

the negative and a backing behind, exposed to the sun and then pulled off. It is a contact print. Under a good strong lens, that contact print shows not the slightest sign of a mole yet that contact print is supposed to come from a negative showing a good big mole. That tells me that is not an original negative, it is a copy negative made from the original negative in this way - an enlargement is made, preferably on matt paper, then whatever one wishes to put on is spotted in with a spotting pencil, that is photographed again and that is a copy negative. *and care has been taken to make this negative approximately as the original* The fact there was a strip of paper gummed to the bottom means nothing. The fact that a witness swore this was an original negative could mean the witness did not know any better. The spots come in the same category as the mole. Once one discovers a copy negative then, of course, anything can happen because there is an intermediate stage where all things are arranged, if they are wanted, with no sign except to the instructed eye. All these things show the spots on the arm of Linda Agostini just do not belong. I am not surprised to be shown a negative which shows a mole and then be shown a daylight proof which does not show a mole.

ll Formalin will not change the colour of post mortem lividity any more than it will change the colour of ~~the~~ a specimen of tissue in the ordinary course of events. After *an* an unlimited period of immersion there might perhaps be a *slight* ~~change~~ *loading* change in the colour, but certainly not in a period of five years up to the time when I first saw it. Formalin will not change the blue or the green, or the black of post mortem putrefaction. When I looked at the cadaver and said that post mortem lividity was more marked in the head, neck, shoulders and the upper portion of the chest, I also had the advantage of being able to look below the scalp. I had repaired the cadaver's head and put the calvarium back into position. This post mortem lividity is not due to scorching as Dr. Mollison suggested to me, because it permeates right

all right through the scalp and it is impossible for the scalp to be scorched underneath! The hair was not scorched - Dr. Mollison gave evidence to that effect, so it is not due to scorching and yet it is on the scalp that it is very marked indeed. Changes brought about by putrefaction are, of necessity, *in patches* ~~spasmodic~~; they are here and there, not a generalised uniform diffused discolouration. The discolouration is the reddish blue of post mortem lividity, not the greenish, blackish, and reddish discoloration of putrifactive changes. I am quite unable to agree that this discoloration can be attributed to putrifactive changes. I stand by my original statement when I said "This girl has been carried head downwards."

I was surprised to hear Dr. Mollison say there was no fingernail on the second finger of the left hand of the cadaver and I was also surprised to hear no mention of the broken fingernail on the middle finger of the right hand of the cadaver. As I carefully scraped the fingernails of all ten fingers, four fingers and thumb on each hand of the cadaver this finger nail on the second finger of the left hand of the cadaver must have been present in 1939. It is now stated that it is absent. The finger nail on the middle finger of the right hand of the cadaver, which is broken, was still in situ as it was in 1939 and broken when I demonstrated its condition to Mr. Monahan a few days ago. The similar finger on the left hand was certainly in situ in 1939. Dr. Mollison said in evidence that the toenail on the right big toe was missing. That toenail was in situ in 1939. I demonstrated it to Mrs Routledge when she asked to see her daughter's foot because she had trouble with her daughter's toenails. There is no mention of the little toenail, which is very small. I examined both the big toenail and the little toenail when I came down here, and to the best of my recollection, they showed as they had before. The little toe nail was the same as it had been before and, to the best of my recollection, the big toenail was in situ.

I made the statement that the girl, after being bashed on the head, was shot whilst she was still alive. That was my considered opinion, based on the following considerations - she was shot through the towel which had been placed round her head, and the towel was placed around her head after she had her face washed. Her face was washed, the towel was put around her head and, after she was shot, she bled. There was a distinct stain down of bleeding from the wound at about the angle I indicate when I first saw the cadaver in 1939. Because her face was made up in Sydney with a thick layer of foundation cream, powder and rouge, etc. and that make-up cleaned off, I would not expect Dr. Mollison or Dr. Wright-Smith to be able to see traces of anything now. The proof the girl was shot through the towel is to be found in the fact that I have curetted the wound and that curettage is available for examination. It will show cotton fibres, and the jellified material, more or less evaporated, will show the same fluorescence under the ultra-violet lamp that the soap will show. Soapy water was blown in with the gases, that has condensed and mixed with the tissues and the material will show the fluorescence of the soap on the towel. The slip of skin taken from the edge of the wound shows powder grains and charring right on the extreme edge. The shot, to my mind, would not have killed this girl at all had she been in her normal state of health, unless, as a result of infection. However, in the state of collapse that she was in from the very extensive head injuries, I expect this was the last straw and it was the shock of that explosion right up against her and the shooting that actually stopped her breathing. "She was dead but she would not stop breathing," that is a common expression. She was probably breathing very slowly with those head injuries, but the head injuries themselves need not have killed that girl for a great many hours. On one occasion, I picked up a man on a road and he lived 36 hours

with far more extensive injuries to the head than this girl had.

I have examined hundreds of hairs from the head of this cadaver. In ~~no~~ case would I expect to examine the head of a woman who had a permanent wave without finding evidence of permanent waving in her hair. The hair from the head of this cadaver shows not the faintest evidence of the hair ever having been permanently waved, notwithstanding that, from the pictures of Linda Agostini, I should say she was a permanent wave habituée.

I have two small sketch maps, one is of the shack a floor sketch, and the other is from the roof, over to the hill, along the course of the hill to the culvert itself. They are not done to scale but they are approximately accurate and they give some idea of the locale and the relationship between where I claim this thing took place and the culvert. If it is thought desirable, I will put these in as exhibits for consideration by Your Worship. The only thing they do is this - if, we establish, as I hope to establish when I show the fitting of this weapon in the wound in the skull that, in spite of evidence to the contrary, Quin's shack was the actual scene of the assault, they will show no other way of getting to the culvert without detection except by the very route taken. They also show, in conjunction with other things, that there is a complete linkage of the locale and the personnel because of that very thing.

In connection with the markings on the towel, which I claim to be QIN, I have a tracing from an endorsed cheque and the endorsement is by the party, who, I would consider, marked that towel. There is a peculiarity in the endorsement and it crops up in the letters on that towel. If it is so desired, I will put that in as an exhibit.

Dr. Mollison remarked that he saw no feathers in the hair, but he did not specify whether he used the microscope. I hope he was not looking for a head more or less decorated

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Handwritten initials

with feathers. However, I am not surprised if he did not find any feather ~~prongs~~^{fronds} under the microscope as were present in 1939, because the head of this girl has been thoroughly combed, done up and played around with generally. I still have a slide showing evidence of feather fronds, if people care to look for them.

A great deal has been said about the age of this girl. The appearance of a person may give indications far more accurate than the sectioning of bones and one thing and another, when one remembers the growth factor of the individual. This girl's arms are disproportionately long, and it has already been pointed out why they are disproportionately long. That disproportion means something to the instructed eye. I have remarked before that this girl is the hypergonadal type. I know the gonads in a narrow sense means the testes and the ovaries but there are other glands which have to be considered, namely, the pituitary, the thyroid, and the adrenal. An increased function of any of these all add to the picture of precocity. When I say the hypergonadal type, I mean here is a type of development, precocious in more than the ordinary way in the sexual secondary characteristics and in the growth of the bones. In that respect, she had hairy arms and very strong teeth. This girl has something else, an X-Ray of her skull shows that she has a fairly large sella turcica. That would indicate that her pituitary gland was well up to normal at least in size. It is the hyper-function of the pituitary gland which leads to this increase in size, especially in the hand and the lengthening of the forearms. When the pituitary gland is overactive, due to a tumour, the sella turcica becomes over-large, but I am not suggesting this girl comes within that category. The increased functioning of the pituitary gland can take place without any ^{pathological} enlargement of the bony structure.

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In acromegaliacs, the most noticeable changes are in the jaws, the hands, and the long bones of the arms. The feet also enlarge. I am not suggesting for a moment this girl comes into the above category at all, but she does show strong jaws, strong teeth and disproportionately long arms, ^{a narrow hands} indicating a hyperfunctioning of her pituitary glands, but not reaching pathological limits. A side picture of Anne Philomena Morgan shows a very strong little jaw. In estimating this girl's age one should take the following factors into consideration. In the first place she is a female and that immediately will knock back the age a couple of years or so. In the second place she undoubtedly shows a precocious development and part of the precocious development is in her pituitary gland - that is the reason why the hands are so enormous. The feet are not enormous but that is in order because I have seen cases in London where one side of the face showed the acromegalia and the other side was quite normal. This girl was a precocious type, both sexually and in development and her age, 28, could easily be whittled back to 23, when one takes into consideration growth, precocity and the fact she is a female. It was largely the hyperfunctioning of the pituitary gland which caused the bony development to be as rapid as it was. Her strong teeth were part of that development ^{and her hair was due to the hyper-functioning of the adrenals.}

I would request the favour of being permitted to again examine the lock of hair (Exhibit 9). Dr. Mollison stated the hair on the left side of the head was very short. When I was searching for contamination, it was from that area that a large lock was taken. It was from there that I got the large piece of green paint which I hope to demonstrate later. If I were asked whether spaces between the teeth were a sign of one particular development, I would say yes, and no. As to there being a type having widely spaced teeth brought about by the pituitary gland, I would not

feel that in this case. There is, however, in hypopituitarism the direct reverse to the picture I have just painted. In the mixture of hyper-sex and over development of the ~~maxilla~~ pituitary gland there is disproportion from here (indicating) to the pubic area and down to the feet. If the pituitary gland is not functioning, then the individual is quite a slim type, quite different. I do not wish to go over the border line into anything pathologic, but it is there and it is noticeable.

I am now handling a cast of the skin of the forehead. There is not a great deal one can do, but with the calvarium ^{it is a different story} I also wish to make a small cast of this projection. I have a cast of this skin wound and I think one will discover the cast of the skin wound and the cast of the weapon will fit together. I wish to show it really does fit the hole in the skull. I also wish to state that the hole in the skull is not along the ~~sutural~~ ^{suture} line ^{of the parieto-temporal bones} but well up above it. I have never actually tried the weapon in the hole in the skull because I did not wish to contaminate the weapon. I have not tried that instrument in the skull but I could do it now that proceedings are near an end. However, I would like ^{submit it to the Benzedit} to test ~~it~~ first before there is any question of it becoming contaminated.

Looking at the lock of hair exhibit 9, if I am given permission, while I am not wanted in Court, I would like to examine one of these locks very carefully under the microscope.

T. A. Palmer Benbow

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 26th DAY OF APRIL 1944

W. Stirling
CORONER.

Friday
28th Apr.

(Evidence taken in Jury room.)

KEVIN JOHN O'DAY, recalled, on his oath saith :

There are two ways of examining the specimen - it may be looked at in the way I now demonstrate. The two pieces of paper I now hold in my hand represent two different coloured strata, a translucent one, represented by the white tissue paper, and a pink one, represented by the pink paper behind it. When one sees the light shining on it, one can see the pink page shining through and this surface layer (white tissue paper) is coloured to some extent by the pink page behind, but with no background at all, it, of course, looks white. If it is held up with the light shining through, it is pink on the right hand side, where the pink background is, and it is white on the left hand side, where there is no background. When one looks at the iris in the eye one sees it like that; there is no light coming from behind. Seeing it on the slide, however, the condition is quite different. If we look through it, it appears to be brown. In the ordinary circumstances, in a room, there is a certain amount of light coming from behind, so we do not see the iris under ~~the~~ conditions similar to those which appertain in life. We have to take that into consideration the whole time. (At this stage the witness demonstrated with First Constable Surtees as the patient.) I think First Constable Surtees has light coloured eyes and I do not think anyone will say they are brown or hazel. He has what I would call a light coloured eye, yet I can demonstrate all the features with this lamp which throws a bright light on to the eye which is then examined with a binocular microscope. This will not give such a high magnification as the ordinary microscope with which an object is examined with the light coming through from behind - from underneath the object. The light would be here (indicating) behind his head, as it were. Naturally, the pigment granules in this case will appear much

smaller and will be much more difficult to see. The low power magnification of a microscope varies from, roughly, 40 diameters to 80 diameters. The highest magnification one can get with this slit lamp is 40 diameters, but there is not a magnification of 40 diameters at present being used because it is very uncomfortable to examine a living eye with a magnification of 40 diameters; the eye is not still, it is moving the whole time, it is not possible to see with absolute accuracy, and the eye of the observer tires rapidly. The high power magnification of a microscope will vary from 200 diameters up to 600 diameters. It can be seen all these factors must be taken into consideration when comparing the picture as seen with a laboratory microscope and as seen with a slit lamp. If His Worship the Coroner will glance through the slit lamp, I think he will see that this man (First Constable Surtee) has quite big blobs of pigment on the surface and tiny globules scattered throughout the stroma. The eye of this man has the retinal pigment layer and that can be seen at the margin of the pupil as a dense brown ring. (At this stage the Coroner and Counsel inspected the eye of First Constable Surtee by means of the slit lamp.)

Those granules will, of course, be much more obvious under a laboratory microscope because the magnification will be much higher. The ones sitting on the front of the eyes are so dense it is difficult to get light through. In the brown eye, the spots are present in great profusion and form a thick brown coat which will vary in intensity, according to the colour of the eye, and prevent one seeing into the depths of the iris. This is on the surface of the iris. (At this stage

the brown eyes of Mr. Adami were demonstrated.)

I propose to show this in two ways, first of all the iris as seen by reflected light from the front, as we see it in life. (At this stage the Coroner and Counsel examined a slide by means of the slit lamp.) Looking in, a broad beam of light will be seen in the anterior surface of the iris. About three-quarters of the way up, a small dense

dark spot will be seen. The pupillary margin is at the bottom of the beam of light. At the top of the beam of light there is a tiny brown spot, which is in the anterior layers of the iris. In my opinion, there is no evidence whatever of any pigment between that brown spot and the pupil. That pigment must not be confused with the dense mass which can be seen to the right. That is pigment in the pigment epithelium, not in the stroma. If a light is shown through the iris, the light will be coloured by that pigment on the posterior layer but the light will be coloured very little by the pigment in the stroma. One can move the iris around and see there is very little pigment on that surface. I admit there are other spots, but not sufficient to colour the iris, not more, actually to any extent, than are present in the eye of the constable upon whom I demonstrated. (Inspected by Coroner and Counsel.) What I rely on greatly in my observations in this case is the tremendous contrast between the blackness of the pigment and the dirty colour of the stroma. In my opinion, this dirty colour is due to post mortem change affecting what is ordinarily a very transparent structure. That is the anterior surface at which we are now looking. I will now show the pigment on the back of the iris. (Inspected by Coroner and Counsel.) There is the posterior surface and we are now looking at the retinal pigment epithelium. One can see places where it has been scraped off and one can see the stroma ~~in~~ in front of it in life but behind it as you are looking at it now. One is now looking down at a dense brown structure. If it were suggested it was uneven in colour, I would say it has been torn off and it is not absolutely flat.

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A. J. O'Day
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TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 28TH DAY OF APRIL, 1944.

W. King
.....
CORONER.

THOMAS ALEXANDER PALMER BENBOW recalled on his oath saith:

TO MR. BARRY: I conferred with Dr. Wright-Smith and Dr. Mollison and exhibited to them slides of various material. I exhibited to them a slide showing something found by me in the hair of the body. In a lock of hair cut from the cadaver I demonstrated to Dr. Mollison and Dr. Wright-Smith what would appear to be a thin splinter of rust or a thin plate of rust which is covered on one side with green paint. In other words, a specimen which had flaked off, having been painted it had flaked off because of the rusty surface on the other side. Dr. Wright-Smith acknowledged that he ~~can~~ could see it. Dr. Wright-Smith and Dr. Mollison both observed the specimen and observed the green colouration on one side. I would have liked to have used a magnet on it, but I did not have my magnet with me. By the use of the magnet it is seen that it is iron. I have myself used a magnet on this particular specimen and it reacts to the magnet. I know that, but I was not able to demonstrate with a magnet to Dr. Wright-Smith and Dr. Mollison because I did not have my magnet here. That specimen originally was quite firmly embedded in that lock of hair. It has got displaced just recently, it has been through a good many vicissitudes when being moved. When I say it was firmly embedded I do not mean that it was driven into the structure of any hair or caught in the hair; that is not to be confused with anything of that sort. Flying through the air it fell into her hair, and as there was a lot of serum and blood and various other fluids in the hair it has become gummed there; but it has since been displaced, only the other day as a matter of fact. An important specimen that I submitted for inspection to Dr. Wright-Smith and Dr. Mollison was a specimen of a hair, a blonde hair, a hair taken from the cadaver, taken from the police lock which was exhibited here, as a matter of fact, when I was working with the C.I.B. This specimen mounted shows that the hair has been bashed and

split. When I originally mounted it a bright green discoloration was observable and, in fact, impossible not to see. I mounted it in cedar oil. The cedar oil has had the effect of fading the colour, which, incidentally, showed that this was due to paint. I have mounted a specimen of this paint and it does the same thing. The oil takes the colour out after a period of time. This specimen, however, still shows the green discoloration which Dr. Wright-Smith was able to observe, and Dr. Wright-Smith will be able to give evidence on that. Dr. Wright-Smith remarked on it at least three times, that he could see the green structures still. But I point out that it is not anything as bright as it was originally. I demonstrated this particular hair to many members of the C.I.B. when I discovered it. I also exhibited a specimen which consisted of matter which I had curetted from the bullet wound. Dr. Wright-Smith and I agreed that it was not tissue from the corpse. The nature of the material that I curetted from the wound was of a gelatinous mass with fibres matted in it. As the water has evaporated from that specimen it is drying out and becoming more firm. When I speak of fibres, they are not muscular fibres, they are cotton fibres to my diagnosis. I have examined it so much I know, as a matter of fact. Dr. Wright-Smith, I think, will agree that they can be cotton fibres. But they are not fibres belonging to the cadaver; it is extraneous matter. It is not the kind of fibre you find in a human body, it is quite extraneous. Dr. Wright-Smith agreed to that. I have subsequently taken that specimen up to the C.I.B., and in the presence of Mr. Hopley, put it under the ultra-violet lamp, and it still gives the fluorescence which I knew it gave, because I did that once before in Sydney. The significance of the fluorescence is this, that it can be the type of fluorescence which soap gives. Different soaps give different degrees of fluorescence but tissue does not fluoresce. The Association of that fluorescence, with the fact that there are what appear to be

cotton fibres suggests to me that that material is from the towel; in conjunction with other findings also, it makes me confirm my opinion that she was shot through the towel. I also exhibited to Dr. Wright-Smith a feather from the insole of a white leather open-work shoe which had been found in the lagoon. That feather has a small piece of silver paper ~~in it~~ which can still be readily seen embedded in it. Dr. Wright-Smith was able to see that. I also showed to Dr. Wright-Smith a specimen of silver paper which I found in the shack. In sweeping up the shack I found two very small particles of chocolate silver paper, red on one side and white on the other, and I demonstrated those to Dr. Wright Smith and Dr. Mollison. They are very readily seen. My supposition is that that makes a link with the other. I also exhibited to Dr. Wright-Smith fibres from the wool coat which I found on the dump. There is a slide demonstrating that that coat has been dyed from the original brownish or khaki colour to a blue-black. The fibres have taken the dye very badly sometimes - sometimes they are dark-blue; sometimes they are blue-black; sometimes they are a combination of purple; and sometimes they are a brownish blue. But the ^{cross-}fibres of the coat never did take the dye at all; they are still their original brown colour. Those are fibres from the wool coat which I found on the dump 100 yards from the gate leading down to Quin's shack. I have been demonstrating to Dr. Mollison just this moment the piece of bed which I suggest was a weapon which could have caused the wound, and in fact fitted the wound. I have ~~not~~ ^{now} had an opportunity of fitting it to the calvarium of the cadaver. Dr. Mollison was with me until we were called into Court, and we were doing that very thing. I have done it. I say we have just been doing it. I showed it to Dr. Mollison. We had been fitting it in and we have come to conclusions. As far as I am concerned my conclusion is that it fits the hole. It is in the solid bone, and not on the suture line. I also pointed out two other coincidences of that implement with the wound. One is this, in the wound

in the face there is a small triangular raised area. A cast of the skin of the face and the cast of the back of the implement shows that the general characteristics are extraordinarily alike. Then on the wound of the forehead in the skin, there is a semi-circular cut. I have been pointing out to Dr. Mollison how accurately the end of this implement could make that cut, both in its circumference, in its diameter and in its depth, and its peculiarity at the spot, because the pipe which did this is higher in one part than anywhere else. It is deep in the centre and comes away to a scratch on both sides, because the construction of the pipe fades out and there are the same characteristics at this point. I have completed my demonstration to Dr. Mollison, but Dr. Wright-Smith was not present. I do not wish to put words into Dr. Mollison's mouth, but I gathered the impression that Dr. Mollison now agrees, first of all, that the injury is in solid bone, and not in the suture line, and, secondly, that this instrument could cause those injuries. There is something about the bullet wound; the slip of the skin of the entrance of the bullet wound. I would like to mention that. That was examined. Dr. Mollison and Dr. Wright-Smith examined my slip from the edge of the bullet wound, showing the semi-circular entrance of the actual bullet. The importance of it was that it showed that it was charred and black and there were powder grains just there, so the pistol was very close. But there was not as much as one would expect, showing that something was interposed. There was not as much as one would expect. I demonstrated other material. The most important one of all, in many respects, was the fact that I demonstrated to Dr. Mollison and to Dr. Wright-Smith, muscle tissue. That muscle tissue was instantly recognised by Dr. Mollison and Dr. Wright-Smith as muscle tissue. That was recovered from underneath the girl's fingernails. That was recovered by me. I have

many more specimens which they did not bother to look at. Also in that specimen on one part of that slide there were some fibres which were the same colour as fibres you can find in the slid of the dyed wool coat. In the slide which contains the muscle tissue there are fibres, but in anther part of the slide. I have other preparations on that slide. That does not mean that those fibres were recovered from the finger nails. Those fibres have been recovered from the girl's hair. I have other preparations showing that many of these fibres in her hair connect ^{the coat} the coat with her hair. I have slides which show fibres identical in structure and appearance with fibres which have been taken from the coat which I found on the dump near Quin's shack. There was one important thing I forgot to mention about that implement. In the presence of Mr. Hobley we tested that for the benzidin reaction - benziden being a reaction for blood. It still gives the benziden reaction, but the action is delayed and it is weaker as I would expect. I was rather surprised it gave any, because when I first tested this implement I tested it at the shack, and - it was bad technique - I put the reagents directly on the instrument and ran the risk of destroying any further possibility of getting a reaction. The reaction was not due to rust. The reaction was not constant on the instrument. One part of this instrument, the rusty pipe, which I tested would not give a reaction. I mention this because sometimes it is considered that rust will give a benziden reaction. Sometimes it does, and sometimes it does not. I can eliminate it in this case by work I have done on benziden reaction. I have done a great deal of work ^{on the benziden test for blood.} There is one other matter with regard to the bullet wound. The bullet wound had never been tested before. I found that the bullet wound had never had a slip of skin taken from it until I did so ^{in 1939} at the edge of the wound. It had never been investigated.

TAKEN AND SWORN BEFORE ME AT MELBOURNE THIS 28th DAY OF APRIL 1944

GC/ECL.

920.

W. J. Benbow
BENBOW

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 { into a fire at

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RESUMED

INQUISITION

held at

THE CITY MORGUE - MELBOURNE

on

FRIDAY, 28TH APRIL, 1944.

BEFORE :

A. C. TINGATE ESQ., P.M.,
City Coroner.

UPON THE BODY OF A WOMAN WHOSE BODY WAS FOUND NEAR ALBURY
ON 1st SEPTEMBER, 1934.

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