

Hour	Temp.	Pulse	Resp.	Nourishment	Medication	Urine	Stool	Notes on results of medications and condition of patient
12-N	99 <sup>2</sup>	72	16	Soft Diet				No Change: Seen by Mr. Coleman & Sup
				appt. very poor				STEVENS
1: PM	99 <sup>4</sup>	84	18	I.V. 1000 cc 10% STARTED				STEVENS
	B/P	118/90		@ 8/10w GTS per min				
4-pm	98 <sup>6</sup>	88	20	Soft Diet				No Change: Seen by Mr. Tucker & Sup.
				appt poor				STEVENS
8 PM	97 <sup>6</sup>	80	18		130/98			No Complaint. By Mr. Tucker & Rodriguez
	APR 16 1965				3 DAYS			
12 AM								ASLEEP. By Mr. Martin & Rodriguez
4 AM								ASLEEP. By Mr. Martin & Rodriguez
9-am	98 <sup>5</sup>	88	20	Soft Diet		130/84		No Complaint: Seen by Mr. Coleman & Sup TRUITT.
				appt Good				
12-am	98 <sup>3</sup>	88	20	Soft Diet				Feeling Fair: Seen by Mr. Coleman & Sup TRUITT.
				appt Fair				
4 PM	98 <sup>4</sup>	80	20	Soft Diet				STILL on bedrest. States he feels better. Seen by Mr. Tucker & Sup TRUITT
				appt Good				

**Missouri State Penitentiary**  
**HOSPITAL PATIENT REPORT**

History No. \_\_\_\_\_

Reg. No. \_\_\_\_\_

Name *Ray*

Admitted -  
*4-14-65*

Ward *Hall*

Hour	Temp.	Pulse	Resp.	Nourishment	Medication	Urine	Stool	Notes on results of medications and condition of patient
8-am	97.8	72	16	Soft Diet appt Good		<i>12/18</i>		Feels better. Seen by Mr. Cottman & Sup. Truitt.
12-N	98.6	76	16	Soft Diet appt Good				Resting. Seen by Mr. Cottman & Sup. Truitt.
4-pm	98	76	20	Soft Diet appt Good			L	Doing Good. Seen by Mr. Troker & Sup. Truitt.
8PM	98.2	60	14			<i>12/18</i>		No Complaint. By Mr. Troker & Rodriguez.
APR 20 1965				7 days				
12 AM								ASLEEP by Mr. Martin & Counts
4 AM								ASLEEP By Mr. Martin & Counts
8-am	99	72	16	Soft Diet appt Good		<i>16/63</i>		Feeling Fair. Seen by Mr. Cottman & Sup. Truitt.

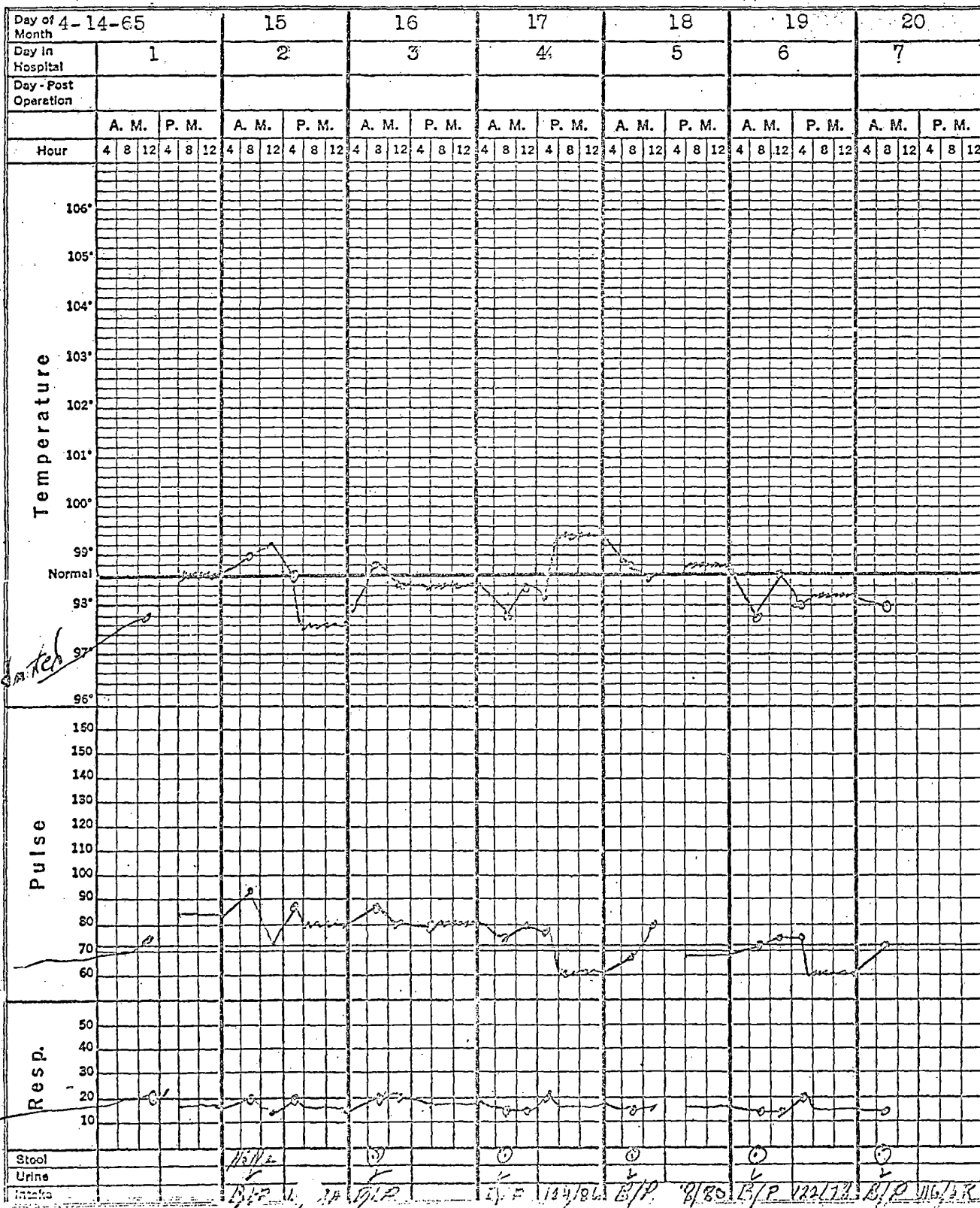
# RADIATOLOGY

Date	WBC	DIFFERENTIAL COUNT IN %								RBC	Hgb. Gms.	Hmt. %
		Bas.	Eos.	M.	M. M.	Stab.	PMN	Lym.	Mono.			
	5-10,000	0-1	1-3	0	0	3-5	54-62	25-33	3-7	4.2-5.4F	12-16F	37-47F
3-6-5	9,600	-	2	-	-	-	71	22	5	PL	15.5	-
		Hasting R (normal) Blood								75	HgA	(70-92 N)

**Diagnosis:**

#1

Case No.



**MISSOURI STATE PENITENTIARY  
DIAGNOSTIC  
REPORT**

**CLINICAL RECORD**

**NARRATIVE SUMMARY**

DATE 4-20-65	REG. NO. W/00416	NAME RAY
DATE OF ADMISSION	DATE OF DISCH.	NUMBER OF DAYS HOSPITALIZED
HISTORY: 4-14-65	4-20-65	Six (6) Days

This White male 37 had a numb sensation in the left arm and chest pains, nausea-heart sounds irregular-no cyanosis noted. Ordered admitted to the Hospital, seen by Mr. Coffman, RN.

**PRELIMINARY DIAGNOSIS & COMMENTS**

DATE	COLOR	SP. GR.	REACT.	SUGAR	ALBUMIN
URINALYSIS: 4-15-65	Pl. Stray	1.014	7.0	Neg	Neg
DATE	RBC	WBC	HB. GMS.		
BLOOD REPORT: 4-14-65		11700	15.1		

- TREATMENT**
1. Routine Lab AM
  2. Transaminase.
  3. Soft Diet
  4. Bed Rest
  5. EKG PA Chest
  6. Further orders by Dr. Maxey, M.D.
  - 7.

**X-RAY FINDINGS:** EKG 4-15-65 & 4-19-65: Both note Tracing within normal limits.  
per/Dr. Waggoner  
(Roentgenologist)

**DISCHARGED**

4-20-65 by Mr. Coffman, RN.

**FINAL DIAGNOSIS:**

*No Dx (no evidence of coronary)*

*H. W. H.*

PRISON PHYSICIAN

MISSOURI STATE PENITENTIARY  
HOSPITAL  
PROGRESS REPORT

History No. ....

Register No. W-00416

Name Ray

4-1465

Wt. 170

1-19-65

168

1-20-65

Two EKG since Hospitalization have  
been within normal limits - Initial  
picture was that of myocardial  
infarction -

Conduction slow - asymptomatic  
discharge - EKG

# Missouri State Penitentiary

STANDING ORDER SHEET

History No. \_\_\_\_\_

HOSPITAL

Register No. W-00416

Name Ray

Admitted 4-14-65

Ward Hall

Order Given			Order	Order Discontinued		
Date	Time	By Whom		Date	Time	By Whom
4-14-65	2PM	Mr. Coffman	Routine Lab, Transaminase, E.K.G. & Chest Plate STAT. Bed Rest, Soft Diet, Further orders from Dr Maxey.			
4-14-65	4pm	C.D.C.	Give 1,000 cc's 5% dextrose & 2 cc's SOLU-B 'STAT.'			
			MR. COFFMAN			
			Per TRUITT			
4-14-65	4pm	C.D.C.	Repeat E.K.G. in A.M.			
			MR. COFFMAN			
			Per TRUITT			
4-15-65	8:00PM	C.D.C.	Give 1,000 cc 10% & 2cc SOLU-B S.T.A.T. Repeat in P.M. 1,000 cc 10% V.O. MR. COFFMAN			
			PER. STEVENS			
4-15-65	1140 PM	C.D.C.	Give Dr. & C.B.C. in A.M.			
			V.O. Mr. Coffman, R.N.			
			Per STEVENS			
4-19-65	12:35 Noon		Repeat Transaminase in the A.M.			
			V.O. MR. COFFMAN			
			Per TRUITT			

# LABORATORY REPORT

## URINE

Date	Color	Sp. Gr.	React.	Sugar	Protein	Acet.	Urobil.	Bile	Microscopic Examination

## HEMATOLOGY

Date	WBC	DIFFERENTIAL COUNT IN %								RBC 4.2-5.4 F 4.6-6.2 M	Hb. gms. 12-16 F 14-18 M	Hemat. % 37-47 F 40-54 M	Sed. R. mm. 0-20 F 0-9 M
		Bas.	Eos.	Myel.	M. Myel.	Stab.	PMN	Lym.	Mono.				
	5-10,000	0-1	1-3	0	0	3-5	54-62	25-33	3-7				
4/14/65	11,700						84	13	3	- - -	15.1		

\*Denotes Plus

## SERUM CHEMISTRY

Date	BILIRUBIN		SGO-T 8-40	SGP-T 5-35	Alka- line Phos. 0.8-2.3	Ict- erus Index 4-6	Thymol Turb. 0-5	C. C. Floc. 0-1°	BSP 0-5%	Total Prot. 6-8	ALB. 3.5-5.6	GLOB. 1.3-3.2	A/G 1.5-3.0	Amy- lase 80-150	Creat- inine 1-2	B.U.N. 10-15	Blood Sugar 70-92
	Direct 0.2-0.8	Total 0.5-1.5															
4/14/65			40	59	( 4:00 P.M. )												
						</											

## URINE — HEMATOLOGY — CHEMISTRY

NAME Ray REGISTER NO. W/00416 WARD 2nd.

# LABORATORY REPORT

## URINE

Date	Color	Sp. Gr.	React.	Sugar	Protein	Acet.	Urobil.	Bile	Microscopic Examination
4-15-65	Straw	1.014	7.0	Neg	Neg	—	—	Neg	RBC: 2 HPF EPIT: Med. Amt. Bacteria: WBC: 3 HPF (1 LG: HPF)

## HEMATOLOGY

Date	WBC	DIFFERENTIAL COUNT IN %								RBC 4.2-5.4 F	Hb. gms. 12-16 F	Hemat. % 37-47 F	Sed. R. mm. 0-20 F
		Bas.	Eos.	Myel.	M. Myel.	Stab.	PMN	Lym.	Mono.				
	5-10,000	0-1	1-3	0	0	3-5	54-62	25-33	3-7	4.6-6.2 M	14-18 M	40-54 M	0-9 M
4-14-65	11,700	—	200	Grunt	—	—	84	13	3	—	15.1	—	—
4-15-65	9,400	—	200	Grunt	—	—	74	26	—	—	15.5	52.0	—
4-16-65	8,900	—	1	—	—	—	72	23	4	—	16.6	52.0	—

\*Denotes Plus

## SERUM CHEMISTRY

Date	BILIRUBIN		SGO-T 8-40	SGP-T 5-35	Alka- line Phos. 0.8-2.3	Ict- erus Index 4-6	Thymol Turb. 0-5	C. G. Floc. 0-1*	BSP 0-5%	Total Prot. 6-8	ALB. 3.5-5.6	GLOB. 1.3-3.2	A/G 1.5-3.0	Amy- lase 80-150	Creat- inine 1-2	B.U.N. 10-15	Blood Sugar 70-92
	Direct 0.2-0.8	Total 0.5-1.5															
4-14-65			40	59	—	—	200 Pm										
4-14-65			22	53.5	—	—	6.00 Pm										
4-15-65			43	68													
4-16-65			36	66													
4-20-65			24	35													

URINE — HEMATOLOGY — CHEMISTRY

NAME

Ray

REGISTER NO.

W/00416

WARD

P.S. Form No. 2722

## MISSOURI STATE PENITENTIARY

HOSPITAL

## ADMITTANCE SHEET

History No. \_\_\_\_\_

Reg. No. W/00416

Name RAY

## Adm. Note:

DR. MAXEY M.D.  
MR. COFFMAN  
1:10 P.M.  
APRIL 14, 1965

## Emerg. Address:

## Complaint:

THIS 37 YEAR OLD WHITE MALE CAME TO THIS EMERGENCY ROOM, HOSPITAL ON A PASS THIS P.M. THIS MAN WAS SEEN BY MR. COFFMAN AND AFTER EXAMINATION, WAS ORDERED ADMITTED TO THE SECOND FLOOR. THIS MAN HAS CHEST PAINS I NUMB SENSATION IN LEFT ARM, ASSOCIATED WITH NAUSEA HEART SOUNDS IRREGULAR. ARB YTHMIA. NO CYONOSIS NOTED. E.K.G. STA T PA CHEST.

*per ordered Discharged by  
MR. COFFMAN*

CHEST PAINS. &amp; NUMB SENSATION IN LEFT ARM.

APR 20 1965

Discharged

*MR. COFFMAN.**PER TRUITT*

Examined and ordered hospitalized by Dr. MAXEY M.D. PER MR. COFFMAN.

Temp. 97.8

Pulse 76

Resp. 20

Weight 170

Blood Pressure 140/80

## Orders:

ROUTINE LAB IN THE A.M. TRANSAMINASE. SOFT DIET. BEDREST. FURTHER ORDERS FROM DR. MAXEY OR MR. COFFMAN

## Personal History:

## Family History:

## Past History:

MISSOURI STATE PENITENTIARY

Medical Report

X-Ray Department

Ray

Name

Register No.

W-00416

April 16, 1965

Date

Age-----37

Weight-----170

height-----5'10"

Temperature-----98.4

Respiration-----20

Blood Pressure-----122/92

J. S. SANDERS, M. D.  
ROBERT E. BREGANT, M. D.  
MEDICAL ARTS BUILDING  
515 EAST HIGH STREET  
JEFFERSON CITY, MISSOURI

CONSULTATION BY  
APPOINTMENT

PRACTICE LIMITED TO  
INTERNAL MEDICINE

Apr. 19, 1965

EKG REPORT - RAY

Mo. Prison Hospital-D<sup>R</sup>. Maxey

dated 4-16-65

Mechanism	Sinus rhythm
Rate	69
PR Interval	0.14 second
QRS Duration	0.08 second
Axis Deviation	None

Lead I P Wave s upright; QRS Complexes upright; T Waves upright.

Lead II P Waves upright; QRS Complexes upright; T Waves upright.

Lead III P Waves upright; QRS Complexes inverted; T Waves upright.

AVR P Waves inverted; QRS Complexes inverted; T Waves inverted.

AVL P Waves inverted; QRS Complexes upright; T Waves isoelectric.

AVF P Waves upright; QRS Complexes upright; T Waves upright.

The unipolar precordial leads reveal normal progression of the R Waves across the precordium. There are no significant ST segment or T Wave abnormalities.

Conclusion: Tracing within normal limits.

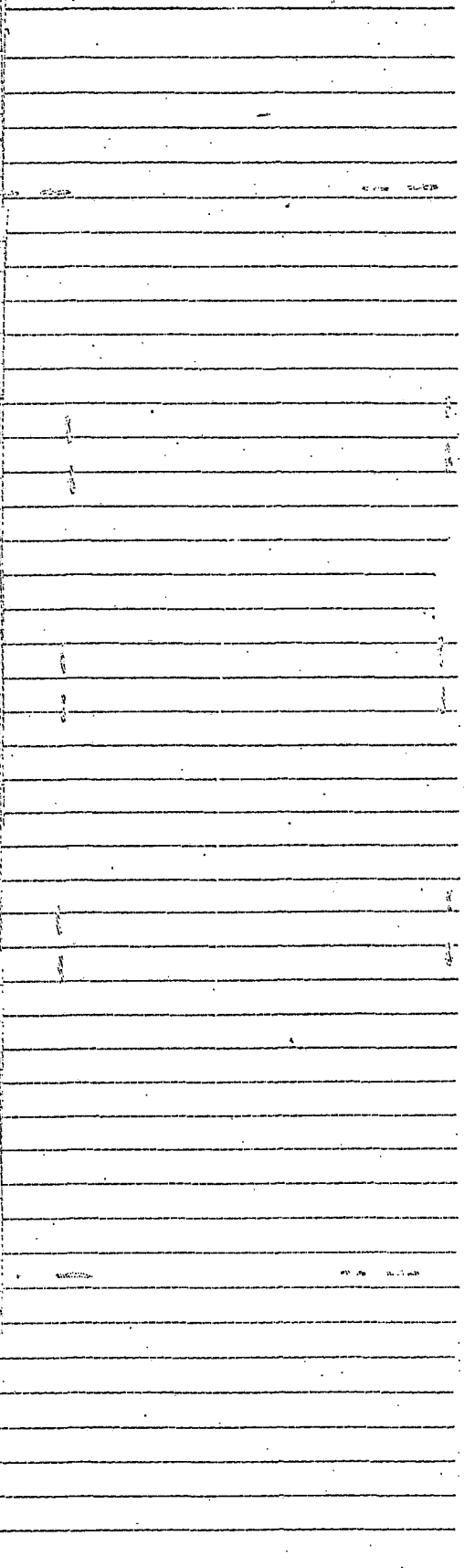
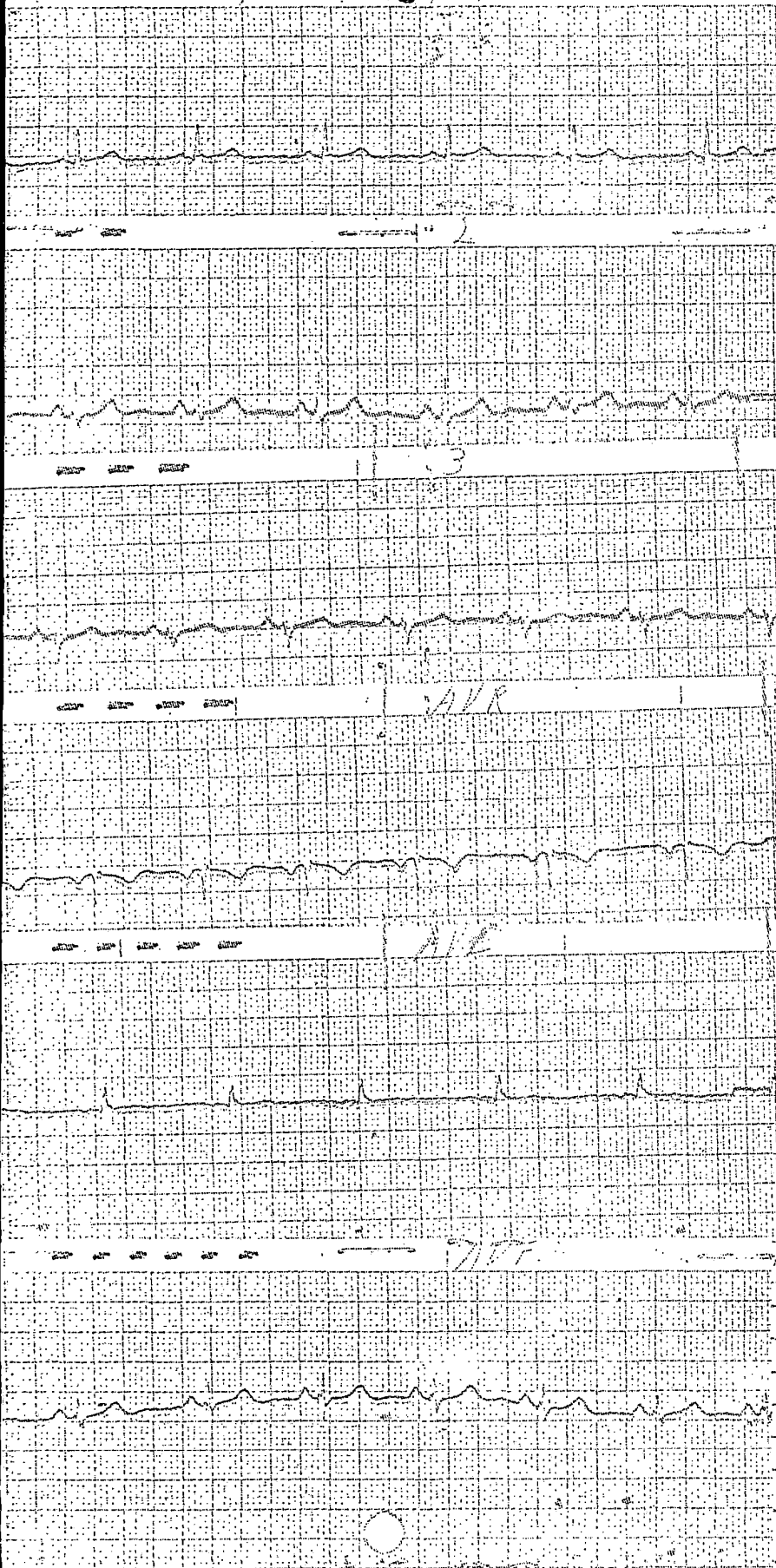
J. S. Sanders, M.D.

RY

REGISTER NO. ....

NT

SANBORN VISO-CARDIETTE *Permapaper*



MISSOURI STATE PENITENTIARY

Medical Record  
X-Ray Department

Name Ray

Register No. W-00416

Date April 21, 1965

*P. A. View of the Chest:*

*Negative for active cardio vascular or pulmonary pathology.*

Dr. Doyle

M. D.

*Röntgenologist*

MISSOURI STATE PENITENTIARY HOSPITAL  
PATHOLOGICAL REPORT

PATIENT Jackson REGISTER NO. W/00416 AGE         

ATTENDING PHYSICIAN Hugh W. Vaxon, M.D. DATE 5/8/61 LAB. NO. 6145

---

CLINICAL DIAGNOSIS:

Hemorrhoids.

MICROSCOPIC EXAMINATION:

Specimen consists of three segments of fleshy, fixed tissue, the larger measuring 2.2 X 2.0 cm. One surface is partially covered by mixture of anal epithelium and rectal mucosa.  
No sections taken.

MICROSCOPIC EXAMINATION:

None.

PATHOLOGICAL DIAGNOSIS:

Anus hemorrhoids.

Fred P. Handler / M. D.  
Pathologist *[Signature]*



WM. BOEGER  
WARDEN

# CITY OF SAINT LOUIS

Department of Welfare

## DIVISION OF ADULT SERVICES

### MUNICIPAL JAIL

124 S.-14th Street  
St. Louis 3, Missouri

Feb. 24, 1961

Mr. Robert Keeran  
Medical Record Supervisor  
Missouri State Penitentiary Hosp.  
Jefferson City, Missouri

Dear Mr. Keeran:

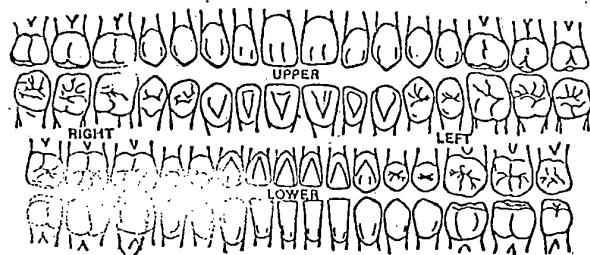
Re: James E. Ray- #00416-J

Replying to your letter of Feb. 10th. regarding the  
above inmate my record on this inmate is as follows:

- Oct. 20, 1959 - Exam.Neg.
- Nov. 5, 1959 - cc-disch. & none now. To get smear  
in or before voiding.
- Nov. 9, 1959 - Brought smear down. Sent to lab. No.  
discharge seen now
- Nov. 16, 1959 - Exam. only sl.disch, report of 11/10/59.  
neg.G.C. another spec.sent to lab. sulpha  
tab T XX da.
- No. 24, 1959 - See above-salicylate tab. tX1d.
- Jan.6, 1960 - Reg.aspirin so ordered.
- Jan. 27, 1960 - Reg.aspirin so ordered.
- Feb. 6, 1960 - CC- Headache cold & sore throat T & R  
normal- chest clear- throat clear-  
spray nose and PAC tab.
- Feb. 9, 1960 - CC-Cold T & R Normal, nose clear- pac tablets.
- March 2, 60 - Did Not come down.
- March 7, 60 - Reg. Aspirin for headache so ordered.

Very truly yours,

*[Signature]*  
Feb 24 1961



Name Ray  
 Address N-CC416  
 Telephone 20-32  
 Reference S. L.  
 Estimate 3-17-60  
Encase

DATE	NO.	DESCRIPTION	TIME	DEBIT	CREDIT		
					DATE	AMOUNT	BALANCE
3-8-64	4	"P"					20
3-9-64	54	Sore Throat - Will come back					20
7-6-65		Recd. 600,000 Units	0.5 strip		X-2		20
7-7-65		X-Ray (2)					20
8-3-65		Z.O.E. Cement D.O.	#30		M.O. #19 (2)		20

THE KOHLHAAS CO., CHICAGO

IN REORDERING SPECIFY "FORM 0020" NOT PUNCHED

W-00416

(24)

Patient's Name James Earl Ray Blood Serum  
 Home Address M.S.P. County  State   
 Results of Blood Test as found by  
Missouri State Board of Health Laboratory  
 Occupation  Date   
 Age 32 Conjugal Relations MAR 31 1960  
 Has Patient Had Anti-syphilitic Treatment? When?  
 Laboratory No. 26334 Series No.   
 Physician's Name  Missouri State Penitentiary

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan.																															
Feb.																															
March																															
April																															
May																															
June																															
July																															
Aug.																															
Sept.																															
Oct.																															
Nov.																															

Medicine Card

Name Ray, J. E. Hall 5135 Reg. No. 5135

APR 14 1967  
 MAR 2 1966  
 MAR 11 1966  
 APR 19 1967  
 MAY 2 1966  
 JUN 2 1966  
 JUL 2 1966  
 AUG 2 1966  
 SEP 2 1966  
 OCT 2 1966  
 NOV 2 1966  
 DEC 2 1966

P.S. No. 1181

# MEDICAL HISTORY

## Missouri State Penitentiary

Name James Earl Ray Number 00116 Race White Height 5'11"  
 Age 32 Date of Birth            Date of Admission 3/17/60  
 County of Sentence St. Louis, City Charge Oper m/v w/o the permission of Owner. Robb-1st DDW.  
 Term 20 Previous Term Here            Alias             
 Religion Cath Education 10 Occupation Baker  
 Single 0 Divorced 0 Nearest Relative Mother See 11/61  
 Married 0 Widower 0 Permanent Address 1913 Hickney St.  
 Social Security No.            St. Louis, Mo.  
 Place of Birth St. Louis, Mo. Closest Rel. Jerry W. Ray  
 Service Record Army 1946 to 48 Box 87, Hickling, Del.  
(Emergency address as of 6/14/65)  
J. H. Work

### COMPLAINTS UPON ADMITTANCE

### DURATION

Sinus, Headaches.

### PAST AND REGIONAL HISTORY

#### DISEASES

Measels	0	Malaria	0	Urticaria	0
Scarlet Fever	0	Rheumatic Fever	0	Sinusitis	0
Chicken Pox	0	Cholera	0	Tonsillitis	0
Diphtheria	0	Pneumonia	0	Gonorrhea	0
Whooping Cough	0	Pleurisy	0	Syphilis	0
Mumps	0	Influenza	0	Chancroid	0
Small Pox	0	Hay Fever	0	Tuberculosis	0
Typhoid Fever	0	Asthma	0		

#### OTHER DISEASES

NO

#### INJURIES

NO

#### OPERATIONS

NO

#### REMARKS ON ABOVE COMPLAINTS

13

**BRAIN AND NERVOUS SYSTEM**

Headaches \_\_\_\_\_  
Dizziness \_\_\_\_\_  
Fainting \_\_\_\_\_  
Insomnia \_\_\_\_\_

Head Injury \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Insanity \_\_\_\_\_  
Birth Injury \_\_\_\_\_

**REMARKS ON ABOVE INJURIES**

No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

Father Dec. \_\_\_\_\_  
Mother Lucile Ryan \_\_\_\_\_

Brother 2 \_\_\_\_\_  
Sister 0 \_\_\_\_\_

**HISTORY OF**

Cancer	Tuberculosis	Heart disease
Diabetes	Asthma	High Blood Pressure
		Insanity

**EYE, EAR, NOSE, & THROAT**

Vision Good \_\_\_\_\_ Hearing Good \_\_\_\_\_ Otitis media (Rt.) \_\_\_\_\_ (Lt.) \_\_\_\_\_  
Mastoiditis \_\_\_\_\_ (Rt.) \_\_\_\_\_ (Lt.) \_\_\_\_\_ Tonsilitis \_\_\_\_\_  
Swelling in Neck \_\_\_\_\_ Tonsilectomy \_\_\_\_\_

**LUNGS** Neg

Colds \_\_\_\_\_ Expectoration \_\_\_\_\_ Pains in chest \_\_\_\_\_ Night sweats \_\_\_\_\_  
Cough \_\_\_\_\_ Hemoptysis \_\_\_\_\_ Asthma \_\_\_\_\_

**REMARKS ON ABOVE COMPLAINTS**

No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEART** Normal

Shortness of breath \_\_\_\_\_  
Others \_\_\_\_\_

**GASTRO INTESTINAL**

Appetite Good \_\_\_\_\_ Hematemesis \_\_\_\_\_ Diarrhea \_\_\_\_\_  
Nausea \_\_\_\_\_ Pain \_\_\_\_\_ Jaundice \_\_\_\_\_  
Vomiting \_\_\_\_\_ Constipation \_\_\_\_\_ Hemorrhoids \_\_\_\_\_  
Kidney \_\_\_\_\_ Liver \_\_\_\_\_  
Others \_\_\_\_\_

Age 32

Type of Face *SP*

Date of Examination MAR 26 1960

R.

L.

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

X-R X-Ray Indicates

O Tooth Missing

X Extraction Indicated

P Pyorrhea

B Bridge Indicated

PP Partial Plate

C Crown

F Filling Indicated

Condition of Teeth

*Good*

Vault

*Med*

Condition of Tissue

*Good*

Bite

*Normal*

Diagnosis

# VENEREAL DISEASE HISTORY

Gonorrhea Infection Denied Treatment given \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_ Recurrence \_\_\_\_\_

## SYPHILIS

Date of infection Denied First blood test \_\_\_\_\_  
Anti-Syphilitic  
Chancroid \_\_\_\_\_ Chancre \_\_\_\_\_ Rash \_\_\_\_\_ Treatment \_\_\_\_\_  
Treatment given \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BLOOD TEST UPON ADMITTANCE

Date taken 3/31/60  
Blood test report Non-reactive  
Blood type \_\_\_\_\_

Quantitative Kolmer \_\_\_\_\_  
Mazzini \_\_\_\_\_  
Kolmer \_\_\_\_\_  
Hinton \_\_\_\_\_  
Other \_\_\_\_\_

## GENERAL

Development \_\_\_\_\_ Mental State \_\_\_\_\_ Nutrition \_\_\_\_\_ Height 5'11" Weight 165 $\frac{1}{2}$   
Blood pressure 104/60 Pulse: 92 Resp to exer: 108 After 2 min rest: 92

## SKIN

Dry X Moist \_\_\_\_\_ Pigmentation Fair Hair Brown Jaundice \_\_\_\_\_ Eruption \_\_\_\_\_

## EARS

Hearing Good Discharge \_\_\_\_\_ Canal Rt. \_\_\_\_\_ Lt. \_\_\_\_\_

## NECK

Neg  
Thyroid \_\_\_\_\_ Stiffness \_\_\_\_\_ Lymph Gland \_\_\_\_\_

## CHEST

Neg

Shape Average

**ABDOMEN**

Shape Average Flat \_\_\_\_\_ Scaphoid \_\_\_\_\_ Obese \_\_\_\_\_ Scars \_\_\_\_\_  
Masses \_\_\_\_\_ Tenderness \_\_\_\_\_ Hernia \_\_\_\_\_

**RECTAL**

Neg

Hemorrhoids \_\_\_\_\_ Prostrate \_\_\_\_\_ Mases \_\_\_\_\_ Fissure \_\_\_\_\_ Fistula \_\_\_\_\_

**EXTREMITIES**

Neg

Deformity \_\_\_\_\_ Joints \_\_\_\_\_ Ulcers \_\_\_\_\_ Clubbed finger \_\_\_\_\_ Tremor \_\_\_\_\_

**ABNORMAL FINDINGS**

No

MISSOURI STATE PENITENTIARY

3416

RAY, Jimmie

REGISTER NO.

DATE	TREATMENT
NOV 8 1965	
NOV 13 1965	
NOV 29 1965	
DEC 20 1965	98.4 P96 R 12 B/P 104/70 WT 150 Vague c/o abd. discomfort - since MacLane at 6 pm and says he had pain in abdomen and some other minor aches and pains. Bowels move normal. suggest C.C.C. Urine. Bulimic diet.
FEB 14 1966	72.97° (P) 58 (R) 20 BP 151/80 (Wt) 151 Halt - Vitamin Tab 4000 IU
MAR 11 1966	
APR 13 1966	Temp 98. BP 100/70 P180 R 28 WT 155 12:30 AM :: Brought from Control Center for med. evaluation. : Inmate has been un- accounted for for the past two days and it was believed he had escaped. It appears that he has been hiding in the penitentiary. There is an injury to right elbow w/ swelling and exudate (serous drainage and old blood) Temp is normal. Inmate appears quite weak. Trembles but makes every effort to coop- erate w/ xray examination. CBC being done. Afebrile. Lesion on elbow cleansed w/ phoshex and treated w/ Furacin gauze and <del>BRAND</del> DS B. There is no fx visible on xray, but it appears there is a dislocation (?) To be admitted to the hospital for evaluation by Dr. Maxey in AM. 1000 cc 10% D/W w/ vitamins / cco 24hr - Interviewed by Warden Swenson - Sent to "B" Hall - RPE
MAY 17 1966	For Admission R.W. Call to visit this patient at 7:45 am. Patient complained of back and arm and feels patient may have slight Temp. suggest Dr. Morley. All patient and admission R.W. 4000 IU
JUN 29 1966	Dr. Parker T. 97.2° P 72 R 16 B/P 128/86 Anney Charles J. #2
FEB 1 1966	
DEC 21 1965	J.L. J. (2) G. 16 (2) # 2 - many spouse
APR 14 1967	Unint. (12)
MAR 19 1967	Unint. (12)

PSYCHOLOGICAL INTERVIEW

DATE SHEET

DATE 11/1/65

NAME: Ray, Jas. Earl REG. NO. W/00416

REFERRED BY: Mr. Ray INTERVIEWED BY: \_\_\_\_\_

BEHAVIOR LEADING UP TO REFERRAL: S. Hall - W. L. L. L.

DATE OF BIRTH: [redacted] AGE: 37 EDUCATION: 2 yrs HS

MARITAL STATUS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_

ARRIVED IN DEP'T: \_\_\_\_\_ TERM: 10 OFFENSE: R10

COUNTY: \_\_\_\_\_ PLEA: \_\_\_\_\_ DEF. ATTY.: \_\_\_\_\_

PREVIOUS OFFENSES: 12

INMATE'S VERSION: \_\_\_\_\_

ALCOHOL AND DRUG HABITS: \_\_\_\_\_

EARLY HOME LIFE AND ADOLESCENCE: \_\_\_\_\_

MARITAL AND ADULT ADJUSTMENT: \_\_\_\_\_

SEXUAL PICTURE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

WORK HISTORY: \_\_\_\_\_

HOSPITAL COM. (MENTAL): \_\_\_\_\_

MILITARY SERVICE: \_\_\_\_\_

NOTES: Tested - Interview sequence opened to him

as man - dt. proceed  
Seen now thru there 1st time for 30 & 1 1/2  
Excluded. Escape prone - working below  
capacity. Told to return next week R

JEFFERSON CITY, MISSOURI, 65102

MISSOURI STATE PENITENTIARY  
(WRITE ON THIS SIDE OF SHEET ONLY)DATE MARCH-27-66MR. L. B. ROOK

TO

JAMES RAY

FROM

00416

STREET AND NUMBER

REGISTER NO.

STATE

CITY

BOX 900, JEFFERSON CITY, MISSOURI 65102

RELATIONSHIP

C. BASEMENT

HALL

CELL NO. 6DEAR SIR;

I AM STILL HAVING THE TROUBLE I TALKED TO YOU ABOUT A COUPLE MONTHS AGO ABOUT IN VIEW OF THE FACT THAT I HAVEN'T IMPROVED ANY AND AS I THINK YOU TOLD ME THEY DON'T HAVE THE FACILITIES HERE TO DIAGNOSE OR TREAT THE PROBLEM, I WOULD LIKE TO REQUEST THAT I BE SENT TO THE STATE HOSPITAL AT ELLIOT FOR EXAMINATION SINCE I THINK THIS IS ALSO BEGINNING TO EFFECT MY PHYSICAL HEALTH. SINCE I TALKED TO YOU, ON TWO OCCASIONS MY BLOOD COUNT WAS WAY BELOW NORMAL AND I HAVE CONSTANT HEADACHES. I WOULD APPRECIATE IT IF YOU WOULD LET ME KNOW IF YOU HAVE THE AUTHORITY TO DO THIS OR IF THE COURT'S RULE TO.

THANKS

Dr Emilio P.3/23James Ray

I talked to you about this while you were in cell at 2:30 today.

This is for your info.

3/29/66 Dr Emilio called at 2:05. Ray had written to him along the above lines.

Associate Warden of Custody

cc: Control Center, Dress Out, Classification, Parole Office, Treasurer, Classification & Assignment, Receiving Unit, Inmate, Our File.

September 8, 1966

Re: JAMES EARL RAY #000000

By order of the Circuit Court of Cal. County this inmate has been taken to the State Hospital No. 1, Fulton, Missouri on STATE-COUNTY, effective September 8, 1966.

R9/9

H. F. Lauf

Identification & Records

Ray  
4/14 Hosp ✓  
4/17 Chest neg  
4/16 ENG N. 12/98 P80  
4/14 " N 14/80 P76  
Hosp 4/14 → 70 No DO  
4/3 Lab. Co - neg  
4/3 Bl. Bug Normal  
4/4 PB "swelling under tooth  
arms" "feels bad  
in genit"  
4/4 [P & after adm]  
No dischg face sheet  
4/19 2:00 AM P140 B3V 12/98  
4/15 P P130 24/70 "short-  
ness of breath" - given O<sub>2</sub>  
4/40 P108 11/88 } under  
4/15 84 11/80 } or  
6:30 P feels better  
8:00 P feels very bad  
Wt: Parly. Jackup.

*gcha*

Department of Corrections  
INTER-OFFICE COMMUNICATION

To: Leo M. Baker, D.O.  
Chief Medical Officer

From: Lerby H. Rook, M.S.  
Clinical Psychologist II

Subject: Ray, James - W/00416

Date: October 21, 1966

A day or two ago the Institutional Parole Officer asked me something concerning James Earl Ray's psychiatric file. I reviewed it and noticed that the man was sent to State Hospital No. 1 on September 8, 1966 by order of the Circuit Court, Cole County. The basis of this transfer is, of course, unknown to me. I have a letter from Ray dated March 22, 1966 which he wrote from C-Unit of Maximum Security. On March 23rd my notes indicate that I referred it to Dr. Enloe and on March 29th Dr. Enloe called me in the afternoon to state that Ray had written the Warden concerning his alleged illness. On November 1, 1965 Mr. Bergin had referred the man to me from Sick Call in connection with an alleged weight loss which I was unable to document satisfactorily by searching the records.

In November of '65 the man was tested and interviewed extensively from Monday through Thursday, November 1st through 4th inclusive, for periods of thirty minutes to an hour and a half. My notes indicate that I considered him "escape-prone."

I have in my file a typewritten copy of a piece of literature which is sent out by Roche in their packages of Librium. It is two full pages of single-spaced typewritten material quoting in detail the material of the sort one finds in the PDR. He had pulled this piece of paper out of his pocket while seated in my office about 9:00 on November 1st. I sequestered same.

According to all the test results I have on the man he is nothing more nor less than a severe neurotic apparently seeking to repress out of awareness, or to keep concealed, something he seems to be afraid someone else is going to find out.

The import of this IOC at this time is to urge you to communicate with the Warden that this man might well be considered "escape-prone" -- a runner (psychologically, anyway) -- and suggest that the Warden, in accordance with a "gentlemen's agreement" we have with the Hospital authorities, notify the Hospital authorities that this man should be considered as an escape-prone neurotic type individual, according to our information on him.

It is to be considered in this, however, that the escape-proneness may have been merely his intense wish to get out of the prison setting and it may be that he now finds himself in a more comfortable situation such that he is no longer an escape-prone person; or, in other language, a security risk.

Page

You will note that a copy of this is being sent to AWC Kern.

LeRoy H. Rook, M.S.  
Clinical Psychologist II

P.S.: My work with Ray would indicate that diagnostically I would be inclined to consider him as a Psychoneurotic disorder, anxiety reaction. This is a situation in which the anxiety is diffuse and it is not cathected to any object. Nor is it controlled by any specific psychologic defense mechanism. These reactions are characterized by anxious expectation and frequently associated with somatic symptomatology. Which is exactly what we find in Ray. In April of '65 he was on H-2 for chest and cardiac evaluation. EKG's were normal. Pressures were 140/80, pulse 76 on the 14th; 122/92, pulse 80, on the 16th. In early May CBC's and blood sugars were done; results: negative. On May the 24th-5th-6th he was again examined for an alleged "swelling under both arms." It was noted that his pulse went down markedly immediately after he had been admitted to patient status. On May the 29th at 2:00 a.m. he had a pulse of 140, respiration 32, BP 120/98. At 4:25 a.m. pulse was 130, 94/70, "showing shortness of breath," was given oxygen. By 4:55 a.m., pulse 84, pressure 118/80. He was diagnosed at that time as having paroxysmal tachycardia. Thus, we see the somatization of anxiety.

LeRoy H. Rook, M.S.  
Clinical Psychologist II

cc: Mr. Kern, AWC  
P & P Bd  
Extra  
file

LHR/ra

Department of Corrections

INTER-OFFICE COMMUNICATION

*file*

To: Leo M. Baker, D.O.  
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Page 2

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Clinical Psychologist II

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LeRoy H. Rook, M.S.  
Clinical Psychologist II

cc: Mr. Kern, AWC  
P & P Bd  
extra  
file

LHR/rd

ITEM ANALYSIS OF MMPI  
(Harris-Lingoes Subscales)

# 00116

Ray

		Number of Items	RAW SCORE	T-SCORE
I	DEPRESSION			
	D1 Subjective Depression	(32)	<u>16</u>	<u>81</u>
	D2 Psychomotor Retardation	(15)	<u>9</u>	<u>64</u>
	D3 Complaints about Physical Malfunctions	(11)	<u>7</u>	<u>78</u>
	D4 Mental Dullness	(15)	<u>6</u>	<u>84</u>
	D5 Brooding	(10)	<u>1</u>	<u>41</u>
II	HYSTERIA			
	Hy1 Denial of Social Anxiety	(6)	<u>2</u>	<u>39</u>
	Hy2 Need for Affection and Reinforcement	(12)	<u>6</u>	<u>49</u>
	Hy3 Lassitude-Malaise	(15)	<u>11</u>	<u>93</u> ✓
	Hy4 Somatic Complaints	(17)	<u>7</u>	<u>75</u> ✓
	Hy5 Inhibition of Aggression	(7)	<u>5</u>	<u>63</u> ✓
III	PSYCHOPATHIC DEVIATE			
	Pd1 Familial Discord	(11)	<u>1</u>	<u>36</u>
	Pd2 Authority Conflict	(11)	<u>7</u>	<u>62</u> ✓
	Pd3 Social Imperturbability	(12)	<u>7</u>	<u>45</u>
	Pd4A Social Alienation	(18)	<u>4</u>	<u>43</u>
	Pd4B Self Alienation	(15)	<u>4</u>	<u>43</u>
IV	MASCULINITY-FEMINITY (MALE)			
	Mf1 Personal and Emotional Sensitivity	(15)	<u>5</u>	<u>51</u>
	Mf2 Sexual Identification	(6)	<u>0</u>	<u>42</u>
	Mf3 Altruism	(9)	<u>4</u>	<u>45</u>
	Mf4 Feminine Occupational Identification	(17)	<u>1</u>	<u>32</u>
	Mf5 Denial of Masculine Occupations	(10)	<u>8</u>	<u>74</u> ✓
V	PARANOIA			
	Pa1 Ideas of External Influence	(17)	<u>1</u>	<u>42</u>
	Pa2 Poignancy	(9)	<u>3</u>	<u>61</u> ✓
	Pa3 Affirmation of Moral Virtue	(9)	<u>4</u>	<u>49</u>
VI	SCHIZOPHRENIA			
	Sc1A Social Alienation	(21)	<u>4</u>	<u>56</u>
	Sc1B Emotional Alienation	(11)	<u>3</u>	<u>56</u>
	Sc2A Lack of Ego Mastery-Cognitive	(10)	<u>3</u>	<u>68</u> ✓
	Sc2B Lack of Ego Mastery-Conative	(14)	<u>3</u>	<u>55</u>
	Sc2C Lack of Ego Mastery-Defect of Inhibition and Control	(11)	<u>2</u>	<u>53</u>
	Sc3 Sensorimotor Dissociation	(20)	<u>1</u>	<u>46</u>
VII	HYPOMANIA			
	Ma1 Amoralilty	(6)	<u>3</u>	<u>57</u>
	Ma2 Psychomotor Acceleration	(11)	<u>5</u>	<u>64</u> ✓
	Ma3 Imperturbability	(8)	<u>2</u>	<u>39</u>
	Ma4 Ego Inflation	(9)	<u>2</u>	<u>46</u>

RFV/fh  
10/15/62

Profile and Case Summary

# The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Charnley McKinley

Scorer's Initials *Kunkel*

Name *Ray, James E.* *7/16/00 416*

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Date Tested *6/14/65*

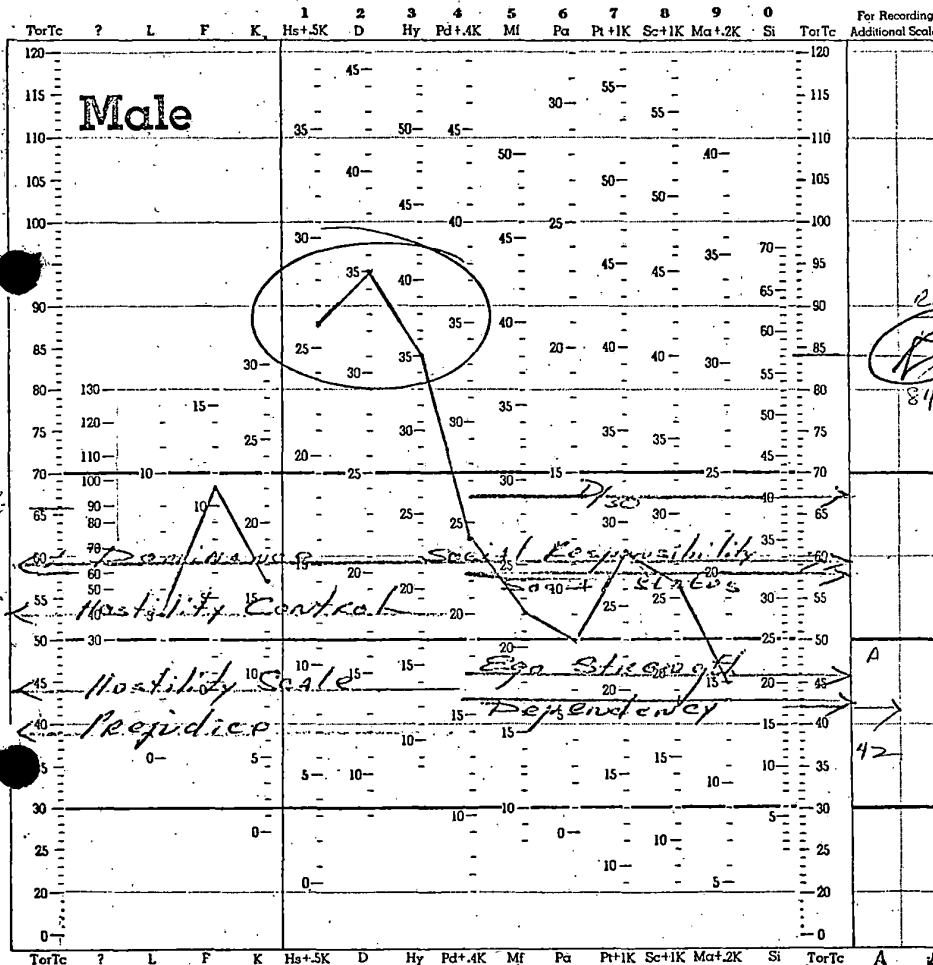
Education \_\_\_\_\_ Age *37*

Marital Status \_\_\_\_\_ Referred by \_\_\_\_\_

RE = 24-59 110-14-111  
 ST = 30-58 42-12-55 NOTES *Self-ref from*  
 DO = 18-59 10-17-37 *Sick Cell - see*  
 CIO = 3 *notes about Hagg & admin*  
 ES = 12-16 *since 4/14/65, Hagg from bus.*  
 BY = 13-43 *51 yrs.*

*after some fencing stated*  
*"I don't have no problems*  
*(personal)."*

*F-IV = -5, OK*



Percentile of K			
K	5	4	3
10	15	12	6
20	15	12	6
25	14	11	5
27	14	11	5
28	13	10	5
29	13	10	5
30	13	10	5
35	13	10	5
40	13	10	5
45	13	10	5
50	13	10	5
55	13	10	5
60	13	10	5
65	13	10	5
70	13	10	5
75	13	10	5
80	13	10	5
85	13	10	5
90	13	10	5
95	13	10	5
100	13	10	5

Raw Score *17 5 11 16 18 35 35 18 22 8 12 12 12* *6 32*  
 K to be added *8* *6* *16 16 3* *—*  
 Raw Score with K *26* *24* *28 26 15* *42 84*



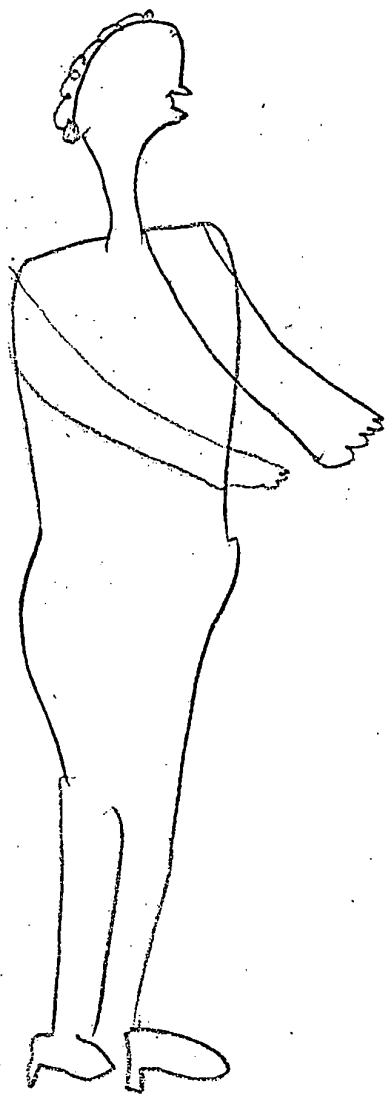
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 THE PSYCHOLOGICAL CORPORATION  
 304 East 45th Street  
 New York 17, New York

60-142S

Signature \_\_\_\_\_ Date \_\_\_\_\_

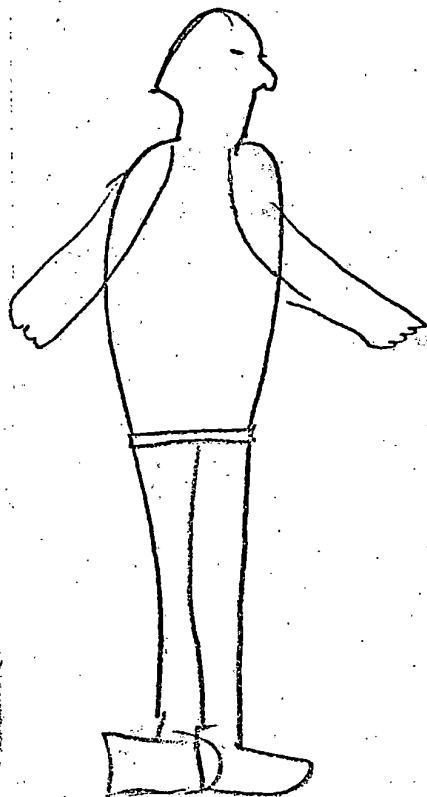
Smith & Ray 00116



2nd Party - Just a person.

6/14/65

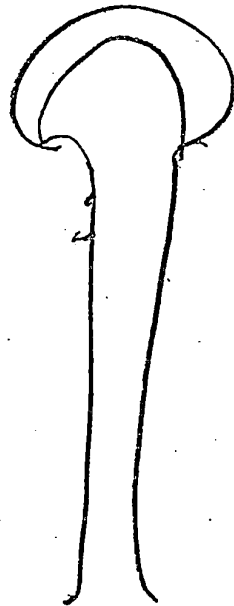
R.F.K.



1st John - Just a person.

6/14/65  
R.H.K.

James E. R. 02416



Tree  
6/14/65  
R.F.K.

James E. Ray 0 3416



House  
6/14/65  
R.H. K.

James E. Ray 00416

Age: 37

Trans. 10 minutes

6/14/65

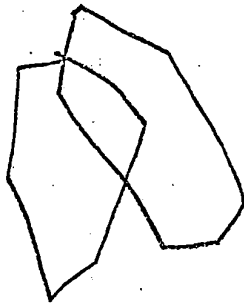
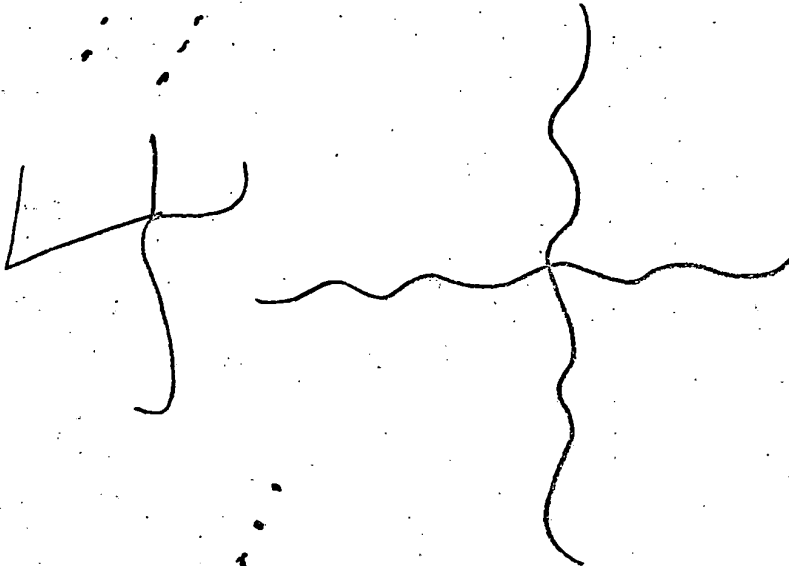
B.F.K.



1 2 3 4 5 6 7 8 9 10 11 12

13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Hand in count w/ seq. ref.



TEST ANSWERS BY HAND  
(Harris-Lingoes Subscales)

*R. J. Jones*  
100416

	No. of Items	RAW SCORE	T SCORE
<b>I DEPRESSION</b>			
D1 Subjective Depression	(32)	<u>18</u>	<u>89</u>
D2 Psychomotor Retardation	(15)	<u>8</u>	<u>67</u>
D3 Complaints About Physical Malfunction	(11)	<u>7</u>	<u>78</u>
D4 Mental Dullness	(10)	<u>9</u>	<u>106</u>
D5 Brooding	(10)	<u>2</u>	<u>53</u>
<b>II HYSTERIA</b>			
Hy1 Denial Of Social Anxiety	(6)	<u>7</u>	<u>52</u>
Hy2 Need For Affection And Reinforcement	(12)	<u>5</u>	<u>45</u>
Hy3 Lassitude-Melancholia	(15)	<u>10</u>	<u>88</u>
Hy4 Somatic Complaints	(17)	<u>10</u>	<u>90</u>
Hy5 Inhibition Of Aggression	(7)	<u>4</u>	<u>56</u>
<b>III PSYCHOPATHIC DEVIATE</b>			
Pd1 Familial Discord	(11)	<u>1</u>	<u>36</u>
Pd2 Authority Conflict	(11)	<u>6</u>	<u>56</u>
Pd3 Social Imperturbability	(12)	<u>6</u>	<u>40</u>
Pd4A Social Alienation	(18)	<u>0</u>	<u>23</u>
Pd4B Self Alienation	(15)	<u>4</u>	<u>43</u>
<b>IV MASCULINITY-FEMININITY</b>			
MF1 Personal And Emotional Sensitivity	(15)	<u>5</u>	<u>51</u>
MF2 Sexual Identification	(6)	<u>0</u>	<u>42</u>
MF3 Altruism	(9)	<u>3</u>	<u>39</u>
MF4 Feminine Occupational Identification	(17)	<u>1</u>	<u>32</u>
MF5 Denial Of Masculine Occupations	(10)	<u>2</u>	<u>57</u>
<b>V PARANOID</b>			
Pa1 Ideas Of External Influence	(17)	<u>0</u>	<u>37</u>
Pa2 Poignancy	(9)	<u>4</u>	<u>70</u>
Pa3 Affirmation Of Moral Virtue	(9)	<u>7</u>	<u>62</u>
<b>VI SCHIZOPHRENIA</b>			
Sc1A Social Alienation	(21)	<u>7</u>	<u>56</u>
Sc1B Emotional Alienation	(11)	<u>5</u>	<u>75</u>
Sc2A Lack Of Ego Mastery-Cognitive	(10)	<u>3</u>	<u>68</u>
Sc2B Lack Of Ego Mastery-Conative	(14)	<u>7</u>	<u>76</u>
Sc2C Lack Of Ego Mastery-Defect Of Inhibition And Control	(11)	<u>1</u>	<u>43</u>
Sc3 Sensorimotor Dissociation	(20)	<u>5</u>	<u>68</u>
<b>VII HYPMANIA</b>			
Ma1 Amoralisity	(6)	<u>3</u>	<u>57</u>
Ma2 Psychomotor Acceleration	(11)	<u>6</u>	<u>72</u>
Ma3 Imperturbability	(8)	<u>3</u>	<u>76</u>
Ma4 Ego Inflation	(9)	<u>1</u>	<u>41</u>

FBJ/mk  
7/16/65

# Profile and Case Summary

## The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Chamley McKinley

Name Ray, James #00611

M  
Male

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Date Tested 11/1/65

Education \_\_\_\_\_

Age 37

Marital Status \_\_\_\_\_

Referred by Self

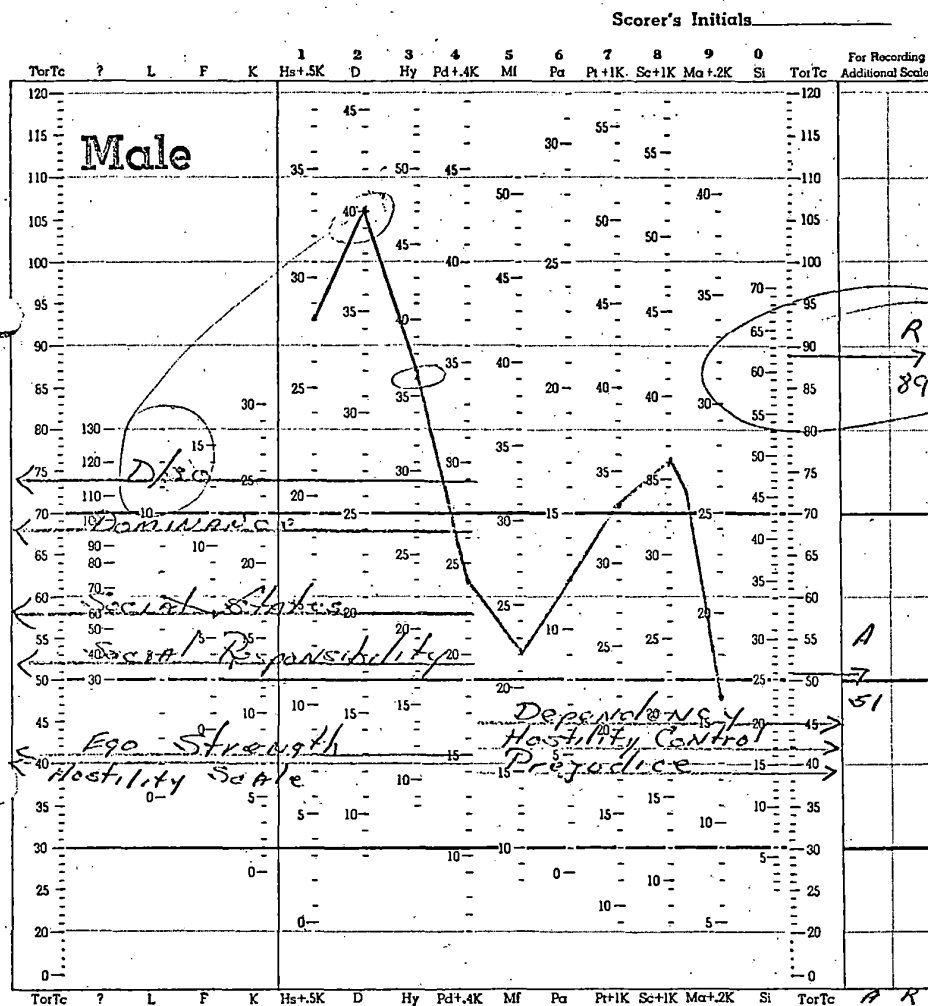
ST=20-58  
Re=21-52  
Do=21-68  
D60=16-74  
CNS=2

HO=11-40  
Hc=7-12  
D1=7-37  
SO-R=30

NOTES

Mr. Bergin  
Sick & all this  
a.m.

See pg 177 of the  
Handbook for  
reasonably on-target  
characterization.



1	2	3	4	5	6	7	8	9	0
30	15	12	6	3	3	3	3	3	3
29	15	12	6	3	3	3	3	3	3
28	14	11	6	3	3	3	3	3	3
27	14	11	5	3	3	3	3	3	3
26	13	10	5	3	3	3	3	3	3
25	13	10	5	3	3	3	3	3	3
24	12	10	5	3	3	3	3	3	3
23	12	9	5	3	3	3	3	3	3
22	11	9	4	3	3	3	3	3	3
21	11	8	4	3	3	3	3	3	3
20	10	8	4	3	3	3	3	3	3
19	10	8	4	3	3	3	3	3	3
18	9	7	4	3	3	3	3	3	3
17	9	7	3	3	3	3	3	3	3
16	8	6	3	3	3	3	3	3	3
15	8	6	3	3	3	3	3	3	3
14	7	6	3	3	3	3	3	3	3
13	7	5	3	3	3	3	3	3	3
12	6	5	2	3	3	3	3	3	3
11	6	4	2	3	3	3	3	3	3
10	5	4	2	3	3	3	3	3	3
9	5	4	2	3	3	3	3	3	3
8	4	3	2	3	3	3	3	3	3
7	4	3	1	3	3	3	3	3	3
6	3	2	1	3	3	3	3	3	3
5	3	2	1	3	3	3	3	3	3
4	2	2	1	3	3	3	3	3	3
3	2	2	1	3	3	3	3	3	3
2	1	1	0	3	3	3	3	3	3
1	1	1	0	3	3	3	3	3	3
0	0	0	0	3	3	3	3	3	3



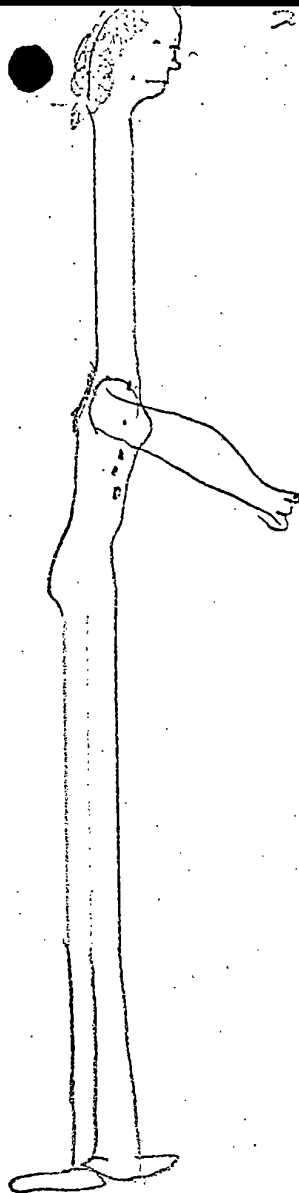
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Signature \_\_\_\_\_

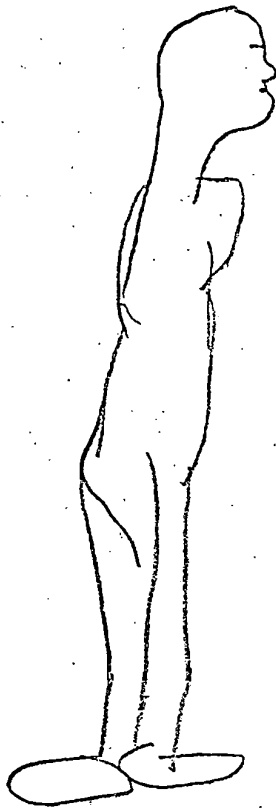
Date \_\_\_\_\_



2nd Thd - Side view  
✓ bones.

11/1/65

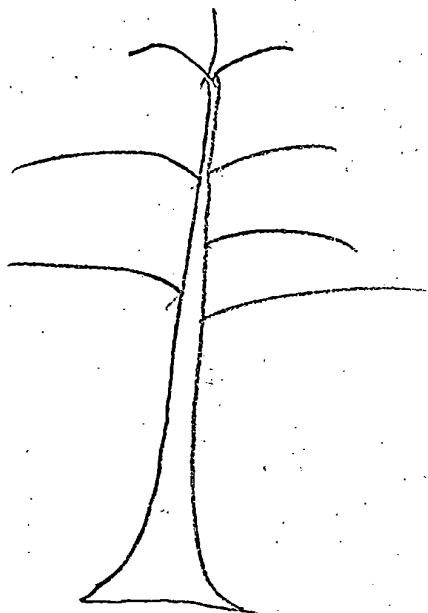
*Samuel Brown*



*1st John - He is a nice guy -*

*11/1/65*

of rms 15.2



Tree  
11/1/25  
Kunkel

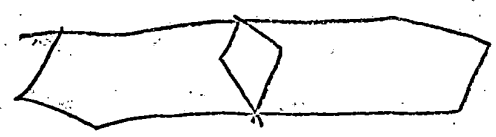
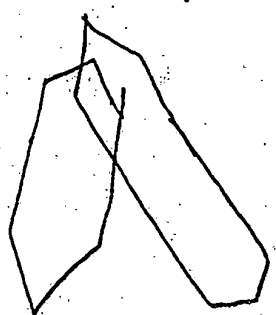
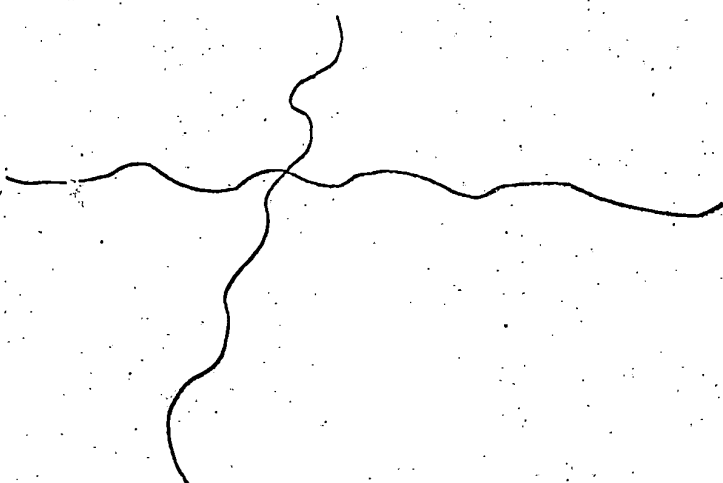
Alvin R. G. ...



House  
11/1/65  
Kunkel.

Page 0014

11/1/65  
Kurtel



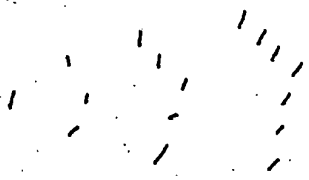
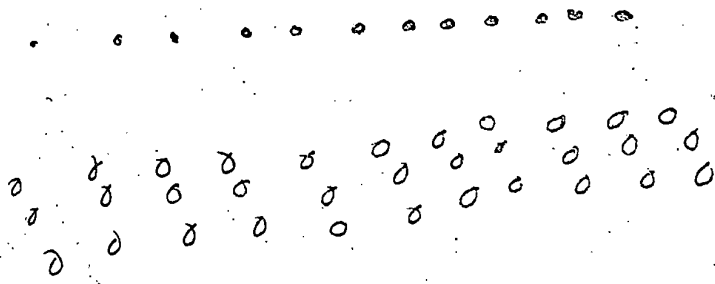
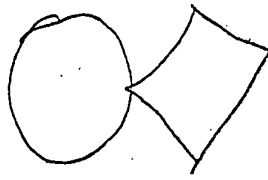
James E. Ray cell

Age: 37

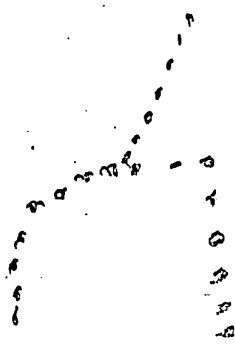
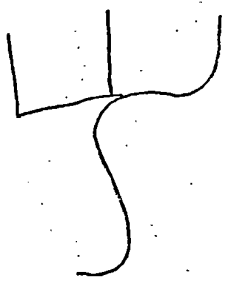
Time: 10 minutes

11/1/65

murder



see next page for more  
B-G



Librium  
chloridiazepoxide

Composition; Librium is a unique and versatile new therapeutic agent which is virtually specific for the relief of anxiety and tension. While Librium has a prompt and profound action over a wide range of emotional disorders, it is safest of the effective psychopharmacologic compounds available to date. It is completely unrelated chemically or pharmacologically to any other tranquilizer or antidepressant agent. Librium is not an MAO inhibitor. Chemically, Librium Hydrochloride is 7-chloro 2-methylamino 5-phenyl 3H-1,4-benzodiazepine 4-oxide Hydrochloride.

*See Librium Hydrochloride in 1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025*

ACTION AND USES: Pharmacologically, Librium exhibits an unprecedented "taming" action in wild, vicious animals. While it has been shown to have tranquilizing properties comparable with those of chlorpromazine and reserpine, it lacks the autonomic blocking effects of these compounds and does not produce extrapyramidal side effects. Librium is indicated whenever fear, anxiety and tension are significant components of the clinical profile. In low oral doses, Librium is effective in mild to moderate anxiety and tension, tension headache, pre- and postoperative apprehension, pre-menstrual tension and menstrual stress, chronic alcoholism, behavior disorders in children, and when ever anxiety and tension are concomitants of gastrointestinal, cardiovascular, gynecologic or dermatologic disorders. Skeletal muscle spasticity (resulting from spinal cord injury, congenital or acquired brain damage) and other debilitating neuromuscular disorders such as dystonia and athetosis frequently respond to Librium. Painful muscle spasms, associated with myositis, fibrositis, bursitis, tenosynovitis, arthritis, fractures, intervertebral disc syndrome, whiplash injury, low back pain or postural strains, is often relieved.

Response is more likely when emotional factors are present than when symptoms are entirely secondary to the musculoskeletal disorder. In higher oral doses, Librium is of value in the more severe anxiety and tension states, agitated depression and ambulatory psychoneuroses (e.g. acute and chronic anxiety states, phobias, obsessive-compulsive reactions and schizoid behavior disorders). In addition, Librium may be useful in certain types of acute agitation due to chronic alcoholism or alcoholic withdrawal (including delirium tremens), hysterical or panic states, paranoid states and acute stages of schizophrenia. Librium injectable is indicated for the relief of acute agitation and hyperactivity (e.g. alcoholism, anxiety, hysterical and panic states, psychoses, drug withdrawal symptoms) when rapid action is required or oral administration is not feasible.

ADMINISTRATION AND DOSAGE: Because of the wide range of clinical indications for Librium, the optimum dose varies with the diagnosis and response of the individual patient. The dosage, therefore, should be individualized to achieve maximum benefits.

ORAL DOSAGE \*\*\* ADULTS: MILD TO MODERATE ANXIETY AND TENSION: Tension headache, pre- and postoperative apprehension, premenstrual tension, musculoskeletal spasms, neuromuscular spasticity, chronic alcoholism, and when ever anxiety and tension are concomitants of gastrointestinal, cardiovascular, gynecologic or dermatologic disorders. Usual daily dose; 5 mg or 10 mg, 3 or 4 times daily.

SEVERE ANXIETY AND TENSION: Agitated depression, and ambulatory psychoneuroses (e.g. acute and chronic anxiety states, phobias, obsessive-compulsive reactions and schizoid behavior disorders) Usual daily dose; 20 m.g. or 25 m.g., 3 or 4 times daily.

GERIATRIC PATIENTS: or in the presence of debilitating disease. Usual daily dose; 5 m.g. 2 to 4 times daily.

CHILDREN: Behavior disorders with associated anxiety and tension. Usual daily dose; 5 m.g. 2 to 4 times daily (may be increased in some children to 10 m.g. 2 or 3 times daily).

In acute agitation due to chronic alcoholism or alcoholic withdrawal (including delirium tremens), hysterical or panic states, paranoid states or acute stages of schizophrenia, the suggested initial dose is 50 to 100 m.g. per day. Dosage may then be decreased to maintenance levels. PARENTERAL DOSAGE --ADULTS: ALCOHOLISM: rapid symptomatic relief of alcoholic agitation, tremor, impending or active delirium tremens and hallucinosis --50 to 100 m.g. I.M. or I.V. initially; repeat in 2 to 4 hours, if necessary. ACUTE ANXIETY--rapid relief of anxiety, agitation and restlessness--50 to 100 m.g. 3 or 4 times daily, if necessary.

ACUTE PHOBIA OR PANIC REACTION: rapid control of hysteria, hyperactivity, agitation, confusion and disorientation --50 to 100 m.g. I.M. or I.V. initially; repeat in 4 to 6 hours, if necessary. ACUTE PSYCHOTIC AGITATION: symptomatic relief of schizophrenic motor excitement, agitated depression, paranoid reactions, hallucinosis--50 to 100 m.g. I.M. or I.V. initially; repeat in 4 to 6 hours, if necessary. ACUTE DRUG WITHDRAWAL: rapid symptomatic relief of cramps, sweating, nausea, vomiting, and excitement--100 m.g. I.M. or I.V. initially, then 50 to 100 m.g. in 4 to 6 hours, if necessary.

Not more than 300 m.g. should be given during a 6 hour period. Lower parenteral doses (usually 25 to 50 m.g.) should be used for elderly or debilitated patients, and for children. In most cases, acute symptoms may be rapidly controlled by Librium Injectable so that subsequent treatment, if necessary, may be given orally by Librium capsules.

**SIDE EFFECTS:** The necessity of discontinuing therapy because of undesirable effects from Librium has been very rare. Drowsiness and ataxia have been reported in some patients—particularly the elderly and debilitated. While these effects can be avoided in almost all instances by proper dosage adjustment, they have occasionally been observed at the lower dosage range. In a few instances syncope has been reported when high dosage were used. Withdrawal symptoms following discontinuation of Librium have not been reported when recommended dosages have been employed; however abrupt cessation after prolonged over dosage (300 m.g. to 600 m.g. daily for more than five months), has produced withdrawal symptoms similar to those seen with barbiturates or meprobamate (including convulsion). Caution therefore be exercised in administering Librium to individuals known to be addiction prone, or whose history suggests they may increase the dosage on their own initiative.

Paradoxical reactions, i.e. excitement, stimulation, elevation of affect and acute rage, have been reported in psychiatric patients; these reactions may be secondary to relief of anxiety and should be watched for in the early stages of therapy. Other side effects occurring during Librium therapy include isolated instances of minor skin rashes, minor menstrual irregularities, nausea and constipation, as well as increased and decreased libido. Such side effects have been infrequent and are generally controlled with reduction of dosage.

While agranulocytosis and hepatic dysfunction have been reported during Librium therapy, evidence is inconclusive that either was related to the administration of Librium. When Librium treatment is protracted, periodic blood counts and liver function tests may be advisable. Before using Librium Injectable the physician should familiarize himself with the side effects which have been noted with oral Librium therapy. In clinical use, Librium Injectable has occasionally produced mild, transitory fluctuation in blood pressure of short duration. These reactions have not presented a clinical problems and have not required supportive therapy. Following the injection of Librium, some patients may become drowsy or unsteady. For these reason ambulatory patients should be kept under observation, preferably in bed, after treatment.

**PRECAUTION:** In elderly, debilitated patients, it is important to limit the dosage to the smallest effective amount to preclude the development of ataxia or over sedation (Not more than 10 m.g. per day initially, to be increased gradually as tolerated). As is true of all CNS-acting drugs, until the correct maintenance dosage is established, patients receiving Librium should be advised against possibly hazardous procedures requiring complete mental alertness or physical coordination. In general the concomitant administration of Librium and other psychotropic agents is not recommended. If such combination therapy seems indicated, careful consideration should be given to the pharmacology of the agents to be employed with Librium—particularly when the known potentiating compound such as the MAO inhibitors and phenothiazines are to be used. Although Librium is a valuable aid in the treatment of acute and chronic alcoholism, patients should be cautioned as in the case of other CNS acting drugs, about possible combined effects of Librium and alcohol. The usual precautions in treating patients with impaired renal or hepatic function should be observed. Librium Injectable (intramuscular or intravenous) is indicated primarily in acute states, and patients receiving this form of therapy should be kept under observation, preferably in bed, for a period of up to three hours. Ambulatory patients should not be permitted to operate a vehicle following an injection of Librium.

The usual precautions of reduced dosage should be observed when treating patients with impaired renal or hepatic function. Injectable Librium should not be given to patients in shock or comatose states. Reduced dosage (usually 25 to 50 m.g.) should be used for elderly or debilitated patients, and for children. When the parenteral use of Librium is followed by oral therapy after acute symptoms are controlled, the usual precautions of Librium oral therapy must be observed.

44-760

Vol. 3

Serials

450-557