

NOTE.—Fold over the left-hand margin, then fold twice horizontally and turn end inside the opposite fold.

City of Birmingham
to wit

NOTICE TO CORONER

21.11.74
 Date and time of sending information - - - }
 Name of deceased - - - } Michael ~~BERSEY~~ BEASLEY
 (if unknown state sex) - }
 Age or probable age - - - } 30 yrs
 Residence - - - - - } **DPA**
 Place where body lies - - } General Hosp. 1 Maitland
 Date and time of admission } 21.11.74. Seen in A&E Dept
 to Hospital - - - - - }
 Date and time, and character } Multiple Bomb blast burns of exposed areas
 of injuries - - - - - } Trichinel Traumatic amputation of legs.
 Any statement given as to } Bomb blast.
 how and where caused - }
 Date and time of death - - } 21.11.74 21.10hr - certified dead
 Cause of death - - - - - } - Multiple Injns - Shock - Corneas Anest.
 State if any suspicious cir- } None known - Bomb Injuries
 cumstances known to in- }
 formant - - - - - }
 Names and Addresses of } Amb. Crew ~~no~~ number not known
 witnesses or of persons }
 bringing deceased to the }
 Hospital - - - - - }
 Signature, residence and } General Hospital
 official position of person } M.B. Ch.B. F.F.A.R.C.S
 giving information - - } Consultant Anaesthetist
 General Hospital

NOTE.—Information should be sent to the Coroner in all cases of sudden, violent, or suspicious death.
The form should be filled up as fully as possible.