

ERIC STARVO GALT,
Also Known As
Harvey Lowmyer,
John Willard

White Male

Date of birth: (not verified)

5'8" - 5'11"

160 - 175 pounds

Medium Build

Brown Hair - Brush Cut

Eyes - Blue, or Green, or
Hazel

Clean Shaven

ARMED AND DANGEROUS

44-493 A-1A1



2025 RELEASE UNDER E.O. 14176

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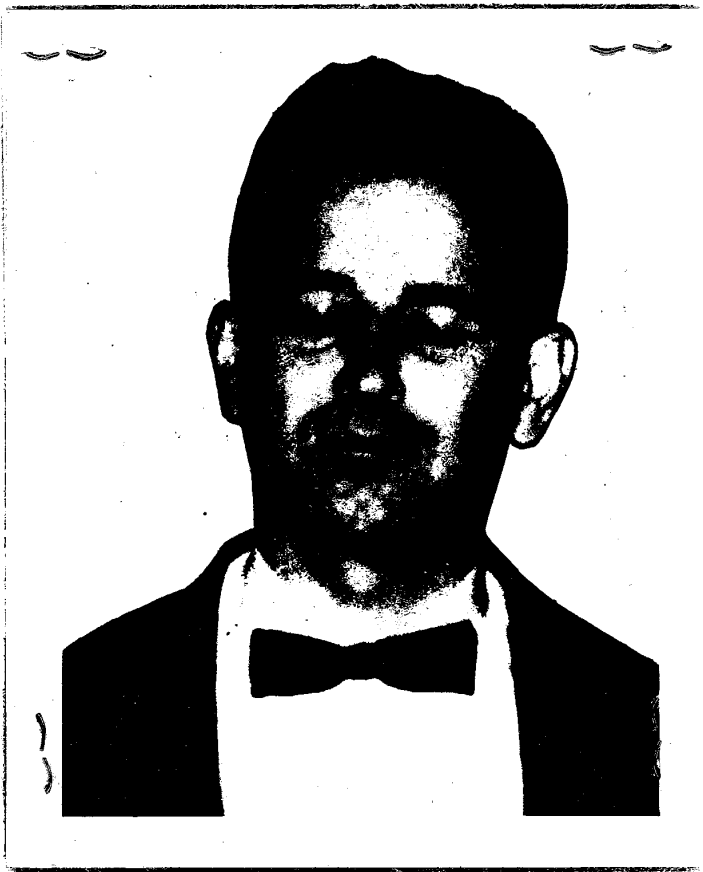
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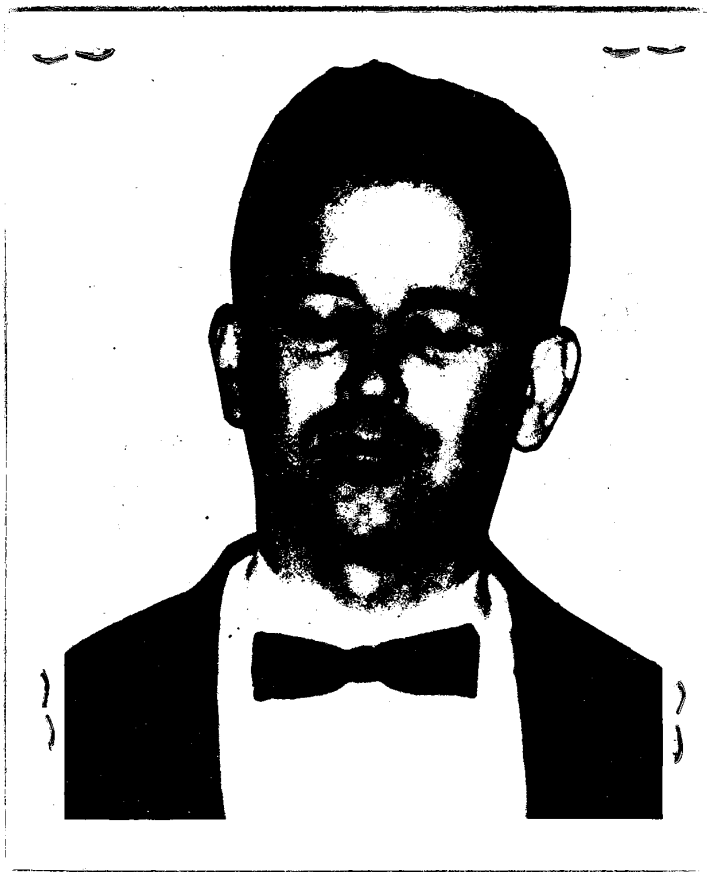
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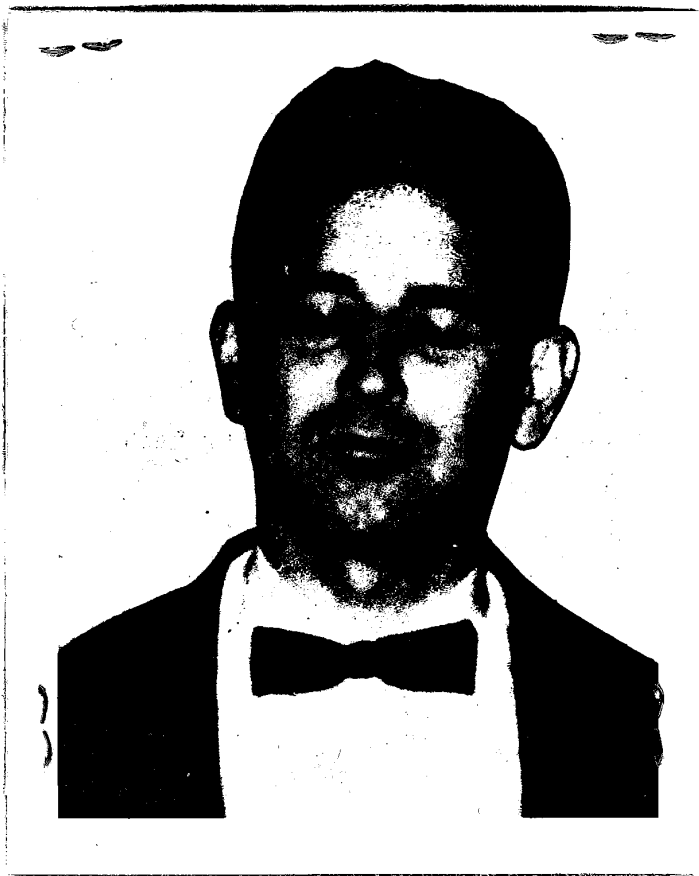
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ARMED AND DANGEROUS

44-493 A-1A1

File No. 44-493-A-1A3Date Received 4/23/68From NYS. DEPT. OF HEALTH, B.U.R.
(NAME OF CONTRIBUTOR)ALBANY
(ADDRESS OF CONTRIBUTOR)N.Y.
(CITY AND STATE)By I.C. FRANCIS M. Hickey
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes
☒ NoReceipt given ☐ Yes
☒ No

Description:

1 Certified copy of death
Certificate for Earl Everett Ray.



2025 RELEASE UNDER E.O. 14176

44-493-1A3

Description of subject
from Memphis

White

Male

5'11"

160 - 170 lbs.

Medium Build

Dark brown or black hair;
combed straight back, no part.



2025 RELEASE UNDER E.O. 14176

44-493-1A3

Description of subject
from Birmingham:

White

Male

Age 36

5'8" - 5'10"

150 - 160 lbs.

Medium complexion

Dark hair (probably brown)

New York State Department of Health
OFFICE OF VITAL STATISTICS

Dist. No. 1401
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 2873

1. PLACE OF DEATH: STATE OF NEW YORK				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Erie</u>				a. STATE <u>New York</u>			
b. TOWN				b. COUNTY <u>Albany</u>		c. TOWN <u>Albany</u>	
c. CITY OR VILLAGE <u>Bushy</u>				d. CITY OR VILLAGE <u>(Albany)</u>		Is residence within its corporate limit? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Under R.R. Bridge East of Commercial St.</u>				e. STREET ADDRESS <u>Western Rd</u>		f. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>EARL EVERETT RAY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>			
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Unknown</u>							
9. DATE OF BIRTH		10. AGE (In years last birthday) <u>54</u>		11. BIRTHPLACE (State or foreign country) <u>Quincy, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steward</u>				13b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>			
14. FATHER'S NAME <u>James Ray</u>				15. MOTHER'S MAIDEN NAME <u>Lillian Matthews</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				17. SOCIAL SECURITY NO			
18. INFORMANT'S NAME <u>2400 Main St. Thomas J. Roberts</u>				Records of George J. Roberts & Sons F.H.			

19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cardio Vascular disease</u>					
Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a)					
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)		
21c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
21d. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. WHERE DID INJURY OCCUR? City or town County State	
22. I hereby certify that I attended the deceased <u>DEATH</u> on <u>May 2</u> , 19 <u>59</u> , to <u>the</u> deceased <u>EARL EVERETT RAY</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thomas J. Roberts</u>		(Degree or title)		23b. ADDRESS <u>2400 Main St. Albany, N.Y.</u>	
				23c. DATE SIGNED <u>5/2/59</u>	

24a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenmont Cem. Quincy Ill.</u>		24b. DATE <u>May 4 1959</u>		25a. SIGNATURE OF UNDERTAKER <u>George J. Roberts & Sons</u>	
25b. ADDRESS OF UNDERTAKER <u>205 Linwood Ave.</u>		REGISTRATION NO. <u>G03451</u>		25c. SIGNATURE OF REGISTRAR <u>Victor E. Suberstein</u>	
26. DATE FILED BY LOCAL REG. <u>May 4 1959</u>		27. SIGNATURE OF REGISTRAR <u>Victor E. Suberstein</u>		28. DATE OF ISSUE <u>May 4 1959</u>	
Burial or Transit } Permit issued by <u>Albany</u>		Date of Issue <u>May 4 1959</u>			

This is to certify that the within copy of certificate of death has
been compared by me with the original thereof on file in the Office
of Vital Records, New York State Department of Health, Albany, N. Y.
and that it is a correct photocopy of the original record and of
the whole thereof.

Joseph H. Sterzinger Jr.
Joseph H. Sterzinger, Director
Office of Vital Records

N. B. Do not accept this copy unless the raised seal of the New York
State Department of Health is affixed thereon.

Albany, New York

APR 23 1968

File No. 44-493A-1A4
Date Received 4/68
From Dept of Corrections
(NAME OF CONTRIBUTOR)
Albany
(ADDRESS OF CONTRIBUTOR)
ny
(CITY AND STATE)
By _____
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes
☒ No

Receipt given ☐ Yes
☒ No

Description:

2 photos of James
Earl Ray



2025 RELEASE UNDER E.O. 14176

JAMES EARL RAY

44-4938-1A4



2025 RELEASE UNDER E.O. 14176

JAMES EARL RAY

File No. 44-493-1A5

Date Received 4/13/68

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By _____
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes
☐ No

Receipt given ☐ Yes
☐ No

Description:

3 photos Ray



2025 RELEASE UNDER E.O. 14176

44-493-1A5-



2025 RELEASE UNDER E.O. 14176

44-493-1A5



2025 RELEASE UNDER E.O. 14176

44-493 ~~115~~ 115-

File No. 44-493-1A6

Date Received 5/12/68

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By _____
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes
☐ No

Receipt given ☐ Yes
☐ No

Description:

5 smooth
finished copies of
Ray



2025 RELEASE UNDER E.O. 14176

44-493-116



JAMES EARL RAY
FBI No. 405,942 G

44-495-1A6

JAMES EARL RAY

FBI No. 405,942 G

CIVIL RIGHTS - CONSPIRACY
INTERSTATE FLIGHT - ROBBERY

F.P.C.: 16 M 9 U 000 12

M 4 W 101

Photographs on left taken 1960, other taken 1968

DESCRIPTION

AGE: 40, born [redacted] Alton, Illinois
HEIGHT: 5' 10" EYES: blue
WEIGHT: 163 to 174 pounds COMPLEXION: medium
BUILD: medium RACE: white
HAIR: brown, possibly cut short NATIONALITY: American
OCCUPATIONS: baker, color matcher, laborer
SCARS AND MARKS: small scar on center of forehead and small scar on
palm of right hand
REMARKS: noticeably protruding left ear; reportedly is a lone wolf;
allegedly attended dance instruction school; has reportedly
completed course in bartending



JAMES EARL RAY
FBI No. 405,942 G

44-493-1A6

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JAMES EARL RAY
FBI No. 405,942 G

44-493-184

JAMES EARL RAY

FBI No. 405,942 G

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INTERSTATE FLIGHT - ROBBERY

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JAMES EARL RAY
FBI No. 405,942 G

44-463-146

JAMES EARL RAY

FBI No. 405,942 G

CIVIL RIGHTS - CONSPIRACY
INTERSTATE FLIGHT - ROBBERY

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