

P79A

REPORT OF DEATH TO CORONER

NOTE:

- (1) This form should be prepared in quadruplicate in all cases where a death is reported to the Coroner. The original and two copies should be forwarded to the Coroner. All statements in duplicate should be lodged with the Coroner no later than 28 days after receipt of inquest notice.
- (2) The full name and address of all persons and the registered number of all motor vehicles concerned should be indicated.

Redfern
 South
 29 January

Police Station
 Region
 19 91

The Coroner,
 THE GLEBE

Morgue Register/Book No. E41516

Death of Robert Hart MALCOLM Sex: Male Age: 41
 (Christian Name) (Surname)

Address [REDACTED], Jannali Marital State Single

Time and Date of Death Between 6.30pm & 7.10pm 29.1.92

Place of Death Bed 49, Ward E7 South, Royal Prince Alfred Hospital

By whom found Claire Bronwen ALDIS Address Queen Mary Nurses Home, Grose St, Camperdown

By whom reported to Police Mark HILES Address 7/- Royal Prince Alfred Hospital

By whom last seen alive Claire Bronwen ALDIS Address Queen Mary Nurses Home, Grose St, Camperdown

When last seen alive 6.30pm, 29.1.92

Time and date reported to Police 7.40pm, 29.1.92

Deceased a native of (Country) Not known at this stage.

Occupation Clerk

(If pensioner state type and authorities informed)

Name and Address and Telephone No. of nearest relative Father, Robert McPherson MALCOLM, [REDACTED], Jannali Relationship to Deceased Father

Name and Address of identifying person Robert McPherson MALCOLM, [REDACTED], Jannali

Method of Identification (Visual, Dental, F/prints) Visual

Chain of Identification [i.e. Relative or Friend (name) to Police (name) to other Police (name)] Robert McPherson MALCOLM to Det Con 1/C Yannakis & PC Const BULLOCK at Hospital upon death Robert McPherson MALCOLM to Sergeant BAXTER at Hospital. Sergeant BAXTER to Morgue Attendant. Criminal Charges Preferred (Yes/No) - Details Investigation continuing by Local Detectives & Homicide

Property and clothing found on and with deceased Hospital gown at Morgue, other clothing, unknown to this officer removed by investigating Police for examination etc. shortly after victim located on 11.1.92.

Miscellaneous Property Book Reference Unknown to this officer.

How Property and clothing disposed of and on whose authority Property with investigating Police. Hospital gown to be destroyed.

Narrative of circumstances under which death took place. About 2.15am, 11.1.92, the deceased was located in an abandoned house at the intersection of Holden Street and Eveleigh Street, Chippendale, in an unconscious condition with extensive head injuries. It appeared as though he was the victim of a robbery and possibly drinking alcohol. The victim was conveyed to the Royal Prince Alfred Hospital where he was admitted in a critical condition. About 6.00pm on the 29.1.92 the deceased was given an injection of morphine, he was checked at 6.30pm and there appeared to be no problems, upon checking him at 7.10pm it was found that he had passed away. At this stage local Detectives in charge of the matter have been advised and should be attending ID parade on 30.1.92. Homicide squad have been informed. RPA Hospital forwarding Doctors report of Death to Coroner. SUSPICIOUS CIRCUMSTANCES.

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 of such doctor. If died within 24 hours of Anaesthetic - Forms A and B required from hospital and indicated at the start of the Narrative.

Signature. W.R. Baxter
 (Print Name)

Rank: Sergeant

Annual leave 16.2.92 to 29.2.92

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: 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/car 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 _____ 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 (Department file reference No.: _____)

**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 : _____

Signature: _____
 Rank: _____ Reg'd No. _____