Suicide is defined as a conscious act of self-induced annihilation occurring in a life situation in which death is felt to be the best possible solution. It is a known fact that the incidence of suicide vary widely according to time, region, age group, sex and race. A total of 138 suicidal deaths were autopsied during the three years period (2007-2009) at the Department of Forensic Medicine, Penang Hospital, Malaysia. The obtained data was statistically analysed and is presented in Figure I and Tables I-VI.
In the Timur Laut district, Penang Island, when the suicide deaths were analysed according to the day of incident, less suicide deaths occurred on Sunday while Thursday recorded the highest incidence of suicides though it can occur at any time of the day (Figure I). Comparing by gender, males were found to be more successful in completing the suicide. Similar patterns were also observed in other studies conducted in Malaysia[6,9,10] and others worldwide[13] except for China where more completed suicides were amongst females[14]. The age group at highest risk in this part of Penang Island is the age group of 40-44 years while the age groups...
of 35-39 and 55-59 share about the same risk (Table IV). Studies in Kuala Lumpur found the age group of 20-40 years and 21-30 years were most at risk. Others found that young adults, ages 20-24, and the elderly are at greater risk of dying by suicide. Studies found that elderly men (>60 years) are more prone to kill themselves than elderly women, and at this age group they are more likely than any other age group to die by committing suicide. We found the retirement age group 55-59 years old contributed 13% of the total suicide deaths (Table IV). Though the correlation between the retirement and suicide in current population of study is not clear, literature reviews shows there is an increased in the number of suicides by newly retired pensioners. As per ethnic group, Chinese represent 77.5% of the suicide deaths as they are the majority ethnic group in Timur Laut district, Penang Island followed by Indians and others (Table IV). A study conducted at Kuala Lumpur General Hospital (year 1999) and University Malaya Medical Centre (UMMC) (year 2000-2004) found that Chinese represent the highest proportion of suicide deaths of their study locality which is similar to our findings. However, earlier study conducted at UMMC (year 1996-1998) found it was the Indian were the commonest ethnic group. In Kuala Lumpur the suicide rates for the Chinese, Indian and Malay is 8.6, 21.1 and 2.6 per 100,000. Current study found the suicide rate among the Chinese men was in between 14.0-19.6 per 100,000 for the past 3 year (Table V). For the year 2007-2008 the suicide rate slightly increased among the Chinese female and double up in 2009. The male Indian ethic group were mainly affected in the year 2007 with the suicide rate 22.7 per 100,000 and it dropped to 13.5-13.6 per 100 000 for the last two years of study. For the Indian female suicide rate there is marked fluctuation for the past 3 years and there were no suicide deaths for the female of Indian ethnic group in 2009. The suicide rate among the Malays remained below 2.0 per 100,000 and there was no suicide death among this ethnic group in 2008 though they represent the second largest population in the Timur Laut district.

In this paper, much focus has been centred on the epidemiology of completed suicides. It is estimated that approximately 25 individuals have made an attempt, and even a greater number have contemplated suicide for each suicidal death. Whereas, for every completed suicide estimated there are about six survivors. A survivor is a person who has had someone very close o them complete suicide and these individuals should be considered to be at higher risk for suicide themselves and should be evaluated appropriately. Suicide risk in the general population has been associated with several factors including religious, socioeconomic status, urban and rural areas, unemployment, seasonal changes, medical disorders, drugs and alcohol consumption, and gambling.
Generally, suicide results from a complex interaction of biological, genetic, psychological, sociological, local culture and environment factors though recent study shows that people living in families with stronger sources of social support and integration decreases risk of suicide.

In conclusion, we found the suicide rates was high amongst Chinese ethnic group, the most affected age groups was of 40-44 years old. The four main suicide hot spots in the Timur Laut district in Penang Islands were Jelutong, Sg. Nibong, Air Itam and Jalan Patani. We hope, the future suicide prevention strategies can be formed by greater understanding of the local situation and addressing the local geography of suicide deaths.

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