Record of Death

Provided by South Carolina Department of Corrections, February 1, 2022

Name: PERKINS, TOMMY JAMES

SCDC#: 127770

Sex: M

Race/ethnicity: White, not of Hispanic origin

Date of birth: 3/24/1967

Date of commitment: 4/25/2007

Date of death: 7/26/2018

Cause of death: Natural Cause

Assigned institution: MCCORMICK

Death location: MCCORMICK

DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REPORT OF INMATE DEATH

(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies/Procedures HS-18.04 and PS-10.05)

1. FACILITY: McCormick Correctional Institution

2. NAME OF DECEASED: Tommy Perkins SCDC# 127770

3. HOME ADDRESS: [redacted]

4. DESCRIPTION: DOB [redacted] HEIGHT 5'4" WEIGHT 171 HAIR Red

EYES Blue SEX Male RACE White SOC SEC # [redacted]

5. ARRESTING OFFENSE(S): Burglary - 1st Degree

SENTENCED ☒ PRETRIAL ☐

6. DATE AND TIME OF COMMITMENT: 4/25/07

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Rita Williams (Mother)

[redacted]

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: No medical issues noted

9. CAUSE OF DEATH: Unknown (Suspected MI) /Autopsy Scheduled

10. TIME AND DATE OF DEATH: ____ a.m. 12:25 p.m. 26 day July month 2018 year

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. John McRee

12. NAME OF CORONER WHO ORDERED AUTOPSY: Dr. John McRee

13. AUTOPSY PERFORMED BY: Newberry Coroners Office

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:

Inmate Perkins was working on a scaffold behind Housing Unit F-4 when he collapsed. Mr. Roger Turner, Facilities Maintenance was the first employee on site.

15. AT THE TIME OF DEATH: 941 (Actual Count) 44 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: Moments prior to the Inmate Perkins collapsing.

NOTIFY BY TELEPHONE AT: (803) 896-8502

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
POST OFFICE BOX 21787
COLUMBIA, SOUTH CAROLINA 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Charles M. Williams, Warden
TYPED OR PRINTED TITLE OF OFFICIAL

July 30, 2018
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)