

REPORT OF DEATH TO CORONER

MANLY Police Station
24th August, 1978

The Coroner, Glebe, Sydney
SUBJECT: Death of David LLOYD-WILLIAMS Age 32
Marital state Married (Seperated) Address Cabramatta Road, Mosman
Time and date of death: Between 8.30am on 24.8.78, and 1pm 24.8.78
Place of death: Rocks at foot of North Head
By whom found: Robert Norman STEELE Address [Redacted]
By whom reported to Police: As Above Address: As Above
By whom last seen alive: Anna Louisa WORTON Address: [Redacted]
When last seen alive: 8.30am on the 24.8.78
Deceased a native of (County and District): Sydney, N.S.W.
Occupation: Manager with A.B.C.
(If pensioner state type and include whether appropriate authorities informed)
If Military or Invalid pensioner, state disability: No
Name and address of nearest relative and relationship: Miss Elizabeth Margret LLOYD - WILLIAMS
[Redacted]
Name and address of identifying person: Herbert Charles RUSSELL
[Redacted]
Police present when deceased identified: Const Mortimer and Sen Con Parry
Did deceased leave a will? No
By whom burial or cremation is being arranged: Unknown
Property and clothing found on and with the deceased. (Attach inventory if space insufficient):
Nil

Miscellaneous Property Book Reference:
How property and clothing disposed of and on whose authority:

Circumstances under which death took place. (If any previous illness, and deceased seen by doctor, particulars should be given. Where treated by a doctor a note should be obtained giving particulars of treatment from such doctor):

At about 1pm on the 24.8.78 Mr Robert Steele was sight seeing at the South eastern end of North Head when he observed what appeared to be a body on the rocks approximately 300 feet below. The body was well out from the edge and whilst waiting for the Police he noticed the waves wash the body in closer to the base of the cliff. The Police Rescue Squad attended and recovered the body which was conveyed to the Manly District Hospital by the Government Contractors where life was pronounce extinct by Doctor Dalrymple. Body was then conveyed to the City Morgue.
The deceased was last seen at 8.30am that morning and over the past four months has been suffering from fits of depression brought on by the separation of his wife. He has been treated by Dr. Holt of the Neutral Bay Community Centre and on one occasion was treated at the North Ryde Psychiatric Centre for a nervous breakdown.
No notes found.
No suspicious circumstances.

Signature: J. Mortimer
Rank: Const.
Annual leave from Sept. to 78

POISONING—

- (a) Was death apparently from (i) poison, (ii) drug _____
- (b) Name poison or drug (if known) _____
- (c) Apparently administered by whom? Name: _____ Address: _____
- (d) Date and time ____/____/19____, at _____ a.m./p.m.
- (e) When symptoms first showed ____/____/19____, at _____ a.m./p.m.
- (f) Detail symptoms: _____
- (g) State recently prescribed medicine: _____
- (h) Prescribing Doctor's Name: _____ Address: _____
- (i) When prescribed? ____/____/19____ (j) Quantity prescribed: _____
- (k) How much remains now? _____ (l) Dispensing chemist: _____
- Name and address: _____

GAS POISONING—

- (a) Did gas come from coal-gas supply, brazier, or car? _____
- (b) Where in building was body found? _____
- (c) In what position was body found? _____
- (d) State appliance gas had escaped from: _____
- (e) Was gas still escaping? _____
- (f) If room sealed, how? _____
- (g) Was food being prepared? _____
- (h) Who in Gas Company notified? Name: _____

ELECTROCUTION—

- (a) What had caused shock? _____
- (b) Where in building was body found? _____ (c) Position? _____
- (d) State appliance "shock" received from: _____
- (e) Was appliance still "alive"? _____
- (f) Detail any burns: _____
- (g) Who in Electricity Commission of supplying Authority notified? _____

UNIDENTIFIED CASES (The following information should be furnished)—

Sex, Age, Height, Build, Complexion, Hair, Eyes, Nose, Face: _____

Peculiarities, marks, scars, tattoos, deformities, etc.: _____

What steps have been taken to establish identification (Reference to _____ Departmental file): _____

**REPORT OF INQUEST
(or Magisterial Inquiry)**

Date and place of Inquest: _____

Name of Coroner or Magistrate: _____

VERDICT: _____

INQUEST NOT HELD

Inquest disposed of on: _____

By whom: _____

Cause of death: _____