

CHAPTER-I

INTRODUCTION

UNNATURAL DEATH

If a person dies naturally, then there lies no suspicion so as to the death of the person. But in case of unnatural death, the death is caused due to circumstances which needs to be explained and examined. There lies an obligation on the state to secure the health and life of every citizen of the country. If any crime is committed, the crime is against the state. If a person dies due to unnatural circumstances, the state is burdened to identify the cause of death and if there lies a suspicion as to the cause of death, the case must take appropriate steps to punish the guilty. In order to provide for the procedure in case a person dies naturally Section 174 was created that lays down the procedure the police officers and the magistrate must follow the case of untimely deaths.

Based on the frequency of unnatural deaths in the concerned area, the main unnatural deaths are

- Suicidal deaths
- Accidental deaths
- Homicidal deaths

1.1 SUICIDAL DEATHS

Suicide, from Latin Suicidium, is the act of taking one's life. Suicide is the act of intentionally causing one's own death. Each suicide is a personal tragedy that prematurely takes the life of an individual and has a continuing ripple effect, dramatically affecting the lives of families, friends and communities. Every year, more than 1,00,000 people commit suicide in our country.

There are various causes of suicides like professional/ career problems, discrimination, sense of isolation, abuse, violence, family problems, mental disorders, addiction to alcohol, financial loss, chronic pain etc. NCRB collects data on suicides from police recorded suicide cases. Attempted suicide or non- fatal suicidal behavior is self- injury with at least some desire to end one's life that does not result in death. Assisted suicide is when one individual helps another bring about their own death

indirectly via providing either advice or the means to the end. Those who have previously attempted suicide are at a higher risk for further attempts.

Common methods of suicide including hanging, pesticide poisoning and firearms. Assisted suicide is when one individual helps another bring about their own death indirectly via providing either advice or the means to the end. This is in contrast to euthanasia, where another person takes a more active role in bringing about a person's death. Suicidal ideation is thoughts of ending one's life but not taking any active efforts to do so. It may or may not involve exact planning or intent. Depression, Bipolar Disorder, Schizophrenia personality disorders, Anxiety disorders, Alcoholism, Substance abuse.

Limiting access to methods of suicides treating, mental disorders and substance misuse, careful media reporting about suicide improving social and economic conditions.

The incoming of The Mental Healthcare Act, 2017 has decriminalized suicides. Section 115 of the said act overrides the provision of Section 309 of IPC; the person committing suicide shall be presumed to be innocent unless proven otherwise. So now a person cannot be arrested for making an attempt to commit suicide and thereby no FIR. There is no restriction on filing of a FIR in cases of abetment to suicide. If a person commits suicide, firstly it is the duty of the Medical Examiner to determine the cause of death whether it is caused due to natural, accidental, homicidal or suicidal. After the determination that the death is caused by suicide, the police officer needs to set up and perform the necessary functions. He shall investigate into the matter and determine the reasons of the suicide.

It is the duty of the police officer to collect evidence so as to manner of death due to suicide. The evidence may be physical, documentary or circumstantial. Physical evidence includes fingerprint, blood etc. Documentary evidence includes testimonials or records that are on a person. Circumstantial evidence includes chronological presentation of facts.

If the investigation states that a person has abetted the suicide, a FIR shall be lodged against such person and he shall be arrested. If the police are reluctant to file a FIR, then a private complaint with the judicial magistrate court under Section 156(3) of the Code of

Criminal Procedure can be made and the magistrate may direct the police to investigate and lodge a FIR.

If the investigation for a suicide is wrongly ruled, then family of the deceased will be burdened with unnecessary grief. Therefore, the investigation must be done with almost care.

1.2 ACCIDENTAL DEATHS

An accidental death is an unnatural death that is caused by an accident such as a slip and fall, traffic collision, or accidental poisoning. Accidental deaths are distinguished from death by natural causes(disease) and from intentional homicide or suicide. An accidental death can still be considered a homicide or suicide if a person was the unintentional cause.

For criminal purposes, intentional homicides are usually classified as murder. Exceptions such as self- defence vary by jurisdiction, and some cases, persons accused of murder have asserted as a defense that the deceased was actually the victim of an accidental death rather than an intentional act. However, a person who is responsible for the accidental death of another through negligence may still be criminally liable for manslaughter, and civilly liable for wrongful death.

Electric shock, falling from bed, Fire occurrence, Tree falling over, fall from trees, Drowning, fall from building, run over, falling from vehicle, falling from tree, falling from train.

Prevention of accidental shocks

1. Electric shock

Most accidents that happens with children and electricity can be prevented by keeping potentially dangerous devices out of young childrens reach and away from water. For example

- Electric devices such as hairdryers and mains- operated radios should kept out of the bathroom

Other situation, where electrical equipment fails or is used incorrectly, can be prevented by educating parents about the right way to use electricity appliances. For example

- Plug sockets should not be overloaded. Be aware not just how many plugs are going into one socket, but also how much power they are using. Kettles and irons use more power than lamps and even TVs.

Older electrical appliances can cause house fires. Check plugs, sockets and wires for scorching or fraying. If there a problem, use a registered electrician to fix them.

1.3 HOMICIDAL DEATHS

Homicide is a legal term for any killing of a human being by another human being. Homicide itself is not necessarily a crime for instance, a justifiable killing of a suspect by the police or a killing in self defense. Murder and manslaughter fall under the category of unlawful homicides.

Mainly there are 4 types of Homicidal deaths

1. Capital murder
2. Manslaughter
3. Criminal Negligent Homicide
4. Murder

1. Capital murder is murder that may be punished by death. Capital murder involves murder plus some type of aggravating circumstances, such as murdering a police officer or firefighter while they are on duty, murdering a person while committing another felony like rape or abduction, or murdering a child.

2. Manslaughter, simply defined, is “the unlawful killing of a human being without malice”. American law designates two types of manslaughter, ie voluntary and involuntary.

a) Voluntary manslaughter roughly means that the accused intended to hurt or possibly kill the victim, but extenuating, circumstances influenced the situation. This classification is used if the accused was provoked by the victim, or if the accused was mentally compromised when committing the crime.

b) Involuntary manslaughter generally applies where death is the unintentional consequences of the actions of the accused.

2. Criminal Negligent Homicide is a criminal charge brought against a person who, through criminal negligence, allows another person to die. Negligent homicide is a misdemeanor that carries a priosn term of upto7 years.

4. The modern English word “Murder” descends from the Proto-Indo-European “mrto” which meant to “die”. Murder is the unlawful killing of another human without justification or valid excuse, especially the unlawful killing of another human with malice aforethought.

CHAPTER – II

LITERATURE REVIEW

II.I: Putkonen H, et al. in the year 2001 published female homicide offenders have greatly increased mortality from unnatural deaths. The mortality of female homicidal offenders has scarcely been studied. Our aim was to examine the mortality of homicidal women in Finland using a representative nation-wide material. The data consisted of all 132 women who underwent forensic psychiatric examinations after committing homicide or attempted homicide in 1982–1992. We analysed their rate and cause of death during follow-up using standardised mortality ratios (SMRs) and the official classification of death. The mean follow-up time for dead subjects was 7 years (S.D. 4), and for the rest 11 years (S.D. 3). There were 22 observed deaths, the expected value being 1.3 (SMR 17.4). The SMR for unnatural deaths was 226 and for suicides 425. The SMRs for women below 40 years were over 220. In conclusion, homicidal women have an over 200-fold risk of unnatural death, rising to over 400-fold for suicide. This should be taken into consideration in planning discharge programmes for homicidal offenders

II.II: Timothy in the year 2009 published an exploratory analysis of factors affecting homicide investigations examining the dynamics of murder clearance rates. This study seeks to examine the practices of law enforcement agencies in attempting to solve cases of homicide. Five key dimensions, as determined from the extant literature, are examined using data from a recent law enforcement agency study of homicide investigative practices and policies. These include management practices, investigative procedures, analytical methods, demographics of the population served, and the extent of political influences that might affect agency effectiveness in clearing homicides. As expected, the results show some factors that enable effective agency investigations and other factors that hinder such processes. Some results can be interpreted to support contentions of victim devaluation by the police. However, an alternative interpretation, and perhaps more viable notion, is offered suggesting that police devaluation by the community may also contribute to explanations for the variance found in homicide.

II.III: Paul R. Zimmerman in the year 2004 published state executions, deterrence, and the incidence of murder. This study employs a panel of U.S state- level data over the year 1978-1997 to estimate the deterrent effect of capital punishment. Particular attention is paid to problems of endogeneity bias arising from the non-random assignment of death penalty laws across states and a simultaneously relationship between murders and the deterrence probabilities. The primary innovation of the analysis lies in the estimation of a simultaneously equation system whose identification is based upon the employment of instrumental variables motivated by the theory of public choice. The estimation results suggest that structural estimates of the deterrent effect of capital punishment are likely to be downward biased due to the influence of simultaneity. Correcting for simultaneously, the estimates imply that a state execution deters approximately fourteen murders per year on average. Finally, the results also suggest that the announcement effect of capital punishment, as opposed to the existence of a death penalty provision, is the mechanism actually driving the deterrent effect associated with state executions.

II.IV: David P. Philips in the year 1980 published airplane accidents, murder, and the mass media: towards a theory of imitation and suggestion. This paper presents evidence indicating that imitation and suggestion have a powerful impact on social behavior. The major findings of the paper are: (1) After publicized murder—suicide stories there is an increase in noncommercial plane crashes and an increase in airline crashes. (2) This increase in crashes persists for approximately nine days, and then the level of crashes returns to normal. (3) The greater the publicity given by the mass media to a murder—suicide story, the greater the increase in airline crashes and the greater the increase in noncommercial plane crashes. Alternative explanations for the findings are tested. The best available explanation is that publicized murder—suicide stories trigger additional, imitative murder—suicides, some of which are disguised as airplane accidents.

II.V: An Ohberg in the 2007 published suicide hidden among undetermined deaths. The research phase of the National Suicide Prevention Project in Finland (from 1 April 1987 to 31 March 1988) included medico-legal investigation and psychological autopsy of all deaths suspected of being suicides, including 1397 official suicides and 61 undetermined

deaths. In later analyses on suicide, undetermined cases were excluded. This paper presents an analysis of all officially classified undetermined deaths ($n= 139$) over the study period, consisting of all the initially suspected suicides ($n=61$) and the remaining undetermined deaths ($n=78$) where suicide could not be excluded. Poisoning by solids or liquids and drowning were the most common causes of all undetermined deaths. Suicidal intent was observed in 87% of undetermined deaths initially suspected of being suicides. In addition, 31 % of these subjects had previously attempted suicide, and 34% had made suicidal threats. Depression was diagnosed in 23% of cases and alcohol dependence or abuse in 31 % of cases. Undetermined deaths resembled suicides and appeared to reduce the suicide rate by 10%.

II.VI: Seon Jung Jang in the year 2013 published the statistical analysis on legal autopsy performed in Korea. Medicolegal autopsy is a vital tool for obtaining reliable injury mortality data. This study statistically analyzed data obtained from medicolegal autopsies performed in Korea in 2013. The aim of this study was to analyze various aspects of the 4,861 deaths that were categorized as unusual in Korea in 2013. A total of 4,861 deaths were analyzed by gender, age, manner of death, and cause of death. Of the 4,861 deaths, 3,542 (73.3%) were of men and 1,302 (26.7%) were of women. With respect to the manner of death, 54.4% were recorded as unnatural deaths, 38.8% were natural deaths, and 6.9% had unknown causes. Of the 2,642 unnatural deaths, 45.0% were determined to be accidental deaths, 26.3% suicidal, 16.9% homicidal, and 11.8% undetermined. Of the total number of unnatural deaths, 42.1% were trauma-related deaths, for which falling down accounted for 33.8%. Asphyxiation accounted for 16.0% of unnatural deaths, and of these, the predominant cause was hanging (58.8%). In addition, 14.4% of deaths were due to drowning, 12.9% poisoning, 11.0% thermal injuries, 1.8% complications arising from medical procedures, and 0.8% electrocution, starvation, or neglect. Among the 1,886 natural deaths, heart diseases accounted for 52.0% and vascular diseases accounted for 16.9%. Of the 196 deaths among children under the age of 10 years, 41.8% were recorded as unnatural deaths, 45.1% were natural deaths, and 1.5% had unknown causes.

II.VII: Steve Brown in the year 2018 published causes of the excess mortality of schizophrenia. To measure the standardised mortality ratio (SMR) and examine the reasons for any excess mortality in a community cohort with schizophrenia. We carried out a 13-year follow-up of 370 patients with schizophrenia, identifying those who died and their circumstances. Ninety-six per cent of the cohort was traced. There were 79 deaths. The SMRs for all causes (298), for natural (232) and for unnatural causes (1273), were significantly higher than those to be expected in the general population, as were the SMRs for disease of the circulatory, digestive, endocrine, nervous and respiratory systems, suicide and undetermined death. Smoking-related fatal disease was more prominent than in the general populations. Some of the excess mortality of schizophrenia could be lessened by reducing patients' smoking and exposure to other environmental risk factors and by improving the management of medical disease, mood disturbance and psychosis.

II.VIII: Matti Joukama in the year 2018 published mental disorder and cause specific mortality. The impact of clinically diagnosed mental disorders on mortality in the general population has not been established. To examine mental disorders for their prediction of cause-specific mortality. Mental disorders were determined using the 36-item version of the General Health Questionnaire and the Present State Examination in a nationally representative sample of 8000 adult Finns. During the 17-year follow-up period 1597 deaths occurred. The presence of a mental disorder detected at baseline was associated with an elevated mortality rate. The relative risk in men was 1.6 (95% confidence interval 1.3–1.8) and in women, 1.4 (95% CI 1.2–1.6). In men and women with schizophrenia the relative risks of death during the follow-up period were 3.3 (95% CI 2.3–4.9) and 2.3 (95% CI 1.3–3.8) respectively, compared with the rest of the sample. In both men and women with schizophrenia the risk of dying of respiratory disease was increased, but the risk of dying of cardiovascular disease was increased only in men with neurotic depression. Schizophrenia and depression are associated with an elevated risk of natural and unnatural deaths.

II.IX: Miranda in the year 2018 published the british journal of psychiatry. People with schizophrenia have significantly raised mortality but we do not know how

these mortality patterns in the UK have changed since the 1990s. To measure the 25-year mortality of people with schizophrenia with particular focus on changes over time mortality may have increased relative to the general Prospective record linkage study of the mortality of a community cohort of 370 people with schizophrenia. The cohort had an all-cause standardised mortality ratio of 289 (95% CI 247–337). Most deaths were from the common causes seen in the general population. Unnatural deaths were concentrated in the first 5 years of follow-up. There was an indication that cardiovascular population ($P = 0.053$) over the course of the study. People with schizophrenia have a mortality risk that is two to three times that of the general population. Most of the extra deaths are from natural causes. The apparent increase in cardiovascular mortality relative to the general population should be of concern to anyone with an interest in mental health.

II.X: Ronald L. Martin in the year 1985 published mortality of follow up in a 500 psychiatric outpatients. In a six- to 12-year follow-up study of 500 psychiatric outpatients, death from natural causes occurred $1\frac{1}{3}$ times the expected rate, although the excess was not significant. Death from unnatural causes occurred $3\frac{1}{2}$ times the expected rate, a significant elevation. Suicide and homicide rates were particularly excessive. Unnatural mortality was excessive among younger, but not older, patients, and among all sex-race groups except black women, none of whom died unnaturally. Initial psychiatric diagnoses highly predictive of unnatural death included alcoholism, antisocial personality, drug addiction, and homosexuality. Secondary affective disorder was predictive of excess unnatural mortality, but in all cases of such death one of the four disorders associated with excess mortality antedated the affective disturbance. No patient with an index diagnosis of primary affective disorder died of an unnatural cause. Despite a frequent history of suicide attempts, hysteria was not associated with excess unnatural mortality.

CHAPTER-III
AIM AND OBJECTIVES

AIM

To analyze the Statistical data of Unnatural Deaths (Suicide, Accidental Deaths, Homicide) in Kollam District, Kerala over the past 4 years.

OBJECTIVES

- To determine the unnatural deaths occurring in the Kollam District over the last 4 years.
- To determine the rate of occurrence of each type of Unnatural Deaths (Suicide Deaths, Accidental Deaths and Homicidal Deaths).
- To estimate the increasing or decreasing rate of each type of unnatural deaths over the past 4 years.
- To estimate the ratio of unnatural deaths in male & female.

CHAPTER-IV

MATERIALS AND METHODOLOGY

4.1 MATERIALS REQUIRED

- Database of unnatural deaths over the past 4 years was collected from Kollam City, DCRB, Kerala.
- Database of unnatural deaths over the past 4 years was collected from Kollam Rural DCRB, Kerala.

4.2 METHODOLOGY

- The records related to Unnatural Deaths (Suicide, Accidental & Homicide) was collected from the District Crime Record Bureau, Kollam city. All the relevant information regarding the unnatural deaths was collected from the local police stations in the Kollam District. The data regarding the unnatural deaths in the region of Kollam district was separately extracted from the collected data. The data was analyzed for determining the rate of each type of unnatural deaths. The known data was converted into graphical format.

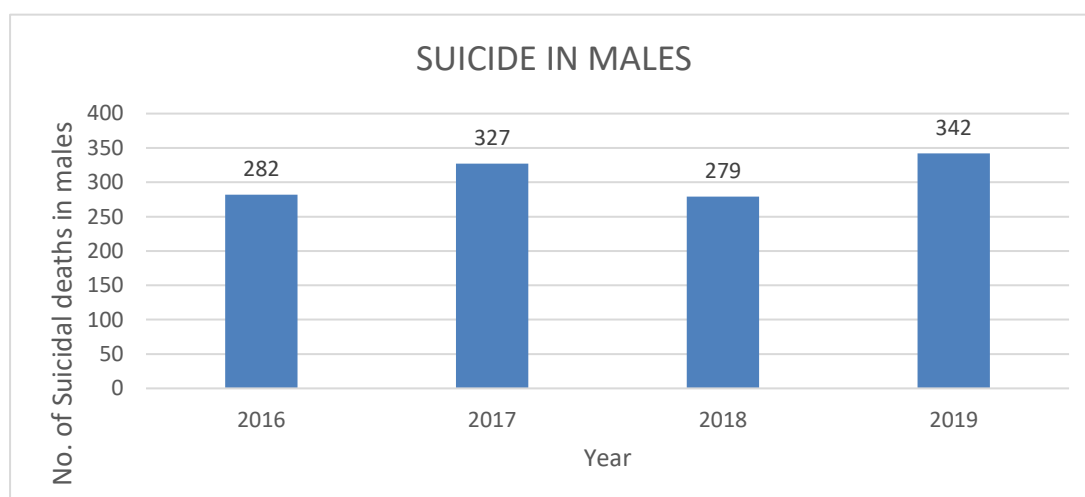
CHAPTER-V
OBSERVATION

A. Statistical Analysis of Unnatural Deaths in Male Population in Kollam City

1. SUICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	282	2016
2	SUICIDE	327	2017
3	SUICIDE	279	2018
4	SUICIDE	343	2019

Table 5.1: Number of Cases of Suicidal Deaths in Male Population from 2016-2019

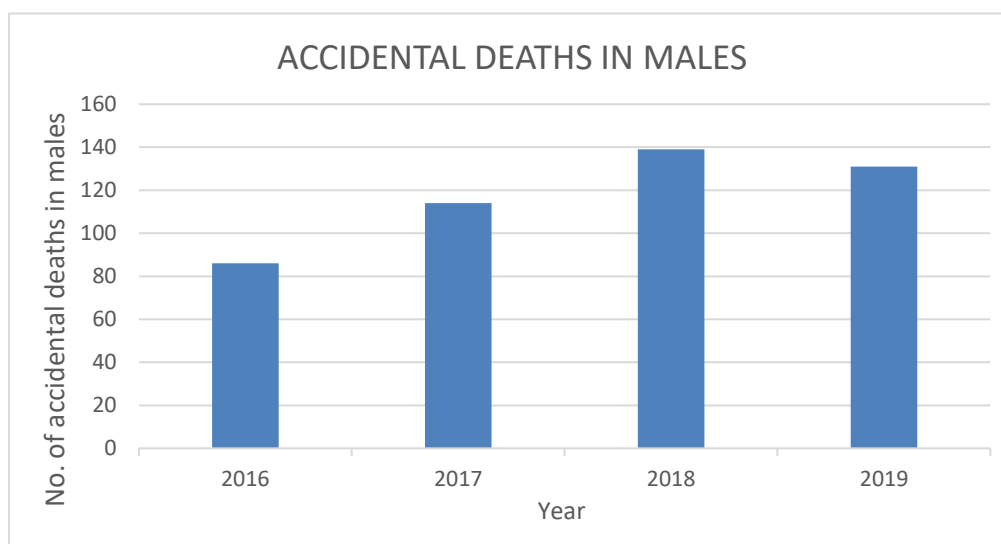


Graph 5.1 Statistical Analysis of Suicidal Deaths in Male Population from 2016-2019

2. ACCIDENTAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	ACCIDENTAL	86	2016
2	ACCIDENTAL	114	2017
3	ACCIDENTAL	139	2018
4	ACCIDENTAL	131	2019

Table 5.2: Number of Cases of Accidental Deaths in Male Population from 2016-2019

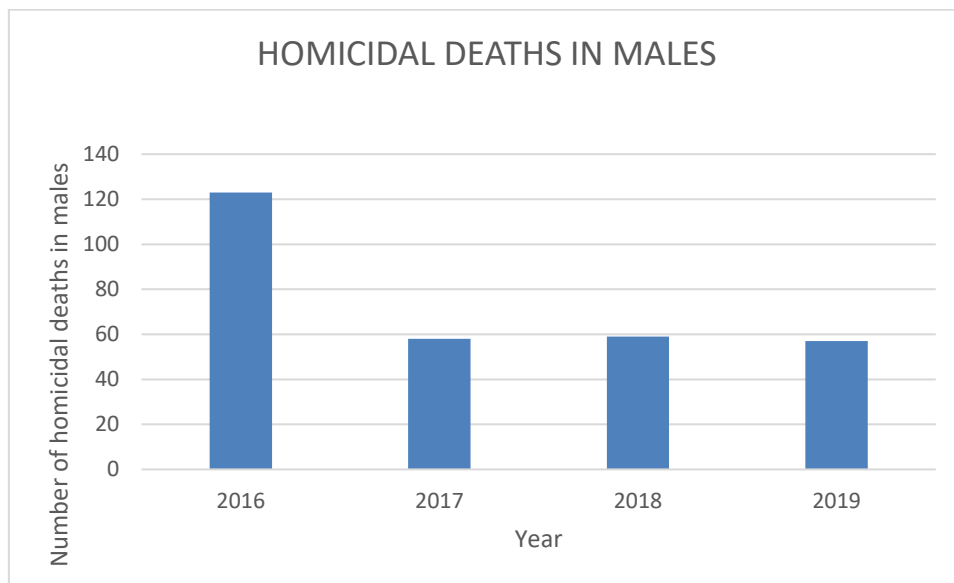


Graph 5.2 Statistical Analysis of Accidental Deaths in Male Population from 2016-2019

3. HOMICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	HOMICIDE	123	2016
2	HOMICIDE	58	2017
3	HOMICIDE	59	2018
4	HOMICIDE	57	2019

Table5.3: Number of Cases of Homicidal Deaths in Male Population from 2016-2019



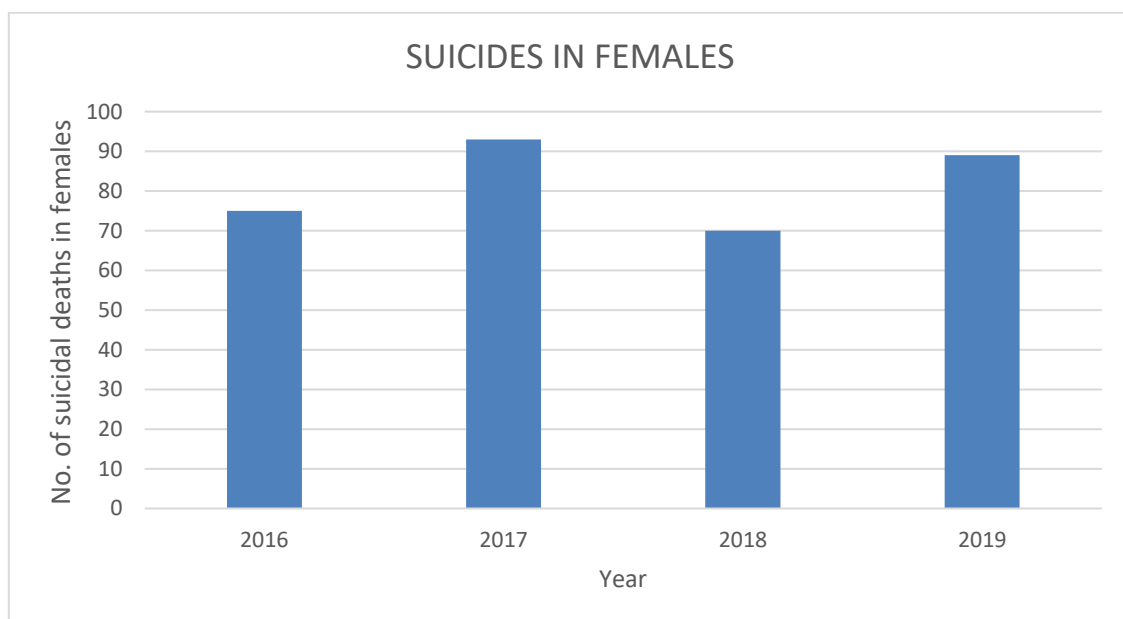
Graph5. 3 Statistical Analysis of Homicidal Deaths in Male Population from 2016-2019

B. STATISTICAL ANALYSIS OF UNNATURAL DEATHS IN FEMALE POPULATION, KOLLAM CITY

1. SUICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	75	2016
2	SUICIDE	93	2017
3	SUICIDE	70	2018
4	SUICIDE	89	2019

Table5.4: Number of Cases of Suicidal Deaths in Female Population from 2016-2019

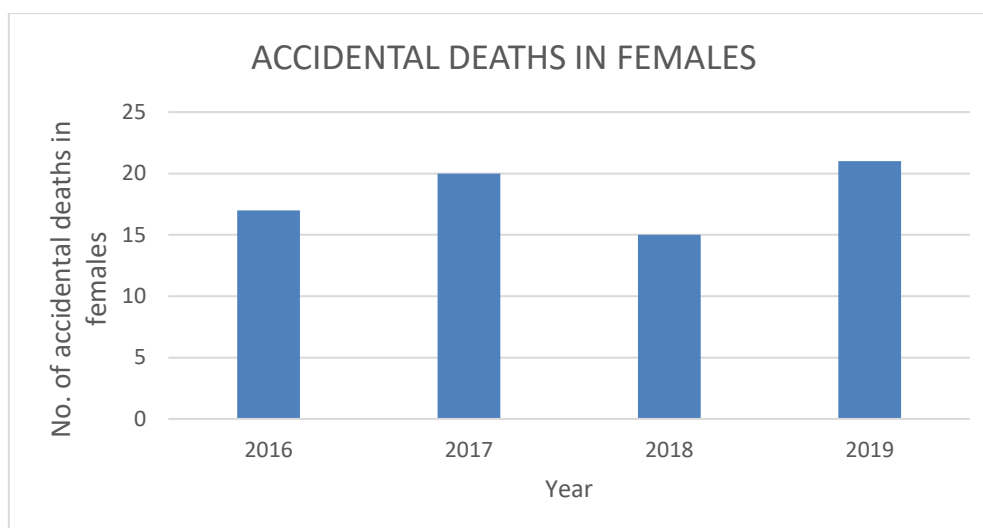


Graph5.4 Statistical Analysis of Suicidal Deaths in Female Population from 2016-2019

2. ACCIDENTAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	ACCIDENTAL	17	2016
2	ACCIDENTAL	20	2017
3	ACCIDENTAL	15	2018
4	ACCIDENTAL	21	2019

Table 5.5: Number of Cases of Accidental Deaths in Female Population From 2016-2019

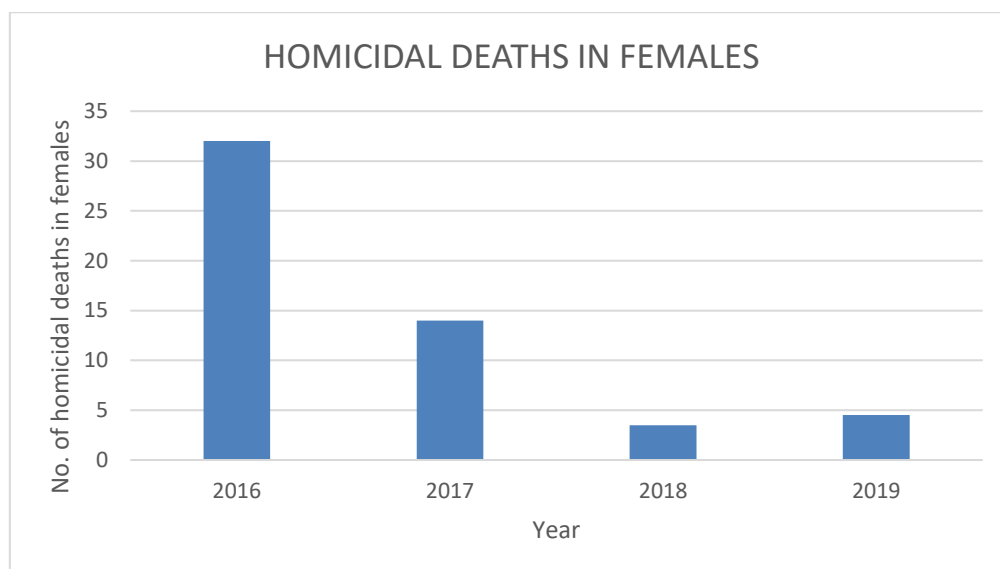


Graph 5.5 Statistical Analysis of Accidental Deaths in Female Population from 2016-2019

3. HOMICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	HOMICIDAL	32	2016
2	HOMICIDAL	14	2017
3	HOMICIDAL	13	2018
4	HOMICIDAL	20	2019

Table 5.6: Number of Cases of Homicidal Deaths in Female Population from 2016-2019



Graph 5. 6 Statistical Analysis of Homicidal Deaths in Female Population from 2016-2019

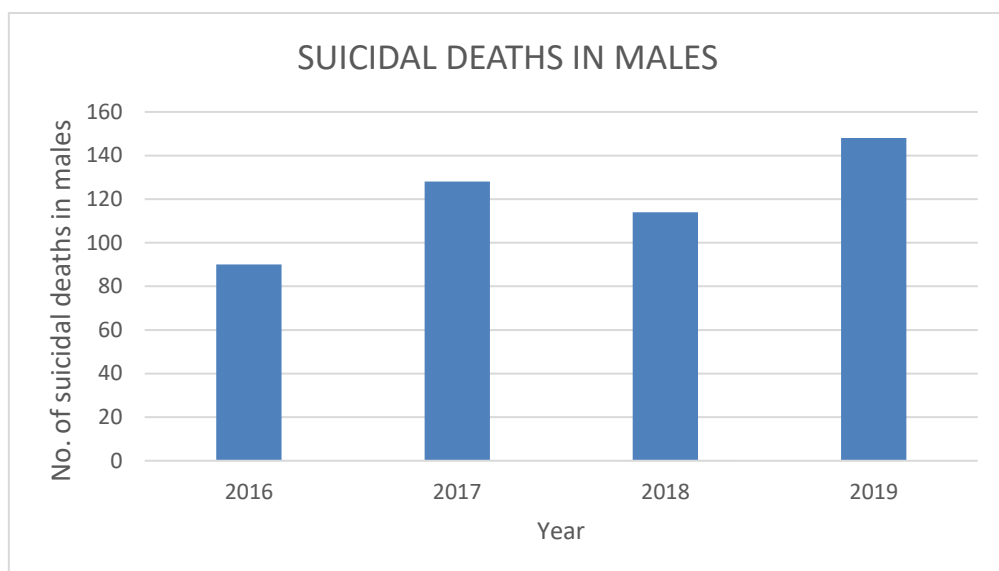
C. Statistical Analysis of Unnatural Deaths in Male Population in Kollam

Rural

1. SUICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	90	2016
2	SUICIDE	128	2017
3	SUICIDE	114	2018
4	SUICIDE	148	2019

Table 5. 7: Number of Cases of Suicidal Deaths in Male Population from 2016-2019

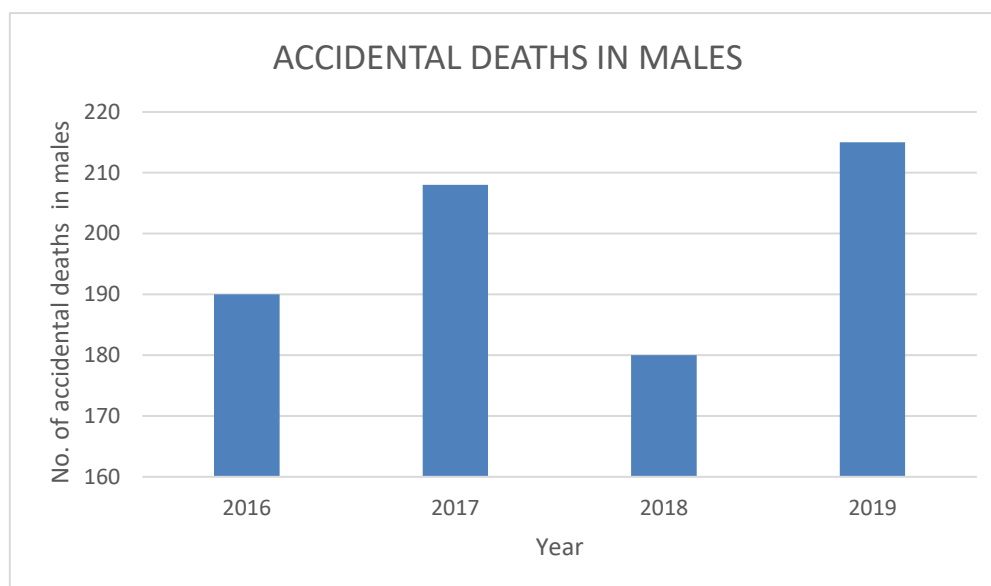


Graph 5.7: Statistical analysis of Suicidal Deaths in Male Population from 2016-2019

3. ACCIDENTAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	ACCIDENTAL	190	2016
2	ACCIDENTAL	208	2017
3	ACCIDENTAL	180	2018
4	ACCIDENTAL	215	2019

Table 5.8: Number of Cases of Accidental Deaths in Male Population from 2016-2019

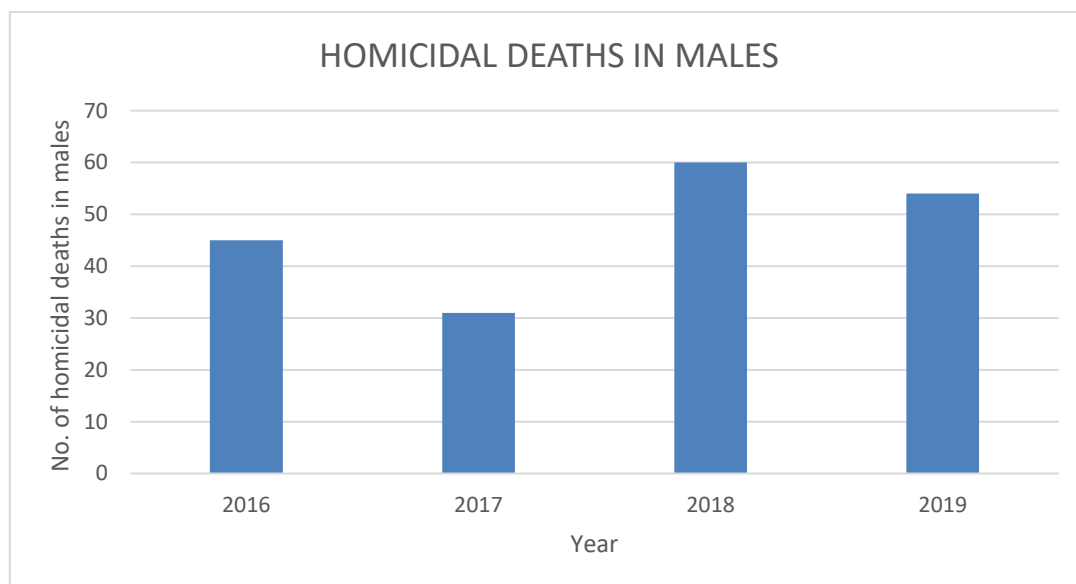


Graph 5.8: Statistical analysis of Accidental Deaths in Male Population from 2016-2019

4. HOMICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	HOMICIDAL	45	2016
2	HOMICIDAL	31	2017
3	HOMICIDAL	60	2018
4	HOMICIDAL	54	2019

Table 5.9: Number of Cases of Homicidal Deaths in Male Population from 2016-2019



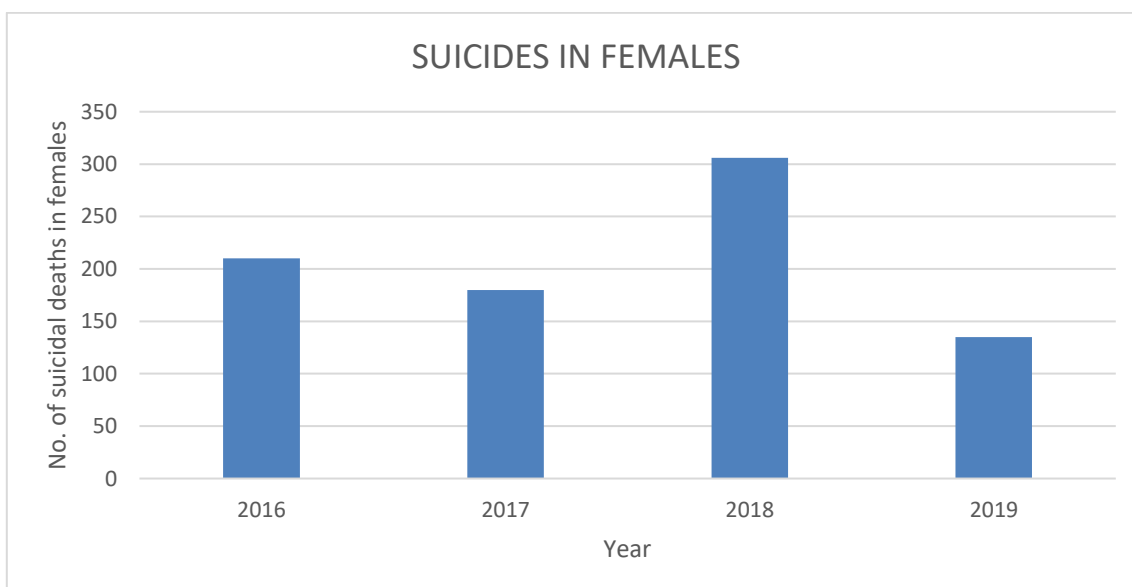
Graph 5.9: Statistical analysis of Homicidal Deaths in Male Population from 2016-2019

D. STATISTICAL ANALYSIS OF UNNATURAL DEATHS IN FEMALE POPULATION, KOLLAM RURAL

1. SUICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	210	2016
2	SUICIDE	180	2017
3	SUICIDE	306	2018
4	SUICIDE	135	2019

Table 5.10: Number of Cases of Suicidal Deaths in Female Population from 2016-2019

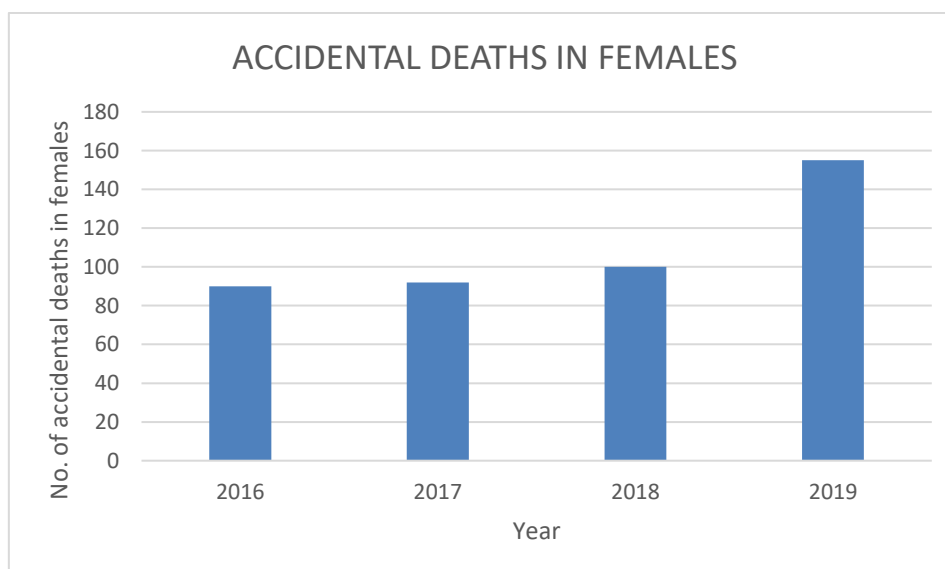


Graph 5.10: Statistical analysis of Suicidal Deaths in Female Population from 2016-2019

2. ACCIDENTAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	ACCIDENTAL	90	2016
2	ACCIDENTAL	92	2017
3	ACCIDENTAL	100	2018
4	ACCIDENTAL	155	2019

Table 5.11: Number of Cases of Accidental Deaths in Female Population from 2016-2019

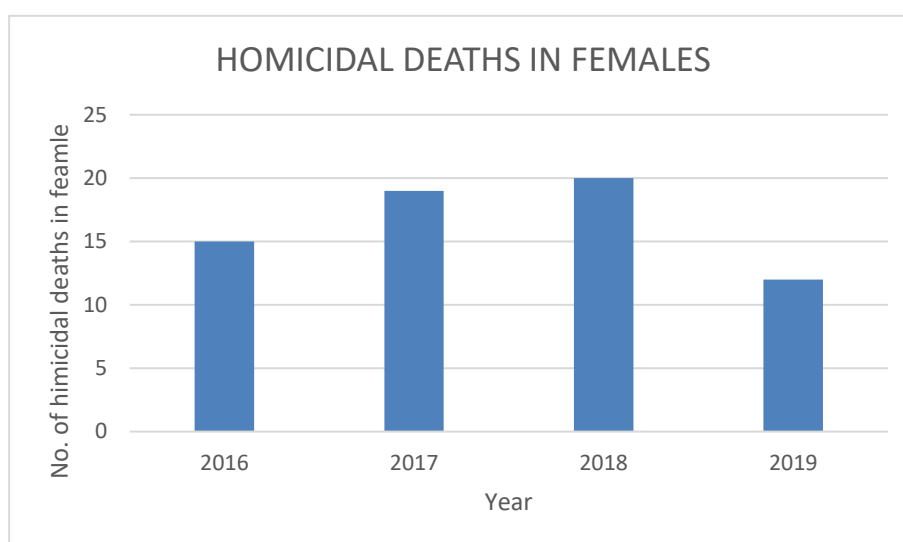


Graph 5.11: Statistical analysis of Accidental Deaths in Female Population from 2016-2019

3. HOMICIDAL DEATHS

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	HOMICIDAL	15	2016
2	HOMICIDAL	19	2017
3	HOMICIDAL	20	2018
4	HOMICIDAL	12	2019

Table 5.12: Number of Cases of Homicidal Deaths in Female Population from 2016-2019

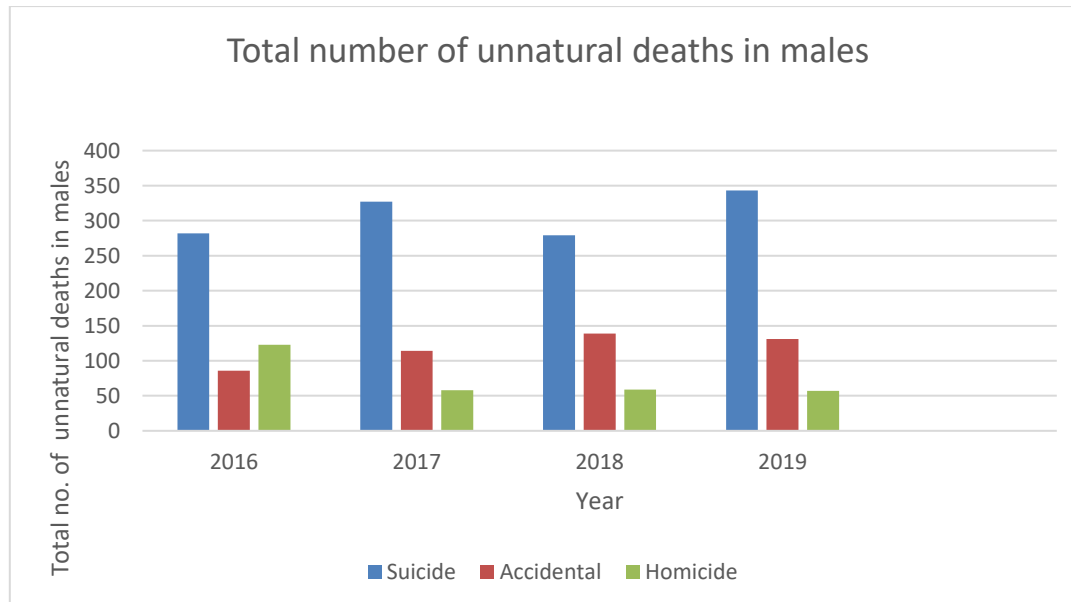


Graph 5.12: Statistical analysis of Homicidal Deaths in Female population from 2016-2019

**E. COMPARISON OF UNNATURAL DEATHS OF MALE
POPULATION IN KOLLAM CITY**

S.no	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	282	2016
2	ACCIDENTAL DEATH	86	2016
3	HOMICIDE	123	2016
4	SUICIDE	327	2017
5	ACCIDENTAL DEATH	114	2017
6	HOMICIDE	58	2017
7	SUICIDE	279	2018
8	ACCIDENTAL DEATH	139	2018
9	HOMICIDE	59	2018
10	SUICIDE	343	2019
11	ACCIDENTAL DEATH	131	2019
12	HOMICIDE	57	2019

Table5.13: Number of Cases of Suicidal, Homicidal and Accidental Deaths in Male Population from 2016-2019

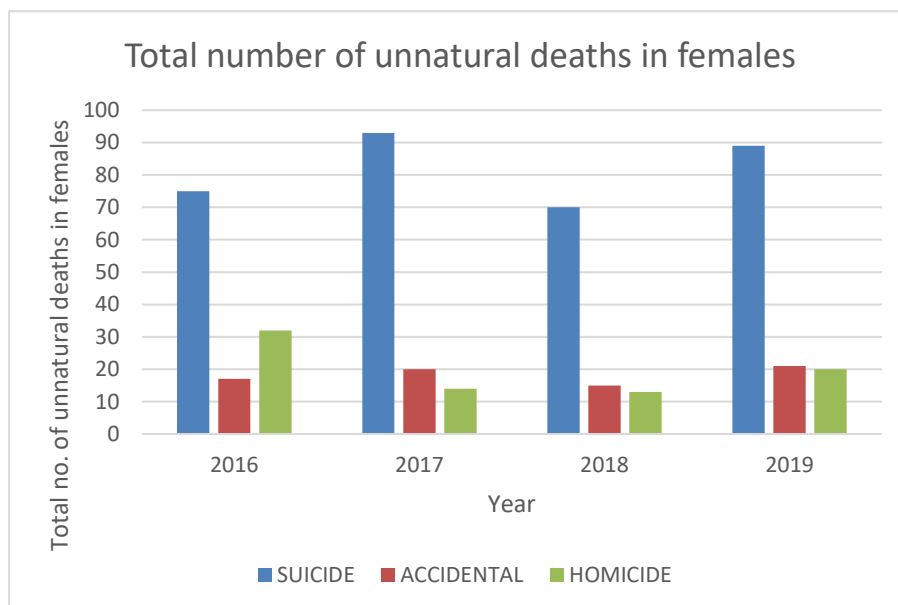


Graph 5.13: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Male Population from 2016-2019

**F. COMPARISON OF UNNATURAL DEATHS OF FEMALE
POPULATION IN KOLLAM CITY**

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	75	2016
2	ACCIDENTAL	17	2016
3	HOMICIDE	32	2016
4	SUICIDE	93	2017
5	ACCIDENTAL	20	2017
6	HOMICIDE	14	2017
7	SUICIDE	70	2018
8	ACCIDENTAL	15	2018
9	HOMICIDE	13	2018
10	SUICIDE	89	2019
12	ACCIDENTAL	21	2019
13	HOMICIDE	20	2019

Table 5.14: Number of Cases of Suicidal, Homicidal and Accidental deaths in Female Population from 2016-2019

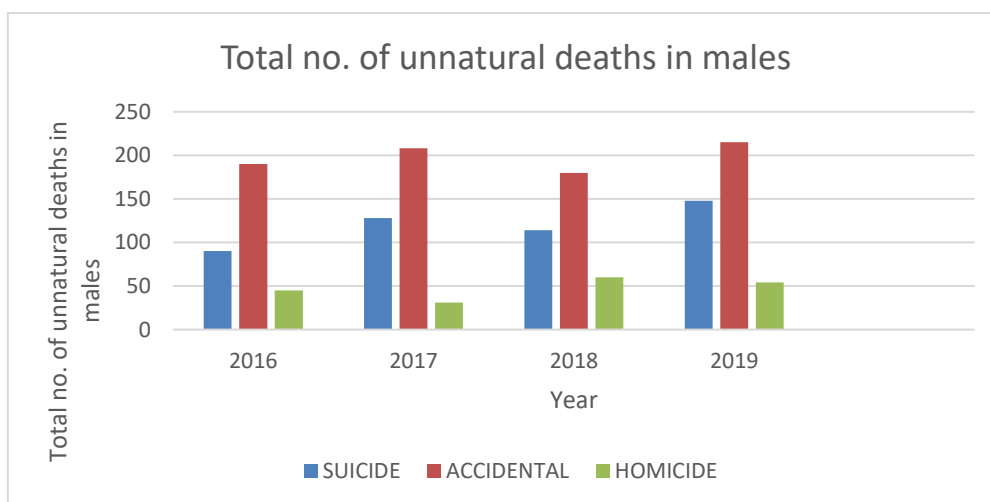


Graph 5.14: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Female Population from 2016-2019

**G. COMPARISON OF UNNATURAL DEATHS IN MALE
POPULATION IN KOLLAM RURAL**

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	90	2016
2	ACCIDENTAL	190	2016
3	HOMICIDE	45	2016
4	SUICIDE	128	2017
5	ACCIDENTAL	208	2017
6	HOMICIDE	31	2017
7	SUICIDE	114	2018
8	ACCIDENTAL	180	2018
9	HOMICIDE	60	2018
0	SUICIDE	148	2019
11	ACCIDENTAL	215	2019
12	HOMICIDE	54	2019

Table 5.15: Number of Cases of Suicidal, Homicidal and Accidental Deaths in Male Population from 2016-2019

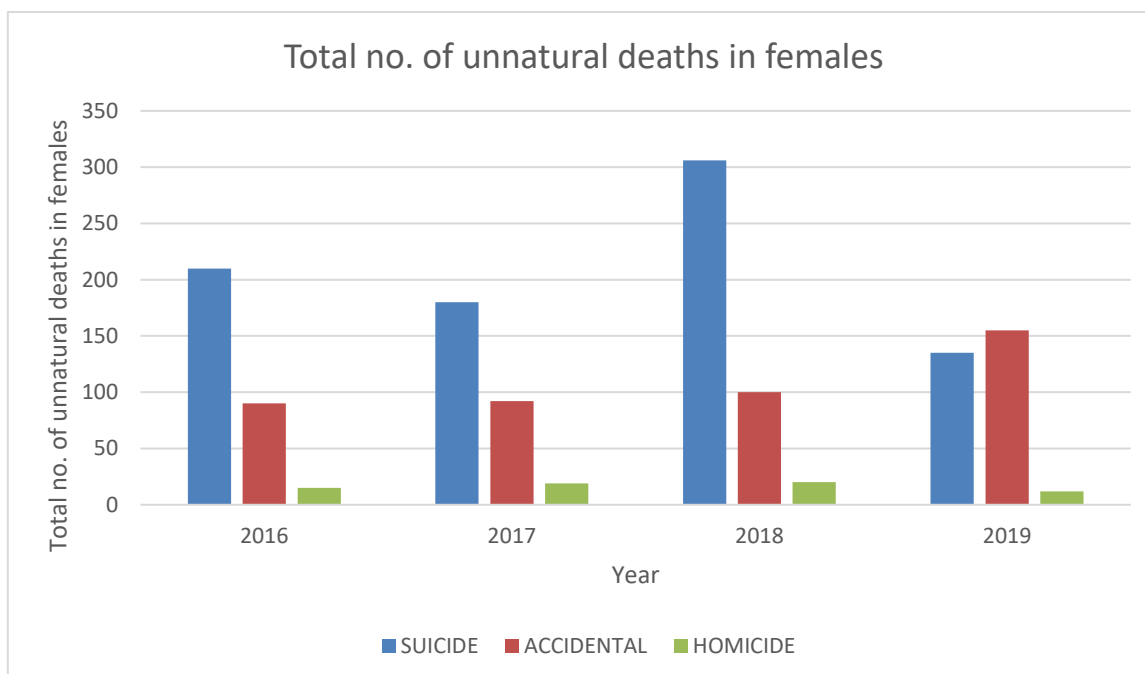


Graph 5.15: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Male Population from 2016-2019

H. COMPARISON OF UNNATURAL DEATHS IN FEMALE POPULATION IN KOLLAM RURAL

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	210	2016
2	ACCIDENTAL	90	2016
3	HOMICIDE	15	2016
4	SUICIDE	180	2017
5	ACCIDENTAL	92	2017
6	HOMICIDE	19	2017
7	SUICIDE	306	2018
8	ACCIDENTAL	100	2018
9	HOMICIDE	20	2018
10	SUICIDE	135	2019
11	ACCIDENTAL	155	2019
12	HOMICIDE	12	2019

Table 5.16: Number of Cases of Suicidal, Homicidal and Accidental Deaths in Female
Population from 2016-2019



Graph 5.16: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Female
Population from 2016-2019

CHAPTER-VI

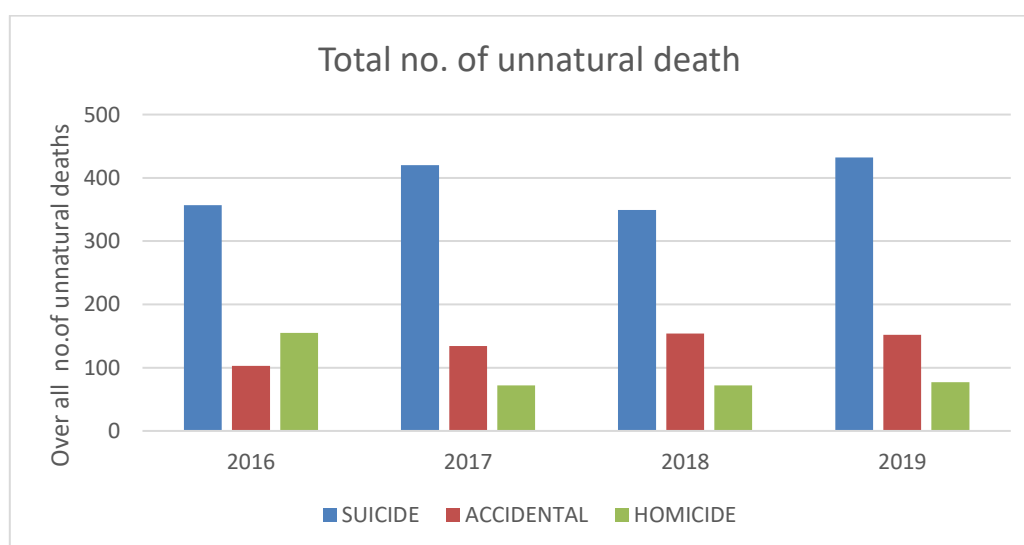
RESULT & CONCLUSION

STATISTICAL ANALYSIS OF MODE OF UNNATURAL DEATHS IN MALE AND FEMALE POULATIONS IN KOLLAM DISTRICT OVER THE LAST 4 YEARS

1. KOLLAM CITY

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	357	2016
2	ACCIDENTAL	103	2016
3	HOMICIDE	155	2016
4	SUICIDE	420	2017
5	ACCIDENTAL	134	2017
6	HOMICIDE	72	2017
7	SUICIDE	349	2018
8	ACCIDENTAL	154	2018
9	HOMICIDE	72	2018
10	SUICIDE	432	2019
11	ACCIDENTAL	152	2019
12	HOMICIDE	77	2019

Table 6.1 Number of Cases of Suicidal, Homicidal and Accidental Deaths of Male and Female Population from 2016-2019

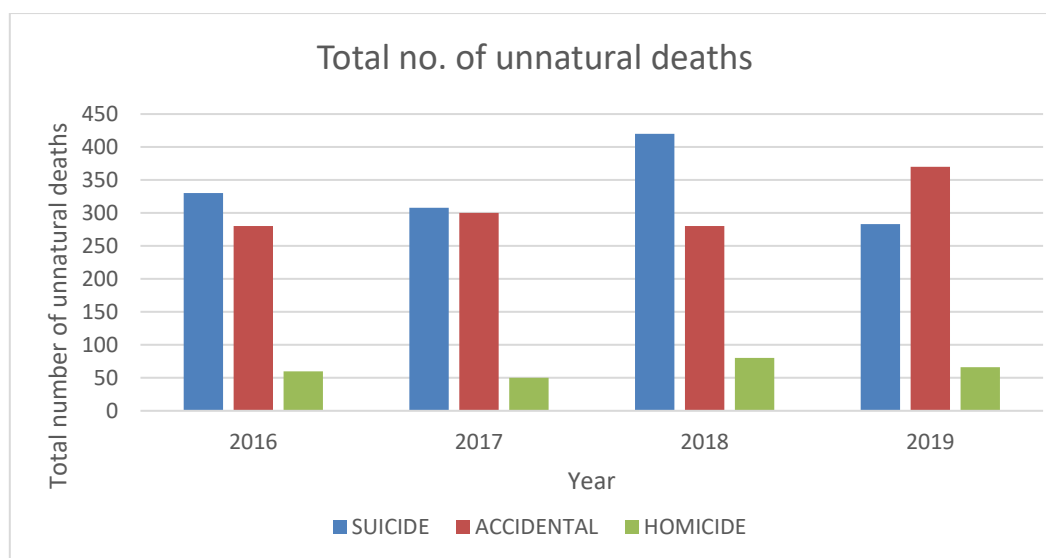


Graph 6.1: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Male and Female populations from 2016-2019

2. KOLLAM RURAL

S.NO	MODE OF UNNATURAL DEATH	NUMBER OF CASES	YEAR
1	SUICIDE	330	2016
2	ACCIDENTAL	280	2016
3	HOMICIDE	60	2016
4	SUICIDE	308	2017
5	ACCIDENTAL	300	2017
6	HOMICIDE	50	2017
7	SUICIDE	420	2018
8	ACCIDENTAL	280	2018
9	HOMICIDE	80	2018
10	SUICIDE	283	2019
11	ACCIDENTAL	370	2019
12	HOMICIDE	66	2019

Table 6.2: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Male and Female population from 2016-2019



Graph 6.2: Statistical analysis of Suicidal, Accidental and Homicidal Deaths in Male and Female population from 2016-2019

In Kollam City, the overall Unnatural Deaths are 2,477 and in Kollam Rural the overall unnatural deaths are 2,827. By comparing both the Kollam Rural and Kollam City, the rate of unnatural deaths is more in Kollam Rural.

CONCLUSION

This study shows that mode of unnatural death i. e, Suicide is more in Kollam District. The factors affecting Suicidal Deaths are professional/ career problems, discrimination, sense of isolation, abuse, violence, family problems, mental disorders, addiction to alcohol, financial loss, chronic pain etc.

By using the present statistics of both Kollam City and Kollam Rural, further analysis should be done for knowing the factors of unnatural deaths. And satisfactory measures are to be taken to reduce the unnatural death rate in Kollam District.

REFERENCES

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