REPORT OF DEATH TO CORONER

| | 1.7 | LIONI OI | SYDNEY WA | TER | Police Station |
|--|---|--|---|--|--|
| Re Inter | | rt Morgue Book | 11 Janua | | , 19_90 |
| The Coroner, | No. | E35722. | S. | | |
| GLEBE | | | | | |
| SUBJECT: | Death of | Simon Blair W | ARK | | Age28 |
| | Marital stat | e Single | Address _ | yrmont arms | Hotel, Pyrmon |
| Time and date | of death: | Between midni | ght 9.1.90 & morni | ng of 10.1.9 | 0 |
| Place of death: | In the | Waters OII DOD | royd Head, Sydney | | endle Hill |
| By whom foun | d: Steve | BIRD Steve BIRD | Address: | | ndle Hill |
| • | | | Address:Address: | | |
| • | | OTIXITOWIL | Address | | |
| Deceased a na | tive of (Count | y and District). Aust | ralia | | |
| Occupation 1 | Technical | Print maker. | A. XI A. Ma SX | | |
| ecupation | - | (If pensioner state type and | d include whether appropriate authoritie | s informed) | |
| f Military or I | nvalid pensior | ner, state disability: | | | |
| | | , Frenches | : Ian Anderson WA Forest. Father | | Y |
| Name and add | ress of identify | ying person: | Ian Anderson WA | RK of | , |
| | | , Frenches | Forest. | | |
| Police present | when decease | d identified: Consta | ble 1/c Ford, Sydr | ney Water Pol | ice Station. |
| Did deceased l | leave a will? | No. | | | |
| By whom buria | al or cremation | n is being arranged: | | | |
| | | | l. (Attach inventory if space in | isufficient): | |
| | | blue Jeans | | | |
| | | k socks | | | |
| 1 pai | r of blac | k lace up shoes | | | |
| | | | | | *************************************** |
| | | | | | |
| | | | | | |
| How property | and clothing o | lisposed of and on whose | authority: | | |
| given. Where | treated by a | doctor a note should b | y previous illness, and decear e obtained giving particulars | of treatment from | such doctor): |
| 13 from Circul off Do body. He was by S/C Prince & Chu. On Thu which He was and he | om the felar Quay obroyd He He appe conveye Egan Le Alfred then co ursday 11 belonged a Homos is parent | a body of a decead. Water Policated to have not do to the Sdyney to from the Pill Hospital where enveyed to the Control of the | was found at the dead of the state of his dead his safety. Signature: Rank: Consta | and floating ocation recover injuries. Sion where he conveyed to extinct by Deliff tops at the jumped the was very the conveyed to he was very the conveyed to | face down face down was viewed Royal octors Chan The Gap off. y distressed |
| (Continued ov | erleaf) | . \ | Annual leave fr | rom | _to |
| fe | orwarded to the | Coroner, All statements in dur | all cases where a death is reported to diente should be lodged with the Cound the registered number of all | coner at least 7 days befo | ore the date of the inques |

| CISONING— | | | | |
|---|--------------------------|-------------------|------|---|
| Was death apparently from (i) poison. (| ii) drug | | | |
| Name poison or drug (if known) | | | | |
| Apparently administered by whom? Na | | | | |
| (d) Date and time//19, at | | | | |
| (a) When symptoms first showed | | | | |
| (f) Detail symptoms: | | | | |
| (g) State recently prescribed medicine: | | | | |
| (h) Prescribing Doctor: Name: | | | | |
| (i) When prescribed?//19 | (i) | Quantity prescrib | oed: | |
| (k) How much remains now? Name and address: | (l) | Dispensing chem | ist: | |
| GAS POISONING— | | | | |
| (a) Did gas come from coal-gas supply, braz | zier or car? | | | |
| (b) Where in building was body found? | | | | |
| (c) In what position was body found? | | | 2 | |
| (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? | | | | |
| (d) State appliance "shock" received from: | | | | |
| (e) Was appliance still "alive"? | | | | |
| (f) Detail any burns: | | | | |
| (g) Who in Electricity Commission of suppl | | | | |
| Peculiarities, marks. scars, tattoos, deformities | s. etc.: | | | , |
| | | | | |
| What steps have been taken to establish identif | 0 | Department file): | 2 | |
| | | * | 8 | |
| | | | | |
| | REPORT OF (or Magisteria | | ie . | |
| Date and place of Inquest: | | n Inquiry) | | |
| | | E : | | |
| Name of Coroner or Magistrate: | | | | |
| VERDICT: | œ. | | | |
| | | | 4 N | |
| | NIONESE N | | | |
| Francisco II and II a | INQUEST N | | | |
| Inquest disposed of on: | | | * | |
| By whom: | 2 0 | | | |
| Cause of death: | | | | |
| | | | | |
| | | | | |
| | U | | | |
| A | R | | | |
| PAUSTRALIA | | Date: | | |

S.O. 4783 D. West, Government Printer