

NSW DEATH REGISTRATION TRANSCRIPTION

REF NO 1910/9264

PARTIAL TRANSCRIPTION

NAME	WILLIAM WILSON
DATE OF DEATH	24 AUG 1910
PLACE	GOULBURN AND DISTRICT HOSPITAL (GOULBURN MUNICIPALITY)
OCCUPATION	GENERAL LABOURER
SEX	MALE
AGE	50
CONJUGAL STATUS	
PLACE OF BIRTH	
TIME IN AUST COLONIES	
FATHER	
OCCUPATION	
MOTHER	
PLACE OF MARRIAGE	NOT MARRIED
AGE AT MARRIAGE	
NAME OF SPOUSE	
CHILDREN OF MARRIAGE	
INFORMANT	C LESLIE S MACINTOSH, RESIDENT MEDICAL OFFICER, GOULBURN AND DISTRICT HOSPITAL, GOULBURN; JOHN WILSON, BROTHER, GEORGE STREET GOULBURN
CAUSE OF DEATH	
LENGTH OF ILLNESS	
MEDICAL ATTENDANT	
DATE LAST SEEN	
DATE OF BURIAL	
PLACE OF BURIAL	
MINISTER & RELIGION	
UNDERTAKER	
WITNESSES	
CREMATION DATE	
CREMATION PLACE	
CREMATION INFORMANT	
CREMATION RELIGION	
CREMATION WITNESSES	
REGISTERED	
NOTES	

Ref No 985527

Printed 7 January 2021

NB: THIS TRANSCRIPTION IS NOT A CERTIFIED COPY FROM THE REGISTERS AND CANNOT BE USED IN ANY LEGAL PROCEEDINGS WHATSOEVER



NSW FAMILY HISTORY
TRANSCRIPTIONS PTY LTD

ADDRESS PO Box 52 Camden 2570
EMAIL info@nswtranscriptions.com.au

PHONE (02) 4658 1206
WEBSITE nswtranscriptions.com.au

FAX (02) 4658 1296
ABN 14 163 961 233

NSW DEATH REGISTRATION TRANSCRIPTION

REF NO 1892/5730

PARTIAL TRANSCRIPTION

NAME	WILLIAM WILSON
DATE OF DEATH	31 DEC 1892
PLACE	WAYO STREET GOULBURN NSW
OCCUPATION	FARMER
SEX	MALE
AGE	83
CONJUGAL STATUS	
PLACE OF BIRTH	
TIME IN AUST COLONIES	
FATHER	SAMUEL WILSON
OCCUPATION	
MOTHER	ANN (SURNAME NOT STATED)
PLACE OF MARRIAGE	
AGE AT MARRIAGE	
NAME OF SPOUSE	CATHERINE CAMERON
CHILDREN OF MARRIAGE	4 MALES, 2 FEMALES LIVING; 3 MALES, 3 FEMALES DEAD
INFORMANT	SAMUEL WILSON, SON, WAYO STREET GOULBURN
CAUSE OF DEATH	
LENGTH OF ILLNESS	
MEDICAL ATTENDANT	
DATE LAST SEEN	
DATE OF BURIAL	
PLACE OF BURIAL	
MINISTER & RELIGION	
UNDERTAKER	
WITNESSES	
CREMATION DATE	
CREMATION PLACE	
CREMATION INFORMANT	
CREMATION RELIGION	
CREMATION WITNESSES	
REGISTERED	
NOTES	

Ref No 9855527

Printed 7 January 2021

NB: THIS TRANSCRIPTION IS NOT A CERTIFIED COPY FROM THE REGISTERS AND CANNOT BE USED IN ANY LEGAL PROCEEDINGS WHATSOEVER



NSW FAMILY HISTORY
TRANSCRIPTIONS PTY LTD

ADDRESS PO Box 52 Camden 2570
EMAIL info@nswtranscriptions.com.au

PHONE (02) 4658 1206
WEBSITE nswtranscriptions.com.au

FAX (02) 4658 1296
ABN 14 163 961 233

NSW DEATH REGISTRATION TRANSCRIPTION

REF NO 1909/1479

PARTIAL TRANSCRIPTION

NAME	WILLIAM KERISON WILSON
DATE OF DEATH	18 MAR 1909
PLACE	GOULBURN HOSPITAL, GOULBURN MUNICIPALITY
OCCUPATION	CARPENTER
SEX	MALE
AGE	20
CONJUGAL STATUS	
PLACE OF BIRTH	
TIME IN AUST COLONIES	
FATHER	
OCCUPATION	
MOTHER	
PLACE OF MARRIAGE	NOT MARRIED
AGE AT MARRIAGE	
NAME OF SPOUSE	
CHILDREN OF MARRIAGE	
INFORMANT	E FINDLATER, MATRON, GOULBURN HOSPITAL, GOULBURN
CAUSE OF DEATH	
LENGTH OF ILLNESS	
MEDICAL ATTENDANT	
DATE LAST SEEN	
DATE OF BURIAL	
PLACE OF BURIAL	
MINISTER & RELIGION	
UNDERTAKER	
WITNESSES	
CREMATION DATE	
CREMATION PLACE	
CREMATION INFORMANT	
CREMATION RELIGION	
CREMATION WITNESSES	
REGISTERED	
NOTES	

Ref No 9855527

Printed 7 January 2021

NB: THIS TRANSCRIPTION IS NOT A CERTIFIED COPY FROM THE REGISTERS AND CANNOT BE USED IN ANY LEGAL PROCEEDINGS WHATSOEVER



NSW FAMILY HISTORY
TRANSCRIPTIONS PTY LTD

ADDRESS PO Box 52 Camden 2570
EMAIL info@nswtranscriptions.com.au

PHONE (02) 4658 1206
WEBSITE nswtranscriptions.com.au

FAX (02) 4658 1296
ABN 14 163 961 233