

# New Zealand Death Certificate

**DECEASED**

First/given name(s)	<b>Jeanette Lea</b>
Surname/family name	<b>Gillespie</b>
<i>(If different from above)</i> First/given name(s) at birth	-
<i>(If different from above)</i> Surname/family name at birth	-
Date of death	<b>4 October 2000</b>
Place of death	<b>Waikato Public Hospital Hamilton</b>
Cause or causes of death <i>(as specified in doctor's certificate or coroner's order)</i>	<b>Severe Sepsis - Staph Aureus 5 Days Pneumonia 5 Days Acute Renal Failure/Coagulopathy 5 Days</b>

Name of certifying doctor	<b>M S Bishay</b>
Date last seen alive by certifying doctor	<b>4 October 2000</b>
Sex	<b>Female</b>
Age and date of birth	<b>41 years 29 August 1959</b>
Place of birth	<b>Auckland</b>
If not born in New Zealand number of years lived here	-
Usual home address	<b>3A Rawene Street Hamilton</b>
Usual occupation, profession or job	<b>Scientist</b>
Date of burial or cremation	<b>7 October 2000</b>
Place of burial or cremation	<b>Hamilton Park Crematorium Newstead</b>
Age of each living daughter	-
Age of each living son	-

**PARENTS**

<b>MOTHER:</b> First/given name(s)	<b>Thelma Joan</b>
Surname/family name	<b>Gillespie</b>
<i>(If different from above)</i> First/given name(s) at birth	-
<i>(If different from above)</i> Surname/family name at birth	<b>Moulder</b>
<b>FATHER:</b> First/given name(s)	<b>Bruce William</b>
Surname/family name	<b>Gillespie</b>
<i>(If different from above)</i> First/given name(s) at birth	-
<i>(If different from above)</i> Surname/family name at birth	-

**RELATIONSHIP(S)**

Relationship status at time of death	<b>Never Married</b>
Relationship type	-
Age of deceased at event	-
Place of marriage/civil union	-
<b>SPOUSE/</b> First/given name(s)	-
<b>PARTNER:</b> Surname/family name	-
Sex	-
Age <i>(if living)</i>	-

Certified true copy of particulars recorded by a Registrar

Issued under the seal of the Registrar on **3 May 2016**

Registration Number

**2000021203**