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Title: Stephens Westmore Frank: SERN CAPT: POB Melbourne VIC: POE N/A: NOK W Stephens

Lucy May

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AUSTRAL



MILITARY FORCES.

AUSTRALIAN IM	PERIAL FORCE
Attestation Paper of Persons	/ (3)
No. 9000 Name Surname	phus of
in full Christian Name	Westmare Trank
Unit	ame for the
Joined on 10 -	6-11
Questions to be put to the Person	on Enlisting before Attestation.
You are hereby warned that if after enlistment it is found that	at you have given a wilfully false answer to any question set
forth in this Attestation Paper, you will	
1. What is your Named Y BOOK	Mes may Frank Steplens
	2. Wudsas
2. In or near what Town were you born?	In or near the Town of Melbaurer
3. Are you a natural-born British Subject or a Naturalized	In the State or Country of Nickaria
British Subject? (N.B.—If the latter, papers to be	3. Mar. Born But July
shown.) 4. What is your Age? (Date of birth to be stated)	4. 26 yrs January 28:1892
1. What is your Age ! (Date of Direit to be stated)	
5. What is your Trade or Calling?	5. Medical Practitioner.
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6
7. Are you married, single, or widower?	7. Murred .
8. Who is your next of kin? (Address and relationship to be	(40/e) Lucy May Shephens.
stated)	Woodfard "Dandenoug Rd
The answer to this question shall not be construed as in the nature of a Will.	6. malveur
Wild. Nr. 34402 held by O I/c Base Records	9.
9. What is your permanent address in Australia 1	as above
10. Do you now belong to, or have you ever served in, His	Commercian of the an red Public
Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial	10 School volunteer Serior Cadels
Forces? If so, state which, and if not now serving,	4
state cause of discharge	11. Us.
12. Have you ever been rejected as unfit for His Majesty's	12. No.
Service If so, on what grounds !	
 Have you ever suffered from:— Consumption, tubercular disease, or chronic cough? 	13.— Mo.
2. Fits of any kind?	2. Uo
3. Rheumatism or asthma?	3. Wo.
4. Mental or nervous disease !	4. 40
5. Has any member of your family suffered from any of the	5. 40.
above diseases? If so, state particulars.	
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—	14
Do you understand that no separation allowance will be issued in respect of your service beyond an amount which	0.0
together with pay would reach ten shillings per day? 15. Are you prepared to undergo inoculation against small pox	15. Yes.
and enteric fever ?	10.
3, Nestmone Trank Ste	A hand do solemnly declare that the above answers made
by me to the above questions are true, and I am willing and Commonwealth of Australia within or beyond the limits of the	Commonwealth.
Aura Callan	of the pay payable to me from time to time during my service
for the support of vay wife.* †	Westmon. F. Skphens
10-6-11	Signature of Person Enlisted.
* This clause should be struck out in the case of unmarried	l men or widowers without children under 16 years of age.
† Two-fifths must be allotted to the wife, and if there are ch	hildren three-fifths must be allotted. D.1182/2.18.—0.1979.—70m.

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers and am of opinion that they are correct.

(This is to be struck out except in the case of persons who are naturalized British Subjects.)

Date	
	Signature of Attesting Officer.
OATH TO BE TAKEN BY	PERSON BEING ENLISTED.*
OATH TO BE TAKEN BY	TERSON BEING ENLISTED.
3,	swear that I will
	the King in the Australian Imperial Force
months thereafter unless sooner lawfully and that I will resist His Majesty's end	end of the War, and a further period of four discharged, dismissed, or removed therefrom a emies and cause His Majesty's peace to be in all matters appertaining to my service, to law.
So Hel	P ME, GOD.
	Signature of Person Enlisted.
Taken and subscribed at	in
the State of	
this day of	
before me-	
	· · · · · · · · · · · · · · · · · · ·
**************************************	· · · · · · · · · · · · · · · · · · ·

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

National Archives of Australia

I have been informed that if I make any false statement I commit an offence against the Defence Act 1903-1917 and War Precautions Act 1914-1916.

Westmore Frank Stephens on Enlistment. DISTINCTIVE MARKS. months. Height feet inches. Vaca y left arm lbs. Weight inches. Chest Measurement Complexion Eyes. Hair. Religious Denomination CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz. :-

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any Spt L! Cal Stone white description.

I consider him fit for active service.

Date.

Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him

Place

Commanding.

National Archives of Australia

Unit in which served.	Promotions, Reductions, Cas	sualties, &c.	Period of s	ervice in each	Remarks.
	rne, Vic. per "Cit		From—	To-	
.M.C. for U.K.	Captain	, or			
	1				
	AND REPORTED IN		3 3 7 7 2		
	The second selection and				
	int windshipmi at				
	l de la companya de l		70 22.5		
	out familial side to a				
			100		
			100000		
	A STATE OF THE STA				
	1		1		
I have examin	ed the above details, an	nd find them	correct in	every respe	et.
					Linksper off.

AUSTRAL



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

No. Ham	Name Surname in full Christian Nam	41	estune grank
	Unit Unit	a	amc
	Joined on	10 - 6	
	Questions to be put to the	Person Enli	sting before Attestation.
You are hereb		and that you had	to be tried for the offence.
1. What is your Na	sme!	1.	stone Trank Stephens
		2	Windson
2. In or near what	Town were you born?		In or near the Town of Multourne
2 Am	and hour Dritish Subject or a Naturali		In the State or Country of
	ral-born British Subject or a Naturalized? (N.B.—If the latter, papers to		36 40 lan 38th 182-
	ge ! (Date of birth to be stated)	4	Jany Jany
4. What is your Ag	ger (Date of offer to be stated)	(
5. What is your Tr	ade or Calling?	5	men raci.
	you been, an Apprentice? If so, who	ere, } 6	No
	for what period?	47	married
	, single, or widower?	wys	Lucy May Stephens
stated)	t of kin ? (Address and relationship to		Woodford Dandenvig Road
The answer to the of a Will.	is question shall not be construed as in the nat	ure (o. meran
9. What is your pe	rmanent address in Australia 1		A A
10 D		Tie.	immission 3 years in old kullis
Majesty's Ar Reserve, the Forces? If	long to, or have you ever served in, I my, the Marines, the Militia, the Mili Territorial Force, Royal Navy, or Color so, state which, and if not now servi	tia Scho	I Vol. Singer Easts.
	discharge discharge	ce? 11	ges
	been rejected as unfit for His Majest	w'a)	1 no
	so, on what grounds?)	V
13. Have you ever s		13.—	74
	, tubercular disease, or chronic cough ?	1.	76
2. Fits of any		2.	h
3. Rheumatism			The second secon
4. Mental or ne		1.	no
	mber of your family suffered from any of ases? If so, state particulars.	the 5.	
	n, widowers with children, and soldiers a	vho \	
Do you unde	pport of widowed mother)— rstand that no separation allowance will be iss ect of your service beyond an amount wh	ued 14	
together	r with pay would reach ten shillings per day?		14.3
 Are you prepare and enteric for 	d to undergo inoculation against small	oox } 15	V
- West	was faut Step	heus	do selement declare that the above service and
by me to the above	questions are true, and I am willing	and hereby vo	do solemnly declare that the above answers madeluntarily agree to serve in the Military Forces of the
	Australia within or beyond the limits o	1-	
And I furth	her agree to allot not less than three-fi		y payable to me from time to time during my service
for the support of I	my wife.*†		Westware T. Stephens
Date	10 16-18		Signature of Person Enlisted.

National Archives of Australia

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers and am of opinion that they are correct.

(This is to be struck out except in the case of persons who are naturalized British Subjects.)

	Signature of Attesting Officer.
OATH TO BE TAKEN BY F	PERSON BEING ENLISTED.*
3, well and truly serve our Sovereign Lord t	swear that I will she King in the Australian Imperial Force
months thereafter unless sooner lawfully di and that I will resist His Majesty's enem	d of the War, and a further period of four scharged, dismissed, or removed therefrom nies and cause His Majesty's peace to be a all matters appertaining to my service, law.
So Help	Me, God.
	Signature of Person Enlisted.
Taken and subscribed at	in
the State of	
this day of .	
before me—	
	Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

National Archives of Australia

have been informed that if I make any false statement I commit an offence against the Defence Act 1903-1917 and War Precautions Act 1914-1916.

	Recruit.
Description of Westman Fran	K Stephens on Enlistment.
Age 2 6 //2 years months.	DISTINCTIVE MARKS.
Height 5 feet 6 inches.	Vaccination 7 left ar
Weight //et 7 lbs.	
Chest Measurement 39 inches.	
Complexion Dark.	
Eyes Street	
Hair Bralien.	
Religious Denomination Bakked	
CERTIFICATE OF MEDI	CAL EXAMINATION.
I HAVE examined the above-named person, and following conditions, viz.:—	d find that he does not present any of the
	icle; inveterate cutaneous disease; chronic ed or deformed chest; abnormal curvature efect calculated to unfit him for the duties there eye; his heart and lungs are healthy; he
has the free use of his joints and limbs; and he description. I consider him fit for active service.	SA M. Col Home
1 consider that he for active service.	In " white
Place Melboune	mys whitford
	Signature of Examining Medical Officer.
CERTIFICATE OF COM	MANDING OFFICER.
I CERTIFY that this Attestation of the the required forms have been complied with.	above-named person is correct, and that I accordingly approve, and appoint him
to	
Date	
Place	Commanding
C.1279.	

National Archives of Australia

,	Promotions, Reductions, Casualties, &c.		Period of service in each rank.		Remarks.	
Unit in which served.			From-	То—	1	
arived from	of A. I. y.	a de le	is y.	30/1/19	Refiasy List	
			e uno			
	STANDARD TO		- - - - - - - - - - - - - - - - - - -			
	Oles for the left applied					
I have examine	d the above details, an	d find them	correct in	every respe	ct.	

Nat



MILITARY FORCES.

A.M. Form D2.

(For use in Australia.)

Revised 1.4.19.

MEDICAL REPORT ON AN INVALID.

1. Number 2. Rank Capt. 3.	
4. Unit A.A.M.C. 5. Age 26/8 O.E. 6.	
7. Place of Enlistment CAG, 148/18.	7a. Date of Enlistment 22.8.18.
3. Disability in respect of which invaliding is proposed	
MEDICAL OFFICER'S STAT	EMENT OF CASE. (Soldier's own statement must be carefully recorded as such, and signed by him.)
9. Date and place of	D. L. d
origin of disability	from overseas
10. Date and place where disability first caused man to become a	
1. Essential facts of Medical History (including causation)	
absent without leave from	Tudica Roard & Finalization
1 . 1	
Depot: Discharge to be ea	wied out 8 Far lough allowed
in accordance with Cir	cular 266 as "a" Clas
a accordance and	our de la constante de la cons
	4
	11.
	M. O. 186/1917
	M. O. 186/1917 DATE FOR DISCHARGE
	12 3 20
note,	
6 Amel	001
V	awRose Sgl.
2. State whether disability was (a) Due to Military Service,	(b) Aggravated by Military Service, or (c) Independent of
Military Service; (a) Due to, or aggravated by, wan	t of proper care on man's part, intemperance, misconduct,
&c.	
3. What is his present condition and progress?	
. If the disability is an injury, state whether it was caused	(a) in action, (b) on field service, (c) on duty, (d) off duty
. If a Court of Inquiry was held, state place, date, and opinion . Was an operation performed † If so, what ?	
. If a Court of Inquiry was held, state place, date, and opinion Was an operation performed ! If so, what ! . Was an operation advised, and declined !	
. If a Court of Inquiry was held, state place, date, and opinion. Was an operation performed? If so, what? Was an operation advised, and declined? In the case of loss or decay of teeth—Was it due to, aggravate	d by, or independent of, Military Service !
. If a Court of Inquiry was held, state place, date, and opinion. Was an operation performed? If so, what? Was an operation advised, and declined? In the case of loss or decay of teeth—Was it due to, aggravate	d by, or independent of, Military Service !
. If a Court of Inquiry was held, state place, date, and opinion. . Was an operation performed? If so, what? . Was an operation advised, and declined? . In the case of loss or decay of teeth—Was it due to, aggravate	d by, or independent of, Military Service !
. If a Court of Inquiry was held, state place, date, and opinion . . Was an operation performed ! If so, what ! . Was an operation advised, and declined ! . In the case of loss or decay of teeth—Was it due to, aggravate . Give particulars of any other disabilities existing	d by, or independent of, Military Service?
. If a Court of Inquiry was held, state place, date, and opinion . . Was an operation performed ! If so, what ! . Was an operation advised, and declined ! . In the case of loss or decay of teeth—Was it due to, aggravate . Give particulars of any other disabilities existing	d by, or independent of, Military Service?
. If a Court of Inquiry was held, state place, date, and opinion . . Was an operation performed ! If so, what ! . Was an operation advised, and declined ! . In the case of loss or decay of teeth—Was it due to, aggravate . Give particulars of any other disabilities existing	d by, or independent of, Military Service?
i. If a Court of Inquiry was held, state place, date, and opinion. Was an operation performed? If so, what? Was an operation advised, and declined? In the case of loss or decay of teeth—Was it due to, aggravate. Give particulars of any other disabilities existing. Do you recommend discharge as permanently unfit for general.	d by, or independent of, Military Service?service?
. If a Court of Inquiry was held, state place, date, and opinion . . Was an operation performed ! If so, what ! . Was an operation advised, and declined ! . In the case of loss or decay of teeth—Was it due to, aggravate . Give particulars of any other disabilities existing	d by, or independent of, Military Service?service?
. If a Court of Inquiry was held, state place, date, and opinion. Was an operation performed? If so, what? Was an operation advised, and declined? In the case of loss or decay of teeth—Was it due to, aggravate. Give particulars of any other disabilities existing. Do you recommend discharge as permanently unfit for general.	d by, or independent of, Military Service?service?
. If a Court of Inquiry was held, state place, date, and opinion. Was an operation performed? If so, what? Was an operation advised, and declined? In the case of loss or decay of teeth—Was it due to, aggravate. Give particulars of any other disabilities existing. Do you recommend discharge as permanently unfit for general.	service? Medical Officer in charge of case.
5. If a Court of Inquiry was held, state place, date, and opinion of the control	d by, or independent of, Military Service !service ?

	Date and Station
Result	Result
Signatures	Signatures

	DICAL BOARD ON FINALIZATION.
Note.—Clear and definite answers to the following invalided, it is essential that the Deputy Connable him to decide upon the man's claim for pensidecide questions of assistance and vocational training	owing questions are to be carefully filled in by the Board, as, in the event of Ale ommissioner of Pensions should be in possession of the most reliable information to on, and the Deputy Comptroller of Repatriation, of information to enable him to
Military Service; (d) Due to, or aggrava	to Military Service, (b) Aggravated by Military Service, (c) Independent ated by, want of proper care on man's part, intemperance, misconduct,
	anticipate improvement?
24. To what extent is his working capacity at prese	ent affected by his disability? (a) In his pre-enlistment trade or occupati
(b) In the general labour market? (Estin	nate as a percentage of full capacity)
25. If an operation was advised and declined was t	the refusal unreasonable f
es at an openition and darroca inia accimica, and	TO TO USE UIT CHAOTITOIC F
26. Do the Board recommend discharge as permane	ently unfit for General Service? ed whether further treatment is desirable in a (a) Sanatorium, (b) Orthops sylum, or (c) other institution. State whether further treatment should
 Do the Board recommend discharge as permane If discharge is recommended, it should be state Institution, (c) Convalescent Home, (d) A 	ently unfit for General Service?
26. Do the Board recommend discharge as permane 27. If discharge is recommended, it should be state Institution, (c) Convalescent Home, (d) A an in-patient or an out-patient, and for where the convergence of the convergence	ently unfit for General Service? ed whether further treatment is desirable in a (a) Sanatorium, (b) Orthops sylum, or (e) other institution. State whether further treatment should hat period.
26. Do the Board recommend discharge as permane 27. If discharge is recommended, it should be state Institution, (c) Convalescent Home, (d) A an in-patient or an out-patient, and for wh 28. Is any surgical appliance recommended? 29. Is the man fit for work or for vocational train	ently unfit for General Service? ed whether further treatment is desirable in a (a) Sanatorium, (b) Orthopa cylum, or (c) other institution. State whether further treatment should hat period ning? If not, state reasons for recommendation for discharge from A.
26. Do the Board recommend discharge as permane 27. If discharge is recommended, it should be state Institution, (c) Convalescent Home, (d) A an in-patient or an out-patient, and for wh 28. Is any surgical appliance recommended? 29. Is the man fit for work or for vocational train	ently unfit for General Service? ed whether further treatment is desirable in a (a) Sanatorium, (b) Orthops sylum, or (c) other institution. State whether further treatment should hat period ning? If not, state reasons for recommendation for discharge from A.
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26. Do the Board recommend discharge as permane 27. If discharge is recommended, it should be state Institution, (c) Convalescent Home, (d) A an in-patient or an out-patient, and for wh 28. Is any surgical appliance recommended? 29. Is the man fit for work or for vocational train Station Date	ently unfit for General Service? ed whether further treatment is desirable in a (a) Sanatorium, (b) Orthops sylum, or (e) other institution. State whether further treatment should hat period ning? If not, state reasons for recommendation for discharge from A. Signatures Presiden Members

This form will be used for the finalization of all invalids in Australia, and will embedy (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 the 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.

D.1580/5.19.—C.5736.—2008.

AUSTRALIAN IMPERIAL FORCE.

Department of Repatriation and Demobilisation.

MEDICAL REPORT.

WILDICAL REPORT.
Station H-M.T. Cap Verde.
Date 7-2-20.
1. Unit Wiff of G. Former Trade Med Prachhouse or Occupation
2. Regimental No. 7. Enlisted on 10 - 6 - 18.
3. Rank Captain. Lat wellbaurne
4. Name (in Block letters, Surpame first). STEPHENS. Christian Names in full.
5. Age last birthday 28. Clleshwore Frank
DESCRIPTION AT TIME OF REPORT.
5-66 6" DESCRIPTIVE MARKS.
Chest Measurement \ 38" \ 7 vaccuralion
Complexion Dark.
Per Receipt
Hair Dock Brown. rear over stepbrou
8. DISABILITY (if any).
(If no disability the word Nil will be inserted.)
STATEMENT OF CASE.
Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the soldier. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.
Answers to questions 9 and 10 will be read over to soldier prior to his signing. If no disability is present this signature does not debar the soldier from making a subsequent claim for disability considered attributable to military service.
9. Date of origin of disability Woloppheable Washurs F. Slephens 10. Place of origin of disability
10. Place of origin of disability Washing T. Slephens
Signature of Soldier.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case
12. (a) State whether the disabilities are (a) attributable to (b) aggravated by
(i) Service during the present war
(iii) Serious negligence or misconduct on the man's
part
(B) If not due to any of these causes, to what specific condition do you attribute it?

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Good

13. What is his present condition?

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

- 14. If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion ?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. What is the degree of disablement at present existing (for the general labour market)?

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

In

9V.

- 20. What is the soldier's medical classification?
 - (a) Fit-General Service.

(b) Unfit—General Service, temporarily (state period during which unfit)

" Permanently.

R.M.O. or Officer in medical charge of case.

National Archives of Australia

^{*} Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

OPINION OF THE MEDICAL BOARD.

Notes.—(i.) Clear and decisive answer as on see may depend decision as to a claim	s to the following questions are to be carefully filled in by the Board, for pension.
	ight," "probably," &c., should be avoided.
(iii.) In answering question 21 the Box	ard should be careful to discriminate between disease resulting from oldier would have been equally liable in civil life
	e to climate when it is caused by william
(v.) The Board will confine itself to the disability is present has no reference to the pa	e soldier's condition at the time of holding the Board, and unless st o. the future.
21. State whether the disability is :-	(a) Attributable to (b) Aggravated by
(A.) (i.) Service during the present war	,,, ag
(ii.) Climate during present war	
(iii.) Serious negligence or misconduct on the part of the soldier	No disability
Give details:	
(iv.) Whether it is constitutional or hereditary.	
(B.) If not due to one of the first three of these causes, to what specific conditions do the Board attri- bute it?	
22. Is the disability permanent?	
23. What is the degree of disablement at present existing (for the general labour market)?	
Degrees of Disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.	Nie
24. If an operation was advised and de- clined was the refusal unreasonable?	
Finding:	
Fit—General Service.	0
Temporary unfit—General Service for less than six months, fit—Home Service.	
Temporary unfit—General Service for less than six months, unfit—Home Service.	
Temporary unfit—General Service for more than six months, fit—Home Service.	
Temporary unfit—General Service for more than six months, unfit—Home Service.	
Permanently unfit—General Service, fit— Home Service.	
Permanently unfit—General Service, temporary unfit—Home Service.	
Permanently unfit—General Service, permanently unfit—Home Service.	
Signatures :-	WAlsohan Capt President Members.
Station	Margange capt
Date	Members.
Approved.	
Station	
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NAA: B2455, STEPHENS W F

National Archives of Australia

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AUSTRALIAN IMPERIAL FORCE.

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Department of Repatriation and Demobilisation.

MEDICAL REPORT.

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part (B) If not due to any of these causes, to what specific \	part (B) If not due to any of these causes, to what specific	(ii) Climate during present war	
		(iii) Serious negligence or misconde	
	condition do you attribute it ?		
condition do you attribute it ?		condition do you attribute it	full-manufacture for any another colonial and an another thank a

13. What is his present condition?
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

do y

- 14. If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an eperation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. What is the degree of disablement at present existing (for the general labour market)?

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

- 20. What is the soldier's medical classification?
 - (a) Fit-General Service.
 - (b) Unfit—General Service, temporarily (state period during which unfit)

" Permanently.

hot applicable

R.M.O. or Officer in medical charge of case.

^{*} Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

OPINION OF THE MEDICAL BOARD.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as on these may depend decision as to a claim for pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

State whether the disability is :—	V-) A	
	(a) Attributable to	(b) Aggravated by
(A.) (i.) Service during the present war	****	
(ii.) Climate during present war	***************************************	
(iii.) Serious negligence or mis- conduct on the part of the soldier		•••
Give details:		11
(iv.) Whether it is constitutional or hereditary.	1 Abble	eable
(B.) If not due to one of the first three of these causes, to what specific conditions do the Board attribute it?	for apple	
2. Is the disability permanent?		
What is the degree of disablement at present existing (for the general labour market)?		
Degrees of Disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.		
If an operation was advised and de- clined was the refusal unreasonable?		
nding:		
Fit—General Service.		
Temporary unfit—General Service for less than six months, fit—Home Service.	1	
Temporary unfit—General Service for less than six months, unfit—Home Service.		
Temporary unfit—General Service for more than six months, fit—Home Service.		The second second
Temporary unfit—General Service for more than six months, unfit—Home Service,	The state of the	V. A. D. S. C. C.
Permanently unfit—General Service, fit—Home Service.		
Permanently unfit—General Service, tem- porary unfit—Home Service.		
Permanently unfit—General Service, permanently unfit—Home Service,		
Signatures 9	pryfils	h yar President
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te	£ 1	Members.

National Archives of Australia

Date

NAA: B2455, STEPHENS W F

Officer Convening Board.

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AUSTRALIAN



MILITARY FORCES.

No.	application for a Comp	Particulars.						
210.	Sumama		ENC					
1.	Surname To be in block lettera	STEPHI	ENS.					
	Other names (in full)	Westwore Frank						
2.	Educational Qualifications (Certificate to be attached for notation at District Head-quarters.)	graduate i	n Medieure &					
3.	Military Qualifications (previous Military Service, if any, to be stated) (Attention is directed to third sub-para of C.M. Regulation 66.) Present rank and corps to be stated,	Mane						
4.	Date on which applicant qualified at a competitive examination for first appointment as 2nd Lieutenant (U.T. Regulation 132)	Religion 18	Raphist.					
5.	Present Civil Employment	graduate	in midiene					
6.	Date of Birth, and Age (Certificate of Birth or Statutory Declaration to be attached for notation at District Head-quarters.)	28th Jan 1892	26 Years. 8 Months.					
7.	If a British Subject or a Naturalized British Subject (In the case of the latter, date and place of Naturalization to be stated.)	yes.						
8.	Married or Single	Single.	阿里斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯					
9.	Postal Address	"Kooyoug" K	loera Battalion Area.					
10.	Next of Kin	W. W. Stephens as	rg. "Kooyang" Kooyang R. "Maloer					
form t	Norg. —Candidates for Commissions in the Pervine in the Permanent or Citizen Forces, to b	e recommended by their Commanding C ed in Part II., and where exemptions are	satisfactory certificate of moral character, or, if they officer. They are also to state on the back of this claimed for educational subjects, the authority for					
tained	In the cases of Candidates for Commissions in	ervices," will be substituted for this Cert	Medical Board, in accordance with instructions con- tificate; such Board, however, will not be assembled					
I, the f is no	following particulars respecting t	the above-named applicant.	o hereby certify to the correctness of I further certify that the applicant ble of bearing the fatigue incident to					
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	RECOMMENDATION AN	ND CERTIFICATE OF Coases of Candidates for Commissions in t	OMMANDING OFFICER.					
in th	I recommend that the candid- ne Corps under my command, an	ate above named be appoint						
	1. That such appointment will be with 2. †(a) That the provisions of U.T. Re	in the authorized establishment for the c						
			Squadron Battery, or Coy., &c.					

1948 148 Commanding

RECOMMENDATION OF DISTRICT COMMANDANT.

Recommended, candidate considered suitable.

20 AUG 1918

Commandant Military District,

Brigadier-General.

P.M.O. 38D MILITARY DISTRICK. or Corps.

†Sub-para. not applicable to be struck out.

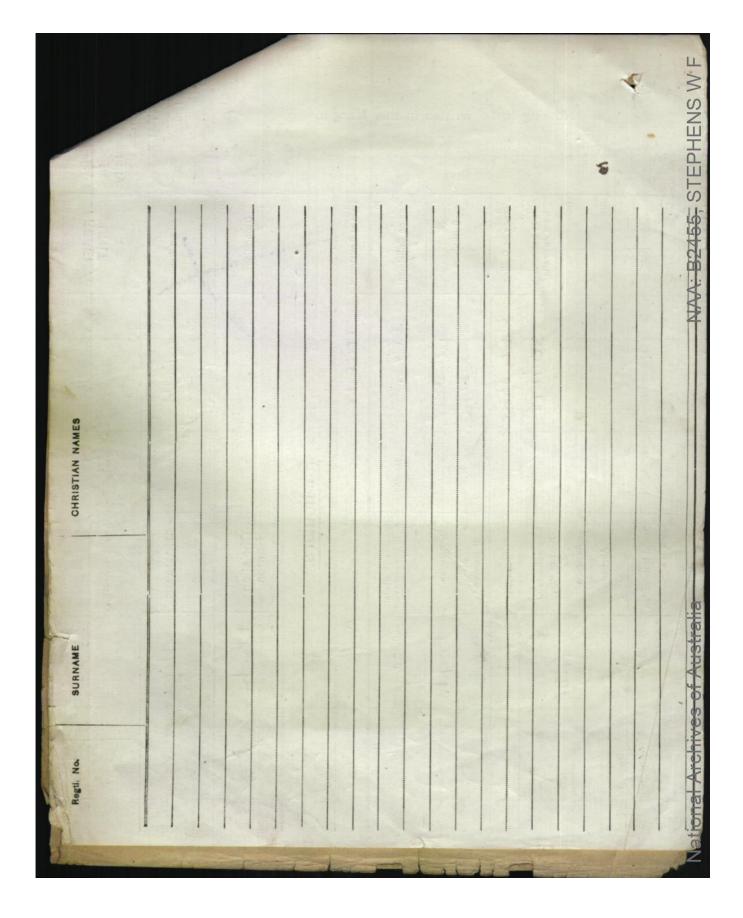
N.B.—Record of War Service (if any) to be shown on back of Form.

Seniority of Candidates as determined by competitive examination to be stated when two or more applications

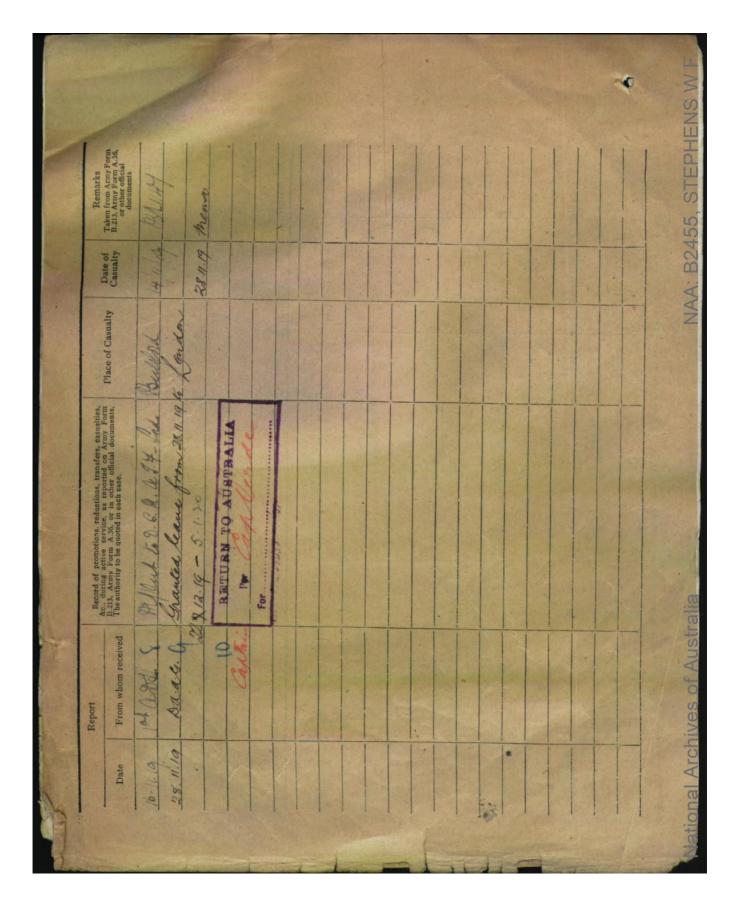
are forwarded on the same date.

NAA: B2455, STEPHENS W F

Regti. No.	Stephens.	Nechnore Frank.		N.A.	Years Months Auth. C.R.	Bapl.	yes.		7	Clust.			NAA B2455 STEPHENS W.F
6.	SURNAME	©hristian Names,	Particulars.	(8) Place of Enlistment N. H.	Any subsequent claim as to age after verification of Birth Certificate	(12) Religion	(13) If Married	(15) If an Apprentice	Whereabouts of Next of Kin,	i.e. Australia	Abroad	(21) Special Notification	card No.
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o PRESENT UNIT	(3) Present Rank	(s) Decorations		(7) Date of Enlistment	9) Age on Enlistment	(11)	one	(14) Trade or Calling	(16) Date of Embarkation from Australia	(8)	(61)	(50)	
A-I.F. Army Form B103 -Part i. Service and Casualty Form.	PART L		·ui	BarsM	sidt ni	netti	JW 90	d 01		PN	6		National Archives of Austral



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PM Enquiry, "

Latest report and date of enlistment & sailing of this officer, please.

B.C.

13/10/19.

LM.

ADJUTANT GENERAL.

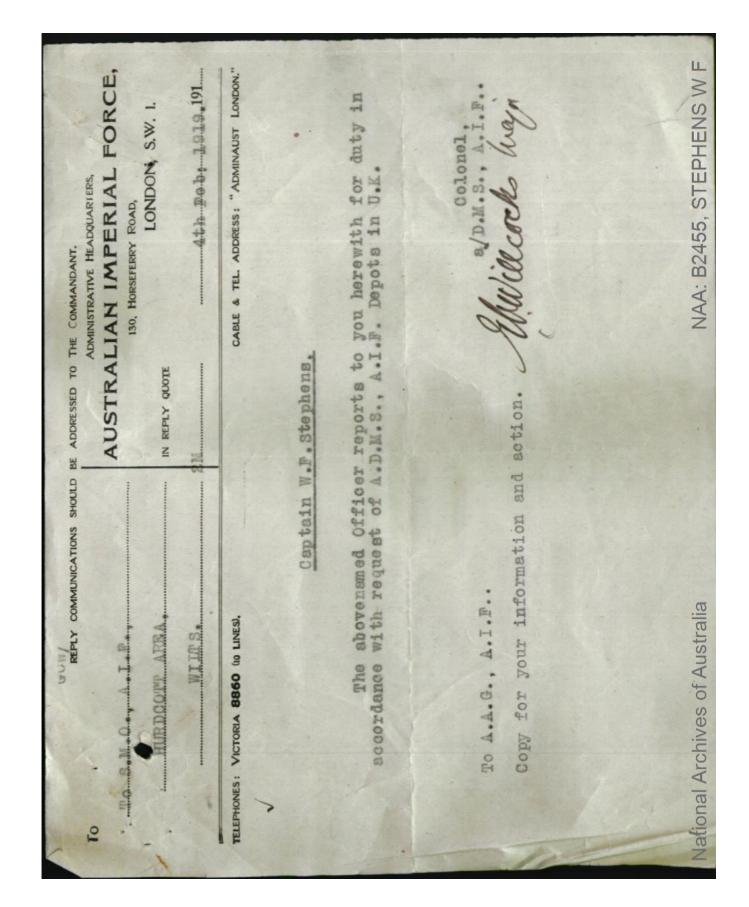
The latest reports received here concerning

Captain W.F. Stephens is as follows-

8. 2.19. Admitted to 1st A.G.H. P.U.O. 3. 3.19. Discharged from Hospital to Duty. 22. 8.18. Date of Appointment. LAF 30.11.18. Date of Sailing from Australia.

Major, Officer i/c Base Records, 13/10/19. Me

National Archives of Australia



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5/1/20 Captain	Per Caplerde	ling the	MI 84	Tyles	

INVIARD CABLEGRAM. DATED 10th June 1919. MELBOURNE. DEF ENGE FROM l p.m. WN 790 Your Ab/4301/22/21 Morch 22nd claims by Messers Pratt against Officers and numbers similar claims AAA Essential you should ensure Officers pay debts before embarking And Suggest you insist their signing certificate effect all are paid his The number of claims arriving through you and independently indicates serious wilful neglect of Officers in this respect And The number of the serious wilful neglect of Officers in this respect And The serious wilful neglect of Officers in this respect And The serious wilful neglect of Officers in this respect And The serious wilful neglect of Officers in this respect And The serious wilful neglect of Officers in this respect And The serious wilful neglect of Officers in this respect And The serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious wilful neglect of Officers in this respect to the serious will neglect of Officers in the seriou Firms should be advised useless expect department collect accounts for them as Officers are demobilised on dis-embarkation. NAA: B2455, STEPHENS National Archives of Australia

To:-The Commandant, A.I.F. Headquarters. I acknowledge having seen Defence Cablegram WY/130 of 10th June 1919, and I certify that I have settled all known claims and accounts owing by me to Tradesmen and others in the United Kingdom, France and Belgium. Should any accounts of which I am not aware be submitted to Headquarters, .. I.F., after myndeparture from England, I desire them to be forwarded to me at the following address in Australia: -

u....(Runk)

NAA: B2455, STEPHENS

Page 29

APPLICATION TO ENLIST IN THE AUSTRALIAN IMPERIAL FORCE.

loer, or	I, Shiphurs, Wulmure Frank. hereby offer myself for Enlistment in the Australian Imperial Force for Active Ser Abroad, and undertake to enlist in the manner prescribed, if I am accepted by Military Authorities, within one month from date hereof.
intent to missead any on lot.	POSTAL ADDRESS. Signature Weshware T. Sheph Occupation 5th Jean Medical She Weshware T. Sheph Date 10-6-18 (For Identification purposes the above space should be filled in personally by the Applicant.)
take statement or any omission, with intent to missean any omeer, be guilty of an offence against the Act.	CONSENT OF PARENTS OR GUARDIANS. (For Persons under 21 years of as I hereby certify that I approve of the above application, and consent to the enlistm of my son ward for Active Service Abroad. I FURTHER CERTIFY that he was born on for 28 had at the service was a service above.
s, he shall be guilty of	Statement regarding Death or Absence of either or both Parents. Mother's Signature
execution of his duti	PERSONAL PARTICULARS. Age 26 yrs. # mos. Height— ft. ins. Chest Measurement (full expanded)—
	Married. Widower. Single. incl
	PRESENTATION ASSESSMENT PRODUCTION
	PRELIMINARY MEDICAL EXAMINATION. Decision of Medical Authority {FIT for Active Service. UNFIT, for the following reasons:—
	Decision of Medical Authority {FIT for Active Service. UNFIT, for the following reasons:—
	Decision of Medical Authority {FIT for Active Service. UNFIT, for the following reasons:—
	Decision of Medical Authority {FIT for Active Service. UNFIT, for the following reasons:— Place Signature of Medical Authority I Concur Place
other person acting under the orders of any oncer, in the	Decision of Medical Authority {FIT for Active Service. UNFIT, for the following reasons:— Place Date Signature of Medical Authority I Concur
possess seems same same of any others,	Decision of Medical Authority {FIT for Active Service. UNFIT, for the following reasons:— Place Signature of Medical Authority I Concur Place Signature of M.O. at Control Respective Decision Decis
	Place Date Signature of Medical Authority I Concur Place Signature of M.O. at Central Recruiting Department of Medical Authority CERTIFICATE OF RECRUITING OFFICER. I CERTIFY that I have this day provisionally ACCEPTED this applicant for enlistments.

INSTRUCTIONS.

- (1) Application forms received by Recruiting Officers will not be handed back again to applicants, but will be passed direct to the Medical Practitioner, who will similarly return them to the Recruiting Officer, who will then forward them by post to the Officer in Charge of the Central Recruiting Depôt to which recruits are instructed by them to report.
- (2) If an Applicant who has been rejected desires a copy of this certificate, it must be completed in duplicate at the time of Medical Examination, and the word "original" or "duplicate," as the case may be, will appear on top of the respective forms. Both copies will be forwarded to the Officer in Charge of the Central Recruiting Depôt, where the duplicate will be impressed with the official stamp and then returned to the Applicant.
- (3) Copies will NOT be made of any certificates of acceptance. The word "Duplicate" will be struck out of such certificates, and they will be sent to the Officer in Charge of the Central Recruiting Depôt by post.
- (4) Names of accepted applicants who do not report at Central Recruiting Depôt within the prescribed time will be forwarded to the local Recruiting Officer for information.
- (5) When alternatives are shown on the front of the form such as:— Fit Unfit | Son Ward Widower Outlieste strike out the words which are not applicable.
- (6) Only those persons who fulfil the requirements in all other respects will be examined regarding medical fitness. These requirements may be ascertained by reference to daily newspapers and official posters.
- (7) The Central Recruiting Depôt to which accepted applicants from various places will be sent for final medical examination will be determined by District Commandants. Recruiting Officers at outlying places will require to issue clear instructions to such applicants informing them where and when to report, and will forward the application forms in time to ensure that they will be in the hands of the Officer in Charge of the Central Recruiting Depôt when the recruit reports for enlistment.

Spaces for identification by means of handwriting.

National Archives of Australia

AUSTRALIAN IMPERIAL FORCE.

RECORD OF OFFICERS' SERVICES.

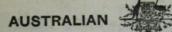
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Record subsequent to embarkation.		
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Returned to Australia (Date, Transport, and any other	details) :—	
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No. No. St. NAMES (Surname) W. (Christian). W. Unit	My Will is lodged with	(Verified Australia)



No.		Particulars.				
	Surname					
1.	To be in block letters.	Westmore Frank				
	Other names (in full) J	Westmore Frank				
2.	Educational Qualifications (Certificate to be attached for notation at District Head-quarters.)	Qualified Medical man.				
3.	Military Qualifications (previous Military Service, if any, to be stated) (Attention is directed to third sub-para of C.M. Regulation 66.) Present rank and corps to be stated.	None				
4.	Date on which applicant qualified at a competitive examination for first appointment as 2nd Lieutenant (U.T. Regulation 132)	RELIGION. Baptist.				
5.	Present Civil Employment					
6.	Date of Birth, and Age	Date of Birth.	Age			
	(Certificate of Birth or Statutory Declaration to be attached for notation at District Head- quarters.)	28th Jan. 1892	26 Years.	8 Month		
7.	If a British Subject or a Naturalized British Subject On the case of the latter, date and place of Naturalization to be stated.)					
8.	Married or Single	Single.				
9.	Postal Address	"Kooyong" Rd. M		Battalion Area		
10.	Next of Kin	Father W.W. Step				
-		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I				
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MILITARY FORCES.

Application for a Commission in the A.A.M.C. A.I.F. Particulars. No. Surname ... STEPHENS To be in block letters. 1. Westmore Frank. Other names (in full) Qualified Medical man. Educational Qualifications... (Certificate to be attached for notation at District Head-quarters.) Military Qualifications (previous Mili-3. tary Service, if any, to be stated)
(Attention is directed to third sub-para of C.M. Regulation 68.)
Present rank and corps to be stated. None Date on which applicant qualified at a competitive examination for first Baptist, PELIGION. appointment as 2nd Lieutenant (U.T. Regulation 132) Present Civil Employment Date of Birth. 6. Date of Birth, and Age ... (Certificate of Birth or Statutory Declaration to be attached for notation at District Head-quarters.) 28th Jan. 1892 Months. Years. If a British Subject or a Naturalized 7. Yes. British Subject (In the case of the latter, date and place of Naturalization to be stated.) Single. Married or Single 8. Battalion Area. "Kooyong Rd. Malvern. Postal Address ... Father W.W. Stephene. "Rooyong Rd. Malvern. Next of Kin ... 10. ... Westmore P. Stephene. 19.8.18. (Signature of Applicant) ... Norr.—Candidates for Commissions in the Permanent Forces are required to attach a satisfactory certificate of moral character, or, if they are serving in the Permanent or Citizen Forces, to be recommended by their Commanding Officer. They are also to state on the back of this form the subjects in which they desire to be examined in Part II., and where exemptions are claimed for educational subjects, the authority for same is to be stated, and where necessary to be supported by certificates. Date MEDICAL CERTIFICATE. In the cases of Candidates for Commissions in the Permanent Forces, Proceedings of Medical Board, in accordance with instructions contained in "Standing Orders for the Army Medical Services," will be substituted for this Certificate; such Board, however, will not be assembled until after the nomination of the Candidate to undergo examination has been approved by the Military Board of Administration.

do hereby certify to the correctness of ...do hereby certify to the correctness of the following particulars respecting the above-named applicant. I further certify that the applicant is not ruptured, has not been operated on for Hernia, and is capable of bearing the fatigue incident to the performance of military duty. 150 lbs. 5ft. 5ins. Weight Height D. 6 Both eyes. Chest Measurement 35.40 Signature of the Examining W.J. Denohy. Capt. A.A.W.C.

Medical Officer Eyesight RECOMMENDATION AND CERTIFICATE OF COMMANDING OFFICER,
(Not required in the cases of Candidates for Commissions in the Permanent Forces, 1) I recommend that the candidate above named be appointed a in the Corps under my command, and I certify:-1. That such appointment will be within the authorized establishment for the current year.
2. †(a) That the provisions of U.T. Reg. 33 have been fully complied with, or
†(b) That the provisions of U.T. Reg. 132 have been fully complied with.
(c) That all candidates higher in order of merit, by competitive examination, have been absorbed. On appointment the candidate will be posted to A.A.M.C. Squadron, Battery, or Coy., &c. P.W.O 3rd Military District 20th Aug. 1918. RECOMMENDATION OF DISTRICT COMMANDANT. Recommended, candidate considered suitable. Brig. Genl. 20th Aug. 1918. Commandant Date

† Sub-para. not applicable to be struck out.

N.B.—Record of War Service (If any) to be shown on back of Form.

Seniority of Candidates as determined by competitive examination to be stated when two or more applications

Nation and Candidates are forwarded on the same date. B2455, STEPHENS W F

3 Berkely St. Hawthorn E 2 Melbourul To Officer in charge. Base records. epartment of Defence Cauberra. M.B., Ch.B I am an applicant for an appointment in Public Health department. in State of Victoria. The Gout require particulars of my Service & the ariny Medical Carps of Australia and my statement from memory doen't fill requirements. The Public Service Communicationer requires a copy of your official record. as a guide in looking wife these parlieders as far as Tremember . Tenlustal in Mull lak august ar early Sept. 1918 unuediably after NAA: B2455, STEPHENS W F al Archives of Australia

got my degrees in Micheine & Surgery of Melbourne idwerrily, Served in Base Haspital W. 5. St Kelda R'd Mell 3 mouths & was sent aversus in Cely of Karache leaving Melbourne 30/4/88. as Capt a a mc. a 9.7. Served as mo. at We I aust. Dermatological Haspital Bulford bufland sill returned on Cap Verde, a bransport, which reached Webourse from England early in teb I think 1920. Sorry to give so much brouble but have lost any officeal papers grow we are nej derekorje lang ago acu Shell au reserve of officers and received a notice from the department the other day remending we to furnish my. address which I had awilled to do hel receiving runninder I should be entremely grateful of the me at above & deress as soon as passible.

	DICAL HISTORY of	
Surname 2/EFHEN	Christian Name West	more Frank
Birthplace	TABLE I. GENERAL TABLE.	
Examined $\begin{cases} \text{on} \\ \text{at} \end{cases}$	10 day of Jun	19/8
Declared Age	26 yss 5 mos	
Trade or Occupation	medical Studen	1 (5th yr)
Height	5 feet 4	inches.
Weight	149	lbs.
Chest Girth when fully Expanded Measurement Range of Expansion	40	inches.
Physical Development and Pulse rate	Good 74 km.	ninches.
Vaccination Marks { Arm	Right.	Left.
When Vaccinated hf	aucy)	
Vision \cdots $\begin{cases} R.E-\\ L.E \end{cases}$	-V= 26 -V= 16	, 111
(a) Marks indicating congenital peculiarities or previous disease		MU NI
(b) Slight defects, but not sufficient to cause rejection $\begin{bmatrix} (b) \\ \\ \end{bmatrix}$	0	Blue
Approved by (Signature)		11111
(Rank)	Guin	Medical Officer.
[at_	Melbourne	
Enlisted on	10th day of June	19/8.
Joined on Enlistment	Corps.	Regtl. No.
Fransferred to		
Became non-effective by		
on	day of	19 .
(Signature)		
(Rank)		
D.295/1.16 C.18069		P.T.0.

Table II.—Only for Admissions to Hospital or to the Admitted to Hospital. Discharged from Hospital. Number of days in Hospital. Disease. Name of Hospital. Day. Month. Year. Day. Month. Year. National Archives of Australia NAA: B2455, STEPHENS W F

Sick List in the case of Warrant Officers treated in Qu	artore
SICK LIST IN THE CASE OF WAITAIL OTHERS TREATER IN QU	idi lei 5.
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. If an accident, state whether it occurred on duty.	Signature of Medical Officer.
	- 13
National Archives of Australia NAA	: B2455, STEPHENS W.F.

Table III .- Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c. Date. Brief Details, and Signature. Table IV. Service Table. Date of Date of Station. Date of Date of Station. Arrival. Departure. Arrival. Departure. NAA: B2455, STEPHENS W F National Archives of Australia

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