BUYY SI Edi	munds A	28	DECIDENCE GE	Army Form B. 2512.
Bury (Fo	1/.		NOF	29 4 6-16
No. 1394-	Name Les #	1	Corps ST, EDMUI	27.
Forces, naval or : 8. Are you willing to 9. Are you willing to	Address Rear While Badwell Bad	3. 24 a jesty's 3	John a bedh	Mouths —
For the duration of the form o	Notre, and do you under to gate it to you? osere upon the following conditions: of the War, at the end of whose required to serve for one my Reserve, in accordance with until such time as you may be completely depote of Mounted attorn of hostilities until you exceed six months.	nditions provided His Maj hich you will be discharged day with the Colours and t ith the provisions of the I be called up by order of th Units, or as a Clerk, etc., y ur services can be spared,	jesty should so long Id with all convenient the remainder of the Royal Warrant dated the Army Council. If you may be retained but such retention	ove answers made by me to
George	Elgur g	- Back		NATURE OF RECKUIT.
I, Jeo I will be faithful as that I will, as in d	nd bear true Allegiance to luty bound, honestly and all enemies, and will obser as set over me. So help me	o His Majesty King Go faithfully defend His Maj	sw eorge the Fifth, His I esty, His Heirs, and St	ccessors, in Person, Crown
The Recruit above would be liable to be	CERTIFICATE OF ove named was cautioned be e punished as provided in	MAGISTRATE OR A		
The above quest I have taken ca	ations were then read to the are that he understands each said Recruit has made and	e Recruit in my presence. ch question, and that his a signed the declaration and	answer to each question	me at folehister
If enlisted by original attestation. Date 1900	this Attestation of the above been complied with. I so special authority, Army F	Certificate of Approving ove-named Recruit is corrected approve, and a	Officer. rect, and properly filled	d up, and that the required RARGA PERSON
*If so the Beamin		oving Officer is to be all in for which the Recruir		Picham and Signal Char
"If so, the Recruit sactor, which should be ret re-enlisted in the (Regime	is to be asked the particulars of hi turned to him conspicuously endor ent)	is former service, and to produce, reed in red ink, as follows, viz.— on the (Date)	, if possible, his Certificate of (Name)	Discharge and Tilicate of Char

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)

	Applicable to	all ranks.	
Name Leonge	Herry Roo	Karo	
Particular Programme and Tolking	6 years months.	Height feet	84 inches
Chest Measurement	Girth when fully expanded	inches.	
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Name and Address of	next-of-kin Que has	1	White Home
The state of the s	Particulars as t	Relationship W	
(a) Christian and	Surname of Woman to whom married, and where (c) Present address. (d) Initials	o Marriage. hether spinster or widow. (b) Place and date	of marriage.
(a)	0 (6)	or Officer verifying entry.	(d)
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	Particulars as	to Children.	
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Instruction †			
This includes any authorised class of instruction, e.g., in swimming, chiropody, &c.			
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⁽a) In the case of a man who has re engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shosing-Smith, &c.

W. 8635 - M2733 2000m 9/17 (386H; C. P. & S., Ltd., Form B./103 E/1807.

	Report	Record of promotions, reduction a transfers, casualties,				
Dute	From whom received	13.213, Army Form A. 36, or in other official documents. The authority to be quoted in cach case.	Place of Casualty	Date of Casualty	Taken from Army Form B.213, Army Form A.36, or other official documents.	
		Discharged	Garner	5 40		
		(Para. 392 (XVI) K.R.)				
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Wused only Ar Special Reserv	ve Recruits, and the Special Reservis	ts enlisting into the R	egula Army.
Surname Rookard	MEDICAL HISTORY OF Christian Name	Pene Hold	My A
TOOPEN		7 400	1
Birthplace :—Parish _ A	County BESERVE	SNE REGULAR 4	BMY. ALMIN
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Declared age	years days	26 years	days
Trade or occupation	ingla	12 mange	s ans
Height	feet inches	S- feet	8 4 inches
Weight	lbs.	2'-	139 lbs.
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(Number		Kelman N Lym	refuse
When vaccinated	DW V	RK-V-6/6	6/9
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ì	agay har	(a) 7°	1
(a) Marks indicating congenital peculiarities or previous disease	V - 1	Yer, bad ?	aligone Van
		de leg, ship	
7	(6)	(in 4 leg	- Paliated le
(b) Slight defects but not suffici- ent to cause rejection	, CLASIFIED AS	bandage	
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MAJR. Approved by (Signature)	A.M.C PRES. RM BO	June wat	oad 7
(Rank)	STING MEDICAL BURY ST EDS!	RAGatil	ing
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100 mg	All the second s		A STATE

	Admitted to	D. 1		as to hospital or to the sigk list in the case of Warrant Officers treated in quarters.
Name of hospital	Admitted to hospital	Discharged from hospital	Discase	Number Remarks bearing on the cause, nature or treatment of the case likely to be of leaves
	Day Month Year	Day Month Year		Number Number di daya. in hospital Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. I syphilis, admissions and re-admissions. The subsequent progress, including of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet
1608	15 / 17	6 2 17	Bronelistis.	23 Chiw . 3. catarah · Experterant
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outher Seven	19.8 18		Varience Rim	The Rejoin Reed Light Duty
cy morning				- las not improve Consitione 1-14

And the second second second second second

STATEMENT BY A SOLDIER CONCERNING HIS

OWN CASE

Note	This Form is to be filled in by every soldier prior to the compilation of Arm patient in hospital or not, and attached thereto. The questions are to be own words, and the Form is to be signed by him and the signature witnessed, being unable to write he should affix his mark, such act being witnessed.	y Form answer In the c	The or the soldier	37
	* / · · · · · · · · · · · · · · · · · ·			

Regimental No. 1. 3. 94. 74.

Rank .. Gunnes

Name Rookard

(Surname)

Christian Names

Unit and Corps ... R. G. A.

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

Note. - Before answering the questions below, the soldier is to note that

(a) In what countries have you served during this war, and for what periods?

England Liventy lis Monto

(b) In what capacity?

London Ante Aureraft Defence

- 2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.
 - (If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

afes Jam Suffering with diseased Various after the both legs which started about 6 years ago which started about 6 years ago which started about 6 years ago which started about 6 gears ago which started about 8 have been in the about 8 had the legs operated upon 8 the 8 had the legs operated upon 8 the continual walking about 8 have been much worse they have been much worse

8.	Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.	Southwark Military Haspital or Dukurch hum oferated on with my
_		lago Head Herfilal Devertor
4.	Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.	Afer Continually for 6 years
5.	Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.	Doctor Sydney Brei High St Manningline
6.	Give the name of your National Health Approved Society, and (if possible) your Membership Number.	Prudential Insurance Confanj
7.	What is the name and address of your last employer before joining the Army?	g g Busing I En the But Jeeling all children South Brook Journ Ganglan Suffell
8.	(a) What was your occupation before joining the Army?	Ironmonger Assitant
	(b) What was your trade before joining the Army? (To be checked by A.F.B.61 or A.F.B.103.)	Unget gonnent Work
	The above statement has been read	over to me; I agree to it, and have nothing further to add. Signed (Soldier) 9.8. Rockward. S.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge and in cases of discharge under para. 392 (vi.), Khara Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transferred (Disco Por P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

M-1:1	D .		us Form is to be se	ent to the Secretary.	Royal Hospital, Chelsea,	S.W. 3.
medichi	Report of	D & Sold	ior Room	7-1 D ·		September 1
Tranef	er to Class	117 117	(T) D	ded I Hor	to Discharg	e or
01101	er to Class	w., w.	(T), P.,	or P. (T).	to Discharg of the Reser	
	120			(-),	or crie 1/696L	ve.

Transfer to Class W., W. (T), P.,	or P. (T), of the Reserve
1. Unit and Corps	7. Former Trade \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2. Regtl. No. 139 474 3. Rank Pry	or Occupation & monges amoles
4. Name Kookan Sen Eja	7a. If the soldier claims previous service in Army, he should state—
5. Age last birthday 29. (Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
6. Posted for duty on 29. Security at Bruy & 2	Norapplicable
in category (or grade)	RECHARGENERAL
8. If the disability is an injury was it caused	C. A. CO. VEO 6 MAN 1. 0.32 8
(a) in action (b) on field service (V. (1)	TE OCT 19 3 SEP 1010 E
(c) on duty (d) off duty?	(b) Date of Discharge :
9. If a Court of Inquiry was held on an injury state:	(c) Cause of Discharge.
(a) When	
(b) Where (c) Opinion of Court	(d) Particulars of Pension or Gratuity (if any)
Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (sis seen by the Officer in charge of the case.	statement by the soldier) completed before the soldier
Note.—The answers to the following questions are to be filled in by the in the invalid's military and medical documents. He will also carefully disting the sase. 10. If brought forward for invaliding disability.	Medical Co
10. If brought forward for invaliding disability	, state that cases are due to venereal
(Other disabilities should be reported upon in answer to ques	tion No. 19). If no disability enter "nil."
11. Date of origin of disability. almit .912	in rigi.
12. Place of origin of disability England	With
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.	ical Care her
History Sheet bearing on the case and in other relevant official documents. Mylly also to up 1/-5-17 Varies of the Case Rev august 1914 "Varies of the Case Rev august 1914 "	Las Variose Pensa-leg-
11-5-17 Varian	rein With Pool & grand in
med. Case Red augus 1914 "Varie	ne reins terce
- The same	a lens deree

14. State whether the disabilities are (a) attributable to (b) aggravated by	
(i.) Service during the present war	NOTES.— being invalided,
(ii.) Previous active service	information to
(iii.) Climate in pre-war service	Expression
(iv.) Ordinary military service before the war	(a.) The
(v.) Serions negligence or misconduct on the aman's part.	the present war. diseases in pre-t the cause of a di
14 (a). If not due to any of these causes, to what specific condition do you attribute it?	21. Give diagno
and the second s	(a) Any
15. What is his present condition? (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) Contage. Laws on	(b) The
lors lego below knees for excision	9
16. Was an operation performed? If so, when and what	22. State whet
was its nature?	(i) Serv
17. If not, was an operation advised and declined?	(ii.) Prev
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease	(iii.) Clim
directly attributable to active service or through	(iv.) Ordi
service under such conditions that dental treat- ment was unobtainable?	(v.) Seri
19. Give particulars of any other disabilities existing, but	
not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?	G
is a second of the second of t	22 (a). If not
20. Do you recommend—	23. Is the dis
(a) Discharge as permanently unfit?	
(b) Change to United Kingdom?	. (a
Note—(b) is only applicable to soldiers invalided at Foreign Stations. ER. Q+C Medical Officer in charge of case.	(6
Station	
Data Seal-19-18.	

· Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that

it is due to some other cause

OPINION OF THE ME

NOTES.—(i) Clear and definite answers are to be f being invalided, it is essential that the Minister of Pensie information to enable him to decide upon the man's clair

Expressions such as "may," "might," "probably."

the present war. (b) Due to causes not connected with the present war. (c) Due to causes not connected with the presents in pre-war service. (3) Ordinary military service before cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:-

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

hre

22. State whether the disabilities are :-

- (i) Service during the present war
- (ii.) Previous active service...
- (iii.) Climate in pre-war service
- iv.) Ordinary military service before the war
- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?
- 28. Is the disability in a final stationary condition? If
 - (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

at is the degree of disablement at which, in the Board's pinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army 25. If an operation was advised and declined, was the refusal unreasonable? It the Military 26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? with the Civil-ian Members, he to state (b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a tion) ? If the soldind that the soldier has suffered any and the bo health since his entry into the been impai Grade IV, into the She has not giving the e his entry commended on Army Form is to be equantion, journey home? (b) Transport from railway station to his home? (c) The constant attendance of another person in his own home? President or Chairman. Members. Discharge Approved under Para. 392 (xvi) King's Regulations. Only applicable COL RAM.C.T. in cases of Patients in Charge Central Hospital II Hospitals Station PEYMOUTH) King's Regulations. Discharge Approved under Para. 392 (of the Reserve. or Transfer Approved to Class (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)). O.C. Discharge Centre.

Award Sheet.—First Award.

Code Number 4820 11245

urname Rook and	Christian Names Georg	e Edgar	
tegiment RSA 57 a	. Q. Bly. Rank gm.	Regtl. No.	139474
Date of Discharge 5.10.1	8		
Sause of Discharge Son Army Form B. 268	ically unfit 392 TVI	KR	
SERVIC	E. FO	REIGN SERVICE.	
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Och	1/2		
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Init. Date.	AWA	ARD,	
A.F. W. 3472 not sent 7 . &	Pension, Gratuity, or Wookly Allo		Number of Children, nd Allowance Granted.
Alf to Records k	Danier Davis [Och	1	3
L.C. 7, &c., to man Notification to I.O. (Card and D. 400)	Varicou Veins (agg.)	1	
Notification to I.O. (Card and D. 400)	125.0.0.11 f2/11	0.0	
AP to W.P.C 1	Proposer's Signature and Date	115 10 18	
Record Card Completed MA 978	Awarders' Instruction	12.15	Initials and Date when issued.
Entered on S.B. 1 9n.10.0.4-11	8		
Entered on Condi- tional List	-	•	10-11
W.			
Examined by F. Branch	Particulars of any Pension or Gratuity awarded in respect of previous service.	To be left blank for away	ard of Service pension ommissioners.
Form 90.	Pension Expires :-		y1 -, y 1
(18278.)—8.	- 		