

SUPPLEMENTARY COMPLAINT REPORT (DO NOT FOLD THIS REPORT)

U.F. 61
File No.

Complainant's Surname People State of New York			First Name (Malcom Little(X))			Telephone No.			6. Date and Time Reported on U.F. 61 Feb. 21, 1965 3.10 PM			A.M. P.M.	14*	15*	19. Pat. No. 34	22. U.F. 61 No. 995
Complainant's Address (Malcom Little(X))			Apt. No.			11. Day, Date and Time of Occurrence Sunday Feb. 21, 1965 3.10 PM			A.M. P.M.	16*	17*	27. Pat. No. 29	30. C.C.D. No. 26815			
36. P.D. Code 110			39. Aml. Code Larceny Only			40*			41*			42. Pat. of Arrest	45. Arrest Mtd.			
FOLLOWING QUESTIONS PERTAIN TO THIS COMPLAINT REPORT										Answer Yes No						
Was this complaint previously cleared by an arrest?										<input checked="" type="checkbox"/>						
If yes, is this an additional arrest?																
Was identified person wanted previously reported?																
Was any stolen property previously reported?																
Was this stolen property previously reported?																
Was any property recovered previously reported?																
Was this recovered property previously reported?																
Was complainant advised of action taken?										<input checked="" type="checkbox"/>						
NUMBER OF ARRESTS Male Female			ARRESTS MADE BY: Uniformed Force <input type="checkbox"/> Detective Div. <input type="checkbox"/> Other Peace Off. <input type="checkbox"/> Civilian <input type="checkbox"/>			50. TYPE OF PROPERTY 1. Autos Stolen or Recovered Locally 2. Autos Recovered by Other Auth's. 3. Autos Recovered F. O. A. THIS REPORT CONCERNS: (Check One) 4. Carcass 5. Jewelry 6. Furs 7. Clothing 8. Firearms 9. Miscellaneous Lost Property <input type="checkbox"/> Stolen Property <input type="checkbox"/>			61. Value of Property Stolen		67. Value of Stolen Property Recovered					
Adults Juveniles						Crime or Offense as Classified on U.F. 61 Homicide (Gun)			Det. Sqd. Ser. 1022 -							
If an alarm is transmitted enter the following information: Alarm Number Date and Time Transmitted						Crime or Offense Charged to do.			Status of Case Active							
						Copy of this report forwarded to Corr. Bur. for Communication.			Signature of C.O. of Investigating Officer <i>Det. Francis M. Sullivan</i> Rank Name Command							

Report of Investigating Officer: (LIST ALL LOST OR STOLEN PROPERTY ON REVERSE SIDE) Date of This Report: **Feb. 22, 1965**

Subject: AUTOPSY OF MALCOM LITTLE (X) M.N. 39 YRS, HOTEL THERESA, 128 WEST 125 STREET.

1. Autopsy performed at Bellevue Morgue, by Chief Medical Examiner Dr. Halpern. Cause of death: Multiple shotgun and other calibre bullet wounds of Heart and aorta.

2. Bullet wound entries:
- left chest one inch above left nipple.
 - 1 1/2 inches to right of left nipple.
 - 2 1/2 inches to right of left nipple.
 - 4 inches to left of right nipple
 - 1 1/2 inches to left of mid line.
 - 5 inches up from navel to midline.
 - 3 1/2 inches down from left nipple.
 - right chin.
 - 5 inches above right knee.
 - left ankle ~~inside~~ outside.
 - left thigh inside.
 - left thigh front 4 inches up from knee.
 - Web between thumb and index finger right hand.
 - right forearm.
 - left bicep.

*Entries by S.R.B. only

Investigating Officer's Name (Typed) Peter McPartland		Investigating Officer's Signature <i>Peter McPartland</i>	
Rank Det. Shield No. 875 Command 10015			

Bullet wound exits

Right palm

left middle back

upper right thigh

3bullet slaps and 1 crease on right knee upward

Bullets recovered at this time

3 "0" buck pellets left chest

3 "0" buck pellets right side back

1 45 Cal entry thru left ankle

1 9MM Cal entry front left thigh

1 9MM Cal entry left inside thigh

Autopsy to be completed 9/2265

Peter McPartland

Peter McPartland
Det. 878 128HB

AUTOPSY FILE

THIS IS A NEW YORK CITY GOVERNMENT RECORD
AND SHOULD BE ACCURATELY COMPLETED.

From PRESBYTERIAN HOSPITAL Hospital,

New York, FEBRUARY 21, 1965 19

To CHIEF MEDICAL EXAMINER OF THE CITY OF NEW YORK:
STATEMENT and particulars of the Death of Body identified as Malcolm "X"

Residence.....

Age..... years..... months..... days

Color..... N Occupation.....

Single, Married or Widowed.....

Place of Birth.....

Father's Name.....

Father's Birthplace.....

Mother's Name.....

Mother's Birthplace.....

How long in United States.....

How long in N. Y. City.....

Admitted 21 day of Feb. 1965

at 3:15 o'clock P. M.

By (State whether by ambulance or friends.)

Ambulance

From (State whether from a public place, a precinct or a residence and give the street and number.)

With police

Examined by John P. Collins M.D.

SYMPTOMS, SUBJECTIVE AND OBJECTIVE: Clinical, X-ray and Laboratory Findings: (State whether from Natural disease, poisoning, or injuries. If the latter, the location, extent, number and character of injuries, whether in shock, conscious or unconscious.)

It arrived without pulse respiration, any spontaneous motion, flaccid pupils dilated and unresponsive. Closed chest cardiac massage andotracheal intubation ineffective. Chest opened revealing pleural cavity full of blood multiple holes in myocardium, esp. ventricle air leaks from lung during positive pressure ventilation. Multiple holes from myocardium, 10 cm. wide diameter of chest.

Injuries said to have been received (State when, where, how, by what means or from what cause, in falls, the distance and location of the fall, fire burns and scalds, the circumstances; in highway deaths the kind of street car, bus or railroad, the type of conveyance whether truck, taxi, private car, etc.; in weapons, the character, direction, penetrating and cutting instruments, blunt instruments, etc. ALWAYS GIVE SUCH INFORMATION AS WILL LEAD TO THE ACCURATE KNOWLEDGE OF THE CASE AND FACILITATE JUDICIAL INQUIRY AND JUSTICE.)

Details not known other than one police officer's statement that an automatic gun was used.

(State name, date, place, character and results of any operation or respiration performed.)

@ thoracotomy with cardiac massage

Death took place on the 21 day of Feb. 1965 at 3:30 o'clock P. M.

REMARKS: (State here any important facts not embodied in the above statements.)

It did not respond at all to resuscitative measures. No cardiac felt during massage. Pronounced dead 3:30 PM although was actually dead on arrival.

John P. Collins M.D.
House Surgeon Physician

