



NEW ZEALAND DEFENCE FORCE
PERSONNEL RECORDS

PRESERVED BY ARCHIVES NEW ZEALAND

Record Title: William CROSS

Archives Reference: AABK 18805 W5530 0030407

THIS DIGITAL SURROGATE WAS PRODUCED BY ARCHIVES NEW ZEALAND ON
Tuesday, 2 June 2009

Unit.	Rank.	Surname.	Christian Name.	No.
10 th Coy. R.F.C.	Pte Private	Cross.	William	21664

Occupation: Railway Labourer Religion: County Tyrone Last New Zealand address: Culverden
 Last employer: Public Works Dept. C. of Tyrone 14-5-1871

Name, relationship, and address of next-of-kin (if not resident in New Zealand, insert also name and address of nearest relative in New Zealand):
Ernest Cross. (Brother) Michael O'Rielly W. J. Lewis Solicitor
Bovain Culverden Dungannon 5th Sept. 1919
Boylan: Moy (Friend) Medals to be sent to
County Tyrone Ireland James Wray (Bovain,
Ireland Moy Co. Tyrone,
Belmullet

[B.R. - 220.]

Surname: **MEDAL ACTION COMPLETE** Rank on discharge: Highest rank held: Reg. No.
 Address: 28 SEP 1923 Highest rank held in theatre of war:
 Casualty or reason for discharge: Legatee and address: Specific Bequest (Executors: Messrs J. Wray & W. J. Lewis
Solicitor, Dungannon
Ireland)
 Nominated next-of-kin, relationship, and address: Mrs. M. Hazelton, Gortree, Moy, County Tyrone, Ireland, is to hold Plaque
 Legal next-of-kin, relationship, and address: Unknown a Scire in Trust. See Trust Form on file

Decorations: Medals for Gallantry.	Authority.	Service Medals.	Date Medal issued.	Service Chevrons.	Wound Stripes.
	<u>Australasian:</u>	<u>British War Medal ..</u>		<u>Red.</u>	
	<u>Indian:</u>	<u>Victory Medal ..</u>		<u>Blue.</u>	

Certificates of Service issued.	No.	Date.	MENTION IN DESPATCHES.		
			London Gazette.	No.	Date.
<u>Austrian:</u>					
<u>Western European:</u>					
<u>Asiatic:</u>					

Sick

Killed in action ...
 Died of wounds* 3796 London 6.3.17 Died of burns acc received. Union Hos. Dungannon Ireland March 1st 1917.
 Died of sickness* 103 AFB 103 22-5-17 Died of burns (accidentally received) at Union Hospital
 Prisoner Dungannon, Ireland. March 1st 1917.
Buried at Kelly man Churchyard Dungannon March 5th 1917.

Injuries in or by the Service
 Discharge ... Provisional: (Date.) Intended address:
 Final: (Date.)

Pension ... Auth. to James Wray. Bovain Moy Co. County Tyrone Ireland 14/9/21

New Zealand.	Embarked on Active Service, N.Z.	Disembarked ex Active Service in N.Z.	Samoa.	Egypt (up to 18/3/16).	E.E.F. (from 19/3/16).	England.	Embarked from England.	Gallipoli.	Mudros, Lemnos, &c.	Salonika.	France and Belgium.	Mesopotamia.	Germany.	Service ranks as

N.Z. service:days

Service	...	N. 9 Foreign	1-5-16 2/8/16	2/8/16	Years.	Days.	Years.	Days.		
									Foreign Service:	
									Total Service:	

Wounds	...	CABLE		Where Soldier located.	Message and Remarks.
		No.	Date.		

Sick	...	CABLE	Date.	Where Soldier located.	Message and Remarks.				
						PF020	23-1-17	Lodford.	Transf from 1st Battalion to No 3. Hosp. Codford. 23-1-17.
						2571.	7-2-17.	London.	Adm N.Z. Gen Hosp Codford 30-1-17. Sealer slight
		2602	14-2-17	London.	Transf to Base Dep. Codford. 18-2-17.				

Killed in action ...

Died of wounds* 2796 London 6.3.17 Died of burns acc received. Union Hos. Dunganon Ireland March 1st 1917.

Missing ... AFB 103 22-5-17 Died of burns (accidentally received) at Union hospital Dunganon, Ireland. March 1st 1917.

Prisoner ... Buried at Kelly man Churchyard Dunganon March 5th 1917.

Injuries in or by the Service ...

Discharge	...	Provisional: _____ (Date.)	Intended address: _____
		Final: _____ (Date.)	

Pension ... Auth. to James Wray. Gorman, Moy Co. County Tyrone Ireland 14/9/17

(Surname.)

(Christian Name.)

No. 27

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Date.	Authority for Entry.
b. Coy 16 th	Posted To	Priv	4-5-16	R.O. 508
"	Promoted to (Leatherstocking)	1/Corp	17-1-16	R.O. 253
3 rd Res Bn C.O. Reg at County Coy.	Marched in.	"	25-10-16	P.T.O. 55. Slings R.P. 27
C.I.R.	Reverts to ranks at own request	Pte	7-11-16	P.T.O. 66
C.I.R.	Reptd at Comm Dep from No 3 N 2 Corp Codford	"	10-2-17	P.T.O. 36 Codford 10-2-17 BR 27
C.I.R.	Reptd at Command Dep Codford	"		
C.I.R.	from Res Exp Slings, & posted to (Scottish) section	Pte	16-1-17	P.T.O. 14. Codford 16-1-17 BR 27

[B.R.—59.]

Surname (3)

Christian Name (4)

Cross.

William.

Regimental No. (1)

Rank: (2)

Unit:

Reinforcement or Draft:

Occupation: (5)

216644

Pte.

DECEASED

[300 pads 7/18—10528]

NEXT-OF-KIN

Medals to:

Name: (6)

Mr James Tray.

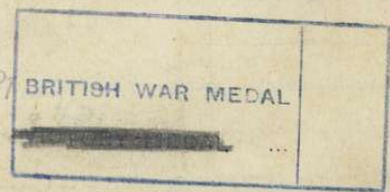
Relationship: (7)

Brown, Moy.

Address: (8)

Country Tipperary.

Ireland.



Recipient and address: Mrs M. Hazelton

Gortree, Moy.

County Tipperary

Ireland

Special instances or meritorious c

(D. 27,000/3/21-2734) form recd 20/4/22

Medals and Decorations	Name of Medal.	Clasps.	Date of Grant.

PARTICULARS OF MARRIAGE.

Wife's Maiden Name (in full).	Place of Marriage.	Date.	Officiating Clergyman or Registrar.

PARTICULARS OF CHILDREN.

Christian Names.	Date of Birth and Age.	Where born.	Where registered.

CONDUCT-SHEET.

Regiment or Corps.	Place.	Date.	Offence.	Punishment.	Authority for Entry.
6 Coy, 16	Leatherston	23/7/16	Overstaying Pass	Forfeit 1 day's pay	S. C. B.
" "	" "	25/7/16	Breaking camp	" " "	" "
2nd County Coy.	London	5-11-16	Als W. L. Mon 2 am. 28-10-16 till arrested at 12.50 pm 3-11-16.	168 hours detention for 7 days pay " 7 " " by R.W.	PHO 67 Slings R.R. 27/10

PLAQUE AND SCROLL.

Soldier's name: Brown W'm Reg. No. 21664

Roll No. 55666

Scroll despatched (Date): 21-7-22

✓ Plaque:

Recipient and address: Mrs M. Hazelton
Portree, Moy
County Tyrone
Ireland

Special instances or meritorious c

(Do not fill in this part, must form recd 20/4/22)

Name of Medal.	Clasps.	Date of Grant.
Medals and Decorations		

PARTICULARS OF MARRIAGE.

Wife's Maiden Name (in full).	Place of Marriage.	Date.	Officiating Clergyman or Registrar.

PARTICULARS OF CHILDREN.

Christian Names.	Date of Birth and Age.	Where born.	Where registered.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps "C" Company, 16th Reinforcements. Regimental Number 21664
Rank Private Surname CROSS. Christian Name William. Age on Enlistment _____ years _____ months.

Enlisted (a) 1/5/16 Terms of Service (a) Period of War Service reckons from (a) 1/5/16
Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { } Re-engaged { } Qualification (b) _____
or Corps Trade and Rate _____

Signature of Officer i/c Records. _____

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 233, Army Form A. 36, or other official documents
	From whom received				
7/11/16	O.C. 3rd Res Bn Canty-Otago Rgt	H.T. No. 62 Embarked ... Ex "Mokoia" Disembarked... Marched in	Dunedin	20/8/16	Emb Roll
16/1/17	O.C. Comd Depot.	request	Sling	7/11/16	No 66 Scabies
23/1/17	Do	Marched in (Isolation Sect)	Codford	16/1/17	Pt. 2 Orders 14
10/2/17	Do	Trans to No 3 NZ Gen Hosp	Codford	23/1/17	Pt. 2 Orders 20
8/3/17	O.C. N.Z. Records.	Taken on Strength X Hosp DIED at Union Hospital	Codford (Ireland)	10/2/17 1/3/17	Pt. 2 Orders 36 Burns accident - ally received Daily Return 181
8/3/17	Hdgrs, London.	Struck off Strength of NZEF	London.	1/3/17 25 MAY 1917	Part 2 Orders No. 210

(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, Shoeling-Smith, & Co. (B99139) W 15012-5136 J. P. & Co., Ltd. Forms B/103.

A. S. L. H. H. H.
N. Z. Army Reserve
London, D. M. C.

FILE
25 MAY 1917
Part 2 Orders
No. 210

NEW ZEALAND POST OFFICE TELEGRAPHS
M.C.O.'S AND MEN KILLED IN ACTION
(If prepaid in stamps, affix stamps in this space)
Date stamp of Office in Origin

Transcript of this document
may be made by the holder

NEW ZEALAND EXPEDITIONARY FORCE.

[Form No 3.

MILITARY HISTORY SHEET.

b. boy 16th

No. 21664

Name: Cross William

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...	U.S. Foreign	1.5.16	21 AUG 1916			
2. Certificates ...						
3. Passed classes of instruction [†] <small>† This includes any authorized class of instruction.</small>						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
	Name of Medal.	Clasps.	Date of Grant.			
8. Medals and decorations						
9. Injuries in or by the Service						
10. Name and address of next-of-kin	(Brother) Ernest Cross, Bovelin more County Tyrone, Ireland		(Friend) Michael O'Feilly Culverden			
11. 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.					
	(a.)	(b.)	(c.)			
12. Particulars as to Children.	Christian Names.		Date and Place of Birth.		Where registered.	

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Intended place of residence on discharge: U.S.

STATEMENT OF THE SERVICES OF No. 2164 NAME: Cross, W.

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries.
C. Coy. 16 th	Posted to. R.O. 508.	Pvt.	4-5-16	W. J. Breach
" "	Promoted A.O. 253. (Leathers Fm)	2/corps	17.6.16	J. J. ...
	DISMBK DEVONPORT		24 10 16	J. ...
Cavalry Coy. Posted to Res. Battalion	Slings 65. 25 10 16		25 10.16	J. ...
" "	Reverts to ranks at own request (Slings Pt 66 7/11/16)	Pte.	7. 11. 16	J. ...

Note—These entries are to be made from time to time as they occur, and initialed by the officer making the entry.

**NEW FILE
BEGINS**

16th REINFORCEMENTS.
NEW ZEALAND EXPEDITIONARY FORCE.

(Form No. 1.)

PERSONAL RECORD of

(Surname.)

(Christian name.)

1st NZEF

Army No

Registration No. 21664

2nd NZEF

1/Corp. R.O. 253

L/6pl. Cross

William

REGIMENT:

6 Coy.,

16th Reinf'ts.

GROUP:

NUMBER:

MEDAL ACTION: COMPLETE.

PREVIOUS PAPERS:

SUBSEQUENT PAPERS: 1/1

M/C. File with C.C.

DECEASED

X7-10-19

Michael O'Reilly (W)
Substantive

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps "C" Company, 16th Reinforcements.

Regimental Number 21864

Rank Private Surname CROSS.

Christian Name WILLIAM.

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 2/5/16 Terms of Service (a) Period of War Service reckons from (a) 1/5/16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended Re-engaged Qualification (b) _____ or Corps Trade and Rate _____

Signature of Officer i/c Records.

Date	Report From whom received	Records of promotions, reductions, transfers, casualties, etc. For active service, as reported on Army Form A. 211, Authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form A. 211, Army Form A. 26, or other official documents
7/11/16	O.C. 3rd Res Bn Canty-Otago Rgt	Reverts to ranks at own request	Sling	7/11/16	No 66 Seablers
16/1/17	O.C. Comd Depot.	Marched in (Isolation Sect)	Codford	16/1/17	Pt 2 Orders 14
23/1/17	Do	Trens to No 3 NZ Gen Hosp	Codford	23/1/17	Pt 2 Orders 20
10/2/17	Do	Taken on Strength X Hosp	Codford	10/2/17	Pt 2 Orders 36 Burns accident - ally received
8/3/17	O.C. N.Z. Records.	DIED at Union Hospital	Dungannon (Ireland)	1/3/17	Rally Return 101
6/3/17	Hdgrs, London.	Struck off Strength of NZEF	London	1/3/17	Part 2 Orders No. 210

W. J. G. H. M. A. W. G.

FILED
25 MAR 1917
A. W. G.

(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, Shoeing-Smith, etc. (Approved) W 1901-118 J.P.A. Co., Ltd. Forms 103A. P.T.O.

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 } Canty-Otago Regiment. Squadron, }
 or } 3rd. Reserve Battalion. Troop, Battery }
 CORPS } or Company }

Regtl. No. 21664. Rank Private.

Name CROSS. William.

Died { Date 1st. March. 1917.
 Place Union Hospital, Dungannon, Ireland.
 Cause of Death* Burns. (Accidentally received.)

Nature and Date of Report Telegram received from O.C. Union Hospital.
Dungannon. 2nd. March. 1917.

By whom made O.C. Union Hospital Dungannon, Ireland.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Killyman Churchyard, Dungannon, Ireland.
 Date 5th. March. 1917.
 By whom reported William Griffin. - Clerk of Union Hospital.

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) No.
 (b) in Small Book (if at Base) -----
 (c) as a separate document -----

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 Expeditionary 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 } H. Lily Herbert Lt. Col.
~~of Section Adjutant Generals~~ }
 Office at the Base -- } O. i/c. Records. N. E. E. F.

Station and Date 8 Southampton Row,
London. W.C. 31.3.17.



6. boy 16

6 boy 16

NEW ZEALAND EXPEDITIONARY FORCE.

ATTESTATION OF

No. 21664

Name: Cross, William

Regiment or Unit: Lug

Questions to be put to the recruit before enlistment.

1. What is your name? 1. Cross William
2. Where were you born? 2. County Tyrone Ireland
3. Are you a British subject? 3. yes
4. What is the date of your birth?... .. 4. 14th February 1871.
5. What is your trade or calling? 5. Railway labourer
6. Are you an indentured apprentice? If so, where, and to whom? 6. no
7. What was the address at which you last resided? ... 7. Culmra
8. Have you passed the Fourth Educational Standard or its equivalent? 8. no
9. What is the name and address of your present or last employer? 9. Public Works Dept
10. Are you married? 10. No
11. Have you ever been sentenced to imprisonment by the Civil power? If so, when and where? 11. No
12. Do you now belong to any military or naval force? If so, to what corps? 12. No
13. Have you ever served in any military or naval force? If so, state which and cause of discharge. 13. No
14. Have you truly stated the whole (if any) of your previous service? 14. yes
15. Have you been registered for compulsory military training under the Defence Act, 1909? If so, where? 15. No
16. Have you ever been rejected as unfit for the military or naval forces of the Crown? If so, on what grounds? 16. No
17. Are you willing to be vaccinated or revaccinated and inoculated? 17. Yes
18. Are you willing to serve in the Expeditionary Force in or beyond the Dominion of New Zealand under the following conditions, provided your services should so long be required: For the term of the present European war and for such further period as is necessary to bring the Expeditionary Force back to New Zealand and to disband it? 18. Yes

(Brother) Ernest Cross Michael O'Reilly
Boston Way Culmra (Frms)
County Tyrone Christchurch
Ireland

Note.—Your discharge will not be granted before your return to New Zealand unless permission for discharge elsewhere be obtained from the G.O.C. the New Zealand Expeditionary Force.

I, William Cross, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagement made.

Signature of Recruit:

Wm Cross

Signature of Witness:

Ernest Cross

Oath to be taken by recruit on attestation.

I, William Cross, do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, his Heirs and Successors, and that I will faithfully serve in the New Zealand Military Forces, according to my liability under the Defence Act, and that I will observe and obey all orders of His Majesty, his Heirs and Successors, and of the Generals and Officers set over me, until I shall be lawfully discharged. So help me, God.

Certificate of Magistrate or Attesting Officer.

The above questions were read to the above-named recruit 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, and the said recruit has made and signed the declaration and taken the oath before me, at Dunstan, N.Z., on this 3rd day of May, 1916

Signature of Attesting Officer:

H. P. Edwards

Description of Cross William on Enlistment

Apparent age: 40 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Service.)

Height: 5 feet 8 1/4 inches.

Weight: 172 lb.

Chest-measurement: { Minimum, 37 inches.
Maximum, 41 inches.

Complexion: Medium

Colour of eyes: Dark Brown

Colour of hair: Gray

Religious profession: Methodian Wesleyan

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Medical Examination.

Sight: Right eye, 6/6

Left eye, 6/6

Hearing: Right ear, Normal

Left ear, Normal

Colour-vision: Normal

Are his limbs well formed? Yes

Are the movements of all his joints full and perfect? Yes

Is his chest well formed? Yes

Is his heart normal? Yes

Are his lungs normal? Yes

What is the condition of the teeth? Good

Have you had any illnesses? No

Is he free from hernia? Yes

Is he free from varicocele? Yes

Is he free from varicose veins? Varicose veins up-leg

Is he free from hæmorrhoids? Yes

Is he free from inveterate or contagious skin-disease? Yes

Is there a distinct mark of vaccination? Yes

Is he in good bodily and mental health and free from any physical defect likely to interfere with the efficient performance of his duties? Yes

Are there any slight defects, but not sufficient to cause rejection? No

Have you ever had a fit? No

Remarks.

*Varicose veins not trouble
Recommended that he be given
a trial*

Certificate of Medical Examination.

I have examined the above-named, and find he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

I consider him fit for service in the New Zealand Expeditionary Force.

27 4, 1910

C.T.W. Little, Medical Officer.

Address: Hawkes

MILITARY HISTORY SHEET.

6. Aug 16

No. *21664*

Name: *Cross William*

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...	<i>N.Z. Foreign</i>	<i>1.5.16</i> <i>21 AUG 1916</i>	<i>21 AUG 1916</i>			
2. Certificates ...						
3. Passed classes of instruction ¹ <small>† This includes any authorized class of instruction.</small>						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
8. Medals and decorations	Name of Medal.	Clasps.		Date of Grant.		
9. Injuries in or by the Service						
10. Name and address of next-of-kin						
	<i>(Brother) Ernest Cross,</i>		<i>(Sister) Michael O'Leary</i>			
	<i>Borlwin</i>		<i>County Tyrone, Ireland</i>			
	<i>Moy</i>					
	<i>County Tyrone, Ireland</i>					
11. 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.					
	(a.)	(b.)		(c.)		
12. Particulars as to Children	Christian Names.		Date and Place of Birth.		Where registered.	

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Intended place of residence on discharge: *NZ*

STATEMENT OF THE SERVICES OF No. 21664 NAME: Cross, W.

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries.
C. Coy. 16 th Bk.	Posted to. R.O. 508.	Pvt.	4-5-16	W. J. Breach
" "	Promoted A.O. 253. (Leathers Form)	2/Coy	17.6.16	J. Furness
	DISMISSED DEVONPORT		24 10 16	Hoaghe
Cauly Coy. Posted to Res. Battalion	<u>Slings 65, 25 10 16</u>		25 10.16	Ho
"	Reverts to ranks at own Request (Slings 66 7/10/16)	Pte.	7.11.16	Halt

NEW ZEALAND EXPEDITIONARY FORCE.

MEDICAL HISTORY

OF

Surname: Cross Christian Name: William

Examined: (On 27 day of June, 1916
 At Warkare
 Birthplace: (Town, County Lysons
 Country, Zealand
 Declared age: 45
 Trade or occupation: Railway Labourer
 Height: 5 ft. 8 1/2 in.
 Weight: 142 lb
 Chest-measurement: (Minimum, 37 in.
 Maximum expansion, 41 in.
 Physical development: _____
 Small-pox marks: _____
 Vaccination marks: (Arm, Right | Left
 Number, _____ | _____
 When vaccinated: _____
 Marks indicating congenital peculiarities or previous disease: _____

Approved by C. J. W. Little
 Medical Officer, Warkare
 Examined for re-engagement: _____ day of _____, 191____
 * Considered: _____
 Medical Officer, _____
 * If unfit, state disability. _____
 Re-vaccinated on _____ day of _____, 191____
 Arm: _____ Number: _____
 Result: _____
 Medical Officer, _____

Enlisted on 1st day of May, 1916, at TRENTON

	Corps.	Regimental No.	Date.
Joined on enlistment	<u>6</u> Coy, <u>16th Reinfts.</u>	<u>21664</u>	<u>1-5-16</u>
Transferred to			

PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
			MAY 1916

N B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Services on the man becoming non-effective, the date and cause being stated at the foot of next page.

Station or Troopship: TRENTHAM	Date of Arrival at the Station or of Embarkation: 3-5-16	Dates of Admission into Hospital: Day. Mon. Year.		Discharge from Hospital: Day. Mon. Year.		Disease	Number of Days in Hospital	REMARKS ON NATURE OF DISEASE: How induced, if mild or severe, if completely recovered from, whether any particular treatment was adopted. In venereal disease state nature of primary disease and whether mercury has been given. If an accident, state whether it occurred on duty and whether a court of inquiry was held.	Signature of Medical Officer.
								Inoculated 14 8 16 " 3. 8. 16. " 15-9-16	<i>McLain</i>

Surname: *Kass* Christian Name: *William*