

REPORT OF DEATH TO CORONER

Ashfield Police Station
23rd June 1976

The Coroner, CITY
SUBJECT: Death of Ernest Allan HEAD Age 44
Marital state Single Address: 49 Grosvenor Crescent, Summer Hill

Time and date of death: Not known
Place of death: Kitchen of 49 Grosvenor Crescent, Summer Hill
By whom found: Sydney Trevor MOORE Address: Rockdale
By whom reported to Police: Mr. Humphreys Address: 49 Grosvenor Cres, Summer Hill
By whom last seen alive: 1454 Address: Brighton Le Sand
When last seen alive: 6.05pm 17.6.76

Deceased a native of (County and District): Pulau Tilus, Penang, Malaya
Occupation: (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: Arthur HEAD, Annandale Brother

Name and address of identifying person: Sydney Trevor MOORE, Rockdale

Police present when deceased identified: Constable COHEN

Did deceased leave a will? Not known

By whom burial or cremation is being arranged:

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):

About 12.55pm on the 22nd June, 1976 the body of the deceased was found lying on the kitchen floor of unit 49 Grosvenor Crescent Summer Hill in a pool of blood on his stomach. At the time I noticed several stab wounds to the left arm and left knee. The deceased head was turned to the right. The Ashfield Detectives were contacted and attended. When the deceased was moved I saw several stab wounds to the stomach and chest areas. The Government Contractor where contacted and the body was conveyed to the Royal Prince Alfred Hospital where life was pronounced extinct by Doctors Goldbaum and Steerner then the body was conveyed to the City Morgue.

SUSPICIOUS CIRCUMSTANCES.



Signature: G.R. Cohen

Rank: Constable

Annual leave from 3.10.76 to 23.10.76

(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 _____ 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: _____

Signature: _____

Rank: _____ Reg'd No. _____

Date: _____