisdiction

In 2023, there were 6,789 cases with toxicology laboratory testing. Of these cases, 6,486 (94.6%) were NC residents, and 303 (5.4%) were non-NC residents.

Organ/Tissue Donation

In 2023, there were 141 organ donations within the OCME Jurisdiction.

Bodies Transported to OCME

In 2023, there were 3,844 cases transported to OCME. Of these cases, 3,692 (96.0%) cases were NC residents, and 152 (4.0%) cases were non-NC residents.

Bodies Transported by OCME

In 2023, there were 3,823 cases transported to OCME. Of these cases, 3,671 (96.0%) cases were NC residents, and 152 (4.0%) cases were non-NC residents.

Section II: Overall Medical Examiner System Deaths

Demographic Characteristics of ME System Deaths

Table 2 describes ME System deaths in North Carolina in 2023 by demographic characteristics of sex, race/ethnicity, and age. The 2023 overall rate of medical examiner deaths per 100,000 people in North Carolina is displayed in **Figure 2** by sex and race/ethnicity and in **Figure 3** by age group.

Key Trends:

- A total of 14,745 deaths among North Carolina residents were certified by the ME System in 2023.
- Males were 2.2 times as likely to have a ME System jurisdiction death as females (189.9 versus 84.5 per 100,000, respectively).
- Non-Hispanic (NH) American Indians had the highest ME System death rate per 100,000 (223.4), followed by NH Blacks (164.4), NH Whites (147.4), Hispanics (65.3), and NH Asians (33.6).
- Adults aged 85 years and older had the highest ME System death rate per 100,000 (632.7), followed by adults aged 75 to 84 (229.8), 35 to 44 (165.3), 65 to 74 (161.4), and 45 to 54 (161.2). Among those under the age of 15, children less than one year old had the highest ME System death rate (170.8 per 100,000).

Table 3 lists ME System deaths by month of death in North Carolina in 2023. ME System deaths in 2023 are presented in **Figure 4** by month of death.

Key Trends:

- The ME System recorded the highest number of death investigations in May (9.0%), followed closely by December (8.9%) and July (8.7%).
- February accounted for the lowest proportion of death investigations, representing 7.8% of the annual total.

Table 4 and **Figure 5** show the overall ME System death rates in 2023 by county of death in North Carolina. County ME System death rates should be interpreted with caution because the number of ME jurisdiction deaths by county is small and subject to variation. The number of deaths in one county was too small to support a rate calculation (greater than zero, but less than 5).

Key Trends:

- For the 99 counties where the number of resident deaths was sufficient to support a rate calculation, the average rate of ME System deaths by North Carolina county of death was 162.0 per 100,000, with a range from 44.9 to 357.2 deaths per 100,000.

Table 2: Demographics of ME System deaths in North Carolina, 2023

	Number	%	Rate	95% CI
Sex				
Female	4,681	31.8	84.5	82.1 - 86.9
Male	10,057	68.2	189.9	186.2 - 193.6
Unknown	7	0.1	--	--
Race/Ethnicity				
White*	9,692	65.7	147.4	144.5 - 150.4
Black*	3,740	25.4	164.4	159.1 - 169.7
Asian*	132	0.9	33.6	27.8 - 39.3
American Indian*	249	1.7	223.4	195.7 - 251.1
Hispanic	779	5.3	65.3	60.7 - 69.9
Unknown	153	1.0	--	--
Age Group (Years)				
< 1	206	1.4	170.8	147.5 - 194.1
1-4	82	0.6	16.9	13.2 - 20.5
5-9	46	0.3	7.2	5.1 - 9.3
10-14	68	0.5	10.3	7.8 - 12.7
15 - 19	412	2.8	56.9	51.4 - 62.4
20 - 24	680	4.6	93.5	86.5 - 100.5
25 - 34	1,997	13.5	137.0	131.0 - 143.0
35 - 44	2,288	15.5	165.3	158.5 - 172.1
45 - 54	2,181	14.8	161.2	154.4 - 167.9
55 - 64	2,458	16.7	179.0	171.9 - 186.1
65 - 74	1,829	12.4	161.4	154.0 - 168.8
75 - 84	1,373	9.3	229.8	217.7 - 242.0
85 +	1,124	7.6	632.7	595.7 - 669.7
Unknown	1	0.0	--	--
Total Deaths	14,745	100	136.1	133.9 - 138.3

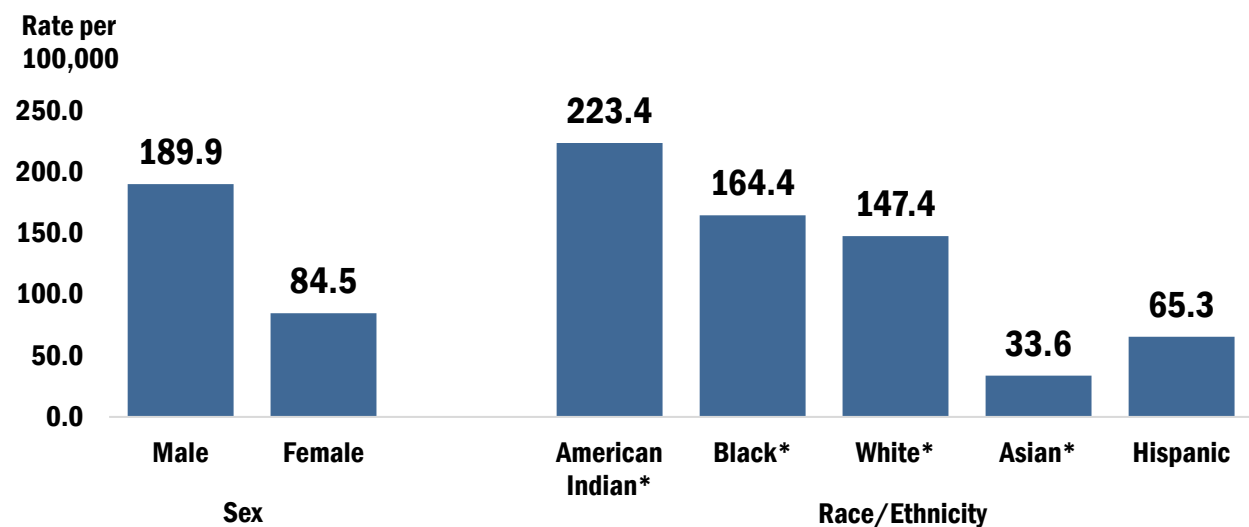
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

Note: The calculation of ME System deaths for sex, race/ethnicity, and age was high enough to support a rate calculation.

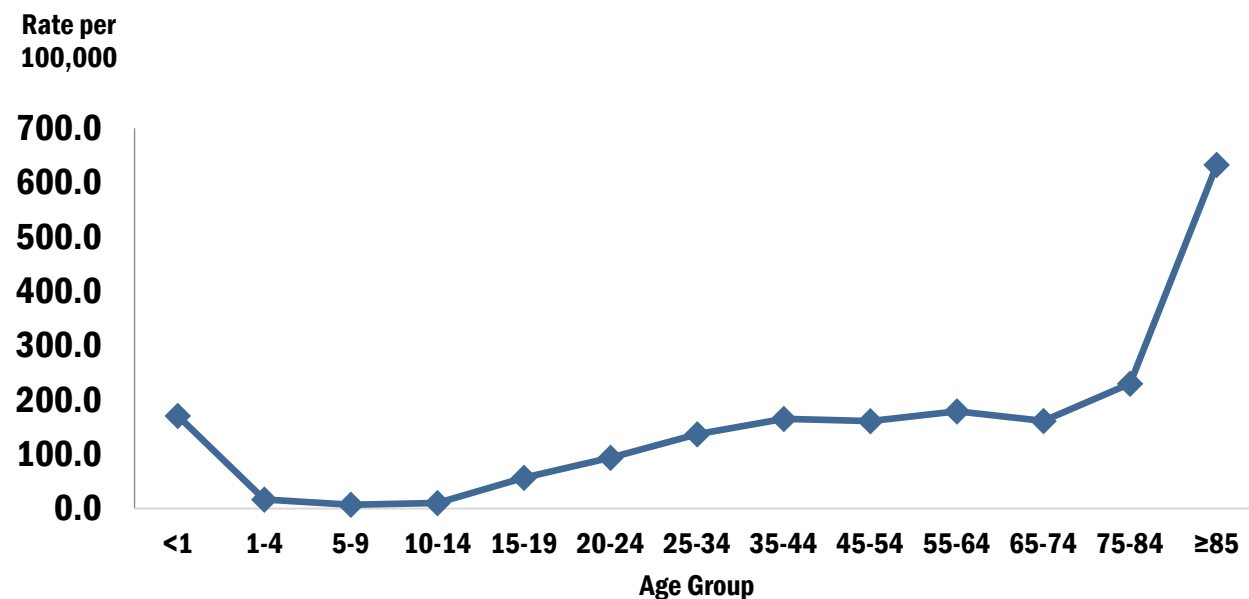
Figure 2: Crude ME System death rates in North Carolina by sex and race/ethnicity, 2023



*Non-Hispanic

Note: The calculation of ME System deaths for sex and race/ethnicity was high enough to support a rate calculation.

Figure 3: Age-specific crude ME System death rates in North Carolina by age group, 2023



Note: The calculation of ME System deaths for all ages was high enough to support a rate calculation.

Table 3: ME System deaths by month of death in North Carolina, 2023

	Number	%
Month of Death		
January	1,201	8.1
February	1,143	7.8
March	1,256	8.5
April	1,190	8.1
May	1,324	9.0
June	1,185	8.0
July	1,287	8.7
August	1,259	8.5
September	1,181	8.0
October	1,236	8.4
November	1,174	8.0
December	1,309	8.9
Total Deaths	14,745	100

Figure 4: ME System deaths by month of death in North Carolina, 2023

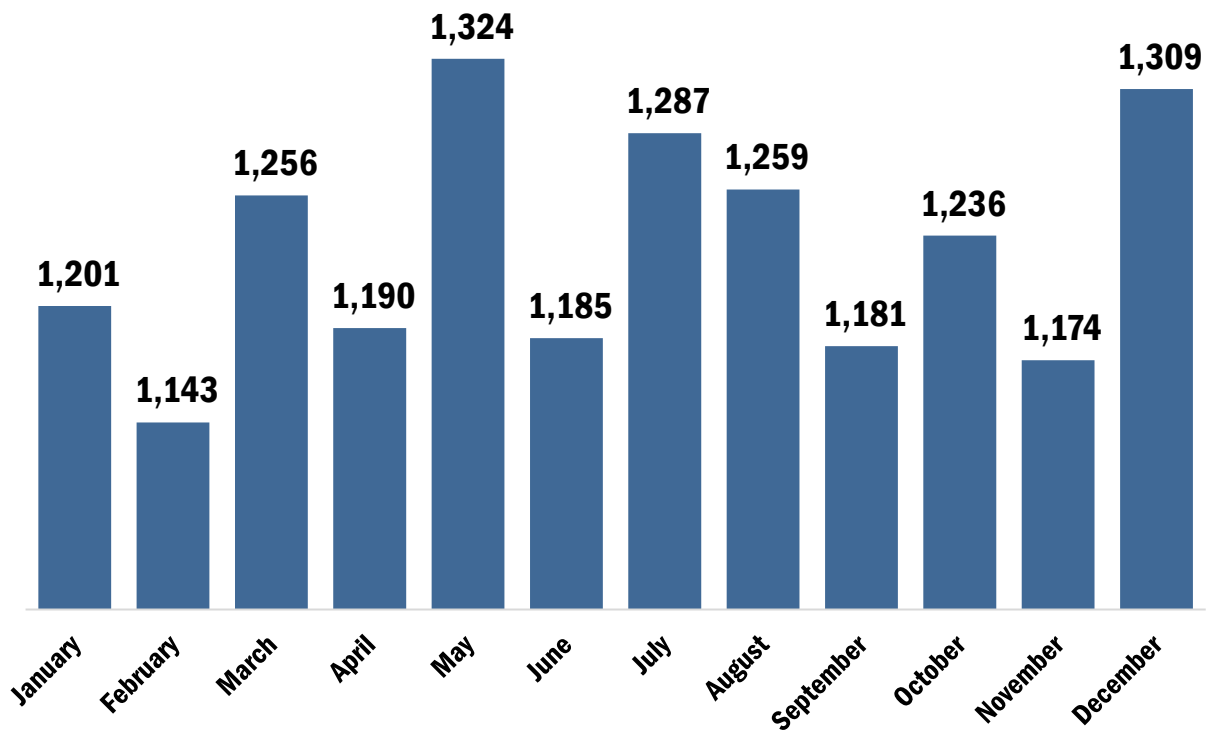


Table 4: ME System deaths by county of death in North Carolina, 2023

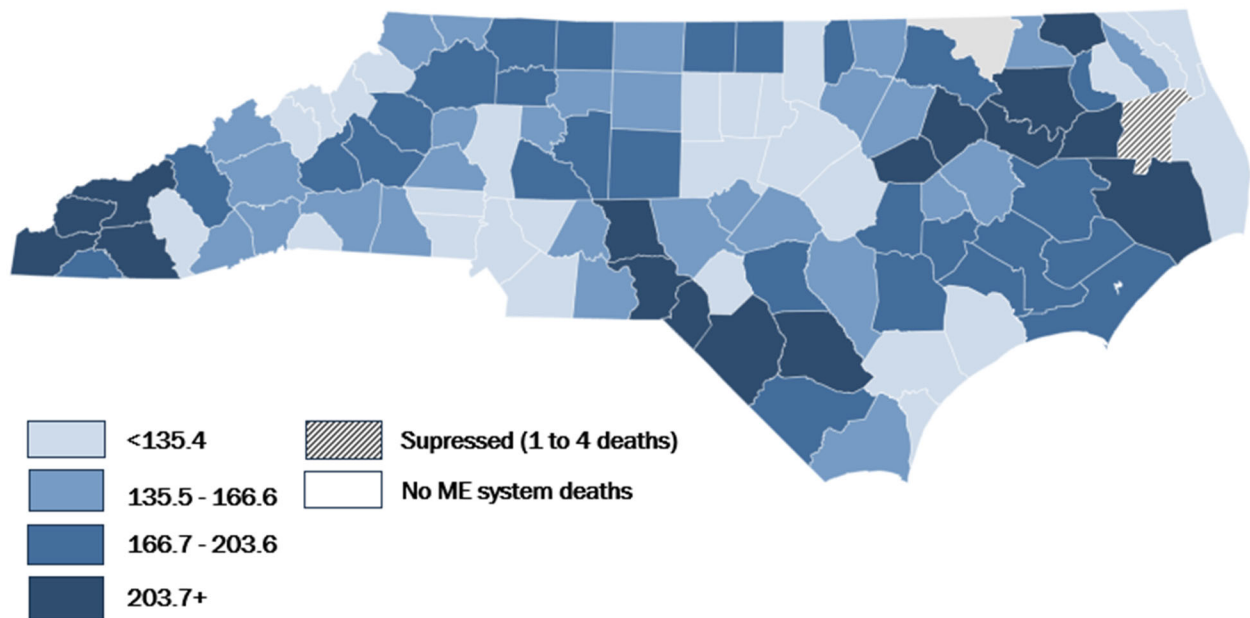
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	242	135.1	Franklin	113	146.8	Pamlico	25	201.2
Alexander	60	164.5	Gaston	317	133.6	Pasquotank	58	139.9
Alleghany	18	158.7	Gates	25	241.7	Pender	81	118.2
Anson	36	164.4	Graham	22	273.2	Perquimans	17	127.1
Ashe	40	147.8	Granville	82	131.8	Person	68	171.1
Avery	23	131.0	Greene	30	146.1	Pitt	279	159.3
Beaufort	81	182.1	Guilford	872	158.6	Polk	23	114.7
Bertie	37	218.7	Halifax	87	183.9	Randolph	260	176.3
Bladen	74	251.0	Harnett	212	149.8	Richmond	98	231.5
Brunswick	220	137.5	Haywood	107	169.9	Robeson	344	293.1
Buncombe	442	160.2	Henderson	172	144.3	Rockingham	151	163.2
Burke	152	172.1	Hertford	28	143.9	Rowan	294	193.9
Cabarrus	242	100.8	Hoke	71	130.4	Rutherford	103	157.2
Caldwell	138	171.3	Hyde	10	217.1	Sampson	97	162.7
Camden	5	44.9	Iredell	211	105.7	Scotland	70	203.6
Carteret	116	166.6	Jackson	55	123.4	Stanly	98	149.2
Caswell	38	166.6	Johnston	260	107.5	Stokes	79	173.5
Catawba	223	135.4	Jones	17	180.8	Surry	121	169.3
Chatham	76	93.1	Lee	96	143.2	Swain	29	208.4
Cherokee	107	357.2	Lenoir	102	185.8	Transylvania	47	140.1
Chowan	27	194.4	Lincoln	85	88.8	Tyrrell	1	*
Clay	23	193.9	McDowell	88	196.0	Union	219	85.4
Cleveland	155	152.9	Macon	85	221.3	Vance	80	189.1
Columbus	102	203.5	Madison	31	140.5	Wake	1,005	84.4
Craven	194	189.5	Martin	46	214.5	Warren	30	159.3
Cumberland	620	183.5	Mecklenburg	1,018	87.5	Washington	27	252.0
Currituck	39	123.4	Mitchell	18	120.0	Watauga	33	60.3
Dare	46	120.7	Montgomery	61	233.9	Wayne	218	183.7
Davidson	292	167.0	Moore	153	143.1	Wilkes	111	168.1
Davie	66	148.0	Nash	149	154.3	Wilson	161	203.9
Duplin	93	187.8	New Hanover	295	123.5	Yadkin	65	172.1
Durham	406	120.5	Northampton	25	149.6	Yancey	22	116.2
Edgecombe	111	227.3	Onslow	261	122.1			
Forsyth	555	141.2	Orange	128	85.0			

Crude rate per 100,000 population in NC county

* The number of deaths was too small to support a rate calculation.

Top 10 counties with the highest crude accidental death rates are shown in bold.

Figure 5: Map of ME System death rates (per 100,000) in North Carolina by county of death, 2023



Manner and Means of ME System Deaths

Table 5 lists the manner and means of deaths in North Carolina in 2023. ME System deaths in 2023 are presented in **Figure 6** by manner of death and in **Figure 7** by means of death.

Key Trends:

- The leading manners of ME System deaths were accidental deaths (57.4%), followed by natural deaths (23.9%), suicides (10.6%), homicides (6.2%), and undetermined (2.0%).
- The leading means of ME System deaths were poisoning (30.3%), natural (23.8%), and fall/jump (12.4%).

Table 5: Manner and means of ME System deaths in North Carolina, 2023

	Number	%
Manner of Death		
Accident	8,457	57.4
Natural	3,527	23.9
Suicide	1,555	10.6
Homicide	912	6.2
Undetermined	294	2.0
Means of Death		
Poisoning	4,460	30.3
Natural	3,515	23.8
Fall/Jump	1,824	12.4
Gun	1,736	11.8
Motor Vehicle	1,174	8.0
Blunt Instrument	810	5.5
Hanging	282	1.9
Asphyxia	173	1.2
Fire/Burns	149	1.0
Drowning	128	0.9
Sharp Instrument	94	0.6
Other	196	1.3
Unknown	204	1.4
Total Deaths	14,745	100

Figure 6: Manner of ME System deaths in North Carolina, 2023

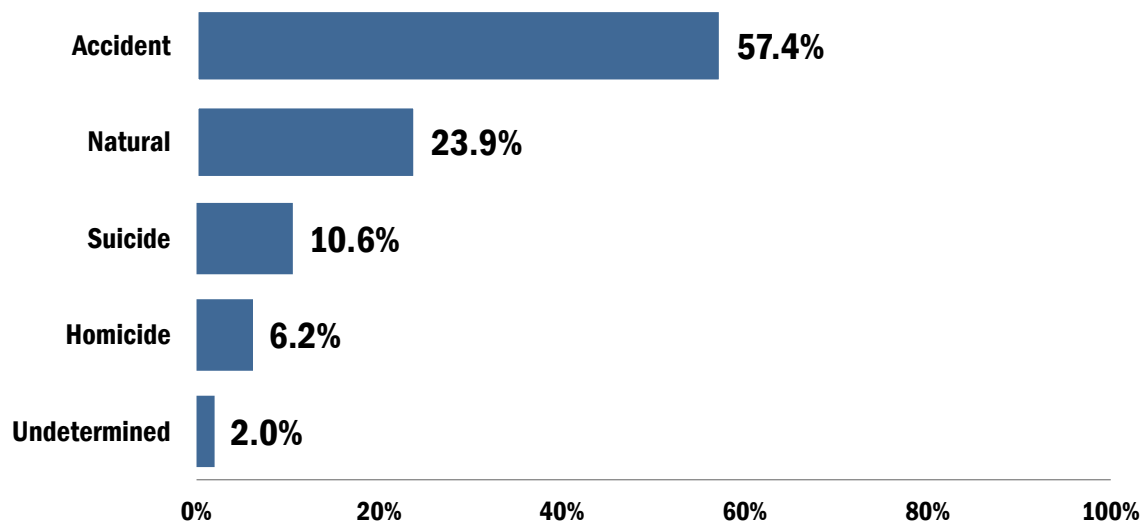
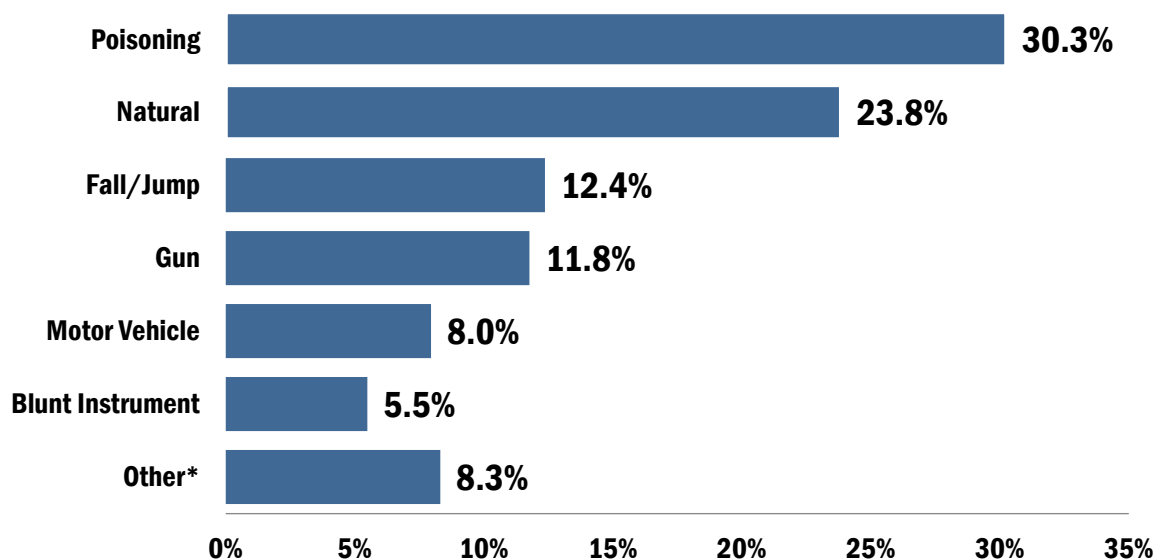


Figure 7: Means of ME System deaths in North Carolina, 2023



* Other includes hanging, asphyxia, fire/burns, drowning, sharp instrument, other, and unknown

Section III: Accidental Deaths

Demographic Characteristics of Accidental Deaths

Table 6 describes accidental deaths in 2023 for North Carolina residents by demographic characteristics of sex, race/ethnicity, and age. The rate of accidental deaths in North Carolina per 100,000 population in 2021 is illustrated by race/ethnicity and sex in **Figure 8** and by age group in **Figure 9**.

Key Trends:

- In 2023, a total of 8,457 North Carolinians (78.0 per 100,000) died from accidental deaths.
- Males were 2.0 times as likely to die from an accidental death as females (104.5 vs. 52.7 per 100,000).
- NH American Indians had the highest accidental death rate (140.9 per 100,000), followed by NH Whites (87.8 per 100,000), NH Blacks (84.3 per 100,000), Hispanics (39.8 per 100,000), and NH Asians (12.7 per 100,000).
- Adults aged 85 and older had the highest rate of accidental deaths (514.1 per 100,000), followed by those ages 75 to 84 (140.9 per 100,000), 35 to 44 (110.9 per 100,000), and 25 to 34 (89.7 per 100,000).

Table 7 and **Figure 10** show the accidental death rates in 2023 by North Carolina county of death. County rates should be interpreted with caution because the number of accidental deaths by county is small and subject to variation. The number of accidental deaths in four counties was too small to support a rate calculation.

Key Trends:

- For the 96 counties where the number of accidental deaths was sufficient to support a rate calculation, the average accidental death rate by North Carolina county of death was 88.6 deaths per 100,000, with a range from 19.0 to 182.3 deaths per 100,000.

Table 6: Demographics of accidental deaths in North Carolina, 2023

	Number	%	Rate	95% CI
Sex				
Female	2,920	34.5	52.7	50.8 - 54.6
Male	5,534	65.4	104.5	101.7 - 107.2
Unknown	3	0.0	-	-
Race/Ethnicity				
White*	5,772	68.3	87.8	85.5 - 90.1
Black*	1,917	22.7	84.3	80.5 - 88.0
Asian*	50	0.6	12.7	9.2 - 16.2
American Indian*	157	1.9	140.9	118.8 - 162.9
Hispanic	475	5.6	39.8	36.2 - 43.4
Unknown	86	1.0	-	-
Age Group (Years)				
< 1	31	0.4	25.7	16.7 - 34.8
1-4	44	0.5	9.1	6.4 - 11.7
5-9	22	0.3	3.4	2.0 - 4.9
10-14	34	0.4	5.1	3.4 - 6.9
15-19	195	2.3	26.9	23.2 - 30.7
20-24	377	4.5	51.8	46.6 - 57.1
25-34	1,307	15.5	89.7	84.8 - 94.5
35-44	1,535	18.2	110.9	105.4 - 116.4
45-54	1,200	14.2	88.7	83.7 - 93.7
55-64	1,172	13.9	85.4	80.5 - 90.2
65-74	783	9.3	69.1	64.2 - 73.9
75-84	842	10.0	140.9	131.4 - 150.5
≥85	915	10.8	515.1	481.7 - 548.5
Total Deaths	8,457	100	78.0	76.4 - 79.7

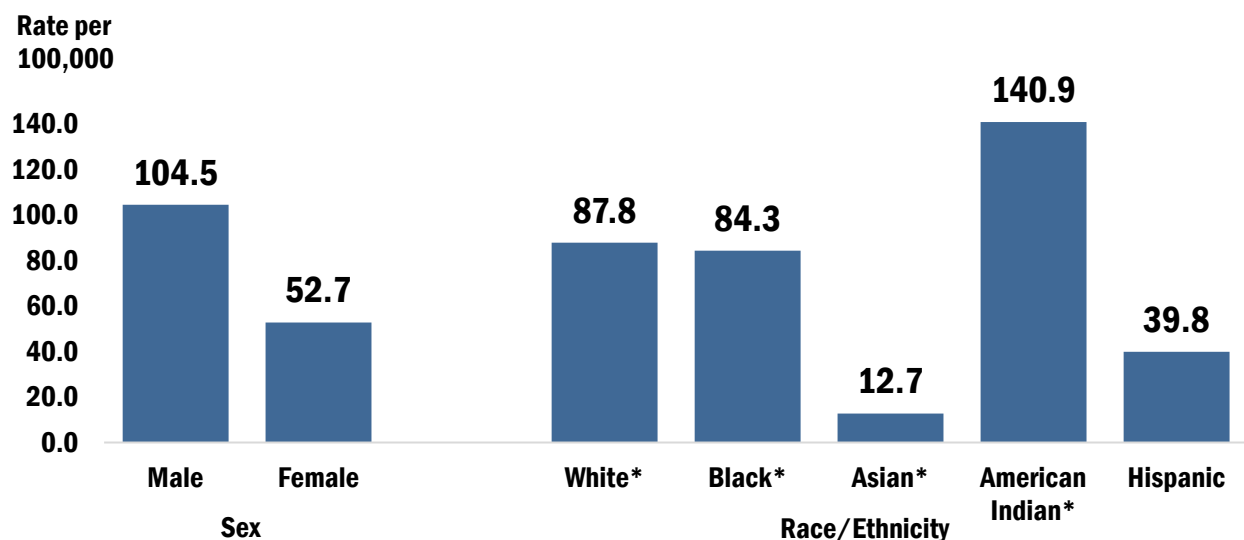
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

Note: The calculation of accidental deaths for sex, race/ethnicity, and age was high enough to support a rate calculation.

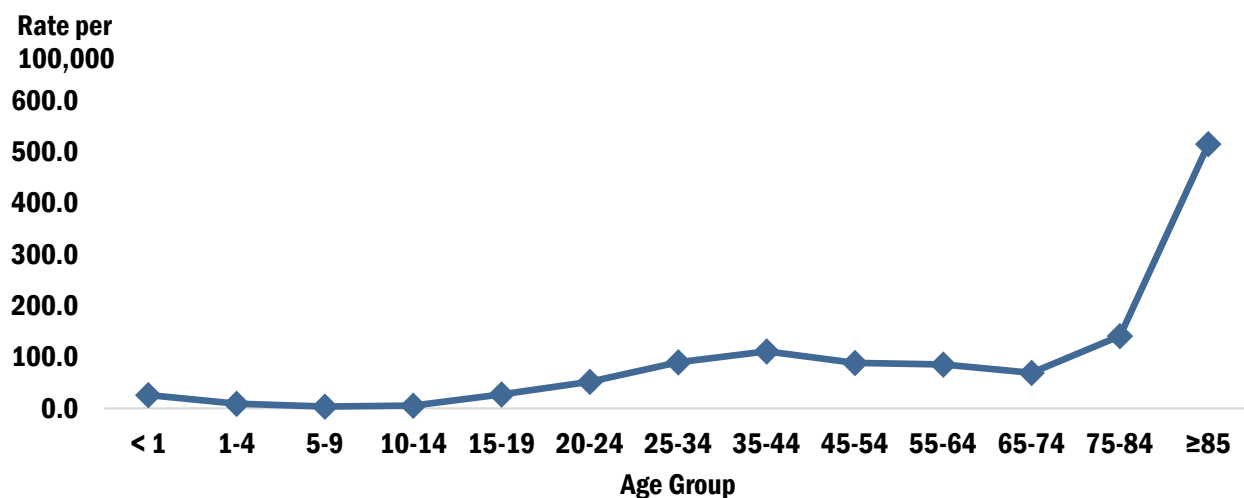
Figure 8: Crude accidental death rates in North Carolina by sex and race/ethnicity, 2023



*Non-Hispanic

Note: The calculation of accidental deaths for sex and race/ethnicity was high enough to support a rate calculation.

Figure 9: Age-specific crude accidental death rates in North Carolina by age group, 2023



Note: The calculation of accidental deaths for all ages was high enough to support a rate calculation.

Table 7: Accidental deaths in North Carolina by county of death, 2023

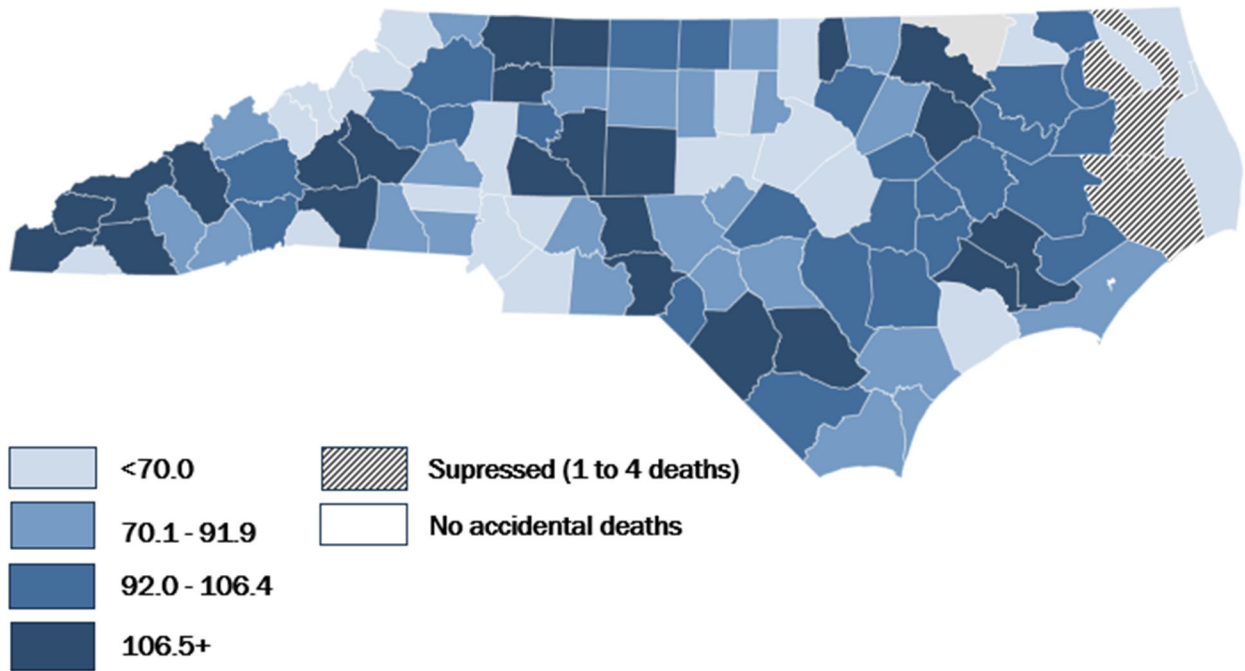
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	142	79.3	Franklin	71	92.2	Pamlico	13	104.6
Alexander	37	101.4	Gaston	195	82.2	Pasquotank	26	62.7
Alleghany	8	70.5	Gates	10	96.7	Pender	48	70.1
Anson	20	91.3	Graham	11	136.6	Perquimans	4	*
Ashe	13	48.0	Granville	35	56.3	Person	35	88.1
Avery	12	68.3	Greene	19	92.5	Pitt	161	91.9
Beaufort	46	103.4	Guilford	477	86.7	Polk	7	34.9
Bertie	18	106.4	Halifax	51	107.8	Randolph	175	118.7
Bladen	45	152.6	Harnett	134	94.7	Richmond	57	134.7
Brunswick	114	71.3	Haywood	72	114.3	Robeson	214	182.3
Buncombe	283	102.6	Henderson	114	95.6	Rockingham	86	93.0
Burke	94	106.4	Hertford	8	41.1	Rowan	195	128.6
Cabarrus	158	65.8	Hoke	39	71.6	Rutherford	72	109.9
Caldwell	79	98.0	Hyde	4	*	Sampson	57	95.6
Camden	1	*	Iredell	102	51.1	Scotland	34	98.9
Carteret	62	89.1	Jackson	38	85.3	Stanly	60	91.3
Caswell	22	96.5	Johnston	159	65.7	Stokes	50	109.8
Catawba	129	78.4	Jones	11	117.0	Surry	81	113.3
Chatham	51	62.5	Lee	61	91.0	Swain	16	115.0
Cherokee	34	113.5	Lenoir	54	98.4	Transylvania	27	80.5
Chowan	14	100.8	Lincoln	53	55.4	Tyrrell	1	*
Clay	8	67.4	McDowell	55	122.5	Union	129	50.3
Cleveland	87	85.8	Macon	50	130.2	Vance	49	115.8
Columbus	52	103.7	Madison	18	81.6	Wake	574	48.2
Craven	117	114.3	Martin	20	93.3	Warren	15	79.6
Cumberland	308	91.2	Mecklenburg	579	49.8	Washington	11	102.7
Currituck	6	19.0	Mitchell	7	46.7	Watauga	16	29.2
Dare	16	42.0	Montgomery	36	138.0	Wayne	110	92.7
Davidson	189	108.1	Moore	92	86.1	Wilkes	65	98.5
Davie	41	91.9	Nash	72	74.6	Wilson	84	106.4
Duplin	47	94.9	New Hanover	188	78.7	Yadkin	41	108.5
Durham	241	71.5	Northampton	8	47.9	Yancey	12	63.4
Edgecombe	57	116.7	Onslow	142	66.5			
Forsyth	325	82.7	Orange	71	47.1			

Crude rate per 100,000 population in NC county

* The number of deaths was too small to support a rate calculation.

Top 10 counties with the highest crude accidental death rates are shown in bold.

Figure 10: Map of accident death rates (per 100,000) in North Carolina by county of death, 2023



Means of Accidental Deaths

Table 8 and **Figure 11** summarize the means of death for accidental deaths in North Carolina in 2023.

Key Trends:

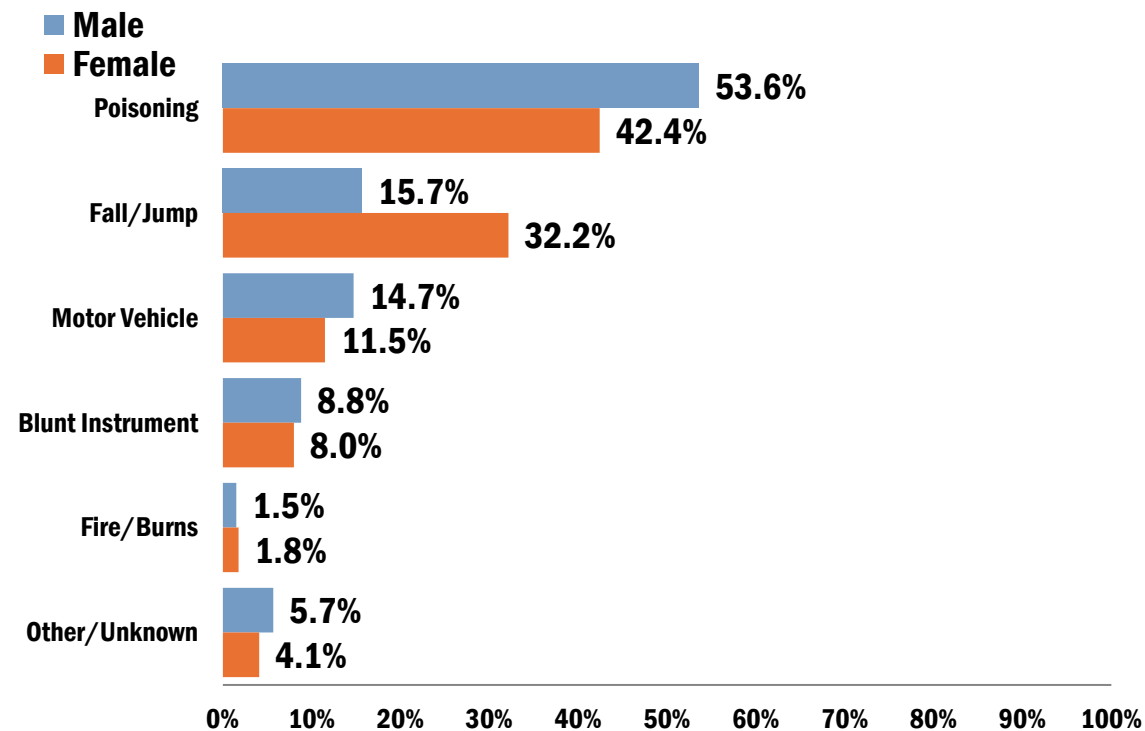
- The leading means of accidental deaths were poisoning (49.7%), fall/jump (21.4%), and motor vehicle (13.6%).
- Men more often died from accidental deaths by poisoning (53.6%) and less frequently died from accidental deaths by fall/jump (15.7%) or motor vehicle (14.7%).
- Women more commonly died from accidental deaths by poisoning (42.4%) or fall/jump (32.2%) compared to motor vehicle (11.5%).

Table 8: Means of death for accidental deaths in North Carolina by sex, 2023

	Male		Female		Total	
	Number	%	Number	%	Number	%
Means of Death						
Poisoning	2,966	53.6	1,239	42.4	4,207	49.7
Fall/Jump	866	15.7	939	32.2	1,806	21.4
Motor Vehicle	815	14.7	336	11.5	1,151	13.6
Blunt Instrument	488	8.8	234	8.0	722	8.5
Fire/Burns	84	1.5	52	1.8	136	1.6
Asphyxia	76	1.4	47	1.6	123	1.5
Drowning	101	1.8	16	0.6	117	1.4
Environmental	17	0.3	9	0.3	26	0.3
Gun	17	0.3	3	0.1	20	0.2
Transportation, Not Motor Vehicle	18	0.3	1	0.0	19	0.2
Other*	86	1.6	44	1.5	130	1.5
Total Deaths	5,534	100	2,920	100	8,457	100

* Other includes animals, electrocution, explosion, hanging, machinery, medical treatment, sharp instruments, other, and unknown.

Figure 11: Means of death for accidental deaths in North Carolina by sex, 2023



* Other includes animals, electrocution, explosion, hanging, machinery, medical treatment, sharp instruments, other, and unknown.

Section IV: Natural

Demographic Characteristics of Natural Deaths

Table 9 characterizes natural deaths in 2023 for North Carolina residents by demographics of sex, race/ethnicity, and age. The natural death rate in North Carolina per 100,000 people is displayed by race/ethnicity and sex in **Figure 12** and by age group in **Figure 13**.

Key Trends:

- In 2023, there were 3,527 deaths certified as natural in the ME System.
- Males were 2.2 times as likely to have a natural death as females (45.4 vs. 20.2 per 100,000).
- NH Blacks (42.2 per 100,000) had higher natural death rates than NH Whites (35.2 per 100,000), NH American Indians (34.1 per 100,000), Hispanics (11.9 per 100,000), and NH Asians (9.7 per 100,000).
- Natural death rates per 100,000 were highest for adults aged 85 years and older (86.1 per 100,000), followed by adults aged 65 to 74 (73.8 per 100,000) and 55 to 64 (67.9). Among children younger than 14 (for age groups where rates could be calculated), the rate was highest in children aged less than 1 (29.0 per 100,000).

Table 10 and **Figure 14** display natural death rates in 2023 by North Carolina county of death. County rates should be interpreted with caution because the numbers of natural deaths by county are small and subject to variation. The number of natural deaths in 3 counties was too small to support a rate calculation.

Key Trends:

- For the 97 counties where the number of natural deaths was sufficient to support a rate calculation, the average natural death rate by North Carolina county of death was 44.5 deaths per 100,000, with a range from 0.0 to 196.5 deaths per 100,000.

Table 9: Demographics of natural deaths in North Carolina, 2023

	Number	%	Rate	95% CI
Sex				
Female	1,119	31.7	20.2	19.0 - 21.4
Male	2,405	68.2	45.6	43.6 - 43.2
Unknown	3	0.1	-	-
Race/Ethnicity				
White*	2,314	65.6	35.2	33.8 - 36.6
Black*	960	27.2	42.2	39.5 - 44.9
Asian*	38	1.1	9.7	6.6 - 12.7
American Indian*	38	1.1	34.1	23.3 - 44.9
Hispanic	142	4.0	11.9	9.9 - 13.9
Unknown	35	1.0	-	-
Age Group (Years)				
< 1	35	1.0	29.0	19.4 - 38.6
1-4	16	0.5	3.3	1.7 - 4.9
5-9	14	0.4	2.2	1.0 - 3.3
10-14	3	0.1	*	*
15-19	29	0.8	4.0	2.5 - 5.5
20-24	34	1.0	4.7	3.1 - 6.2
25-34	186	5.3	12.8	10.9 - 14.6
35-44	302	8.6	21.8	19.4 - 24.3
45-54	594	16.8	43.9	40.4 - 47.4
55-64	933	26.5	67.9	63.6 - 72.3
65-74	837	23.7	73.8	68.8 - 78.8
75-84	391	11.1	65.5	59.0 - 71.9
≥85	153	4.3	86.1	72.5 - 99.8
Total Deaths	3527	100.0	32.6	31.5 - 33.6

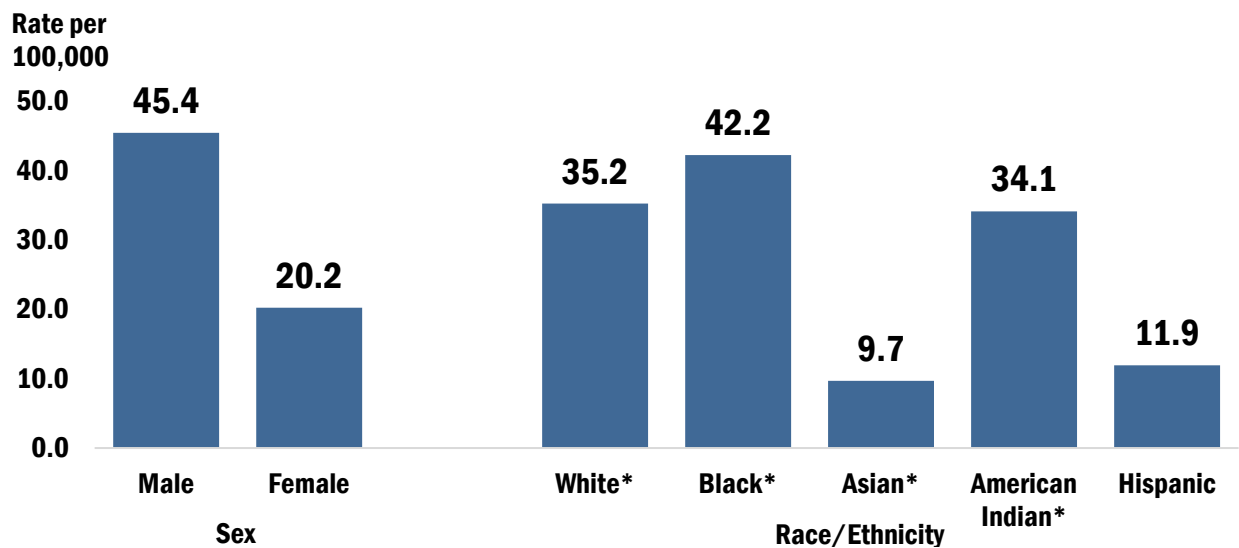
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

Note: The number of natural deaths was too small to support a rate calculation for children ages 10-14.

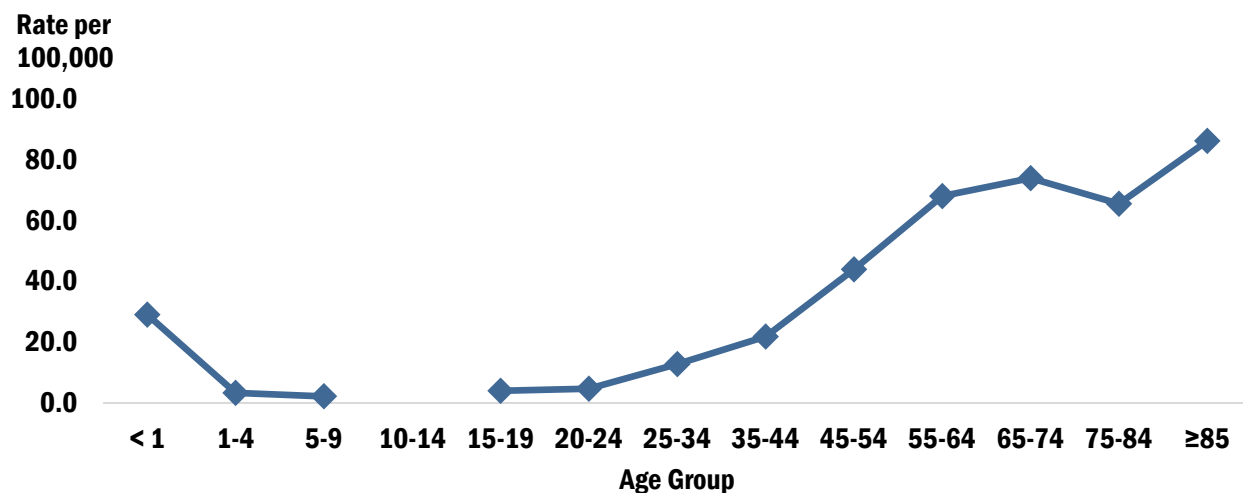
Figure 12: Crude natural death rates in North Carolina by sex and race/ethnicity, 2023



*Non-Hispanic

Note: The calculation of natural deaths for sex and race/ethnicity was high enough to support a rate calculation.

Figure 13: Age-specific crude natural death rates in North Carolina by age group, 2023



Note: The number of natural deaths was too small to support a rate calculation for children ages 10-14.

Table 10: Natural deaths in North Carolina by county of death, 2023

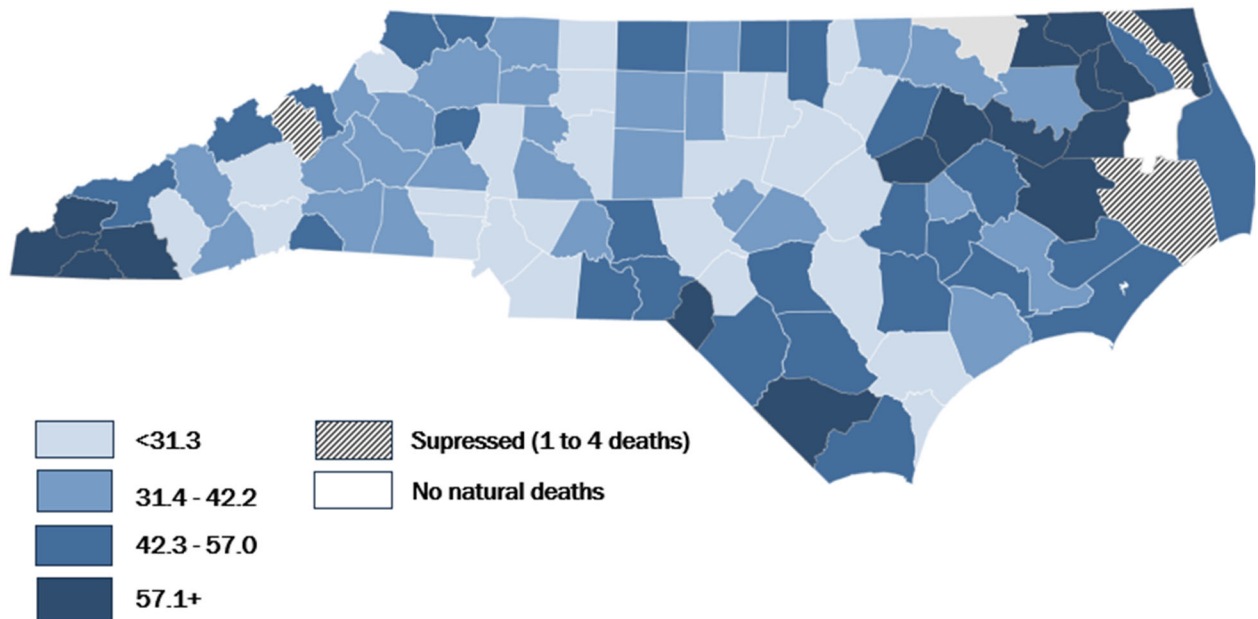
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	69	38.5	Franklin	22	28.6	Pamlico	6	48.3
Alexander	16	43.9	Gaston	67	28.2	Pasquotank	23	55.5
Alleghany	6	52.9	Gates	12	116.0	Pender	20	29.2
Anson	10	45.7	Graham	6	74.5	Perquimans	8	59.8
Ashe	13	48.0	Granville	28	45.0	Person	17	42.8
Avery	6	34.2	Greene	8	39.0	Pitt	76	43.4
Beaufort	26	58.5	Guilford	213	38.7	Polk	9	44.9
Bertie	6	35.5	Halifax	16	33.8	Randolph	50	33.9
Bladen	16	54.3	Harnett	45	31.8	Richmond	20	47.3
Brunswick	68	42.5	Haywood	24	38.1	Robeson	53	45.2
Buncombe	82	29.7	Henderson	29	24.3	Rockingham	41	44.3
Burke	36	40.8	Hertford	13	66.8	Rowan	55	36.3
Cabarrus	36	15.0	Hoke	15	27.6	Rutherford	21	32.1
Caldwell	34	42.2	Hyde	3	*	Sampson	11	18.5
Camden	2	*	Iredell	57	28.5	Scotland	23	66.9
Carteret	31	44.5	Jackson	13	29.2	Stanly	24	36.5
Caswell	9	39.5	Johnston	69	28.5	Stokes	12	26.4
Catawba	61	37.0	Jones	5	53.2	Surry	23	32.2
Chatham	17	20.8	Lee	21	31.3	Swain	7	50.3
Cherokee	59	196.9	Lenoir	28	51.0	Transylvania	12	35.8
Chowan	11	79.2	Lincoln	19	19.9	Tyrrell	0	0.0
Clay	13	109.6	McDowell	17	37.9	Union	48	18.7
Cleveland	36	35.5	Macon	23	59.9	Vance	13	30.7
Columbus	34	67.8	Madison	10	45.3	Wake	233	19.6
Craven	42	41.0	Martin	22	102.6	Warren	7	37.2
Cumberland	149	44.1	Mecklenburg	232	19.9	Washington	7	65.3
Currituck	25	79.1	Mitchell	8	53.3	Watauga	13	23.7
Dare	21	55.1	Montgomery	12	46.0	Wayne	61	51.4
Davidson	52	29.7	Moore	30	28.1	Wilkes	26	39.4
Davie	18	40.4	Nash	45	46.6	Wilson	48	60.8
Duplin	25	50.5	New Hanover	54	22.6	Yadkin	14	37.1
Durham	78	23.2	Northampton	12	71.8	Yancey	4	*
Edgecombe	34	69.6	Onslow	75	35.1			
Forsyth	116	29.5	Orange	32	21.2			

Crude rate per 100,000 population in NC county

* The number of deaths was too small to support a rate calculation.

Top 10 counties with the highest crude accidental death rates are shown in bold.

Figure 14: Map of natural death rates (per 100,000) in North Carolina by county of death, 2023



Section V: Homicide

Demographic Characteristics of Homicide Deaths

Table 11 displays homicide deaths in 2023 for North Carolina residents by demographics of sex, race/ethnicity, and age. The homicide death rate in North Carolina per 100,000 people is displayed by race/ethnicity and sex in **Figure 15** and by age group in **Figure 16**.

Key Trends:

- In 2023, there were 912 deaths certified as homicide in the ME System.
- Males were 4.3 times as likely to die by homicide as females (13.8 vs. 3.2 per 100,000).
- NH American Indians (30.5 per 100,000) had higher homicide death rates than NH Blacks (24.3 per 100,000), Hispanics (5.3 per 100,000), NH Whites (3.6 per 100,000), and NH Asians (3.3 per 100,000).
- Homicide death rates per 100,000 were highest for adults aged 20 to 24 (16.9 per 100,000) followed by adults aged 25 to 34 (16.0 per 100,000). Among children younger than 15, the rate was highest in children less than 1 (12.4 per 100,000).

Table 12 and **Figure 17** display homicide death rates in 2023 by North Carolina county of death. County rates should be interpreted with caution because the number of homicide deaths by county is small and subject to variation. The number of homicide deaths in 38 counties was too small to support a rate calculation.

Key Trends:

- For the 62 counties where the number of homicide deaths was sufficient to support a rate calculation, the average homicide death rate by North Carolina county of death was 11.4 deaths per 100,000, with a range from 0.0 to 56.0 deaths per 100,000.

Table 11: Demographics of homicide deaths in North Carolina, 2023

	Number	%	Rate	95% CI
Sex				
Female	179	19.6	3.2	2.8 - 3.7
Male	733	80.4	13.8	12.8 - 14.8
Race/Ethnicity				
White*	236	25.9	3.6	3.1 - 4.0
Black*	552	60.5	24.3	22.2 - 26.3
Asian*	13	1.4	3.3	1.5 - 5.1
American Indian*	34	3.7	30.5	20.3 - 40.8
Hispanic	63	6.9	5.3	4.0 - 6.6
Unknown	14	1.5	-	-
Age Group (Years)				
< 1	15	1.6	12.4	6.1 - 18.7
1-4	12	1.3	2.5	1.1 - 3.9
5-9	7	0.8	1.1	0.3 - 1.9
10-14	16	1.8	2.4	1.2 - 3.6
15-19	108	11.8	14.9	12.1 - 17.7
20-24	123	13.5	16.9	13.9 - 19.9
25-34	233	25.5	16.0	13.9 - 18.0
35-44	170	18.6	12.3	10.4 - 14.1
45-54	94	10.3	6.9	5.5 - 8.4
55-64	78	8.6	5.7	4.4 - 6.9
65-74	35	3.8	3.1	2.1 - 4.1
75-84	14	1.5	2.3	1.1 - 3.6
≥85	6	0.7	3.4	0.7 - 6.1
Unknown	1	0.1	-	-
Total Deaths	912	100	8.4	7.9 - 9.0

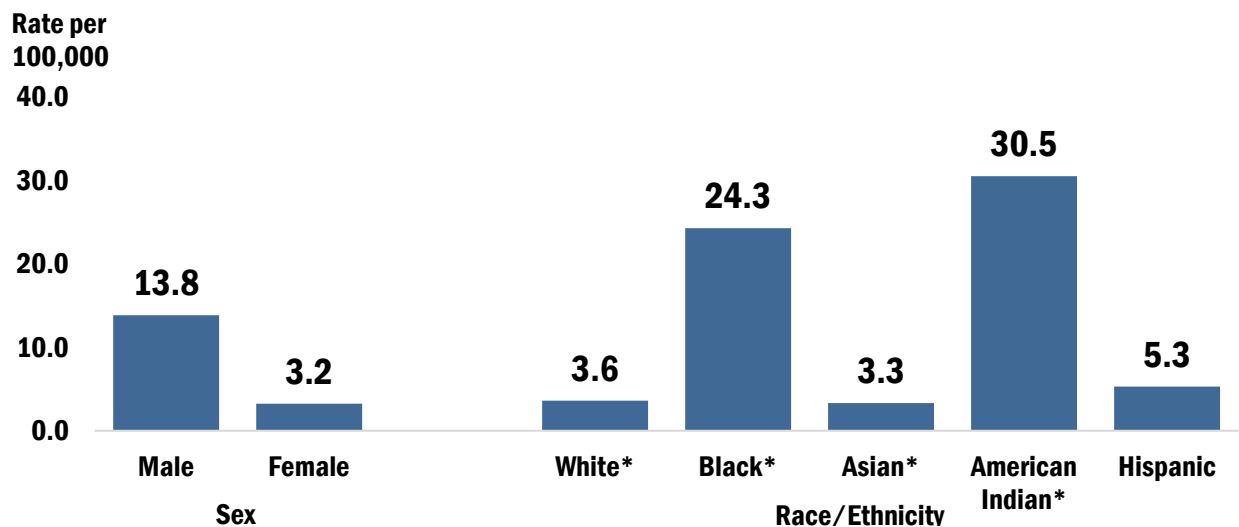
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

Note: The calculation of homicide deaths for sex, race/ethnicity, and age was high enough to support a rate calculation.

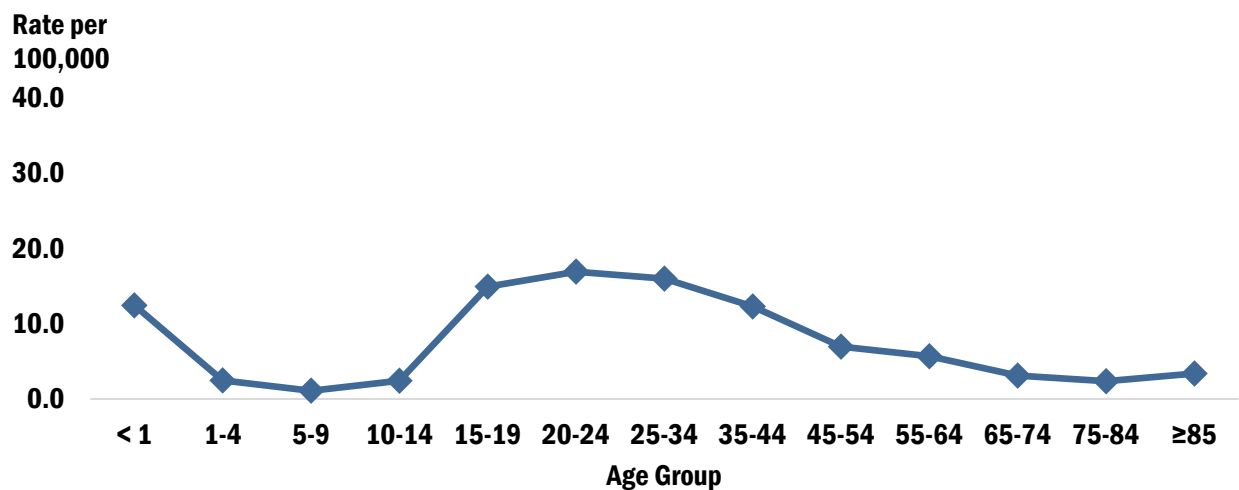
Figure 15: Crude homicide death rates in North Carolina by sex and race/ethnicity, 2023



*Non-Hispanic

Note: The calculation of homicide deaths for sex and race/ethnicity was high enough to support a rate calculation.

Figure 16: Age-specific crude homicide death rates in North Carolina by age group, 2023



Note: The calculation of homicide deaths for all ages was high enough to support a rate calculation.

Table 12: Homicide deaths in North Carolina by county of death, 2023

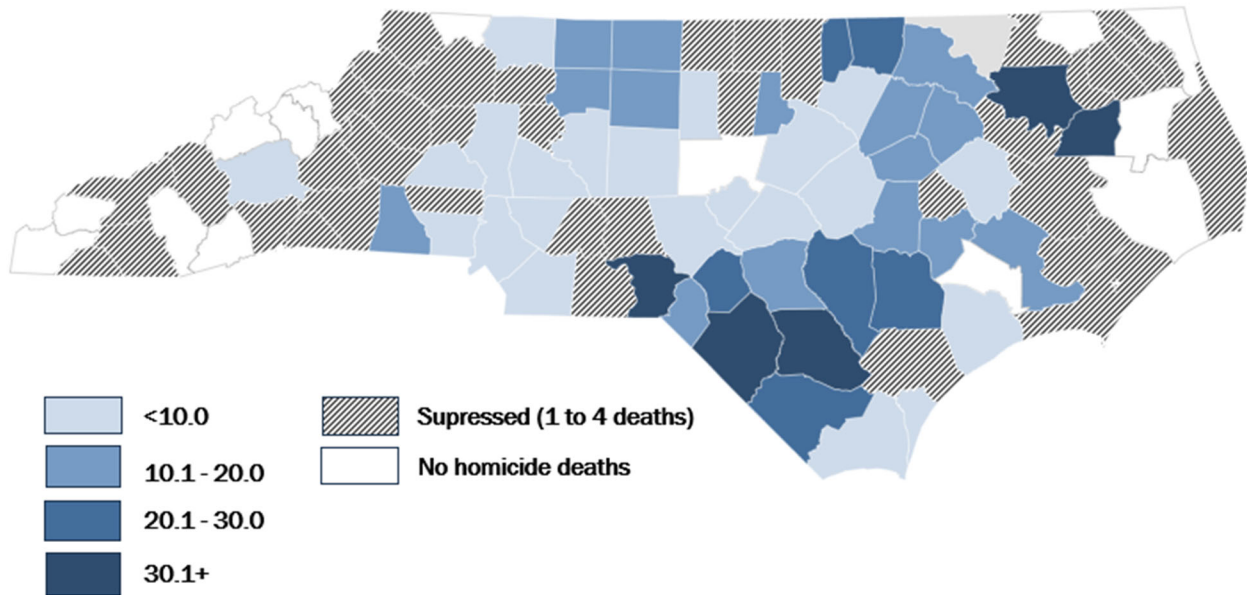
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	8	4.5	Franklin	6	7.8	Pamlico	1	*
Alexander	1	*	Gaston	16	6.7	Pasquotank	2	*
Alleghany	0	0.0	Gates	0	0.0	Pender	3	*
Anson	4	*	Graham	0	0.0	Perquimans	2	*
Ashe	1	*	Granville	3	*	Person	3	*
Avery	1	*	Greene	3	*	Pitt	14	8.0
Beaufort	2	*	Guilford	89	16.2	Polk	3	*
Bertie	9	53.2	Halifax	9	19.0	Randolph	5	3.4
Bladen	11	37.3	Harnett	12	8.5	Richmond	13	30.7
Brunswick	7	4.4	Haywood	1	*	Robeson	52	44.3
Buncombe	16	5.8	Henderson	2	*	Rockingham	12	13.0
Burke	4	*	Hertford	4	*	Rowan	8	5.3
Cabarrus	12	5.0	Hoke	11	20.2	Rutherford	1	*
Caldwell	2	*	Hyde	0	0.0	Sampson	14	23.5
Camden	1	*	Iredell	8	4.0	Scotland	6	17.5
Carteret	4	*	Jackson	0	0.0	Stanly	1	*
Caswell	1	*	Johnston	7	2.9	Stokes	7	15.4
Catawba	5	3.0	Jones	0	0.0	Surry	6	8.4
Chatham	0	0.0	Lee	5	7.5	Swain	1	*
Cherokee	0	0.0	Lenoir	8	14.6	Transylvania	0	0.0
Chowan	1	*	Lincoln	2	*	Tyrrell	0	0.0
Clay	1	*	McDowell	2	*	Union	12	4.7
Cleveland	11	10.9	Macon	1	*	Vance	11	26.0
Columbus	11	21.9	Madison	0	0.0	Wake	53	4.5
Craven	11	10.7	Martin	2	*	Warren	5	26.5
Cumberland	63	18.6	Mecklenburg	78	6.7	Washington	6	56.0
Currituck	0	0.0	Mitchell	0	0.0	Watauga	1	*
Dare	1	*	Montgomery	4	*	Wayne	20	16.9
Davidson	11	6.3	Moore	6	5.6	Wilkes	3	*
Davie	2	*	Nash	13	13.5	Wilson	9	11.4
Duplin	10	20.2	New Hanover	15	6.3	Yadkin	1	*
Durham	46	13.7	Northampton	2	*	Yancey	0	0.0
Edgecombe	9	18.4	Onslow	6	2.8			
Forsyth	52	13.2	Orange	4	*			

Crude rate per 100,000 population in NC county

* The number of deaths was too small to support a rate calculation.

Top 10 counties with the highest crude accidental death rates are shown in bold.

Figure 17: Map of homicide death rates (per 100,000) in North Carolina by county of death, 2023



Means of Homicide Deaths

Table 13 and **Figure 18** summarize the means of death for homicide deaths in North Carolina in 2023.

Key Trends:

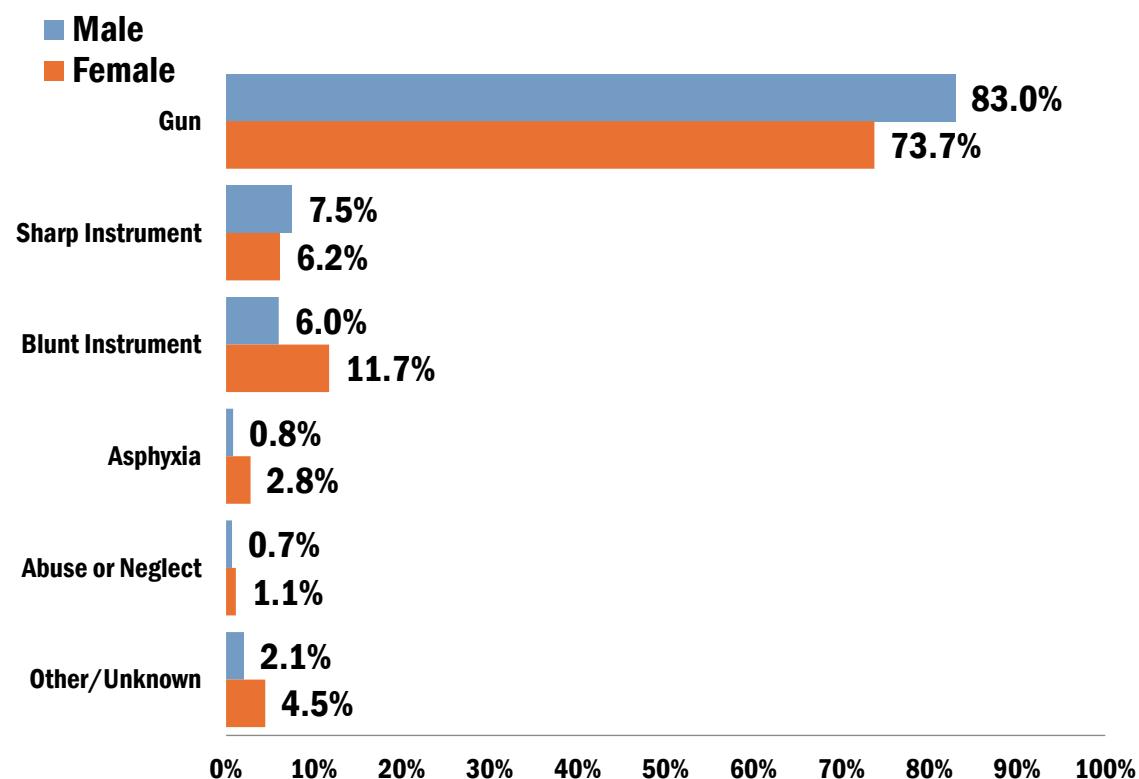
- The leading means of homicide deaths were gun (81.1%), sharp instrument (7.2%), and blunt instrument (7.1%).
- Men more often died from homicide deaths by gun (83.0%), sharp instrument (7.5%), and blunt instrument (6.0%).
- Women more commonly died from homicide deaths by gun (73.7%), blunt instrument (11.7%), and sharp instrument (6.2%).

Table 13: Means of death for homicide deaths in North Carolina by sex, 2023

	Male		Female		Total	
	Number	%	Number	%	Number	%
Means of Death						
Gun	608	83.0	132	73.7	740	81.1
Sharp Instrument	55	7.5	11	6.2	66	7.2
Blunt Instrument	44	6.0	21	11.7	65	7.1
Asphyxia	6	0.8	5	2.8	11	1.2
Abuse or Neglect	5	0.7	2	1.1	7	0.8
Poisoning	2	0.3	4	2.2	6	0.7
Motor Vehicle	4	0.6	0	0.0	4	0.4
Fall/Jump	1	0.1	1	0.6	2	0.2
Fire/Burns	1	0.1	0	0.0	1	0.1
Other*	7	1.0	3	1.7	10	1.1
Total Deaths	733	100	179	100	912	100

* Other includes electrocution, environmental, machinery, medical treatment, other, and unknown.

Figure 18: Means of death for homicide deaths in North Carolina by sex, 2023



* Other includes electrocution, environmental, machinery, medical treatment, other, and unknown.

Section VI: Suicide

Demographic Characteristics of Suicide Deaths

Table 14 characterizes suicide deaths in 2023 for North Carolina residents by demographics of sex, race/ethnicity, and age. The suicide death rate in North Carolina per 100,000 people is displayed by race/ethnicity and sex in **Figure 19** and by age group in **Figure 20**.

Key Trends:

- In 2023, there were 1,555 deaths certified as suicide in the ME System.
- Males were 3.8 times as likely to die by suicide as females (26.1 vs. 6.8 per 100,000).
- NH Whites had the highest suicide death rate (20.6 per 100,000), followed by NH American Indians (11.2 per 100,000), NH Blacks (9.5 per 100,000), Hispanics (8.3 per 100,000), and NH Asians (7.6 per 100,000).
- Suicide death rates per 100,000 were highest among adults aged 85 years and older (27.6 per 100,000) followed by adults aged 75 to 84 (19.9 per 100,000), 45 to 54 (19.6 per 100,000), and 20 to 24 (19.4 per 100,000).

Table 15 and **Figure 21** display suicide death rates in 2023 by North Carolina county of death. County rates should be interpreted with caution because the number of suicide deaths by county is small and subject to variation. The number of suicide deaths in 27 counties was too small to support a rate calculation.

Key Trends:

- For the 73 counties where the number of suicide deaths was sufficient to support a rate calculation, the average suicide death rate by North Carolina county of death was 19.2 deaths per 100,000, with a range from 0.0 to 51.0 deaths per 100,000.

Table 14: Demographics of suicide deaths in North Carolina, 2023

	Number	%	Rate	95% CI
Sex				
Female	337	21.7	6.8	6.1 - 7.6
Male	1,217	78.3	26.1	24.6 - 27.6
Unknown	1	0.1	-	-
Race/Ethnicity				
White*	1,232	79.2	20.6	19.5 - 21.8
Black*	191	12.3	9.5	8.2 - 10.9
Asian*	26	1.7	7.6	4.7 - 10.6
American Indian*	11	0.7	11.2	4.6 - 17.8
Hispanic	80	5.1	8.3	6.5 - 10.1
Unknown	15	1.0	-	-
Age Group (Years)				
10-14	14	0.9	2.1	1.0 - 3.2
15 - 19	76	4.9	10.5	8.1 - 12.9
20 - 24	141	9.1	19.4	16.2 - 22.6
25 - 34	232	14.9	15.9	13.9 - 18.0
35 - 44	250	16.1	18.1	15.8 - 20.3
45 - 54	265	17.0	19.6	17.2 - 21.9
55 - 64	246	15.8	17.9	15.7 - 20.2
65 - 74	163	10.5	14.4	12.2 - 16.6
75 - 84	119	7.7	19.9	16.3 - 23.5
≥85	49	3.2	27.6	19.9 - 35.3
Total Deaths	1,555	100	16.2	15.4 - 17.0

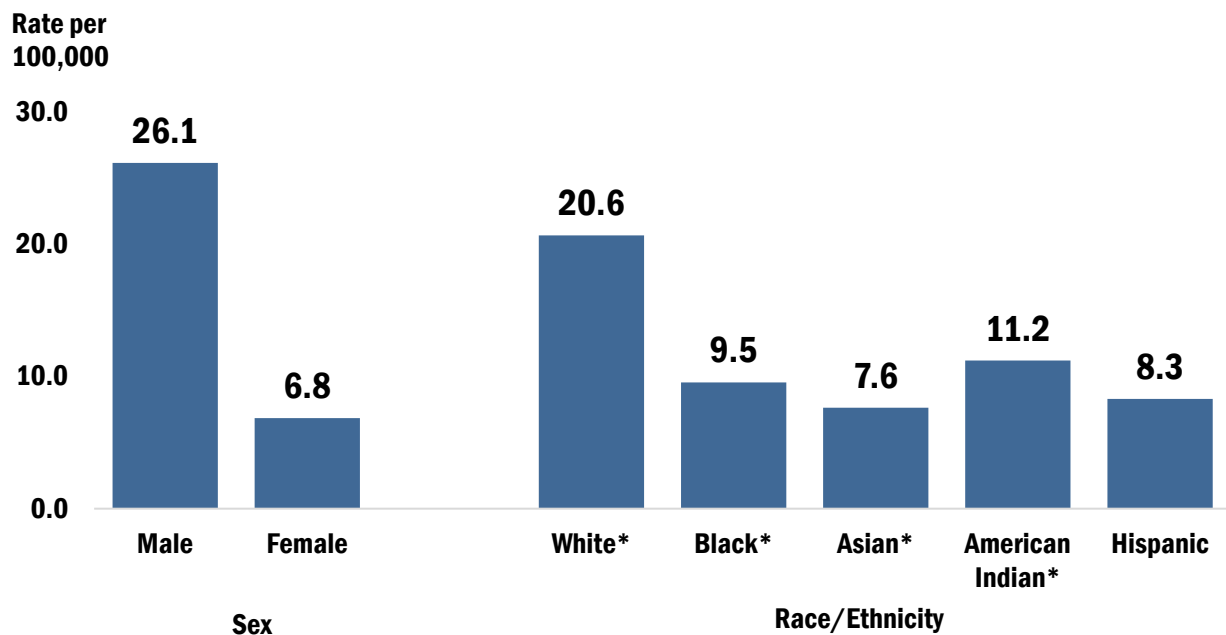
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

Note: The calculation of suicide deaths for sex, race/ethnicity, and age was high enough to support a rate calculation.

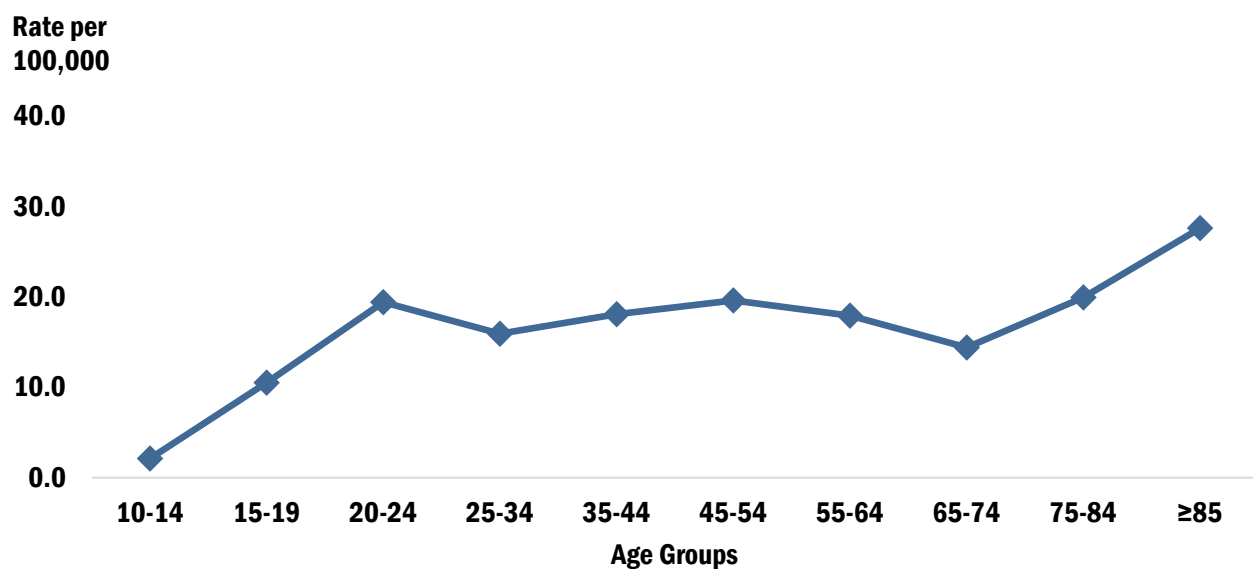
Figure 19: Crude suicide death rates in North Carolina by sex and race/ethnicity, 2023



*Non-Hispanic

Note: The calculation of suicide deaths for sex and race/ethnicity was high enough to support a rate calculation.

Figure 20: Age-specific crude suicide death rates in North Carolina by age group, 2023



Note: The calculation of suicide deaths for all ages was high enough to support a rate calculation.

Table 15: Suicide death rates (per 100,000) in North Carolina by county of death, 2023

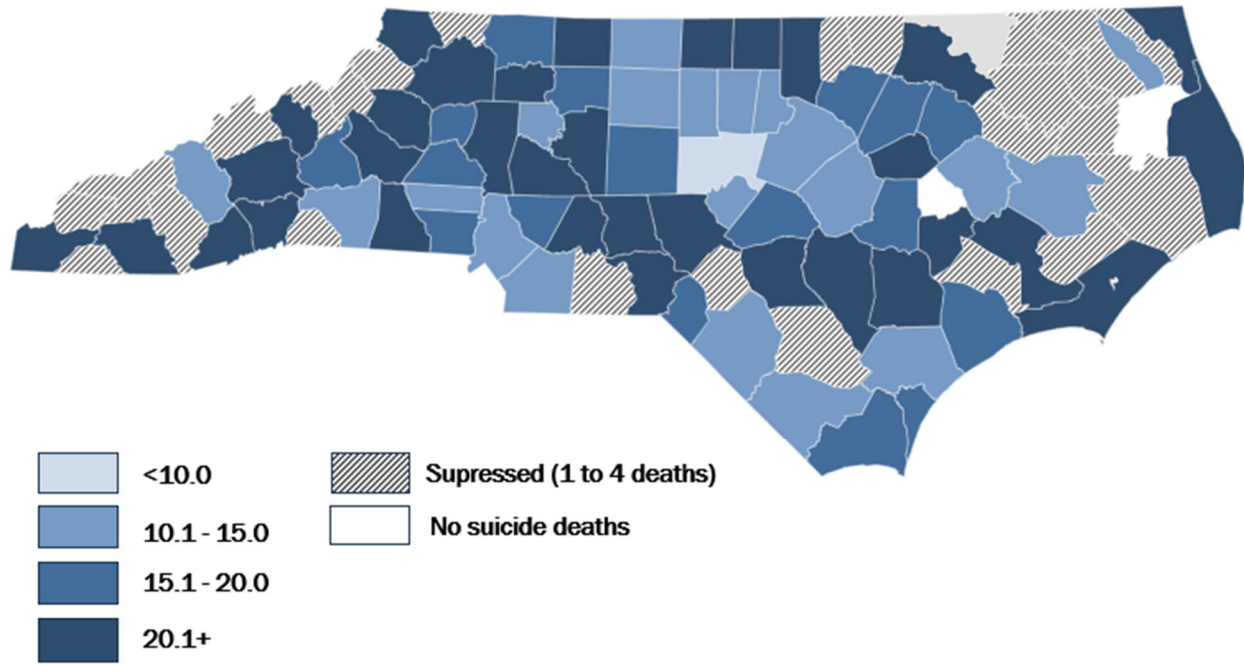
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	19	12.0	Franklin	12	17.6	Pamlico	2	*
Alexander	6	18.3	Gaston	34	16.3	Pasquotank	5	13.6
Alleghany	4	*	Gates	3	*	Pender	8	13.2
Anson	2	*	Graham	4	*	Perquimans	3	*
Ashe	11	44.1	Granville	16	28.8	Person	8	22.6
Avery	4	*	Greene	0	0.0	Pitt	23	14.8
Beaufort	5	12.5	Guilford	72	14.8	Polk	4	*
Bertie	2	*	Halifax	9	21.4	Randolph	24	18.4
Bladen	1	*	Harnett	19	15.6	Richmond	8	21.6
Brunswick	25	16.8	Haywood	7	12.2	Robeson	14	13.9
Buncombe	53	21.2	Henderson	26	24.1	Rockingham	10	12.1
Burke	17	21.3	Hertford	2	*	Rowan	28	20.9
Cabarrus	34	16.3	Hoke	4	*	Rutherford	7	11.9
Caldwell	21	29.0	Hyde	1	*	Sampson	12	23.2
Camden	1	*	Iredell	41	23.2	Scotland	5	16.6
Carteret	18	28.1	Jackson	3	*	Stanly	12	20.7
Caswell	6	29.2	Johnston	22	10.4	Stokes	10	24.3
Catawba	24	16.4	Jones	1	*	Surry	10	15.7
Chatham	6	8.1	Lee	6	10.2	Swain	4	*
Cherokee	14	51.0	Lenoir	10	20.7	Transylvania	8	26.0
Chowan	1	*	Lincoln	10	11.7	Tyrrell	0	0.0
Clay	1	*	McDowell	8	19.7	Union	26	11.5
Cleveland	21	23.5	Macon	10	28.8	Vance	4	*
Columbus	5	11.2	Madison	3	*	Wake	125	11.9
Craven	21	23.2	Martin	2	*	Warren	1	*
Cumberland	74	25.6	Mecklenburg	117	11.5	Washington	1	*
Currituck	8	28.7	Mitchell	1	*	Watauga	3	*
Dare	8	23.0	Montgomery	8	34.3	Wayne	20	19.4
Davidson	33	21.3	Moore	22	23.4	Wilkes	13	21.9
Davie	5	12.5	Nash	15	17.6	Wilson	16	23.0
Duplin	10	23.2	New Hanover	35	16.1	Yadkin	8	23.8
Durham	32	10.7	Northampton	2	*	Yancey	5	29.2
Edgecombe	7	16.3	Onslow	31	17.0			
Forsyth	53	15.3	Orange	20	14.6			

Crude rate per 100,000 population in NC county

* The number of deaths was too small to support a rate calculation.

Top 10 counties with the highest crude suicide death rates are shown in bold.

Figure 21: Map of suicide death rates (per 100,000) in North Carolina by county of death, 2023



Means of Suicide Deaths

Table 16 and **Figure 22** summarize the means of death for suicide deaths in North Carolina in 2023.

Key Trends:

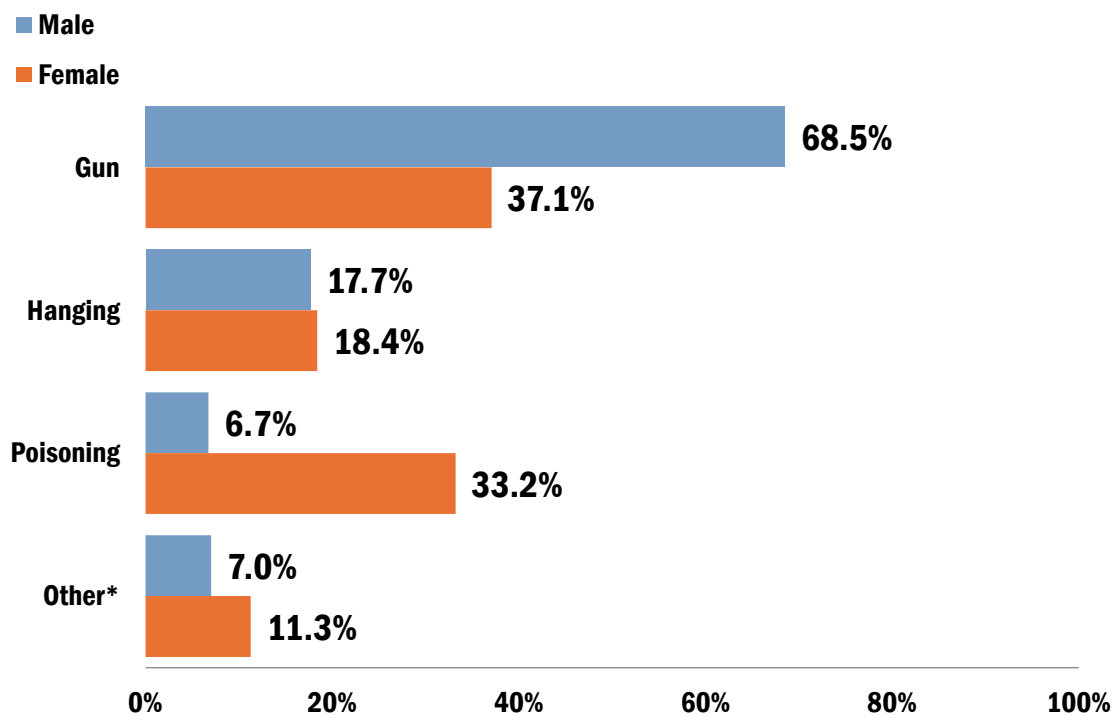
- The leading means of suicide deaths were by gun (61.7%), hanging (17.8%), and poisoning (12.5%).
- Men more often died from suicide deaths by gun (68.5%), hanging (17.7%), and poisoning (6.7%).
- Women more commonly died from suicide deaths by gun (37.3%), poisoning (33.2%), and hanging (18.4%).

Table 16: Means of death for suicide deaths in North Carolina by sex, 2023

	Male		Female		Total	
	Number	%	Number	%	Number	%
Means of Death						
Gun	834	68.5	125	37.1	959	61.7
Hanging	215	17.7	62	18.4	277	17.8
Poisoning	82	6.7	112	33.2	194	12.5
Asphyxia	20	1.6	18	5.3	38	2.4
Sharp Instrument	19	1.6	5	1.5	24	1.5
Blunt Instrument	10	0.8	3	0.9	14	0.9
Motor Vehicle	10	0.8	3	0.9	13	0.8
Fall/Jump	11	0.9	1	0.3	12	0.8
Fire/Burns	6	0.5	2	0.6	8	
Other*/Unknown	10	0.8	6	1.8	16	1.0
Total Deaths	1,217	100	337	100	1,554	100

* Other includes drowning, transportation (not motor vehicle), other, and unknown

Figure 22: Means of death for suicide deaths in North Carolina by sex, 2023



* Other includes sharp instrument, blunt instrument, motor vehicle, fall/jump, fire/burns, drowning, transportation (not motor vehicle), other, and unknown

Section VII: 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 to determine 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 the OCME accepts jurisdiction 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

A medical examiner did not view the decedent, 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 before 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 to determine cause and manner of death. The Deputy Chief Medical Examiner also assumes the duties of the Chief Medical Examiner in the event of their absence.

Examination

Cases in which the OCME accepts jurisdiction 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 results from intentional harm to 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 pursuant to 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. Their 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 gun, 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 (NCDHHS). 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 fatalities that occur while in custody.

Pending Investigation

Used when the determination of the 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 indicating 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.