

**MOORHAVEN HOSPITAL, IVYBRIDGE, SOUTH DEVON.**

**NOTICE OF DEATH**

Date of reception order, the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

I hereby give you Notice that Richard Herbert YEO,  
 a Health Service Voluntary patient received into  
 this mental hospital on the Eighth day of March, 1956,  
 died therein on the Ninth day of March, 1956.

(Signed) Alan J. Hand,  
**Acting Clerk of the Hospital.**

DATED the 9th day of March, 1956.

To Mrs. Clarke.

**STATEMENT RESPECTING THE ABOVE NAMED PATIENT**

Name YEO. Richard Herbert.  
 Sex and age Male. 75 years. Married, single, or widowed Married (Divorced)  
 Profession or occupation Seedsman.  
 Usual residence (postal address) before admission. (If the patient has been transferred from another Institution, the place of residence before admission to the first Institution should be given.)  
2, Hastings Street,  
PLYMOUTH.

**CAUSE OF DEATH**

I		Approximate interval between onset and death
Disease or condition directly leading to death* Antecedent causes. Morbid conditions, if any, giving rise to the above cause stating the underlying condition last.	(a) <u>Cardiac Failure</u>	<u>Indefinite</u>
	due to (or as a consequence of)	
	(b) .....	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	due to (or as a consequence of)	
	(c) .....	
	II .....	

\* This does not mean the mode of dying, such as, e.g., heart failure, asphyxia, asthenia, etc., it means the disease, injury, or complication which caused death

Whether or not ascertained by post-mortem examination

No

Time of and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased, or a statement that there were none

At 11 a.m. on Friday, 9th March, 1956.

No injuries. No unusual circumstances.

Names and description of persons present at the death

D. Witchell. Student Nurse.

I hereby certify that the particulars contained in the above statement are true to the best of my knowledge and belief.

(Signed)

*Frank P. [Signature]*

Medical Superintendent.

Dated 9th day of March 1956.

Institution should be given) ... residence before admission to the hospital from another institution, the place of admission (if the patient has been transferred) usual residence (postal address) before admission

Profession or occupation

Sex and age

Name

STATEMENT RESPECTING THE ABOVE NAMED PATIENT

I, *Mr. [Signature]*

DAIED the 9th day of March 1956

(Signed) *[Signature]* Clerk of the Hospital.

admitted therein on the 9th day of March 1956

this mental hospital on the 9th day of March 1956

and received into

of the Hospital

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