2005–30M– 114

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

From PRESBYTERIAN HOSPITAL **Hospital,**

New York, FEBRUARY21, 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. 19 65

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 A. 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.)

Pt arrived without pulse respiration, any spontaneous motion, flaccid, pupils dilated and unresponsive. Closed chest cardiac massage and tracheal intubation ineffective. At chest opened revealed pleural cavity full of blood, multiple holes in myocardium, aspirated air bubbles from lung during positive pressure ventilation. Multiple holes in pericardium, one hole in septum of heart.

Injuries said to have been received (State when, where, how, by what means or persons received; in falls, the distance and location of the fall; in burns and scalds, the circumstances; in highway deaths the line of street car, bus or railroad, the type of conveyance whether truck, taxi, private car, etc.; in weapons, the character, firearms, 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 amputation performed.)

R thoracotomy with cardiac massage

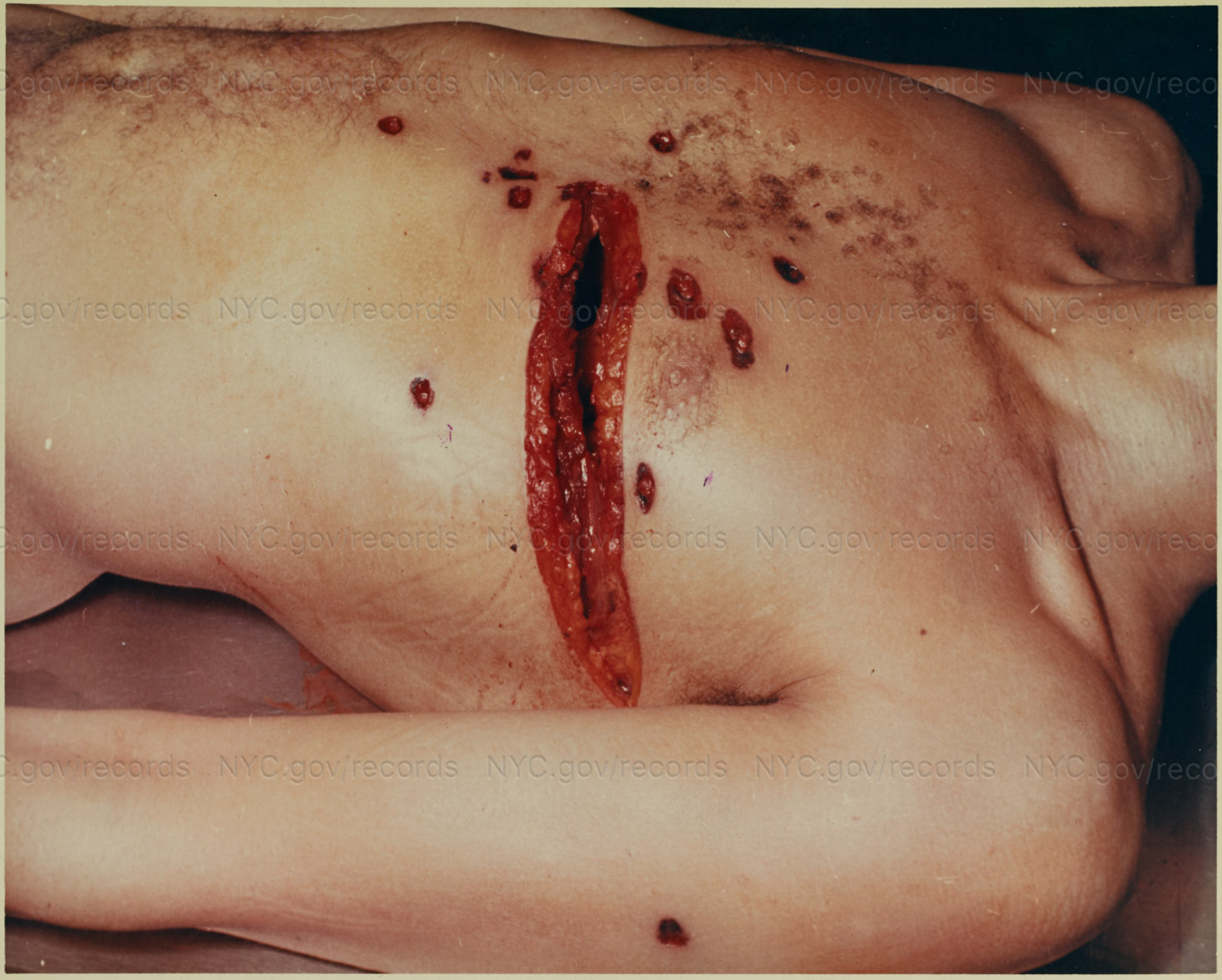
Death took place on the 21 day of Feb. 19 65, at 3 30 o'clock P M.

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

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

John A. Collins M.D.

House Surgeon Physician



NEW YORK CITY
POLICE DEPARTMENT
PHOTOGRAPHIC UNIT
CLOR SECTION

FILE #

(Malcolm X)

Peo vs - Hayer, Butler et al

MCN.
306

Acc 93-39

Bx 02-039390

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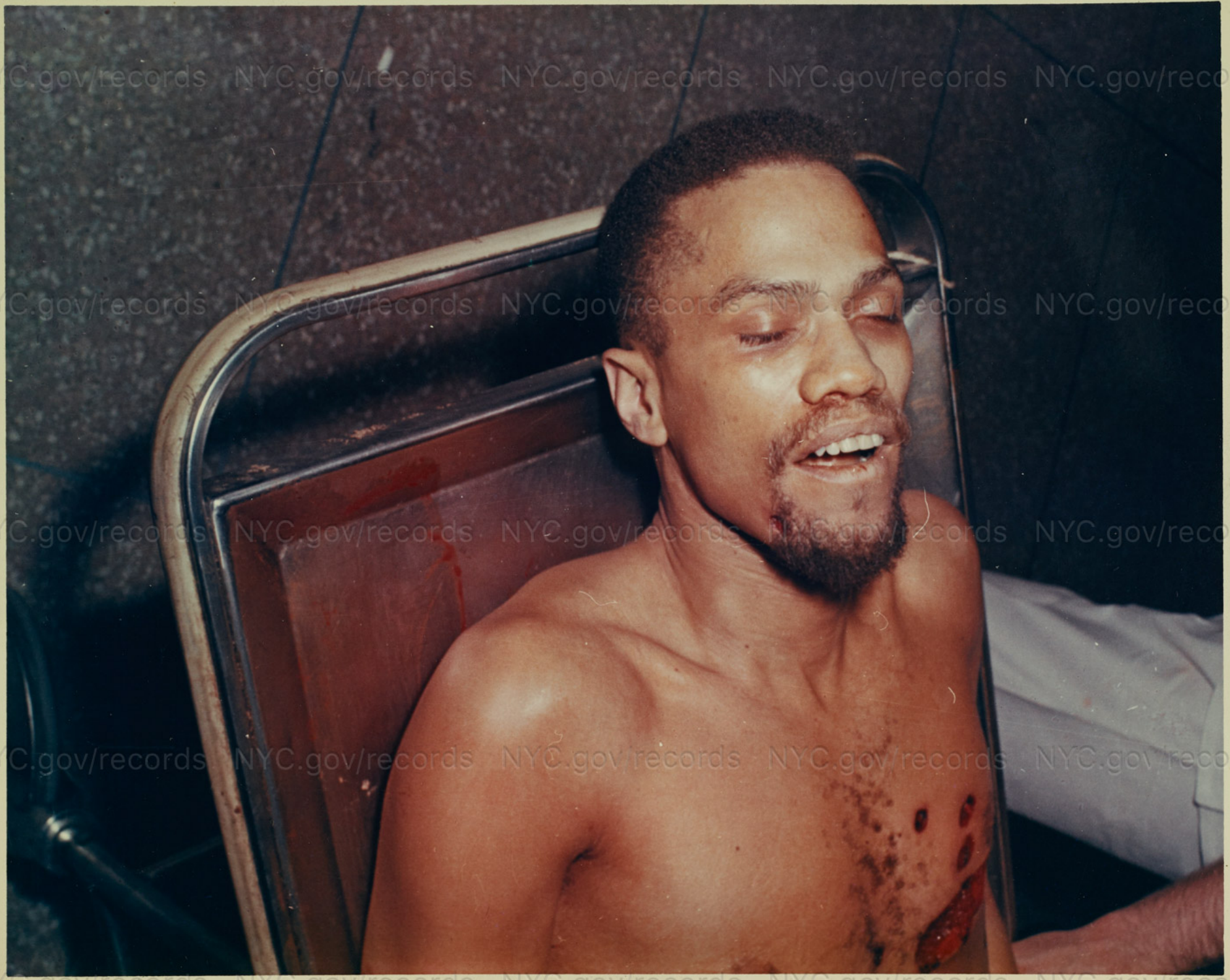

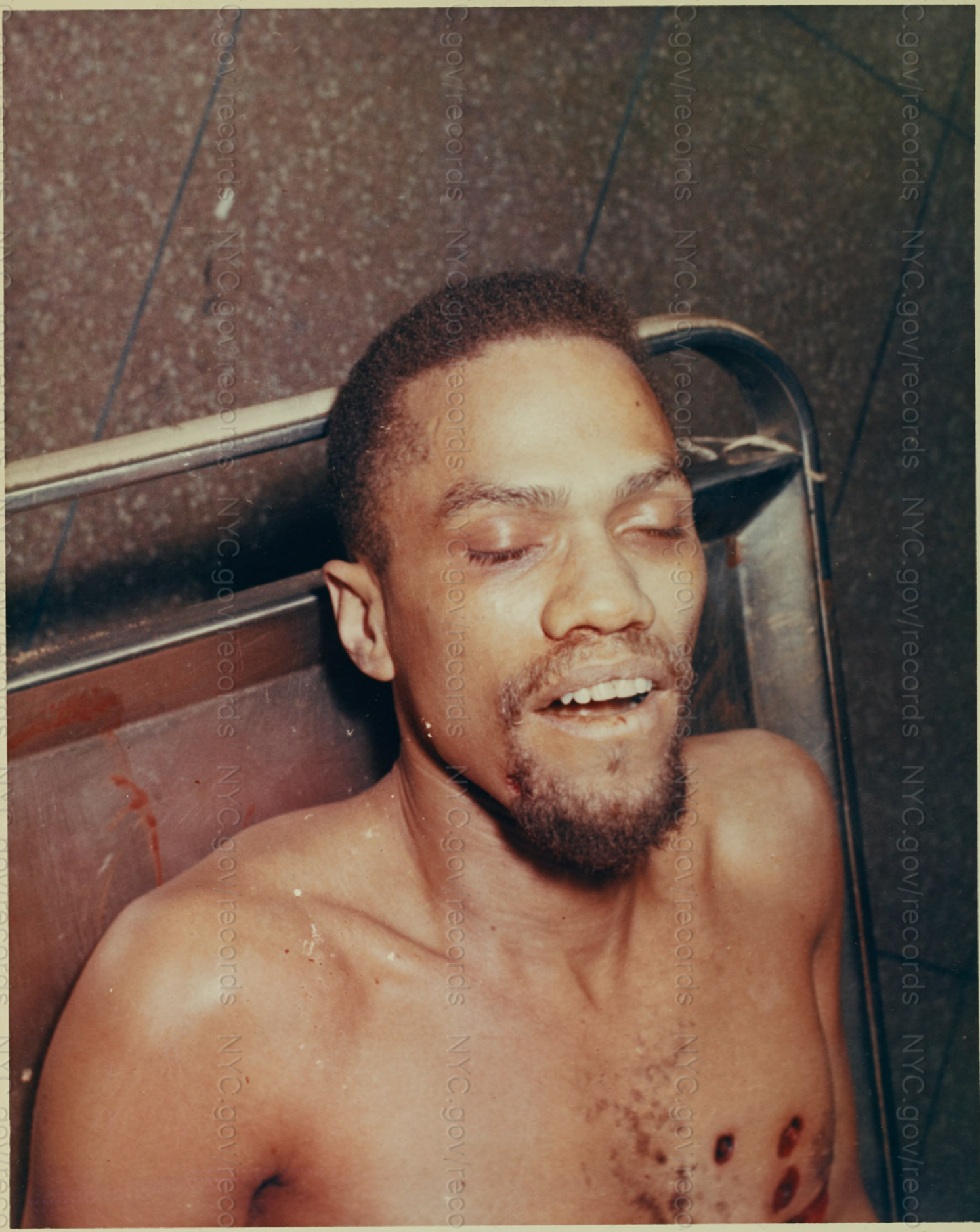

Dr. Nelson - Admit Log

MU4-1616

Murphy - MU4-1600

Item #5 - #6 - 40 S&W 9mm 9MM #7

[left side, inside of folder]

Malcolm Little, also known as Malcolm X--#1686--FS

2008-25M-115048(62) 114

Stern

AUTOPSY

Case No. 1686

Approximate Age 39 yrs. Approximate Weight 178 lbs.

Height 6' 3"

Identified by Residence

Stenographer Frank Smith, Residence
Transcribing Typist

I hereby certify that I, MILTON HELPERN, M.D. have performed an autopsy on
the body of MALCOLM X ALSO KNOWN AS "HAJJ MAIKEL SHABAZZ" IS: "MALCOLM X LITTLE" at OFFICE OF CHIEF MEDICAL EXAMINER, 520 FIRST AVENUE, N. Y. C. on the
21st day of FEBRUARY 1965, hours after the death,

and said autopsy revealed

AUTOPSY PERFORMED BY DR. HELPERN, CHIEF MEDICAL EXAMINER:
In the presence of Drs. Siegel and Sturner and Detective Peter McPartland, Shield No. 873, Homicide North, Manhattan:
Dictation commenced at 9:48 p.m., February 21, 1965; completed at 5:00 p.m., February 22.

Body identified to Dr. Helpern, Dr. Siegel, and Dr. Sturner by Patrolman Gilbert Henry, Shield No. 3916, 34 Precinct, who first saw the body at 3:10 p.m. on the stage of the grand ballroom (Audubon Ballroom), 564 166 Street. Patrolman Henry accompanied thebody to the VanderbiltClinic of the Columbia Presbyterian Medical Center, on a stretcher, across Broadway into the entrance of the Hospital. The deceased was pronounced dead by Dr. J. A. Collins of the VanderbiltClinic about 3:45 p.m. Patrolman Henry states that when he arrived on the stage where the deceased was lying, the shirt had already been opened, exposing thechest.

EXTERNAL INSPECTION:

The body is that ofan adult colored male, 6' 3" tall, scale weight 178 lbs. Well-nourishd, well-developd, lean musulature. Light brown skin. Hair coarse, wavy, dark brown. Eyebrows brown. Brown eyes. The body is clean. There isslightfrontal baldness. There is a wide mustache brown in color, also a goatee of brown hair with a few gray hairs. The teeth are in good condition in both upper and lower jaws. Theskin issomewhat pale. Rigormortis is now present. There isa prominat Adam's apple. Normal genitalia. Penescircumcised. Brown hair on pubes. There isa fresh surgical cut-down on the medid aspect of the left ankle, 1 ½" in length, and also a large surgical thoracotomy on the left anterior suface of the chest extending over toard the midaxill ary line, thisincision passingthrough two of the missile perforations on the lft anteriorchet vall. The upper margin ofthis incision issituated 6 ½" below theclavicle The inner end is 3/4" to the left of the midline, and thisincision is8" in length, gaping up to 1 3/4", extending into he pleural cavity through an opening in the ribs, this opening including a cut through the costal margin of the fifth left rib. Theleft lung is visible, also theopen pericardium and the collapsed heart. The hands are well-developed. The fingernails are netly trimmed. The feet are notunusual. There is a small transverse abrasion, ¼" in length and 1/16" in width, over the prominence of the Adam's apple. There issome drid blood in the nostrils.

There are multiple gunshot wounds, evidently a series ofperforations produced by shotgun slugs. One of thee is located on the right side of the chin, is somewhat ragged, arrow-shped, thepoint of the arrow directed forwards. This wound is situated ½" above the

margin of the jaw and 1 ¼" to the right of the midline, the overall dimensions ½" by ½". The posterior margin is torn and slightly undermined. The wound is fairly dry. It is also located 8 ½" below the top of the head.

Perforations, or wounds 2 and 3 are located on the right forearm. The larger of these two wounds, which is irregular in shape, has overall measurements of 5/8 by 3/8" and is situated 7 ¼" from the styloid process and also 1" to the ulnar side of the radial border of the forearm. The skin around this perforation is faintly contused and light blue in color. Perforation, or wound No. 3 is situated on the ulnar border of the forearm proximal to the location of No. 2, and 3" from the olecranon process. It is roughly a pentagonal-shaped wound up to 5/16" in diameter. This wound is dry. Beneath the skin in an area between these two bullet perforations, several irregularly shaped, hard fragments can be palpated. Wounds 2 and 3 represent the exit and entrance of a superficial bullet track. The entrance character of No. 3 is evident from the fact that the edge of the ulna is fractured longitudinally, and the hard objects which were felt in the subcutaneous tissues are found to be two fragments of a yellow metal bullet casing and not a slug. The larger ragged opening described as No. 2 is the exit. The direction therefore is from the ulnar toward the radial side, slightly distal in an oblique direction, and slightly toward the dorsal surface. The length of the track is 3".

The statement that all of the perforations are due to shotgun slugs will have to be modified to say that most of the perforations on the anterior chest wall are so produced. This impression is revised on the basis of the finding of the fragments of bullet casing in the wound of the right forearm--that is, the in-and-out wound (this track as already described, the entrance wound No. 3, the exit wound No. 2).

Bullet wounds 4 and 5, located on the right hand. The entrance wound and exit wound are difficult to differentiate. With the forearm sharply flexed, the track of this wound can be brought in line with the bullet wound on the right side of the chin (that is, bullet wound No. 1, which may be a reentrance). Bullet wound No. 4 is located in the web between the thumb and the index finger, is elongated, 3/4" in length. The edges are sharply lacerated, and the proximal margin is slightly contused. This wound can be made to gape up to 3/16". The wound just described enters a track which communicates with another bullet perforation which is located on the base of the right hand just distal to the wrist and medial to the thenar eminence. Wound No. 5 has overa ll dimensions of ½ by 3/8", and the distal edge is everted, and the proximal margin is contused and shows tearing of the muscle of the thenar eminence. The direction of the track is from the web between the thumb and index finger to wound No. 5--that is, it travels proximally and medially and towards the volar surface. The length of this track is up to 3". The track on dissection is found to pass through the muscles on the palm of the hand and just medial to the base of the first metacarpal.

On probing into track No. 1 on the right side of the chin, a short distance above and posterior to the entrance wound an irregularly shaped, white, metallic, deformed fragment is found. It is not definite as to whether this represents a reentrance of the track between 3 and 2 and 4 and 5, or whether it is unrelated.

Track 4 has three components. The lowermost, which represents the beginning of the track, is a tangential groove running vertically on the anterior surface of the right knee. This groove extends through the skin and measures up to 1" in length and ¼" in width.

It is now dry. The edges are abraded, and the upper portion tapers slightly. It lies right on the kneecap, the lowermost portion 22 ½" above the level of the heel. Extending upwards above the furrow just mentioned, there is a more superficial dry abrasion in the same line, up to 1" in length and 3/16" in width, separated from the furrow by 3/16". The overall length of this furrowed portion of the track is 2 ½". The track then continues and enters the anterior surface of the thigh in the lower third at a point which is 1 7/8" above the upper end of the component already described and almost in the midline. This wound is elongated, beveled, 7/8" in length and up to 3/8" in width. Extending from the upper margin for a distance of ½", there is an oblique perforation, the remaining portion merely being an elongated bevel. This wound can be probed up through the subcutaneous tissues to a point of exit, which is a round wound ½" in diameter with a perforation up to 1/8 by 3/16". The skin below the level of this perforation of exit shows a faint, mottled contusion. The exit hole is situated 6 7/8" from the entrance portion of the track and on the anterolateral surface of the thigh. The overall length of the three components is 12 ½". The direction is vertically upwards, and the point of exit is slightly lateral to the entrance wound--that is, 1 ½" to the right of the midline of the thigh. On opening this track, it is found to penetrate through the fascia over the rectus femoris muscle, and the subcutaneous fat shows evidence of liquefaction.

NOTE:

There is a small, circular, atrophic scar on the lower third of the right leg, the skin paper thin, and this is located 4" above the ankle; and above this there is a very faint, oval-shaped, similar scar up to 2" in length.

Track 4 has three components which will be numbered 6, 7, and 8; 6 representing the tangential lower portion, 7 the entrance, and 8 the exit.

Track 5, bullet wound No. 9. A long, ragged wound of entrance on the lower lateral surface of the left leg near the posterior surface, and 5 ½" proximal to the heel and 2 ½" proximal to the lateral malleolus. This wound exposes one of the tendons on the lateral surface of the leg and measures up to 1 3/4" in length, gaping up to ½". The upper end is somewhat tapered. The track passes upwards and also from the lateral to the medial surface of the leg. The track of this bullet wound is readily traced. It passes in a direction which is upwards on the posterior surface of the leg behind the knee joint, and then enters the biceps femoris muscle, and the bullet is found on the posterior-medial portion of the thigh at a point 28" above the level of the entrance wound. The bullet which is recovered in the subcutaneous tissue just medial and posterior to the semitendinosus muscle is a 45 caliber bullet with a yellow metal jacket, marked "MX" and "MH" on the base immediately after its removal. This description is for track 5. The entrance wound is No. 9.

Track No. 6, bullet wound of entrance No. 10, on the anterior aspect of the lower third of the left thigh, near the lateral margin and 26 ½" above the heel and 1 ½" lateral to the midline of the thigh. This bullet wound has a perforation 3/16 by ¼", surrounded by an abrasion collar which is wider inferiorly, measuring up to ¼", and 1/16" on the upper and medial margins. The track of this wound can be probed in an upward direction and slightly posteriorly into the muscles of the thigh on the anterior aspect. This wound of entrance is also located 4" above the level of the patella. On sectioning the thigh vertically, the track is readily traced upwards through the rectus femoris muscles. It passes slightly backwards and in a medial direction, and the bullet is found embedded in the inferior surface of the left femoral head. This bullet projects in such a way that the base is obliquely visible. It

grazes the femoral neck before embedding itself. The overall length of the track is 13". The bullet which is removed is a 9 mm., metal-jacketed bullet, slightly flattened, and will be marked on the base with the initials "MX" and "MH," and No. 6 is scratched on the flattened side of the nose to correspond to the track number.

Hemorrhage was found in the left semitendinosus muscle in connectio n with track No. 5.

Track No. 7, entrance on medial surface of left thigh at junction of upper and middle thirds. The entrance wound is oblique. The beveled taper is directed downward. The perforation is undermined and at the upper end. This wound is located 32" above the level of the heel, and the perforation is 6 ½" below the inguinal fold. In connection with this bullet track, the subcutaneous tissue on the upper medial surface of the thigh and the opposing surface of the left side of the scrotum is contused by the passage of this bullet upward through the abdomen to its point of destination. The contusion of the scrotum and the thigh is up to 2 ½" in length and ½" in width. The direction of the track is readily probed through the soft tissues of the thigh, and then upward into the abdomen, and will be described subsequently. . This wound is No. 11 and represents the entrance of track 7.

Track 8 is a composite track involving the volar surface of the distal segment and distal interphalangeal joint and distal half of the middle segment of the left middle finger, and the continuation is through a ragged entrance wound, gaping and involving the dorsum of the distal segment of the left index finger, extending upward from the nailbed through the interphalangeal joint. The fragmented portions of the head of the second phalanx and base of the distal phalanx are visible in this gaping wound, which is up to 5/8 by 3/4". The edges are everted. There is a comminuted fracture of the middle phalanx of the left index finger and also a fracture of the head of the proximal phalanx. The track passes from the volar surface of the middle finger starting near the tip and extending through a deep furrow with elevation of the epidermis and subcutaneous tissue for a distance of 1 ¼". This groove on the middle finger is up to 3/8" in width. The component on the middle finger will be designated as wound No. 12, and the reentrance of this track on the index finger wound No. 13. On dissecting the middle phalanx of the index finger, in addition to the comminution, embedded in and between the fragments and in the medullary cavity are many small metal fragments, apparently lead, and one larger fragment firmly embedded in the bone. There is a markedly deformed, irregularly shaped slug, evidently a shotgun single 0 buckshot size. The splitting longitudinally of the shaft of the phalanx continues almost to the base, and the fragments are wedged apart.

Track 9 is in and out on the lateral surface of the left arm. The entrance wound is No. 14, the exit wound No. 15, situated anteriorly and posteriorly on the lateral surface. The direction of the track is backwards, and the perforations are 2" apart. The entrance wound is beveled anteriorly, undermined posteriorly; the overall dimensions 7/16 by 3/8"; the exit wound more rounded, up to 7/16" in diameter. The track passes only through the subcutaneous tissue of the left arm. This wound is located 5 3/4" below the shoulder.

There are 11 wounds on the left anterior chest wall, one on the right anterior chest wall just to the right of the midline. This cluster of wounds comprises 10 perforations and two abrasions, which correspond to 12 wounds in all and to the 12 perforations which are found on the sweater. These are perforations due to shotgun slugs. They are very conspicuous and vary in appearance from round to oval-shaped. When the gaping surgical wound is approximated, these 12 perforations occupy an area up to 7" vertically and 7" across, in other words a diameter of 7". The most lateral one lies 1 ½" to the left of the left nipple. Several of the medial ones lie up to ½" to the left of the midline, and the one which is most to the right is situated 3/4" to the right of the

midline and 5 3/4" below the level of the clavicle. The lowermost wound lies in the costal angle just below the level of the xiphoid but in the upper part of the epigastrium. The wounds vary in diameter from 3/8" circular, the largest up to 1" by 3/8". The perforations, some of which are at right angles, others beveled slightly, are up to 3/8" in diameter and are fairly uniform. The two abrasions, which correspond to perforations seen in the garment, are 5/8 by ½" in overall dimensions. These lie medial to the second lowermost medial wound on the left side. The surgical incision passes through and partly obliterates one of the perforations and also passes at its medial end just above another perforation. The spread of these perforations is varia ble, but 12 distinct wounds can be found to correspond to the 12 perforations in the sweater.

Incision in the back over hard subcutaneous objects discloses a rounded, single 0 buckshot slug, undeformed, in the right posterior chest wa ll. Another one, somewhat similar but slightly more deformed, is found on the left posterior chest wall. The slug which was removed from the subcutaneous portion of the right posterior chest wall was located 3" to the right of the midline and 8" below the top of the shoulder and 4' 9" above the level of the heel. The slug which was removed from the left posterior chest wall was 4" to the left of the midline and 8" below the top of the shoulder and 4' 9" above the level of the heel. There is an exit slit ½" in length, representing the point of exit of one of the shotgun slugs. This is located 4 ½" to the left of the midline and 10" below the top of the shoulder and 4' 7" above the level of the heel. At a point 2 ½" above and also the same distance from the midline--that is, 4 ½" to the left of it--a hard object is felt in the subcutaneous tissue; and on incision, a deformed slug roughly similar in size to the previously described ones was removed. In other words, on the back there is one exit perforation of a slug and three other slugs removed from the subcutaneous tissue; one on the right, two on the left, and the exit perforation, also on the left. There is hemorrhage in the surrounding tissue where these slugs were found. There is also a palpable rib fracture where the slug made its exit, and also a fracture of the margin of the rib from the most medial one of the slugs removed from the left posterior chest wall.

The anterior surface of the spine is examined after the viscera are removed. Perforations are evident in the fascia on the anterior surface of the body of the sixth dorsal vertebra; and on sawing into the body, a deformed, lea d, shotgun slug is located ½" below the anterior surface and slightly to the left of the midline. It does not penetrate the spinal canal. There is also a slitlike perforation through the fascia between the tenth and eleventh thoracic vertebrae, and on section a lead shotgun slug similar to the previously described slugs and of the same size is found embedded in the intervertebral disc ½" below the anterior surface. In removing this slug, it was inadvertently cut in two by the saw. There is a third perforation visible on the anterior surface of the body of the second lumbar vertebra in the midline, and this is the roundest of the three perforations. This is readily probed into the spinal canal in a direction which is backwards. It is almost in the midline. On subsequently opening the spinal canal, the track of this slug is found. There is hemorrhage in the extradural space, and there is injury to the cauda equina. However, the slug does not lie at the level where it entered the spinal cana l, but is found in the lower part of the spinal canal--that is, in the sacral region. This slug was found several inches below the point of entry into the spinal canal. This slug is relatively undeformed and did not appear in the X rays taken for the reason that this segment of the spine was not included.

ON SECTION OF THE TRUNK:

Panniculus up to 2 cm. Recti muscles well-developed. Diaphragm

fourth rib on the right, fourth space on the left. There is a small amount of blood in the peritoneal cavity, and there is considerable retroperitoneal hemorrhage on the left side of the bladder and above the level of the pubic bone.

The track of the bullet which entered on the medial aspect of the left thigh (track 7) passes in an upward direction and through the left innominate bone. It passes lateral to the bladder without penetrating it and also along the left psoas muscle fascia--the psoas muscles being extremely well-developed. The track then perforates the sigmoid colon and the mesentery in several places. It then penetrates the aorta in the abdominal segment just below the crura of the diaphragm, and rips upward producing a long longitudinal, ragged tear in the thoracic aorta. The bullet is found in the posterior mediastinal tissues--a 9 mm. missile with metal jacket, the riflings having a right twist, this bullet marked on the base with the initials "MK" and also with the number "7" to correspond to the track. The length of the track is 25", and the direction is slightly backwards and toward the midline.

The thoracotomy opening made by the surgeons separates the fourth and fifth ribs, and in addition the costal cartilage of the fifth rib is also cut to produce this gaping opening. This wound in the chest wall is up to 5" in length, and on the skin it passes through one of the wounds and below the upper four, and also through the medial one, which is in line with it. The medial end of this incision, as is this slug perforation, is ½" above another perforation, which is lateral to three abrasions representing slug impacts which did not penetrate but merely abraded the skin. The lowermost slug perforation overlies the costal margin and is found to penetrate backwards and medially and slightly downward into the peritoneal cavity, and will be described.

The perforations which penetrate the skin also penetrate the chest through the interspaces and also through the ribs, entering the pleural cavity. The perforations in the pericardial sac anteriorly can be seen, but one is obliterated as a result of the open cardiac massage. The heart examined in situ reveals six large slug perforations which are through-and-through. The anterior wall of the right ventricle, and also of the left ventricle lateral to the interventricular sulcus, shows these large wounds, which are up to ½" in diameter. These wounds penetrate the entire thickness of the heart and then pass out of the pericardial sac posteriorly. One of these enters the root of the right lung in the lower lobe and passes out of the chest cavity through a perforation in the ninth interspace, and was recovered from the right posterior chest wall. A nother slug, after penetrating the heart, is embedded in the lower lateral portion of the dorsal spine at the upper level of D-10. This slug also penetrated the left lung. There are five perforations in the left lung, which also continue into the pericardium and heart. In addition to the perforations of the heart, there are multiple through-and-through perforations with a characteristic, jagged, and somewhat stellate shape in the descending aorta, both in the thoracic segment and in the abdominal segment; and these perforations in the aorta correspond to the loca tion of the slugs in the body of D6 and in the intervertebral disc between D-10 and 11, and of the slug which penetrated the body of L2 (which was recovered in the sacral portion of the spinal canal).

HEART:

Is collapsed, is 350 gms. in weight, and is normal except for the tracks of the shotgun slugs. The aorta is fairly smooth and elastic, and shows the perforations, through-and-through, as well as the longitudinal laceration inflicted by the 9 mm. bullet which was recovered in the mediastinum at the end of track 7.

LUNGS:

Are soft. There is some blood mixed with a small amount of mucus in the main bronchi of the left lung and also in the right. The right lung exhibits a small amount of inhaled blood, is fairly bloodless otherwise and pale, light in weight. The left lung is 220 gms., the right lung 250 gms. There are no adhesions. In the left pleural cavity there are 1500 cc. of dark red fluid and soft clotted blood. In the right pleural cavity there are 1000 cc. of similar blood.

The left diaphragm is perforated in four places in the tracks of the lower shotgun slugs. The lowermost lateral one penetrates the anterior border of the spleen with a characteristic stellate perforation. It then enters the left lobe of the liver, where it also produces a large perforation passing completely through the left lobe and then into the retroperitoneal tissues. This slug ends and is recovered in the lateral portion of the dorsal spine. Two slugs were found free in the posterior portion of the left chest cavity. Three slugs, as already described, were found in the spine. There are multiple slug perforations in the mesentery and in the jejunum. One of these jejunal tears is tangential; the other is a binocular, through-and-through set of perforations. There are also two perforations in the splenic flexure of the colon in association with the track of the lower slug, which penetrated those organs.

The direction of the tracks in the chest are backwards and obliquely from left to right, toward the midline. The longest of these tra cks is up to 9".

GASTRO-INTESTINAL TRACT:

The esopha gus is intact. There is some periesophageal hemorrhage in the posterior mediastinum derived from the aortic perforations. The stomach is distended and filled with gas and a small amount of mushy gray chyme. The small bowel contains some gray-green, mushy content, and the large bowel greenish-brown feces. The appendix is present. There is a small tangential perforation in the upper part of the stomach near the cardiac end, and there is also a contusion of the mucosa on the opposite surface.

LIVER:

Is pale and dry, flabby. The wound in the left lobe was already described. Gallbladder natural, contains a few cc. of green bile, no stones.

The weight of the liver was 1450 gms. The spleen was 170 gms.

ADRENALS:

Show well-differentiated cortex and medulla, are pale.

KIDNEYS:

A re pa le, show no evidence of injury. Scant fatty capsules. The kidneys together weigh 240 gms. Pelves and ureters natural.

The urinary bladder contains about eight ounces of clear yellow urine. The mucosa is intact. Prostate not enlarged. The upper pole and upper median portion of the left testicle shows contusion of its substance incident to the passage of the bullet upward through the left thigh. The right testicle is normal. There is a small spermatocele of the epididymis of the left testis.

The musculature of the trunk and extremities is well-developed.

ON SECTION OF THE HEAD:

On reflecting the scalp, no evidence of hemorrhage in the galea. The calvarium is 3/16 to 5/16" in thickness; rather hard, compact bone. The dura is intact. The brain is heavy, weighs 1700 gms., without flattening of convolutions. The surface is pale. The arteries at the base are normal. The brain on section shows no abnormalities. The base of the skull is normal.

NECK ORGANS:

A re not obstructed and do not show any evidence of injury.

ANATOMICAL DIAGNOSIS:

MULTIPLE SHOTGUN PERFORATIONS OF LEFT ANTERIOR CHEST WALL, MEDIAL PORTION OF RIGHT ANTERIOR CHEST WALL, LEFT ARM, WITH SLUG PENETRATION THROUGH THE CHEST INTO THE THORACIC CAVITY, THE LEFT LUNG, PERICARDIUM, HEART, AORTA, RIGHT LUNG; ONLY ONE SLUG EXITING ON THE LEFT POSTERIOR CHEST WALL; ALL THE OTHER SLUGS FOUND EITHER IN THE SUBCUTANEOUS TISSUE OF THE BACK OR ALONG THE SPINE, AND TWO SLUGS FREE IN THE LEFT PLEURAL CAVITY. NINE SLUGS IN ALL WERE REMOVED--S INGLE O BUCKSHOT; ONE SLUG HAVING PASSED OUT OF THE LEFT PLEURAL CAVITY POSTERIORLY, ALSO AN IN-AND-OUT WOUND OF THE LEFT ARM.

COMPOSITE SLUG WOUND OF LEFT INDEX AND MIDDLE FINGERS WITH DEFORMED SLUG SHATTERING AND FOUND EMBEDDED IN THE SHAFT OF THE MIDDLE PHALANX OF THE INDEX FINGER.

SUPERFICIAL IN-AND-OUT TRA CK THROUGH THE DORSUM OF THE RIGHT FOREARM WITH TWO SMALL FRAGMENTS OF YELLOW METAL BULLET CASING.

THROUGH-AND-THROUGH WOUND OF THE RIGHT HAND THROUGH THE WEB BETWEEN THE THUMB AND INDEX FINGER. EXIT ON THE THENAR EMINENCE OF THE PALM.

SUPERFICIAL ENTRANCE OF A PORTION OF A SLUG FRAGMENT ON THE RIGHT SIDE OF THE CHIN.

BULLET WOUND OF LEFT LEG, LATERAL SURFACE, PASSING UP THE LEFT LEG AND THIGH IN A LONGITUDINAL DIRECTION. A .45 CALIBER, METAL-JACKETED BULLET RECOVERED MEDIAL TO THE SEMITENDINOSUS MUSCLE IN THE SUBCUTANEOUS TISSUE.

BULLET WOUND ON LOWER ANTERIOR SURFACE OF LEFT THIGH EXTENDING UPWARD THROUGH THE MUSCLES OF THE THIGH. BULLET FOUND EMBEDDED IN THE LOWER PART OF THE HEAD OF THE LEFT FEMUR (A 9 MM. BULLET).

BULLET WOUND OF LEFT THIGH, MEDIAL ASPECT, UPPER PORTION, EXTENDING UP THROUGH THE INNOMINATE BONE INTO THE PERITONEAL CAVITY, PENETRATING THE INTESTINES AND THE MESENTERY AND AORTA. BULLET FOUND IN THE POSTERIOR MEDIASTINUM (9 MM. BULLET). THIS IS TRACK 7. INJURY OF SCROTUM AND THIGH IN CONNECTION WITH THIS TRACK.

A SUPERFICIAL, TANGENTIAL, AND IN-AND-OUT, LONGITUDINA L UPWARD TRACK OF A BULLET ON THE ANTERIOR SURFACE OF THE RIGHT KNEE AND LOWER HALF OF RIGHT THIGH.

LARGE SURGICAL THORA COTOMY AND SMALL INCISION ON MEDIAL ASPECT OF LEFT ANKLE .

Blood and portion of brain taken for typing and alcohol test respectively.

The bullets and five of the slugs given to the members of the Ballistics Bureau; also the small fragment from the right side of the face and from the track of the right forearm. Slug of left index finger phalanx kept in situ.

CAUSE OF DEATH:

MULTIPLE SHOTGUN SLUG AND BULLET WOUNDS OF CHEST, HEART, AND AORTA.
HOMICIDA L.

CLOTHING:

A black sweater vest with twelve perforations on the left side corresponding to the perforations and abrasions on the left anterior chest wall.

An undershirt, T-shirt, with blood staining of the front of the garment and multiple perforations corresponding to the perforations on the chest wall.

Long underdrawers with blood staining of the upper part of the leg on the left side.

Suit coat of a dark brown fabric. The right sleeve has been ripped open. There are multiple perforations on the front of the coat on the left side corresponding to the slug perforations; also a pair of perforations in the left sleeve and on the right forearm.

Undershirt, white fabric, blood-stained and now stiffened, with multiple slug perforations on the left side; also an in-and-out perforation of the left sleeve and perforation of the right sleeve.

Brown tie, with a pair of perforations through both ends.

Brown trousers similar to the coat.

Dark brown belt.

A fabric of the right trouser leg is ripped longitudinally. There is a bullet perforation in the upper part. Bullet perforations on the left trouser leg.

Clothes labeled "MH/MX, 2/21/65."

PERSONAL IDENTIFICATION:

Body identified at 520 First Avenue, N. Y. C., as "Malcolm X. Little," also known as "Hajj Malikel Shaba zz," also known as "Malcolm X," by Betty Little, also known as "Betty Shabazz," wife, of 34-50 110 Street, Queens, New York, to Drs. Helpern, Siegel, and Sturner, February 22, 1965, at 11:32 a.m.

PEOPLE VS. JOHN DOE, et al.

March 10, 1965.

Before:

A QUORUM OF THE THIRD MARCH 1965

GRAND JURY

Presented by:

HERBERT J. STERN, ESQ.,
Assistant District Attorney.

EDWIN MARTINEZ,
Grand Jury Reporter.

* * *

M I L T O N H E L P E R N, called as a witness, having been first duly sworn, testified as follows:

BY MR. STERN:

Q What is your name and occupation, sir?

A Milton Helpern, Chief Medical Examiner, City of New York.

Q Dr. Helpern, did there come a time when you performed an autopsy upon the body of a man identified to

you as Malcolm X, Malcolm Little or Malcolm Shabazz?

A Yes.

Q When was that autopsy performed?

A On February 21 and February 22, 1965.

Q By whom was the body identified to you?

A The body was identified to me by several people, including, the wife of the deceased, Betty Little, also known as Betty Shabazz, of 34-50 110th Street, Queens, New York. The body was also identified by the patrolman in the case; and patrolman's name was Gilbert Henry, Shield Number 3916, of the 34th Precinct.

Q Doctor, in brief and in substance, would you tell the grand jury the results of your autopsy?

A The autopsy disclosed that the deceased was a tall, adult colored man, the body was six feet, three inches tall and weighed 178 pounds on the scale. It was evident that this man had been shot several times. There was a series of shotgun slug perforations on the front of the chest on the left side, predominantly on the left side, these were very conspicuous.

And in addition to the wounds on the chest there were wounds on the hands and there were also bullet

wounds of the lower extremities which took an upward course and these bullets which involved the lower extremities consisted of bullets of nine milimeter calibre and one was a forty-five calibre bullet.

One of the bullets that entered the thigh -- let's see, it was -- forget which one now -- the left thigh passed upward into the body and tore through the aorta, which is the large blood vessel on the front of the spine. I might say, that the shotgun slugs, of which there were many, effectively perforated the chest and perforated the heart in six places and also perforated the aorta.

Q Now, doctor, did there come a time when you removed shotgun pellets, nine milimeter slugs and forty-five calibre slugs and turned them over to a man from Ballistics?

A Yes. I removed single "O" shotgun slugs from the chest and also one from the finger and from the spine and also a forty-five calibre and two nine milimeter bullets, all of which were turned over to Ballistics Bureau of the Police Department.

Q And what was the cause of death, doctor?

A In my opinion, the cause of death was multiple shotgun slugs and bullet wounds of the chest, heart and aorta.

If I might volunteer, the chemical examination of the brain was negative for alcohol.

Q No alcohol in the bfain?

A No alcohol.

MR. STERN: Thank you very much, doctor.

THE FOREMAN: Thank you, doctor.

(Witness excused)

CITY OF NEW YORK
CHIEF MEDICAL EXAMINER

520 FIRST AVENUE
NEW YORK, N. Y. 10016

MILTON HELPERN, M.D.
CHIEF MEDICAL EXAMINER

HARRY KUPERMAN
ACTING SECRETARY

March 11, 1965

NAME OF DECEASED	DATE OF DEATH
Malcolm X also Known As Hajj Maikel Shabazz is: Malcolm X. Little	February 21, 1965

November 17, 1965

Sabattino

Peter ~~Sabattino~~, Esq.
233 Broadway
New York, New York

Re: People v. Thomas Hagan, Norman Butler and Thomas Johnson

Dear Mr. Sabattino:

Enclosed is a copy of the complete autopsy report concerning the deceased, Malcolm X in connection with the above-mentioned case.

Very truly yours,

Vincent J. Dermody
Assistant District Attorney

VJD:jf
Enc.

November 17, 1965

William C. Chance, Jr., Esq.
225 Broadway
New York, New York

Re: People v. Thomas Hagan, Norman Butler and Thomas Johnson

Dear Mr. Chance:

Enclosed is a copy of the complete autopsy report concerning the deceased, Malcolm X, in connection with the above-mentioned case.

Very truly yours,

Vincent J. Dermody
Assistant District Attorney

VJD:jf
Enc.

November 17, 1965

Joseph Pinkney, Esq.
306 Lenox Avenue
New York, New York

Re: People v. Thomas Hagan, Norman Butler and Thomas Johnson

Dear Mr. Pinkney:

Enclosed is a copy of the complete autopsy report concerning the deceased, Malcolm X, in connection with the above-mentioned case.

Very truly yours,

Vincent J. Dermody
Assistant District Attorney

VJD:jf
Enc.