

HARKNESS Thomas Rfn.

435280.

Royal Irish Rifles

PIN 26/203

Notification of DEATH OF PENSIONER (Disablement/~~Widow~~)

survived by ~~husband/wife/child~~

Awards No. 15920/05/MJ&

Payment No. MS 3788

Deceased Pensioner's Surname HARKNESS
Other names Thomas
Date of Death 1 : 3 : 72 *Verified/Not verified
N.I. No. or Date of birth 2 : 6 : 1900
Last known address 13090 Irene Street, Southgate MICHIGAN 48192 USA
Place of death Marston Manor Nursing Home Ruessow

Address of notifying office
(if death has not been notified by L.O.) or
Name and address of informant (if known) D/CERT

(To be completed if the pensioner was a married man)
Widow A/A (surname) Effie (other names)

Widow's address (if different from above) A/A

Wife's allowance in payment at death Date of marriage N/K : 19
Children's allowance in payment at death NO WIFES ALLOWANCE AWARDED.
Pensioner and wife living together at death or when Treatment Allowances commenced BMP3458 WAS SENT TO AWARDS RE WIFE ON 9/5/69 BUT NO ALLOWANCE AWARDED.
Pensioner and wife separated before death
Separation order in force at death
Pensioner contributed to wife's maintenance
Pensioner contributed to children's maintenance

N.5C seeking verification of death/PF27G issued
MPB501 sent to widow
Application made but MPB501 not sent - correspondence attached
End of Quarter case
Death certificate/Form 111/Gen 36 attached

N.5C (Effects) 21 : 3 : 1972

Signed [Signature]

* Delete as necessary

Part A

To: N.2(3)

Please endorse the Awards file to show that this pensioner has died, place this form on the right hand side of the file and send the file to N.7D

N.5C (Effects)

21 : 3 1972'

(Signed) J. M. Munnell

Part B

AWARDS FILE AT ARCHIVES REGISTRY

The Awards file should be requisitioned from Archives Registry and passed to N.2(3) with this form

N.2(3) Code

: : 19

Part C

To: N.7D

The Awards file has been stamped 'DECEASED'

DISABLEMENT FILE

- (1) on the front cover to the left of the surname
- (2) against the last award
- (3) under the last minute
- (4) on the flap

WIDOWS FILE

- (1) on the front and back cover and the flap of the file
- (2) on the front and back cover of sub-file (if any)
- (3) on both sides of the award sheet MPB 571

N.2(3) Code

: : 19

The front cover of the local medical file has been stamped 'DECEASED' to the left of the surname

The file is now passed to you for your action following the death of this pensioner

Part D

To: N.2(1)

AWARDS FILE IN ACTION AT NORCROSS

The recording slip has been noted that this pensioner has died

Please arrange for this form to be attached to the Awards file

N.2(3) Code

: : 19

Part E

To the Group holding the Awards file

Please attach this form to the right hand side of the Awards file and send the file IMMEDIATELY to N.7D

CARE MUST BE TAKEN TO SEE THAT NO CORRESPONDENCE IS ADDRESSED TO THE DECEASED PENSIONER

Part F

To : N.7D

This Awards file is sent to you as requested in Part E

: : 19

(Signed)

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

Michigan Department of Public Health

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. THOMAS			HARKNESS		2. Male	3. March 1, 1972		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. White		5a. 71		5b. MOS. DAYS	5c. HOURS MIN.	6. June 2, 1900		
CITY, VILLAGE, OR TOWNSHIP OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Riverview		7c. Yes		7d. Marian Manor Nursing Home				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Ireland		9. U.S.A.		10. Married		11. Effie Henry		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY			
12. 156-09-3178		13a. Pipe Fitter			13b. LOCAL UNION			
RESIDENCE—STATE		COUNTY		CITY, VILLAGE OR TOWNSHIP		STREET AND NUMBER		
14a. Michigan		14b. Wayne		14c. Southgate		14d. Yes 14e. 13090 Irene		
FATHER—NAME				MOTHER—MAIDEN NAME				
15. Unknown				16. Unknown				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Elizabeth Armentrout				17b. 13090 Irene Southgate, Michigan 48195				
PART I		DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18		IMMEDIATE CAUSE						
		(a) <i>HEMORRHAGIC INFARCTION</i>					<i>100 HRS</i>	
		DUE TO, OR AS A CONSEQUENCE OF:						
		(b) <i>CEREBRAL ARTERIOSCLEROSIS</i>					<i>1 YEAR</i>	
		DUE TO, OR AS A CONSEQUENCE OF:						
		(c) <i>HYPERTENSIVE CARDIOVASCULAR DISEASE</i>					<i>YEARS</i>	
PART II		OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	
							19a.	
ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.		20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		
21a. I ATTENDED THE DECEASED FROM		1962 TO		21b. FEB 11 1972		21c. FEB 11-72		
						21d. DID NOT		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a.		M. 22b. 3		DAY 2 YEAR 1972		HOUR M. 21e. 1:58 A.M.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. JOHN MUCASEY M.D.		23b. <i>[Signature]</i>		23c. M.D.		23d. 3-2-72		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23e. 29541 W. 8. Mile Rd		23f. Detroit		23g. Michigan		23h. 48219		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY, VILLAGE, TWP. OR COUNTY STATE		
24a. Burial		24b. Michigan Memorial		24c. Flat Rock		24d. Michigan		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24e. March 4, 1972		25a. JOHN MOLNAR FUNERAL HOME 14032 Northline Southgate, Mich						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. <i>[Signature]</i>		26a. <i>[Signature]</i>		26b. March 2, 1972				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

B-36
8-68
300M

STATE OF MICHIGAN)
COUNTY OF WAYNE)

I, George C. Brooks, City Clerk, of the City of Riverview, do hereby certify that the annexed is a true copy of a Certificate of Death on File in the Office of the City Clerk of the City of Riverview; that I have compared the same with the copy on file and that said Certificate is a true and correct transcript and of the whole of such Certificate.

[Signature of George C. Brooks]

Dated:

March 2, 1972

This space to be left blank for the Chelsea Number.

S. N. 11311

181553

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>H 35280</u>	Army Rank <u>Private</u>
Name <u>HARKNES Thomas</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Labour</u>	
Battalion, Battery, Company, Depot, &c. <u>395th Coy</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>13-12-14</u>	
Place of discharge <u>NOTTINGHAM</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>19</u> years — months Height <u>5</u> feet <u>9 1/2</u> inches Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>2 1/2</u> ins. Complexion <u>✓</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Farmer</u> Intended place of residence (To be given as fully as practicable) { <u>Killygonland, Arboe,</u> <u>Stewartstown,</u> <u>Co. Tyrone, Ireland</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>DISCHARGED</u> <u>NO LONGER</u> <u>PHYSICALLY FIT</u> <u>FOR WAR SERVICE.</u> <u>Para 392(x1) R.R.</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
To be filled in on the soldier quitting the Colours.	3. Military character:— <u>Indifferent</u> 4. Character awarded in accordance with King's Regulations:— <u>Disability result of active service</u>
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. <u>Sh</u> Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* <u>FOR COLONEL 110 LABOUR CORPS RECORDS</u>	

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136).
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Home 11-1-14 to 13-12-17

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to *13-12-17* (the date to which the record of service is completed) _____ years *344* days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " *344* "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for *13/12/17* (date)

NOTTINGHAM

(Place) _____

Signature *Robt. 74*

(Date) *22-11-17*

FOR COLONEL 40 LABOUR CORPS RECORDS

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

Slip to be GUMMED on third page of Army Form B. ²⁶⁸ where the soldier's attestation is not forthcoming at the time Discharge is carried out.

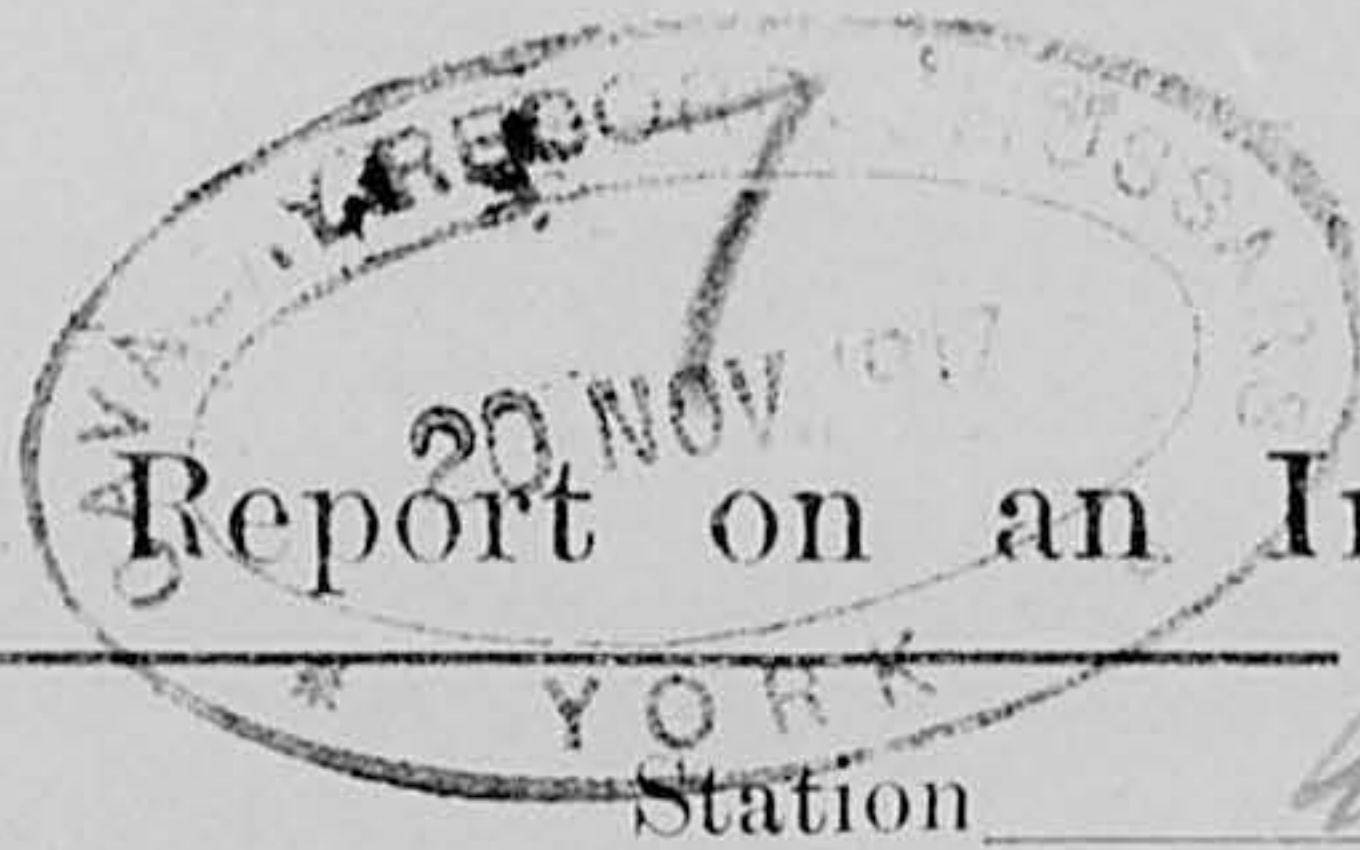
With reference to War Office Circular letter 19/Gen.No./5933 (D.R.2.) dated 26th. October, 1917, I hereby certify that this soldier's attestation cannot at present be found, and that the particulars relating to his services &c., have been obtained from the best sources available.

NOTTINGHAM.

23/11/1917.

Robt. 2/1
for Colonel i/c., Records, Labour Corps.

Medical Report on an Invalid.

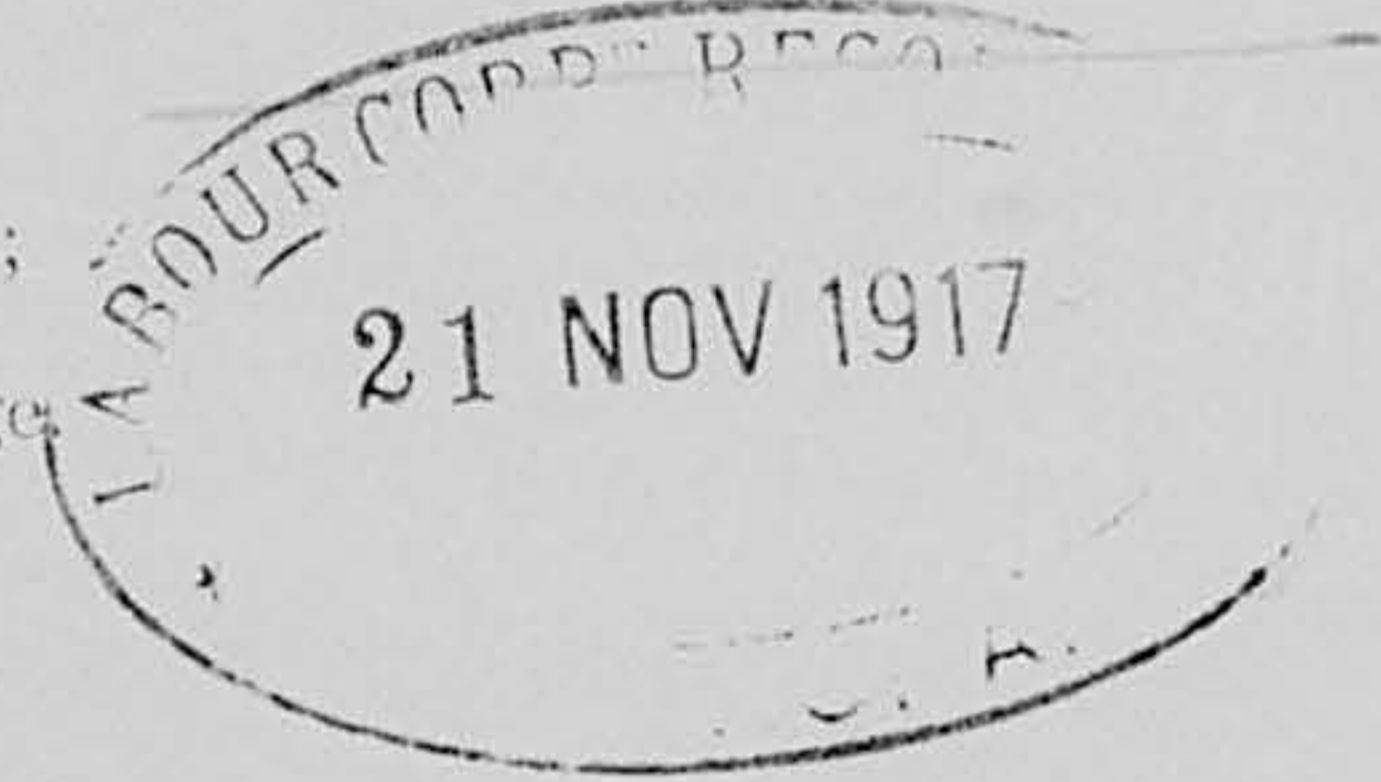


Station Antoni

Date 12th Nov 1917

- 395 H 5 E Day
1. Unit North Irish Horse
 2. Regimental No. 2345 435280
 3. Rank Plt
 4. Name Hartnett Thomas
 5. Age last birthday 19
 6. Enlisted { on 4th January 1917
at Antoni

7. Former Trade } Farming
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit ;
(b) Regimental No. ;
(c) Date of Discharge ;
(d) Cause of Discharge



8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Valvular disease of the heart (mitral) following Acute Rheumatism

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. Some time between 24/6/17 and 28/8/17.
10. Place of origin of disability. Antoni Camp - Military Hospital Belfast - Whitehead.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he got a wetting when out with the troops at Antoni. He felt cold & shivery. Later pains commenced in joints. Reported sick to me & I examined him. Diagnosed Rheumatic fever & sent him by ambulance to Military Hospital Victoria Parade Belfast. On returning from hospital I examined him 28/8/17 & found lesion as stated.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Rheumatic fever
Yes The man's heart was perfectly sound on enlistment
No constitutional or hereditary history obtainable
No

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Great breathlessness especially on exertion. Occurs also at night & prevents sleep. Pain at times in cardiac region especially on exertion. Irregular pains in joints in the morning & when feeling cold. Heart enlarged & marked mitral systolic murmur present. Weight 9 stone 7 lbs.

14. If the disability is an injury, was it caused—

- (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?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Rheumatic pains as stated above.
yes

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently unfit

A. B. Smith M.D. M.C. M.A. R.N. 1st Class

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

NOTES.—(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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

Yes
Yes No
No

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Heavy working when on ordinary duty at Antwerp

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

Yes

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

50 pe

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Permanently unfit

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

No

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

No
No

30. Does the man require the constant attendance of another person?

Signatures:—

Station Belfast

Date 17th Nov 1917

J. Battersby President.
Stobue R. M. Members.
Thos. G. Morris Capt. R.A.M.C.

Approved.

Station Belfast

Date 17th Nov 1917

J. Battersby
Administrative Medical Officer.

*Lieut. Colonel, R.A.M.C.
Pres. Belfast District Trav. Med. Board.*

2345

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Harkness Christian Name Thomas

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Hillygonland County Tyrone

Examined ... { on 4th day of January 1916?
at Anttrim

Declared Age ... 18 years 190 days.

Trade or Occupation ... Farmer

Height ... 5 feet, 9 1/2 inches.

Weight ... 130 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 2 1/2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number 2 ✓

When Vaccinated ... Infancy

Vision ... { R.E.—V= 5/6
L.E.—V= 5/6

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

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

Approved by (Signature) W.H. Scott
(Rank) L.P.

Medical Officer. W.H. Scott

Enlisted ... { at Anttrim
on 4th day of January 1917.

Corps.	Regtl. No.
<u>NORTH IRISH HORSE.</u>	<u>2345.</u>
<u>664 (H8) Employment Coy</u>	<u>435280.</u>
<u>395 (H8) Employment Coy</u>	<u>—</u>

Became non-effective by ... PHYSICALLY FIT FOR WAR SERVICE.

on 13 day of — 1917

(Signature) _____
(Rank) _____

FOR COLONEL 40 LABOUR CORPS RECORDED

Table II,—Only for Admissions to Hospital or to the S

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital
	Day	Month	Year	Day	Month	Year		
Belfast	22	6	14	31	4	14	37, Acute Rheumatism	10
Whitehead	31	7	17	24	8	17	"	28
Antoni Camp.	28	8	17					

List in the case of Warrant Officers treated in quarters.

marks 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

He was admitted on June 21st The temperature fell to normal on July 24th and has remained normal since. Transferred to Bojago's Whitehead. Transferred to Prefect for duty. ~~He had gonorrhoea, and had been treated since.~~ On examination marked mitral systolic murmur at apex. heard also in axilla. Complains of pain over heart. Left duty.

W.W.
W.W.
W. Martin
C.S.

William Scott No. 2. H. O'Brien

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

Date	Brief details, and signature
Dec 1916 T.A.B. <u>2</u>	Face with N.I.M. of J. McNeill 10/3/17 17/3/17) M.C. etc Autisms
7.4.17 28.9.17	AIV BII
Belfast 17.11.17	Appeared before Travelling Medical Board and recommended for discharge V D H J. Battersby Maj. Colonel, R.A.M.C. Pres. Belfast District Trav. Med. Board

Table IV.—SERVICE TABLE.

Station or Troopship.	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards G. C. Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS
<i>Home</i>	<i>4-1-17</i>	<i>13-12-17</i>		<i>344</i>

N.B.—The Country only to be shown—it is not necessary to show separately the service in the different stations of the same Country. England, Scotland and Ireland to be shown under the general term "Home."

For mode of computing Service abroad, see King's Regulations.

2. Whether educated at (Applies only to Boys) *Name of School to be stated.	Duke of York's Royal Military School, Royal Hibernian Military School, Queen Victoria School, Industrial School under Home Office } * or Local Government Board	Initials of Officer making the entry.								
3. Army School and other certificates of education ...										
4. Passed classes of Instruction† † This includes any authorised class of instruction, e.g., in swimming, chiropody, &c.										
5. Campaigns ... (including Actions)										
6. Wounded ...										
7. Effect of wounds ...										
8. Special instances of gallant conduct & mentions in public despatches										
9. Medals, decorations and annuities ...	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name of Medal</th> <th style="width: 50%;">Clasps</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name of Medal	Clasps							
Name of Medal	Clasps									
10. Character assessed under para. 419, King's Regulations. ...										
11. Injuries in or by the service ...										
12. Name and Address of next of kin ...	<i>William Parkes, Rathigonland, Arboe, Stewartstown Co. Tyrone Ireland</i>									

13. Particulars as to Marriage	(a) Christian and Surname of Woman to whom married, and whether spinster or widow, (b) place and date of marriage, (c) name of officiating Minister or Registrar, and (d) names of two witnesses.				† Date of being placed on Married Roll	Initials of Officer
	(a)	(b)	(c)	(d)		

14. Particulars as to Children	Christian Names	Date and Place of Birth	Date and Place of Baptism, and Name of officiating Minister		

NOTE.—These entries are to be made from time to time as they occur, and initialled by the Officer making the entry.
 † To be ruled through (a) in the case of a soldier married without leave whilst serving with the Colours, who desires the entry to be made; (b) when a soldier is married whilst in the reserve.

STATEMENT of the SERVICES of No. 435280 Name Thomas Harkness

Corps	Battn. or Depôt	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Signature of Officers certifying correctness of Entries
					years	days	
Age on Enlistment		18 years 216 days					
Enlisted for		Sur of years' Army Service. War years' Reserve Service.					
Service towards limited engagement reckons from		4-1-14					
Joined at		Antrim on 4-1-14					
		Attested	Pte	4-1-14			
North Irish Horse Regt		Pocketed	"	4-1-14			
		Awarded 10 days F.P. No. 2	"	20-3-14			
A.I. Employ	664 th	Transferred Authy 2958/48.	"	5-10-14			
Labour Corps	395 th Coy	Pocketed	"	30-10-14			
Labour Corps	395 th Coy	DISCHARGED NO LONGER PHYSICALLY FIT FOR WAR SERVICE.					
		Para 392 (xvii) H.P. Authy Medical Board Belfast	Pte	13-12-14			
Total Service forfeited as above							
Total Service towards Engagement to		13-12-14 (date of discharge)		years 3 1/4 days			
" " " Pension		(")		years days			

FOR COLONEL IN CHIEF LABOUR CORPS RECORDS

certified true copy

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[586] W5017/2124 1000m 6/15ss 93 56

Forms
B. 121.
39.

39th North H. Employment Co
Regiment of *NORTH IRISH HORSE*

Number of Sheet *1*

Signature of O. C. Company *A. B. Crabb*

North Irish Horse.

Regimental Number and Name No. <i>432280</i> <i>2345. Harkness John</i>	Enlistment Age on <i>18</i> years <i>6</i> months	Trade <i>Farmer</i>	Good Conduct Badges, Service Pay or Proficiency Pay
Joined <i>N 971</i> Date <i>4.1.17</i>	Place and Date of Enlistment <i>Antrim 4.1.17</i>	Religion <i>Presbyterian</i>	
Joined _____ Date _____	Period of (with Colours) _____ years. (with Reserve) _____ years.	Place of Birth <i>Killygoulane Co Tyrone</i>	

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>Antrim</i>	<i>13.2.17</i>	<i>Pte.</i>		<i>(1) Cutting the Number off 922 girth</i>	<i>Sgt Dunlop Pte Wilson</i>	<i>7 days C.C.</i>		<i>Major A. B. Crabb</i>	<i>A.B.C.</i>
<i>Antrim</i>	<i>12.3.17</i>	<i>Pte</i>		<i>(2) Being in possession of a girth the property of a comrade</i> <i>(1) Absent off pass from 6.30 AM 12³/₁₇ till 9.10 AM 13.3.17</i> <i>(2) Being in possession of equip^t the property of a comrade</i>	<i>Sgt Dunlop L Cpl Howe</i>	<i>7 days C.C. Forfeits 2 days pay by R.W.</i>		<i>Major A. B. Crabb</i>	<i>A.B.C.</i>
<i>Antrim</i>	<i>20.3.17</i>	<i>Pte</i>		<i>(1) Being in possession of two sword knots the property of a comrade - Lee</i> <i>(2) Being in possession of a muffler the property of a comrade</i>	<i>Sgt Dunlop Pte Turnbull</i>	<i>10 days F.P. No 2</i>		<i>Lt Col E. A. Maudslayi</i>	<i>A.B.C.</i>

To be carried over

Autrain 14-6-17

Pt

Days when post coming off guard.

Brought forward

R. A. M. J. Seammell.

2 days C.G. 1 extra guard.

15-6-17 Major E. C. Hardman.

R. I. H.



W. H. de... Lt. Colonel,
Commanding, North Irish Horse.

Casualty Form—Active Service.

W/B 2505

395th H.S. Employment Co.
664th H.S. Employment Co.

Age on enlistment. 18 ^{2/5}/₃₆₅

435280 Regiment or Corps

Regimental No. 2345 Rank Pte Name Hartness Thomas

Enlisted (a) 4/17 Terms of Service (a) D.W. Service reckons from (a) 4/17

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended Group 1 (Farmer) Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as 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	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Occupational Card dispatched		11/11/17	1st Lt Astor CAPT. & ADJT. N.I. HORSE
	Lt Col E.A. Maude.	Awarded 10 days I.P. No. 2 for (i) Being in possession of two sword knots the property of a comrade. (ii) Being in possession of a muffler the property of a comrade.	Antreuni	20/3/17	1st Lt Astor CAPT. & ADJT. N.I. HORSE
		Transferred to 664th H.S. Employment Co Authy 2958/4 & 2/5.10.17	Antreuni	5/10/17	1st Lt Astor CAPT. & ADJT. N.I. HORSE

(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, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as 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	Remarks taken from Army Form B. Army Form A. 36, or official documents.
Date	From whom received				
20/10/17	Ported	395 H. J. E. boy			

REGIMENTAL CONDUCT SHEET.

Number of sheets (in words) } Twelve
 Signature of C.O. or Adjutant } T. A. McElon Lt. & Adj.
 North Irish Horse Regiment.

395th Coy (H.S.) Employment Coy
North Regiment of Irish Horse

Regimental Number 435780 and Name Harkness Thomas Attested 4. 1. 1917.

Joined 4-1-1917.

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	Date of Commencement	Date of Expiration	REMARKS
<u>Anttrim</u>	<u>20³/₁₇</u>	<u>Pte</u>	<u>-</u>	<u>I. Being in possession of two sword knots the property of a comrade</u>	<u>Sgt Dunlop Pte Lurabull</u>	<u>10 days F.P. 2.</u>	<u>21³/₁₇</u>	<u>Lt. GLEA Huddle</u>	<u>21³/₁₇</u>	<u>30³/₁₇</u>	<u>CAPT. & ADJT. N.I. HORSE.</u>
				<u>II. Being in possession of a muffler the property of a comrade</u>	<u>McCabe Adams</u>						



Huddle, Lt. Colonel,
 Commanding, North Irish Horse.