

Description of W. Dennis T. on Enlistment.

Apparent age: 30 years 4 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Service.)

Height: 5 feet 8 1/4 inches.

Weight: 160 lb.

Chest-measurement: { Minimum, 34 inches.  
Maximum, 38 inches.

Complexion: Fresh

Colour of eyes: Blue

Colour of hair: Brown

Religious profession: Presby.

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

Two small scars right side of neck.

Medical Examination.

Sight: Right eye, normal

Left eye, normal

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? )

Is he free from hernia? yes

Is he free from varicocele? yes no

Is he free from varicose veins no

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? u

Are there any slight defects, but not sufficient to cause rejection? \_\_\_\_\_

Lower plate reqd. Remarks.

fit when teeth, varicose veins &

varicocele attended to Richard Anderson R. Col.  
27/7/15

17/9/15 Fit Richard Anderson R. Col.

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.

17 Sept, 1915

Richard Anderson, Medical Officer.  
R. Col.



Surname: *Thomas* Christian Name: *Thomas* Rank on discharge: *Rifle* Highest rank held: *Rifle* Reg. No.: *4/195*

Address: *[illegible]* Highest rank held in theatre of war: *Rifle* Rank shown on discharge certificate: *[illegible]*

Casualty or reason for discharge: *(Killed in action)* Country resident in: *Ireland*  
In the case of death, country next-of-kin are resident in.

Legatee and address: *[illegible]*

Nominated next-of-kin, relationship, and address: *Mrs. E. Mc Minn (Mother) [illegible]*

Legal next-of-kin, relationship, and address: *Mrs. M. Mc Minn (Cousin) "Crossed" Rock [illegible]*

Decorations: Medals for Gallantry.	Authority.	Service Medals.	Date Medal Issued.	Service Chevrons.	Wound Stripes.
		British War Medal ..		Red.	
		Victory Medal ..		Blue.	

Certificates of Service issued.	No.	Date.	MENTION IN DESPATCHES.	
			London Gazette.	No. Date.

New Zealand.	Embarked on Active Service, N.Z.	Disembarked or Active Service in N.Z.	Samoa.	Egypt (up to 18/3/16).	E.E.F. (from 19/3/16).	England	Embarked fr. in England	Gallipoli	Mudros, Lemnos, &c.	Salonika.	France and Belgium.	Me-opotamia.	Germany.	Service ranks as	Days.
<i>11.10.15</i>	<i>5.2.16</i>			<i>1916</i>	<i>1916</i>						<i>1916</i>			<i>EKB</i>	<i>[Signature]</i>
											<i>15.9.16</i>				



Service in N.Z. prior to entering camp: .....days  
 N.Z. service: *117* days  
 Overseas: *224* days  
 Total N.Z.E.F. service: .....years *3 1/2* days



*Mc*

# NEW ZEALAND EXPEDITIONARY FORCE.

26/11/15  
No. *4/2295*

ATTESTATION OF  
Name: *Mc Minn Thomas*

Regiment or Unit: *B. Coy 4th Bn 13th Div*

### Questions to be put to the recruit before enlistment.

1. What is your name? ... .. 1. *Thomas Mc Minn*
2. Where were you born? ... .. 2. *Dunbarrow Island*
3. Are you a British subject? ... .. 3. *Yes*
4. What is the date of your birth?... .. 4. *April 15th 1885*
5. What is your trade or calling? ... .. 5. *Ploughman*
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. *Chertsey*
8. Have you passed the Fourth Educational Standard or its equivalent? ... .. 8. *yes*
9. What is the name and address of your present or last employer? ... .. 9. *A. Long Chertsey*
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? ... .. 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*

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, *Thomas Mc Minn*, 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: *Thomas Mc Minn*  
Signature of Witness: *[Signature]*

### Oath to be taken by recruit on attestation.

I, *Thomas Mc Minn*, 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. 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 *Dunbarrow*, N.Z., on this *12th* day of *October*, 1915

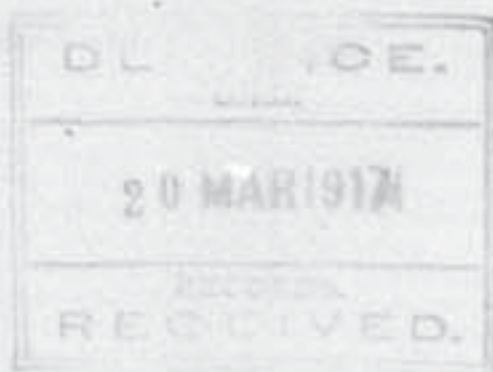
Signature of Attesting Officer: *D. Thomson, Capt. 9th Div.*

**NEW FILE  
BEGINS**

13

Short Form of Will.

In the event of my death I give to -



and I give to -  
Will with the

Public Trustee  
Christchurch

Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 191

Certified a true copy of page 13 in the Pay-Book of :-  
26/195. Rifleman. Thomas McMinn.

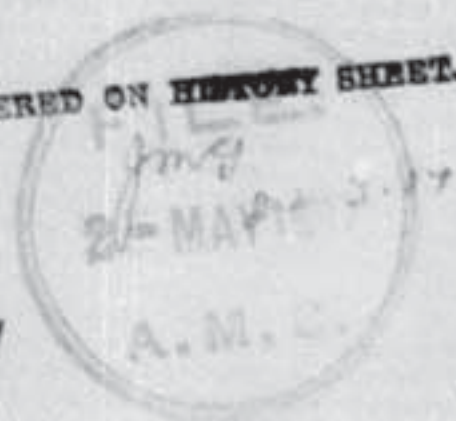
.....*J. Handley*..... Captain.  
D.A.A.G. (N.Z.)

G.H.Q. 3rd. Echelon. B.E.F.

15th. November, 1916.



*already* ENTERED ON HISTORY SHEET.  
*Noted* *AB* 30/4/17  
A.M.S.



STATEMENT OF THE SERVICES OF No.

26/195

NAME:

McMinn



Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries.
C 4 13 R B	Ported	R/mon	11/10/15	J. B. Weeks
	Killed in action Z.C. 143.		15/9/16	D. W. Dickson





This form must only be used in dealing with a Returned Soldier.

The Board will consist of two members. The President should be an officer of the New Zealand Medical Corps, and the member also if possible. The President of the Board has the power to call in the advice of a specialist if it is required.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at ... on the ... 191... by the order of the Commandant N.Z. Military Forces, for the purpose of examining and reporting upon the present state of health of—

No. ... Rank ... Name: ...

Unit ... Address: ...

President.

Members.

1. The Board, having assembled pursuant to order, proceed to examine the above-named soldier, and find that he has been suffering from:—

(a.) Original disability

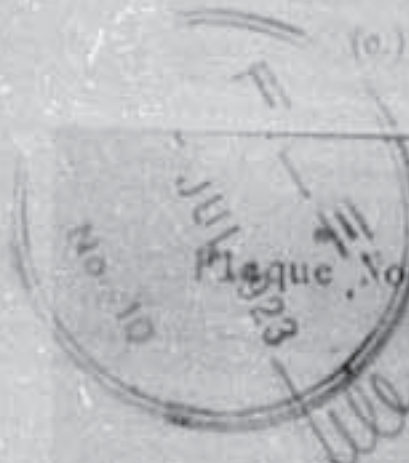
(b.) Was the original disability, in the opinion of the Board, due to causes existing prior to enlistment?

(a.) Hereditary

(b.) Acquired

(c.) Specific cause

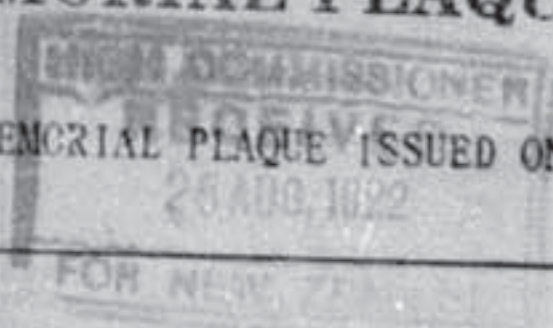
Disability. Careful consideration to be paid to this.



N.Z. Army Form 395.

RECEIPT FOR MEMORIAL PLAQUE.

I HEREBY ACKNOWLEDGE RECEIPT OF MEMORIAL PLAQUE ISSUED ON ACCOUNT OF 26/195 Thomas. McEhin



Next of kin Mrs M. McEhin Signature Mrs M. McEhin

Address Crossderrad, Rock, Dungannon Co. Tyrone, Ireland

IMPORTANT:- This receipt must be signed only by person entitled to receive, & returned to officer i/c War Accts. & Records, Wellington.

7. Is the soldier fit for (i) Overseas Service? (ii) Home Service?

8. If not fit, how long is disability likely to be continued?

9. Is the soldier fit for Civil Employment? Specify if confined to light duties or sedentary work

10. If not fit, how long is disability likely to be continued?

11. Was the disability contracted in the service?

12. Was it caused by military duty?

13. If disability is not contracted in service nor caused by military duties, was it aggravated by them?

**MILITARY HISTORY SHEET.**

No. 145

Name: McMinn Thomas

		Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...		<u>N.Z.</u>	<u>11/10/15</u>				
2. Certificates ...							
3. Passed classes of instruction† † This includes any authorized class of instruction.							
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		<u>Samuel Mc Minn (Father)</u> <u>Dungannon</u> <u>County Tyrone, Ireland</u>					
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: New Zealand

COPY

13

SHORT FORM OF WILL.

In the event of my death I give to -

(a)

(b)

and I give to -

(a) Will with the

(b) Public Trustee Christchurch

Signature :

Date : 191

26/195

*26/195 T. Mcminn  
True copy.  
Robert Auld  
11/11/195*

26  
195

McNamee

STATEMENT OF THE SERVICES OF No. NAME:

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries.
C 4 13/12/13	Posted	R/Man	11/10/15	W. McDowell

**Casualty Form - Active Service.**

Regimental Number 26/195

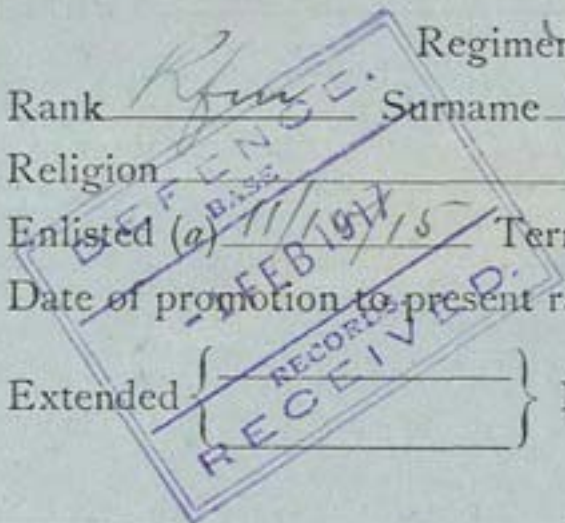
Regiment or Corps 4<sup>th</sup> Balloon Bn. 2. (Rifle) Brigade Coy  
 Rank Private Surname McMinn Christian Name Thomas

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

Enlisted (a) 11/10/15 Terms of Service (a) end of war Service reckons from (a) 11/10/15

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.

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 ... ex Narva			
		Disembarked ...			
<u>7/4/16</u>	<u>O/C 4<sup>th</sup> Bn</u>	<u>Embarked for France</u>	<u>France</u>	<u>15/3/16</u>	<u>Norm Roll</u>
		<u>per "Blannina"</u>	<u>Alexandria</u>	<u>7/4/16</u>	<u>Emb Roll.</u>
<u>19/9/16</u>	<u>do</u>	<u>Killed in action</u>	<u>in the field</u>	<u>15/9/16</u>	<u>B213 (Z.C. 143)</u>
			<u>France</u>		

*[Signature]* Capt.  
 D.A.A.G. (N.Z.)  
 G.H.Q., 3rd Echelon, B.F.E.  
 FILE.  
 11 APR 1917  
 W. G.

ENTERED ON HISTORY SHEET

(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, &c.

N.Z. RIFLE BRIGADE,  
4TH BATTALION,

[Form No. 1.]

NEW ZEALAND EXPEDITIONARY FORCE.

PERSONAL RECORD of  
(Surname.)

*McMinn*

(Christian name)

*Thomas*

REGIMENT:

*C Coy 4<sup>th</sup> Battalion NZEF*

GROUP:

NUMBER:

1st NZEF Registration No.	Army No <i>26/195</i>
2nd NZEF	

PREVIOUS  
PAPERS:

SUBSEQUENT  
PAPERS:

SERVICE CARD PREPARED

**MILITARY HISTORY SHEET.**

No. *26/195*

Name: *McMinn Thomas*

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...	<i>N.Z.</i>	<i>11/10/15</i>				
2. Certificates ...						
3. Passed classes of instruction† † This includes any authorized class of instruction.						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
8. Medals and decorations	Name of Medal.	Class.	Date of Grant.			
9. Injuries in or by the Service	<i>Samuel Mc Minn (Father)</i> <i>Dungannon</i> <i>County Tyrone, Ireland</i>					
10. Name and address of next-of-kin						
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: *New Zealand*

**Casualty Form—Active Service.**

Regimental Number 26/195

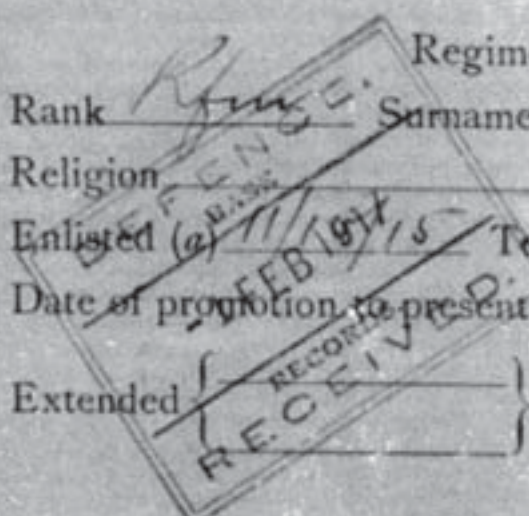
Regiment or Corps 4<sup>th</sup> Baln 3 N. 2. (Rifle) Brigade 6 Coy  
 Rank Private Surname McMinn Christian Name Thomas

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

Enlisted (a) 11/10/15 Terms of Service (a) end of war Service reckons from (a) 11/10/15

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 \_\_\_\_\_

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 ...			
<u>7/4/16</u>	<u>O/C 4<sup>th</sup> Bn</u>	<u>ex Narva</u> <u>Embarked for France</u>	<u>Lezay</u>	<u>15/3/16</u>	<u>Wom Roll</u>
<u>19/9/16</u>	<u>do</u>	<u>for "Alannia"</u> <u>Killed in action in the field</u>	<u>Alexandria</u> <u>France</u>	<u>7/4/16</u> <u>15/9/16</u>	<u>Wom Roll.</u> <u>B213 (ZC 143)</u>

J. G. Gurnall Capt.  
 D.A.A.G. (N.Z.)  
 G.H.Q., 3rd Echelon, B.F.F.

FILE.  
 11 APR 1917

ENTERED ON HISTORY SHEET

(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, &c.



446 Bn  
R3RB

Reinforcement:

T4

# HISTORY-SHEET.

[E.F. Form No. 3A.]

Unit.	Rank.	Surname.	Christian Name.	No.
R3RB.	Rfm	Mc Minn	Thomas	26/195

Occupation: Ploughman. Religion: Ireland Last New Zealand address: Ch. ...

Wounds ...

Sick ...

Killed in action ...

1914 27.9.16

*Killed in action 15.9.16*

Died of wounds\*  
sickness\*

A.F.B 103.

*Killed in action in the field France  
(Ent. 2-2-17) 16<sup>th</sup> Sep. 1916*

Missing ...

Prisoner ...

Injuries in or by the Service ...

Discharge ...

Provisional: (Date.)

Intended address: 2-3

Final: (Date.)

Pension ...

*Medals with 40  
Public Trustee 3  
Chch 11*

\* Strike out words not required.

20/12/16  
30-3-17



Unit.	Rank.	Surname.	Christian Name.	No.
H of R.B.	Rfm	Mc Minn	Thomas	26/195

Occupation: Ploughman.  
 Last employer: A. Doig. Chertsey.  
 Religion: Ireland. Presbyterian  
 Last New Zealand address: Chertsey.

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):  
Laurel Mc Minn (Father) deceased Dungannon.  
Paybook Will ret. Will with Public Trustee County Tyrone - Ireland.  
Ch / S. L. (mother) Mrs Margaret Mc Minn "Crossfarnot" Rock Dungannon Co. Tyrone Ireland.  
 (Ent 2-217) (Ent 5-3-59)

*Legate 4/15*  
*Mrs H. J. Doig*  
*broader not rec'd to Tyrone Ireland*

**WILL WITH PUBLIC TRUSTEE.**

Country or Troopship.	Date from	Date to	Total.		Initials of Officer making Entry.	Home Service.	
			Years.	Days.		Years.	Days.
<u>Foreign</u>	<u>11-10-15</u>	<u>8-1-16</u>					

Surname: Mc Minn Christian names: Thomas  
 Address: **MEDAL ACTION COMPLETE.**  
23 JAN 1924  
 Casualty or reason for discharge: Excitant Public Trustee Chert.  
 Legatee and address: Public Trustee Chert.

Rank on discharge: Rfm Highest rank held: Rfm  
 Highest rank held in theatre of war:  
 Rank shown on discharge-certificate:  
 Country resident in: Ireland  
 [B.R.-220. Reg. No. 26/195]

Nominated next-of-kin, relationship, and address:  
 Legal next-of-kin, relationship, and address: Mrs H. J. Doig (M) "Crossfarnot" Rock, Dungannon County Tyrone Ireland

Decorations: Medals for Gallantry.	Authority.	Service Medals.	Date Medal issued.	Service Chevrons.	Wound Stripes.
	<u>Egyptian E.F.: 1916</u>	<u>Victory Medal ..</u>	<u>Blue.</u>		

Certificates of Service issued.	Number No.	Date.	MENTION IN DESPACHES.		
			London Gazette.	No.	Date.
<u>Western European</u>	<u>1916</u>				

Missing ...  
 Prisoner ...  
 Injuries in or by the Service ...  
 Discharge ... Provisional: \_\_\_\_\_ (Date.) Intended address: 2-3  
 Final: \_\_\_\_\_ (Date.)  
 Pension ... Medals with do Public Trustee Chert 3 10 11

*McMinn*  
(Surname.)

*Thomas*  
(Christian Name.)

No. *26/195*

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Date.	Authority for Entry.
<i>C. H. &amp; Z. R. B.</i>	<i>P. O. R. d</i>	<i>R. P. M.</i>	<i>11.10.15</i>	
" " " "	<i>Emb for France per</i>			
" " " "	<i>" Albania" (Alex)</i>	<i>R. P. M.</i>	<i>7-4-16</i>	<i>AFB. 10.3.</i>

CONDUCT-SHEET.

Regiment or Corps	Place.	Date.	Offence.	Punishment.	Authority for Entry.

PLAQUE AND SCROLL.

Soldier's name: *McMinn Thomas* Reg. No. *26/195*

Roll No. *56339*

Scroll despatched (Date) *28 SEP 1921*

Plaque:

Recipient and address: *McMinn Thomas*  
*"Corndunnet" Rock.*

17,000/3/21-3734

*Dungannon*  
*200 Syrone Ireland.*

Cert posted 25-10-22

*McMinn Thomas*

*26/195 R.P.M.*

*Medals 90*

**DECEASED**

*Public Trustee*  
*(Executors)*

*C. Bratchurch*

12 NOV 1921



**MEDICAL HISTORY**

OF

Surname: McMinn

Christian Name: Thomas

Examined: { On 17 day of Sept, 1915  
 At Chek  
 Birthplace: { Town, Dungannon  
 Country, Ireland  
 Declared age: 30 years  
 Trade or occupation: Bloughman  
 Height: 5 ft. 8 1/4 in.  
 Weight: 160 lb  
 Chest-measurement: { Minimum, 34 in.  
 Maximum expansion, 38 in.  
 Physical development: \_\_\_\_\_  
 Small-pox marks: \_\_\_\_\_  
 Vaccination marks: { Right: \_\_\_\_\_ Left: \_\_\_\_\_  
 Arm, \_\_\_\_\_  
 Number, \_\_\_\_\_  
 When vaccinated: \_\_\_\_\_  
 Marks indicating congenital peculiarities or previous disease:  
Two small scars on right side of neck

Approved by  
Richd. W. Anderson MB  
 Medical Officer, Chek  
 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 11<sup>th</sup> day of October, 1915, at Duntham

	Corps.	Regimental No.	Date.
Joined on enlistment ... ..	<u>C4 NZRD</u>	<u>23/195</u>	<u>11/10/15</u>
Transferred to ... ..			

**PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.**

Station.	Date.	Disease.	Result.

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.