

THIS FORM TO BE MADE IN TRIPLICATE

STATE OF GEORGIA DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY GEORGIA BUREAU OF INVESTIGATION BOX 1456, ATLANTA, GEORGIA



RECORD OF MEDICAL EXAMINER

CITY Rome COUNTY Floyd
NOTIFIED BY Coroner Talley HOUR 3:30 A.M. DATE 8/13/74
OFFICERS ASSIGNED TO CASE City of Rome Police Dept.
OFFICERS EMPLOYED BY City of Rome
NAME OF DECEASED Reeves, Grace AGE 37 SEX Fe RACE Cau HEIGHT WEIGHT
RESIDENCE OF DECEASED 1904 Maple St. Rome, Ga.
TIME OF DEATH: HOUR 2:00 A.M. DATE 8/13/74 PLACE OF DEATH Residence
MANNER OF DEATH: HOMICIDE JUSTIFIABLE ACCIDENTAL SUICIDE NATURAL
METHOD OF Gunshot wounds
BODY REMOVED FROM Residence REMOVED BY Floyd Ambulance Service
DATE RECEIVED AT FUNERAL HOME 8/13/74
NAME OF FUNERAL HOME J. D. Hill
AUTOPSY AUTHORIZED BY Not done
PRESENT AT AUTOPSY
BODY IDENTIFIED BY
PHOTOGRAPHS BY City of Rome Police Dept.
DATE AUTOPSIED: HOUR M. DATE PERFORMED BY

ACCUSED
NOTE: A COPY OF THIS RECORD SHALL BE SENT TO:

SOLICITOR GENERAL
CORONER Talley
OFFICER City of Rome Police Dept.

CAUSE OF DEATH Gunshot wound to head, thorax and abdomen.

EVIDENCE SUBMITTED TO LABORATORY Blood Alcohol, 19 3 38 Cal bullets given to City Police.

DO NOT FILL IN THIS PART OF FORM (FOR CRIME LABORATORY USE ONLY)

DATE SEP 14 1974
APPROVED [Signature] (LABORATORY)

DATE 8/13/74
SIGNED [Signature] M. D.

