

a 4 Section AUSTRALIAN Attestation Paper of Persons Enlisted for Service Name | Surname UTHERS in full (Christian Name Sth RE. Unit Mana BATTALION. nai Joined on Questions to be put to the Person Enlisting before 1. What is your Name ? 2. In the Parish of 2. In or near what Parish or Town were you born? near the Town of in the County of 40 0 AL austra 3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) 10 ac 4. What is your Age! Wood Machinis 5. What is your Trade or Calling ! 6. Are you, or have you been, an Apprentice 1 If so, where, to whom, and for what period 1 ... ... Thom 7. Are you married? ... 8. Who is your next of kin! (Address and relationship to be stated) ... \*\*\* \*\*\* The answer to this question shall not be construed and in the nature of a will. 9. What is your permanent address in Australia ! 11. Have you stated the whole, if any, of your previous service! 12. Have you ever been rejected as unfit for His Majesty's Service! If so, on what grounds! ... ... 13. (For married men, widowers with children, and soldiers who) are the sole support of widowed mother)—

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? 14. Are you prepared to undergo inoculation against small pox and enteric fever? 120 by me to the above questions are true, and 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 I further agree to allot not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife.\* † Dopm Lethers Date 21.5 / 9 Signature of person enlisted. This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.
 Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

D.540/2.15 .- C.5397.

### 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 maturalization 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.)

Dalo 21 May 1917

Blacey Leest
Signature of Attesting Officer.

### OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

3, Cohr. Buthers	swear that I will
well and truly serve our Soversion Lord the King in the Au	etualian Immedial Passa
from 21 May 1 9/7 until the end of the War, and months thereafter unless sooner lawfully discharged, dismissed, and that I will resist His Majesty's enemies and cause His	
kept and maintained; and that I will in all matters apper faithfully discharge my duty according to law.	

So HELP ME, GOD.

John Suthers

Signature of Person Enlisted.

this 21 day leventy forst of May 1917, before me—

Signature of Attesting Officer.

<sup>\*</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.

Description of John Seth	s on Enlistment.
Age 44 years — months.  Height 5 feet 2 inches.  Weight 12 6 lbs.  Chest Measurement 31 33 inches.  Complexion Fair  Eyes 3644  Religious Denomination Muthodist	DISTINCTIVE MARKS.  DISTINCTIVE MARKS.  8 6/9  6/9
CERTIFICATE OF MEI	DICAL EXAMINATION.
I have examined the above-named person, as following conditions, viz.:	nd find that he does not present any of the
of vision, voice, or hearing; hernia; hæmorrho marked varicocele with unusually pendent test ulcers; traces of corporal punishment; contra of spine; or any other disease or physical de of a soldier.	icle; inveterate cutaneous disease; chronic cted or deformed chest; abnormal curvature efect calculated to unfit him for the duties ther eye; his heart and lungs are healthy; he
I consider him fit for active service.	
Place Opswies	Mus Cellus Con Signature of Examining Medical Officer.
CERTIFICATE OF COM	IMANDING OFFICER.
I CERTIFY that this Attestation of the the required forms have been complied with.  REINFORCEMENTS  to	e above-named person is correct, and that I accordingly approve, and appoint him
JUN 1 1 1917	- Hosensfor Lx
Place RANGE GAMP.	Commanding BATTALION

I have examined the above details, and find them correct in every respect.

	146890 1000
36922 USTRALIAN	MILITARY FORCES.
AUSTRALIAN IN	APERIAL POPCE
	o/6 Forson 2/2
Attestation Paper of Persons	
	THERS
Christian Name	JOHN REINFORCEMENTS
Joined on 21 Y	War 1015
	son Enlisting before Attestation.
1. What is your Name!	1 John Duthers
	2. In the Parish of in or
2. In or near what Parish or Town were you be at	near the Town of Asswell
	in the County of Queensland
he tish Subject! (N.BIf the latter, papers to be shown.)	3. Matural Born
4. What is your Age?	" 44 years
5. What is your Trade or Calling 1	5 Wood Machinist
6. Are you, or have you been, an Apprentice! If so, where, to whom, and for what period!	6 5 years. Thomas Haucock Ipewich
7. Are you married 1	& Wife . Worellen Deither
8. Who is your next of kin ! (Address and relationship to be stated)	Pine Street, North yourd
The answer to this question shall not be construed as in the nature of a will.	
To the second se	o Pine Street
9. What is your permanent address in Australia 1	Queen clause
10. 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 1 If so, state which, and if not now serving,	10. No
11. Have you stated the whole, if any, of your previous service!	11. · tyes
12. Have you ever been rejected as unfit for His Majesty's Service! If so, on what grounds!	12. No
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—  Do you understand that no separation allowance will be issued	13. Mes
in respect of your service beyond an amount which together with pay would reach eight shillings per day?  14. Are you prepared to undergo inoculation against small pox.)	
and enterio fever!	11. 70
by me to the above questions are true, and I am willing and he commonwealth of Australia within or beyond the limits of the	do solemnly declare that the above answers made ereby voluntarily agree to serve in the Military Forces of the Commonwealth.
And I further agree to allot not less than three fifths	of the pay payable to me from time to time during my service
for the support of my wife and children.	John Sathers
Date 21 May 1917	Signature of person entisted.
D. May 2.16. — 0.2307. This clames should be struck out in the case of unmarried to Two-fifths must be allosted to the wife, and if there are all	then or undowers without entered under 18 years of age. ildeen three-fifths must be allotted.

8.3

ON THE.

THE CHIEF PAYMASTER.

# ADMINISTRATIVE HEADOUARTERS.

# Non Effective Statement.

THERS. J.		Unit 42nd Btn .
42nd Btn.	Date of Embarkation.	14.6.17.
	Date	Reference
		/
OF CASUALT	Y 6.11.17	CIBL.2003. A.F.A.27. A.F.B.2090.
	42nd Btn.	A2nd Btn. Date of Embarkation.  Date

(Sgd) | H E Wawn Capts Officer i, c Non Effective Records.

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 21 May 1917

Bignature of Attesting Officer.

### OATH TO BE TAKEN BY PERSON BEING ENLISTED.

3, Sem. Outhers swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 2 May 1917 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, 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.

John Suffers

Signature of Person Enlisted.

the State of Occurs land Australia
this 21 day Liverly Lors! of
May 1947, before me—

AS Pacey Lieut Signature of Attesting Officer.

<sup>•</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.

# FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGI	IMENT)
CO	or A2nd Infantry Battalion, Squadron, Troop, Battery
CO.	RPS A.I.F. Troop, Battery or Company
Regtl.	No 3382. Rank Private.
Name_	
-	SUTHERS. John.
	Det
	Date_6th November, 1917.
Died	Place Borough Tooland
	Place Borough Isolation Hospital, Maymouth, England.
10	Cause of Death* Died of Disease. (Cerebral Spinal Meningitis.)
	- Jacobs (Gerebral Spinal Meningitis.)
1	Nature and Date of Report Army Form A.27. 7.11.17.
	By whom made O.C., Military Hospital, Weymouth, England.
* Specially	
	exposure while on military duty, or from injury while on military duty.
,	Place Holy Orange and
	Place Holy Trinity Cometery, Weymouth, England, Grave Ho. 2277.  Date 8th Margaret Ground.
Burial {	Date 8th November, 1917.
THE RESERVE OF THE PERSON NAMED IN	
	By whom reported Chaplain, Monte Video Camp. Weymouth, England.
	, weymouten, England.
	(a) in Pay Book (Army Book 64)
tate who	ether he leaves / (h) in Small Park (Co. 1)
as Wi	ill or not (b) in Small Book (if at Base)
	(c) as a separate document
A 11	

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Epeditionary Force, or Field Disbursing Officer as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Capt.

Office at the Base for Officer 1/c Records.

Administrative Headquarters, A.I.F.

Station and Date London, England.
We 12929/4141 400,000 A73h November 100,001 A73h November 100,001 A73h November 100,001

Age 44 years months.

Height 5 feet 9 inches.

Weight 126 lbs.

Chest Measurement 31.33 inches.

Complexion 4 win

Eyes Blux.

Hair 4 acri

Religious Denomination Methods/

CERTIFICATE OF MEDICAL 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; defective intelligence; defects of vision, voice, or hearing; hernia; hemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for active service.

Date 21 May 1917
Place 2 pawiels

Signature of Examining Medical Officer.

### CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him

Date JUN 1 1917

Place RIFLE RANGE CAMP.

Mosenospari LK

Commanding Stee BALLAND

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.	A Romarks.
		From- To-	1111
Engineery	Sefer.	2 9 MAY 19179 -6-1	7 O/C. Engineers.
8/42	Phi	9/6/17	Caigineers.
		EMRARKE	DSYDNEY
		THA NSPOR	F A.20.14/6/17
	A20 Embarsec Sydney	14-6-17	
0.	locqrevid und enid	20-9-17 LR,7364	
140	adn. 1st A.D. H. Bulford Carcenoma of mucus. I membrane L. angle of V.R. 130.		\$649/4435 €
and to you the	V. R. 130.	Jan 27-8-1	7 29-9-1
Pla	my Ila Ing Ista Karkha	australia 27/8/17	\$1050/4910E 6
42 nd Bn.	Coliect of Disease.		69322003
	Theningicio		2056/ 5394 5
tal a production	Sporough Toolation		
THE PERSON	and the state of the state of	Jeymoulk 6-11-17	
	Buried at Holy Tourity & emeling Weymouth & Grave has 22/1/2 Section 13. Consecrated Fround 3.17.35/2.	8-11-17.	9:0.86/8563
	ALCON THE SECOND	TE KI	
tale bas at 1			

I have examined the above details, and find them correct in every respect.

to Will 40 Shore 21/7/14

Period after which Interment may take place		Major. R.A.M.O.K.
Time and Place of Death	4. 20. p.m.	Cor Medishee
Age Religion Disease	Gamed. Shell Gas. (Burns)	Mond M
Religion	Ho.c.	
Age	4	ers
Name and Corps Age Religion Disease Place of Death which Interment	Pte. HAWKES, S.J. 27th A.I.F. "B" Go.	The The Officer 1/c Records, Administrative Headquarters, A.1.F. 150 Horseferry Road.
Rank	Pte.	The Offi
Regti.	5861	

Medical Officer.

John Vrte) 13 5262	
Surname Cother Names 1/2 Regimental No.	8/42nd.Btn. Unit.
PURPORT.	AUTHORITY.
Imbarked at Sydney per "Hororata" on 14/6/17.	
27.8.17 Marched into 11th Tng Btn Larkhill from Aust.	LON 50/6-17
6/9/17 Trans. fom 1st A.D.H. to 1st A.A.H. Harefield.Balanttis	
Carcenome of Mucus membrane L. angle of jaw.	1B-322/30-17
Mucus Membrane 1ft. Jaw.	TR. 217/22-17
17/9/17 Dis.from 1st Aux. to pis. to Weventh. Care name Membrane	
Jaw	18.31702-17
6/9/17 Trans.from 1st A.D.H. To 1st A.A.H. Balanttis	
	IB. 318/20-17
	IB. 415/26-17
27-8-17 Admist A. D.H. Philtond Chrosoph. of Manhan	
	1.07 10/0-17
6/11/17. Died of Disease at the Borough Iselation Hesp Wevmenth	444
CEREERO SPINAL MENINGITIS.	ENV 55/6-19

	(株)大学を変える
PURPORT	AUTHORITY.
8/11/17. Buried Hely Trimity Cemetery Weymouth Grave No 2277	que e
Section B. Consecrated Ground.	FEN 56/9-17



74517

Dear Madam,

With reference to the report of the regrettable loss of your humbhad, the late No. 3382 Private J. Suthers, 42nd Battalion, I am now in receipt of advice which shows that he died at Borough Isolation Hospital, Weymouth, England, on 6th Hovember, 1917, of cerebral spinal meningitis, and was buried on 8th Hovember, 1917, at Holy Trinity Cemetery, (grave no. 2277, Section "B"), Weymouth, Chaplain A. H. Mitchell, Munte Video Camp, Weymouth, officiating.

The deceased soldier was accorded a military funeral and referring to him Chaplain Mitchell writes -

"The above soldier was known to me. He received every "attention whilst in Hospital and was buried with Military "Honours."

These additional details are furnished by direction, it being the policy of the Department to forward all information received in connection with deaths of members of the Australian

Yours faithfully,

Mrs. F. Suthers.
Pine Street,
North Inswich. Q.

Officer 1/c Pase Records.

THE PERSON CHETENENT NO. 10 - 10 MAIN OF THE PERSON OF THE CITETINS LAND.

Form Z.3.

THE WALLE

Statement No. 170

9:1:18.

# WAR PENSIONS ACT 1914-1916.

Containing 24 sheets Showing Grants, Alterations, and Cancellations of Pensions (together with date from which such action took effect); also Rejections of Claims and DAILY STATEMENT (MILITARY) Deaths of Pensioners.

que ensignd. State of

Monston granted at 10/- p.f. trom, 12:1:18. STUTTER, John, 5382, Me. S/Lend Pritin. SUMMERS, Albert, MCHT LPSKICH. SUTHERS, Ellen, NORTH IPSETOR. Scn. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was chained ... 2. Full name and address of person for whom pension was claimed .... 3. Relationship of such person to Member 5. Name and address of Trustee (if any) . 4. Result of Chaim

WILL.

In the event of my death I give the whole of my property and effects to my wife

Ellen Suthers

Pine street

Nth. Ipswich

13th August 1917. Queensland.

J. SUTEINS.

Certified to be a true copy of the Will extracted from. Pay Book of Mo. 3382 Pte SUPHERS, John, 42nd pattalion.

Checked, bellace per cpl.

13/12/17。

1 5/8gt.

Idm.Hqrs.

In the event of my death I give the whole of my property and effects to my wife

Ellen Suthers

Pine street

Wth. Ipswich

13th August 1917. Queensland.

J. SUTHERS.

Certified to be a true copy of the Will extracted from Pay Book of No. 3382 Fte SUTHERS, John, 42nd Battalion. Checked by Kompan Cpl.
13/12/17.

dates Branch. Adm. Hors. London.

THE ADMINISTRATIVE HEADQUARTERS AUSTRALIAN IMPERIAL FORCE

## COPY OF TELEGRAM

As shown) Date and time ledged for transmission. 10.15.pm. on cable) Date and time received in London.

No:-70 Date and time received at Administrative Headquarters A.I.F. 7-30-17.

11

From: - No.2 Command Depot.

WEYMOUTH.

To:- Administrative deadquarters A.I.F.

LONDON.

MV/G5141 6-11-17 asa to repot death of 3382 Pte SUTHERS.J.
Borough Isolation Hospital Weymouth from No.5.asa. Next of Kin
Wife Princess Street North Ipswich Queensland ass.Please advise asa
Addressed Salaustra repeated Adminaust.

TWOCOMAUST.

3382 Pte SUTHERS John 42nd Bet talion.

Attested at Tpswich, Queensland 21-5-17.

Age on Attestation 44 years. Rligiem Religion Methodist.

Next of Kin WIFE. Mrs Ellen SUTHERSm Pine Street, North Tpswich

Notification. No card in C.I.B.



QUEENSLAND. DATED 3/1/15

Control of the Contro	
1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	BUTHERS, John. 3382, Pte. 8/42nd Battin.
2. Full name and address of person for whom pension was claimed	SUFFERS, Ellen, Pine St., NORTH IPEWIOH.
3. Relationship of such person to Mamber	Pidove
4. Result of Claim	Pension granted at £2 p. c. from 12:1:15.
5. Name and address of Trustee (if any)	
1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	
2. Full name and address of person for whom pension was claimed	SUTHERS, John, NORTH IPSWICH.
3. Relationship of such person to Member	Son.
4. Result of Claim	Pension granted at £1 p.f. from 12:1:15.
5. Name and address of Trustee (if any)	SUTHERS, Ellen, MORTH LPSWICH.
1. Fall name, number, rank, and unit of Member of Forces in respect of whose death or fineapacity pension was claimed	A CONTRACTOR OF THE PARTY OF TH
2. Full name and address of person for whom pension was claimed	SUTHERS, Redly Jane, MTH IPSWICH.
3. Relationship of such person to Member	Daughter.
4. Result of Claim	Peneton granted at 15/- p.f. from 12:1:18.
5. Name and address of Trustee (if any)	SITTERS, Ellen, WIH. IPSWICH.
1. Full name, number, rank, and unit of Member of Forces in respect of whose death of incapacity pension was claimed	
2. Full name and address of person for whom pension was claimed	SUMMERS, Dorothy Leila, MTH. IPSWICH.
3. Relationship of such person to Member	Daughter.
4. Result of Claim	Pension granted at 10/-, p.f. from 12:1:18.
5. Name and address of Trustee (if any)	BUTHERS, Eller, WIH. TPSWICH.

Pt. Shif from

<sup>(</sup>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) e.g., Signaller, Shoeing Smith, &c., &c., also special qualifications in technical forps duties.

D.902/6.10	D.902/6.16.—C.7216.—SOM.	The state of the s			
Date.	Report.  From whom Received.	ca during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents.  The authority to be concled in each case.	Place.	Date.	taken from Army Form B. 213, Army Form A. 36, or other official documents.
À À N	AUSTRALIA	5. 6 4	y : ) lofty sust	y AUSTRALLA	1.14. 12 4.05 9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3.11.12	7-417 C.S. Mail.	Died of Disease Tentual Spirial Consider Borough Tolatiole	Wymouther	6-11-13	427. 122090 69 134 2003 20.25 55 E 10/11/17.
13-11-17 Monde Va	13-11-17 Colon Carin Change Whombe Willes Course	Buried Hely Trimpy las Legene No 22 79 Lection D. Ground.	makeny Whappe	8.11-12	B. 92357
Muhr.	18.2 Bound	d skick to Burden Story	Weymouth	they.	L. 10300.
1.17	Byrt of Bulmer	Thous lived with consent of from and and the griph of the and all the griph of the and all the following the same of the and all the following the same of the sam	an house	Pair 17.	14m. Holgans 4834/5/7: 7 9.8.7: 112/5/6/8.
	month of the town of the			No. of Persons	

Ward 10 13

CERTI

# MEDICAL CERTIFICATE.

Army Book 172.

		Troop		BANK AND NAME.	-	Years o		DAT	es.	#	DISEASE.	Destination on Transfer
No. of Case.	Regiment or Corps.	Com- pany.	Regt. No.	Surname first. If Married, write " M" under name.	Age last birth- day.	The second second	1 222 2170	Admitted into Hospital.	Trans- ferred.	Religio	(a) Primary, (b) Secondary, (c) Operations,	and to what Respital or Ship Transferred.
0008.	8/44 Bata.		3382.	Suthers John Private	44.	3/12		27-8-17	6.9.7	nes	L. Carcénoma h. of mucus Translate of left angle	nos. A.A. H Hamfield

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

MAJOR

Registrar Ist. A. O. Fiespital

Medical Officer in Charge.

36922\_ Army Form B. 179.

# Medical Report on an Invalid.

medical neport on an invalid.
Station = 1 86 16 34.
12 na Bliff Date 10. 9. 17
1. Unit Had John 5. Age last birthday Lel
2. Regimental No. 3382  3. Rank Ste. 6. Enlisted at Seswich of
4. Name SUTHERS Colm 7. Former Trade Nood - Machinish
s. Disability.
Carcinoma de Mucous hembrens
Carcinoma of Mucous hembrana of letter angle of Jaw.  Statement of Case.
Statement of Case.
Note—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases
entirely due to venereal disease.
9. Date of origin of disability.
9. Date of origin of disability.  10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing
on the case. way over from auch alia he whice
a little son on mucous membrane of
left ande of law. 70h - les and a s
was treated with Marcures Pello Was Sent
to Bulf and Hospain al last winouth
(august) where diagon -: 570.
(august) where diagnosis of Carcinom
12. (a) Give your opinion as to the causa
tion of the disability.
caused by active service, climate, or ordinary military service, ex-
plain the specific conditions to which you attribute it (See notes on page 3).

13. What is his present condition? there is a growth of left Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. angle of Jaw. In the mucous membrana aschanding over on to sof-topalata. He has considerable bain which provents him from Sleeping of Enlayed plants in wech hive below angle

- 14. If the disability is an injury, was it
  - (a) In action?
  - (b) On field service?
  - (c) On duty?
  - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- Was an operation performed? If so, what? 16.
- 17. If not, was an operation advised and declined?
- In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly attribut-able to active service?
- 19. Do you recommend
  - (a) Discharge as permanently unfit,

(b) Change to England?

Otheer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except†

Station

15 SEP 191 EFIELD, MIDDLESE

RALIAN AUXILIARY

W. T. Clayered Lyn

not afosol cable

Officer in charge of Hospital.

Date\_

<sup>\*</sup> 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.

† Delete this word if no exceptions are to be made.

# Opinion of the Medical Board.

Norss.—(i.) Clear and decisive 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided,
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1185, Pay Warrant, 1913.)
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.
- (a) State whether the disability is the result of (i.) active service, (ii.) elimate, or (iii.) ordinary military service.
  - (b) If due to one of these causes, to what specific conditions do the Board attribute it?

Fot Not bany ofter.

- 21. Has the disability been aggravated by
  - (a) Intemperance?
  - (b) Misconduct?
  - (e) Any of the conditions mentioned in question 20, and if so, which?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?

To be stated in months.

- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a licelihood, estimate it at 4, 1, 4, or total incapacity.
- 24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend friend
  - (a) Discharge as permanently unlit,
  - (b) Change to England?

Half

y.

list advises

P. W.G.S. wolf.

Signatures :-

STRALIAN AUXILIAN

Station\_

Date

15 SEP 1917

Approved.

Station\_

Date\_

Jahich May Coll

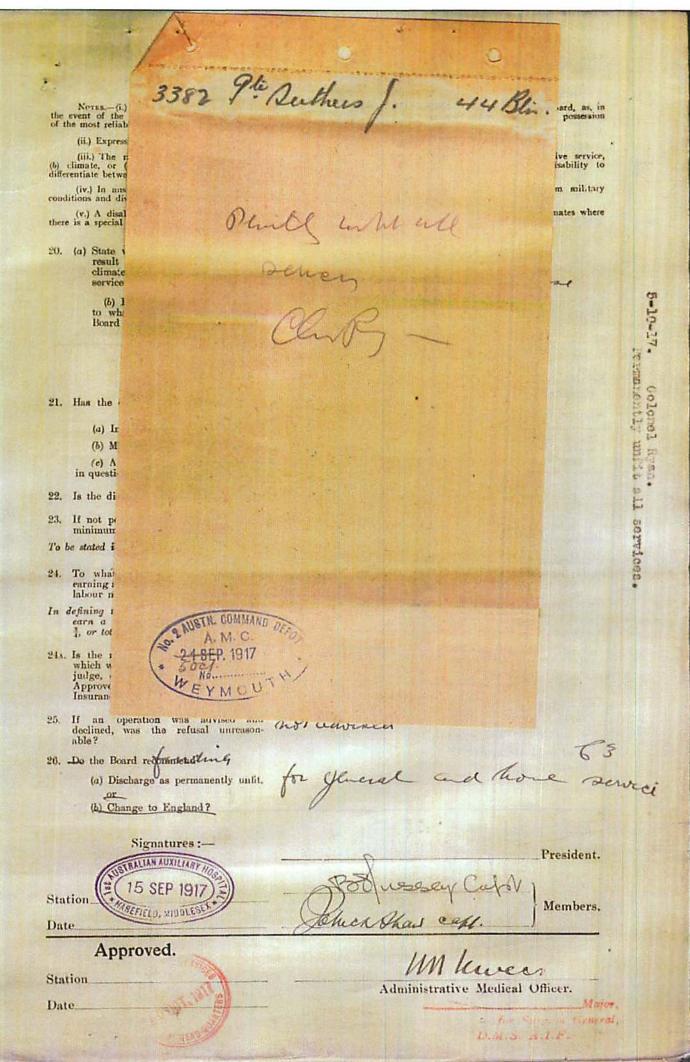
Administrative Medical Officer.

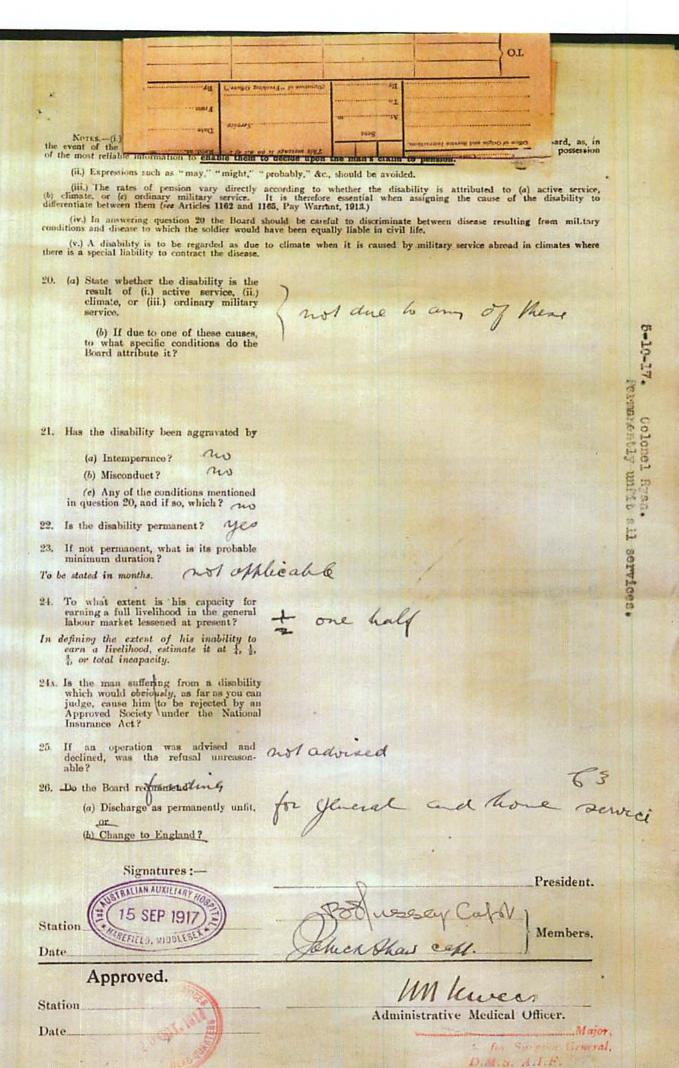
for some Control,

{ Date   Station	114,041 (.4)		Comment	
{Date Port			Conveyance	
Port		- Name	Vessel	
		of	Officer in medical charge	
	marks on case during	transit and state on	(medical charge) transfer for final disposal.	
Britain State		, and state of	transier for final disposal.	
16.7 *	in a			
Date				
Hospital or Station			Officer in n	nedical charge.
(At	Station or Hos	rital where find		
			3	
Jan Market				
		Date		
		Disease	How finally	Date of
From To			disposed of	Discharge, &c.
	The same of the same of			
		7 11 11 11		
		stions 22, 20 iii	au 24 are concurred	in.
l Medical				
Medical How finally the original	Hospital or Station transferred to for final disposal  Date of final disposal		Administrative Mo	edical Officer.
	Hospital or Station  (At d)  If under treatmen  From To  tatement as to station, or to	(At Station or Hosp  (At Station or Hosp  d)  If under treatment From To  Itatement as to condition on extation, or to depot. In cases	(At Station or Hospital where find d)  Om Date  If under treatment From To  tatement as to condition on discharge, and o station, or to depart In cases of discharge.	(At Station or Hospital where finally disposed of.)  Date    If under treatment   Disease   How finally

nammock Army Form B. 179. Medical Report on an Invalid. r. a.a. H Station Date. 1. Unit Age last birthday 2. Regimental N Enlisted PTE. swith L 4. Name SUTHERS 7. Former Trade) or Occupation lood- brachinist 8. Disability. Carcinoma of Mucous membrane MI Statement of Case. Note - The unswers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease. Trobably prior to enlistment. 9. Date of origin of disability. 10. Place of origin of disability. 11. Give concisely the essential facts of the Enlisted on 21st may 1917: Un the history of the disability, noting entries on the Medical History Sheet bearing way over from Annhalia he on the case. noticed a little sore on the mucous membrane as left angle of Jaw. Reported sick and was Treated with mercury Pills. Was sent to Bulford Hospital last month ( august) where diagnosis of Carcinoma was made. (a) Give your opinion as to the causation of the disability. Trobably prior to (b) If you consider it to have been caused by active service, climate, or ordinary military service, ex-plain the specific conditions to which you attribute it (See notes on page 3). 1533

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(On leaving Corps or Station where invalided.)

Re-transferred   Date   Station or Hospital where finally disposed of.)   Station and   Hospital   Date   Date   How finally   Date   Date   Date   Date   Discharge, &c.	ation	Port	Brief, remari	Officer in   Officer in   Brief remarks on case during transit, and state on transfer for final disposal,	Of (micro	Officer in   Officer in   medical charge   state on transfer for final disposal,	
(At Station or Hospital where finally disposed of.)  Inder treatment  Date.  Date.  How finally disposed of disposed of	e-transfe	rred Hos	pital or }		,	Officer in m	edical charge.
Disease How finally disposed of	ration an Hospital rrived fr	- d	(At S.	ation or Hospital u	phere finally o	lisposed of.)	
From To Disease How finally disposed of	f admitted	Ifundert	treatment				
The same of the sa	Date	From	To	Disense		How finally disposed of	Discharge, &c.

Detailed statement as to condition on discharge, and whether discharged as an invalid, to corps, to station, or to depôt In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Administrative Medical Officer.

Station

Corps

Rank Name

Disability

Date

Regimental No.

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

Date of final Medical Board, or decision

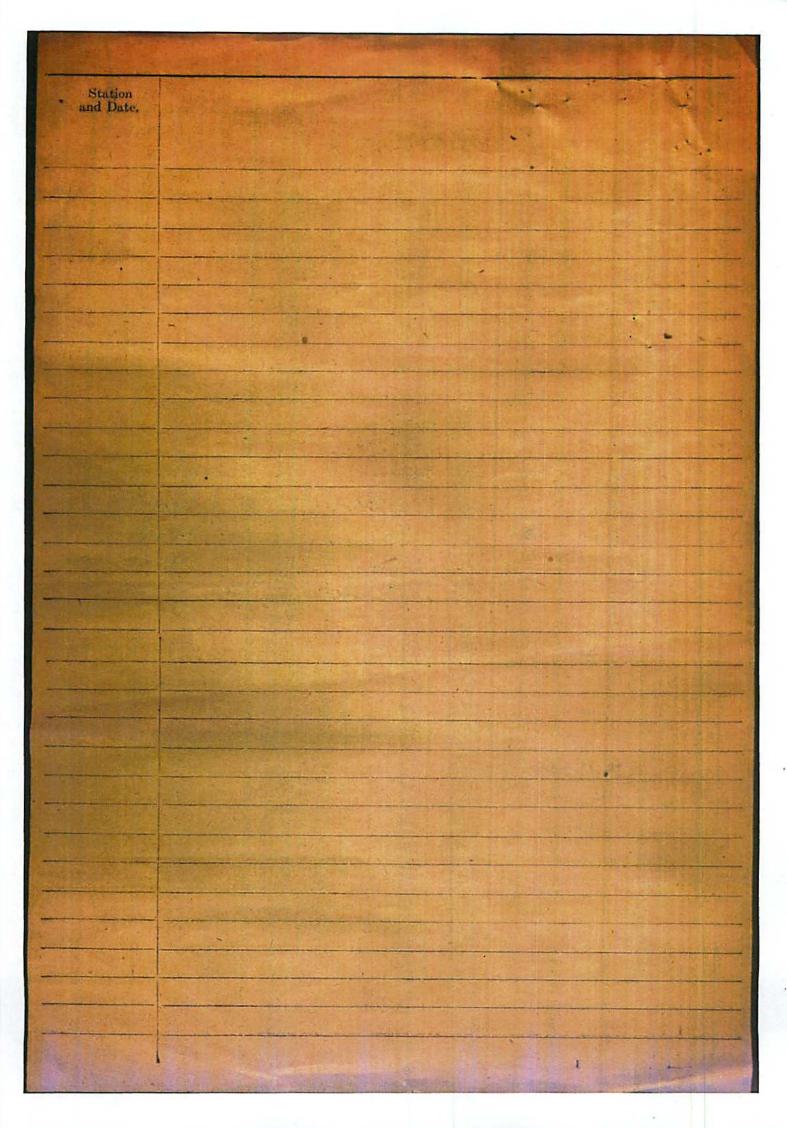
The original Report is invariably to accompany the discharge documents of invalids.

Army Form B. 179.

MEDICAL REPORT ON AN

INVALID.

A6725. Wt. Wasriff, Mioga. 500,000 12/16. D.D. &L. Seb. 21, Ferms B. 179



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, 178^ to be used for Special Reserve recordits and Special Reservists enlisting into the Regular Army,

, Yaccination, in Yaccination, in Yaccination	Calupna to si	Source Court	ristian Mame TABLE III.		oldaT lavoneD-J MARAT	- empuing
exalmolates; exercited in a series	fagement, or al Appliance i Details and Sign	atment, etc.	Service, Externor of Service; Is of Dental Tre			Birthplace Con
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Date of departon, or diserobarkation.	Dale of strivel or embarkation,	popehlp.	tT to polisi2	191 .ovHeghi. No.	day of Corps.	botelinii go
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					Eq marto	фесила вол-еце
						(*************************************
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# TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital		Disc	harged Hospita	from	Diseaso	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and	Signature of	
	Day	Month	Year	Day	Month	Year	Director	of days in Hospital	be given in the special syphilis case sheet	Signature of Medical Officer
Mitery Rospital.							· Balanias		Transferred to no. A. A. H. Harefield End	entity MA
Bultord.	27	8	רו	6	9	17	Non reneval.	11.	for Featment Carcenoma of Romeranton A	D. Hospital
***************************************									mucus, membrane of right angle of jaw	No.
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										and the same of th

# Report of Death of a Soldier to be forwarded to the War Office immediately after the Date of Death.

regiment 42nd Bs	ttalion.	Squadron, Troop, Battery, or Company:	A. I. È.
Regimental No. 3382	Rank:	PRIVATE	•
Name: SUTHER	5 5		
Date and place of birth:			
Trade or calling: 700	D MACHINIST.		
Enlisted, when and where:	QUEENS LAND		
(Date: 7.20 p.m.	6th HOWEMBER.		
Died Place: BOROUGH			
	EREBRO-SPINAL B		
* Specially state (1) if killed in act	ion : or (2) if died within tw		ived in action ; illness due to field
Pay-list, or (in India) Casu Return, with which the s effective account will prob be forwarded to the War Of	mity non- ably		
Will, if any left:			
Whether in receipt of an an for meritorious service or tinguished conduct:	nuity dis-		
Medals, if entitled to any :	1 manual		
Whether known or supposed to have been married:			
	MRS. E.SUTHE	RS,	
Name and address of widow and children, if any:			
		EMSLAND, AUSTRAY	IA.
Whether the gratuity auti Pay-warrant 1899, has been			
	WIRE.		
Latest information as to kin (if any known), with address:	AS ABOVE.		
Small book to be forward	led with this report.		
I нашках савтич that	the next-of-kin has been	ı informed.	
	五夫 Commanding	Squadron. Troop.	. Regiment.
Station and date: Weynton	ith. 9.11.17,	Transmitted W Ole	lian Commanding Commanding
	0	north authors	Regiment.
000/8/11-11014			



# Quadruplicate. B. R. 354.

#### AUSTRALIAN IMPERIAL FORCE.

BUREAL REPORT RECARDING PUBERAL OF BACE

240 Ronk. Full Romon. springs. John.

Unit. dand Ba. Boligion. Methodist. (Age of Death) 44 years.

Born' Isolation Hospital, Weymouth, 6.11.17. Date and Place of Death.

Date of Interment. 8. 11. 17.

Particulars of Comptery. Holy Trinity, Weymouth.

Senarate Grave Ho. 8877. Section. aBu.

If Commented Ground. Consequated.

If Hilitary or Private Puneral. Bilitary.

Home, address and denomination of officiating clargemen.

A.H. Mitchell (Charlein) Monte Video Comp. Vermouth.

Undertaker's seps and address.

J. Brown, Weymouth.

Condition and class of coffin.

Blm. Drace Pittings.

Dames and addresses of relatives or friends present at funeral.

#### REMARKS OF INTEREST TO BEEN OF MIN.

The above soldier was known to me. He received every attention whilst indepital and was buried with Hilitary Honours.

(mad) A.H. Hitchell Signature.

Capt. Chaplein. Bank.

Kente Video Comp. Address.

Waymouth.

Hovember / 3th, 1917. Dog book



sent of Kin. Hife.

Mrs. Blien Suthers. Pine Street, Borth Ipswich, moonsland.

Attested of Ipswich, unemaland on 21.5.17.

Special Notification. Bil.

#### WORNING STATE OF SICK.

Talely 7th November

19 27

Sentral Malitary Hospital at Wegmouth. Remained Since SICK OFFICERS Corps Ad- Die Remarks Rank, Name and Corps 12533 REMARKS TOTAL All deaths are aronce so be specially reported to the Officer Commanding the Corpe, and to the Officer Commanding the Station on this portion of the Form, which is also to be used for all communications regarding a death or bertal. REPORT OF DEATH Period after Regil. Time and Place of Death Rank Name and Corps Age Religion Disease which Interment No. may take place 7-30 p.m. 6-11-17 Cerebro-Borough Isolation ba. Epinal Feyer. Thursday, Suthers J. 48nd Batt. Aust.T.P. 3382 Pec. AG Meth.

To Australian T Forces.

and Carroll

Medical Officer in Charge,

M.O. UNINGETARY HOSPITAL MEYMOUTH.

Corps	rps Regtl. R		Names	Age Disease	Dat	e of	Remarks	
No.	No.	Rank				Admission	Discharge	Kemaras
			<b>为"福祉"</b>					
			178					
			1.4					



# Duplicate.

B. R. 35 4.

#### AUSTRALIAN IMPERIAL FORGE

BURIAL REPORT REGARDING FUNERAL OF LATE

No. 3382 Pto Rank. Full Mames. SUTHERS. John.

Unit: 42nd Bn. Religion. Methodist. (Age at Death) 44 years.

Date and Place of Death. Boro' Isolation Hospital, Weymouth, 6.11.17.

Date of Interment. 8. 11. 17.

Particulars of Cemetery. Holy Trinity, Weymouth.

Separate Grave No. 2277. Section. "B".

If Consecrated Ground. Consecrated.

If Military or Private Funeral. Military.

Name, address and denomination A.H. Mitchell (Chaplain) Monte Video of officiating clorgyman.

Camp, Weymouth.

Undertaker's mame and address. J. Brown, Weymouth.

Condition and class of coffin. Elm. Brass Fittings.

Names and addresses of relatives or friends present at funeral.

#### REMARKS OF INTEREST TO NEXT OF KIN.

The above soldier was known to me. He received every attention whilst inHospital and was buried with Military Honours.

(sgd) A.H. Mitchell Signature.

Capt. Chaplain. Rank.

Monte Video Camp. Address.

Weymouth.

Hovember 13th, 1917.

See back.

Mext of Kin. WIFE. Mrs. Ellen Suthers.

Pine Street.

, North Ipswich, Queensland.

Attested at Ipswich, queensland on 21.5.17.

Special Notification. Nil.

Griginal. B. R. 354. (Age at Death) 44 years.

AUSTRALIAN IMPERIAL FORCE.

#### BURIAL REPORT REGARDING FUNERAL OF LATE

3382 No. Rank. Pte

Full Names. SUTHERS. John.

Unit: 42nd Bn.

Religion. Methodist.

Date and Place of Death.

Boro' Isolation Hospital, Weymouth, 6.11.17.

Date of Interment.

8. 11. 17.

Particulars of Cemetery.

Holy Trinity, Weymouth.

Separate Grave No.

2277.

Section. "B".

If Consecrated Ground.

Consecrated.

If Military or Private Funeral. Military.

Name, address and denomination A.H. Mitchell (Chaplain) Monte Video of officiating clergyman.

Camp, Weymouth.

Undertaker's name and address. J. Brown, Weymouth.

Condition and class of coffin.

Elm. Brass Fittings.

Names and addresses of relatives or friends present at funeral.

#### REMARKS OF INTEREST TO NEXT OF KIN.

The above soldier was known to me. He received every attention whilst in Hospital and was buried with Military Honours.

sgd) A	.H. Mitche	11 Signature.
Capt.	Chaplain	. Rank

Monte Video Camp, Address.

Weymouth.

Bovember 13th, 1917.

See back.

Next of Kin. WIFE. Mrs. Ellen Suthers,

Pine Street,

North Ipswich, Queensland.

Attested at Ipswich, Queensland on 21.5.17.

Special Notification. Nil.

#### FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT 42nd Inf	antry Battalion,	Squadron, Troop, Battery
CORPS ) A.I	.P.	or Company )
Regtl. No 3382.	Rank Privat	te.
Name SUTHERS. Joh	n.	
Date 6th Novem	ber, 1917.	
Died Place Borough Is	olation Hospital	Weymouth, England.
Course of Deaths T	ied of Disease.	(Cerebral Spinal Meningitis.)
Nature and Date of	Report Army Form	1.27. 7.11.17.
By whom made 0.	C., Military Hosy	oital, Weymouth, England.
*Specially state if killed in action, or	died from wounds received in ac	otion, or from illness due to field operations or to fatigue, privation or
expo	sure while on military duty, or in	em injury while on military duty.
		ymouth, England, Grave No.2277.
Burial Date 8th N	"B", Consecrated ovember, 1917.	Ground.
By whom reported	Chaplain, Monte	Video Camp, Weymouth, England.
	(a) in Pay Book (Arm	y Book 64)
State whether he leaves	(b) in Small Book (if a	at Basa)
a will or not	(0) In Sman Book (ii t	at Dase)
	(c) as a separate document	ment
All private doorman	ts and effects received	from the front or bospital, as well as the Pay

Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home. or to the D.F.A.G., Indian Epeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

> Signature of Officer in charge of Section Adjutant-General's Office at the Base

Capt.

for Officer i/c Records. Administrative Headquarters, A.I.F.

Station and Date London, England. Wt. 13929/4141 400,000 1915 JFW 1917.

NED: L 320

No trace (44th Br) ward 13

Stoom Jeel 3 ARMY FO

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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 Reservists enlisting into the Regular Army.

		ot
Surname Suther	Christian Name fol	m
	TABLE I.—GENERAL TABLE]	
Birthplace Parish	County	
Examined	fonday of	
	(nt	
Declared Age	years	days.
Trade or occupation	The second second second	
Height	feet	inches.
Weight	The state of the s	
Chest Girth when tally Expanded Measurement		The state of the s
(Entire of Expansion	The same of the sa	
Physical Development	-	
Vaccination Arm	Right	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
When Vaccinated		
	(B.EV-	
Vision	{R.E.—V== L.E.—V==	
(a) Marks indicating con-		
genital peculiarities or previous disease		
0.500 1 1 2 5 4 2 4 3 4	((b)	
b) Slight defects but not sufficient to cause rejec-	Name and State of the State of	
tion		
Approved by (Signature)		
(Rank)		
		Medical Officer.
Enlisted	[at	
	onday of	
Joined on Enlistment	Shand Sattalion	Regtl, No.
	state Asuranon.	3382
l'ransferred to		
Became non-effective by	A STATE OF THE STATE OF THE STATE OF	
	onday of	191 .
(Signature)		
(Rank)		
(5506.) W. 14171/M. 89. 750m. 1/18.	C. P., Ltd. Forms B Its	P.T.O.

# Table II.—Only for Admissions to Hospital or to the Sick L

Name of Hospital	Admitted to Hospital			Discharged from Hospital				Number of days in	Remar
	Day	Month	Year	Day	Month	Year	Disease	in Hospital	Remar fu
THE R	3.7						<b>国际主义</b>		
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									-
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# ist in the case of Warrant Officers treated in quarters.

	AND DESCRIPTION OF THE PARTY OF
is bearing on the cause, nature, or treatment of the case, likely to be of interest or of ure use. In cases of syphilis, admissions and re-admissions to hospital will be shown. a subsequent progress, including particulars of treatment out of hospital, transfers, &c., I be given in the special syphilis case sheet.	Signature of Medical Officer
Enlisted 21 May 1914. On the way	
ever from Australia He noticed a	
little sore on nuccousmembrane	
at left angle of faw-reported	
sick and was treated with	
Mercury Pills - Was tent to	
Bulford Hospital last month	
august, where diagnosis of	
barcinoma was made.	
Present Consdition. The is a	
growth at left angle of faw	
	K
on the micous membrane	( )
extending over on to Soft	Approximater Kol
Palale. De hasconsiderable	
Pain which prevents Him	
from bleeping at night	
<b>建筑的特别</b> 在美国人民间的企业主义的国际企业的企业。	
<b>国际发展的企业,但是自己的企业,但是由于自己的企业的企业的企业。</b>	
	A BURNING TO
THE RESIDENCE OF THE PARTY OF T	

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date			Brief details, and signature		STOR KIND
	1000				
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to the state of	-			NAME OF TAXABLE PARTY.	
			A STATE		
				A COLOR	
					THE RESIDE
	FILE				
			A 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
					-
		N. S. S.			
	Та	ble IV.—S	ervice Table.	N THE	
Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or	Date of
A STATE OF THE PARTY OF THE PAR	THE RESERVE TO SHARE THE PARTY OF THE PARTY	A STATE OF THE PARTY OF THE PAR		embarkation	departure or disembarkation
				embarkation	departure or disembarkation
				embarkation	departure or disembarkation
				emberkation	departure or disembarkation
				emburkation	departure or disembarkation
				emburkation	departure or disembarkation
				emberkation	departure or disembarkation
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				embarkation	departure or disembarkation
				embarkation	departure or disembarkation
				emburkation	departure or disembarkation

To be used (2) for recruits enlisting direct into the Regular Army, and (3) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Surname SUTHE	TEDICAL HISTORY of Christian Name	for the same of th
Sur name 1	TABLE IGENERAL TABLE.	
Birthplace Parish		
	[onday of	191 ,
Examined	at_	
Declared Age	years	days.
Trade or Occupation		
Height	feet	inches.
Weight		lbs.
Chest Girth when fully Expanded		inches.
Measurement Range of Expansion		inches.
Physical Development		
Vaccination Marks Arm	Right	Left
Number Number		
When Vaccinated		
Vision	{R.E. − V = L.E. − V =	
(a) Marks indicating con-	((a)	
genital peculiarities or	1	
previous disease		
(b) Slight defects but not	((b)	
sufficient to cause rejec-		
tion		
Approved by (Signature)		
(Rank)		Medical Officer.
		Medical Officer.
	fat	
Enlisted	onday of	191 .
	Corps,	Begti, No.
Joined on Enlistment	LL+R Bast.	3382
m		
Transferred to		
Became non-effective by		
		Name of the second second
	onday of	191 .
(Signature)		
(Rank)		
	Forms	Om a

Part 1

### Table II.—Only for Admissions to Hospital or to the Sic

	Admitted to Hospital			Disc	harged Hospital	from l			Ret
Name of Hospital	Day	Month	Year	Day	Day Month Year		Disease.	Number of days in Hospital	
	6	9	17	17	9	17		11	
STATINGE MIGRERAL									
								ATT	
M TARRESTOR									
			-		-				
					-	-			
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		2/10				-			
THE PERSON NAMED IN COLUMN		Charles - Charles	-			-			

# k List in the case of Warrant Officers treated in quarters.

arks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Enlisted 2121 may 1917. An the	
way over from auxhalia he noticed	
a little sore on the mucous membrane	
at left angle of Jaw. The reported	
sick all was treated with	
Mercury Vills: Wassent to	
Bulford Hospital last month	
(August) where diagnosis of	
Chrinoma was shade.	
Tresent Condition:	
There is a growth on left angle	
of faid of the mucous membrane	
Hed Lending over on to Joft Talate	
the dealers dealers	
The has considerable frain which	
prevents him from sleeping	BA WARE Court
	Boluson Cuyl
prevents him from sleeping	Both upon Cinyl
prevents him from sleeping	BA Jupon Cough
prevents him from sleeping	PA Juson Cough
prevents him from sleeping	Pot Jupou Curt
prevents him from sleeping	Boly was Cuyl
prevents him from sleeping	Boly Loon Carl
prevents him from sleeping	BA Juson Cuyl
prevents him from sleeping	BA Loon, Couple
prevents him from sleeping	BA UDDEN LOUT
prevents him from sleeping	BA UDDEN LOUT
prevents him from sleeping	BA Jusen Lay

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

	Date	Brief details, and signature							
SUSTRILLIAN E 15 S	EP 1013	Board	Funde	ing A					
MARKETELO	1017人类计	Unfit for Ge	SHALL BE SHALL SHA		ancutty				
		Unfit for Home Service							
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	Table IV.—Service Table.								
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## AUSTRALIAN IMPERIAL FORCE.

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