

Mary L. Neal

5315 Kelleys Mill Circle
Stone Mountain, GA 30088
770-465-3447

March 29, 2006

Via Facsimile and U.S. Mail

Chief John L. Wodatch
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section - NYAV
Washington, DC 20530

Re: Larry Morris Neal
Date of Birth: 5/2/1949
SSN: 415-18-4822.

Dear Chief Wodatch:

Larry M. Neal, a severely mentally ill heart patient, died in Shelby County Jail, Memphis, Tennessee, on August 1, 2003, after having been there for about 18 days while his State of Tennessee social worker and family searched for him as a missing person. I wrote to the Justice Department last year regarding his incarceration and death and asked at that time for a copy of the report Shelby County Jail issued to the Justice Department relative to Larry's death. Attached hereto is a copy of the response I received back from the Justice Department, which indicates that Shelby County Jail did not divulge Larry's death to the Justice Department, as was mandatory under the terms of the Agreement between Shelby County Government and the United States of America, after suit under Title II Americans with Disabilities Act.

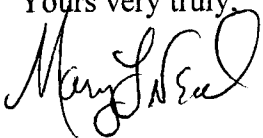
Larry Neal's family hereby requests that the United States Justice Department investigate Larry's incarceration and death at the Shelby County Jail facility, which was then operating under the overview of the U. S. Department of Justice, and that Larry's family be issued a full report on the findings of such investigation. Please be aware that A) Larry had a lengthy history with Memphis Police Department and the jail, including contemporaneous arrests due to his mental illness; B) Shelby County did not divulge Larry's incarceration to his social worker during the 18 days the State of Tennessee reported and searched for him as a missing person; C) Larry's autopsy report received by his family lacked a narrative report or any incident report detailing the circumstances about Larry's illness or injuries in jail or his death, and his family was told by the County Medical Examiner's Office that there was no such report; and D) a law firm managed by a Shelby County Commissioner (in an undisclosed conflict of interest) contracted with Larry's family to bring wrongful death action against the jail for Larry's death, and then proceeded to bury the case on its shelf while the statute of limitations ran. Therefore, it

Chief John L. Wodatch
United States Department of Justice
March 29, 2006
Page 2 of 3

would appear that there is a concerted effort on the part of Shelby County Government to avoid divulging information about Larry's incarceration and death. **For this reason, we believe it is mandatory to actually fully investigate the validity of any records in this matter that the jail offers in response to the Justice Department's inquiry about Larry.**

In addition to the above, we note that Shelby County Jail issued periodic reports to the U. S. Justice Department during the time that your body was overseeing that facility. Please also consider this letter an open records request to send us a copy of the July 2003 and August 2003 report(s) you received relative to Shelby County Jail.

Thank you in advance for your attention and response to our requests. Naturally, if you are able to expedite a thorough investigation into Larry's incarceration and death, we would be very grateful. If you need any further information from Larry's family to assist you in this purpose, please do not hesitate to contact me.

Yours very truly,

Mary L. Neal

MLN



U.S. Department of Justice

Executive Office for United States Attorneys
Freedom of Information/Privacy Act Staff
600 E Street, N.W., Room 7300
Washington, D.C. 20530
202-616-6757 Fax 202-616-6478

JUL 26 2005

Request Number: 05-1545 Date of Receipt: May 2, 2005

Requester: Mary L. Neal

Subject: Larry Neal (Death) / TNW

Dear Requester:

In response to your Freedom of Information Act and/or Privacy Act request, the paragraph(s) checked below apply:

1. [] A search for records located in this office has revealed no records.
2. [X] A search for records located in the United States Attorney's Office(s) for the Western District of Tennessee has revealed no records.
3. [] The records which you have requested cannot be located.
4. [] This office is continuing its work on the other subject/districts mentioned in your request.
5. [X] This is the final action my office will take on this particular request.

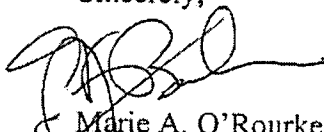
You may appeal my decision in this matter by writing within sixty (60) days, to:

Office of Information and Privacy
United States Department of Justice
Flag Building, Suite 570
Washington, D.C. 20530

Both the envelope and the letter of appeal must be clearly marked "Freedom of Information Act/Privacy Act Appeal."

After the appeal has been decided, you may have judicial review by filing a complaint in the United States District Court for the judicial district in which you reside or have your principal place of business; the judicial district in which the requested records, if any, are located; or in the District of Columbia.

Sincerely,



Marie A. O'Rourke
Assistant Director

MISSING
MENTAL PATIENT, HEART PATIENT
MUST HAVE DAILY MEDICATION

NAME: Larry Morris Neal
DATE OF BIRTH: 5/2/49
HEIGHT: 5 feet, 10 inches
WEIGHT: 180 lbs.
DESCRIPTION: African-American male; light brown complexion, brown eyes, curly, black hair with some gray, beard

If you have any information, please call the Memphis Police Department or call Larry's social worker, Lawrence Wood, at (901) 821-5600.



STATE OF TENNESSEE Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

2003 035136

| | | | | | |
|--|--|--|--|--|---|
| 1 DECEASED'S NAME (First, Middle, Last) Larry Morris Neal | | | 2 SEX Male | 3 DATE OF DEATH (Month, Day, Year) August 1, 2003 | |
| 4 SOCIAL SECURITY NUMBER Unavailable | | 5A AGE LAST BIRTHDAY (Month, Day, Year) 54 | 5B MARRIAGE YEAR | 6 DATE OF BIRTH (Month, Day, Year) May 2, 1949 | 7 BIRTH PLACE (City and State or Foreign Country) Sommerville, Tennessee |
| 8 MARITAL STATUS EVER IN U.S. <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) 7 | | | | | |
| 9a FACILITY NAME (If not institution, give street and number) Regional Medical Center 181 | | 9b CITY, TOWN, OR LOCATION OF DEATH Memphis | | 9c COUNTY OF DEATH Shelby | |
| 10 MARRIAGE STATUS (Married, Never Married, Widowed, Divorced, Separated) Never Married | | 11 SURVIVING SPOUSE (If wife, give maiden name) None | | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) None | |
| 13a RESIDENCE STATE Tennessee | | 13b COUNTY Shelby | | 13c CITY, TOWN, OR LOCATION Memphis | |
| 13d INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13e ZIP CODE 38114 | | 13f STREET AND NUMBER OR RURAL LOCATION 2690 Durbe Circle | |
| 14 WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No if the specific Cuban, Mexican, Puerto Rican, etc.) No | | | 15 RACE (American Indian, Black, White, etc.) (Specify) Black | | 16 DECEASED'S EDUCATION (Specify only highest grade completed) (College 11-4 or 5+) 99? |
| 17 FATHER'S NAME (First, Middle, Last) James Neal | | | 18 MOTHER'S NAME (First, Middle, Maiden Surname) Hattie Nelson | | |
| 19a DECEASED'S NAME (Type/print) Thomas Neal | | 19b RELATIONSHIP TO DECEASED Brother | | 19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3705 Shady Hollow Lane Memphis, Tennessee 38116 | |
| 20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Disposition (Other Specify) | | 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Union Cemetery | | 20c LOCATION (City or Town, State) Memphis, Tennessee | |
| 21a SIGNATURE OF FUNERAL DIRECTOR Donna Rogers | | 21b LICENSE NUMBER OF FUNERAL DIRECTOR 4125 | | 21c SIGNATURE OF EMBALMER Donna Rogers | |
| 21d LICENSE NUMBER OF EMBALMER 4187 | | 22a NAME AND ADDRESS OF FUNERAL HOME R. S. Lewis & Sons 374 Vance Avenue Memphis, Tennessee 38126 | | 22b LICENSE NUMBER OF FUNERAL HOME 399 | |
| 23 REGISTERED SIGNATURE <i>[Signature]</i> | | | 24 DATE SIGNED (Month, Day, Year) August 13, 2003 | | |
| 25a CERTIFICATE TO the best of my knowledge, an event occurred at the date and place and due to the causes and manner as stated | | | | | |
| 25b SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i> | | 25c LICENSE NUMBER | | 25d DATE SIGNED (Month, Day, Year) | |
| 26 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the causes and manner as stated | | | | | |
| 26a SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i> | | 26b LICENSE NUMBER 12401 | | 26c DATE SIGNED (Month, Day, Year) August 5, 2003 | |
| 27 NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/print) O.C. Smith, M.D. 1060 Madison Avenue, Memphis, TN 38104 | | | | | |
| 28 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | | | | | |
| IMMEDIATE CAUSE (Final release or condition resulting in death) | | a Arteriosclerotic Cardiovascular Disease | | | |
| Due to (or as a consequence of) | | b _____ | | | |
| Due to (or as a consequence of) | | c _____ | | | |
| Due to (or as a consequence of) | | d _____ | | | |
| PART II Enter conditions contributing to death but not resulting in the underlying cause given in Part I | | | | | |
| 29a WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 29b WERE AUTOPSY RECORDS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 30 MARKER OF DEATH 1 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide 3 <input type="checkbox"/> Sudden <input type="checkbox"/> Could not be determined 4 <input type="checkbox"/> Poisoning | | 31a DATE OF INJURY (Month, Day, Year) | | 31b TIME OF INJURY | |
| 31c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 31d DESCRIBE HOW INJURY OCCURRED | | | |
| 31e PLACE OF INJURY (At home, farm, street, factory, office, building, etc. Specify) | | 31f LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[Signature]
Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jun-29-2004



CERTIFICATION OF VITAL RECORD

