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**Public Health**   
Seattle & King County

**Health Care for the Homeless Network  
Public Health—Seattle & King County**

**Deaths among people presumed  
homeless in King County**

**2007 Annual Report**

Issued July 2009

## Preface

We want first to thank the King County Medical Examiner's Office (KCMEO) who made it possible for us to compile the *2007 Annual Report on Deaths Among People Presumed Homeless in King County*. Since 2004, the Health Care for the Homeless Network within Public Health – Seattle & King County has created this report with data from the KCMEO about people who died in the county and were determined to be likely living homeless at the time of their death.

This report includes demographic and cause of death information on the 374 likely homeless decedents under KCMEO jurisdiction who died between 2004 and 2007, including 88 decedents in 2007. The individuals counted here are more than statistics. We wish we knew more about their lives preceding their deaths, but at this time our understanding is limited to the information described in these pages.

# 2007 Annual Report on Homeless Deaths

Prepared by Health Care for the Homeless Network  
Public Health – Seattle & King County

Issued July 2009

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## Introduction

This report is a summary of demographic and cause of death data from the King County Medical Examiner's Office (KCMEO) about individuals who died between 2004-07 and were identified as likely living homeless at the time of their death. The format is similar to past reports prepared by the Health Care for the Homeless Network (HCHN).

The King County Medical Examiner's Office takes jurisdiction of a death in King County under specific circumstances, when:

- the cause is unnatural (accidents, homicides, and suicides),
- the person died suddenly when in apparent good health and without an attending physician in the 36 hours preceding death,
- the circumstance is suspicious, unknown, or obscure, or
- no next of kin or other legally responsible representative can be identified for disposition of the body.

In 2004, the KCMEO added a field to their database that identifies decedents who were determined as "likely homeless" at the time of death. "Likely homeless" cases are those in which the person resided or died at one of a list of homeless emergency and transitional shelters, was known to have been living homeless, couch surfing, sleeping outdoors, or staying at motels, had "no permanent address," or was otherwise suspected to have been living homeless as a result of the case investigation or communication with next of kin. (See Appendix A for a more detailed definition.)

The deaths summarized in this report are only a subset of deaths of individuals who were living homeless (ie. only those under KCMEO jurisdiction), so comparisons cannot be made directly to all deaths in the general population of King County. For example, individuals recently under the care of a physician who can identify a natural cause of death generally do not fall under KCMEO jurisdiction. Additionally, individuals may not be classified as homeless by the KCMEO if they were homeless but their next of kin was present at the time of death and provided an address or if insufficient information existed to presume a "likely homeless" status.

Please note that individuals with a history of living homeless and who were living in supportive housing at the time of their death are not included in this report.<sup>1</sup> For reasons such as those described above, this report does not attempt to provide a comprehensive picture of the effects of chronic homelessness. What this report does do is summarize the data we have, with noted limitations, to present a picture about what we know about individuals who die in King County, come into the jurisdiction of the KCMEO and are classified as likely homeless at the time of death.

## Data summary

### A. Deaths of people presumed homeless at time of death (2004-2007)

**Table 1a: Demographic data**

	2004	2005	2006	2007	Total
<b>Total deaths</b>	82	94	110	88	374

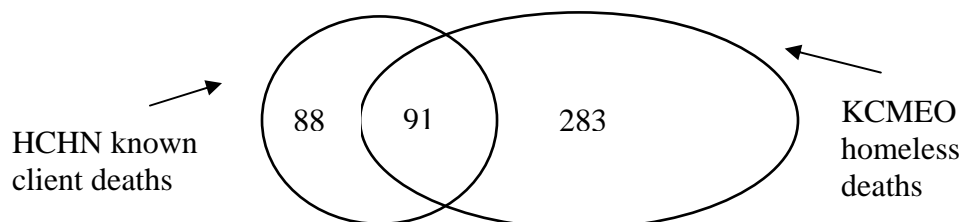
According to the annual One Night Count of People who are Homeless in King County, the total number of individuals who are living homeless continues to climb.<sup>2</sup> Because summary data, as well as the One Night Count, are only approximations, all annual comparisons made in this report must be considered cautiously.

Between 2004 and 2007, 374 decedents were identified as likely homeless by the KCMEO and are included in this report. In 2007, 88 people died and were classified as “likely homeless,” a 7% decrease from 2005 (94 deaths) and a 20% decrease from 2006 (110 deaths). The 2007 death total remains above the 2004 total of 82 deaths.

As shown in the figure below, of the 374 deaths under KCMEO jurisdiction between 2004 and 2007, 91 of these individuals were known to HCHN. All individuals known to HCHN were seen by a HCHN provider (medical, mental health, chemical dependency, benefits advocate or case manager) and were living homeless or in permanent supportive housing at the time of the encounter with the provider. An additional 88 individuals were known to HCHN but were not on the KCMEO “likely homeless” list.

In 2007 alone, 62 individuals known to HCHN died, and 23 of these individuals were not on the KCMEO “likely homeless” list.<sup>3</sup> Five of the individuals were formerly homeless and living in permanent supportive housing so would not be considered “likely homeless.” For the others, either their living situation did not warrant “likely homeless” status, or the circumstances of their deaths did not warrant KCMEO jurisdiction as described previously. This reiterates the point that our current data may not capture the deaths of all individuals in King County who die and were likely living homeless at the time of their death.

**Figure 1: HCHN and KCMEO homeless deaths, 2004-07 (not to scale)**



## B. Age and gender of those who died

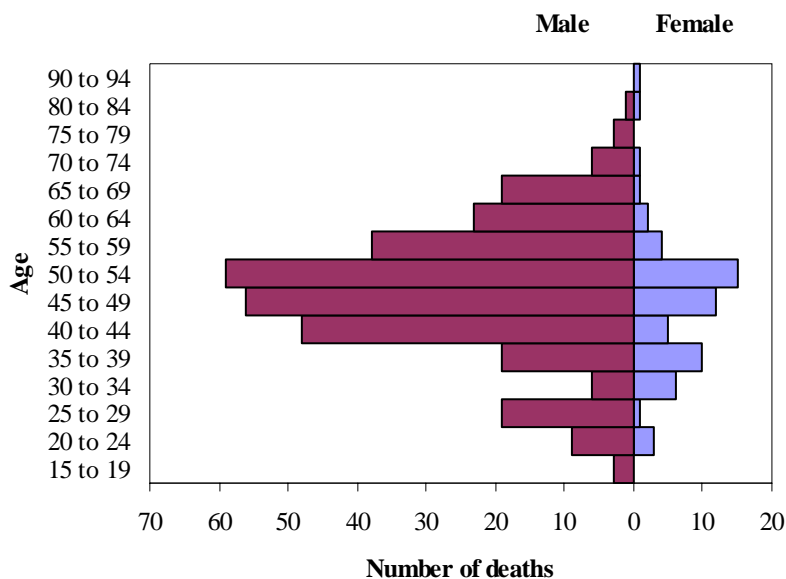
**Table 1b: Demographic data** <sup>4</sup>

Age	2004	2005	2006	2007	Total
17-19	0 (0%)	0 (0%)	3 (3%)	0 (0%)	3 (1%)
20-29	8 (10%)	6 (6%)	12 (11%)	6 (7%)	32 (9%)
30-39	12 (15%)	13 (14%)	5 (5%)	11 (13%)	41 (11%)
40-49	29 (35%)	33 (35%)	35 (32%)	24 (27%)	121 (32%)
50-59	21 (26%)	32 (34%)	29 (26%)	34 (39%)	116 (31%)
60-69	9 (11%)	6 (6%)	19 (17%)	11 (13%)	45 (12%)
70-79	2 (2%)	1 (1%)	5 (5%)	2 (2%)	10 (3%)
80+	0 (0%)	2 (2%)	1 (1%)	0 (0%)	3 (1%)
Unknown <sup>5</sup>	1 (1%)	1 (1%)	1 (1%)	0 (0%)	3 (1%)

Average age at time of death (excluding cases of unknown age) <sup>6</sup>					
	2004	2005	2006	2007	Total
Females	44 years	45 years	50 years	46 years	46 years (n=62)
Males	48 years	47 years	48 years	49 years	48 years (n=309)
<b>Total average</b>	47 years	47 years	48 years	48 years	48 years (n=371)
<b>Gender</b> Females	16 (20%)	12 (13%)	14 (13%)	20 (23%)	62 (17%)
Males	66 (80%)	82 (87%)	96 (87%)	68 (77%)	312 (83%)

From 2004-2007, the age range at death was 17 to 93 years. To approximate the life span of individuals included in this report, we decided to use average age (i.e. mean age) at death, since it is not feasible to calculate life expectancy or death rates from KCMEO data. The average age at death in 2007 was 48 years, similar to the prior three years.

**Figure 2: Age and sex pyramid, 2004-07**



As pictured in Figure 2, the majority of deaths (83%) during the four year period occurred among males. In 2007, 77% of deaths were among males. The higher frequency of deaths among males as compared to females in this report is a similar pattern as in the general population of KCMEO deaths.<sup>7</sup> In addition, males are disproportionately represented in the general homeless population. Of note in 2007, the number of deaths among females (20 deaths) increased 43% compared to 2006 (14 deaths), whereas the number of deaths among males (68 deaths) decreased 29% compared to 2006 (96 deaths).

As noted in prior years, the young people counted here may not represent all deaths of youth living homeless over this period.<sup>8</sup> For example, unattached youth living homeless could be reported under a guardian or family member’s address and not identified as homeless.

### C. Race/ethnicity of those who died

**Table 1d: Demographic data**

	2004	2005	2006	2007	Total
<b>Race</b> <sup>9</sup> White	57 (70%)	69 (73%)	83 (76%)	62 (71%)	271 (73%)
African American	12 (15%)	17 (18%)	22 (20%)	18 (20%)	69 (18%)
Native American	8 (10%)	6 (6%)	1 (1%)	6 (7%)	21 (6%)
Asian and Pacific Islander	1 (1%)	0 (0%)	0 (0%)	2 (2%)	3 (1%)
Other	1 (1%)	2 (2%)	4 (4%)	0 (0%)	7 (2%)
Unknown	3 (4%)	0 (0%)	0 (0%)	0 (0%)	3 (1%)

Consistent with populations served by HCHN<sup>10</sup> and with the Annual One Night Count,<sup>11</sup> decedents were disproportionately African American and Native American relative to the general population in King County.<sup>12</sup>

### D. Manner of death

**Table 2: Manner of death**

	2004	2005	2006	2007	Total
<b>Manner</b> Natural <sup>13</sup>	37 (45%)	34 (36%)	35 (32%)	37 (42%)	143 (38%)
Accident (total)	32 (39%)	39 (41%)	49 (45%)	44 (50%)	164 (44%)
- Intoxication <sup>14</sup>	22 (27%)	28 (30%)	29 (26%)	31 (35%)	110 (29%)
- Other	10 (12%)	11 (12%)	20 (18%)	13 (15%)	54 (14%)
Suicide	5 (6%)	10 (11%)	8 (7%)	3 (3%)	26 (7%)
Homicide	4 (5%)	8 (9%)	11 (10%)	2 (2%)	25 (7%)
Undetermined	4 (5%)	3 (3%)	7 (6%)	2 (2%)	16 (4%)

The largest percentage of deaths in 2007 were *accidental* in manner (50%), similar to 2005 and 2006. Among accidental deaths, the percentage of intoxication deaths in 2007 was higher (35%) than each of the prior three years (see Section H for a more detailed discussion of intoxication deaths).<sup>15</sup> In 2007, the two deaths due to homicide were the fewest among those classified as “likely homeless” in any of the four years, with the highest number (11 deaths) in 2006. The number of suicides in 2007 was also at the lowest level (3 deaths), compared to a high of 10 deaths in 2005.

In 2007, approximately 40% of deaths were classified as *natural*. As described earlier, a person who was under a doctor’s care within 36 hours of death, may not fall under the Medical Examiner’s jurisdiction because a natural cause of death may have been apparent. For this reason, we speculate the number of people who are homeless and die of natural causes may not be fully represented by this report.

## E. Cause of death

**Table 3: Primary cause of death**

	2004	2005	2006	2007	Total
Acute intoxication	20 (24%)	30 (32%)	29 (26%)	29 (33%)	108 (29%)
Trauma related (total): <sup>16</sup>	21 (26%)	29 (31%)	39 (35%)	18 (20%)	107 (29%)
<i>Trauma – Homicide</i>	4 (5%)	8 (9%)	11 (10%)	2 (3%)	25 (7%)
<i>Trauma – Suicide</i>	5 (6%)	10 (11%)	8 (7%)	3 (3%)	26 (7%)
<i>Pedestrian - vehicle (1 hit by train)</i>	4 (5%)	3 (3%)	6 (6%)	3 (3%)	16 (4%)
<i>Fire</i>	1 (1%)	4 (4%)	3 (3%)	1 (1%)	9 (2%)
<i>Drowning</i>	3 (4%)	0 (0%)	3 (3%)	1 (1%)	7 (2%)
<i>Blunt force – unknown detail</i>	1 (1%)	1 (1%)	3 (3%)	0 (0%)	5 (1%)
<i>Fall</i> <sup>17</sup>	0 (0%)	1 (1%)	5 (5%)	6 (7%)	12 (3%)
<i>Inhalation of carbon monoxide</i>	1 (1%)	1 (1%)	0 (0%)	0 (0%)	2 (1%)
<i>Motor vehicle collision</i>	0 (0%)	1 (1%)	0 (0%)	2 (2%)	3 (1%)
<i>Secondary infection following trauma (probable fall, hit by car)</i>	2 (2%)	0 (0%)	0 (0%)	0 (0%)	2 (1%)
Cardiovascular disease	10 (12%)	14 (15%)	23 (21%)	15 (17%)	62 (17%)
Other natural causes (stroke, respiratory failure, infections, etc)	5 (6%)	5 (5%)	8 (7%)	3 (3%)	21 (6%)
Infection/condition secondary to alcohol or IV drug use	8 (10%)	6 (6%)	3 (3%)	4 (5%)	21 (6%)
Pneumonia	7 (9%)	5 (5%)	0 (0%)	3 (3%)	15 (4%)
Cirrhosis (or hepatic steatosis)	5 (6%)	2 (2%)	2 (2%)	7 (8%)	16 (4%)
Cancer	4 (5%)	1 (1%)	1 (1%)	3 (3%)	9 (2%)
Complications due to diabetes	0 (0%)	1 (1%)	2 (2%)	1 (1%)	4 (1%)
Tuberculosis	1 (1%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)
Unknown cause	0 (0%)	0 (0%)	1 (1%)	1 (1%)	2 (1%)
Hypothermia/ environmental exposure (H/EE) (total):	1 (1%)	1 (1%)	2 (2%)	4 (4%)	8 (2%)
<i>H/EE in combination with acute intoxication</i>	0 (0%)	0 (0%)	0 (0%)	2 (2%)	2 (1%)
<i>H/EE in combination with cardiovascular disease</i>	0 (0%)	0 (0%)	0 (0%)	1 (1%)	1 (0%)
<i>H/EE (not in combination)</i>	1 (1%)	1 (1%)	2 (2%)	1 (1%)	5 (1%)

From 2004 until 2007, the three most frequent causes of death were the same: trauma (29%), acute intoxication (29%), and cardiovascular disease (17%). Trauma-related deaths in 2007 were at the lowest level (18 deaths), compared to a high of 39 deaths in 2006. This may be primarily due to the lower number of homicides, and the lower number of suicides

reported in 2007. Deaths due to traffic collisions (pedestrian or motor vehicle), fire, drowning, and (an increasing number of) fall-related deaths account for the remaining trauma-related deaths in 2007.

In 2007, four individuals died of hypothermia/environmental exposure. Two of them were acutely intoxicated at the time of death, and one died of hypothermia/environmental exposure in combination with cardiovascular disease. Additional information on those deaths is provided in the next section.

## F. Time of year of death

**Table 4: Season of year at time of death**

	2004	2005	2006	2007	Total
Winter (Oct-March)	47 (57%)	47 (50%)	60 (55%)	48 (55%)	202 (54%)
Summer (April-Sept)	34 (42%)	46 (49%)	49 (45%)	40 (46%)	169 (45%)
Unknown <sup>5</sup>	1 (1%)	1 (1%)	1 (1%)	0 (0%)	3 (1%)

Slightly more deaths (54% of the total) occurred in the winter months, compared to the summer months (45%). The eight deaths during 2004 and 2007 due to hypothermia/environmental exposure occurred between October and January. Of note, 75% (6 decedents) who died from hypothermia/environmental exposure were between 50 and 59 years old. Three of the eight decedents were female. Seven were found in Seattle and one in Bellevue.

## G. Location of incident that led to death

Incident locations are reported by the city of the incident which led to death such as the site of an accident, rather than the place where the person died, such as the hospital. Aside from Seattle, the other cities were grouped by region below. Similar to prior years, most incidents in 2007 occurred in Seattle (76%) followed by south King County (14%). After Seattle, incident cities with the highest number of deaths were Kent (15 deaths), Federal Way (11 deaths), Renton (10 deaths), Auburn (7 deaths), and Tukwila (7 deaths). (See Appendix B for a more detailed breakdown by city.)

**Table 5: Incident locations**

	2004	2005	2006	2007	Total
Seattle	58 (71%)	67 (71%)	79 (72%)	67 (76%)	271 (72%)
South King County	14 (17%)	18 (19%)	15 (14%)	12 (14%)	59 (16%)
East King County	2 (2%)	3 (3%)	4 (4%)	5 (6%)	14 (4%)
North King County	2 (2%)	1 (1%)	0 (0%)	2 (2%)	5 (1%)
Outside King County	4 (5%)	0 (0%)	6 (6%)	2 (2%)	12 (3%)
Outside Washington*	0 (0%)	1 (1%)	2 (2%)	0 (0%)	3 (1%)
Unknown location	2 (2%)	4 (4%)	4 (4%)	0 (0%)	10 (3%)

\* Three incidents occurred out-of-state; however, the deaths occurred at local hospitals and were under the jurisdiction of the KCMEO.

In 2007, the fewest incidents occurred in North King County (2 total). As with other county lines, the low number in North King County can raise questions about the number of individuals taken to hospitals outside county lines, for example, a hospital in South Snohomish County. Any such deaths would not come under the jurisdiction of the KCMEO. East King County has experienced one additional death per year, escalating from two deaths in 2004 to five deaths in 2007. South King County experienced a lower number of deaths (12 deaths) in 2007 compared to the high of 18 deaths in 2005.

## H. Substances involved in deaths due to intoxication

Accidental death from acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination. For this report, substances categorized within “street drugs” include cocaine, heroin, and methamphetamine.

**Table 6: Drugs in acute intoxication death**

	2004	2005	2006	2007	Total
Any street drugs	15	24	20	19	78
Any prescription drugs *	13	15	20	21	69
Any alcohol	8	7	7	7	29
<b>Total acute intoxication deaths</b>	20	30	29	31*	110

\* The 2007 total includes two decedents who died from acute intoxication in combination with environmental exposure.

As shown in Table 6, the total number of acute intoxication-related deaths in 2007 (31 deaths) is similar to 2006 (29 deaths) and 2005 (30 deaths), and represents a 55% increase over 2004 (20 deaths). Very little change over time was noted in the number of street-drug related deaths (19 deaths in 2007), prescription drug related deaths (21 deaths in 2007), and alcohol-related deaths (7 deaths in 2007) compared to 2006. The number of deaths associated with street drugs (78 deaths total) and prescription drugs (69 deaths total) remained consistently higher compared to alcohol (29 deaths total), across all four years.

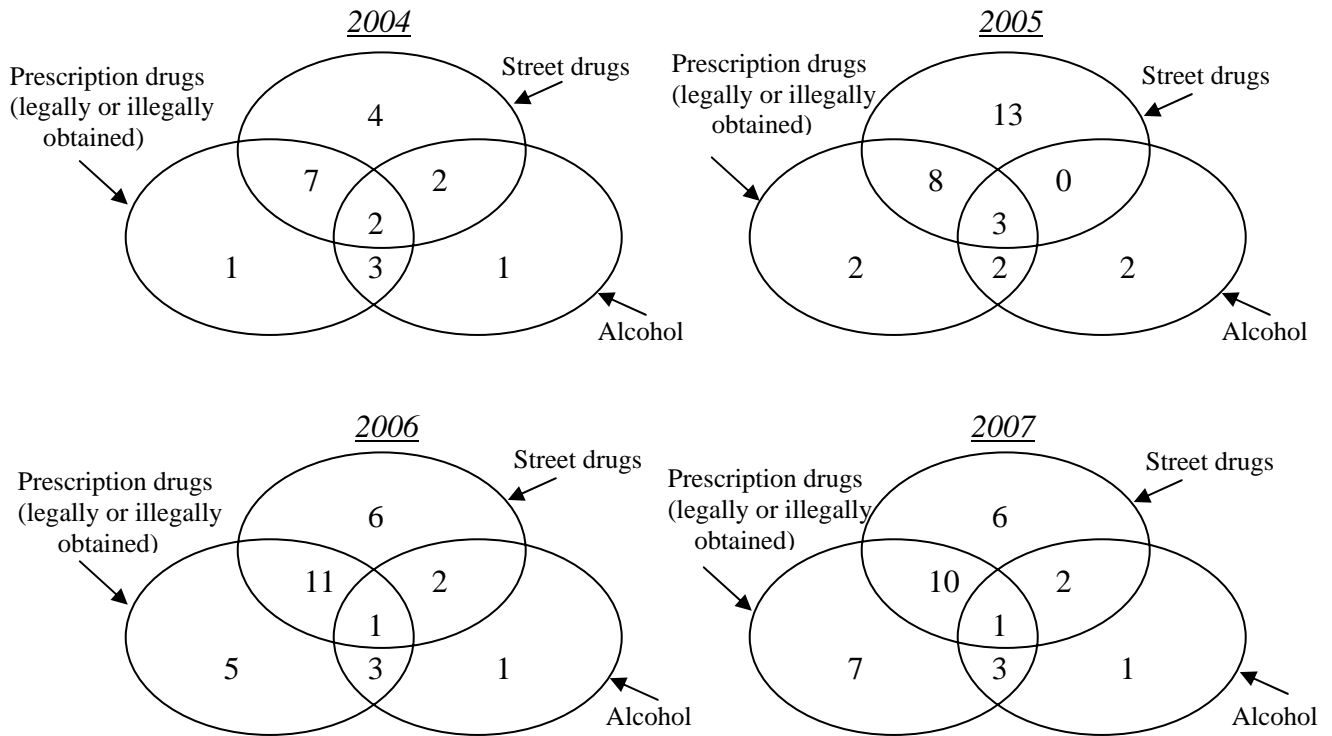
**Table 7: Street drugs involved in deaths (# cases)**

	2004	2005	2006	2007	Total
Cocaine	13	14	18	13	58
Total opiates	12	9	15	16	52
- Heroin	5	5	5	8	23
- Other opiates	7	4	10	8	29
Methamphetamine <sup>18</sup>	1	7	1	3	12

Table 7 details the substances involved in the street-drug related deaths. In 2007, heroin and other opiates comprised the highest proportion (involved in 16 deaths or 52%) of the acute intoxication deaths. This is a change compared to the prior three years when cocaine was involved in the highest proportion of deaths. Nonetheless, cocaine was involved in 13 intoxication deaths (42%) in 2007. Consistent across years, in 2007 methamphetamine was involved in the fewest number of deaths (involved in 3 or 10%). The 2007 methamphetamine total of three deaths is still lower than the high of seven deaths (23%) in 2005.

The figure below summarizes the categories of drugs involved in the 110 intoxication related deaths between 2004 and 2007. As shown in the diagrams, in all years except 2005, more deaths were related to a combination of street drugs, prescription drugs, and/or alcohol, than street or prescription drugs or alcohol alone.

**Figure 3: Substances involved in homeless acute intoxication deaths (not to scale)**



Prescription substances include those which can be prescribed by a medical provider and include over 20 different prescription medications. Of prescription-drug related deaths between 2004 and 2007, methadone was involved in the highest number of deaths. Methadone can be prescribed for pain or opiate substitution (e.g. for heroin addiction). Methadone and all other prescription drugs may represent either legal or illegal substances depending on whether the individual was prescribed the medication or acquired it without a prescription. The total number of methadone related deaths in 2007 was the same as in 2006 (11 deaths each year), and was double the number in 2004 (5 deaths) and slightly above the 2005 number (8 deaths). Methadone was involved in 35 deaths or 51% of total prescription-drug related deaths across the four year period.

**Table 8: Most common prescription drug involved in deaths (# cases)**

	2004	2005	2006	2007	Total
Methadone	5	8	11	11	35

## Discussion

Between 2004 and 2007, the number of individuals under the KCMEIO jurisdiction who were living homeless at the time of their death fluctuated between 82 deaths (in 2004) and 110 deaths (in 2006). In this report, we document demographic information, (age, sex, race) and causes and manner of deaths, and note trends, all of which merit future monitoring.

Since this report is limited to summary information about the circumstances of 374 deaths and not the circumstances of these people's lives, such as social and health histories, we are limited in the conclusions we can draw. We cannot say much about the course of illness people may have had, nor the services and other resources they may have accessed during their lives. As noted, the total numbers do not reflect all deaths among persons living homeless. We realize these data may only be the tip of the iceberg.

This report, however, does highlight violent, unnatural, sudden, and/or unattended deaths of a significant number of people in our community who were living homeless and gives us an important window into the last moments of their lives. We may ask questions about where our system may have failed, and how many premature deaths could have been prevented. Unfortunately, we do not currently have the answers to such questions. We will continue to issue this report as-is, until other resources allow further investigation that may help guide future planning.

**Appendix A:  
Definition of “likely homeless” field in the King County Medical Examiner Database**

Since it is not possible to identify all people who were living homeless within the KCMEO caseload, the “likely homeless” field is a way of identifying those cases for which homeless status can be determined with at least reasonable certainty. A person is defined as homeless when he or she lacks a fixed and adequate nighttime residence. Included are persons (adults, children, and youth) temporarily living in:

- Emergency shelters for people who are homeless. This includes both public and private shelters (e.g. shelters operated by government, non-profit organizations, religious groups, and others).
- Hotel rooms for less than 30 days. (Includes people who pay for their own rooms and those whose room is paid by a public or private organization in order to provide emergency shelter. The latter are often referred to as “motel vouchers.”)
- Public or private places not designed for, or ordinarily used as, regular sleeping accommodations for human beings (e.g. sleeping on the streets or in parks, in the Sobering Center, camping in greenbelts or parks, abandoned buildings, vehicles, residents of “Tent City,” etc).
- An institution from which he/she would have been discharged with no place to go, and was apparently homeless upon entry to the facility (e.g. a treatment facility, mental health hospital, the Harborview Medical Respite program, jail, etc).

The above categories are consistent with all federal Department of Health and Human Services and Department of Housing and Urban Development definitions of homeless persons. Three groups of people who are sometimes also categorized as “homeless” – depending on the federal program the definition pertains to – are (1) people living in transitional housing programs; (2) people living in “doubled up” situations such as staying with others but on a short-term, temporary basis; and (3) people staying in private dwellings who are under imminent eviction. Individuals meeting these criteria would not be listed as “likely homeless” in the King County Medical Examiner database.

**Appendix B: Incident city**

	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>Total 2004-07</b>
<b>Seattle</b>	58	67	79	67	<b>271</b>
<b>South King County</b>	Auburn 3 Des Moines 2 Federal Way 1 Kent 2 Maple Valley 1 Pacific 1 Renton 1 Tukwila 3	Auburn 2 Federal Way 6 Kent 4 Renton 5 Tukwila 1	Auburn 2 Burien 2 Des Moines 1 Enumclaw 1 Federal Way 1 Kent 4 Renton 2 Tukwila 2	Federal Way 3 Kent 5 Renton 2 SeaTac 1 Tukwila 1	<b>59</b>
<b>East King County</b>	Clyde Hill 1 Kirkland 1	Bellevue 2 Issaquah 1	Bellevue 1 Fall City 1 Kirkland 1 Redmond 1	Bellevue 2 North Bend 2 Redmond 1	<b>14</b>
<b>North King County</b>	Kenmore 1 Lake Forest Park 1	Kenmore 1		Bothell 1 Shoreline 1	<b>5</b>
<b>Outside King County*</b>	Aberdeen 1 Everett 1 Sultan 1 Tacoma 1		Bremerton 1 Grandview 1 Lynden 1 Pasco 1 Spokane 1 Stanwood 1	Marysville 1 Tumwater 1	<b>12</b>
<b>Outside Washington*</b>		San Francisco 1	Hayward 1 Panama 1		<b>3</b>

\* Location of incident leading to death was outside King County but death occurred within King County.

## Notes and references

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- <sup>1</sup> Similar to past years, this 2007 summary should not be compared directly with the 2003 King County Homeless Death Review prepared by the Health Care for the Homeless Network. Resources allowed for a special, in-depth study for the 2003 report, and a different method was used to identify the homeless population. Individuals in supportive housing were included in the 2003 report, and are not included here.
- <sup>2</sup> Seattle King County Coalition on Homelessness. 2008 Annual One Night Count of People who are Homeless in King County, WA. Available at: <http://www.homelessinfo.org/2008ONC.pdf>.
- <sup>3</sup> Of the 88 individuals under KCMEO jurisdiction in 2007, 22 (25%) had seen a HCHN care provider at least one time in the prior complete year before death (since January 1, 2006). This is similar to 2006, where 26% had seen a HCHN provider at least one time in the prior complete year before death, and lower than in 2004 (34%) and 2005 (34%).
- <sup>4</sup> Fetal deaths are excluded from this summary report.
- <sup>5</sup> The age of one decedent in 2005 was re-categorized to “unknown.” The decedent was previously categorized in this table based on the date remains were found. The dates of death of three decedents are unknown.
- <sup>6</sup> For the 2004 and 2005 reports, the average ages for decedents in 2004 were rounded (males: 48 years; total pop: 47 years). For decedents in 2005 and forward, the decision was made not to round the ages since a person who is 46.9 years is considered 46 years old by US standards, and not 47 years old.
- <sup>7</sup> The King County Medical Examiner’s Office 2007 Annual Report is available at: <https://www.kingcounty.gov/healthservices/health/examiner.aspx>.
- <sup>8</sup> Children, youth, and young adults are underrepresented in this summary relative to the homeless population served by HCHN in which 38% of clients are 34 years or younger and 13% are 17 years or younger. Health Care for the Homeless Network. 2006 Annual Report. Public Health – Seattle & King County. Available at: <http://www.kingcounty.gov/healthservices/health/personal/HCHN/providers>.
- <sup>9</sup> Since the KCMEO reports that information on Hispanic ethnicity is not available for every case, we have chosen not to include the category in this report. King County Medical Examiner’s Office 2007 Annual Report p.5. Available at: <https://www.kingcounty.gov/healthservices/health/examiner.aspx>
- <sup>10</sup> Health Care for the Homeless Network. 2006 Annual Report. Public Health – Seattle & King County. Available at: <http://www.kingcounty.gov/healthservices/health/personal/HCHN/providers>.
- <sup>11</sup> Seattle King County Coalition on Homelessness. 2008 Annual One Night Count of People Who are Homeless in King County, WA. Available at: <http://www.homelessinfo.org/2008ONC.pdf>.
- <sup>12</sup> King County Budget Office. 2008 King County Annual Growth Report: Statistical Profile on King County. Available at: [http://your.kingcounty.gov/budget/AGR/agr08/behind\\_cover08.pdf](http://your.kingcounty.gov/budget/AGR/agr08/behind_cover08.pdf).
- <sup>13</sup> Natural deaths are those for which a physical cause can be identified other than an accident, suicide, or homicide.
- <sup>14</sup> Accidental acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination.
- <sup>15</sup> For intoxication deaths, if there was no evidence substantiating an intentional act of suicide by intoxication, the KCMEO categorized these deaths as either accidental or undetermined depending on the circumstances.
- <sup>16</sup> Homicides, suicides, and accidents are reflected in Table 2 under manner of death. In Table 3 they are distributed under other categories based on the cause of death. Those involving trauma as the cause of death are listed under Trauma while the remainder fall into other categories. A difference from the 2004 and 2005 reports is that all homicides and suicides are reported together within their respective categories, rather than by the method.
- <sup>17</sup> Two decedents were injured in the past, and the injuries were attributable to their deaths several years later.
- <sup>18</sup> A “probable methamphetamine” intoxication death in 2005 was not included in the total of 7 methamphetamine-related deaths in 2005.