## CERTIFIED COPY



Pursuant to the Births and

## **Deaths Registration Act 1953**

OF AN ENTRY

The second of th	DEATH Entry No. 142
Registration district Gloucestershire	Administrative area
Sub-district Gloucestershire	County of Gloucestershire
1. Date and place of death Tenth April 2023 20 Hillcourt Road, Cheltenham	
2. Name and surname Philip Graham GOLDMAN	3. Sex Male 4. Maiden surname
Com 5/(C ) ) Com 5/(C	of woman who has married
5. Date and place of birth Seventh November 1956 London	
6. Occupation and usual address Executive Leadership Coach Husband of Rachel GOLDMAN, Property Devel 20 Hillcourt Road, Cheltenham, Gloucestershire	
7.(a) Name and surname of informant	(b) Qualification
Rachel GOLDMAN	Widow of deceased
Raciici GOEDWAY	Present at the death
(c) Usual address 20 Hillcourt Road, Cheltenham, Gloucestershire	
8. I certify that the particulars given by me above are true to R Goldman	o the best of my knowledge and belief  Signature of informant
9. Cause of death I (a) Lung Cancer	
Certified by James Alexander Hunt MB	
10. Date of registration Seventeenth April 2023	11. Signature of registrar M A Morgan Deputy Registrar

Certified to be a true copy of an entry in a register in my custody.

MAL (

oeph.

\*Superintendent Registrar

\*Registrar

\*Strike out whichever does not apply

Date 17th April 2023

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT