

REPORT OF DEATH TO CORONER

Redfern Police Station
29 December, 1988

The Coroner,

Glebe

SUBJECT: Death of William Emanuel ALLEN Age 50
 Marital state Single Address Newton St, Alexandria 2015
 Time and date of death: PM on the 28.12.88
 Place of death: Newton St, Alexandria 2015
 By whom found: David OLIVER Address: 2015
 By whom reported to Police: Ronald SIGSWORTH Address: Newton St, Alexandria 2015
 By whom last seen alive: Pat WRIGHT Address: Newton St, Alexandria 2015
 When last seen alive: Approximately 7.00pm 28.12.88
 Deceased a native of (County and District): Sydney Australia
 Occupation School Teacher

(If pensioner state type and include whether appropriate authorities informed)

If Military or Invalid pensioner, state disability:

Name and address of nearest relative and relationship: Stuart ALLEN
Brother

Name and address of identifying person: Robert Terence GANNON; Newton St, Alexandria

Police present when deceased identified: Constable TAYLOR and MITCHELL

Did deceased leave a will? Not Known

By whom burial or cremation is being arranged: Not Known

Property and clothing found on and with the deceased. (Attach inventory if space insufficient):

1. T/Shirt.

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):

About 12.30pm 29.12.88, the deceased was discovered by David OLIVER, who found the deceased kneeling over the side of the bath tub with the tap running, the deceased had only a shirt on the upper part of his body. Scientific and Fingerprints attended and photographs were taken of the deceased and surrounding areas of the house. The body was rolled over and it was noticed he had a laceration over his left eye. Other injuries included swollen left eye, lips and jaw. The G.M.O. Dr. HOLLINGER attended and examined the body but was unable to determine the cause of the injuries. There were no signs of struggle within the house, although blood spots were found through the house and side passageway. The deceased was last seen by Pat WRIGHT who stated that she had seen the deceased on his veranda the previous night. Approximately 5.15pm the body was conveyed to the morgue AND enquiries are continuing.

SUSPICIOUS CIRCUMSTANCES



Signature: P. Taylor
 Rank: Constable
 Annual leave from _____ to _____

(Continued overleaf)

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 at least 7 days before the date of the inquest.
- (2) The full name and address of all persons and the registered number of all motor vehicles concerned should be indicated

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 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 _____ Department 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: _____

Signature: _____

Rank: _____ Reg'd No. _____

Date: _____

