Autopsyfiles.org - Marvin Gaye Death Certificate

84-048064

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1A. NAME OF DECEDENT — FIRST: MARVIN	1B. MIDDLE: PENZ	1C. LAST: GAYE, JR.	2A. DATE OF DEATH (MONTH, DAY, YEAR): April 1, 1984 — 2B. HOUR: 1301
3. SEX: Male	4. RACE/ETHNICITY: Black/Negro	5. SPANISH/HISPANIC NO: 3	6. DATE OF BIRTH: April 2, 1939 — 7. AGE: 44 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Washington D.C.	9. NAME AND BIRTHPLACE OF FATHER: Marvin P. Gay Kentucky		10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Alberta Cooper, No. Carolina
11. CITIZEN OF WHAT COUNTRY: United States	12. SOCIAL SECURITY NUMBER: 577-54-8569	13. MARITAL STATUS: Divorced	14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME)
15. PRIMARY OCCUPATION: Entertainer	16. NUMBER OF YEARS THIS OCCUPATION: 25	17. EMPLOYER OF SELF-EMPLOYED, SO STATE: Columbia Records	18. KIND OF INDUSTRY OR BUSINESS: Recording
19A. USUAL RESIDENCE — STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2101 South Gramercy Place	19B.		19C. CITY OR TOWN: Los Angeles
19D. COUNTY: Los Angeles	19E. STATE: California		20. NAME AND ADDRESS OF INFORMANT — RELATIONSHIP: Edward J. Haddad friend, 9200 Sunset Boulevard, Suite 1215, Los Angeles, California 90069
21A. PLACE OF DEATH: California Medical Center	21B. COUNTY: Los Angeles		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1414 South Hope Street	21D. CITY OR TOWN: Los Angeles		

DECEDENT PERSONAL DATA

USUAL RESIDENCE

PLACE OF DEATH

CAUSE OF DEATH

22. DEATH WAS CAUSED BY IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

(A) Gunshot Wound to Chest Perforating

(B) Heart, Lung and Liver

(C) DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 84-4248

25. WAS MONEY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Left Thoracotomy — DATE: 4-1-84

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ATTENDING DECEDENT SINCE ENTER NO. 24, YR.) — I LAST SAW DECEDENT ALIVE ENTER NO. 24, YR.

28B. PHYSICIAN — SIGNATURE AND DEGREE OR TITLE — 28C. DATE SIGNED — 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. BY CITY ACCIDENT, SUICIDE, ETC.: Homicide — 30. PLACE OF INJURY: Residence — 31. INJURY AT WORK: No — 32A. DATE OF INJURY — MONTH, DAY, YEAR: April 1, 1984 — 32B. HOUR: 1220

33. LOCATION (STREET AND NUMBER OR LOCATION & NO CITY OR TOWN): 2101 S. Gramercy Place, Los Angeles 19

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): Shot by Known Person

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN INVESTIGATION

35B. CORONER — SIGNATURE AND DEGREE OR TITLE: Deputy Coroner — 35C. DATE SIGNED: 4-4-84

36. DISPOSITION: Cremation — 37. DATE — MONTH, DAY, YEAR: April 5, 1984 — 38. NAME AND LOCATION OF PLACE OF DISPOSITION: Forest Lawn Memorial Park, 1712 S. Glendale Ave., Glendale, CA — 39. SIGNATURE & LICENSE NUMBER OF SIGNATURE: 6121

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Forest Lawn Hollywood Hills Mty — 40B. LICENSE NO.: F 904 — 41. LOCAL REGISTRAR: [signature] mcf — 42. DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1984

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
1	X	1		9254	