

RECORD OF THE POST-MORTEM EXAMINATION

of **Frederick A. Parmenter** of the **male** sex, and of the
apparent age of **45 years.**

Made at **Quincy**, County of Norfolk, on the **sixteenth**
day of **April** 19**20**, by **George B. Magrath**

In presence of **Fred. E. Jones, assist.**

Nathaniel B. Hunting, M.D.
George M. Sheahan, M.D.
Edwin E. Smith, M.D.
W. J. McCausland, M.D.

Medical Examiner.

EXTERNAL EXAMINATION. (A)

1. Bodily Peculiarities.

Height, 5'-8"	Approximate Weight, 165 pounds.
Eyes, Light brown	Hair, Brown, thin on top and front.
Malformations,	Deficiencies,
Ulcers,	Scars, Spots,
Tongue,	Teeth,
Nostrils,	Ears,

Noteworthy appearances of the

Neck, chest, abdomen,	Rigor mortis marked.
External genitals, extremities,	Surgical dressings on abdomen and right
Back, anus,	side of back.

2. Injuries (described with reference to fixed points).

1. Circular $\frac{1}{4}$ " diameter punctured wound of right back with sutured longitudinal 2" incision running through it, 3" from the spine and just below the twelfth rib. Clean cut edges.

Shape, 2. Incised longitudinal wound of left upper abdomen, closed by sutures, 5" long, approximately 3" to the left of the median line, with a 1" approximately circular ecchymotic area which the incision cuts through at a point about $1\frac{1}{2}$ " below the edge of the ribs.

Dimensions 3. Transverse oval wound, $\frac{1}{3} \times \frac{1}{6}$ ", of the left chest, at a point 3" below the nipple. Clean cut edges.

4. Transverse oval wound, $\frac{1}{3} \times \frac{1}{6}$ ", with shredded edges, which is on a level with, is continuous with by a blood stained tract under the skin and is 3" from wound No. 3. Position, Extending two inches to the right from this oval wound and continuous with it is an abrasion of the skin, tapering from $\frac{1}{2}$ " to $\frac{1}{4}$ " in width.

Direction, 5. Incised longitudinal wound, closed by sutures, in right upper abdomen, $5\frac{1}{2}$ " long, approximately $3\frac{1}{2}$ " from the median line.

Edges and surroundings of wounds,

Wounds No. 2 and No. 5 contain cigarette drains of gauze and rubber tissue.

INTERNAL EXAMINATION. (B)

3. *Head.*

Normal.

Soft parts,

Outer, inner and cut surfaces of the bones,

Longitudinal sinus and dura mater,

Pia Mater,

Brain, { Hemispheres, Small amount of bloody serum in the lateral
 { Ventricles, ventricles.
 { Basal ganglia,
 { Cerebellum,
 { Pons and medulla,

Base of skull, after removal of the dura,

4. *Spinal Canal.*

Normal.

Bony walls and surrounding soft parts,

Dura mater and pia mater,

Cord, { color,
 { density,

THORAX AND ABDOMEN. (C)

Position of diaphragm, left side at normal, right side at normal

Displacement, if any, of abdominal organs,

Abnormal contents of the abdomen, { quantity, About a half pint of free blood and clots
 { quality, is seen in the flanks.

THORAX. (D)

5. *Plural Cavities.*

Normal.

Contents, { quantity,
 { quality,

Surface, { smoothness,
 { lustre,
 { opacity,

6. *Pericardium.*

Normal.

Contents, { quantity,
 { quality,

Surface, { smoothness,
 { lustre,
 { opacity,

7. *Heart.* { size,
shape,
color,
consistency, *Normal.*

Condition of coronary vessels, *Normal.*

Contents of each cavity, { quantity,
quality, *Post mortem clot in the right auricle
which extends into the ventricle.*

Condition of valves, *Normal.*

Color and consistency of muscle, *Normal.*

8. *Lungs.* { size,
shape,
color,
consistency, *Normal except for moderate oedema.*

Section, { smoothness,
color, *Abundant froth, in color from white to dark red,
moisture, exudes on pressure from cut sections.*

Contents { quantity,
(Air, blood, liquid or solid material), quality,

Condition of bronchi and pulmonary artery,

9. *Larynx, Pharynx and Esophagus.*

Contents, { quantity,
quality,

Lining membrane,

10. *Aorta, abnormalities,* *Normal.*

ABDOMEN. (E)

11. *Spleen.* { size,
shape,
color,
consistency, *Normal.*

Surface,

Section, { smoothness,
color,
moisture,
distinctness of trabeculae and follicles,

12. *Stomach and Intestines.* *Normal.*

Degree of distension and appearance of surface,

Contents of different parts, { quality,
quantity,

Appearance of mucuous membrane and glands,

Condition of appendix in peritonitis,

13. *Liver.* { size,
shape,
color,
consistency,

Normal.

Surface,

- Section, { smoothness,
color,
moisture,
relative proportion and color of lobular regions,

Condition of gall-bladder in peritonitis,

14. *Pancreas*, appearances in case of hemorrhage
in or about the gland,

15. *Supra-renal Capsules*, abnormal appearances,

16. *Kidneys.* { size,
shape,
color,
consistency,

Normal.

Adherence of fibrous capsule,

- Section, { color,
moisture,
thickness of cortex and pyramids,
color and opacity of cortex,
color of Malphighian bodies,

17. *Bladder.* { size,
thickness and tension of wall,

- Contents, { quantity,
quality,

Appearance of mucuous membrane,

18. *Uterus.* { size,
shape,
color,
consistency,

Surface,

Length and breadth of cavity,

Thickness and vascularity of wall,

- Contents, { quantity,
quality,

Lining membrane,—cervical canal,

“ “ of vagina,

Ovaries,—corpora lutea, if any,

Surface and substance of the broad ligaments,
in suspected pregnancy,

The grest omentum is attached by old adhesions to the gall bladder.

OTHER DATA NOT PREVIOUSLY NOTED:

Internal examination of the abdomen shows a continuous perforating track, almost horizontal, from wound No.1 in the right back to wound No.2 in the left side of the abdomen.

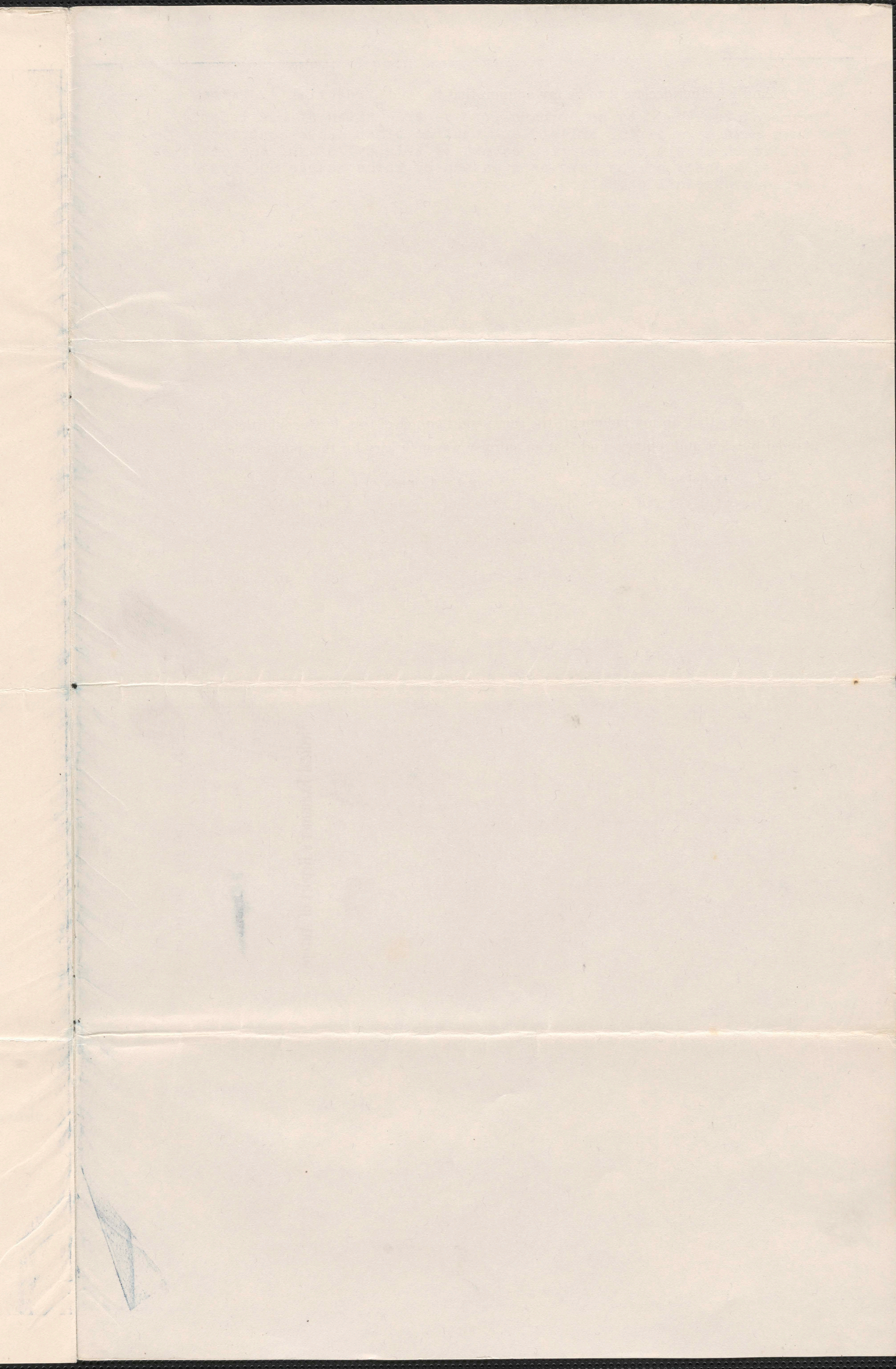
It perforates the skin, subcutaneous tissues and muscles of the right back, the inner wall of the abdomen, cuts squarely through the great vein, the inferior vena cava at a point 3 1/2" above its bifurcation into the two illeac veins, making irregularly circular 1/2" openings first on its right posterior side and then on its left anterior side, then passes through the abdominal cavity making in its course openings in the mesentery and the greater omentum but not perforating the intestine, then passing into the muscles and subcutaneous tissues of the anterior abdominal wall on the left.

(At this point it is said that a 32 calibre, short, jacketed bullet was removed by Dr. N.S.Hunting of Quincy at an operation held at the Quincy City Hospital on the evening of April 15th.)

(A similar bullet was found on the floor of the operating room of the hospital in a search conducted by myself at the time of the view. Its rifling was marked. It was not deformed.)

On cutting the sutures of wounds No's 2 and 5 they were found to extend through the abdominal wall and the ends of the gauze drains were deeply located in the abdomen.

An extensive retro-peritoneal hemorrhage extends from the diaphragm to the crest of the pelvis, particularly in the neighborhood of the right kidney.



And I further declare it to be my opinion that the said Frederick A. Parmenter came to his death by hemorrhage from a perforation of his inferior vena cava by a pistol bullet, and that no other cause contributed to his death except the injuries caused by this bullet and one other and such shock as may have been caused by these wounds and his subsequent surgical operation.

I certify that, in my judgment, the cause and manner of this death could not be ascertained by view and inquiry, and that an autopsy was necessary for that purpose.

Dated at Quincy, in the County of Norfolk
this eighteenth day of November A. D. 1920.

Frederick A. Parmenter

Medical Examiner.

RELATING TO THE DEATH OF

Frederick A. Parmenter

Medical Examiner's Report of Autopsy.