

NAA: B2455, SHOLL LIONEL WILLIAM

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Number of pages: 43

Title: SHOLL Lionel William: Service Number - 5547: Place of Birth - Adelaide SA: Place of Enlistment -

Adelaide SA: Next of Kin - (Mother) SHOLL Clara Luxmore

naa.gov.au

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Fact sheet 7 - Citing archival records

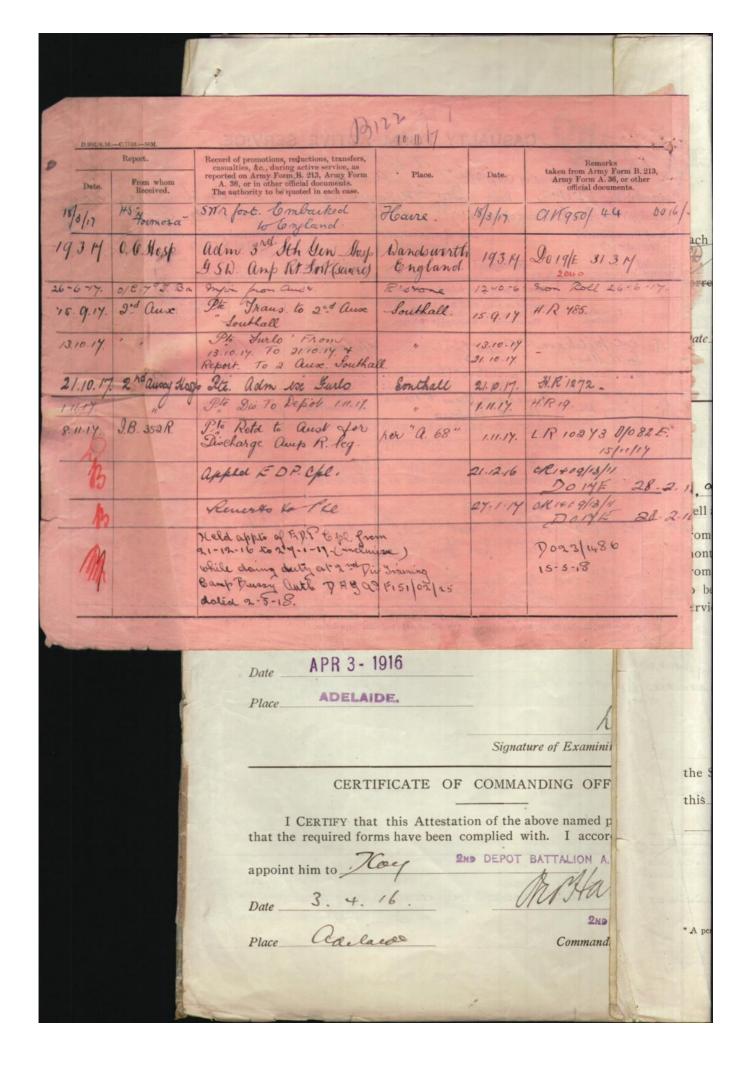
Fact sheet 8 - Copyright



MILITARY FORCES.

AUSTRALIAN	MPERIAL FORCE.
ATTESTATION PAPER OF PERSO	NS ENLISTED FOR SERVICE ABROAD
No. 5547 Name SHOLL - LI	IONEL - WILLIAM
	TATION ALE 15 & 1 Pater Inc.
Questions to be put to the P	erson Enlisting before Attestation.
1. What is your Name?	1. , ,
0.7	2. In the Parish ofin or
2. In or near what Parish or Town were you born?	California
3. Are you a natural born British Subject or a	in the County of SOUTH AUSTRALIA
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Malmal Jon
4. What is your age?	4. 41 9/12 Means
5. What is your trade or calling? 6. Are you, or have you been an Apprentice? If so,	5. Engene Shiver
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6. 70
7. Are you married?	
8. Who is your next of kin? (Address to be stated)	8. MOTHER) SHOLL-MAS CLARA-LUXMORE 115 GEORGE-STREET - NORWOOD SOUTH AUSTRALIA
9. Have you ever been convicted by the Civil Power?	9. NO
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy?	10.
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not now serving, state cause of discharge	11. yes 12 months (N.Z.) Lomoa Role
12. Have you stated the whole, if any, of your previous service?	12. Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	13.
14. (For married men, widowers with children, and soldiers who are the	Paragraphic Company of the Company o
Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach 8/ per day?	14.
15. Are you prepared to undergo inoculation against smallpox and enteric fever?	15. Ofeo
by me to the above questions are true, and I am willing and the Commonwealth of Australia within or beyond the line And I further agree to allot not less than three fifths	do solemnly declare that the above answers made d hereby voluntarily agree to serve in the Military Forces mits of the Commonwealth. of the pay payable to me from time to time during my
Date 3 APT 1018	
	In Sholl
* This clause should be struck out in the case of unmarried † Two-fifths must be allotted to the wife, and if there are	Signature of Person Enlisted. I men or widowers without children under 18 years of age

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1	11 15/244	Bu. 28.	8.16			
	# X	-1117	CASUALTY FORM	ACTIVE S	ERVICE	Army Form B. 103.
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	Date of	Promotion to)	Terms of Service (a) Date of appointment to lance rank	Dervice re	Numerical roll of 1	position on)
	Extende	sent rank) ed	Re-engaged	Qualification (b)		10.0.0
	Date.	Report. From whom Received.	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.	Date.	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	1.8.16	ccMitcha	m/c0 205/	fleham	1.8.16	
		South alles	A.68 "Anchises" (Embarked. Disembkd:	Adelaide. Plymouth.	28/8/16.	
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1	(a) (b)	In the case of a man when e.g., Signaller, Shoeing	ho has re-engaged for, or enlisted into section D. Smith, &c., &c., also special qualifications in tech	Army Reserve, particular nical Corps duties.	rs of such re-engo	agement or enlistment will be entered. [P.T.O.
			8	01.00		
В			Zw	ature of Person	Enlisted.	
Н				and of Terson	Zimoreu.	
П	Ta	ken and subscr	ibed ati	n		
	the State	of S	OUTH AUSTRALIA.			
		PR 1916		of		
			ig , before me	1. 0		
				W.J.	Draw	
19			Sign	ature of Attestin	ng Officer.	LIEUT.
					Cabadal of the	And
	* A person er and the	nlisting who objects to he above form must be	taking an oath may make an affirmation in accamended accordingly. All amendments must b	e initialled by the Attes	sting Officer.	Act
M						
						7
V)					- 47	



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 ach question has been duly entered as replied to by him.

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

prrect.

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

ate 3 APR 1916

Signature of Attesting Officer.

LIEUT.

0/082 E.

orm B. 213, or other

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

Lionel William Sholl
Il and truly serve our Sovereign Lord the King in

_swear that I will

ell and truly serve our Sovereign Lord the King in the Australian Imperial Force om 3 APR 1916 until the end of the War, and a further period of four tonths thereafter unless sooner lawfully discharged, dismissed or removed therefom; and that I will resist His Majesty's enemies and cause His Majesty's peace be kept and maintained; and that I will in all matters appertaining to my crvice, faithfully discharge my duty according to law.

SO HELP ME GOD.

Lw Shill

Signature of Person Enlisted.

Taken and subscribed at

ADELAIDE.

aken and subscribed at_____i

the State of__

SOUTH AUSTRALIA.

this 3 APR 1916

__day_

of

_19 , before me—

Signature of Attesting Officer.

UTP Draw

LIEUT.

^{*} 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 initialled by the Attesting Officer.

Description of Lionel Will	liam Shall on Enlistment
Age 41 years 9 months Height 5 feet 7 inches Weight 148 lbs. Chest Measurement 352. 372nches Complexion Medium Eyes Grey Hair Abrown going bald Religious Denomination by Eng	DISTINCTIVE MARKS. Nis R & L & Vacce & L
CERTIFICATE OF MEI	DICAL EXAMINATION.
defects of vision, voice, or hearing; hernia limited extent; marked varicocele wit cutaneous disease; chronic ulcers; trace having been marked with the letters D. abnormal curvature of spine; or any other unfit him for the duties of a soldier.	red constitution; defective intelligence; a; hæmorrhoids; varicose veins, beyond the unusually pendent testicle; inveterate is of corporal punishment, or evidence of or B.C.; contracted or deformed chest; the disease or physical defect calculated to the ither eye; his heart and lungs are is and limbs; and he declares he is not
	Signature of Examining Medical Officer.
I CERTIFY that this Attestation of that the required forms have been comp	CAMP COMMANDANT
Place adelacos	2ND DEPOT BATTALION A.I.F. Commanding

Statement of Sen	rvice No Name_	Period of S	eevice in each	X.21	- 1
Unit in which served	Promotions, Reductions, Casualties, &c.	From	To	Remarks	
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	Reverto Va Pie	1	44.44	Doighoust.	d 18
4	Menero da 1 de		27.1.19	Doly Euro 28.	1.18
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	CONVANDING OFFICER.	O STA	THE SALE		1
	i nomen bangan eveda eriz le noi				
	complied with I necordingly				
				or mini tnioqqa	
I have examine	d the above details, and find the	nem correc	et in every	respect.	

LEAVE GRATUITY PASSED AUSOR ALIAN919 TTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD Name SHOTH - HIONEL, WILLIAM. 200 DEPOPULOUTPHOLOGICALE 15/27 Joined on Questions to be put to the Person Enlisting before Attestation. Tionel William Sholl 1. What is your Name ? 2. In the Parish of in or 2. In or near what Parish or Town adelaide near the Town of in the County of SOUTH AUSTRALIA. re you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, Natural Born papers to be shown.) 4. What is your age? What is your trade or calling? 8. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? 7. Are you married? ... 8. (MOTHER) SHOLL MRS. CLARA, LUXMORE. 115, GEORGESTREET, NORWOOD. 8. Who is your next of kin? (Address to be stated) . SOUTH AUSTRALIA. 1). Have you ever been convicted by the Civil Power? 10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy? 11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not now serving, state cause of discharge 12. Have you stated the whole, if any, of your previous) service? 13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? (For married men, widowers with children, and soldiers who are the sole support of widowed mother)— Are you prepared to undergo inoculation against) smallpox and enteric fever? William Sholl _do solemnly declare that the above answers made me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces the Commonwealth of Australia within or beyond the limits of the Commonwealth. APR 1916 Date Signature of Person Enlisted. This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age
 Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted. o 57269

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

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

Date 3 APR 1916

Signature of Attesting Officer. LIEUT.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 3 APR 1916 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME GOD.

2 w Choll

Signature of Person Enlisted.

Taken and subscribed at ADELAIDE. in the State of SOUTH AUSTRALIA. this 3 APR 1916 day of

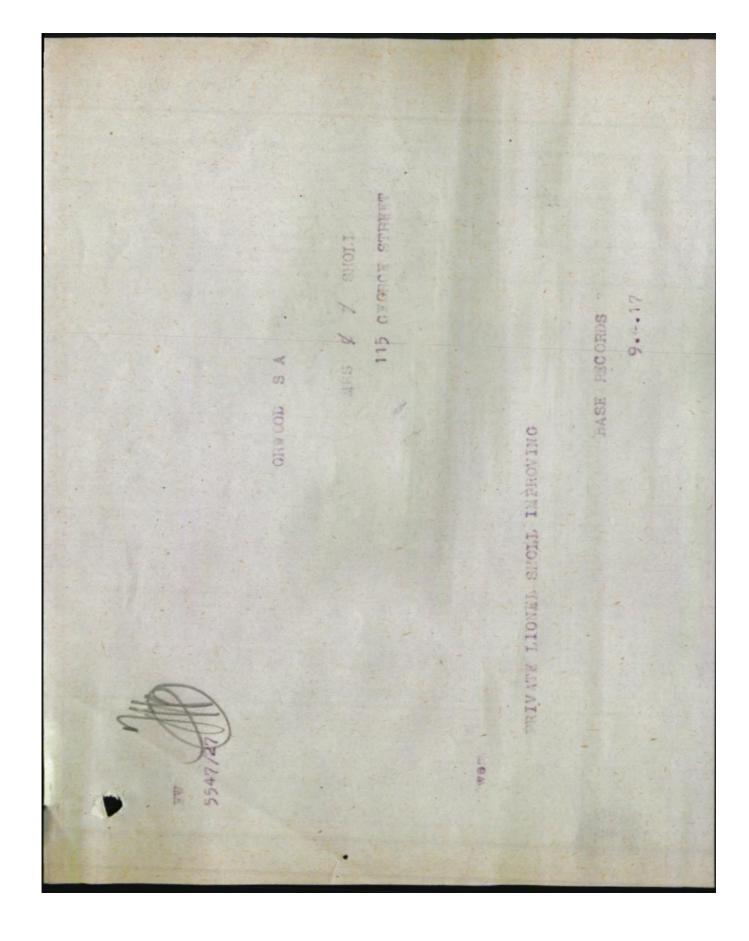
19 , before me-

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 initialled by the Attesting Officer.

\$
Description of Lionel William Shollon Enlistment
Age #1 years q months Height 5 feet 7 inches Weight 148 lbs. Chest Measurement 25/2 - 57/2 inches Complexion Medium Eyes Grey Hair L Brown going bald Religious Denomination leaf lng
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; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; 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 description.
I consider him fit for active service.
Date 3rd April 1916
Place ADELAIDE. Lo Bett Gago
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 to Depot Battalion A.I.F. Date 3. 4. 16 CAMP COMMANDANT 2ND DEPOT BATTALION A.I.F. Place Odelaede Commanding
Place Catelacal W 15/8 Commanding
br. O.

	P 4			0	
Statement of Ser	vice No. 5547. Name	5400	4	24/0	
Unit in which served	Promotions, Reductions, Casualties, &c.		ervice in each	Remarks	
10. Log 2 nd 10		3.476.	19.4.16	5	
3/5 Proneers Base Winer	e. Pte	1 6/16	31.5:16	T ni sociamento.	
N. C. O. SCHOOL . 4th MILITARY DISTRICT	Pte.	UN 1 9 19	16 20/7/1		
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I have examined	the above details, and find the	em correct	in every	respect.	
1	Companing		*	•	



received to the effect that 3rd London General Hospital, 19.3.17, suffering from Siother Aprilative offer. Base Records - Office to advise you that information has been Private L. W. Sholl, FORCE. MEL BOUTENTE. AUSTRALIAN LIMPERIAL now beg Madam, Dear

His postal address will therefore be:No. 5547 Private L. W. Sholl,
27th Battalion,

Australian Imperial Force,

Any further reports reserved will be promptly

transmit ted.

Mrs. C. L. Sholl, 115 George St., NORWOOD. S.,

Yours faithfully, J. M. LEAN. Hajor. Officer 1/c Base Records.

to advise you that he parted mounded w. W. Sholl, the Mature tod man the name of the hospital to which he has been admitted are not at present known here, but on receipt of It is not stated as being serious, and in the absence advice is received, this Lepartment has no later information to Victoria Barracks. 19th March 1917 Major. progressing satisfactorily.
It should be clearly understood that if no further of further reports, it is to be assumed that all wounded are Base Records Office, Officer 1/c Base Records. further information, you will be promptly notified. J. H. LEAT. Yours faithfully, Imperial Force, Letters should be addressed as under:-Regimental Number, Rank and Name, PORCE. MET. BOUTRING - TEPTERIA Aus tralian AUSTRALIAN Mrs. C. L. Sholl, 115 Georges Street, regret NORWOOD Madant Dear

AUSTRALIAN IMPERIAL FORCE.

BASE RECORDS OFFICE, VICTORIA BARRACKS,

MELBOURNE, 13th Aug., 1917.

Private I. W. Sholl,

convalescent.

has been reported

to advise you that

now beg

Dear Madam,

His postal address will be:-

No. 5547 Private T.W. Sholl. 27th Battalion, Australian Imperial Force,

Abroad.

clearly understood that if no further advice is forwarded this department has no more In the absence of further reports it is to be assumed that satisfactory progress is being maintained, but anything later received will be promptly transmitted, it being information to supply.

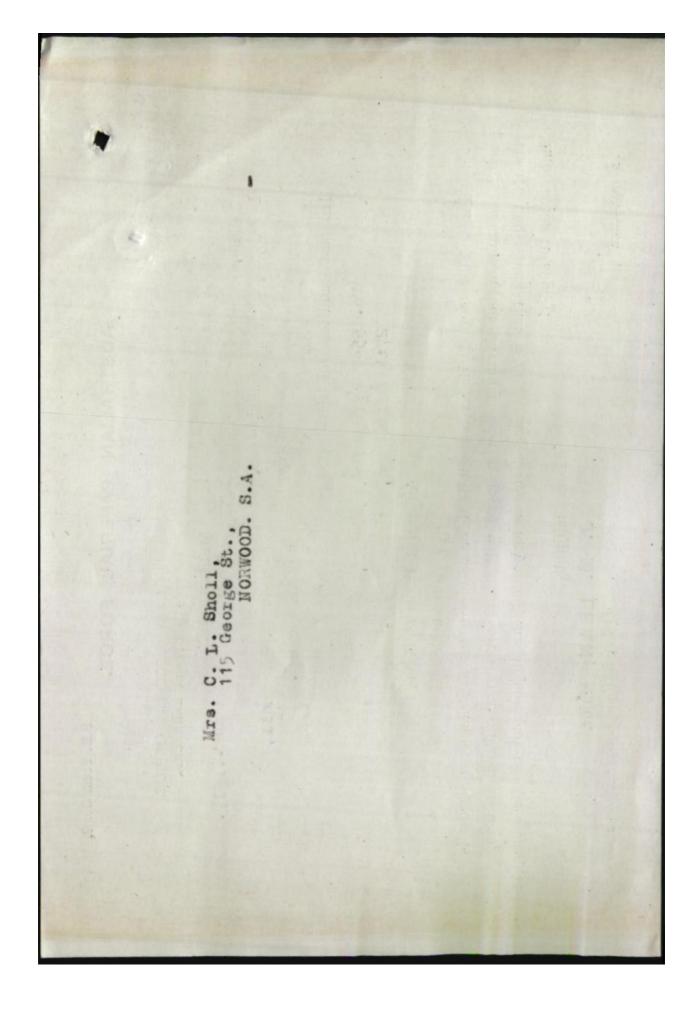
Yours faithfully,

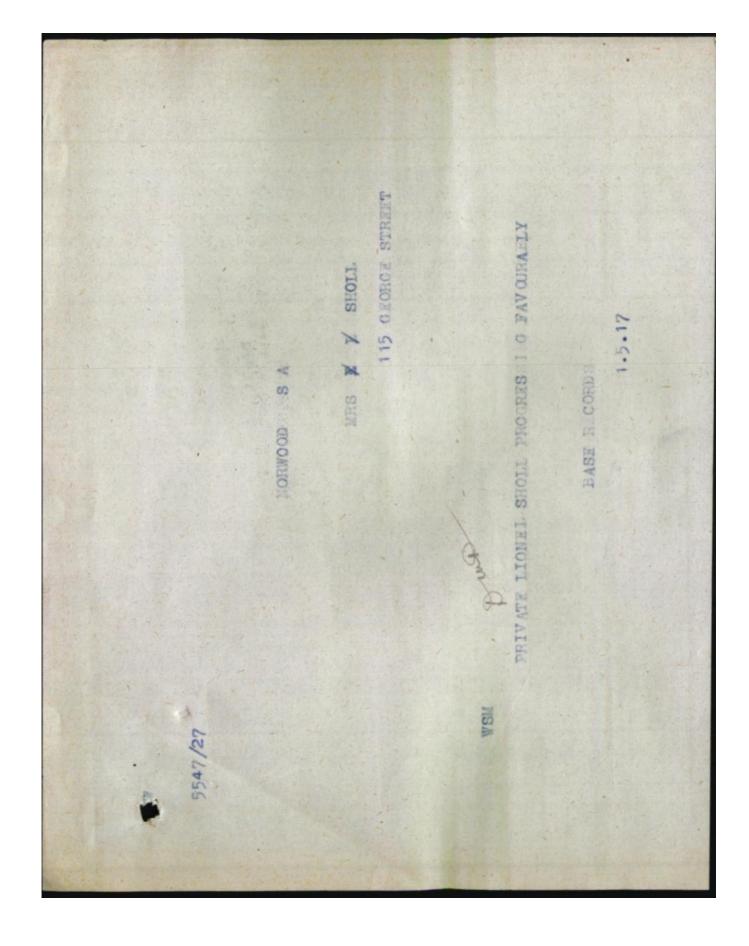
J. M. LEAN, Major,

Officer in Charge, Base Records.

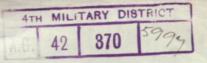
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Page 14





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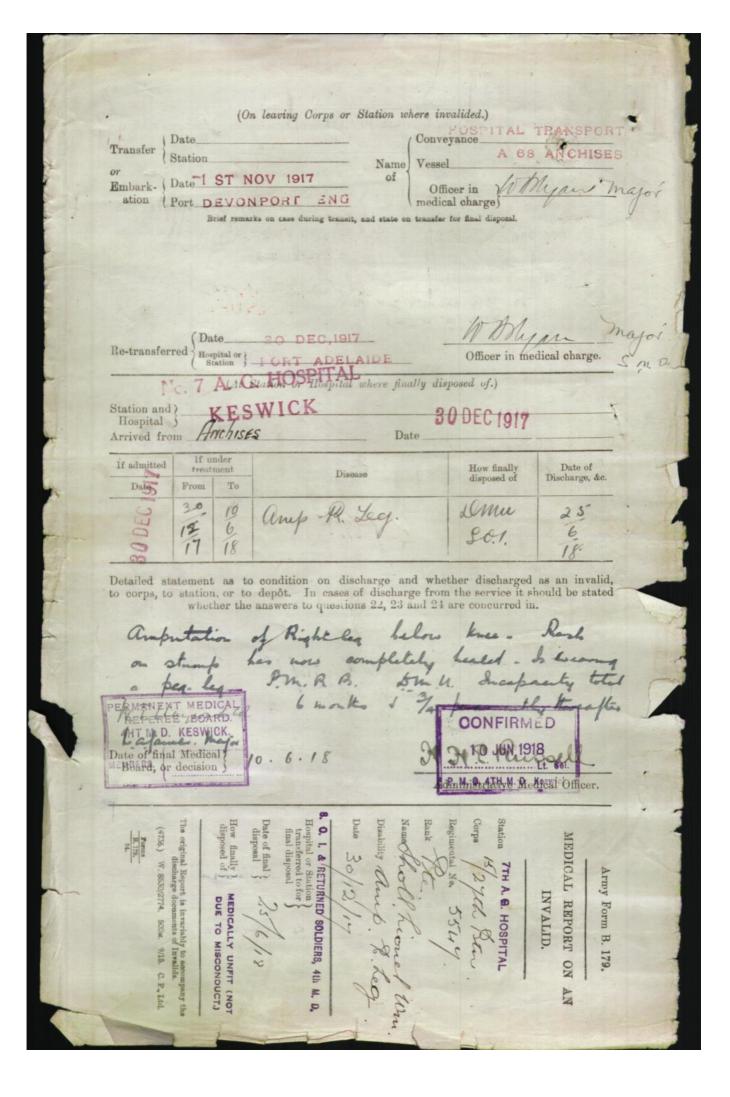
Army Form B. 179.

Medical Report on an Invalid.
Station to 2 n. n. H. Son Whall
Date 16/9/17
1. Unit 27 Batt . W & Age last birthday 43
2. Regimental No. 5547 . Enlisted & 2/4/16 3. Rank 11-
3. Rank Ito. 4. Name SHOLL, Leonel William or Occupation & Engineer .
EADO
Anipulation 7 right leg / 28518
Statement of Case. Note. The answers to the following questions are to be filled in by the Officer in medical
charge of the case. In answering them he will corefully 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.
9. Date of origin of disability.
2/3/1/
10. Place or origin or disastinat. Warlancourt. France. 11. Give concisely the essential races or the
history of the disability, noting entries on the Medical History Short bearing was on duty in Strong on the case.
point" was but by preprient of sheel. The
foot we shattened - all largal tone key with.
Foot was amplated at seat Jelection 5/3/17
at cce
12. (a) Give your opinion as to the causances of the disability.
(b) If you consider it to have been caused by active service, climate, or ordinary military service, capplain the specific conditions to

which you attribute it (See nowed on page 3).

13. What is his present condition? Weight should be given in all cares when it is likely to afford evidence of the progress of the disability. Right leg ampulated at ceal de election. Not yet healed 14. If the disability is an injury, was it (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 ? ampulation Jugar 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? " hot applicable 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. Do you recommend (a) Discharge as permanently unfis, (b) Change to England? medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except SERITAN AUX 18 SEP. 1917 Station Officer in charge of Hospital. MARYLEBONE SCHOOLS Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some † Delete this word if no exceptions are to be made.

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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension. (ii.) Expressions such as "may," "might," "probably," &c., should be avoided. (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913). (iv.) In answering question 20 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. (v.) 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. 20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service active Service (b) If due to one of these causes, to what specific conditions do the Board attribute it? 21. Has the disability been aggravated by (a) Intemperance? (b) Misconduct? (c) Any of the conditions mentioned in Question 20, and if so which? 22. Is the disability permanent? 23. If not permanent, what is its probable minimum duration? not applicable To be stated in months. 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it at \$\frac{1}{4}\$, \$\frac{1}{4}\$, \$\frac{1}{4}\$. or total incapacity. 24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act? 25. If an operation was advised and declined, was the refusal unreasonable? 26. Do the Board recommend Signatures :-President. Station Members. WEGHCAL 8F Station Accornan Administrative Medical Officer. Date -- Major for Surgeon General. D.M.S. A.I.F.



To be used for Enlistment in t	the Permanent Military Forces	
MEDI	CAL HISTORY	of
Surname De Hou	Our cotton I tame	nel William
Birthplace	GENERAL TABLESUT	H AUSTRALIA.
(on	3 day of Offin	il 1916.
Examined at	ADELAIDE.	
Declared Age	e 4192	
Trade or Occupation	6 ngne x	river
Height	5 feet 7	inches.
Weight	148	lbs.
Chest Girth when fully Expanded	352- 372	inches.
Measurement Range of Expansion	2	inches.
Physical Development and Pulse rate		
Vaccination Marks { Arm	Right.	Left.
\ Number		O rgrr
When Vaccinated	4	0
Vision $\left\{\begin{array}{ccc} R.E - V \\ I.R. V \end{array}\right\}$	=6	HEATTER
(L.E.—V	=/6	
genital peculiarities or		
previous disease	A STATE OF THE PARTY OF THE PAR	
(b) Slight defects, but not (b)		
sufficient to cause re-		
		18 Betts 1
(Rank)		Out
(All and a second secon	THE RESIDENCE OF THE PARTY OF T	Medical Officer.
(at	ADELAIDE.	
Enlisted on 3	APR 1916 _{day of}	19
	Corps.	Regtl. No.
Joined on Enlistment	ioneus Amero	4744
Transferred to /////	Ensahare A Cou	1/1/
15/27	777	
Became non-effective by		
	day of	10
(Signature)	day of	
(Signature)	1 1 1 1 1 1 1	The same of the same of

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WANDSWORTH.			1				,	
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Sick List in the case of Warrant Officers treated in Qu	uarters.
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.
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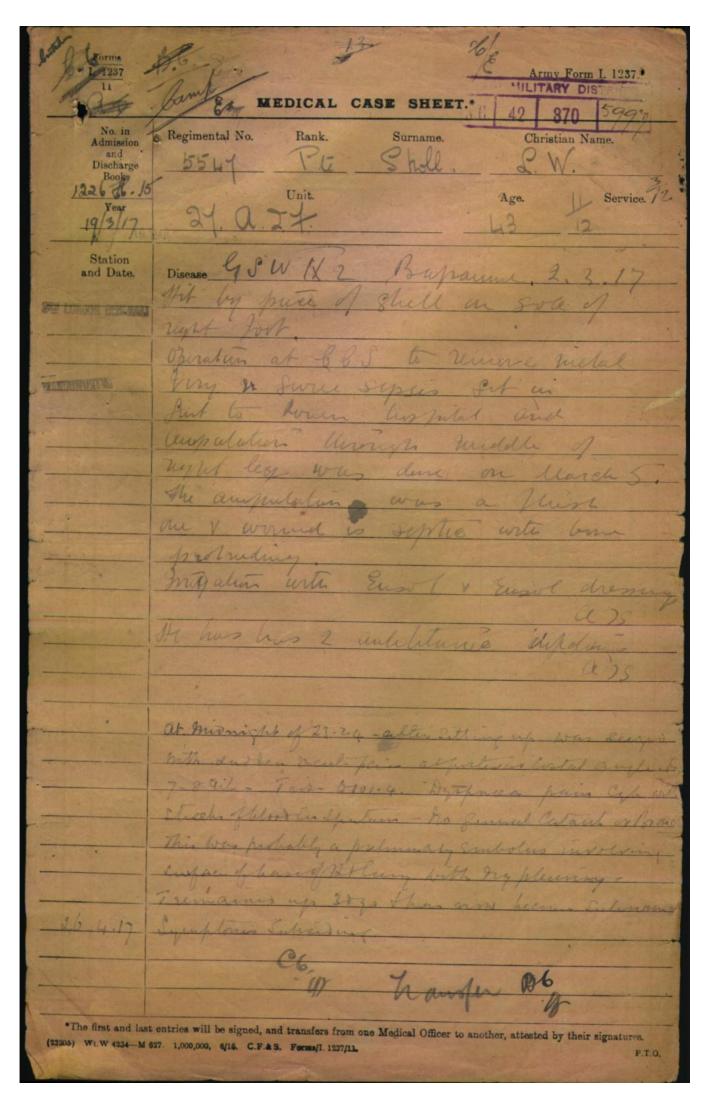
Table III. -Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c. Date. Brief Details, and Signature. INOCULATION INCOULATION VACCINATION Examined & Fassed Table IV.—Service Table. Date of Arrival. Date of Arrival. Date of Date of Station. Station. Departure. Departure. EXHIBITION CAMP. TIAN FORT A.68 ANCHISE

		Dental Form "X."
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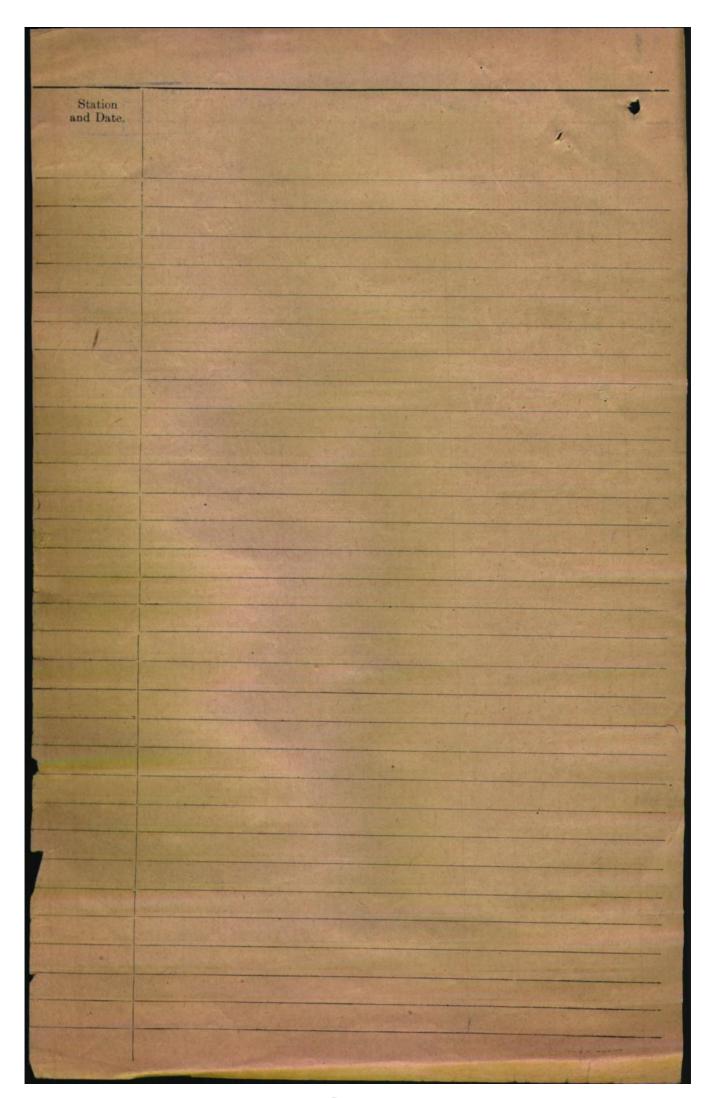
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(23205) Wt. W 4234—M	627. 1,000,000, 8/16. C.F.4	t S. Forms/I. 1237/11.	omeer to ar	iouner, attested by their sign	P.T.O.



Army Form B. 179. Medical Report on an Invalid. Station_ Date. 27 Batt V w. Age last birthday 2/4/16 adelaide S. aust 5547. 2. Regimental No. 6. Enlisted 16 3. Rank v. Former Trace or Occupation (Engueen 2. Disability. ampulation I right leg 28618 Statement of Case. Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. 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. 9. Date or origin or disabules. Warlancourt. France. 10. Place or origin or disastires. 11. Give concisely the essential races of uses history of the disability, noting entries on the Medical History Sheet bearing not by frequent of sheel. The of we shattered - all larsal fore being buske. - ampitated at seat of election 5/3/17 12. (a) Give your opinion as to the causance of the disability. (b) If you consider it to have been caused by active service, climate, or ordinary military service, esplain the specific conditions which you attribute it (See seed on page 3). of active service

General health good 18. 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. tion hor yet healed 14. If the disability is an injury, was it caused (a) In action ? (b) On field service? (e) On duty? (d) Off duty ? 15. Was a Court of Inquiry hald on the injury? If so-(a) When? (b) Where ? (e) 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. Do you recommend (a) Discharge as permanently unf.s, (b) Change to England? Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except AUXIL 18 SEP. 1917 avi Station Officer in charge of Hospital. THE PARTY OF THE PARTY OF A 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. † Delete this word if no exceptions are to be made.

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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

- (iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).
- (iv.) In answering question 20 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.
- (v.) 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.
 - (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

achie Sewice

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?
- (c) Any of the conditions mentioned in Question 20, and if so which?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- To be stated in months.
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate it at \$\frac{1}{4}\$, \$\frac{1}{4}\$, \$\frac{1}{4}\$, or total incapacity.
- 24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Action Insurance Act?
- 25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend full (a) Discharge/ us

(b) Change to England?

plicable

Signatures :-

Members.

President.

Approved.

Station

Station

Date

17 OCT. 191

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Administrative Medical Officer.

for Surgeon General, D.M.S. A.I.F

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Transfer Date Station_			Conveyance Vessel	
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Date of final Medi	ical	swers to questions 22, 23 a	Administrative M	n.

From Officer i/c Base Records, To Director of Council of War Services,
Melbourne,
Department of Defence,
Wellington, N.Z.

No. 5547 Rank. Pte. Name. SHOLL, Lionel William

Has by service in the (1) Australian Imperial Force from 3.4.16 to 25.6.18 qualified for the award of (2)x British War Medal Victory Medal.

(3) The following information is required: - Medals (and clasps) for which he is eligible in respect of his service in (4) N.Z.E.F. His latest known address is:-

Discharged 4th Military District.
(South Australia)

1.3.21

(Sgi) & M. Leau Major.
Officer i/2 Base Becords.

NOTE. (1) Insert Corps in the case of the Army.

- (2) Here insert medals concerned, or No medals.
- (3) In the case where the man has qualified for no medals at 2 delete this clause.
- (4) Insert the former service or services, e.g., R.N., R.A.N.R., Imperial Forces or N.Z.M.E.F.

This form need not be returned to the sender

when "No Medals" are shown at (2) and (3) is deleted.

Details of the first two lines must be

completed in toto by the sender.

"X" Will be administered by this Department.

REPLY

No. 19 Rank. 66 Name. SHOLL, Level William

who subsequently served as No. Rank. Name.

Unit. in respect of his services in NZSA from 12-1-15

to 12 2 16 is eligible for the award of (2) Nil.

\$ Will be administered by this Department.

Nº 101

rie NZS7 low dees

2-12-91





MILITARY FORCES.

4TH MILITARY DISTRICT.

KESWICK BARRACKS,

ADFLAILE, 1 JUL 1918

1918.

Officer in Charge, Base Records,

Victoria Parracks,

CONFIDENTIAL

MELBOURNE.

The under-mentioned soldier has been handed

his Discharge. Medical Board Proceedings and other documents

follows, forwarded herewith: - B.179, D 1, Dental Form X, Medical Reports Medical Transfer Certificate, Form 1,1237 (2)

MEDICALLY UNFIT CHOT DUE TO MISCONDUCTJ

No. 5547. Rank. Pte. Name. SHOLL Lionel William.

Unit. 15/27th Battn.

Date of Attestation. 3/4/16

Date of Embarkation. 28/8/16

30/12/17 Date of Disembarkation.

Fx. .. "ANCHISES".

Reason for Discharge.

Date of Discharge. 25/6/18

Total Service. 2 years, 84 days

Service Abroad. 1 year, 125 days

Account Adjusted in Part

JUL 5 1978

CAPTAIL .

STAFF OFFICER INVALIDS & RETURNED SOLDIERS. 4th M.D.

462

THE CHIEF PAYMASTER

ADMINISTRATIVE HEADQUARTERS,

43142.

Non - Effective Statement. CONTINUATION OF STATEMENT DATED 23.12.17.

ilitary District n Enlistment 4th.	Unit at Embarkation	27th Rn	Date of Embarkation	00 0 74
TRANSFERS.		Bron Bu.	Date	28.8.16. Reference
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THE CHIEF PAYMASTER.

ADMINISTRATIVE HEADQUARTERS, A. I. F.

A. 43142.

Non - Effective Statement.

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FORFEITURES, CRIMES. V.D., Etc.	
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COMPILED FROM INFORMATION AVAILABLE AT THIS OFFICE	
ON THE 4.6.18.	k.
	.s. SPEDDING Liout.
M. Committee of the com	for Officer i c Records.

The Chief Paymaster.

ADMINISTRATIVE HEADQUARTERS, A. I. F.

MF.A.43142.

Non - Effective Statement.

Military District Unit at Date of	Reg. No. 5547 R	ank Pte	Name	SHOLL L.W.	Unit	27th Battn.
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Q.S. SPEDDING.Lieut.
Officer i/c Non Effective Records.

Returned to Australia for DISCHARGE AMP R LEG.Per "A68"

1.11.17. L.R.10273.D/0 82E 15.11.17.

COMPILED FROM INFORMATION AVAILABLE AT THIS OFFICE

ON THE 23.12.17.

Officer i/c Non Effective Records.

