Record of Death

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

Name: JAMES, TRAVIS ALBERT

SCDC#: 234029

Sex: M

Race/ethnicity: Black or African American, not of Hispanic origin

Date of birth: 12/7/1965

Date of commitment: 4/30/1996

Date of death: 7/28/2020

Cause of death: Natural Cause

Assigned institution: BROAD RIVER

Death location: OUTSIDE MEDICAL

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DEATH OF ANY INMATE IN JAIL OR PRISION

(Section 24-9-35 and 17-7-10)

(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)

1. Facility: [redacted] / **Division of Security**
2. Name of Deceased: **James, Travis** SCDC: **234029**
3. Home Address:

4. Description: Height: Weight: Hair:

   Eyes: Sex: **Male** Race: **Black** SSN:

5. Arresting Offense(s):

6. Date and time of commitment:

7. Name and address of relative(s) notified:

8. Record of deceased inmate's physical condition upon admission:

9. Cause of Death: **Sudden Cardiac Arrest**

10. Time and date of death: **approx. 8:39am 7/28/2020**

11. Name of Doctor who pronounced the death: **Dr. McWilliams**

12. Name of Coroner: **N/A**
13. Autopsy performed by: **N/A**

14. Name of person(s) discovering deceased, time of discovery and location within facility:
    Ofc. Choudhury(MCI) and **Ofc. Jones(MCI)**

15. At the time of death **(Actual Inmate Count): 19** **(Number of Officers on Duty): 41**

16. When was inmate last seen alive: **8:35am**

NOTIFY BY TELEPHONE:
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF DETENTION AND CORRECTIONAL INSPECTIONS
Post Office Box 21787
Columbia SC 29221

Roshanda Gerald
SIGNATURE OF OFFICIAL MAKING REPORT

Roshanda Gerald
TYPED OR PRINTED TITLE OF OFFICIAL

7/28/2020
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)