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WAR RELOCATION AUTHORITY

Manzanar, California

In reply, please refer to:

Medical and Health Section

December 14, 1942

[REDACTED]

HISTORY: This patient gives history of arriving ten minutes before the shooting at the police station. He noticed tear gas bombs and ran. Patient felt a sharp pain in the left thigh.

FINDINGS: Puncture wound on left thigh, no point of exitus. X-Ray revealed no evidence of bullet.

DIAGNOSIS: Bullet wound of left leg.

[REDACTED]

HISTORY: Patient states he checked cars, licenses, speedometers at the Motor Pool where he works at 9:15 p.m. tonight (December 6, 1942) and then he walked over to the Police Station which apparently took four or five minutes. He talked a minute or two to a friend and he heard shots. He began to run and felt a severe blow on his left hip.

X-Ray reveals bullet wound in the shaft of the left femur and the lesser trochanter, also a bullet at the inter-trochanteric area.

FINDINGS: A bullet entrance two inches behind the greater trochanter, another two inches directly below the greater trochanter over the left femur. Direction of bullet posterior to anterior. No exit of the bullet.

DIAGNOSIS: Bullet wound of the femur and the hip joint.



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HISTORY: Gunshot wounds

FINDINGS: Multiple gunshot wounds of the abdomen, left hip, and buttocks. Entrance: left side. Point of exit: anterior. Two bullets entered the left loin and exitus at the umbilicus. Two bullet wounds at the point of entrance of left hip, one bullet wound at buttocks.

Patient was operated at the jejunal-ileal junction. There were six perforations in the gut. Two feet of intestine were removed; end to end anastomosis done.

DIAGNOSIS: Multiple gunshot wounds of the abdomen with perforation of the viscus and generalized peritonitis.
Multiple gunshot wounds of left hip.
Gun shot wound of the buttocks.

[REDACTED]

HISTORY: Patient arrived approximately 9:00 p.m. at the Police Station. He was there not more than twenty minutes when he heard a sizzling sound of tear gas bomb. He started to run with the crowd and then felt a sudden shot in the back and neck.

FINDINGS: Two puncture wounds due to bullets with point of entrance at superior medial angle of right scapula. Point of exit at midpoint of sternocleidomastoid muscle.

DIAGNOSIS: Bullet wounds of back and neck.



[REDACTED]

HISTORY: Patient works for the Public Works Department every night when the night shift starts. Patient usually arrives at 9:30 p.m. on the scene. On this particular night, he was at the station not more than five or ten minutes when all the people began to run. Patient also started to run and then felt sudden sharp pain in the shoulder.

FINDINGS: Two bullet wounds of left arm. Point of entry: 1 cm. distal and medial to epicondyle elbow. Point of exit: located at junction of middle and upper one-third of the forearm on the anterior aspect.

DIAGNOSIS: Bullet wounds of left forearm.

[REDACTED]

HISTORY: Patient was at a show between the hours of 6:00 and 8:00 p.m. He noticed the crowd and joined the crowd. When the shooting began, he started to run with the rest of the crowd. He then felt a pain in the right shoulder.

FINDINGS: Bullet entrance over the midpoint of the medial border of the right scapula. No exitus.

DIAGNOSIS: Bullet wound of the right chest.
Right hemopneumothorax.

[REDACTED]

HISTORY: History of being gassed, not unconscious, no physical disability.

DIAGNOSIS: Irritation of the respiratory system due to tear gas.

[REDACTED]

HISTORY: History of running away from the Military Police with the crowd. As he started to run, he felt a pain in the left hip.

FINDINGS: Three puncture wounds of the left thigh, points of entrance being posterior, one of which has its exitus anterior. X-Ray reveals a bullet in the shaft of the femur posteriorly impacted with fracture of the femur; the other bullet whose entrance is posterior is located in the skin anteriorly.

DIAGNOSIS: Multiple bullet wounds, entrance posterior left hip.
Impacted bullet in the left femur with longitudinal fracture.

[REDACTED]

HISTORY: History of going to the Police Station to await the result of the confab. Suddenly, everyone began to run. Patient also ran. He felt a sudden sharp pain in the left thigh and he crumpled to the ground. Patient noted he had a deformed leg immediately.

FINDINGS: A bullet wound on the lateral aspect of thigh about 3" directly distal to the greater trochanter. X-Ray reveals compound fracture of the middle third of the left femur. No point of exitus of the bullet.

DIAGNOSIS: Bullet wound of the left thigh posteriorly with compound fracture of the left femur.

[REDACTED]

HISTORY: History of being shot during the riot; no further history available.

FINDINGS: Entry of bullet in the left chest 5th interspace posteriorly mid-scapula line. Bullet traversed the left chest and lodged under the skin at the angle of Louis. Another bullet wound entry was at the left costovertebral angle and lodged under the xyphoid process. A separate bullet wound entrance and exitus was at the medial aspect of the left thigh superficially.

DIAGNOSIS: 1. Hemothorax of the left chest.
2. Pneumonitis, left chest.
3. Peritonitis due to perforation of the stomach, perforation of the pancreas.

CAUSE OF DEATH: Pneumonitis and hemothorax due to perforation of lung, perforation of stomach and pancreas with peritonitis.

[REDACTED]

HISTORY: Patient arrived at the Hospital dead.

FINDINGS: Two bullet wounds entry about the site of the left heart. No point of exitus. Two bullet wounds entry left upper quadrant.

DIAGNOSIS: Puncture wound of the heart.
Puncture wound of the abdomen.