

117 3251

Regtl. No. *416948* Rank *Private*  
 Name *John T. Kelly*  
(Christian Name in full) (Surname)  
 Unit *3rd Regt. Cavalry*  
Regt. Co.

*December 2nd March 5/19*

*Moura St  
 Melbourne  
 N. Derby*

**COVER**  
**FOR**  
**DISCHARGE DOCUMENTS.**

*Z*

No. 5950 Date May 7th. 1917

(1) The Officer i/c Records, TF Lichfield.  
\_\_\_\_\_  
(Station).

(2) The Officer Commanding, TF Depot. Notts & Lerby Regt.,  
Drill Hall, Derby.  
\_\_\_\_\_  
(Station).

(3) The Paymaster, Lichfield.  
\_\_\_\_\_  
(Station).

Regimental No. 2018149 4169118.  
4914. \_\_\_\_\_ (Station).

Rank and Name Pte Twey J. Twey

Regiment or Corps 5th N. & Derby Regt.,

has been granted a furlough from May 9th. to May 18th. 1917.,

His address while on leave will be: { Moirs Street,  
Melbourne, Near Derby.

I consider he is fit for\* { (a) Duty. Sect. II. Command Depot.  
(b) Light Duty, and likely to be fit for Service Overseas within three months.  
(c) Light Duty, and not likely to be fit for Service Overseas within three months requiring special medical treatment.  
(d) Service at home, but unlikely ever to be fit for Service Overseas.

\* Strike out that which is inapplicable.

Officer in charge [Signature] Major, R. A. M. G. (1)  
RECORDS  
HOSPITAL,  
\_\_\_\_\_  
(Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Engineers two copies of A.F.W. 3016 will be sent to the Officer in charge R.E. Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
						<i>Certified correct</i>			
						<del>13<sup>th</sup> Oct. 16</del>			
						<i>4 Nov. 16.</i>		<i>A. L. Palmer Spt.</i>	
								<i>5th. Co. Batten. NOT</i>	
<i>Ripon.</i>	<i>19.5.17</i>	<i>Pte.</i>		<i>Failing to report at the Command Depot &amp; remaining absent until 5pm 21.5.17 (3 days)</i>	<i>Documentary Cpl. Walton</i>	<i>7 days CB.</i>	<i>23.5.17.</i>	<i>W.D. Conolly.</i>	<i>Forfeit - 3 days pay by R.W. M.</i>
						<i>Certified correct</i>			
						<i>Command No. 3 Company</i>			
						<i>(SHERWOOD FORT)</i>			
						<i>6.9.17</i>			
						<i>Command Depot, RIPON</i>			
						<i>Capt</i>			
				<i>- Certified correct</i>	<i>C. Crocker</i>				
				<i>24 = 9 = 14</i>					
				<i>Certified correct 5.2.19</i>					

No. 49117 Name *J. J. J. J. J.*  
 Date of last entry in  
 Company Conduct Sheet }

Sqn., Batty.,  
 or Company } *C 4<sup>th</sup>* Corps  
 No. and date  
 of last drunk }  
 Period not reckoning towards  
 freedom from extra fine }

Date of enlistment } *15-12-15* G.C. }  
 Badges }

Sheet No. Signature O.C. }  
 Company, etc. }

Service or  
 Proficiency Pay } *100000* Cap.  
 Character  
 O.C. P. COMPANY

*141092*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Bottle</i>	<i>1-11-16</i>	<i>Pte</i>		<i>Absent from 10pm until 8:30pm</i>	<i>Lt. D. D. D.</i>	<i>7 Days C.B.</i>	<i>3/3/16</i>		<i>Certificate awarded</i> <i>A. G. D. D.</i>
				<i>2-11-16</i>					
<i>Y. Somerset</i>	<i>5-5-16</i>	<i>Pte</i>		<i>Absent 2:30 am Stand to parade</i>	<i>Sgt. Astell</i>	<i>7 Days C.B.</i>			

No. *16948* Name *Jivey J.*

Sqn., Batty., or Company } *501* Corps *Agricultural Co.*

Date of enlistment }

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc. }

Character

Army Form E. 123.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Derby</i>	<i>4/1/19</i>	<i>Pte</i>		<i>oversleeping bus pass from 2330. 4/1/19 until reporting himself at 1600 5/1/19</i>	<i>Sgt Barber W/Cpl Turner</i>	<i>Deprived 3 days</i>	<i>6/1/19</i>	<i>Major Ht Cpl Shueh</i>	<i>For letters 2 days</i>
				<i>(White)</i>					
				<i>Certified correct 5 3 19</i>					

MAJOR H. J. ...  
CMDR. 501st ...

Table II. - Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	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 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
	Day	Month	Year	Day	Month	Year				
ST. GEORGE'S HOSPITAL ST. MARK'S LANE, LONDON	21	11	16	24	1	17	Accid. Fract. 13		Fract (Wrist) of distal radius due to accident; not too grossly comminuted. First treated for 2 or 3 wks. by elastic bandage & in cast held the distal radius fragments were approximated & fixed by <u>silver wire</u> & result good.	Capt. R. H. H. T. Surgeon Major
HOUSE AUXILIARY HOSPITAL HARROGATE.	24	1	17	30	4	17	do	Returned to duty. Needs for review		
ST. GEORGE'S HOSPITAL ST. MARK'S LANE, LONDON	30	4	17	9	5	17	do	Movement good - flexion not quite complete. Says joint is a bit weak. Saw. Sect. 11		
to D Ripon	20	5	17	20	8	17	Fractured Distal Radius	93	Ret. to duty	



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

**MEDICAL HISTORY of**

Surname Jewey Christian Name J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 ... { at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation \_\_\_\_\_

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.

{ Range of Expansion \_\_\_\_\_ inches.

Physical Development \_\_\_\_\_

Vaccination Marks { Arm ... \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
 { Number \_\_\_\_\_

When Vaccinated \_\_\_\_\_

Vision ... { R.E.—V—  
 ... { L.E.—V—

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>5th Batta Derby</u>	<u>4914</u>
Transferred to ...	<u>Labour Corps</u>	<u>416 0 105</u>

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_

5227



Report

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form H, 27a, Army Form A, 26, or its other official documents. The authority to be quoted in each case.

Place of Casualty

Date of Casualty

Remarks  
Taken from Army Form H, 27a, Army Form A, 26, or other official documents

Date

From whom received

Duplicate M1A3666 Ser.

Dealye

26/10/19

To Piper for Disposal  
5/2/19MANUFACTURED BY  
GPO: 1916 ANNUAL INDEX OF

reassembled on Demobilization

Date... 1919... *[Signature]*Signature... *[Signature]* for Officer's RecordsPlace... *[Signature]*Home Address... *[Signature]*... *[Signature]*

## Casualty Form—Active Service.

Regiment or Corps 53<sup>rd</sup> (T.F.) RESERVE BATTN. SHERWOOD FORESTERS. Regimental Number 494<sup>th</sup>

Rank Pte. Surname Terry Christian Name Jack

Religion CofE. Age on Enlistment 44 years \_\_\_\_\_ months.

Enlisted (a) 15.12.15 Terms of Service (a) Reckon after Service reckons from (a) 15.12.16

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended (a) Group 1 Gardner (C) Re-engaged (b) \_\_\_\_\_ Qualification (b) MEDAL

Signature of Officer i/c Records. \_\_\_\_\_

Report		Record of promotions, reductions, transfers, vacancies, etc. during active service, as reported on Army Form B. 113, Army Form A. 36, or on other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 113, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...		13.11.16	
		Disembarked...			
		ATT.			
6.4.16	CC 30 Gen Sec	Name: <u>Incl. Scallett et.</u>	<u>Calcutta</u>	16. 4. 16	<u>494555</u>
9.2.16	20	<u>Transferred to England 16.3.16</u>		20. 2. 16	<u>494555</u>
					<u>Captain for</u> <u>LIEUT. COLONEL.</u>
					Officer i/c Terr: Infantry Records (5330101) G. H. Q. 3rd Division.
		<u>Posted to 57 Res Bns. Saltford</u>			<u>LIEUT. &amp; ASST. ADJUTANT.</u> <u>NORTHERN COMMAND DEBENT.</u>
		<u>Occupational Index Cards Despatched</u>			<u>18/2/18</u>
		<u>AFN 3969 Despatched</u>			<u>Desly. 27/4/18</u>

(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, Shooting-smith, Ac.

(30022) W 1200-1224 J. P. & Co., Ltd. Form 2082

REG. WITH PATENT OFFICE P.T.O.

7. What is the name and address of your last employer before joining the Army? *Sydney Jackson  
Victoria St  
Melbourne N<sup>o</sup> Derby*

8. What was—  
(a) your Industrial Group occupation before joining the Army?  
(b) your trade or calling before joining the Army?  
*Market Gardener*

(To be checked from A.B. 439, A.B. 64, or A.F.B. 103).

The above statement has been read over to me, and I agree to it and have nothing to add to it.

Place of Examination *DERBY* Signed *[Signature]* (Claimant).  
Date *15-1-1919* Signed *[Signature]* (Witness).

**OPINION OF THE EXAMINING MEDICAL OFFICER**  
MAJOR HON. LT. COL. C.M.D. 501st AGRICULTURAL CORP.

(i) Clear and definite answers to the following questions are to be carefully filled in by the Examining Medical Officer, as it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the applicant's claim to pension.

Expressions such as "may," "might," "possibly," &c., should be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war, (b) due to causes not connected with the present war, viz.: (1) previous active service, (2) climatic diseases in pre-war service, (3) ordinary military service before the war. It is therefore essential when assigning the causes of a disability to differentiate between them.

(iii) When there is more than one disability the replies will distinguish between them.

9. Give Diagnosis and particulars of:—

(a) Each disability claimed or discovered. *Fracture Rt Patella.*

*Entered with Sheet B103.*

(b) The present condition thereof. *Small circular scars round upper border of patella R.  
Bone firm. Movements of knee normal*

10. State whether each disability is:—	(i) Attributable to	or (ii) Aggravated
(a) Service during the present war.	<i>Yes</i>	
(b) Previous active service.	<i>No</i>	<i>Nd</i>
(c) Climate in pre-war service.	<i>q</i>	
(d) Ordinary military service before the war.	<i>"</i>	<i>applic.</i>
(e) Serious negligence or misconduct on the part of the claimant.	<i>"</i>	
Give details:—		

11. (a) Is each disability in a final stationary condition?	<i>Yes</i>
(b) If not is re-examination before the expiration of the period of twelve months specially advised?	<i>-</i>

12. (a) What is the degree of disablement at which in your opinion he should be assessed at present? (Degrees of disablement should be expressed in words in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil).	<i>Less than twenty</i>
(b) In case of aggravation, what in your opinion was the degree of disablement which existed before joining the Army?	

Examining Medical Officer's Signature *GK Hurley* Rank *Med.*

Unit to which attached. *Dep. Chem. Foresters*

Place of Examination *Melb Derby* Date *17/1/19*

2/206/0519 THIS PORTION IS NOT TO BE COMPLETED IF A CLAIM IS NOT MADE.

21 LAG 5.17.50.  
**STATEMENT AS TO DISABILITY.**

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board.)

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to put forward any claim in respect of a Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a Claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary, War Office; and in the case of every Soldier, to the Record Office of his Unit.

Unit 501 AGRIC. COY  
 Regiment or Corps LABOUR COY  
 Regtl. No. 416948 Rank PTE  
 Surname TIVEY  
 (Block letters.)  
 Christian Names in full JOHN (TACK)  
 Permanent address MOIRA ST  
MELBOURNE DERBY  
 Age last birthday 43  
 First joined for duty (Date) 15 12 1915 at (Place) DERBY  
 Medical Category or Grade in which joined A I

If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:—  
 (a) Former Regiments or Corps with Regimental Numbers—  
 (b) Dates of discharge—  
 (c) Causes of discharge—  
 (d) Particulars of Pension or Gratuity received (if any)—

**TO BE CANCELLED IF A CLAIM IS MADE.**  
 I do not claim to be suffering from a disability due to my military service.  
 Place of Examination \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature of Officer or Soldier \_\_\_\_\_  
 Signature of Officer witnessing \_\_\_\_\_

Before the claimant answers questions 1—8 the following should be read by, or to, him:—  
 "Your statement will be checked by Official Records. In answering question 2, any special matters which in your opinion caused or aggravated any unfitness from which you are suffering, must be clearly stated."  
 The claimant will answer the questions in his own words and after completing the form will sign it. The Officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

**THIS PORTION IS NOT TO BE COMPLETED IF A CLAIM IS NOT MADE.**

1. (a) In what countries have you served during this war and for what periods? (b) In what capacity?	HOME 18-11-16 FRANCE 18-11-16 - 22-11-16 HOME 23-11-16 to date
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 attached firmly to this form).	Injury to knee-cap about 18-11-16 accident, causing weakness.
3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war.	Leeds Military Hospital Harrogate Amending
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.	No.
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.	No.
6. Give the name of your National Health Approved Society and, if possible, your membership number.	PRUDENTIAL not known

# Renewals &c., which have taken place since Discharge

[To be filed in when more than one award has already been made at the time that an Award Sheet is first taken into use].

Date of Award	RATE OF PENSION OR WEEKLY ALLOWANCE under Art. 7 (1) R.W. 1918.		No. of Children under 16.	Duration of Pension or Allowance.	Gratuity.		REMARKS.
	Man.	Children.			Art. 7 (1) R.W. 1917 or Art. 1 (3) R.W. 1918.	Art. 7 (2) R.W. 1917.	

## Renewal or Revision of Award.

Name \_\_\_\_\_ Regt. \_\_\_\_\_ Code No. \_\_\_\_\_

MATTER NOW SUBMITTED.

	Init.	Date.	AWARD or DECISION.	
Notifications to I.O. (P.F. ) ...			Pension, Gratuity, or Weekly Allowance.	Number of Children, and Allowance Granted.
A to man ...				
A $\frac{1}{2}$ to N.H.I.C. ...				
A $\frac{1}{4}$ to W.P.C. ...				
Record Card Completed			Proposer's Signature and Date _____	
Entered on S.B. 2 ...			Approver's Signature and Date _____	
Entered on Conditional List ...			Awarders' Instructions.	Initials and Date when issued.
Examined by F. Branch				

**Pension Expires:—**

# Award Sheet.—First Award.

Code Number 7/Kabna / 767 / 051780.

Surname Troy Christian Names John  
 Regiment 501 sq Coy. Lab. Corp. Rank 1st Lt (Mott & Serby) Regtl. No. 416948.  
 Date of Discharge Disembarked 8/3/19  
 Cause of Discharge Disembodied  
as on Army Form B 208  
Last Enlist 15<sup>12</sup>/15-

SERVICE.

FOREIGN SERVICE.

	Init.	Date.	AWARD.	
A.F. W 3484 <small>sent not sent</small>			Pension, Gratuity, or Weekly Allowance.	Number of Children, and Allowance Granted.
A.V. to Records ... <u>2 B.</u>	<u>hll</u>	<b>1 APR 1919</b>	Fractured Right Patella, actual Assessment hit <u>Reject</u>	
Notification to Lab. <small>Discharge History</small> ... <u>W/O</u>	<u>hll</u>			
A.V. to N.H.I.C. ...				
A.V. to W.P.C. ...	<u>hll</u>	<b>1 APR 1918</b>	Proposer's Signature and Date <u>hll 26. 3. 19</u> Approver's Signature and Date	
Record Card Completed		<b>1 APR 1918</b>	Awarders' Instructions. <span style="float: right; font-size: small;">Initials and Date when issued.</span>	
<u>S. B. I</u>	<u>hll</u>			
Entered on Conditional List ...	<u>hll</u>			
Examined by F. Branch			Particulars of any Pension or gratuity awarded in respect of previous service.	To be left blank for award of Service pension by the Chelsea Commissioners.

Pension Expires:— Rejected.