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Awburn, Arthur Vincent

26
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CARDS 1919

5 AUG 1919 *B.M.*
- 6 APR 1920

11-8-19

NOV 30 1920 *Ev*

11 - FEB 1920 *72/18*

OCT 1920 *71/24*

G

D1997

CHECKED
S. W.
12 AUG 1919

6 APR 1920
CHECKED
S. W.

CHECKED
S. W.

CHECKED
S. W.

29 APR 1920

CHECKED
S. W.

6 DEC 1920

REASSESSED
ACT 1920

WAR PENSIONS
C 33666

INCAPACITATED
SOLDIER

416

133116

Am... this... (Urugaiga)

C. Mrs Emer 56 Gladstone St Kew 28/2/20

Do 2 13/10/20

P. Kew.
D.O. Susp. Refat.
6

SPECIAL INVESTIGATION

no. 11 searched

x Attached

1920

21.10

Name of Claimant Arthur Vincent Auburn

Latest Address Wadonga P.O.

D.1590/2-19-C.3007-10M.

Name of Soldier.	Reg. No.	Rank.	Unit.
INCAPACITATED SOLDIER	3011	Pte	22 nd Btn.

Searches.	Action of File.	Officer's Initials	Date.
	M.A.	D.	11.7.19
	X.	A.	16 JUL 1919
			23 JUL 1919
H. & P.M.R.B. <i>2/19</i> <i>2/20</i>	P.M.R.B. Listed for <i>8 2/20</i> Notice sent <i>28 2/20</i> Date of expiry.....		
<i>Adm. Lancaster 9/20</i>	H. & P.M.R.B.	<i>20 7/10/20</i>	
P.M.R.B. Listed for 13 OCT 1920 Notice sent 7 OCT 1920 Date of expiry.....	<i>State Board per Mr Paul</i>	<i>20 23/10/20</i>	

PASS TO	BRING UP TO
.....Section
Date.....	On.....
Initials.....	Initials.....
FILE.	Initials... <i>W.P.</i> ... Date... <i>17/9/21</i> ... Section... <i>1000</i> ...

PASS TO	BRING UP TO
.....Section
Date.....	On.....
Initials.....	Initials.....
FILE.	Initials... <i>W.P.</i> ... Date... <i>3/8/21</i> ... Section.....

3 AUG 1921
W
15 SEP 1921
W

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Arthur Vincent Awburn 15/- fr. 31/8/19
 Number, Rank, and Unit 3011 Pte 22nd Btn. 10/- fr. 8/4/20 ^{3 married} ^{*unmarried}
 Discharged on 30/8/19 14/- fr. 1/7/20
 Is incapacity the result of employment in connexion with warlike operations? Yes Rate of Pay 6/- per day.
 SPECIAL NOTE.—(Extent of incapacity, &c., to be shown) Trench Feet

13.10.20 Maj Craig Mil

WIFE'S FULL NAME _____ Is Wife still living? _____
 Married on _____ Marriage verified by _____

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

	Full Name.	Date of Birth.	Verified by—	Relationship to above-named Soldier.
1				
2				
3				
4				
5				
6				

PARTICULARS OF OTHER CLAIMANTS.

DECISION ON PRESENT *CLAIM *REVIEW.

Correct

~~*GRANTED~~ *after payment of instalment due 18.11.20*
~~*REDUCED TO~~ *as from* **being day after discharge*

Above-named Member...	£	:	:	per fortnight
*Member's Wife	£	:	:	" "
*First Child	£	:	:	" "
*Second Child...	£	:	:	" "
*Other Children @..... p.f. each	£	:	:	" "

In Review Cases Insert Existing Rate.	
£	: 14 : - p.f.
£	: : "
£	: : "
£	: : "
£	: : "

*Trustee of Children's Pensions—

*CLAIM REJECTED, on ground that

REVIEW—*(1) At once for proof of marriage *and births of children—

*(2) On _____ re member's incapacity—

*(3) On _____ cessation of first child's pension—

Examiner's Initials ASB Date 28.10.20 Ambrose Bull ^{Member} ^{State Board} Deputy Commissioner. Date 3/11/20

*Certificate and Iden. Card sent to Postmaster at _____ on _____

*Notice of Alteration _____

*Pensioner, *Trustee, *Claimant advised on _____

*Entered in *Numerical Record _____

*Entered in *Record of Alterations, &c. 8 NOV 1920

*Entered in Pay Register _____

Entered in Daily Statement No. _____

*Reviews Noted _____

Folio of Review Register _____

	Member.	Wife.	Children.
Pension No.			
No. of Certificate used ...			
No. of Iden. Card used ...			

Pensioner & Postmaster Advised NOV 13 1920

19406

EXAMINER'S REPORT ON CLAIM IN FORM X

THE NAME OF THE CLAIMANT
THE ADDRESS OF THE CLAIMANT
THE NAME OF THE CLAIMANT'S EMPLOYER
THE ADDRESS OF THE CLAIMANT'S EMPLOYER

STATE OF THE CLAIMANT'S HEALTH
DATE OF THE CLAIMANT'S EXAMINATION
NAME OF THE EXAMINER
ADDRESS OF THE EXAMINER

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE

NAME	DATE OF BIRTH	AGE	SEX	RELATIONSHIP TO CLAIMANT

19406

Mr Arthur Vincent Arbuthnot
56 Gladstone St

133116

Kew

7-11-20

Respectfully Am to war service file

W. H. H. H. H.

133116

19406

MEDICAL CERTIFICATE.

*We, *I, hereby declare

that *we *I have this day examined Arthur Vincent Awburn

of

a *pensioner *claimant under the above-named Act.

*We *I find that he—

- (1) Is about 23 years of age.
(2) States that he is suffering from Pains in the backs of both legs. Legs always tired.

(a) Fully describe general condition.

*Our *My examination shows(a) Looks healthy. Condition good. Pulse 84 per min regular. Feet - No trophic changes. Pains in legs well marked. Heart v. Lungs

(weight: 10 st. 12 lbs.)

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(3) The above condition is the result of(b) French Feet active service

(c) State, e.g., whether "little," "great," "very little," "none."

(4) In *our *my opinion the improvement during the past six months has been(c) good

(d) Give brief particulars.

(5) The likelihood of further improvement is(d)

(e) State period of time.

(6) It has in *our *my opinion existed for(e) 4 years and is *due *not due to his default.

(f) State period of time.

(7) The condition is such as to render him *totally *partially incapacitated for work for the period of(f) months from this date.

(g) If earning power wholly lost state "the whole." If only partially lost give the fraction which has been lost, as, for example, "one-half" or "three-fourths."

(8) He has at present lost his earning power to the extent of(g) Nil the proportion due to war service being Nil

States Employed as fitter for past 12 months Had to take a fortnight's holiday chiefly owing to pains in To the legs.

W. B. Gray M.D. Commonwealth Medical Referee.

*Members of the Permanent Medical Referee Board.

(Address) 13 OCT 1920

Date 13th Oct 1920

DEPUTY COMMISSIONER OF PENSIONS,

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Arthur Vincent Awburn 15/- fr. 31/8/19
Number, Rank, and Unit 3011 Pte. 22nd. Battn Discharged on 30/8/19
Is incapacity the result of employment in connexion with warlike operations? Yes Rate of Pay 6/- per day.
SPECIAL NOTE.—(Extent of incapacity, &c., to be shown) Trench feet

8/3/20 - Pensioner's evidence - Turner & Pitter for W. J. Powell, 582 Elizabeth St. Commenced 8/9/19 under Indus. Scheme. Still there. Has lost one day's work on account of ill health. Lt. Col. Horne - Incap. 1/6th. REASSESSMENT (Act 1920)

* LIVING ALLOWANCE CANCELLED
MEMBER'S pension increased to £ 14/- p.f.
WIFE'S £ : : p.f.
from 1st. JULY 1920

WIFE'S FULL NAME
Married on Marriage verified by
Reassessed by

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE

Table with 4 columns: Full Name, Date of Birth, Verified by, Relationship to above-named Soldier. Rows 1-6.

PARTICULARS OF OTHER CLAIMANTS.

DECISION ON PRESENT CLAIM REVIEW.

PENSIONS *GRANTED as from 9.4.20 *being day after discharge
*REDUCED TO
Above-named Member... £ 14/- per fortnight
*Member's Wife ... £ : : "
*First Child ... £ : : "
*Second Child... £ : : "
*Other Children @ p.f. each £ : : "

In Review Cases Insert Existing Rate. Table with 2 columns: Rate, p.f.

*Trustee of Children's Pensions
*CLAIM REJECTED, on ground that
REVIEW—*(1) At once for proof of marriage *and births of children.
*(2) On 8th 1920 re member's incapacity.
*(3) On 9/2/20 re cessation of first child's pension.
Examiner's Initials Date 9/2/20 Deputy Commissioner Date MAR 10 1920

*Certificate and Iden. Card sent to Postmaster at on
*Notice of Alteration
*Pensioner, *Trustee, *Claimant advised on
*Entered in Numerical Record
*Entered in Record of Alterations, &c. 23 MAR 1920
*Entered in Pay Register
Entered in Daily Statement No. MAR 29 1920
*Reviews Noted
Folio of Review Register M 71 8771

Table with 3 columns: Member, Wife, Children. Rows for Pension No., No. of Certificate used, No. of Iden. Card used.

EXAMINER'S REPORT ON CLAIM IN FORM 2

8771

Mr. Arthur N. Amburn
133116 56 Gladstone St -
New-
8-4-20 15/- 10/-
10/- 8-4-20

$\frac{1}{6}$ th

#

SMC



[Faint, illegible text or signature]

8771

PENSIONS OFFICE,
65 Elizabeth Street,
Melbourne,
21. 4. 20.

MEMORANDUM for

The Postmaster,

Rees

Item No. _____

re Arbuthnot, R. J.

No. 133116.

Please note in your Register of Payments that the war pension in the above name has been suspended.

NO FURTHER PAYMENTS ARE TO BE MADE UNTIL YOU ARE FURTHER ADVISED BY THIS OFFICE.

Also kindly note that you will retain the duplicate of this communication and the original is to be returned at once to this office with the date of last payment endorsed thereon.

Last payment made
due 2 March 20

O. G. DUTTON

Actg/Deputy Commissioner of Pensions

per

23 APR 20
W. G. L. M.

Serial No
385

Department of Repatriation
St. Kilda Road
Melbourne

The Deputy Commissioner of Pensions
Brook's Buildings,
Elizabeth Street
MELBOURNE

Arthur Vincent Asburn hereby authorise and appoint the Deputy
Comptroller of the Department of Repatriation for the
State of Victoria for the time being as my Agent to collect all
my personal pension instalments that may be due to me from time to
time or that portion thereof that may be deemed necessary whilst I
am employed under the rules and regulations of the said Department
of Repatriation, and I hereby authorise you to pay to the aforesaid
Deputy Comptroller of the Department of Repatriation all such
personal pension instalments as may be due to me from time to time
or such portion thereof as may be deemed necessary and the receipt
of the aforesaid Deputy Comptroller of the Department of Repatria-
tion will be a full and complete discharge for the receipt of such
personal pension instalments or portions thereof on my behalf, and
I agree that when the monies paid under the aforesaid personal
pension instalments have been received from time to time by the
said Deputy Comptroller of the Department of Repatriation for the
time being such monies as paid over in accordance herewith are in
no way subject to any claim, refund or abatement by me or on my
behalf. This authority to remain in force until such time as you are
duly notified in writing by the aforesaid Deputy Comptroller
of the Department of Repatriation for the time being that this
authority is cancelled and thereby terminated.

Dated this *sixteenth* day of *April* one
thousand nine hundred and *twentieth*

Signed by the said
A. V. Asburn x
in the presence of
A. Hoops

A. S. Ryan
Deputy Comptroller
A. S. Ryan

Pension Certificate No. *133116*
Where payable *New*
R. No. *64280* Reg. No. *30119*
Name in full *Arthur Vincent Asburn*
Rank *Plt* Unit *22nd Batta.*
B.R.W. Efficiency Pension

Suspend
550
21.4.20

*Assigned to the Dept
as from 8/24/20*
1074
Serial 1069
22 APR 1920

133116. Auburn Arthur J. Selby 157-34819



Form 21 (Reg. 21)

COMMONWEALTH OF AUSTRALIA.

The Invalid and Old-age Pensions Act 1908-1909.

APPLICATION FOR CHANGE OF PLACE OF PAYMENT.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)

Address Yosonga
Date 20 8 19

Pension Certificate No. 133116

I HEREBY apply that place of payment of my Pension be changed from Wodonga to Yosonga for the following reasons changed place of residence

Signature of Applicant Arthur J. Selby

I beg to report to the Deputy Commissioner of Pensions at Melbourne that I have authorized the transfer from Wodonga to Yosonga

The last payment made at this office was due on Thursday, the 11/9/1919

W. J. Halland
Postmaster or Paying Officer.

29785 AUG 1919

At Home

By Mrs Ewen

Gladstone St-

Kew,

The War Pensions Act 1914-1916.

RECORD OF EVIDENCE.

Evidence given by Arthur Vincent Awburn
 of 56 Gladstone St New
 in respect of the claim made by him
 for a pension to be paid to himself

Claimant states:—Age 23 Occupation p.t.e. Apprentice Turner & filler
 I am Arthur Vincent Awburn
 formerly Reg. No. 3011 Rank Pte. Unit 22nd. Battn
 and in receipt of a pension of 15/- from 31/8/19

Since last examination I have been employed as follows:—

Turner & filler W. J. Powell. 582
Elizabeth St cont 8-9-19
under indust scheme still employed

I have lost 1 day time on account of ill-health.

My present state of health is as follows:—

French feet
Pain in the legs in
shins and knees.
Feet painful in cold weather
Defective vision both eyes

(Signed) A. V. Awburn

Date 8-3-20

The foregoing evidence was read by me to the person who gave it before he (or she) signed this sheet.

* Registrar of Pensions at
 * Special Magistrate at

By name
Belbourne
 Date 8-3-20

MEDICAL CERTIFICATE.

*We *I, [Signature] hereby declare that *We *I have this day examined Arthur Vincent Arburn

of a *pensioner a *claimant under the above-named Act.

*We *I find that he—

- (1) Is about 23 years of age.
(2) States that he is suffering from T. foot warts - Eyes troubled P.T.E. aggravated by gas. - feet painful in cold -

(a) Fully describe general condition.

*My examination shows (a) Heart lump N.A.D., Eyes corrected by glasses - feet stated to get cramped along outer side in cold weather - Has worked arduous during hot weather

(weight: 11 st. 1 lbs.)

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(3) The above condition is the result of (c) w.o.

(c) State, e.g., whether "little," "great," "very little," "none."

(4) In *our *my opinion the improvement during the past six months has been (c) none

(d) Give brief particulars.

(5) The likelihood of further improvement is (c) probable

(e) State period of time.

(6) It has in *our *my opinion existed for (c) 3 1/2 years and is *due *not due to his default.

(f) State period of time.

(7) The condition is such as to render him *totally *partially incapacitated for work for the period of (c) 6 months from this date.

(g) If earning power wholly lost state "the whole." If only partially lost give the fraction which has been lost, as, for example, "one-half" or "three-fourths."

(8) He has at present lost his earning power to the extent of (c) 1/6 the proportion due to war service being 1/6

*Commonwealth Medical Referee. *Members of the Permanent Medical Referee Board.

(Address) _____

Date _____ 19

To THE DEPUTY COMMISSIONER OF PENSIONS,

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Arthur Vincent Awburn ~~married~~ ^{*unmarried}
 Number, Rank, and Unit 3011, Pte., 22nd. Btn. Discharged on 30.8.19
 Is incapacity the result of employment in connexion with warlike operations? Yes Rate of Pay 6/- per day
 SPECIAL NOTE.—(Extent of incapacity, &c., to be shown) P.M.R.B. Trench Feet.
Incap. †

WIFE'S FULL NAME _____ Is Wife still living? _____
 Married on _____ Marriage verified by _____

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

1	Full Name.	Date of Birth.	Verified by—	Relationship to above-named Soldier.
2				
3				
4				
5				
6				

PARTICULARS OF OTHER CLAIMANTS.

DECISION ON PRESENT *CLAIM ~~REVIEW~~

PENSIONS ***GRANTED** ~~*REJECTED~~ as from 31.8.19 *being day after discharge

Above-named Member ... £ 15 : — : — per fortnight
 *Member's Wife ... £ : : " "
 *First Child ... £ : : " "
 *Second Child ... £ : : " "
 *Other Children @ p.f. each £ : : " "

In Review Cases Insert Existing Rate.			
£	:	:	p.f.
£	:	:	"
£	:	:	"
£	:	:	"
£	:	:	"

*Trustee of Children's Pensions _____
~~*CLAIM REJECTED~~, on ground that _____
 REVIEW—*(1) At once for proof of marriage *and births of children.
 *(2) On 6 mos. re member's incapacity.
 *(3) On _____ re cessation of first child's pension.

Examiner's Initials ABD Date 24/7/19 Deputy Commissioner. Date 28/7/19

*Certificate and Iden. Card sent to Postmaster at _____
 *Notice of Alteration _____

*Pensioner, *Trustee, *Claimant advised on _____

*Entered in Numerical Record 29 JUL 1919

*Entered in Pay Register _____

Entered in Daily Statement No. _____

*Reviews Noted _____

Folio of Review Register FEB 1920

	Member.	Wife.	Children.
Pension No. ...	<u>133116</u>		
No. of Certificate used	<u>64503</u>		
No. of Iden. Card used	<u>19388</u>		

NO RECORD OF PREVIOUS CLAIM

FORM Z

COMMONWEALTH OF AUSTRALIA.

The War Pensions Act 1914-1916.

CLAIM FOR WAR PENSION.

CLAIM BY AN INCAPACITATED MEMBER OF THE FORCES.

Section 14 of the War Pensions Act 1914-1916 reads:—

Any person who—

- (a) obtains any pension or instalment which is not payable ;
- (b) obtains payment of any pension or instalment by means of any false or misleading statement ; or
- (c) makes or presents to the Minister or to any officer doing duty in relation to this Act or the regulations, any statement or document which is false in any particular,

shall be guilty of an offence.

Penalty : One hundred pounds or imprisonment for one year.

To THE REGISTRAR OF PENSIONS AT Melbourne

I, Arthur Vincent AWBURN

(Here write full name.)

of Wodonga

(Here write full postal address.)

hereby claim pensions for myself, my wife, and my children, and I declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular:—

QUESTIONS AND REQUESTS FOR INFORMATION.	REPLIES.										
State your number, rank, and the regiment or branch of the Forces in which you served.	No. <u>3011</u> Rank <u>Pte</u> Regiment, &c. <u>22nd A/c</u>										
State how, where, and when your incapacity was caused.	<u>French front</u> <u>France Nov 1916</u>										
Where and when were you born? (Give name of town and country, also exact date, if known.)	Place <u>Wodonga</u> Date <u>7.2.97</u>										
What was your occupation before the outbreak of war? (State name of employer and rate of earnings.)	<u>Apprentice Engineering</u>										
	<table border="1"> <thead> <tr> <th>Full Maiden Name of Wife.</th> <th>Place of Marriage.</th> <th>Date of Marriage.</th> <th>If Wife still Living.</th> <th>Present Address.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Full Maiden Name of Wife.	Place of Marriage.	Date of Marriage.	If Wife still Living.	Present Address.					
Full Maiden Name of Wife.	Place of Marriage.	Date of Marriage.	If Wife still Living.	Present Address.							
If you are or have been married, state, in respect of your first marriage ...											
Give particulars of any subsequent marriage or marriages.											

If you have any living children under the age of sixteen years, give particulars:

Full Names of Children.	Date of Birth.	Place of Birth.	Where living at Present.
.....			
.....			
.....			
.....			

QUESTIONS AND REQUESTS FOR INFORMATION.

REPLIES.

Give full name and address of person to whom children's pensions, if granted, are to be paid.

Name.....
Address.....

Have you earned any money since your services as a member of the Forces ended?

If so, give full particulars ...

Are you or your wife or your children receiving or entitled to receive any payment under any Commonwealth Act other than the *War Pensions Act 1914-1916*, or under any Imperial Act or State Act? If so, give full particulars

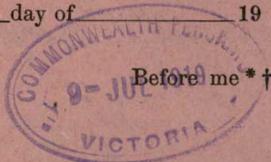
At what post office should your pension, if granted, be paid?

Wodonga

At what post office should the pensions of your wife and children, if granted, be paid?

Declared at 5a 5H
the _____ day of _____ 19

A. T. Auburn
Signature of Declarant.



Before me * †

R. Clark

OFFICER OF THE COMMONWEALTH DEPARTMENT OF THE TREASURY

* The person before whom this declaration is made to sign here and add the title by which he takes the declaration, such as Postmaster, &c.

† The declaration may be made before any of the following persons:—A postmaster or postmistress, or person in charge of a post office, a police, stipendiary, or special magistrate of the Commonwealth or of a State, a justice of the peace, a barrister or solicitor, a State school head-teacher, an officer of the Department of Trade and Customs, a member of the police force of the Commonwealth or of a State, a legally qualified medical practitioner, a notary public, a commissioner for affidavits, a registrar under the *Invalid and Old-age Pensions Act 1908-1917*, a minister of religion, an officer of the Commonwealth Department of the Treasury, a member of the Parliament of the Commonwealth, or a commissioned officer of the Australian Military Forces.

The foregoing claim was received by me on _____ 19 .

Registrar of Pensions at _____ Date _____

W. T.
Station P. M. R. B.

"CASTALIA"

A.M. Form D2.
(For use in Australia.)
Revised 1.4.19.

Date AUSTRALIAN MILITARY FORCES.

MEDICAL REPORT ON AN INVALID.

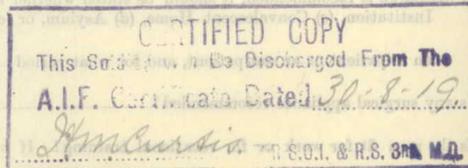
1. Number 3011 2. Rank Pte 3. Name AWBURN A. V.
 4. Unit 22nd Btn 5. Age 22 yrs 6. Trade or Occupation Engineer
 7. Place of Enlistment Melbourne 7A. Date of Enlistment 16/7/1915
 8. Disability in respect of which invaliding is proposed

MEDICAL OFFICER'S STATEMENT OF CASE. (Soldier's own statement must be carefully recorded as such, and signed by him.)

9. Date and place of origin of disability / Date of arrival from overseas } 30/5/1919
 10. Date and place where disability first caused man to become a Casualty
 11. Essential facts of Medical History (including causation)

Hospital 1915 . Relapsing fever. 1916/17. Trench feet - Invertigo.
 1918. Wound in feet. Complains of dimness of vision.
 O.F. - N.A.D. Class "C". O.P.

(Sgd) T. Taylor DEVINE Major



12. State whether disability was (a) Due to Military Service, (b) Aggravated by Military Service, or (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c.

13. What is his present condition and progress?
3/7/1919. Oculist reports:- Treatment completed. No incapacity. General condition good. Heart, Lungs and Urine ~~good~~ clear. Incapacity 1/4th. D.A.P.U. Feet ache and become numb since Trench feet. Vasomotor condition of feet not seen.

14. If the disability is an injury, state whether it was caused (a) in action, (b) on field service, (c) on duty, (d) off duty

15. If a Court of Inquiry was held, state place, date, and opinion

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

17. Was an operation advised, and declined?

18. In the case of loss or decay of teeth—Was it due to, aggravated by, or independent of, Military Service? Aggravated by

19. Give particulars of any other disabilities existing

20. Do you recommend discharge as permanently unfit for general service? S. N. L. R.

(Capt CUNNINGHAM reports as above) (Sgd) N. C. POTTER Major
 Medical Officer in charge of case.

I, having satisfied myself of the general accuracy of this report, concur therewith, except

Incapacity 1/4th (Sgd) JG. GLASSFORD Major
 Officer in charge of Hospital.

Station No 5 A. G. H. Date ?/7/1919

W.T. Entries will be made here when an invalid is brought before a Medical Board and deferred for treatment.

Date and Station Date and Station
Result Result
Signatures Signatures

OPINION OF MEDICAL BOARD ON FINALIZATION.

NOTE.—Clear and definite 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 Deputy Commissioner of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim for pension, and the Deputy Comptroller of Repatriation, of information to enable him to decide questions of assistance and vocational training.

21. State whether the disability is clearly (a) Due to Military Service, (b) Aggravated by Military Service, (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c.

(a) Due

22. Is the present degree of disability permanent? No

23. If not, at what rate and to what degree do you anticipate improvement? To nil in 6 months

24. To what extent is his working capacity at present affected by his disability? (a) In his pre-enlistment trade or occupation?

(b) In the general labour market? (Estimate as a percentage of full capacity) a. 1/4th b. 1/4th

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

26. Do the Board recommend discharge as permanently unfit for General Service? Yes

27. If discharge is recommended, it should be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopaedic Institution, (c) Convalescent Home, (d) Asylum, or (e) other institution. State whether further treatment should be

an in-patient or an out-patient, and for what period ---

28. Is any surgical appliance recommended? ---

29. Is the man fit for work or for vocational training? If not, state reasons for recommendation for discharge from A.I.F.

Work

Station No 5 A.G.H. Signatures J.G. GLASSFORD Major President.

Date 8/7/1919 N.C. POTTER Major Members.

CONFIRMED. (Sgd) A.H. STURDEE Col. A.A.M.C. General

Station P.M.O. 3rd M.D. 9/7/1919

Date Director General Medical Services.

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.

Single copies only need be forwarded to Head Quarters.

For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

W. T.
Station P. M. R. B.

"CASTALIA"

A.M. Form D2.
(For use in Australia.)
Revised 1.4.19.

Date AUSTRALIAN



MILITARY FORCES.

MEDICAL REPORT ON AN INVALID.

1. Number 3011 2. Rank Pfc 3. Name AWBURN A. V.
 4. Unit 22nd Btn. 5. Age 22 yrs 6. Trade or Occupation Engineer
 7. Place of Enlistment Melbourne 7A. Date of Enlistment 16/7/1915
 8. Disability in respect of which invaliding is proposed

MEDICAL OFFICER'S STATEMENT OF CASE. (Soldier's own statement must be carefully recorded as such, and signed by him.)

9. Date and place of origin of disability) Date of arrival from overseas) 30/5/1919
 10. Date and place where disability first caused man to become a Casualty
 11. Essential facts of Medical History (including causation)

Hospital 1915 . Relapsing fever. 1916/17. Trench feet - Invertigo.
 1918. Wound in feet. Complains of dimness of vision.

O. E. - N. A. D. Class "C". O. P.

(Sgd) T. Taylor DEVINE Major

12. State whether disability was (a) Due to Military Service, (b) Aggravated by Military Service, or (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, etc.

13. What is his present condition and progress?
3/7/1919. Oculist reports:- Treatment completed. No incapacity.
General condition good. Heart, Lungs and Urine ~~good~~ clear.
Incapacity 1/4th. D. A. P. U. Feet ache and become numb since
Trench feet. Vasomotor condition of feet not seen.

14. If the disability is an injury, state whether it was caused (a) in action, (b) on field service, (c) on duty, (d) off duty

15. If a Court of Inquiry was held, state place, date, and opinion

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

17. Was an operation advised, and declined?

18. In the case of loss or decay of teeth—Was it due to, aggravated by, or independent of, Military Service? Aggravated by

19. Give particulars of any other disabilities existing

20. Do you recommend discharge as permanently unfit for general service? S. N. I. R.

(Capt CUNNINGHAM reports as above) (Sgd) N. C. POTTER Major
 Medical Officer in charge of case.

I, having satisfied myself of the general accuracy of this report, concur therewith, except

Incapacity 1/4th
 (Sgd) JG. GLASSFORD Major
 Officer in charge of Hospital.

Station No 5 A. G. H. Date 9/8/1919

W.T. Entries will be made here when an invalid is brought before a Medical Board and deferred for treatment.

Date and Station Date and Station
Result Result
Signatures Signatures

OPINION OF MEDICAL BOARD ON FINALIZATION.

NOTE.—Clear and definite 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 Deputy Commissioner of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim for pension, and the Deputy Comptroller of Repatriation, of information to enable him to decide questions of assistance and vocational training.

21. State whether the disability is clearly (a) Due to Military Service, (b) Aggravated by Military Service, (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c.

(a) Due

22. Is the present degree of disability permanent? No

23. If not, at what rate and to what degree do you anticipate improvement? To nil in 6 months

24. To what extent is his working capacity at present affected by his disability? (a) In his pre-enlistment trade or occupation?

(b) In the general labour market? (Estimate as a percentage of full capacity) a. 1/4th b. 1/4th

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

26. Do the Board recommend discharge as permanently unfit for General Service? Yes

27. If discharge is recommended, it should be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopedic Institution, (c) Convalescent Home, (d) Asylum, or (e) other institution. State whether further treatment should be

an in-patient or an out-patient, and for what period

28. Is any surgical appliance recommended?

29. Is the man fit for work or for vocational training? If not, state reasons for recommendation for discharge from A.I.F.

Work

Station No 5 A.C.H. Signatures J.G. GLASSFORD Major President.
Date 8/7/1919 N.C. POTTER Major Members.

CONFIRMED. (Sgd) A.H. STURDEE Col. A.A.M.C.
Station P.M.O. 3rd M.D. 9/7/1919
Date Director General Medical Services.

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For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

W. T.

AUSTRALIAN MILITARY FORCES.—3rd Military District.

MEDICAL HISTORY.

Name AWBURN - A. V.
 No. 3011 Rank Pte Unit 22nd Btn
 Transport "CASTALIA" Date 30/5/1919

Hospital, &c.

Clinical Report.

No 5 A.G.H.
 A.I.F. O.P.
 4/6/1919

DEFECTIVE VISION

5/7/1919 Incapacity Nil.

D. A. P. U. For clinical notes see A.M.F. D2
 attached.

(Capt CUNNINGHAM reports as above)

S. O. I. UNFIT. Incapacity 1/4th.

(Sgd) J. G. GLASSFORD Major

W. T. AUSTRALIAN MILITARY FORCES.—3rd Military District.

MEDICAL HISTORY.

Name AWBURN A. V.
 No. 3011 Rank Pte Unit 22nd Btn
 Transport "CASTALIA" Date 30/5/1919

Hospital, &c.

Clinical Report.

No 5 A.G.H.
 A.I.F. O.P.
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D. A. P. U. For clinical notes see A. M. F. D2
 attached.

(Capt CUNNINGHAM reports as above)

S. O. I. UNFIT Incapacity 1/4th.

(Sgd) J. G. GLASSFORD Major