

IDENTIFICATION STATEMENT.

Re: Death of .. William Emanuel ALLEN.....

My name is .. Robert Terence GANNON.....
(person identifying deceased)

I am a .. Retired War Service Pensioner.....
(occupation)

residing at .. [redacted] Newton Street, Alexandria.....

On the29..... day of .. December..... 19.88. at

[redacted] Newton Street, Alexandria.....
(place where body viewed)

I identified the body of .. William Emanuel ALLEN.....

who formerly resided at .. [redacted] Newton Street, Alexandria.....

and was aged about50.....years.

Prior occupation .. School Teacher.....

Relationship to deceased .. Neighbour.....

I have known the deceased for .. 4½..... years.

Copy of signed statement in Official Notebook on issue to
Constable P.Taylor No.19378

signed *R.T. Gannon*.....

witness