

fold3 > https://www.fold3.com/image/404432816
MILITARY FORCES. 12 AUSTRALIAN IMPERIAL FORCES. 12 AUSTRALIAN
5 Attestation Paper of Persons Enlisted for Service Abroad.
No. 2178  Name a. Duyali Ret 1 At H  Joined on fry Hin 1/11/15
Questions to be put to the Person Enlisting before Attestation.
1. What is your Name! 1. Arthur Drury Dungate
2. In or near what Parish or Town were you born 1 near the Town of
3. Are you a natural born British Subject or a Naturalized British Subject (N.B.—If the latter, papers to be shown.)  3. Are you a natural born British Subject or a Naturalized British Subject (N.B.—If the latter, papers to be shown.)
4. What is your aget 4. XO // Z
5. What is your trade or calling?
where, to whom, and for what period!
8. Who is your next of kin? (Address to be stated) Synchum Tannam
9. Have you ever been convicted by the Civil Power? 9
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with Disgrace from the Navy!
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces! If so, state which, and if not now serving, state cause of discharge
12. Have you stated the whole, if any, of your previous 12. Ho
13. Have you ever been rejected as unfit for His Majesty's  Service 1 If so, on what grounds 1
14. Do you understand that no Separation Allowance will, be issued in respect of your service beyond an amount which together with Pay would reach eight shillings per day.
15. Are you prepared to undergo inoculation against smallpox and enteric fever?
I, C. D. D. D. d. d. do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military by the commonwealth.
my service for the support of my wife three-fifths
Date wife and children A Many and Signature of person enlisted.
*This clause to be amended where necessary and should be struck out in the case of unmarried men or widowers without children under 10 years of age.

## CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers, and am of opinion that they are correct.

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date. 1/11/15'

SM Moore List

OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

SO HELP ME, GOD.

Signature of Person Enlisted

Taken and subscribed at we for in the state of Men wals

S.M. Moore Line

Signature of Attesting Officer.

<sup>a</sup>A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

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CERTIFICATE OF MEDICA	L EXAMINATION.
I have examined the above-named person, and find that he	does not present any of the following conditions.
viz.;-	
Scrofula; phthisis; syphilis; impaired constitution; defe	ctive intelligence; defects of vision, voice, or hearing;
harnin : hamorrhoids : various wains bewond a limited awtent -	a series with appenally nendent testicle;
invetents automoral to a bank beyond a named extent;	marked varieocele with unusually pendent testicle;
inveterate cutaneous disease; chronic ulcers; traces of corpora	l punishment, or evidence of having been marked
inveterate cutaneous disease; chronic ulcers; traces of corpore with the letters D. or B.C.; contracted or deformed chest; abs physical defect calculated to unfit him for the duties of a se	Il punishment, or evidence of having been marked normal curvature of spine; or any other disease or
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A.F.B. 103 ENGLAND Emb from aust 21. 876 FRANCE . Statement of Service of No. 217 8 Name Neugaxi Wh. H. Regt , el Y. 4 %. R. Vel d Kibin 24. 4.16. B 100 18/3776 L PAREN ON STRENGTH Traces to arty Details Embarked on # # J. Corsican Alex. 25. 5. 16 Discussas Al Physnatt 12. 6. 16 34 4. A. Bac TAKEN ON STRENGTHON 34 4 A. Bac France France 20/8716 TAKEN ON STRENGTH 4 Dier Art Dite from Ing limit angland Ing limit angland I france Proceeding of Seas arty Ing Depot France 13.8.16 KIL4224 , 6-9 18.8.16 H DELL PLIE 4/29969 Eng 14/8/16 "24 235 6 28/9/16 Lick to Assp In the Field " Such Assp Sick . Sounce 3 not 9 B 10 France 25/1/16 39 71 14/2/10 21.12.16 29/1722 1/7/19 Gur Rejoued from Hosp New resignation So (Army) Brig de Austra ien Field Artillery Auth, A. I.F. order No 709 Last payment 1. 6.18 France Ref 6/6900: 8/45-16. Returned to Hosp 1BR 696 per Boonah 20 4 19 L.X 4832 I have examined the above details and find them correct in every respect.

Attestation Paper of Persons	MILITARY FORCES.  MPERIAL FORCE  Enlisted for Service Abroad.
No. 2198 Fur Name Unit Doined on	a.D. Deugete.
Questions to be put to the Per.  1. What is your Name!  97606  2. In or near what Parish or Town were you horn!	2. In the Parish of Camber in or
3. Are you a natural born British Subject or a Naturalized British Subject! (N.B.—If the latter, papers to be shown.) 4. What is your age! 5. What is your trade or calling! 6. Are you, or have you been, an Apprentice! If so,	in the Country of 6 auchders.  3. Makural Barus.  4. 20 42.  5. Farming.
where, to whom, and for what period?	o you banden to Peloso, 2 years no. 8 Father Trank Dengate hym Jam banded
9. Have you ever been convicted by the Civil Power!  10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servi tude, or have you been dismissed with Disgrace from the Navy!	9. Mo. 10. Mo.
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge.	11 9th Aorea Massey
12. Have you stated the whole, if any, of your previous } service?	12. Yes 13. No
14. Do you understand that no Separation Allowance will be issued in respect of your service beyond an	11 %

14. Je sou understand that no Separation Allowance will be issued in respect of your service beyond an amount which together with Pay would reach eight shillings per day.

15. Are you prepared to undergo inoculation against smallpox and enteric fever?

16. Are you prepared to undergo inoculation against smallpox by me to the above questions are trundand I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

\*And - further agree to allot not less than two-fifths of the pay payable to me from time to time during any service for the support of my wife three-fifths

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Date 30/9/15. Wife-and children A. D. Dengate.

Signature of ferson enlisted.

\*This clause to be amended where necessary and should be struck out in the case of unmarried men or widowers without children under 18 years of agr.

## CERTIFICATE OF ATTESTING OFFICER

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers, and and of opinion that they are correct.)

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 1/11/15....

M. Moople, Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

t, Wither Drusy Dlugale, swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, diamissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME, GOD.

a. D. Deugase,
Signature of Person Enlisted

Taken and subscribed at Liverpool in the State of Men South Wales
this day November of

9111 1100 W Dee

"A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attacking Officer."

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TO STATE OF STREET	
CERTIFICATE OF MEDIC	AL EXAMINATION.
	- the following condition
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hernia; hemorrhoids; varicose veins, beyond a limited extent	: marked varicocele with unusually pendent tests
inveterate cutaneous disease; chronic ulcers; traces of corpo	ral punishment, or evidence of having been mar
with the letters D. or B.C.; contracted or deformed chest; a physical defect calculated to unfit him for the duties of a	
He can see the required distance with either eye; his	
his joints and limbs; and he declares he is not subject to	
I consider him fit for active service.	
20/2/11	
Date 30/9/15	
Date 30/9/15	
Place Liverpool	I moren bar
Place Liverpool	J. Morgan Cape
Place Liverpool	J. Morgan Capo Signature of Exampling Medical Officer.
Place Liverpool	Signature of Exampling Medical Officer.
Place Liverpool CERTIFICATE OF COMMA	Signature of Exampling Medical Officer.
CERTIFICATE OF COMMA	Signature of Exampling Medical Officer.  NDING OFFICER.
CERTIFY that this Attestation of the above-name	Signature of Exampling Medical Officer.  NDING OFFICER.
CERTIFICATE OF COMMA  I CERTIFY that this Attestation of the above-name have been complied with. I accordingly approve, and approve approve and approve approve and approve approve approve and approve approve approve approve approve approve approve and approve approv	Signature of Exampling Medical Officer.  NDING OFFICER.
CERTIFICATE OF COMMA  I CERTIFY that this Attestation of the above-name have been complied with. I accordingly approve, and approve approve and approve approve and approve approve approve and approve approve approve approve approve approve approve and approve approv	Signature of Exampling Medical Officer.  NDING OFFICER.
CERTIFICATE OF COMMA  I CERTIFY that this Attestation of the above-name have been complied with. I accordingly approve, and approve the state of the	NDING OFFICER.  and person is correct, and that the required for point him to
CERTIFICATE OF COMMA  I CERTIFY that this Attestation of the above-name have been complied with. I accordingly approve, and approve approve and approve approve and approve approve approve and approve approve approve approve approve approve approve and approve approv	Signature of Exampling Medical Officer.  NDING OFFICER.

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26.7.19 Dis. 2nd MD. ex "Boonah" 11.6.19 TPE.	G. E	AM-43/495
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(1116) 250st 1/16 N.P.A. Ltd.

ARMY FORM B. 178.

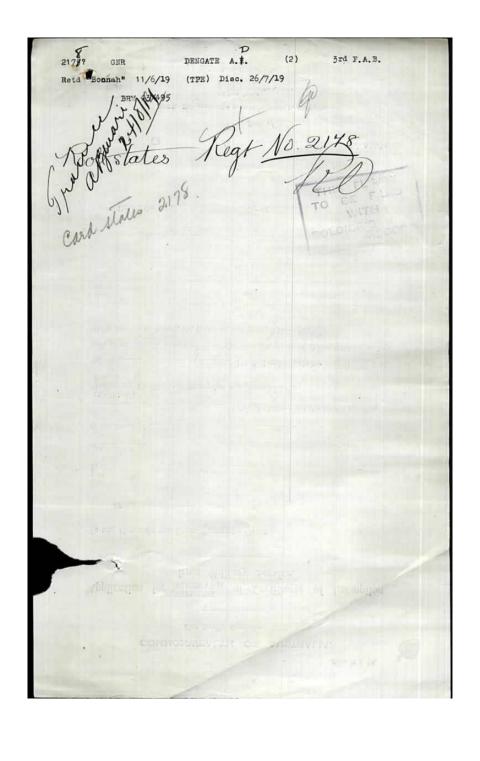
To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 1784 to be used for Special Reserve recruits and Special Reserves recruits enlisting into the Regular Army. / MEDICAL HISTORY of / Dengate Christian Name Arthur D TABLE I.—GENERAL TABLE. County bumberland Birthplace ... Parish Ryde Examined ... ... fon 3 day of \_\_\_ Declared Age ... .. 21 years 45 days. Trade or Occupation ... Carpenter Height ... feet
Weight ... feet \_inches. Chest Girth when fully Expanded inches. Measurement Range of Expansion inches. Physical Development ... Vaccination Marks Arm ... \_ Number \_ Left When Vaccinated ... ... (a) Marks indicating congenital peculiarities or previous disease ... ...  $\{(a)$ (b) Slight defects but not (b) sufficient to cause rejec-Approved by (Signature) (Rank) Medical Officer. at Liverpool day of September 1915. 6 recg: 14.4 com Regtl. No. Joined on Enlistment Transferred to ... Now 3 (corny) Role A.F.A RTA Became non-effective by ... 10.8 Appen (Signature unner (Rank

Name of Hospital.  Day. Month. Year.  Day. Month. Year.  Day. Month. Year.  Disease.  Number of Hospital.  Day. Month. Year.  Disease.  Number of Hospital.  Day. Month. Year.  Disease.  Number of Hospital.  Disease.	Day. Month. Year. Day. Month. Year. Days in Hospital.	Enlocation and	Admitte	_			Adm charged for Hospital		to Hos	oltal or t	1
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Exterior, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date,	origin [5]	1	Brief details	, and signature.		
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	Та	ible IV.—S	ervice	Table.		
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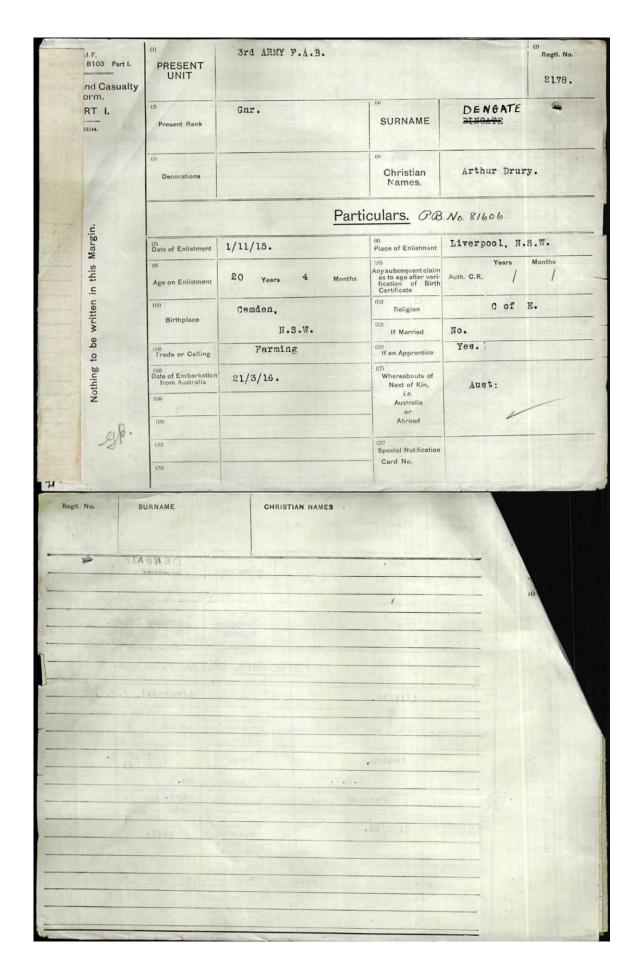


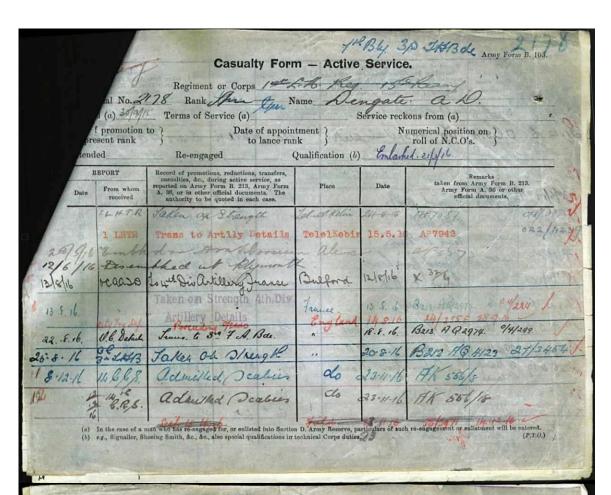
## COMMONWEALTH OF AUSTRALIA.

War Service Regulations 1916.

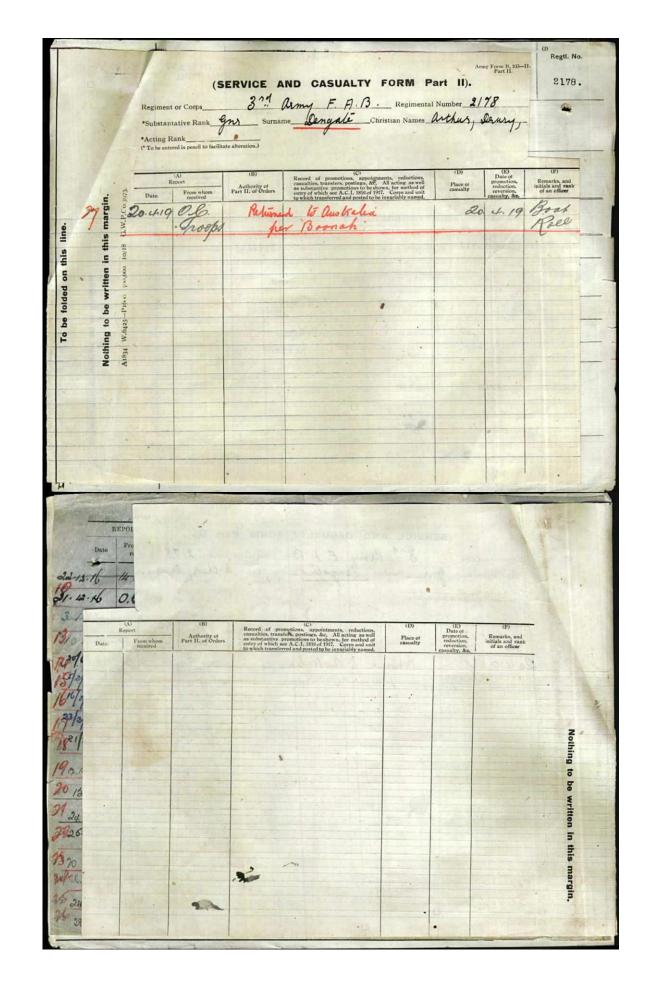
Application for \*VARIATION withDRAWAL of Certificate of Exemption from Military Service.

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the State of	to	
	being the holder and th	e person to whom a
Conditional	being the holder and th	e person to whom a
Temporary Certificate	of Exemption was granted on the	
Partial		
iy of	191 hereby apply fo	or a *withdrawal of
oh Cortificate in con-	sequence of the discontinuance of th	e conditions under
hich same was issued,	, viz. (here set out grounds):-	
Dated the	day of	191
Dated the	day of	191
Dated the	day of	191
Dated the	day of	
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Dated the	Vande 1	Applicant.
( Jat	State of	Applicant. Military Sub-District,
( Jat	State of	Applicant. Military Sub-District,
, lat	State of  This application must be furnished in duplic  (a) Name in full.  (b) Full postal address.	Applicant. Military Sub-District,
, lat	State of	Applicant. Military Sub-District,





	REPORT	Record of promotions, reductions, transfers, casualties, &c., during active service, as	dties, &c., during active service, as		Remarks
Date	From whom received	reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213. Army Form A. 36, or other official documents.
22-15-16	4625.	admitted seating -	France	023,1116	Allasto / Duplican.
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STHE (REEMBARYATION METERS			
THE UISEMBARKATION MEDICAL ANZAC BUFFET,		Bounah	1/1/
Station ZnaMILITARY D	STRICT.		A.M. Form D2.
	AUSTRALIAN A	MILITARY FOR	CES. (For use in Australia.)
Data V MINI 1010		et an	Revised 1-10.18.
MEDI	CAL REPORT	ON AN INV	ALID.
		Name DENGAT	
	2. Rank 20 3 5. Age 20 6		L, Winder
7. Place of Enlistment	Sage /	Trade or Occupation 74. Date of Enlistment	1-10-15
8. Disability in respect of which	Complishing to proposed A	La Date of Enlistment	
	The state of the s		
	FFICER'S STATEMENT OF	CASE. (Soldier's own statement must	
9. Date and place of origin of disability		Date of arrival	11 JUN 1919
	bility first caused man to become		5911 1013
11. Essential facts of Medical	History (including causation)		
6	stones o	erwa.	JECN
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			ENTERED ON
			Dard
			Index No.
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	of Aller	-25	
	CYNKE	yan	
			NAME OF THE OWNER OWNER OF THE OWNER OWNE
12. State whether disability -	as (a) Due to Military Service, Due to, or aggravated by, was	(b) Aggravated by Military 8	Service, or (c) Independent of
	Due to, or aggravated by, was	it of proper care on man's pe	ert, intemperance, misconduct,
&a.			
13. What is his present condi			
MINE	un cle	a	
	1		
			Lawrence Lines
14. If the disability is an inj	ury, state whether it was cause	d (a) in action, (b) on field se	rvice, (c) on duty, (d) off duty
k lie in the same of the same			
15. If a Court of Inquiry was	held, state place, date, and opini	on	
16. Was an operation perform			
17. Was an operation advised			1
The state of the s	of teeth-Was it due to, aggrava	ted by, or independent of Militar	v Service 1
19. Give particulars of any ot		-Ji or mary-mont or Mintal	
12. Give particulars of any oc	ne dissolities existing	0	
Water and the state of the stat	A MICHAEL	5-	The second second
20. Do you recommend discha	rge as permanently unfit for ger	teral service 1	
		May 18	historie
		- Medica	
			l Officer in charge of case.
		15,000	Officer in charge of case.
I, having satisfied myse	if of the general accuracy of this	15,000	Officer in charge of case.
		report, concur therewith, except	The day
		report, concur therewith, except	In das
		9 THE WISE MBARKAON	In dace
I, having satisfied myse  Damain Anzac Buffet, Station		9 THE WISE MBARKAON	In dace
		9 THE WISE MBARKAON	In dace

Entries will be made here when an invalid is brought before a Medical Board and deferred for treatment. Date and Station Result Result

## OPINION OF MEDICAL BOARD ON FINALIZATION.

Notz.—Clear and definite answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Millister for Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim for pension.

- 21. State whether the disability is clearly (a) Due to Military Service, (b) Aggravated by Military Service, (c) Independent of Military Service; (d) Due to, or aggravated by mant of proper care on man's part, intemperance, misconduct, &c.
- 22. Is the present degree of disability permanent 1
- 23. If not, at what rate and to what degree do you anticipate improvement?
- 24. To what extent is his working capacity at present affected by his disability! (a) In his prognistment Gade or occupation!

  (b) In the general labour market! (Estimate as a percentage of full capacity.)
- 25. If an operation was advised and declined, was the refusal unreasonable t
- 26. Do the Board recommend discharge as permanently entit for General Service!
- 27. If discharge is recommended, it should be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopsedic
  Institution, (c) Convalescent Home, (d) Asylum, or (e) other institution. State whether further treatment should be

an in-patient or an out-patient, and for what period.

28. Is any surgical appliance recommended 1....

Damain Ansac Buffet, Sydney, Signatures UM Commell-Highly President.
Date 1 JUN 1919 ONTERMED To the Comment. THE DISEMBARKATION MEDICAL HUARD, BYDNEY. JUN 11 1919 2-4.MILITARY DISTRICT huraacomb. APPROVED. 1 Director General Medical Services. REO. P. M. U., and A.d.

Notes by S.O.I. and R.S.

DISCHARGE 26 9 19 RO134

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the squere of invalids returned from overseas. Question 15 will include in its Answer a detailed unterdal account of the needless continued to the patients on information. On continuent of the patient of

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DATE.	Form B, 103. Received PURPORT.
20 MAY 1919	N.O.K. Advised returning to Australia form 7 and Care Sure
	Discharged 2 M.D. arg.
P.M. Form	7 Returned to Unit 1.0. U.T. 2N.D. 7/1/390.00.
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7019.	
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