

Medical Examiner Information System (MEIS) Annual Report, 2024



North Carolina Office of the Chief Medical Examiner (OCME)

4312 District Drive, Raleigh, NC 27607

Tel: (919) 743-9099

www.ocme.dhhs.nc.gov

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Introduction

The North Carolina General Assembly enacted the Statewide Medical Examiner Act in 1967 to establish a coordinated system for postmortem medicolegal examinations. The Office of the Chief Medical Examiner (OCME) was formed in 1968, along with the appointment of the first Chief Medical Examiner. The OCME oversees the operations of North Carolina's medical examiner system (ME System), working in partnership with three regional autopsy centers and four hospital-based pathology practices that are contracted to perform autopsies.

Session Law 2023-134, Section 9H.8.(g) requires the OCME to submit an annual report each February. This report provides a detailed overview of statewide and regional autopsy center activities and supports transparency and accountability within the ME System.

The information included in this report is provisional. Case data may change as investigations are completed and updated, and some cases may not yet be fully entered into tracking systems. Data for cases occurring in 2025 and later are not included if they were unavailable at the time the report was prepared.

This report summarizes key information on medical examiner jurisdictional cases, toxicology testing, District Attorney ordered autopsies involving suspected death by distribution, submitted death certificates, and pending or not-yet-submitted death certificates for calendar year 2024. Together, these data provide insight into the performance and ongoing 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 recently 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

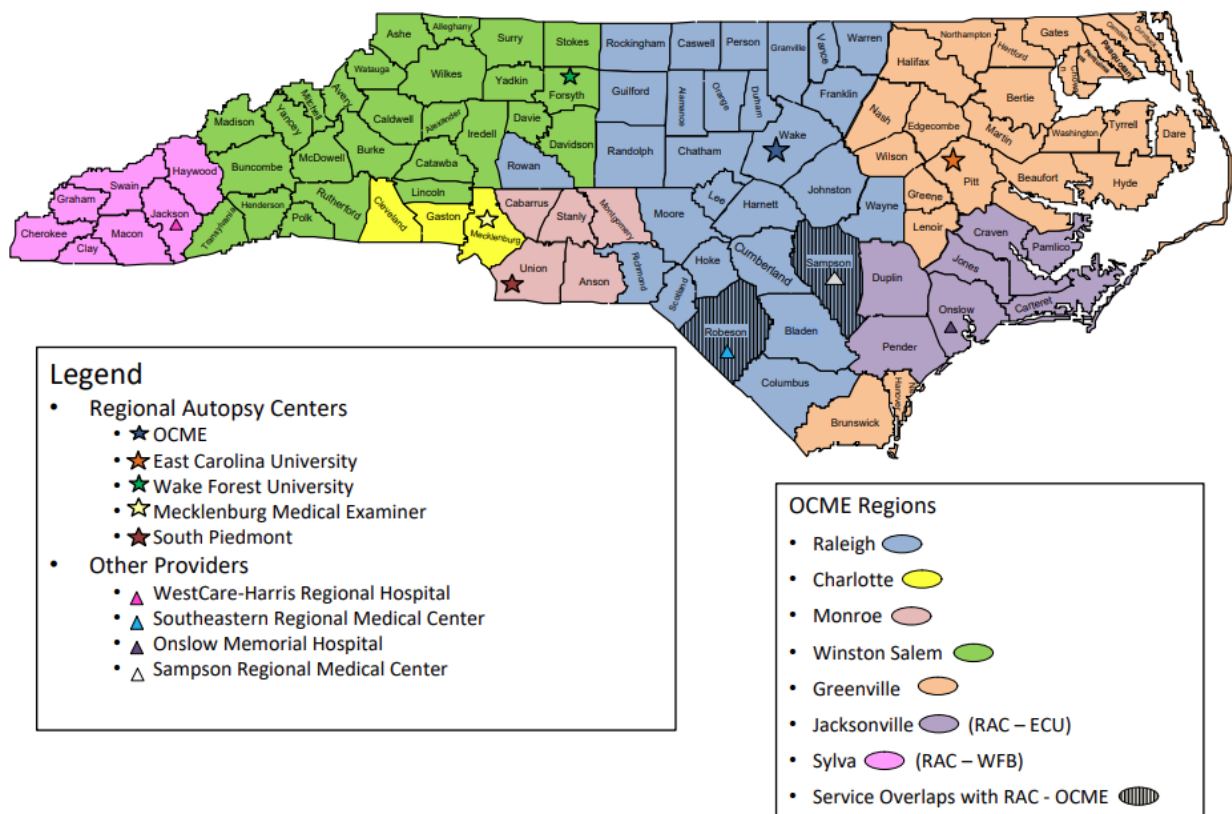


Table 1: Autopsy Facilities and Designated Counties

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 2024, a total of 106,603 deaths occurred in North Carolina. Of these, 17,469 were referred to the ME system.

OCME Jurisdiction

Within the OCME jurisdiction in 2024, a total of 41,283 deaths occurred, and 6,924 of these were referred to the ME System.

Source: North Carolina State Center for Health Statistics

Deaths Investigated by the ME System

Statewide ME System

Of the cases referred, 14,230 cases were accepted for jurisdiction and investigated. Among these, 13,441 (94.5%) were NC residents, and 789 (5.5%) were non-NC residents.

OCME Jurisdiction

Within the OCME jurisdiction, 6,140 cases were accepted and investigated. Of these cases, 5,849 (95.3%) were NC residents, and 291 (4.7%) were non-NC residents.

Deaths Certified by the ME System

Statewide ME System

Of the 14,230 cases investigated, 13,962 (98.1%) were certified by the ME system. At the time of this report, 268 (1.9%) cases from 2024 remain pending.

OCME Jurisdiction

Of the 6,140 cases investigated within the OCME jurisdiction, 6,033 (98.3%) were certified. At the time of this report, 107 (1.7%) of cases from 2024 remain pending.

Scene Visits

Medicolegal death investigators did not begin responding to scenes on a full-time basis until October 2022. In the 2024-2025 fiscal year, there were 449 scene visits.

Unidentified Decedents

In the 2024-2025 fiscal year, there were 326 unidentified decedents within the OCME jurisdiction.

Unclaimed Decedents

In the 2024-2025 fiscal year, there were 72 unclaimed decedents within the OCME jurisdiction.

Autopsy Examinations

Statewide ME System

In 2024, the ME System performed 4,101 autopsies. Of the 14,230 deaths investigated by the ME System, 28.8% of cases were autopsied. Over 4,000 autopsies have been performed by the ME System annually since 2016.

OCME Jurisdiction

In 2024, the OCME jurisdiction performed 1,348 autopsies. Of the 4,101 autopsies completed by the ME System, 32.9% were performed at the OCME. Of the 6,140 deaths investigated by the OCME in 2024, 22.0% cases were autopsied.

External and Second External Examinations

OCME Jurisdiction

In 2024, the OCME jurisdiction performed 971 external examinations and 907 second external examinations. Of the 6,140 deaths investigated by the OCME in 2024, 15.8% of cases had an external exam, and 14.8% 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 2024, there were 13,318 cases with toxicology laboratory testing. Of these cases, 12,623 (94.8%) cases were NC residents, and 695 (5.2%) cases were non-NC residents.

OCME Jurisdiction

In 2024, there were 5,876 cases with toxicology laboratory testing. Of these cases, 5,591 (95.1%) were NC residents, and 285 (4.9%) were non-NC residents.

Organ/Tissue Donation

In 2024, there were 179 organ donations within the OCME Jurisdiction.

Source: HonorBridge

Bodies Transported to OCME

In 2024, there were 3,235 cases transported to OCME. Of these cases, 3,107 (96.0%) cases were NC residents, and 128 (4.0%) cases were non-NC residents.

Bodies Transported by OCME

In 2024, there were 3,226 cases transported to OCME. Of these cases, 3,098 (96.0%) cases were NC residents, and 128 (4.0%) cases were non-NC residents.

Exhumations

In 2024, there were no exhumations.

Section II: Overall Medical Examiner System Deaths

Demographic Characteristics of ME System Deaths

Table 2 describes ME System deaths in North Carolina in 2024 by demographic characteristics of sex, race/ethnicity, and age. The 2024 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:

- 13,219 deaths among North Carolina residents were certified by the ME System in 2024.
- Males were 2.2 times as likely to have an ME System jurisdiction death as females (167.1 versus 75.0 per 100,000, respectively).
- Non-Hispanic (NH) American Indians had the highest ME System death rate per 100,000 (192.2), followed by NH Black residents (147.5), NH White residents (134.2), Hispanic residents (56.5), and NH Asian residents (36.6).
- Adults aged 85 years and older had the highest ME System death rate per 100,000 (589.4), followed by adults aged 75 to 84 (214.9), 55 to 64 (152.9), 65 to 74 (149.0), and 35 to 44 (140.3). Among those under the age of 15, children less than one year old had the highest ME System death rate (162.9 per 100,000).

Table 3 lists ME System deaths by month of death in North Carolina in 2024. ME System deaths in 2024 are presented in **Figure 4** by month of death.

Key Trends:

- The ME System recorded the highest number of death investigations in January (9.6%), followed closely by December (8.5%), July (8.5%), and March (8.5%).
- November accounted for the lowest proportion of death investigations, representing 7.6% of the annual total.

Table 4 and **Figure 5** show the overall ME System death rates in 2024 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.

Key Trends:

- For the 100 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 146.5 per 100,000, with a range from 62.9 to 290.5 deaths per 100,000.

Table 2: Demographics of ME System deaths in North Carolina, 2024

	Number	%	Rate	95% CI
Sex				
Female	4,271	32.3	75.0	72.7 - 77.2
Male	8,945	67.7	167.1	163.6 - 170.5
Unknown	3	0.0	--	--
Race/Ethnicity				
White*	8,777	66.4	134.2	131.3 - 137.0
Black*	3,264	24.7	147.5	142.4 - 152.6
Asian*	161	1.2	36.6	30.9 - 42.3
American Indian*	205	1.6	192.2	165.9 - 218.5
Hispanic	709	5.4	56.5	52.4 - 60.7
Unknown	103	0.8	--	--
Age Group (Years)				
< 1	198	1.5	162.9	140.2 - 185.6
1-4	96	0.7	19.3	15.5 - 23.2
5-9	46	0.4	7.1	5.1 - 9.2
10-14	61	0.5	9.2	6.9 - 11.5
15 - 19	380	2.9	52.4	47.2 - 57.7
20 - 24	575	4.4	74.8	68.7 - 80.9
25 - 34	1,582	12.0	108.0	102.7 - 113.4
35 - 44	1,977	15.0	140.3	134.1 - 146.5
45 - 54	1,820	13.8	136.2	129.9 - 142.4
55 - 64	2,093	15.8	152.9	146.3 - 159.4
65 - 74	1,763	13.3	149.0	142.0 - 155.9
75 - 84	1,430	10.8	214.9	203.7 - 226.0
85 +	1,195	9.0	589.4	556.0 - 622.9
Unknown	3	0.0	--	--
Total Deaths	13,219	100	119.6	117.6 - 121.6

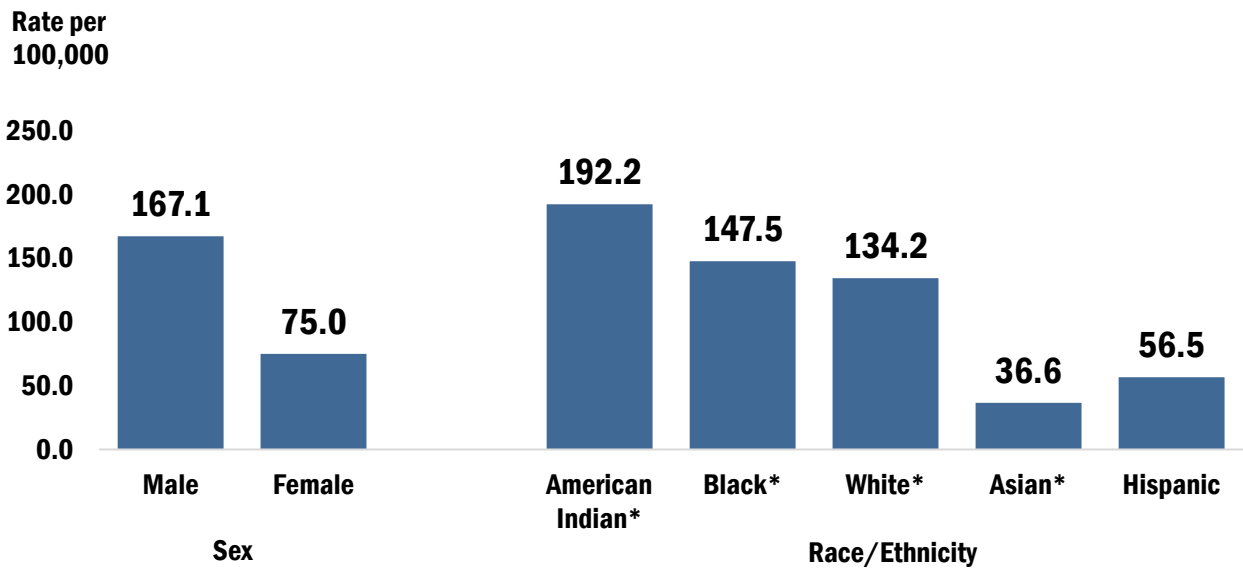
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

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

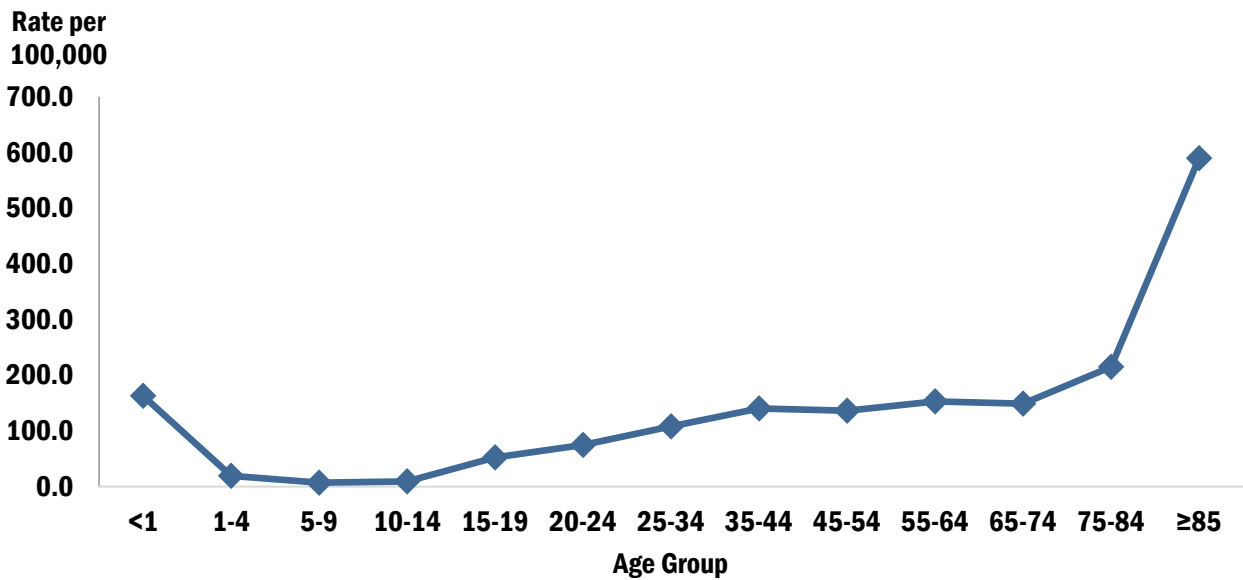
Figure 2: Crude ME System death rates in North Carolina by sex and race/ethnicity, 2024



*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, 2024



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, 2024

	Number	%
Month of Death		
January	1,267	9.6
February	1,084	8.2
March	1,125	8.5
April	1,059	8.0
May	1,097	8.3
June	1,109	8.4
July	1,120	8.5
August	1,025	7.8
September	1,101	8.3
October	1,096	8.3
November	1,011	7.6
December	1,125	8.5
Total Deaths	13,219	100.0

Figure 4: ME System deaths by month of death in North Carolina, 2024

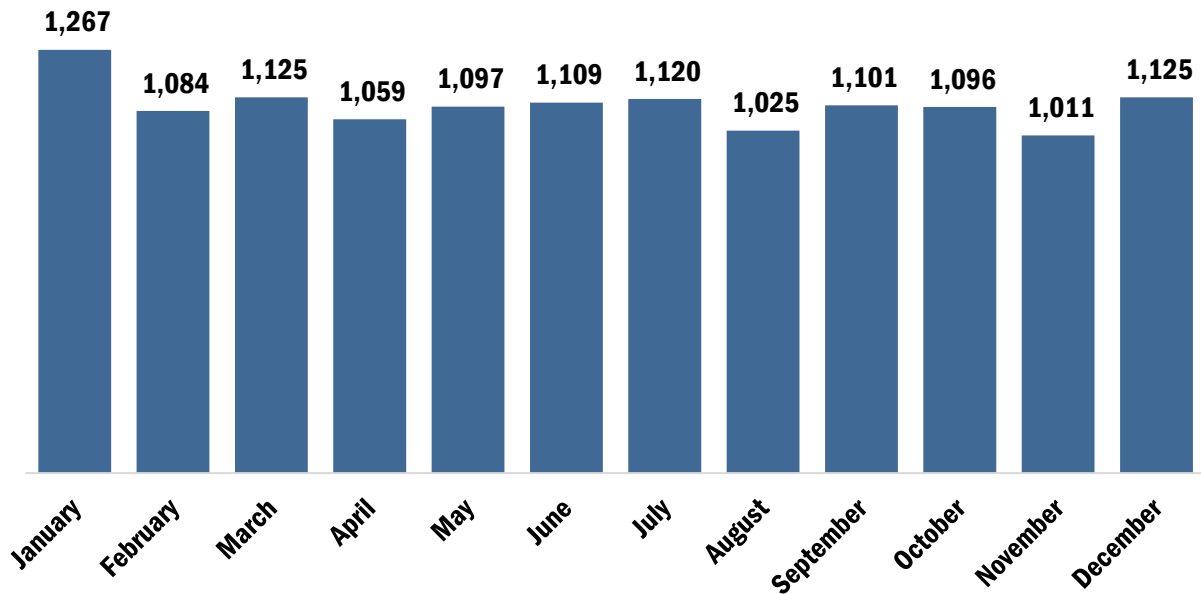


Table 4: ME System deaths by county of death in North Carolina, 2024

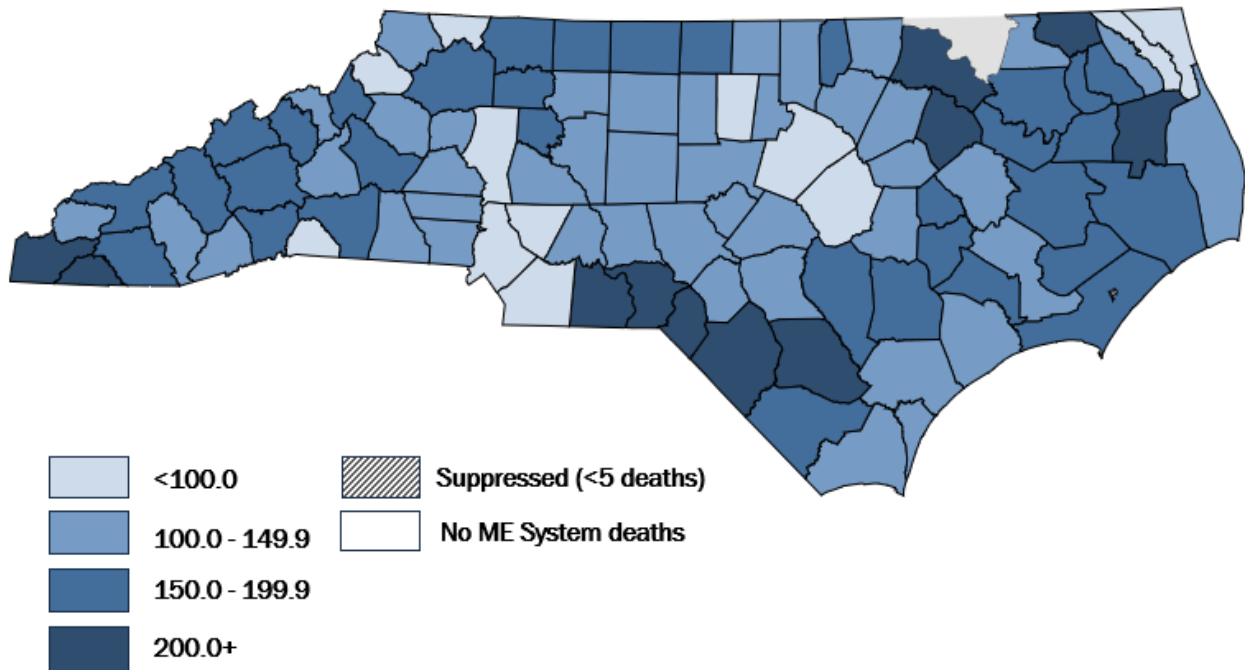
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	256	139.6	Franklin	109	136.4	Pamlico	22	173.4
Alexander	47	127.9	Gaston	295	121.4	Pasquotank	53	127.3
Alleghany	10	87.7	Gates	21	204.1	Pender	83	118.3
Anson	44	204.4	Graham	9	110.6	Perquimans	25	185.5
Ashe	30	109.6	Granville	71	115.2	Person	46	114.2
Avery	35	193.3	Greene	35	169.1	Pitt	250	138.2
Beaufort	74	165.4	Guilford	742	133.2	Polk	18	88.3
Bertie	28	162.9	Halifax	103	219.2	Randolph	204	137.1
Bladen	64	213.6	Harnett	172	117.4	Richmond	89	211.2
Brunswick	187	112.1	Haywood	103	162.9	Robeson	265	221.9
Buncombe	441	157.9	Henderson	184	151.7	Rockingham	151	161.2
Burke	169	190.8	Hertford	24	125.7	Rowan	217	141.2
Cabarrus	208	84.7	Hoke	57	102.4	Rutherford	103	157.1
Caldwell	119	147.2	Hyde	7	152.4	Sampson	98	160.5
Camden	11	97.8	Iredell	182	88.3	Scotland	69	205.3
Carteret	106	151.0	Jackson	49	108.9	Stanly	79	117.0
Caswell	34	151.4	Johnston	242	97.0	Stokes	69	150.6
Catawba	233	139.4	Jones	15	157.9	Surry	112	155.4
Chatham	86	102.6	Lee	98	142.4	Swain	28	199.3
Cherokee	79	259.7	Lenoir	84	151.5	Transylvania	42	122.8
Chowan	25	178.3	Lincoln	108	110.7	Tyrrell	10	285.9
Clay	28	234.0	McDowell	55	121.4	Union	166	62.9
Cleveland	128	124.9	Macon	74	190.6	Vance	77	180.7
Columbus	90	178.9	Madison	41	182.5	Wake	863	70.2
Craven	124	119.0	Martin	40	185.5	Warren	28	146.9
Cumberland	495	146.8	Mecklenburg	1040	86.2	Washington	16	150.2
Currituck	21	64.7	Mitchell	19	125.5	Watauga	36	65.5
Dare	49	128.2	Montgomery	39	148.0	Wayne	179	147.7
Davidson	211	118.6	Moore	117	108.0	Wilkes	106	160.0
Davie	78	171.5	Nash	129	130.6	Wilson	110	136.0
Duplin	86	168.6	New Hanover	311	127.8	Yadkin	61	159.6
Durham	359	104.9	Northampton	48	290.5	Yancey	34	178.4
Edgecombe	102	207.9	Onslow	241	112.3			
Forsyth	482	121.2	Orange	107	70.5			

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 overall ME System death rates are shown in bold.

Figure 5: Map of ME System death rates (per 100,000) in North Carolina by county of death, 2024



Manner and Means of ME System Deaths

Table 5 lists the manner and means of deaths in North Carolina in 2024. ME System deaths in 2024 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 (55.1%), followed by natural deaths (24.5%), suicides (11.6%), homicides (6.6%), and undetermined (2.2%).
- The leading means of ME System deaths were natural (24.5%), poisoning (23.5%), and fall/jump (14.2%).

Table 5: Manner and means of ME System deaths in North Carolina, 2024

	Number	%
Manner of Death		
Accident	7,281	55.1
Natural	3,239	24.5
Suicide	1,533	11.6
Homicide	876	6.6
Undetermined	290	2.2
Means of Death		
Natural	3,235	24.5
Poisoning	3,109	23.5
Fall/Jump	1,870	14.2
Gun	1,741	13.2
Motor Vehicle	1,286	9.7
Blunt Instrument	680	5.1
Hanging	278	2.1
Asphyxia	199	1.5
Fire/Burns	147	1.1
Drowning	141	1.1
Sharp Instrument	92	0.7
Other	219	1.7
Unknown	221	1.7
Total Deaths	13,219	100

Figure 6: Manner of ME System deaths in North Carolina, 2024

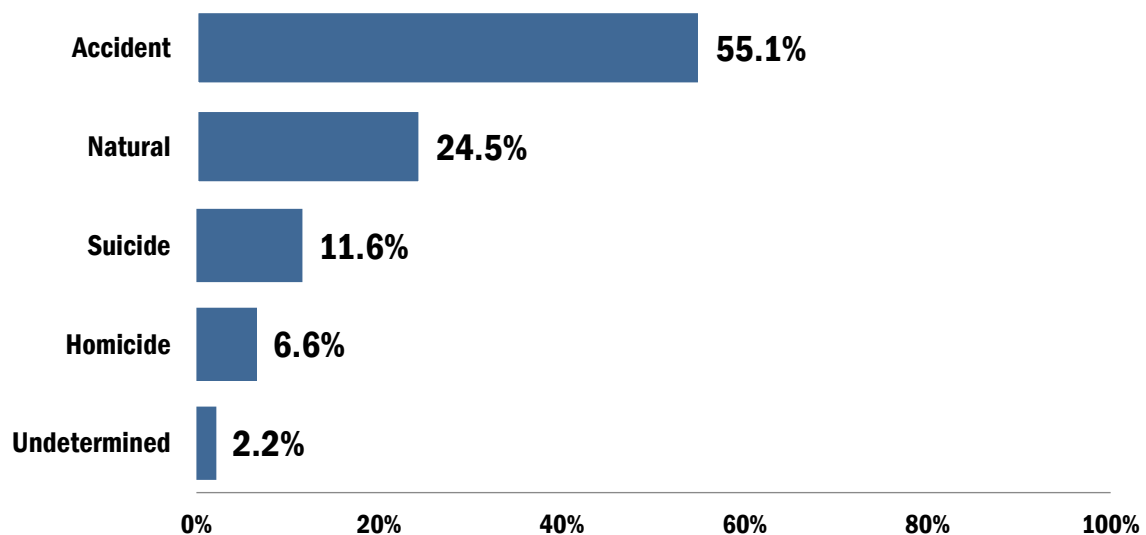
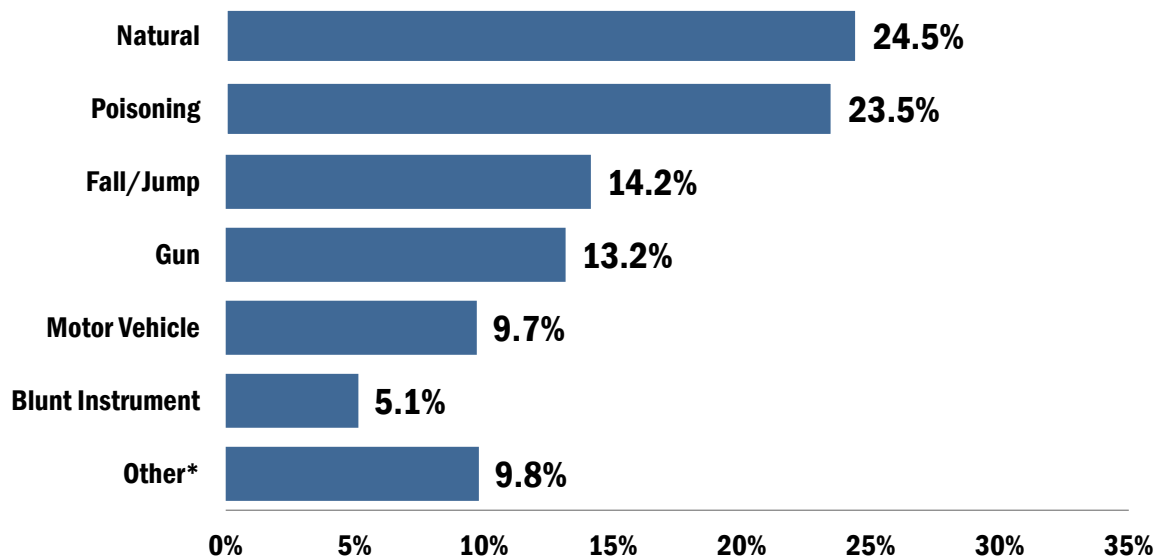


Figure 7: Means of ME System deaths in North Carolina, 2024



* 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 2024 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 2024 is illustrated by race/ethnicity and sex in **Figure 8** and by age group in **Figure 9**.

Key Trends:

- In 2024, a total of 7,281 North Carolinians (65.9 per 100,000) died from accidental deaths.
- Males were 1.9 times as likely to die from an accidental death as females (87.3 vs. 45.7 per 100,000).
- NH American Indians had the highest accidental death rate (108.7 per 100,000), followed by NH Whites (78.1 per 100,000), NH Blacks (69.2 per 100,000), Hispanics (30.6 per 100,000), and NH Asians (17.7 per 100,000).
- Adults aged 85 and older had the highest rate of accidental deaths (483.9 per 100,000), followed by those ages 75 to 84 (135.8 per 100,000), 35 to 44 (81.9 per 100,000), and 55 to 64 (70.4 per 100,000).

Table 7 and **Figure 10** show the accidental death rates in 2024 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 three counties was too small to support a rate calculation.

Key Trends:

- For the 97 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 78.5 deaths per 100,000, with a range from 24.5 to 151.3 deaths per 100,000.

Table 6: Demographics of accidental deaths in North Carolina, 2024

	Number	%	Rate	95% CI
Sex				
Female	2,605	35.8	45.7	44.0 - 47.5
Male	4,675	64.2	87.3	84.8 - 89.8
Unknown	1	0.0	-	-
Race/Ethnicity				
White*	5,107	70.1	78.1	75.9 - 80.2
Black*	1,531	21.0	69.2	65.7 - 72.7
Asian*	78	1.1	17.7	13.8 - 21.7
American Indian*	116	1.6	108.7	88.9 - 128.5
Hispanic	384	5.3	30.6	27.6 - 33.7
Unknown	65	0.9	-	-
Age Group (Years)				
< 1	35	0.5	28.8	19.3 - 38.3
1-4	55	0.8	11.1	8.1 - 14.0
5-9	27	0.4	4.2	2.6 - 5.7
10-14	21	0.3	3.2	1.8 - 4.5
15-19	187	2.6	25.8	22.1 - 29.5
20-24	298	4.1	38.8	34.4 - 43.2
25-34	941	12.9	64.3	60.2 - 68.4
35-44	1,154	15.8	81.9	77.2 - 86.6
45-54	917	12.6	68.6	64.2 - 73.0
55-64	964	13.2	70.4	66.0 - 74.9
65-74	797	10.9	67.3	62.7 - 72.0
75-84	904	12.4	135.8	127.0 - 144.7
≥85	981	13.5	483.9	453.6 - 514.2
Total Deaths	7,281	100.0	65.9	64.4 - 67.4

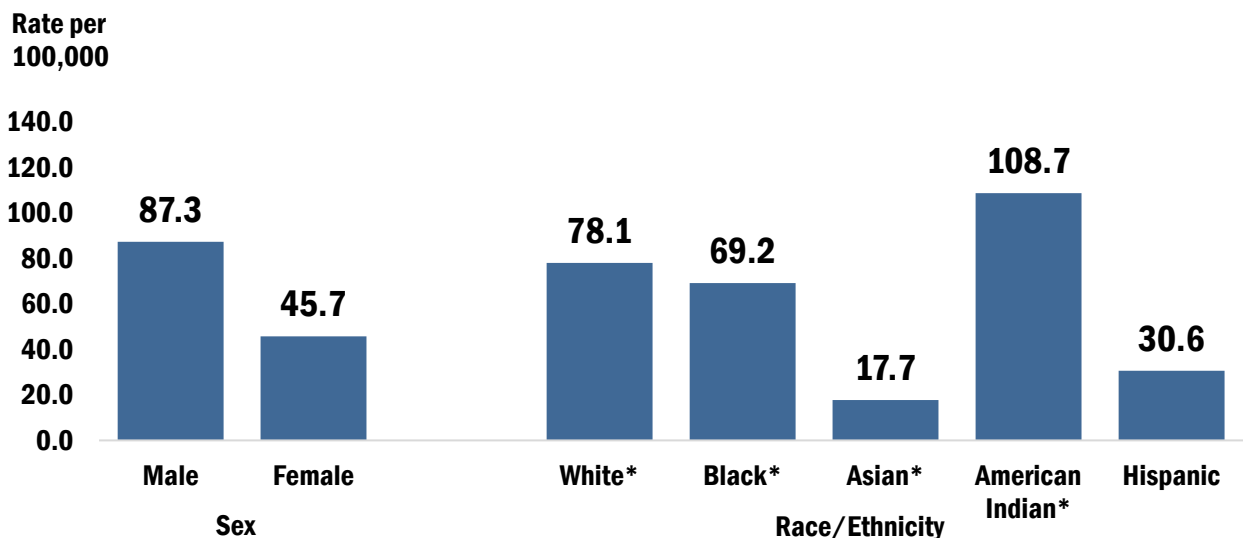
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

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.

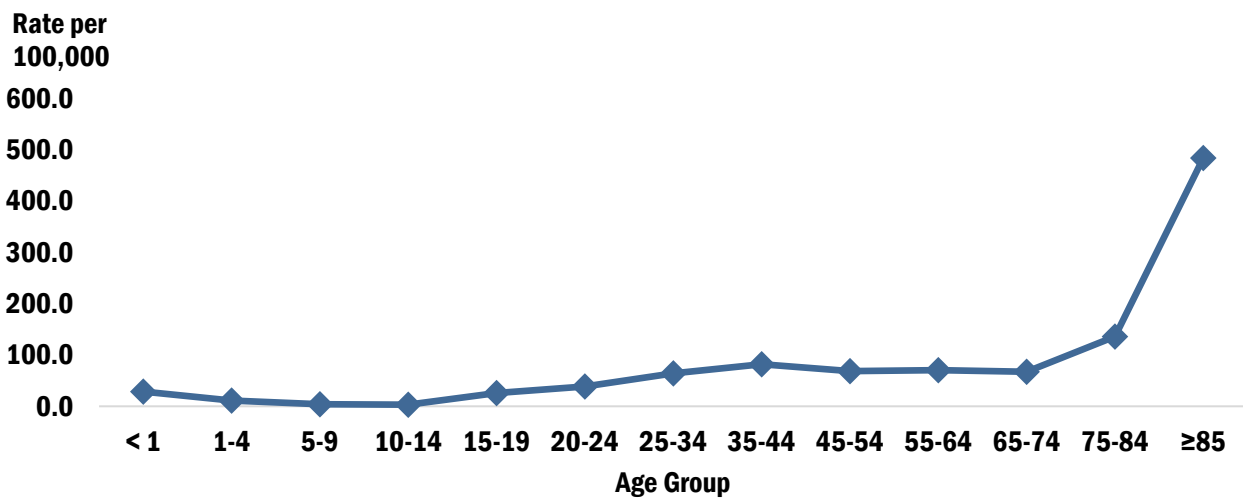
Figure 8: Crude accidental death rates in North Carolina by sex and race/ethnicity, 2024



*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, 2024



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, 2024

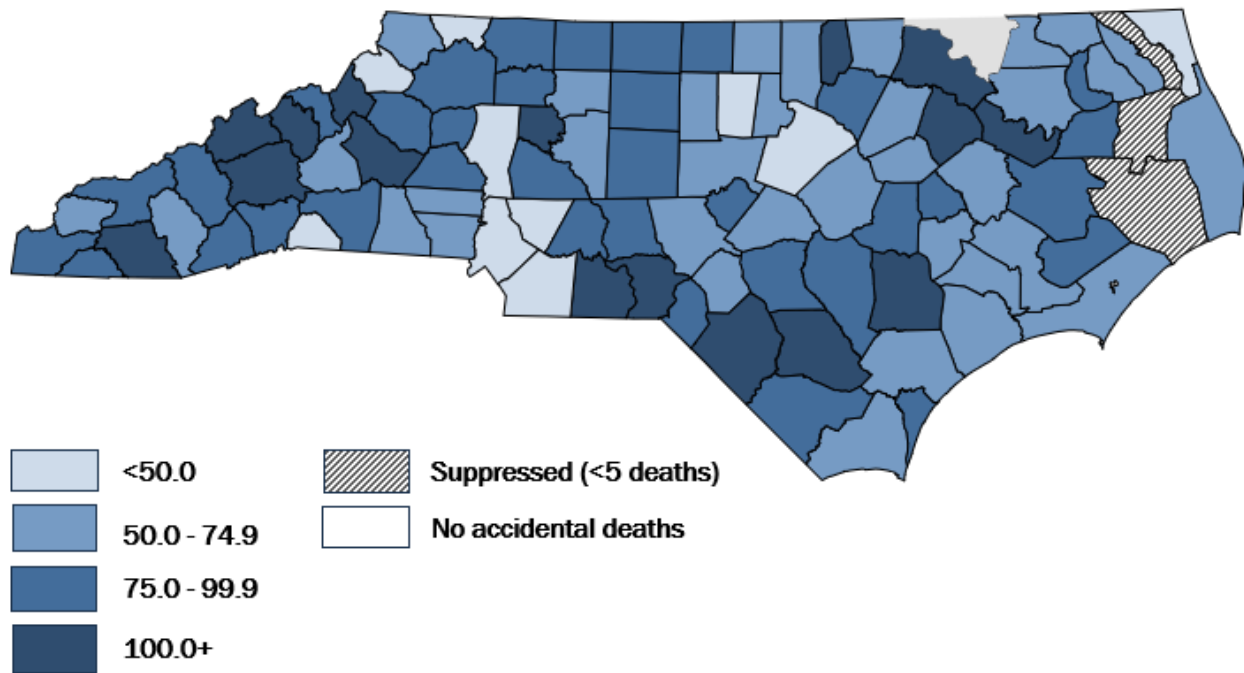
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	132	72.0	Franklin	63	78.8	Pamlico	10	78.8
Alexander	29	78.9	Gaston	161	66.2	Pasquotank	22	52.9
Alleghany	5	43.9	Gates	7	68.0	Pender	45	64.1
Anson	25	116.1	Graham	6	73.8	Perquimans	9	66.8
Ashe	14	51.1	Granville	37	60.0	Person	26	64.6
Avery	19	105.0	Greene	18	87.0	Pitt	119	65.8
Beaufort	41	91.7	Guilford	428	76.8	Polk	5	24.5
Bertie	10	58.2	Halifax	47	100.0	Randolph	120	80.6
Bladen	45	150.2	Harnett	107	73.1	Richmond	55	130.5
Brunswick	86	51.5	Haywood	59	93.3	Robeson	142	118.9
Buncombe	300	107.4	Henderson	119	98.1	Rockingham	85	90.7
Burke	101	114.0	Hertford	14	73.3	Rowan	124	80.7
Cabarrus	107	43.6	Hoke	35	62.9	Rutherford	62	94.5
Caldwell	75	92.8	Hyde	2	*	Sampson	60	98.2
Camden	2	*	Iredell	83	40.3	Scotland	30	89.3
Carteret	52	74.1	Jackson	29	64.5	Stanly	53	78.5
Caswell	17	75.7	Johnston	148	59.3	Stokes	42	91.7
Catawba	130	77.8	Jones	5	52.6	Surry	64	88.8
Chatham	55	65.6	Lee	57	82.8	Swain	14	99.7
Cherokee	26	85.5	Lenoir	39	70.4	Transylvania	27	78.9
Chowan	12	85.6	Lincoln	69	70.8	Tyrrell	4	*
Clay	10	83.6	McDowell	31	68.4	Union	97	36.8
Cleveland	58	56.6	Macon	40	103.0	Vance	43	100.9
Columbus	47	93.4	Madison	30	133.5	Wake	445	36.2
Craven	75	72.0	Martin	22	102.0	Warren	14	73.5
Cumberland	281	83.3	Mecklenburg	517	42.8	Washington	9	84.5
Currituck	8	24.7	Mitchell	14	92.5	Watauga	19	34.6
Dare	22	57.5	Montgomery	22	83.5	Wayne	91	75.1
Davidson	129	72.5	Moore	71	65.5	Wilkes	61	92.1
Davie	47	103.3	Nash	61	61.7	Wilson	52	64.3
Duplin	53	103.9	New Hanover	191	78.5	Yadkin	36	94.2
Durham	216	63.1	Northampton	25	151.3	Yancey	25	131.2
Edgecombe	52	106.0	Onslow	115	53.6			
Forsyth	264	66.4	Orange	54	35.6			

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 accidental death rates are shown in bold.

Figure 10: Map of accidental death rates (per 100,000) in North Carolina by county of death, 2024



Means of Accidental Deaths

Table 8 and **Figure 11** summarize the means of death for accidental deaths in North Carolina in 2024.

Key Trends:

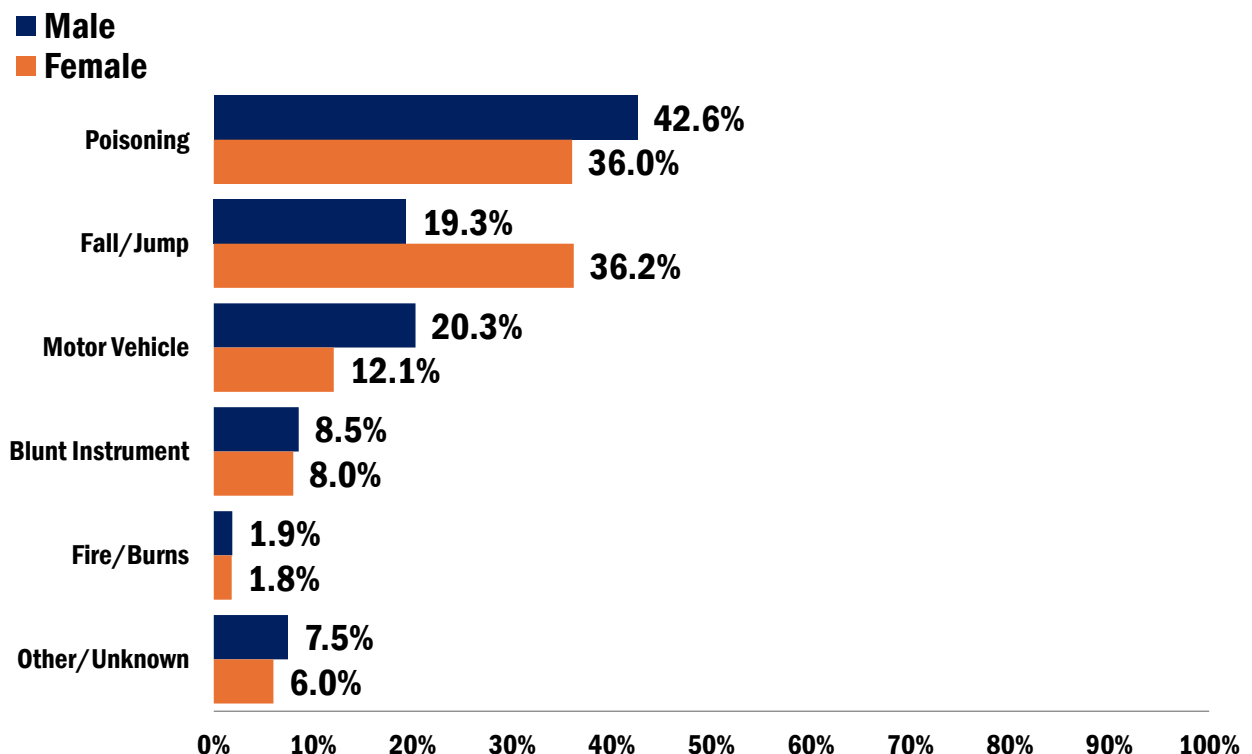
- The leading means of accidental deaths were poisoning (40.2%), fall/jump (25.3%), and motor vehicle (17.3%).
- Males more often died from accidental deaths by poisoning (42.6%) and less frequently died from accidental deaths by motor vehicle (20.3%) or fall/jump (19.3%).
- Females more commonly died from accidental deaths by fall/jump (36.2%) or poisoning (36.0%) compared to motor vehicle (12.1%).

Table 8: Means of death for accidental deaths in North Carolina by sex, 2024

Means of Death	Male		Female		Total	
	Number	%	Number	%	Number	%
Poisoning	1,990	42.6	938	36.0	2,929	40.2
Fall/Jump	903	19.3	942	36.2	1,845	25.3
Motor Vehicle	947	20.3	314	12.1	1,261	17.3
Blunt Instrument	399	8.5	208	8.0	607	8.3
Environmental	89	1.9	46	1.8	135	1.9
Fire/Burns	87	1.9	47	1.8	134	1.8
Asphyxia	79	1.7	53	2.0	132	1.8
Drowning	98	2.1	35	1.3	133	1.8
Gun	24	0.5	4	0.2	28	0.4
Transportation, Not Motor Vehicle	13	0.3	1	0.0	14	0.2
Other*/Unknown	46	1.0	17	0.7	63	0.9
Total Deaths	4,675	100	2,605	100	7,281	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, 2024



*Other includes asphyxia, downing, gun, transportation (not motor vehicle), animals, electrocution, explosion, hanging, machinery, medical treatment, sharp instruments, other, and unknown.

Section IV: Natural Deaths

Demographic Characteristics of Natural Deaths

Table 9 characterizes natural deaths in 2024 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 2024, there were 3,239 deaths certified as natural in the ME System.
- Males were 2.2 times as likely to have a natural death as females (40.7 vs 18.6 per 100,000).
- NH Black residents (40.6 per 100,000) had higher natural death rates than NH American Indians (39.4 per 100,000), NH Whites (31.9 per 100,000), NH Asians (12.3 per 100,000), and Hispanics (11.1 per 100,000).
- Natural death rates per 100,000 were highest for adults aged 85 years and older (79.4 per 100,000), followed by adults aged 65 to 74 (63.5 per 100,000) and 55 to 64 (58.0 per 100,000). Among children younger than 15, the natural death rate was highest in children aged less than one year old (27.2 per 100,000).

Table 10 and **Figure 14** display natural death rates in 2024 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 8 counties was too small to support a rate calculation.

Key Trends:

- For the 92 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 41.1 deaths per 100,000, with a range from 12.9 to 141.4 deaths per 100,000.

Table 9: Demographics of natural deaths in North Carolina, 2024

	Number	%	Rate	95% CI
Sex				
Female	1,059	32.7	18.6	17.5 - 19.7
Male	2,179	67.3	40.7	39.0 - 42.4
Unknown	1	0.0	-	-
Race/Ethnicity				
White*	2,087	64.4	31.9	30.5 - 33.3
Black*	898	27.7	40.6	37.9 - 43.2
Asian*	54	1.7	12.3	9.0 - 15.6
American Indian*	42	1.3	39.4	27.5 - 51.3
Hispanic	139	4.3	11.1	9.2 - 12.9
Unknown	19	0.6	-	-
Age Group (Years)				
< 1	33	1.0	27.2	17.9 - 36.4
1-4	15	0.5	3.0	1.5 - 4.5
5-9	6	0.2	0.9	0.2 - 1.7
10-14	12	0.4	1.8	0.8 - 2.8
15-19	25	0.8	3.4	2.1 - 4.8
20-24	29	0.9	3.8	2.4 - 5.1
25-34	165	5.1	11.3	9.5 - 13.0
35-44	351	10.8	24.9	22.3 - 27.5
45-54	517	16.0	38.7	35.3 - 42.0
55-64	794	24.5	58.0	54.0 - 62.0
65-74	751	23.2	63.5	58.9 - 68.0
75-84	379	11.7	56.9	51.2 - 62.7
≥85	161	5.0	79.4	67.1 - 91.7
Unknown	1	0.0	-	-
Total Deaths	3,239	100.0	29.3	28.3 - 30.3

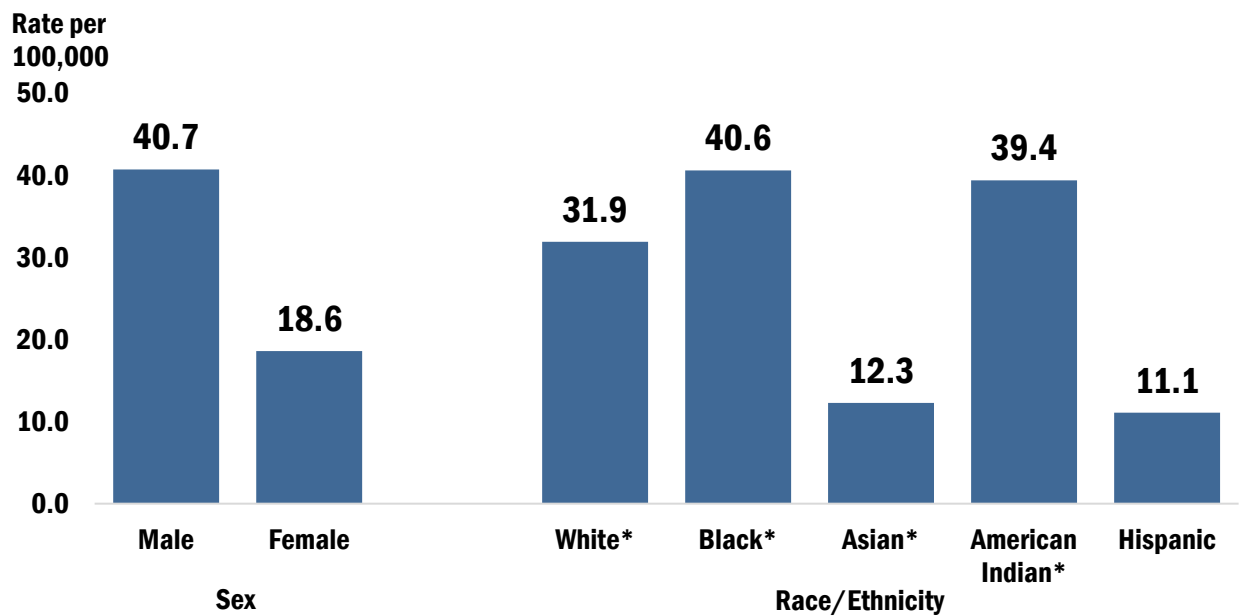
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

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

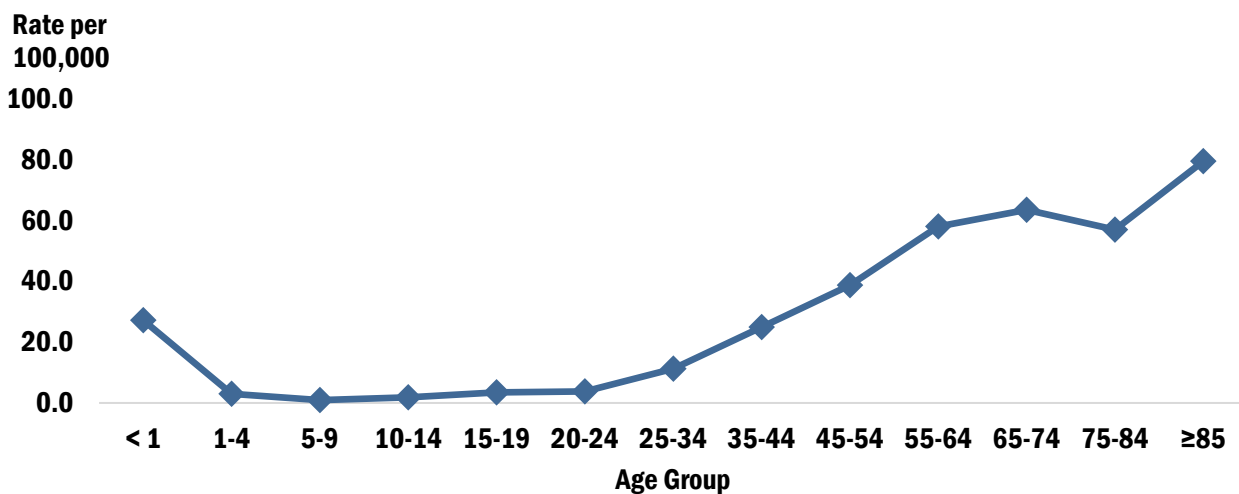
Figure 12: Crude natural death rates in North Carolina by sex and race/ethnicity, 2024



*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, 2024



Note: The calculation of natural deaths for age group was high enough to support a rate calculation.

Table 10: Natural deaths in North Carolina by county of death, 2024

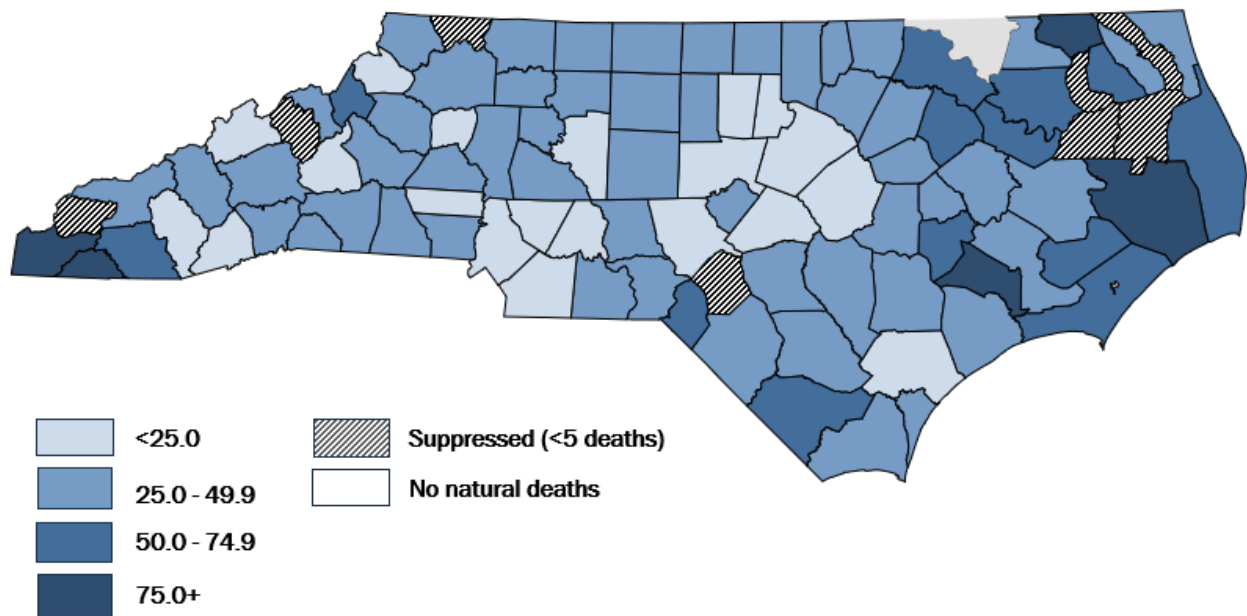
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	75	40.9	Franklin	26	32.5	Pamlico	9	70.9
Alexander	6	16.3	Gaston	64	26.3	Pasquotank	20	48.1
Alleghany	4	*	Gates	12	116.6	Pender	17	24.2
Anson	9	41.8	Graham	3	*	Perquimans	9	66.8
Ashe	13	47.5	Granville	25	40.6	Person	16	39.7
Avery	11	60.8	Greene	9	43.5	Pitt	81	44.8
Beaufort	22	49.2	Guilford	170	30.5	Polk	10	49.0
Bertie	12	69.8	Halifax	34	72.4	Randolph	49	32.9
Bladen	14	46.7	Harnett	34	23.2	Richmond	15	35.6
Brunswick	68	40.7	Haywood	26	41.1	Robeson	56	46.9
Buncombe	77	27.6	Henderson	38	31.3	Rockingham	44	47.0
Burke	34	38.4	Hertford	8	41.9	Rowan	40	26.0
Cabarrus	43	17.5	Hoke	4	*	Rutherford	22	33.5
Caldwell	26	32.2	Hyde	5	108.9	Sampson	18	29.5
Camden	4	*	Iredell	56	27.2	Scotland	21	62.5
Carteret	39	55.5	Jackson	8	17.8	Stanly	12	17.8
Caswell	10	44.5	Johnston	45	18.0	Stokes	14	30.6
Catawba	51	30.5	Jones	8	84.2	Surry	22	30.5
Chatham	18	21.5	Lee	25	36.3	Swain	7	49.8
Cherokee	43	141.4	Lenoir	28	50.5	Transylvania	8	23.4
Chowan	4	*	Lincoln	17	17.4	Tyrrell	3	*
Clay	12	100.3	McDowell	7	15.5	Union	34	12.9
Cleveland	35	34.1	Macon	22	56.7	Vance	18	42.3
Columbus	26	51.7	Madison	5	22.3	Wake	228	18.5
Craven	26	25.0	Martin	14	64.9	Warren	7	36.7
Cumberland	121	35.9	Mecklenburg	266	22.0	Washington	4	*
Currituck	9	27.7	Mitchell	5	33.0	Watauga	12	21.8
Dare	21	54.9	Montgomery	7	26.6	Wayne	47	38.8
Davidson	34	19.1	Moore	19	17.5	Wilkes	25	37.7
Davie	15	33.0	Nash	44	44.5	Wilson	34	42.0
Duplin	25	49.0	New Hanover	63	25.9	Yadkin	12	31.4
Durham	71	20.7	Northampton	15	90.8	Yancey	3	*
Edgecombe	29	59.1	Onslow	75	34.9			
Forsyth	106	26.6	Orange	22	14.5			

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 natural death rates are shown in bold.

Figure 14: Map of natural death rates (per 100,000) in North Carolina by county of death, 2024



Section V: Homicide Deaths

Demographic Characteristics of Homicide Deaths

Table 11 displays homicide deaths in 2024 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 2024, there were 876 deaths certified as homicide in the ME System.
- Males were 3.9 times as likely to die by homicide as females (12.8 vs. 3.3 per 100,000).
- NH American Indians (32.8 per 100,000) had higher homicide death rates than NH Blacks (23.5 per 100,000), Hispanics (6.2 per 100,000), and NH Whites (3.6 per 100,000).
- Homicide death rates per 100,000 were highest for adults aged 20 to 24 (15.0 per 100,000) followed by adults aged 25 to 34 (14.7 per 100,000). Among children younger than 15, the rate was highest in children less than 1 (7.4 per 100,000).

Table 12 and **Figure 17** display homicide death rates in 2024 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 40 counties was too small to support a rate calculation.

Key Trends:

- For the 60 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 9.6 deaths per 100,000, with a range from 0.0 to 40.2 deaths per 100,000.

Table 11: Demographics of homicide deaths in North Carolina, 2024

	Number	%	Rate	95% CI
Sex				
Female	188	21.5	3.3	2.8 - 3.8
Male	687	78.4	12.8	11.9 - 13.8
Unknown	1	0.1	-	-
Race/Ethnicity				
White*	233	26.6	3.6	3.1 - 4.0
Black*	520	59.4	23.5	21.5 - 25.5
Asian*	3	0.3	*	*
American Indian*	35	4.0	32.8	21.9 - 43.7
Hispanic	78	8.9	6.2	4.8 - 7.6
Unknown	7	0.8	-	-
Age Group (Years)				
< 1	9	1.0	7.4	2.6 - 12.2
1-4	16	1.8	3.2	1.6 - 4.8
5-9	9	1.0	1.4	0.5 - 2.3
10-14	8	0.9	1.2	0.4 - 2.0
15-19	95	10.8	13.1	10.5 - 15.7
20-24	115	13.1	15.0	12.2 - 17.7
25-34	215	24.5	14.7	12.7 - 16.6
35-44	171	19.5	12.1	10.3 - 14.0
45-54	110	12.6	8.2	6.7 - 9.8
55-64	74	8.4	5.4	4.2 - 6.6
65-74	33	3.8	2.8	1.8 - 3.7
75-84	17	1.9	2.6	1.3 - 3.8
≥85	3	0.3	*	*
Unknown	1	0.1	-	-
Total Deaths	876	100.0	7.9	7.4 - 8.5

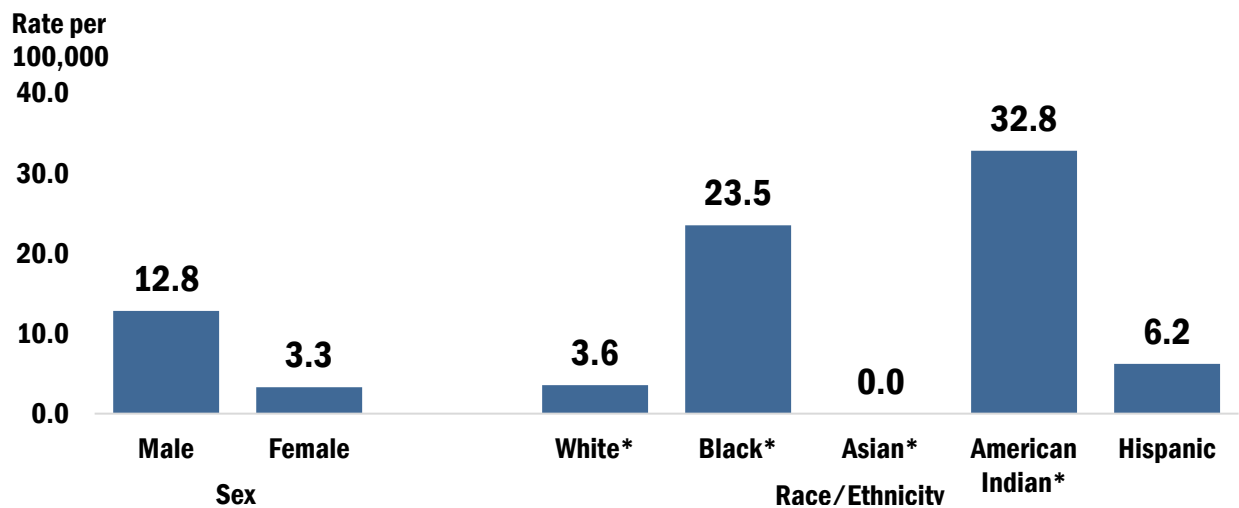
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

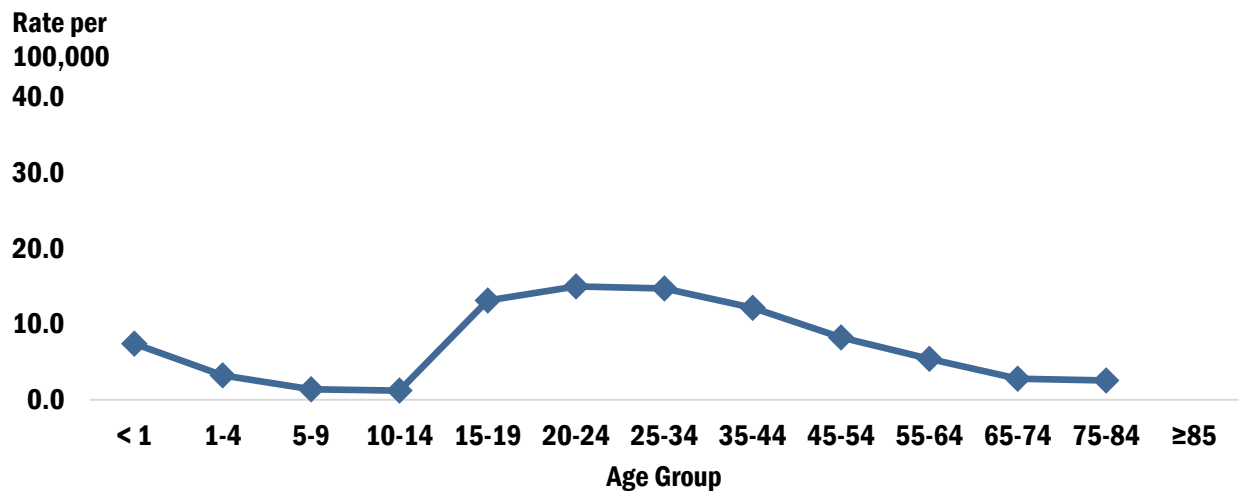
Note: The number of homicide deaths was too small to support a rate calculation for NH Asian residents and adults ages ≥85.

Figure 15: Crude homicide death rates in North Carolina by sex and race/ethnicity, 2024



*Non-Hispanic
Note: The number of homicide deaths was too small to support a rate calculation for NH Asian residents.

Figure 16: Age-specific crude homicide death rates in North Carolina by age group, 2024



Note: The number of homicide deaths was too small to support a rate calculation for adults ages ≥85.

Table 12: Homicide deaths in North Carolina by county of death, 2024

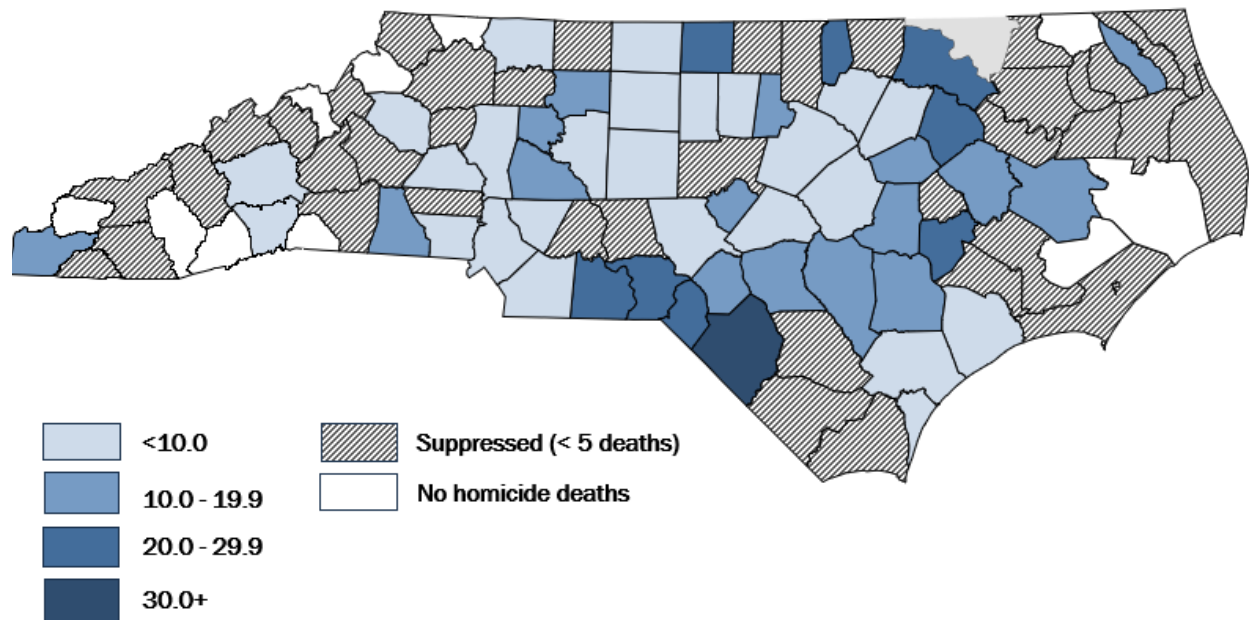
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	15	8.2	Franklin	5	6.3	Pamlico	0	0.0
Alexander	3	*	Gaston	20	8.2	Pasquotank	5	12.0
Alleghany	0	0.0	Gates	0	0.0	Pender	5	7.1
Anson	5	23.2	Graham	0	0.0	Perquimans	1	*
Ashe	1	*	Granville	3	*	Person	3	*
Avery	1	*	Greene	4	*	Pitt	21	11.6
Beaufort	5	11.2	Guilford	46	8.3	Polk	0	0.0
Bertie	4	*	Halifax	10	21.3	Randolph	6	4.0
Bladen	2	*	Harnett	10	6.8	Richmond	9	21.4
Brunswick	3	*	Haywood	4	*	Robeson	48	40.2
Buncombe	16	5.7	Henderson	5	4.1	Rockingham	6	6.4
Burke	3	*	Hertford	1	*	Rowan	16	10.4
Cabarrus	19	7.7	Hoke	8	14.4	Rutherford	4	*
Caldwell	5	6.2	Hyde	0	0.0	Sampson	8	13.1
Camden	1	*	Iredell	13	6.3	Scotland	10	29.8
Carteret	2	*	Jackson	0	0.0	Stanly	3	*
Caswell	5	22.3	Johnston	10	4.0	Stokes	2	*
Catawba	14	8.4	Jones	1	*	Surry	7	9.7
Chatham	1	*	Lee	8	11.6	Swain	2	*
Cherokee	5	16.4	Lenoir	12	21.6	Transylvania	0	0.0
Chowan	4	*	Lincoln	3	*	Tyrrell	1	*
Clay	1	*	McDowell	4	*	Union	9	3.4
Cleveland	11	10.7	Macon	3	*	Vance	9	21.1
Columbus	4	*	Madison	1	*	Wake	41	3.3
Craven	4	*	Martin	2	*	Warren	4	*
Cumberland	41	12.2	Mecklenburg	105	8.7	Washington	3	*
Currituck	1	*	Mitchell	0	0.0	Watauga	0	0.0
Dare	1	*	Montgomery	4	*	Wayne	16	13.2
Davidson	8	4.5	Moore	5	4.6	Wilkes	4	*
Davie	5	11.0	Nash	6	6.1	Wilson	13	16.1
Duplin	6	11.8	New Hanover	18	7.4	Yadkin	1	*
Durham	39	11.4	Northampton	3	*	Yancey	1	*
Edgecombe	10	20.4	Onslow	10	4.7			
Forsyth	42	10.6	Orange	7	4.6			

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 homicide death rates are shown in bold.

Figure 17: Map of homicide death rates (per 100,000) in North Carolina by county of death, 2024



Means of Homicide Deaths

Table 13 and **Figure 18** summarize the means of death for homicide deaths in North Carolina in 2024.

Key Trends:

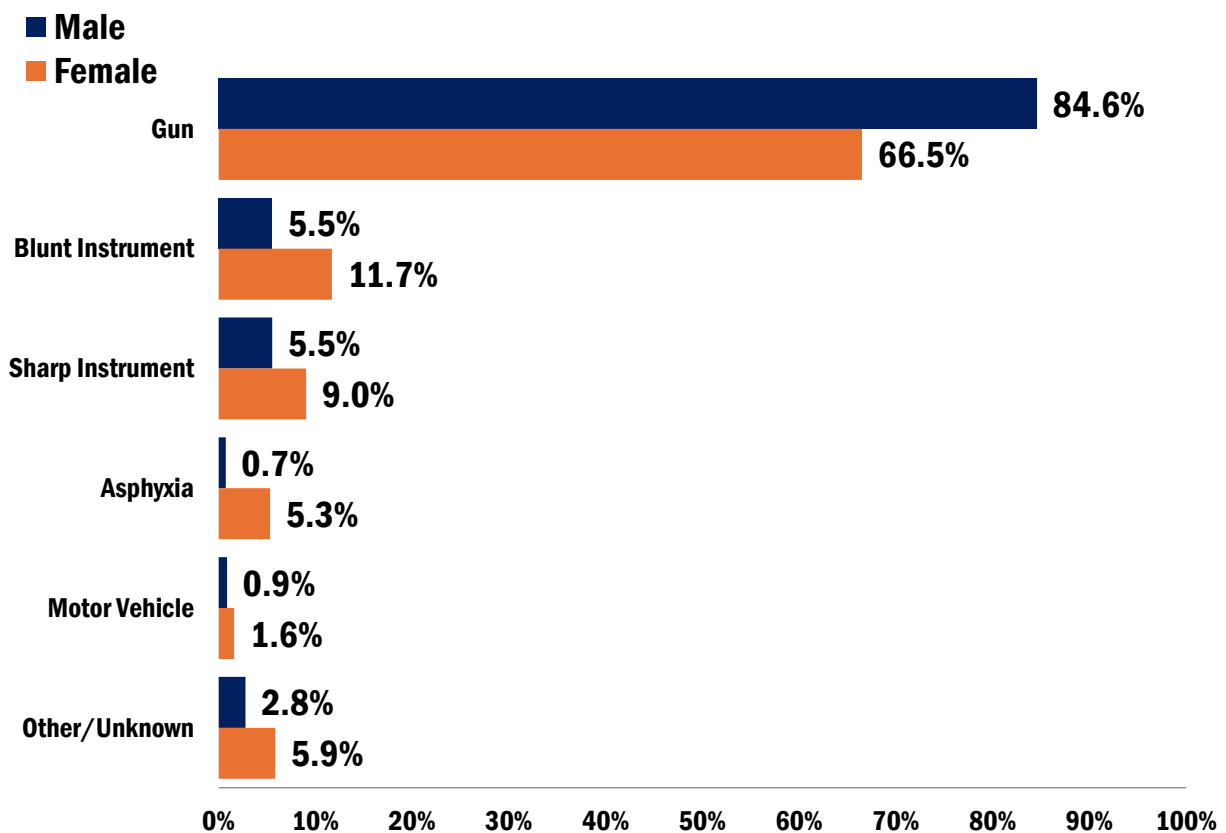
- The leading means of homicide deaths were gun (80.7%), blunt instrument (6.8%), and sharp instrument (6.3%).
- Males more often died from homicide deaths by gun (84.6%), sharp instrument (5.5%), and blunt instrument (5.5%).
- Females more commonly died from homicide deaths by gun (66.5%), blunt instrument (11.7%), and sharp instrument (9.0%).

Table 13: Means of death for homicide deaths in North Carolina by sex, 2024

Means of Death	Male		Female		Total	
	Number	%	Number	%	Number	%
Gun	581	84.6	125	66.5	707	80.7
Blunt Instrument	38	5.5	22	11.7	60	6.8
Sharp Instrument	38	5.5	17	9.0	55	6.3
Asphyxia	5	0.7	10	5.3	15	1.7
Motor Vehicle	6	0.9	3	1.6	9	1.0
Poisoning	4	0.6	3	1.6	7	0.8
Fire/Burns	3	0.4	2	1.1	5	0.6
Abuse or Neglect	2	0.3	3	1.6	5	0.6
Fall/Jump	2	0.3	0	0.0	2	0.2
Other*/Unknown	8	1.2	3	1.6	11	1.3
Total Deaths	687	100	188	100	876	100

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

Figure 18: Means of death for homicide deaths in North Carolina by sex, 2024



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

Section VI: Suicide Deaths

Demographic Characteristics of Suicide Deaths

Table 14 characterizes suicide deaths in 2024 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 2024, there were 1,533 deaths certified as suicide in the ME System.
- Males were 4.4 times as likely to die by suicide as females (26.1 vs 6.0 per 100,000).
- NH Whites had the highest suicide death rate (20.3 per 100,000), followed by NH Blacks (10.3 per 100,000), Hispanics (8.0 per 100,000), NH American Indians (7.5 per 100,000), and NH Asians (6.9 per 100,000).
- Suicide death rates per 100,000 were highest among adults aged 85 years and older (23.7 per 100,000) followed by adults aged 35 to 44 (19.0 per 100,000), 65 to 74 (18.6 per 100,000), and 45 to 54 (18.3 per 100,000).

Table 15 and **Figure 21** display suicide death rates in 2024 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 29 counties was too small to support a rate calculation.

Key Trends:

- For the 71 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 18.3 deaths per 100,000, with a range from 0.0 to 49.0 deaths per 100,000.

Table 14: Demographics of suicide deaths in North Carolina, 2024

	Number	%	Rate	95% CI
Sex				
Female	304	19.8	6.0	5.3 - 6.7
Male	1,229	80.2	26.1	24.6 - 27.6
Race/Ethnicity				
White*	1,209	78.9	20.3	19.2 - 21.5
Black*	201	13.1	10.3	8.9 - 11.7
Asian*	26	1.7	6.9	4.2 - 9.5
American Indian*	7	0.5	7.5	1.9 - 13.0
Hispanic	83	5.4	8.0	6.3 - 9.7
Unknown	7	0.5	-	-
Age Group (Years)				
10-14	17	1.1	2.6	1.3 - 3.8
15 - 19	65	4.2	9.0	6.8 - 11.1
20 - 24	124	8.1	16.1	13.3 - 19.0
25 - 34	239	15.6	16.3	14.3 - 18.4
35 - 44	268	17.5	19.0	16.7 - 21.3
45 - 54	245	16.0	18.3	16.0 - 20.6
55 - 64	236	15.4	17.2	15.0 - 19.4
65 - 74	167	10.9	14.1	12.0 - 16.3
75 - 84	124	8.1	18.6	15.4 - 21.9
≥85	48	3.1	23.7	17.0 - 30.4
Total Deaths	1,533	100	15.7	14.9 - 16.4

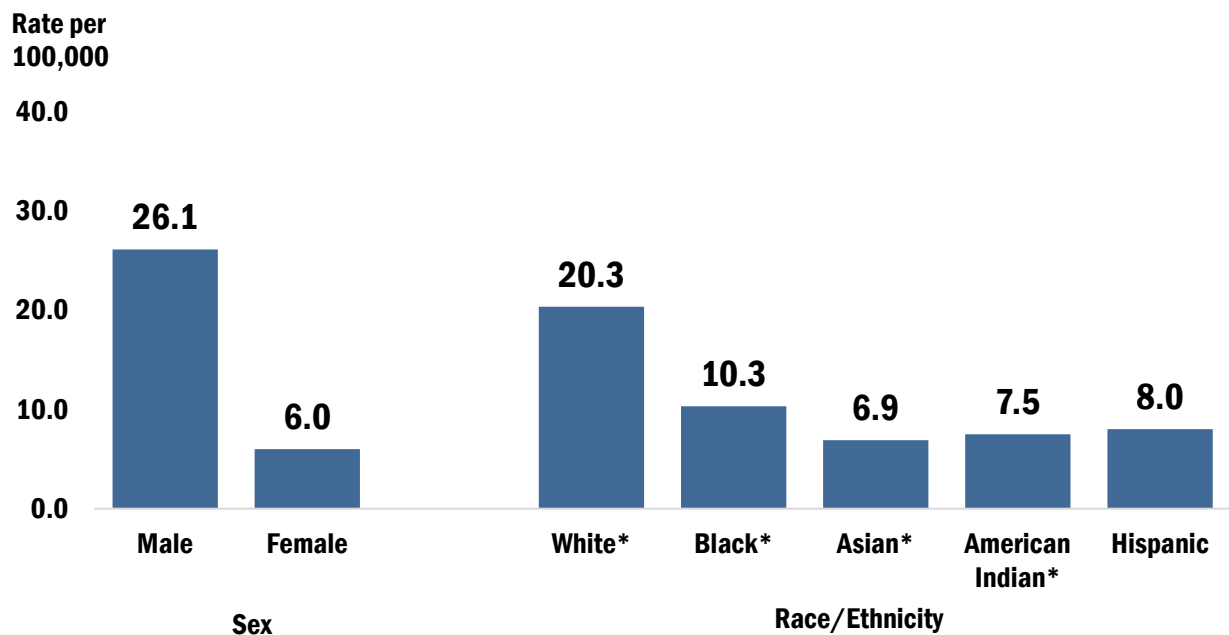
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

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.

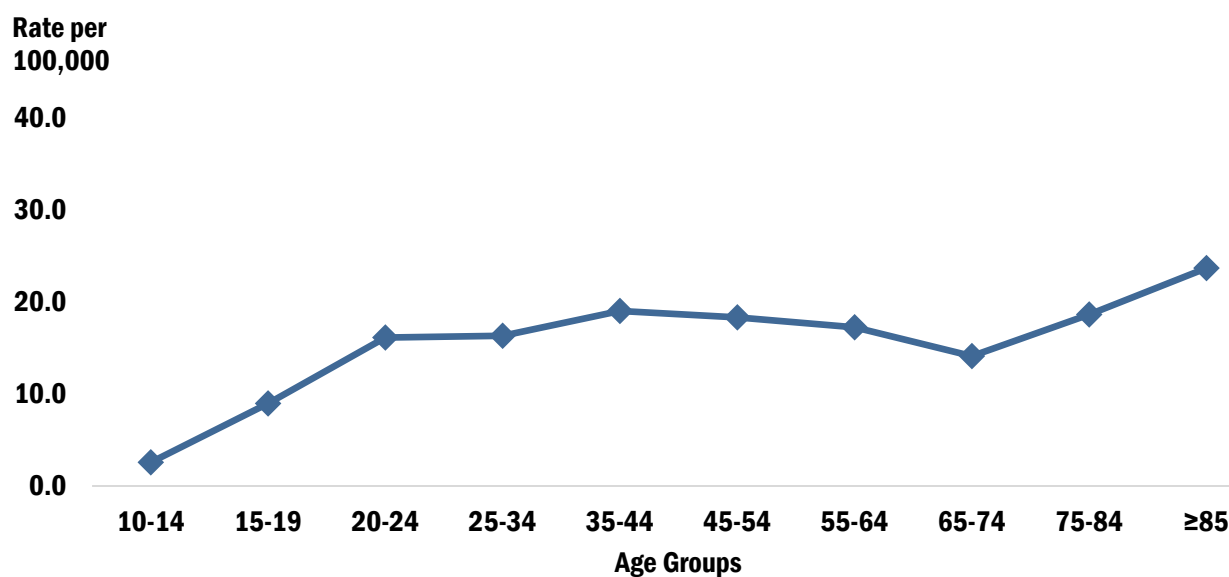
Figure 19: Crude suicide death rates in North Carolina by sex and race/ethnicity, 2024



*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, 2024



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, 2024

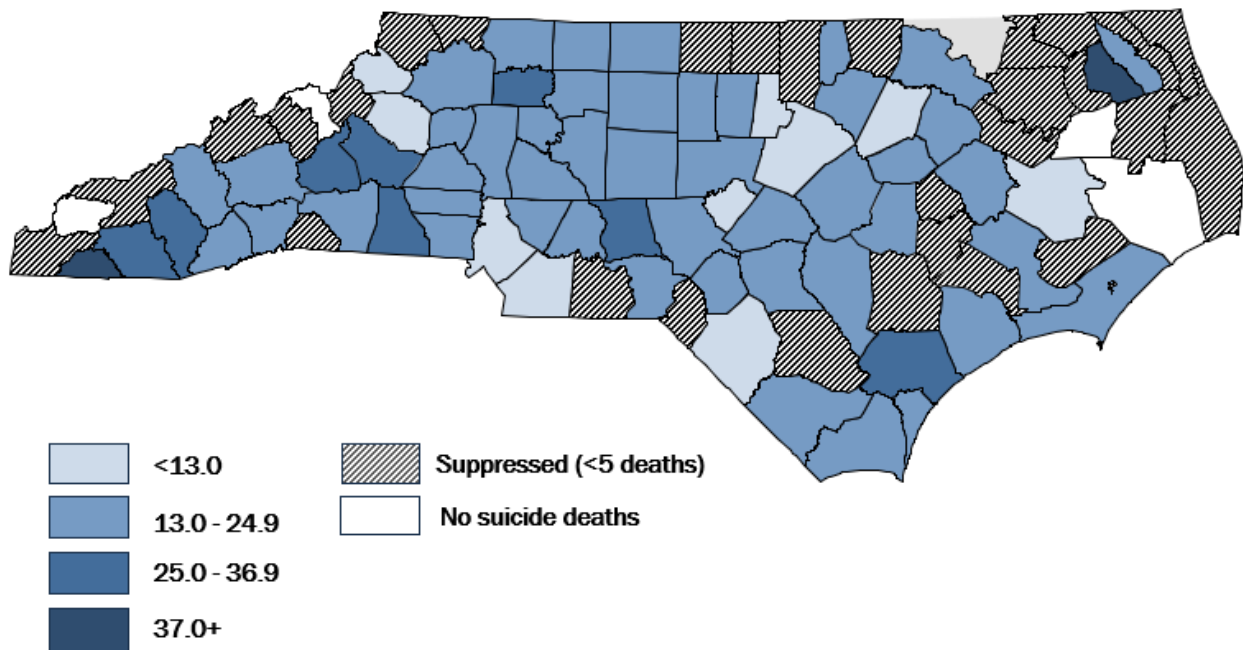
County	Number	Rate	County	Number	Rate	County	Number	Rate
Alamance	30	18.5	Franklin	14	19.9	Pamlico	3	*
Alexander	8	24.2	Gaston	43	20.1	Pasquotank	5	13.6
Alleghany	1	*	Gates	2	*	Pender	16	25.9
Anson	2	*	Graham	0	0.0	Perquimans	6	49.0
Ashe	2	*	Granville	3	*	Person	1	*
Avery	2	*	Greene	3	*	Pitt	23	14.3
Beaufort	5	12.4	Guilford	82	16.6	Polk	2	*
Bertie	2	*	Halifax	9	21.5	Randolph	23	17.4
Bladen	3	*	Harnett	17	13.6	Richmond	6	16.3
Brunswick	28	18.1	Haywood	12	20.9	Robeson	12	11.8
Buncombe	40	15.7	Henderson	20	18.2	Rockingham	15	17.9
Burke	26	32.6	Hertford	1	*	Rowan	31	22.7
Cabarrus	35	16.3	Hoke	7	14.9	Rutherford	13	22.1
Caldwell	9	12.4	Hyde	0	0.0	Sampson	9	17.1
Camden	4	*	Iredell	27	14.8	Scotland	4	*
Carteret	12	18.6	Jackson	11	26.6	Stanly	10	16.8
Caswell	1	*	Johnston	36	16.5	Stokes	9	21.8
Catawba	32	21.5	Jones	1	*	Surry	15	23.4
Chatham	11	14.5	Lee	6	9.9	Swain	4	*
Cherokee	4	*	Lenoir	4	*	Transylvania	7	22.3
Chowan	3	*	Lincoln	18	20.7	Tyrrell	2	*
Clay	5	45.4	McDowell	12	29.3	Union	23	9.9
Cleveland	23	25.5	Macon	9	25.5	Vance	5	13.5
Columbus	9	20.2	Madison	3	*	Wake	132	12.2
Craven	17	18.4	Martin	2	*	Warren	2	*
Cumberland	38	13.1	Mecklenburg	133	12.6	Washington	0	0.0
Currituck	2	*	Mitchell	0	0.0	Watauga	5	9.6
Dare	3	*	Montgomery	6	25.5	Wayne	20	19.1
Davidson	32	20.3	Moore	20	21.0	Wilkes	13	21.9
Davie	9	22.0	Nash	11	12.6	Wilson	10	14.0
Duplin	2	*	New Hanover	35	15.8	Yadkin	12	35.3
Durham	22	7.2	Northampton	5	33.5	Yancey	4	*
Edgecombe	8	18.5	Onslow	35	19.0			
Forsyth	54	15.3	Orange	20	14.4			

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 suicide death rates are shown in bold.

Figure 21: Map of suicide death rates (per 100,000) in North Carolina by county of death, 2024



Means of Suicide Deaths

Table 16 and **Figure 22** summarize the means of death for suicide deaths in North Carolina in 2024.

Key Trends:

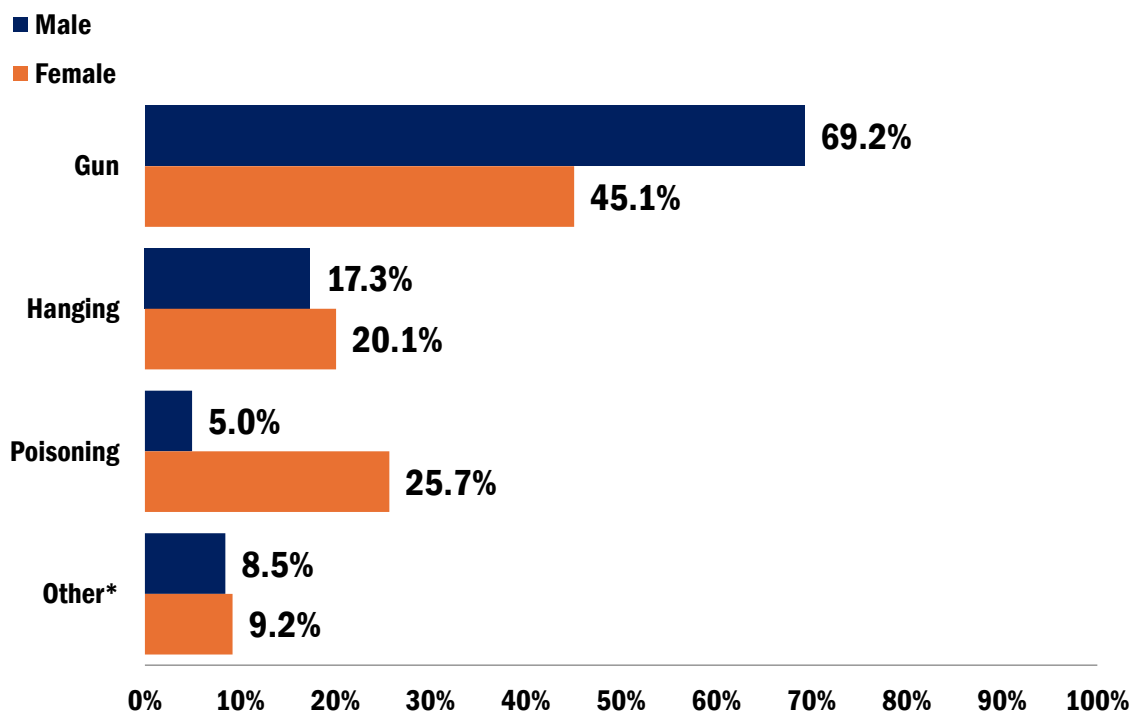
- The leading means of suicide deaths were by gun (64.7%), hanging (17.8%), and poisoning (9.0%).
- Males more often died from suicide deaths by gun (69.2%), hanging (17.3%), and poisoning (5.0%).
- Females more commonly died from suicide deaths by gun (45.1%), poisoning (25.7%), and hanging (20.1%).

Table 16: Means of death for suicide deaths in North Carolina by sex, 2024

Means of Death	Male		Female		Total	
	Number	%	Number	%	Number	%
Gun	851	69.2	137	45.1	988	64.4
Hanging	213	17.3	61	20.1	274	17.9
Poisoning	61	5.0	78	25.7	139	9.1
Asphyxia	39	3.2	12	4.0	51	3.3
Sharp Instrument	25	2.0	5	1.6	30	2.0
Fall/Jump	15	1.2	5	1.6	20	1.3
Motor Vehicle	9	0.7	2	0.7	11	0.7
Blunt Instrument	6	0.5	1	0.3	7	0.5
Fire/Burns	5	0.4	0	0.0	5	0.3
Other*/Unknown	5	0.4	3	1.0	8	0.5
Total Deaths	1,229	100	304	100	1,533	100

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

Figure 22: Means of death for suicide deaths in North Carolina by sex, 2024



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

Section VII: Undetermined Deaths

Demographic Characteristics of Undetermined Deaths

Table 17 displays undetermined deaths in 2024 for North Carolina residents by demographics of sex, race/ethnicity, and age. The undetermined death rate in North Carolina per 100,000 people is displayed by race/ethnicity and sex in **Figure 23** and by age group in **Figure 24**.

Key Trends:

- In 2024, there were 290 deaths certified as undetermined in the ME System.
- NH Black residents (5.2 per 100,000) had higher undetermined death rates than NH American Indians (4.7 per 100,000), NH Whites (2.2 per 100,000), and Hispanics (2.0 per 100,000)
- Undetermined death rates per 100,000 were the highest for children less than one year old (99.6 per 100,000) followed by adults aged 35 to 44 (2.3 per 100,000) and adults aged 45 to 54 (2.3 per 100,000).

Table 17: Demographics of undetermined deaths in North Carolina, 2024

	Number	%	Rate	95% CI
Sex				
Female	115	39.7	2.0	1.6 - 2.4
Male	175	60.3	3.3	2.8 - 3.8
Race/Ethnicity				
White*	141	48.6	2.2	1.8 - 2.5
Black*	114	39.3	5.2	4.2 - 6.1
Asian*	0	0.0	0.0	-
American Indian*	5	1.7	4.7	0.6 - 8.8
Hispanic	25	8.6	2.0	1.2 - 2.8
Unknown	5	1.7	-	-
Age Group (Years)				
< 1	121	41.7	99.6	81.8 - 117.3
1-4	10	3.4	2.0	0.8 - 3.3
5-9	4	1.4	*	*
10-14	3	1.0	*	*
15-19	8	2.8	1.1	0.3 - 1.9
20-24	9	3.1	1.2	0.4 - 1.9
25-34	22	7.6	1.5	0.9 - 2.1
35-44	33	11.4	2.3	1.5 - 3.1
45-54	31	10.7	2.3	1.5 - 3.1
55-64	25	8.6	1.8	1.1 - 2.5
65-74	15	5.2	1.3	0.6 - 1.9
75-84	6	2.1	0.9	0.2 - 1.6
≥85	2	0.7	*	*
Unknown	1	0.3	-	-
Total Deaths	290	100.0	2.6	2.3 - 2.9

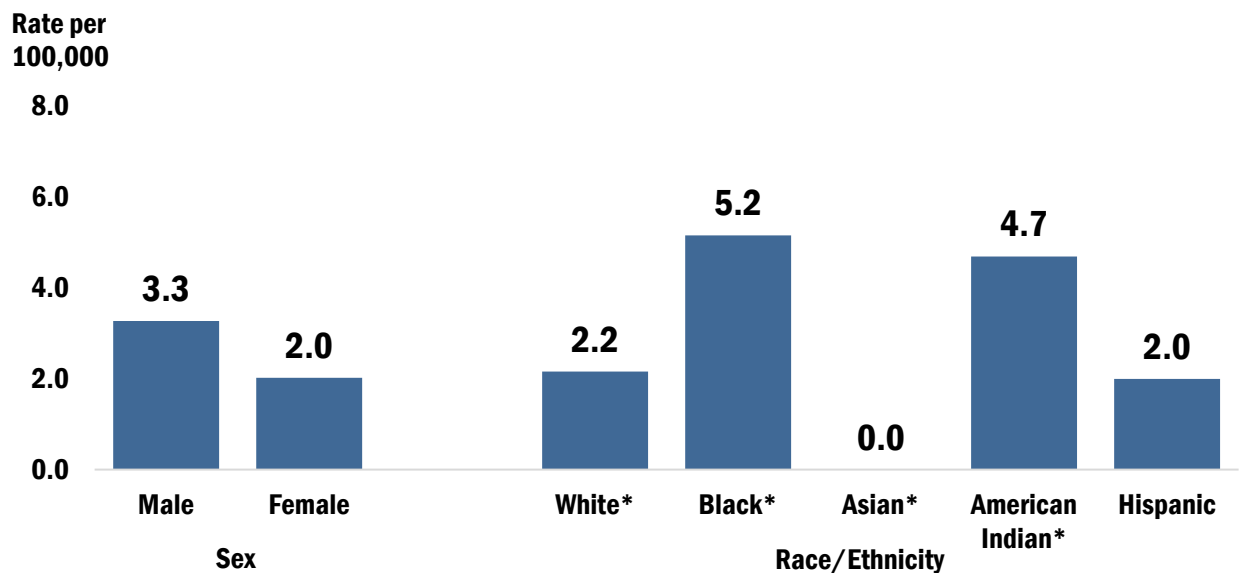
Sex, race/ethnicity, and age-specific crude rates per 100,000 NC population

95% CI = 95% confidence interval for the rate

*Non-Hispanic

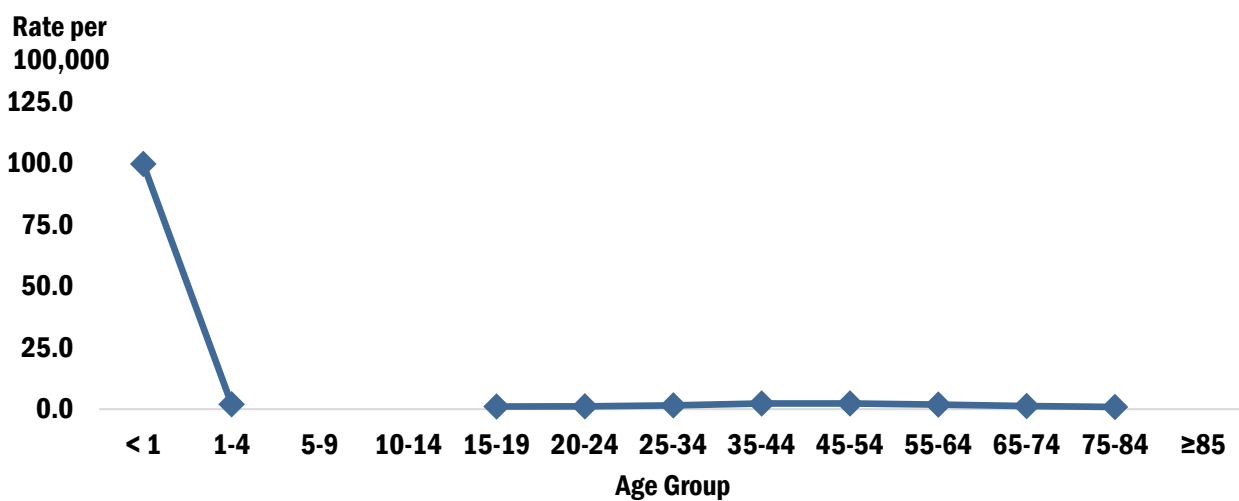
Note: The number of undetermined deaths was too small to support rate calculations for ages 5-9, 10-14, and ≥85.

Figure 23: Crude undetermined death rates in North Carolina by sex and race/ethnicity, 2024



*Non-Hispanic
Note: The calculation of undetermined deaths for sex and race/ethnicity was high enough to support a rate calculation.

Figure 24: Age-specific crude undetermined death rates in North Carolina by age group, 2024



Note: The number of undetermined deaths was too small to support rate calculations for ages 5-9, 10-14, and ≥85.

Section VIII: 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).

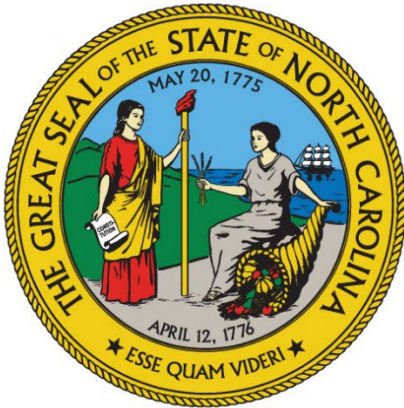
References

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.



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