

Robert HUDSON



# TERRITORIAL FORCE.

4 years' Service in the United Kingdom.

## ATTESTATION OF

No. 3350 Name Robert Hudson Corps 9<sup>th</sup> Res. A.P.C.

Questions to be put to the Recruit before enlistment.

- 1. What is your Name and Address? ..... 1. Robert Hudson  
23 Donaldson St.  
High Wycombe
- 2. Are you willing to be attested for service in the Territorial Force for the term of 4 years (provided His Majesty should so long require your services) for the County of\* ..... to serve in the † ..... ? 2. Yes
- 3. Have you received a notice stating the liabilities you are incurring by enlisting, and do you understand them? } 3. Yes
- 4. Do you now belong to, or have you ever served in the Royal Navy, the Army, the Royal Marines, the Militia the Special Reserve, the Territorial Force, the Imperial Yeomanry, the Volunteers, the Army Reserve, the Militia Reserve, or any Naval Reserve Force? If so, state which unit, and, if discharged, cause of discharge ..... 4. No

Under the provisions of Sections 13 and 99 of the Army Act, if a person knowingly makes a false answer to any question contained in the attestation paper, he renders himself liable to punishment.

I, Robert Hudson do solemnly declare that the above answers to the above questions are true, and that I am willing to fulfil the engagements made.

Robert Hudson SIGNATURE OF  
James Forsyth Signature of Witness

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Hudson swear by the Oath of Allegiance that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs, and Successors, and will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs, and Successors, in Person, Heir, and Dignity against all enemies, according to the conditions of my service. Robert Hudson

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

I, Andrew Watson do hereby certify, that, in my presence, the above named Recruit, above named, that the Answers written opposite to them are true, and that he has made and signed the Declaration, and taken the oath at High Wycombe

January 1917  
Andrew Watson

The entries on this page only require to be made from time to time as they occur.  
 STATEMENT of the SERVICES of No. 3350 Name Robert Hamilton Hudson  
 Showing preliminary training, other special courses of training, Annual Training, † and when mobilized, etc.

Corps	Unit	Promotions, Reductions, Casualties, etc.	Rank	From	To	Signature of Officers certifying correctness of Entries
		Service towards engagement reckons from				
	<u>ASH 9</u>	<u>20-1-15</u> <u>EMBOIDED</u>	<u>Pte</u>	<u>20.1.15</u>		<u>[Signature]</u>
		<u>appointed</u>	<u>of Lt. Cpl.</u>	<u>25.9.15</u>		<u>[Signature]</u>
		<u>Promoted</u> <u>Paid</u>	<u>Cpl.</u>	<u>1.5.16</u>		<u>[Signature]</u>
		<u>Reverts at own Request</u>	<u>Pte</u>	<u>24.6.16</u>		<u>[Signature]</u>
		<u>appointed</u> <u>Unpaid</u>	<u>L/Cpl.</u>	<u>12/8/16</u>		<u>[Signature]</u>
		<u>appointed</u> <u>Pd.</u>	<u>L/Cpl.</u>	<u>20/10/16</u>		<u>[Signature]</u>
		<u>Forfeits 3 days pay R.W.</u>		<u>24/12/16</u>	<u>29/12/16</u>	<u>[Signature]</u>
		<u>Reverts at own request</u>	<u>Pte</u>			<u>[Signature]</u>
	<u>ASH 14</u>	<u>Posted.</u>	<u>"</u>	<u>22.1.14.</u>		<u>[Signature]</u>
		<u>Authy. A.O. 204. A.C.S. 1499/6.</u>				
	<u>14</u>	<u>appointed</u>	<u>a/cpl.</u>	<u>26.11.17</u>		<u>[Signature]</u>
	<u>14</u>	<u>Unpaid in Rank</u>	<u>Cpl.</u>	<u>26.11.17</u>		<u>[Signature]</u>
	<u>17</u>	<u>Posted</u>				<u>[Signature]</u>
		<u>From B.F.</u>		<u>13</u>		<u>[Signature]</u>
		<u>Posted</u>		<u>9-7-18</u>		<u>[Signature]</u>
		<u>Posted</u>	<u>Cpl.</u>	<u>16-7-18</u>		<u>[Signature]</u>
		<u>Awaiting Trial</u>	<u>Cpl.</u>	<u>7-10-18</u>	<u>10</u>	<u>[Signature]</u>
		<u>Tried by C.M. 19/10/18</u>				
		<u>found guilty of mutiny</u>				
		<u>sent to be reduced to the</u>				
		<u>rank of Pte by C.M. 3rd</u>				
		<u>19/10/18</u>				
		<u>Roll of</u>	<u>Pte</u>	<u>14-10-18</u>		<u>[Signature]</u>
		<u>Posted</u>	<u>Pte</u>	<u>14-10-18</u>		<u>[Signature]</u>

CHARACTER

ment in the Territorial Force to \_\_\_\_\_ (date of

days

man is hereby appointed

Signature

No. 540591 R. Hudson

A. & S. Hrs.,

Cough  
Co. Tyrone Ireland

4/3/2038

Herewith Will. Please acknowledge receipt hercon.

*[Handwritten signature]*

Captain

For O.i/c Infy. Record Office.

Ferth,

20/7/20

Received. 12/8/20

Date 12/8/20

Signature [Handwritten]

**WILL.**

Name.....

Regtl. No..... Rank.....

Regiment.....

Date of:—

Receipt ... ..

Transfer ... ..

Final disposal and  
to whom sent ... ..

**USE IN COMMAND DEPOTS ONLY.]**

Only to be filled in with Men returned from an Expeditionary Force or from Garrisons abroad.

Army Form W. 3016B.  
(in Books of 200.)

No. \_\_\_\_\_ Date 2 AUG 1918 191 .

(1) The Officer Commanding 3<sup>rd</sup> Ar. Bde  
Kinsale (Station).

(2) The Paymaster \_\_\_\_\_ (Station).

Regtl. No. 40591 Rank and Name { Cpl  
A Hudson

Regiment or Corps Ar. Bde

has been granted a furlough from 2 AUG 1918 to 15 AUG 1918

His address while on leave will be { Coagh  
Co. Tyrone Ireland

Categorized by T.M.B. { Category **A, B I., B II., B III.**  
(Strike out Category inapplicable.)

Officer Commanding Magg. Command Depot. SCOTTISH COMMAND DEPT. (Station).

Three copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

\* Here insert the Reserve unit to which the man is posted.

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 Hudson Christian Name Robert

TABLE I.—GENERAL TABLE.

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

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

Declared Age ... 25 years 6 months days.

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

Height ... 5 feet, 7 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) \_\_\_\_\_

Enlisted ... { at Stirling Castle  
on 20<sup>th</sup> day of January

Joined on Enlistment ... { \_\_\_\_\_ Corps. \_\_\_\_\_

Transferred to ... { \_\_\_\_\_

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

**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

**Table IV.—Service Table.**

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



**Table II.—Only for Admissions to Hospital or to the Sick List in the case of W**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or use. In cases of syphilis, admission subsequent progress, including particulars given in the special syphilis case sheet
	Day	Month	Year	Day	Month	Year			
<i>Albion</i>	<i>22</i>	<i>2</i>	<i>16</i>	<i>24</i>	<i>3</i>	<i>16</i>	<i>Typhoid of unknown origin</i>	<i>6</i>	<i>influenza? acute</i>
	<i>18</i>	<i>5</i>	<i>18</i>	<i>29</i>	<i>6</i>	<i>18</i>	<i>Typhoid of unknown origin</i>	<i>42</i>	

hospital or on the Sick List in the case of Warrant Officers treated in quarters.

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

*known*

*6*

*influenza? discharged cured*

*D. F. Smith*  
*MD*

*known*

*42*

*influenza? discharged cured*

*D. F. Smith*



Name *Hudson R*

Sqn., Batty., }  
or Company }

*1st* Corps

*29th* *Inf* *Regt*

Date of enlistment }

*10/1/15*

*C.C.*  
*Batt.*

*4007*  
Place 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. }

*[Signature]*

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

O.i/c.,

*A.S. Ho*  
.....Wing.

30 AUG 19

Please note that a *Military* Medal awarded to *Spl. R. Hudson* has been received in this Wing.

This form will be placed in the man's documents, and should he be transferred to another Unit, or become non-effective, notification will be sent to this Wing on back hereof.

*Clea R. Haig*

O.i/c Argyll & Sutherland Highrs. Section. Captain.

**AGREEMENT** to be made by an officer or man of the Territorial Force to subject himself to liability to serve in any place outside the United Kingdom in the event of National Emergency.

I (No.) 3350 (Rank) Private

(Name) Hudson R. of the

(Unit) 2/9 Argy & Suth Highls do hereby agree,

subject to the conditions stated overleaf, to accept liability, in the event of national emergency, to serve in any place outside the United Kingdom, in accordance with the provisions of Section XIII. (2) (a) of the Territorial and Reserve Forces Act, 1907.

R. Hudson

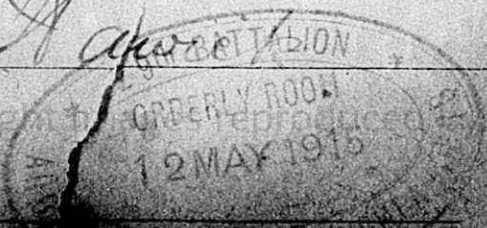
Signature of O or Man.

Adair Buchanan

Commdg. 2/9th Bn. & Co.  
Signature of Commanding Officer

Station Adair Buchanan

Date



No. 101 D.

## CONDITIONS OF SERVICE.

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1. On undertaking the liability to serve abroad in time of national emergency, an officer or man of the Territorial Force will be required to sign an agreement, on Army Form E. 624, in the presence of the Officer Commanding the Territorial unit to which he belongs, and, unless notification to the contrary is given to the Commanding Officer, the liability will continue as long as the officer's or man's engagement in the Territorial Force lasts.

2. The engagement on Army Form E. 624, of an officer or man of the Territorial Force to accept liability for service outside the United Kingdom in time of national emergency, will be to serve with his own unit, or with a part of his own unit, only. He cannot, under this agreement, be drafted as an individual to any other unit.

3. Except as regards liability for foreign service, the conditions of the officer's or man's service in the Territorial Force will not be affected by this agreement.

4. A badge will be awarded to each individual accepting such liability for service outside the United Kingdom. This badge may be worn when in uniform, on the right breast of the officer or man so long as the liability continues.

**MEMORANDUM.**

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From

Regt. Payne

To

Office T. F. Records, Perth

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3350 Robert Hudson 9<sup>th</sup> Res A. 55 H

Army Forms E. 501 & E. 624 for  
above man passed to you please,  
having been sent to this office  
in error.

*[Signature]*

*[Signature]*  
for R. P.



REF. No. 9810

MEMOR

From

PERTH

O/B

To 7/4<sup>th</sup> Lt. A. J. Hrs.,Hemsley Camp,  
Norwich.

Perth

24<sup>th</sup> June 1916.

3350 Robt. Hudson

Herewith documents.

of the above man for  
signing where pencil  
marked.Kindly return  
when completed.

A. J. Hrs.

COLONEL,  
OFFICER I/O. TERR. FORCE  
RECORD OFFICE

~~77~~  
T. F. Records Office  
Perth

Herewith duly  
signed as requested.

Chas. S. Buchanan Lt.-Col.  
Commandg 21st Bn. S. A. & S. Hds.

Hemby Camp  
29. 6. 16



7. What is the name and address of your last employer before joining the Army?

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

(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..... Signed.....(Claimant).

Date..... Signed.....(Witness).

#### OPINION OF THE EXAMINING MEDICAL OFFICER.

(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.

(b) The present condition thereof.

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

10. State whether each disability is:—

- (a) Service during the present war.
- (b) Previous active service.
- (c) Climate in pre-war service.
- (d) Ordinary military service before the war.
- (e) Serious negligence or misconduct on the part of the claimant.

Give details:—

(i) Attributable to

or (ii) Aggravated

11. (a) Is each disability in a final stationary condition?

(b) If not is re-examination before the expiration of the period of twelve months specially advised?

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).

(b) In case of aggravation, what in your opinion was the degree of disablement which existed before joining the Army?

Medical

Rank

# 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..... *4th* ..... If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:—

Regiment or Corps..... *412th* ..... (a) Former Regiments or Corps with Regimental Numbers—

Regtl. No..... *40571* ..... Rank..... *Pvt.* .....

Surname..... *HUDSON* ..... (Block letters.)

Christian Names } ..... (b) Dates of discharge.....  
in full } ..... (c) Causes of discharge .....

Permanent address..... *Co. Lyons, Ireland* ..... (d) Particulars of Pension or Gratuity received (if any)—

Age last birthday..... *30* .....

First joined } (Date)..... *15.1.15* ..... at (Place)..... *General*  
for duty } .....

Medical Category or Grade in which joined..... *A* .....

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..... *Field* ..... Signature of Officer or Soldier.

Date..... *29th Jan 1917* ..... Signature of Officer witnessing.

Before the claimant answers questions 1—3 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 as being witnessed.

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?

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).

3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war.

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.

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.

Names of your National Society and

Casualty Form—Active Service.

5/40591

Regiment or Corps \_\_\_\_\_

Regimental No. 3350 Rank Private Name Hudson Robert

Enlisted (a) 20/4/15 Terms of Service (a) Duration of War Service reckons from (a) 20/4/15

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

Extended \_\_\_\_\_ 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				

26-1-17

EMBARKED  
DISEMBARKED  
ARRIVED 19 I.B. DEPOT  
Posted to 14th. Bn. ARG.  
& SUTH'D. HIGHRS under  
A.O.204 & A.C.I.1499 of  
1916

FOLKESTONE 2-1-17  
CALAIS 2-1-17  
ETAPLES 3-1-17

22-1-17 O.1810  
No.9.

*Modrington* CAPTAIN  
FOR OFFICER 1st TERN. INFY NORTHERN SECTION  
G. H. Q. 3rd ECHELON

14th (S) Bn. Argyll & Sutherland Highlanders

Joined Battalion & posted to "A." Coy 24-1-17 A.F.B. 218.

Pro Pay Cl. L.

*Fitch* 20-1-17 O.1614. O.55.

*Asst Coy Sergeant* 26-11-17 O.1117/1918

*Team* 9-1-18 To 23-1-18

*rank of Cpl* 26-11-17. Roll. O.20.

Argyll and Sutherland Highlanders.

7 APR 1918  
Archives, London, England

440591 *Op Hudson R*

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				
24-4-18	12th A.	S. M. D. Adm. to 39 S. H. or 51 CCS	In the field	25-4-18	026 ED. 658.
25-4-18	51 CCS.	do Admitted	do.	"	" " 617.
11-5-18	do.	do to pages 190-191	do.	7-5-18	" " 1349.
9-5-18	10 Can. S. H.	N. Y. D. Sick. Admitted	Leclair	9-5-18	15.30344/01.23334.
17-5-18	do.	do	do.	17-5-18	026 ED. 3083.

for  
Lieut.  
of the Infantry Section, No. 1.  
O. H. Q. 8th Division

**Casualty Form - Active Service.**

Regiment or Corps *Argyll & Sutherland H. B.*  
 Rank *Capt.* Surname *Hudson* Christian Name  
 Religion *Pres.* Age on Enlistment *27* years *0* months  
 Enlisted (a) *15-1-15* Terms of Service (a) Service reckons from (a)  
 Date of promotion to present rank Date of appointment to lance rank  
 Extended  Re-engaged  Qualification (b) or Corps Trade and Rate *No Record*  
 Occupation *Farmer (A.)* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
		Admitted to A.S.D. Granted furlough for leave from 9-8-18 to 15-8-18	<i>Kigg</i>	<i>9-7-18</i>	
		Period 3 A.S.D.	<i>Kinsale</i>	<i>8-8-18</i>	
		Remanded for trial by R.C.M.			
		Found by D.C.M. 14.10.18 for "Neglect to the of Good Order and Military Discipline" Found and sentenced to be reduced to the ranks. Confirmed Argyll & Sutherland H. B. 17.10.18 Brought in R.O.S. to 14.10.18.	<i>Kinsale</i>	<i>14-10-18</i>	
			<i>Kinsale</i>		

*Ireland*





**IF FOUND, please drop this Certificate in a Post Office letter box.**

Army Form Z. 11.

**NOTICE.**—“This document is Government property. It is no security whatever for debt, and any Person being in possession of it, either as a pledge or security for debt, or without lawful authority or excuse, is liable under Section 156 (9) of the Army Act to a fine of twenty pounds (£20) or imprisonment for six months, or to both fine and imprisonment.”

# PROTECTION CERTIFICATE AND CERTIFICATE OF IDENTITY (SOLDIER NOT REMAINING WITH THE COLOURS).

Dispersal Unit Stamp and date of dispersal

Surname HUDSON.  
(Block letters)

Christian Names Robert.

Regtl. No. 40591. Rank Pte.

Record Office Ferth.

Unit 1st Bn Regt. or Corps A.S.A.

Pay Office Ferth.

I have received an advance of £2.

† Address for Pay Coagh, Tyrone, Ireland.

(Signature of Soldier) R. Hudson.

The above-named soldier is granted 28 days' furlough from the date stamped hereon pending\* (as far as can be ascertained) which will date from the last day of furlough after which date uniform will not be worn except upon occasions authorized by Army Orders.

Theatre of War or Command } France

Born in the Year 1888.

Medical Category A.1.

Place of rejoining in case of emergency } Dublin.

Specialist Military Qualification } Rifleman

\* If for Final Demobilization insert 1.  
Disembodiment insert 2.  
Transfer to Reserve insert 3.

† As this is the address to which pay and discharge documents will be sent unless further notification is received, any change of address must be reported at once to the Record Office and the Pay Office as noted above, otherwise delay of settlement will occur.

R. Hudson

This Certificate must be produced when applying for an Unemployed Sailor's and Soldier's Donation Policy or, if demanded, whenever applying for Unemployment benefit.

Date \_\_\_\_\_ Office of Issue \_\_\_\_\_ Policy issued No 3007947.

(3)

(5) If any other allowance or gratuity has been received, it should be described in this space.

(6) Full names of Children's Mother.

(7) Annex a Certificate shewing date of death of Children's Mother.

(8) State relationship of guardian to children.

I further declare that the children have not been granted any Pension, or other allowance from the Government, except<sup>(5)</sup> \_\_\_\_\_

and that their Mother, the late<sup>(6)</sup> \_\_\_\_\_

died at<sup>(7)</sup> \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ 1 \_\_\_\_; that I [their<sup>(8)</sup> \_\_\_\_\_]

am responsible for their care and maintenance, and that I will apply all monies paid to me in respect of the Pensions which may be granted to them exclusively for their benefit.

*\*Signature of the Guardian* \_\_\_\_\_

*Place of Residence* \_\_\_\_\_

\* This Declaration must be signed in the presence of the Person who completes the Certificate of Identity, &c., below.

This Certificate may be signed by any of the undermentioned persons:—

Magistrate, Officer (Army or Navy), Minister of Religion, Doctor, Member of Local War Pensions Committee, Official of Soldiers and Sailors Families Association, Police Officer not under the rank of Sergeant.

*Certificate of Identity, &c.*

I hereby declare that, to the best of my knowledge and belief, \_\_\_\_\_ was the lawful wife of the

man referred to. The declaration was signed by the applicant in my presence, and I believe that the statements contained in it to be correct.

I further certify that the applicant is responsible for the care and maintenance of the children, and is, in my opinion, qualified to act as their guardian.

*Signature* \_\_\_\_\_

*Qualification* \_\_\_\_\_

*Address* \_\_\_\_\_

*Date* \_\_\_\_\_ 191 \_\_\_\_

(Stamp of Office should be affixed if possible.)

For use of the Record Office.

The above application for Pension is submitted and recommended.

*Signature* \_\_\_\_\_

*Officer i/c of Records.*

*Date* \_\_\_\_\_

*Station* \_\_\_\_\_

(9 38 4) W5389--P730 20,000 2/18 HWV(P1282)

From:—

Mr. R. Hudson

13 Winchester St

*[Handwritten initials]*

Perth

REGISTRY NO. 1 110

INFANTRY RECORDS OFFICE

7 JUN 1919

To:—

Officer in Charge,  
Infantry Records,  
No. 1 District,  
Perth.

RECORD OFFICE  
a/p + /g/p  
REG. NO. 1 110  
\* PERTH

I hereby acknowledge receipt of the Military Medal  
awarded to S/40591 Cpl. R. Hudson  
and I further declare that in the event of the Medal being lost  
stolen or destroyed, no claim for replacement will be made against  
the public.

(Signature)

Robert. Hudson.

(Date)

5-6-19

34  
To: C. & Records,  
Mal District,  
Perth.

1919  
ENTRY No. 1 DISTRICT  
2 JUN 1919  
PERTH

RECORDED  
REF. 7/9/1919  
PERTH

From: Mr R Hudson  
12 Mainhead St  
Perth

I desire my Military Medal to be sent to me  
by registered post and not to be presented to me personally which  
I understand could have been done.

(Signature) R. Hudson: 12 Mainhead St.  
Late 120591 - Cpl - Army Suth. Forces.  
(Date) 30-5-19 Stink in tillack

A. & S. Hdrs.

Infantry Record Office,

Perth, 1919.

S/40591 Lpl Robert Hudson

Coagh  
St. John  
Perth



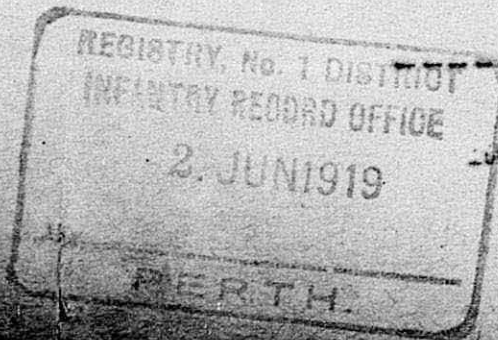
Herewith Army Form E.21,  
the receipt of which please acknowledge hereon.

Please note you should notify this Office of any change  
of address.

*W. H. H. H. H.*

Captain

For C.i/e Records, 1st District.



received.

(Signature) W. H. H. H.

(Date) 13. June 1919

*Kirk inilloch*

STATEMENT of the SERVICES of No.

Name

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 \_\_\_\_\_ years \_\_\_\_\_ months.

Nature of Engagement, i.e.,  
Regular, T.F. or Special Reserve

Enlisted for { \_\_\_\_\_ years' Army Service.  
\_\_\_\_\_ years' Reserve Service.

Service towards limited engagement reckons from \_\_\_\_\_

Joined at \_\_\_\_\_ on \_\_\_\_\_

Disembodied on Demobilization.

Date.....

Signature.....

Officer i/c Records

Place.....

Home Address.....

Total Service forfeited as above

Total Service towards Engagement (date of discharge)



Description of Robert Hudson on Enlistment.

MEDICAL INSPECTION REPORT.

(Applicable to all Ranks.)

Name Robert Hudson

Apparent age 25 years 6 months.

Height 5 feet 7 inches.

\* Chest measurement { Girth when fully expanded 35 1/2 inches.  
Range of expansion 2 1/2 inches.

Vision 6

Physical development Good

\* Chest measurement will be obtained by adjusting the tape so that its posterior upper edge touches the inferior angles of the shoulder blades, and its anterior lower edge the upper part of the nipples, while the arms hang loosely by the side.

Certificate of Medical Examination.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulation. He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; he does not suffer from hernia; and declares that he is not subject to fits of any description.

I consider him\* fit for the Territorial Force.

20/11/15

Place Kirkcubbin Medical Officer.

\* Insert here "fit" or "unfit."

Note.—Should I consider the Recruit unfit, he will fill in the foregoing certificate only in the case of those who are unfit, and briefly state below the cause of unfitness.

Primary Military Examination.

I hereby certify that the Recruit was inspected by me, and I consider him\* fit for the and that due care has been exercised in

D McBride Major  
9th A.S.H. } Recruiting Officer.

† Insert the "Regiment" or "Corps."

\* Certificate of Approving Officer.

Attestation of the above-named Recruit is correct, and properly filled up, and that all requirements have been complied with. I accordingly approve and appoint him to the

(or other authority for the enlistment) will be



The Entries on this page only require to be made from time to time as they occur.

No. 3350

Name Robert Hamilton Hudson

MILITARY HISTORY SHEET.

I. Service.

Place.	From	To	Years	Days
<u>Home</u>	<u>20 - 1 - 15</u>	<u>31 - 12 - 16</u>	<u>1</u>	<u>346</u>
<u>Furlough</u>	<u>1 - 1 - 17</u>	<u>8 - 1 - 18</u>	<u>1</u>	<u>7</u>
<u>France</u>	<u>9 - 1 - 18</u>	<u>23 - 1 - 18</u>		<u>14</u>
	<u>24 - 1 - 18</u>	<u>17 - 5 - 18</u>		
	<u>18 - 5 - 18</u>	<u>9 - 11 - 18</u>		

2. Passed classes of Instruction †  
 †This includes any authorised class of instruction

Qualified as Marksman Ag score 132 points 30/8/16

Initials of Officer making the entry

3. Campaigns (including actions) medals and decorations

Military Medal - Lond Gen 16 8-18  
British War Medal  
Victory Medal

4. Wounded

5. Effects of wounds

6. Special instances of gallant conduct and mentions in public despatches

7. Annuities

8. Injuries in or by the Service



RECORD OFFICE,

Army Form B. 5112.

22/11/1918

.....19.....

I am directed to forward the  
accompanying *British War Medal  
Victory Medal*

which has been awarded  
to you in respect of your services with  
the *REG. & BUTH. SIGNS*

Please complete receipt and return  
this card. No stamp is required.

i/c Records.

1743] W2595/PP4071 2000m 11/20v 3431 G & S 663

I hereby acknowledge the  
receipt of the

Regtl. No. *40591*

Rank *Private*

Signature *Robert Hudson*

Unit *REG. & BUTH. SIGNS*

Date *10/11/21* 192