

Prof McKnight -

to Paul BAUSTEN  
2301 Harriet Ave S  
Mem., Tenn. 38145

Here's the police info. on  
my "lost uncle Marcell". I  
tried contacting the Memphis  
job references - but ran into  
unlisted numbers. Also here's  
a copy of a letter from  
James Earl Ray. I think he's  
been lied to about the King  
family's feelings on this  
issue - the FBI wasn't

trustworthy -

Call if I can do anything  
for you!

Lyndon -  
(612) 874-6125

26 August 1996

Mr. L.P. Barsten  
Minneapolis MI. 55405.

JE Ray #65477  
7475 Cockrill Bend  
Ind. RD.  
Nashville, 37209-1010.

DEAR MR. BARSTEN:

I HAVE YOUR LETTER, ALSO THANKS FOR THE STAMPS. REGARDING INTERVIEWS AND "PICKING MY BRAIN", CURRENTLY WE HAVE 3 LAW SUITS IN PROGRESS INCLUDING ONE TO COMPEL THE PRISON PRIVATE INFIRMARY TO FIX A HERNIA I HAVE. So I really don't have time for interviews or fell like doing them. When I WROTE THE BOOK I TRIED TO ANSWER ALL THE QUESTION RE THE MLK CASE. BUT IF I STARTED GIVING INTERVIEWS & WRITING LOONG LETTER SAYING ESSENTIALLY WHAT IS IN THE BOOK THERE WOULD HAVE BEEN NO PURPOSE IN WRITING IT. THERE WOULD BE NO POINT IN ME OR SOMEONE REPRESENTING ME TO CONTACT C. KING SINCE FBI DOCUMENTS ETC. INDICATE SHE ALWAYS OPPOSED A TRIAL IN THE CASE IN ORDER TO KEEP THE FBI FILE ON MLK CLASSIFIED AS IS NUMEROUS OTHER DOCUMENTS. ACTUALLY THE CLASSIFIED DOCUMENTS ARE MORE IMPORTANT THAN WHAT I SAY OF THE PROSECUTORS. ANYWAY, I JUST DON'T HAVE TIME FOR INTERVIEWS. I RECEIVE ABOUT 8 LETTER A WEEK FROM "WRITERS & OTHER WANTING DETAILED INFORMATION FROM ME RE THE MLK CASE. IF I JUST ANSWERED THESE TYPE LETTERS THEN I WOULD HAVE TO FOREGO THE LAW SUITS ECT. SO THERE ARE TWO CHOICES: SPEND ALL MY TIME ANSWERING LETTERS OR TRYING TO GAIN A TRIAL VIA LAW SUITS.

Sincerely

disregard return address on envelope.

A handwritten signature in black ink, appearing to read "J.E. Ray", written over a rectangular box. The signature is slanted and includes a horizontal line underneath the name.

McCOLLOUGH, MARRELL NMS 1230 CANNON BORN 5-13-44

TEL. 947-4265 POLICE DEPARTMENT  
Tel. 272-1510 2272 S. Parkway E. #3 6/30/69

Give names and addresses of three persons, other than relatives, in City of Memphis who have knowledge of character, experience, or ability.

NAME	MAILING ADDRESS	OCCUPATION	FIRM CONNECTED WITH
MRS. LILIAN JONES	1230 CANNON	MEMPHIS TENN. 38106	TEACHER
Rev. W. L. MORRIS	2362 HEARD AVE.	MEMPHIS TENN.	PASTOR.
MR. CHAS. EPPS	1216 RAYNER	MEMPHIS TENN. 38106	POSTAL CLERK

What prompts you to make application for this position? PRIOR TRAINING AND WORK IN THE FIELD OF LAW ENFORCEMENT AND A DESIRE TO SERVE THE PEOPLE OF MEMPHIS AND MY COUNTRY.

You may indicate any experience and training you have had which in your opinion would qualify you particularly for the position you seek.  
COMPLETED MILITARY POLICE SCHOOL AT Ft. GORDON, GEORGIA  
SERVED AS A MILITARY POLICEMAN FOR THREE YEARS.

Are you now, or have you ever been a member of the Communist Party, U.S.A. or any Communist organization? NO. Are you now, or have you ever been a member of a Fascist organization? NO. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? NO

I hereby certify that the statements in this application are true and complete. I realize that they will be investigated and that any misrepresentation will cause my application to be rejected.

6/19/67  
(Date)

Social Security Number 428-86-3061

Marcell McCullough  
(Signature of Applicant)



Attach photograph not larger than 3x5 inches. Pack of photograph more than six months old. Attach it securely to this application.

THIS FORM MUST BE RETURNED IN PERSON TO THE CITY OF MEMPHIS PERSONNEL DIVISION OFFICE.

OK  
Bauer

Have you had any military service with the United States? YES If so, list branch ARMY (MILITARY POLICE) Dates of Service 1964 (MARCH) 1967 (FEB)

Type of Discharge: Honorable YES Dishonorable \_\_\_\_\_ Other \_\_\_\_\_

Are you receiving a pension from any governmental agency? Yes \_\_\_\_\_ No ✓

If "YES" give the Name of Agency \_\_\_\_\_

Do you claim Military Preference? Yes ✓ No \_\_\_\_\_

In the following blanks, give a complete record of employment you have had for the past five years. Explain all major periods of unemployment. Begin with your present position and work back. Include time spent in the armed services and show organizations and locations served. Attach an additional sheet if necessary.

May we consult your present employer? YES

DATES Month Year	Name and Mailing Address of Employer	Name of Position—Description of Duties—Reason for Leaving	Monthly Salary
From: <u>MARCH 1967</u> To: <u>PRESENT</u>	<u>MEMPHIS SASH &amp; DOOR CO. 3850 AIR PARK ST. MEMPHIS TENN.</u>		First: <u>\$200.00</u> <u>\$1.40 PER HR.</u> Last: <u>250</u> <u>\$1.50 PER HOUR</u>
From: <u>MARCH 1964</u> To: <u>MAY 1964</u>	<u>CO. B - 5TH BN 2ND TNG Rgt. BASIC TRAINING TRANSFERE</u>		First: <u>75.00</u> Last: <u>75.00</u>
From: <u>MAY 1964</u> To: <u>JULY 1964</u>	<u>CO. A 10TH BN 4TH TNG RGT. MILITARY POLICE SCHOOL TRANSFERE</u>		First: <u>87.00</u> Last: <u>87.00</u>
From: <u>JULY 1964</u> To: <u>MAY 1965</u>	<u>572 MILITARY POLICE CO FT. RITCHIE MARYLAND</u>		First: <u>120.00</u> Last: <u>120.00</u>
From: <u>JUNE 1965</u> To: <u>OCTOBER 1965</u>	<u>CO. A 709 M. P. BN. A. P. O NEW YORK 09757</u>		First: <u>\$187.00</u> Last: <u>187.00</u>

See Letter attached (GERMANY)  
Date of Birth MAY 13, 1944 Bauer  
Age 23

Height 5' 11" Weight 180

Single YES Widowed \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Give full name of wife or husband NONE Occupation of wife or husband ✓

Name and age of children, if any, and flat number of other dependents:

FULL

PARTIAL

Do you wear glasses? NO Do you have any handicap or defect? NO If so, explain

What serious illnesses have you had during the past five years? NONE

Do you drink intoxicating liquors? NO in excess? NO moderately?

If you have ever been in the service of the city, county, state or federal government any time, state in what capacity, when and why you left the service: NONE

Length of residence in this city: Immediately prior to filing application FIVE MONTHS

Have you ever been an applicant with the City of Memphis before? NO

Total lifetime residence in this city FIVE MONTHS

Do you own property in this city? NO

Do you owe any delinquent city taxes? NO

List three business firms as credit references:

MEMPHIS SASH AND DOPP COMPANY 3850 AIR PARK ST. MEMPHIS, TENN  
SOUTH BELLEVUE MARINES 2598 SOUTH BELLEVUE, MEMPHIS, TENN

Specify any arrests (including traffic arrests). State date, name of court, location, nature of offense, and disposition of case: NONE

(Failure to admit arrests will disqualify you for employment)

Have you ever been a defendant in any court action? NO

Have you ever been sued for a debt, or garnished? NO

What are your hobbies or special interests? PHOTOGRAPHY

Have your employers usually treated you right? YES Give names of any relatives now in the City serving, indicating relationship: NONE

Were you ever a Boy Scout or Girl Scout? NO If so, what rank did you reach?

major and

VR

5

2

2

6/29/67

Form PD-1

Please use INK or TYPE-WRITER. Check in the appropriate spaces where necessary. Use a separate sheet if needed for other details.

# APPLICATION FOR EMPLOYMENT

## CITY OF MEMPHIS - PERSONNEL DIVISION

IDENTIFICATION No.  
(Applicant must not write in this space)

1665

Name Mc COLLOUGH MARRELL (Last) (First) (Middle) (Maiden, if any)

Address 1230 CANNON MEMPHIS (Street) (City) (Telephone)

Position desired: POLICEMAN (Telephone) Would you accept temporary work? YES

When could you report for duty if employed? IMMEDIATE

Schools Attended —	Name and Location	Last Grade Completed	Graduate	Degree	Year
Grade School	<u>MT. ZION</u>	<u>1958-1959</u>	<u>YES</u>		<u>OK</u>
High School	<u>SENATORIA, MISS.</u>	<u>1959-1960</u>			<u>Bachelor</u>
College	<u>WALKER</u>	<u>1960-1968</u>			
Others, such as:	<u>COLDWATER, MISS.</u>				
Nurses Training	<u>TATE CO. HIGH</u>	<u>1963-1967</u>	<u>YES</u>	<u>DIPLOMA</u>	<u>1967</u>
Business School	<u>COLDWATER, MISS.</u>				
Night School	<u>DELTA CENTER</u>	<u>1963-1967</u>	<u>YES</u>		
Correspondence	<u>WALLS, MISS.</u>				
Specialized Schools	<u>CLAYTON HIGH</u>	<u>1963-1967</u>	<u>NO</u>		
In Armed Forces	<u>CLAYTON, MO.</u>				
Veteran's Training					

Indicate college subject in which you have 12 or more semester hours credit: NONE

List collegiate scholastic honors: NONE

List any commercial or vocational courses you have had in school: INDUSTRIAL ARTS I

List any craft or trade for which you have completed apprenticeship training: NONE

List equipment or machines you operate skillfully: LOADING  
Tractor (fork lift); fairly well

List any operator's licenses you may hold: Type COMMERCIAL No. 15758481-MIS  
(Auto)

Type \_\_\_\_\_ No. \_\_\_\_\_ If qualified in stenography or typing, state speed in words per minute: Dictation \_\_\_\_\_ Typing \_\_\_\_\_

CITY OF MEMPHIS - PERSONNEL DIVISION

CHANGE IN EMPLOYEE STATUS

Payroll reflecting a changed status cannot be processed before approval of this form.

Submit original and four copies to Personnel Division 5-14-74

USE THIS FORM TO REPORT OR REQUEST

Return to Duty     Name Change     Salary Change     Transfer     Demotion     Retirement     Lay Off     Leave of Absence     Suspension     Death     Dismissal     Resignation     Class Title Change     Certification after Working Test     End of Temporary Appointment

1. Name of Employee: #428-86-3061 McCollough, Marrell (nmn)    2. Present Class Title: Patrolman II (Grade #20)    3. Present Civil Service Status of Employee:  Permanent     Probationary     Emergency     Provisional     Temporary

4. Agency and Organization Unit: Police Dept. #2130 Criminal Investig. Bureau 7889    5. Para. Trans. No.:    6. Place of Work: Police Dept.    7. Effective Date: 6-14-74

All changes in employee status must be explained by suitable entries in the items below. The appointing authority submitting this form must sign in item 24 in every case

Check Action    Substantiating Information for Change

Name Change    8. Change to: Name

Class Title Change    9. Change to: Reason: By:

Salary Change    10. Present cash rate: Present maint. value: 11. Proposed cash rate: Proposed maint. value: 12. Date last sal. change:

Certification After Probation    I certify that the above-named employee has successfully completed his or her working test period, and I recommend that he or she receive full civil service status.

Separation From Pay Roll    Check  Death (use items 13, 14, 15)     Dismissal (use items 13, 14, 15, 16)     Layoff (use items 13, 14, 15, 16)     Leave of absence (use items 13, 14, 15, 17)     Resignation (use items 13, 14, 15)     End of Temporary Appointment (use items 13, 14, 15, 16)     Suspension (use items 13, 14, 15, 16, 17)     Retirement (use items 13, 14, 15, 16)

13. TO APPOINTING AUTHORITY: In all cases of Suspension, Dismissal, Lay Off or Retirement, the appointing authority must indicate below the details of and reasons for the action and must notify the employee of the action being taken. No reasons are required for Dismissals during the working test period. In all cases of Death give cause of death below. If more space is needed use the back of this form. In all cases of Resignation or Request for Leave, the employee must give the reasons for the action and sign below.

TO EMPLOYEE: Any regular permanent employee who believes that he has been dismissed without just cause, may, within ten (10) days after such action, request in writing a hearing and the Civil Service Commission shall grant the employee a hearing within fifteen (15) days after receipt of request. **RESIGNED TO ACCEPT JOB AS SECURITY OFFICER IN WASHINGTON, D.C.**

\*PAY ALL DUE ON PAYROLL PERIOD #11, WHICH IS AS FOLLOWS:

\*TOTAL OF 211 HRS.

HOLIDAY PAY: 16 HRS.  
 REGULAR TIME: 16 HRS.  
 VACATION PAY: 80 HRS.  
 ACCRUED VACATION: 40 HRS.  
 ACCUMULATED LEAVE: 59 HRS.    --\*TOTAL 211 HRS.

Employee's signature (for Resignation) \_\_\_\_\_

14. Last day at work: 5-12-74    15. Last day on payroll: 6-13-74    16. Method and date of notice to employee: Suspension, Dismissal, Layoff, Retirement    17. Length of Leave or Suspension: From \_\_\_\_\_ To \_\_\_\_\_

Transfer     Demotion    To initiate a Transfer or Demotion, describe the position to be filled in the space below and fill in items 19 and 20. In all cases of Transfer, obtain the necessary signatures in items 21 and 22. In all cases of Demotion, give the reasons therefor in the space ABOVE under separations and fill in item 16. If more space is needed, use the back of this form.

Duties to be performed in new position:

18. Change of Beneficiary: From:    Relationship: To:    Relationship:

Return to Duty from:  Suspension     Military Leave     Leave without Pay    Allocation    By

19. Name and Title of Former Incumbent of Position, if any:    20. Name and Title of Employees doing similar work to the position described above:

21. Signature of Employee (for Transfer)    22. Signature, Title and Agency of New Appointing Authority (for Transfer)

23. Signature of Reporting Officer: *[Signature]*    24. Signature of Appointing Authority: *[Signature]*    25. Date of Submission: 5-14-74

26. For Use of Personnel Division: *[Signature]*    Director of Personnel by: *[Signature]*    Date: 5-15-74    Noted, Roster, by:    Date:



Form PD-4

# CITY OF MEMPHIS - PERSONNEL DIVISION

Requires original and four copies to Personnel Division.

Forms indicating a changed status cannot be processed before approval of this form.

## CHANGE IN EMPLOYEE STATUS

USE THIS FORM TO REPORT OR REQUEST

Return to Duty, Name Change, Salary Change, Transfer, Demotion, Retirement, Leave of Absence, Lay-Off, Suspension, Dismissal, Death, Resignation, Class Title Change, Certification after Working Test, End of Temporary Appointment

1. Name of Employee: #428-86-30612. Present Class Title: (nmn) Patrolman II (Grade #20)  
 2. Present Civil Service Status of Employee:  Permanent  Emergency  Provisional  Probationary  Temporary  
 3. Agency and Organization Unit: Police Dept. #2130 Investig. Services Bur. 6620  
 4. Place of Work: Police Dept.  
 5. Effective Date: 7-22-72

All changes in employee status must be explained by suitable entries in the items below. The appointing authority submitting this form must sign in item 24 in every case

Check Action

Name Change  
 Class Title Change  
 Salary Change  
 Certification After Probation  
 Separation From Pay Roll

8. Change to: Name: Reason: By:  
 9. Change to: Reason: By:  
 10. Present cash rate: \$15.00 Month Present maint. value: Proposed cash rate: \$20.00, Month Proposed maint. value: 12. Date last sal. change: 6-24-72  
 I certify that the above-named employee has successfully completed his or her working test period, and I recommend that he or she receive full civil service status.  
 Death (use items 13, 14, 15)  Leave of absence (use items 13, 14, 15, 17)  Suspension (use items 13, 14, 15, 17, 18)  
 Dismissal (use items 13, 14, 15, 16)  Resignation (use items 13, 14, 15)  End of Temporary Appointment (use items 13, 14, 15, 16)  
 Layoff (use items 13, 14, 15, 16)  Retirement (use items 13, 14, 15, 16)

13. TO APPOINTING AUTHORITY: In all cases of Suspension, Dismissal, Lay Off or Retirement, the appointing authority must include below the details of and reasons for the action and must notify the employee of the action being taken. No reasons are required for Dismissals during the working test period. In all cases of Death give cause of death below. If more space is needed use the back of this form. In all cases of Resignation or Request for Leave, the employee must give the reasons for the action and sign below.

TO EMPLOYEE: Any regular permanent employee who believes that he has been dismissed without just cause, may, within ten (10) days after such action, request in writing a hearing and the Civil Service Commission shall grant the employee a hearing within fifteen (15) days after receipt of request.

Increase College Incentive Pay \$5.00, per Month, as he has received his B. A. Degree.

Employee's signature (for Resignation or Request for Leave)

14. Last day at work: 15. Last day on payroll: 16. Method and date of notice to employee: Suspension, Dismissal, Layoff, Retirement 17. Length of Leave or Suspension: From: To:

- Transfer
- Demotion

To initiate a Transfer or Demotion, describe the position to be filled in the space below and fill in items 19 and 20. In all cases of Transfer, obtain the necessary signatures in items 21 and 22. In all cases of Demotion, give reasons therefor in the space ABOVE under separations and fill in item 16. If more space is needed, use the back of this form.

Duties to be performed in new position:

18. Change of Beneficiary: From: Relationship: To: Relationship: By:

Allocation

19. Name and Title of Former Incumbent of Position, if any:  
 20. Names and Titles of Employees doing similar work to the position described above:  
 21. Signature of Employee: (for Transfer)  
 22. Signature, Title and Agency of New Appointing Authority: (for Transfer)  
 23. Signature of Reporting Officer: *William P. Johnson*  
 24. Signature of Appointing Authority: *Bill P...*  
 25. Date of Submission: 7-20-72  
 Director of Personnel by: *mk* Date: *7/25*

For Use of Personnel Division  
*Henry P. Evans*

Form PD-4

# CITY OF MEMPHIS - PERSONNEL DIVISION

## CHANGE IN EMPLOYEE STATUS

Payrolls indicating a changed status cannot be processed before approval of this form.

Submit original and two copies to Personnel Division.

### USE THIS FORM TO REPORT OR REQUEST

Return to Duty  Name Change  Salary Change  Transfer  Demotion  Retirement  Lay Off  Leave of Absence  Suspension  Dismissal  Resignation  Death  Class Title Change  Certification after Working To End of Temporary Appointment  Present Civil Service Status of Employee:  Permanent  Probationary  Emergency  Provisional  Temporary

1. Name of Employee: **428-86-3061 McCollough, Marrell (nmn)** Present Class Title: **Patrolman II (Grade #20)** Present Civil Service Status of Employee:  Permanent  Probationary  Emergency  Provisional  Temporary

4. Agency and Organization Unit: **Police Dept. #2130 Criminal Investig. Bureau** 5. Para. Trans. No.: **7889** 6. Place of Work: **Police Dept.** 7. Effective Date: **6-14-74**

All changes in employee status must be explained by suitable entries in the items below. The appointing authority submitting this form must sign in item 24 in every case.

Check Action	Substantiating Information for Change		
<input type="checkbox"/> Name Change	8. Change to: Name	Reason:	
<input type="checkbox"/> Class Title Change	8. Change to:	Reason:	
<input type="checkbox"/> Salary Change	10. Present cash rate: Present maint. value:	11. Proposed cash rate: Proposed maint. value:	12. Date last sal. chan.
<input type="checkbox"/> Certification After Probation	I certify that the above-named employee has successfully completed his or her working test period, and I recommend that he or she receive full civil service status.		
<input checked="" type="checkbox"/> Separation From Pay-Roll	Check one: <input type="checkbox"/> Death (use items 13, 14, 15) <input type="checkbox"/> Dismissal (use items 13, 14, 15, 16) <input type="checkbox"/> Layoff (use items 13, 14, 15, 16)	<input type="checkbox"/> Leave of absence (use items 13, 14, 15, 17) <input type="checkbox"/> Resignation (use items 13, 14, 15) <input type="checkbox"/> End of Temporary Appointment (use items 14, 15)	<input type="checkbox"/> Suspension (use items 13, 14, 15, 16, 17) <input type="checkbox"/> Retirement (use items 13, 14, 15, 16)

13. TO APPOINTING AUTHORITY: In all cases of Suspension, Dismissal, Lay Off or Retirement, the appointing authority must enter below the details of and reasons for the action and must notify the employee of the action being taken. No reasons are required in all cases of Death give cause of death below. If more space is needed use the back of form. In all cases of Resignation or Request for Leave, the employee must give the reasons for the action and sign below.

TO EMPLOYEE: Any regular permanent employee who believes that he has been dismissed without just cause, may, within ten (10) days after such action, request in writing a hearing and the Civil Service Commission shall grant the employee a hearing within fifteen (15) days after receipt of request.

**RESIGNED TO ACCEPT JOB AS SECURITY OFFICER IN WASHINGTON.**

\*PAY ALL DUE ON PAYROLL PERIOD #11, WHICH IS AS FOLLOWS:

HOLIDAY PAY:	16 HRS.	
REGULAR TIME:	16 HRS.	
VACATION PAY:	80 HRS.	
ACCRUED VACATION:	40 HRS.	
ACCUMULATED TIME:	59 HRS.	
		<b>TOTAL 211 HRS.</b>

\*TOTAL OF 211 HRS.

Employee's signature (for Resignation or Retirement): \_\_\_\_\_

14. Last day at work: **5-12-74** 15. Last day on payroll: **6-13-74** 16. Method and date of notice to employee: **Suspension, Dismissal, Layoff, Retirement** 17. Length of Leave or Suspension: From \_\_\_\_\_ To \_\_\_\_\_

Transfer  Demotion

To initiate a Transfer or Demotion, describe the position to be filled in the space below and fill in items 19 and 20. In all cases of Demotion, give reasons therefor in the space ABOVE under separations and fill in item 16. If more space is needed, use the back of this form.

Duties to be performed in new position:

18. Change of Beneficiary: From \_\_\_\_\_ Relationship: To: \_\_\_\_\_ Relationship: \_\_\_\_\_

19. Name and Title of Former Incumbent of Position, if any: \_\_\_\_\_

20. Names and Titles of Employees doing similar work to the position described above: \_\_\_\_\_

21. Signature of Employee: (for Transfer) \_\_\_\_\_

22. Signature, Title and Agency of New Appointing Authority: (for Transfer) \_\_\_\_\_

23. Signature of Reporting Officer: *J. Waller*

24. Signature of Appointing Authority: \_\_\_\_\_ 25. Date of Submission: **5-14-74**

26. For Use of Personnel Division: \_\_\_\_\_ Director of Personnel by: *[Signature]* Date: **5-15** Noted, Roster, by: \_\_\_\_\_