

NAA: B2455, HAMILTON O R

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Number of pages: 38

Title: HAMILTON Oscar Ronald: Service Number - 297: Place of Birth - Korong Vale VIC: Place of

Enlistment - Melbourne VIC: Next of Kin - (Mother) HAMILTON Marie L

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Fact sheet 7 - Citing archival records

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# AUSTRALIAN



MILITARY FORCES.

AUSTF	RALIAN I	MPERIAL FORCE.
Attestal	tion Paper of Person	ns Enlisted for Service Abroad.
V 25803	Unit A C	88th BATTN COYSSINBN
Ques	tions to be put to the P	erson Enlisting before Attestation.
1. What is your Name?		. HAMILTON Cocur Renale
2. In or near what Parish or	Town-were you horn	2. In the Parish of Kirony. Vale
	10810a H	in the County of Milloria
3. Are you a natural born :  British Subject ! (N. shown.)	British Subject or a Naturalized B.—If the latter, papers to be	3.7(allunt born + Inlich Subject
4. What is your Age !		. 20 years 4 months
5. What is your Trade or Cal	lling ?	. 5 Clerk
6. Are you, or have you been to whom, and for what	n, an Apprentice? If so, where period?	6. No
7. Are you married 1  OR Hamulton Julius Hallicease		8. Mis Marie L. Dumillon
8. Who is your next of kin ?		"Lanark" KORON C. VALA VICTORIA
Majesty's Forces, with ? Worthless, or on accoun	charged from any part of His Ignominy, or as Incorrigible and it of Conviction of Felony, or of a tude, or have you been dismissed	10. No
Majesty's Army, the M Reserve, the Territorial	r have you ever served in, His Marines, the Militia, the Militia Force, Royal Navy, or Colonial which, and if not now serving,	11. No Exempt area P. Hamulton
	, if any, of your previous service	
Service? If so, on wha		10
Do you understand that in respect of you	s with children, and soldiers who dowed mother)—  no separation allowance will be issued r service beyond an amount which rould reach eight shillings per day?	14.
	go inoculation against small pox	15. Yes
3, Oscar R	onald Sumi	Clon do solemnly declare that the above answers made
y me to the above questions commonwealth of Australia w	rithin or beyond the limits of th	l hereby voluntarily agree to serve in the Military Forces of the
And I further agree t	to allot not less than three fifths	s of the pay payable to me from time to time during my service
or the support of my wife ar	nd children.	CR Hamilton
Date 4 2 -	15	Signature of person enlisted.

### 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.

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

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

Date 4. 3. 16

Signature of Attesting Officer.

### OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 4-3-16 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.

Crear Royald Harnelfon
Signature of Person Enlisted.

Taken and subscribed at McCourne in

the State of //clove

this Tourth day

of

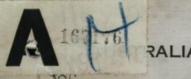
March 19/6, before me-

Signature of Attesting Officer Leas

<sup>\*</sup>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.

Description of HAMILTON (	Scar Ronaldon Enlistment.
Age 20 years 4 months.  Height 5 feet 8 4 inches.  Weight 40 lbs.  Chest Measurement 33, 36 inches.  Complexion Fresh  Eyes Blue  Hair Phenon  Religious Denomination Fresh	Distinctive Marks.  Vace 1 2 arm  Phole L Hugh
CERTIFICATE OF ME	DICAL EXAMINATION.
of vision, voice, or hearing; hernia; hæmorrh marked varicocele with unusually pendent tulcers; traces of corporal punishment, or evid D. or B.C.; contracted or deformed chest; disease or physical defect calculated to unfit l	esticle; inveterate cutaneous disease; chron lence of having been marked with the lette abnormal curvature of spine; or any oth him for the duties of a soldier.
I consider him fit for active service	60
Date 8- 1- 1916	melbourne 4.3.1916
- Colun	pe bevarine 4.3. 1916  The Breeze
Place Golac  Grand Alberta	Jackbourne 4.50
Place Colac	Melbourne 4.3. 1910  Signiture of Examining Medical Officer.  MMANDING OFFICER.

	ice of No. 297			hen Go	Assessed	
Unit in which served.	Promotions, Reductions, Cast	ualties, &c.	From-	To-	Remarka.	
88th BATTN	Private		413116	11.516	allower	dh
A" Coy	. "		12/5/16		h	
Mr Son Hy	Litera		d 110	7/18	Jun BK 129/	12 A
1815 "	9 (17).		8 1/8	12/18	Ban 16/109/	12 A
384 Bhi	Re		11/10	29.4,17	apple	6
38 th Bh	4/9/2		30.4.19		1318/140/14/3	177.
I have examined	Discharged the above details, and					Each





MILITARY FORCES.

AUSTRALIAN IN	PERIAL FORCE.
And the same of th	Enlisted for Service Abroad.
». 297_ Name HAMILT	ON Gocar. Bonald.
25803 Unit 107	88th BATTN
Joined on	4/3/10
Questions to be put to the Pers	on Enlisting before Attestation.
What is your Name!	HAMILTON Scar. Rouald.
	2. In the Parish ofin or
In or near what Parish or Town were you born?	near the Town of Norong Vall
	in the County of Victoria
Are you a natural born British Subject or a Naturalized British Subject (N.B.—If the latter, papers to be shown.)	Actual your Butish Subject
What is your Aget	, 20 years it months
What is your Trade or Calling 1	5. Clerk
Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6. No.
Are you married 1 OR Haimelting	7. Bugle.
ather Deceased / Mother.	8 Mrs Marie L. Hamilton
Who is your next of kin 1 (Address to be stated)	"Lanark" KORONG. VALE VICTORIA
the characteristic and the	·ho:
Have you ever been convicted by the Civil Power 1	9.40
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. ko.
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. NO. Reg. U. J. Breupt area. OP Hamilton
Have you stated the whole, if any, of your previous service?	12. Yes.
Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	13. 10-
(For married man, widowers with children, and soldiers who are the sole support of widowed mother)—  Do you understand that no separation allowance will be issued in respect on your service beyond an amount which	14.
together with pay would reach eight shillings per day?	Un
Are you prepared to undergo inoculation against small pox and enteric fever!	15.
3, OScar. Konald Lan	villou do solemnly declare that the above answers made
me to the above questions are true, and I am willing and nmonwealth of Australia within or beyond the limits of the	hereby voluntarily agree to serve in the Military Forces of the Commonwealth.
And I further agree to allot not less than three-fifths	of the pay payable to me from time to time during my service
the support of my wife and children.	Dan
Dato 4. 3:16	OX Hamilton.
This clause should be struck out in the case of unmarried	Signature of person enlisted.  ed men or widowers without children under 18 years of age.
7711,15,-0,15750. † Two-fifths must be allotted to the wife, and if there are	children three-fifths must be allotted.

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

Date 4 . 3 . 16

Signature of Attesting Officer.

### OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

3, Oscar Rouald Teamelfow swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from # 3 / 6 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.

Ocar Ronald Hamilton, Signature of Person Enlisted.

Taken and subscribed at Melbourne in the State of

his Tourth day

\_\_\_\_of

19/6, before me-

Signature of Attesting Officer.

<sup>\*</sup>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.

Description of HAMILTON GSCAR. Honald sistment.

20. years 4 . Z. months. Height 140 Weight. Chest Measurement 33 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; 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 be is not subject to fits of any Ne Escamined description.

Date

I consider him fit for active service.

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

38th PATTN'A'COY

Date .:

to

Place

D.377/4.15.-C.4687.

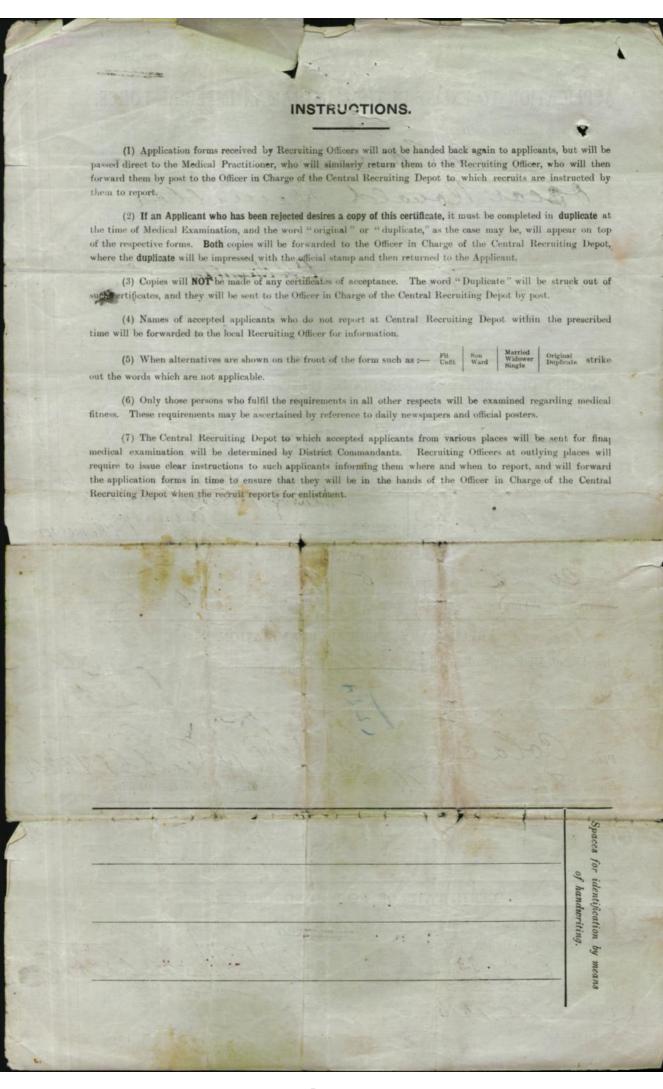
CO. 88th Battn. A. I. F. Bendigo.

" Name Hamilton Escar Konald Statement of Service of No. 297 Period of service in each Unit in which served. Promotions, Reductions, Casualties, &c. From-To-88th LATTN Harring Vac. Eng. 31.8.16. P.II. 19/26728. 22/11/16 年 1730 8.28/11/16 PROCEEDED OVERSEAS, FRANCE, ex Southampton The Appainted L/Spl France. 30.4.17 Do 21/2276/ 16.5.17 9.6.17 DO 29/3380 & Obl. Fransferred from 38th Batta a. J. X to 9th Batta a J. Z 8.1.18. Ulo 3/414. 23.1.18 12.1.18 20.5/645 30/1/18 8th Blo Gept. Jaken on strength I mance Blook So Hosp. Sielt 13.1.18 60 6/583 748 10/3/18/ 00 1215 18/3/18 Ellepel Admit Middx Hosp: blackon-on-Sea affito Seu Mie Hosp. Colcheoles 24/3/18 P.U.O Blope Bo. Hosp. SieR. 17.10.18 L8894 / E (1918) Pro: of Seas lo France. I have examined the above details, and find them correct in every respect.

Unit. Re	Promotions, eductions, Casualties, etc.	Place.	Date.	Remarks.
				DO 73   7396 (1918) 8 Bm DO 73   7405 68 / 131 7 1 919. 89/388 7. "
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7.0	STATEMENT OF						
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Uı	Unit.	Reductions, Cas	ualties, etc.	Place.	Date.	Remar	ks.
- 88 - A	The Fre	SP 00					
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	MANGE TO SERVICE STATE OF THE						

APPLICATION TO ENLIST II	N THE AUSTRAL	AN IMPERIAL FORCE	
To the Recruiting Officer	-	(OFFICIAL STAMP.)	
at Cole			
I, O Bear Rouse hereby offer myself for Enlistment in Abroad, and undertake to enlist in Military Authorities, within one more	n the Australian Impe the manner prescrib th from date hereof.	rial Force for Active Service ed, if I am accepted by the	9
Union Bank	Signature O.R.	Hamilton	
Colac,	Occupation	Dunk clarke	
(For Identification purposes the above	Date space should be filled in r	ersonally by the Applicant )	
CONSENT OF PARENTS OR GU I HEREBY CERTIFY that I approve of of my son for Active Service Abro	ARDIANS. (For Pers	ons under 21 years of age.)	
Statement regarding Death or Absence of either or both Parents.	Father's Signature  Mother's Signature AM	acie Louise Ham	illans
OR Hamilton	or Janture	this is my mosher signature	Tamel Son
CONTRACTOR OF THE PROPERTY OF	NAL PARTICULARS.	(1)	u mor over a
Age 20 yrs. 2 mos.   Height	-6-ft. 9 ins.	Chest Measurement (fully expanded)— inches.	
	MEDICAL EXAMIN for Active Service. FIT, for the following		
Poli		2 0	
Place 8 . 1 - 19 16	Sign	A Vibbl nature of Medical Authority.	These.
Place Date	Signature of M.	O. at Central Recruiting Depot.	
CERTIFICATE	OF RECRUITING O	FFICER.	
I CERTIFY that I have this day provisin the Australian imperial Force.	sionally ACCEPTED REJECTED	this applicant for enlistment  Alexander of the Alexander	ih
Date 28 /3/16			
D.886f7,18.—C.0007.		[OVER.	



Date . . . AUSTRALIAN



A.M. Form D2.

MILITARY FORCES. (For use in Australia.)

Revised 1.4.19.



### MEDICAL REPORT ON AN INVALID.

1. Number 297 2. Rank I/Cpl. 3. Name HAMILTON O.R.
4. Unit 8th Btn. 5. Age On enl .20.4 6. Trade or Occupation Clerk
7. Place of Enlistment Mel bourne 7a. Date of Enlistment 4/3/16
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 Date of arrival PORT DARWIN*  10. Date and place where disability first caused man to become a Casualty
11. Essential facts of Medical History (including causation)
Orange out Please M.O. 185 1917 DATE FOR DISCHARGE
1010 Lalalia
27 JIL 1919 1019/19
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
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?
19. Give particulars of any other disabilities existing
DENTALLY FI
20. Do you recommend discharge as permanently unfit for general service ?
Medical Officer in charge of case.
I, having satisfied myself of the general accuracy of this report, concur therewith, except
Officer in charge of Hospital.
Station Date D.1580/5.19.—C.5786—200M.

Entries will be made here when an invalid is b	rought before a Medical Board and deferred for treatment.
Date and Station	Date and Station
Result	Result
Signatures	Signatures
	BOARD ON FINALIZATION.
man being invalided, it is essential that the Deputy Commission	uestions are to be carefully filled in by the Board, as, in the event of the oner of Pensions should be in possession of the most reliable information to the Deputy Comptroller of Repatriation, of information to enable him to
21. State whether the disability is clearly (a) Due to Mili Military Service; (d) Due to, or aggravated by	itary Service, (b) Aggravated by Military Service, (c) Independent of , want of proper care on man's part, intemperance, misconduct, &c.
22. Is the present degree of disability permanent?	
23. If not, at what rate and to what degree do you anticip	pate improvement?
24. To what extent is his working capacity at present affecting	cted by his disability? (a) In his pre-enlistment trade or occupation?
	a percentage of full capacity)
25. If an operation was advised and declined, was the refu	sal unreasonable f
26. Do the Board recommend discharge as permanently un	ifit for General Service ?
27. If discharge is recommended, it should be stated wheth Institution, (c) Convalescent Home, (d) Asylum,	her further treatment is desirable in a (a) Sanatorium, (b) Orthopædic or (e) other institution. State whether further treatment should be
an in-patient or an out-patient, and for what peri	od
28. Is any surgical appliance recommended †	
19. Is the man the or week or for vocational training	If not, state reasons for recommendation for discharge from A.I.F.
Station	Signatures President.
Date	Members.
CONFIRMED.	
Station	Director General Medical Services.
Date	The second secon

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.

D.1580/5.19.—C.5736.—200M.

A.I.F. FORM No. 536.

### AUSTRALIAN IMPERIAL FORCE.

## Department of Repatriation and Demobilisation.

### MEDICAL REPORT.

	Station Coullet Belgium
	Station Ludian
11 D 11 1:	Date
1. Unit 8th Baffalion 38th Baff.	6. Former Trade or Occupation
2. Regimental No. 297. 3. Rank L/Gyll.	7. Enlisted (on 28. 3. 16.
//	MILTON, Escar Ronald.
DESCRIPTION A	T TIME OF REPORT.
DESCRIPTION A	the second secon
Height 59" Chest Measurement { 36/2 8	DESCRIPTIVE MARKS.
Complexion 7 and	un at mark will post our at -45
Eyes Alme	
Hair fift from	
8. Disa	SILITY (if any). NU
(If no disability the	word Nil will be inserted.)
STATEME	ENT OF CASE.
In answering them he will carefully discriminate betwin his military and medical documents. He will also ca	to be filled in by the Officer in medical charge of the soldier.  seen the man's unsupported statements and evidence recorded refully distinguish cases entirely due to venereal disease.
Answers to questions 9 and 10 will be read over to signature does not debar the soldier from making a subservice.	o soldier prior to his signing. If no disability is present this sequent claim for disability considered attributable to military
9. Date of origin of disability	
10. Place of origin of disability	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	hotatten
12. (A) State whether the disabilities are	(a) attributable to (b) aggravated by
(i) Service during the present war	
(ii) Climate during present war	
(iii) Serious negligence or misconduct on the part	e man's}
(B) If not due to any of these causes, to what condition do you attribute it?	specific }

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. Good

 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.

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

100

No

hot after

Lotaple

NIL

wills

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.
- (v.) The Board will confine itself to the soldier's condition at the time of holding the Board, and unless disability is present has no reference to the past or the future.
- 21. State whether the disability is :-
  - (A.) (i.) Service during the present war
    - (ii.) Climate during present war
    - (iii.) Serious negligence or misconduct on the part of the soldier ... ...

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 attribute 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.

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

### Finding:

Fit-General Service.

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 unit—General Service, fit— Home Service.

Permanently unfit—General Service, temporary unfit—Home Service.

Permanently unfit—General Service, permanently unfit—Home Service.

(a) Attributable to	(b) Aggravated by
4	
-	
12.1011	0

Lorophen

horather.

FIGS



Members.

Approved.

Station....

Date.



Officer Convening Board.

Port			<u>.</u>									
Name of Transp							on di	isemb	arkati	on in Austra	lia.	
											P. C.	
			C/	TT k/4-			11. 2			Officer in	medi	cal charge.
tation and ,			Station or							1000		
Hospital }						Date						
If admitted	1	treatment						519		How finally		Date of
Date	From	То			Disease					disposed o	ı	Discharge, &c.
	1											
	3											
to depôt. In	case of disc	to condit	tion on discom the ser	charge a	and wh	nether be st	discated	harge	ed as	an invalid, he answers	to cor	rps, to station estions 22 and
to depôt. In	case of disc	to condit	tion on discom the ser	charge a	and wheshould	nether be st	disc	harge	her t	he answers	to que	estions 22 and
Detailed star to depôt. In 4 are concurred	case of disc in.	to conditcharge fr	tion on discom the ser	charge a	and whishould	be st	discated	hharge	her t	an invalid, he answers	to que	estions 22 and
ate of final Medi Board, or dec	case of disc in.	charge fr	THE SET	charge a vice it s	should	Name	disceated	whet	her t	ministrative	to que	estions 22 and
ate of final Medi Board, or dec	case of disc in.	charge fr	THE SET	vice it s	and whishould Disability	be st	ated	whet	Adr	he answers	Media Media	cal Officer.
ate of final Medi Board, or dec	case of disc	D	THE SET	vice it s	should	be st	ated	harge whet	Adr	ministrative	Media Media	cal Officer.
ate of final Medi Board, or dec	case of disc in.	charge fr	tion on the ser  transferred to for final disposal	vice it s	should	be st	ated	whet	Adr	ministrative	Media Media	cal Officer.
ate of final Medi Board, or dec	case of disc in.	charge fr	THE SET	vice it s	should	be st	ated	whet	Adr	ministrative	Media Media	cal Officer.
ate of final Medi Board, or dec	case of disc in.	charge fr	THE SET	vice it s	should	be st	ated	whet	Adr	ministrative	to que	cal Officer.

Dempary Do lactor -a- San Form B. 178

Tope used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

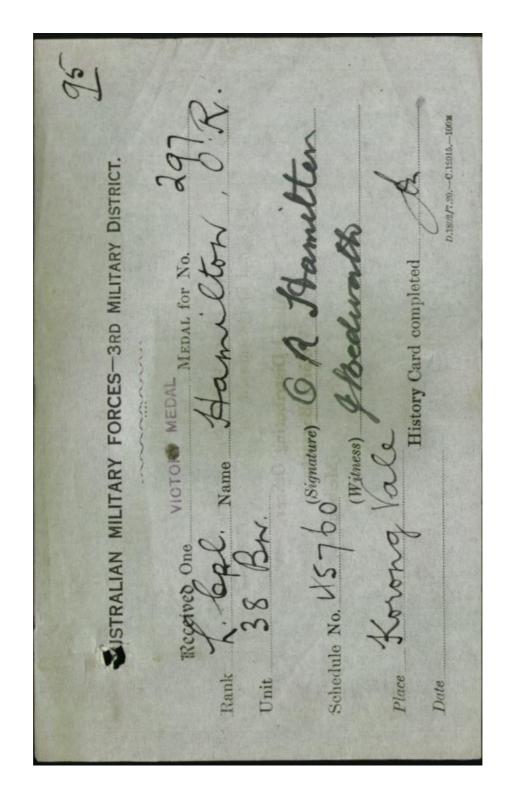
MEDICAL HISTORY OF

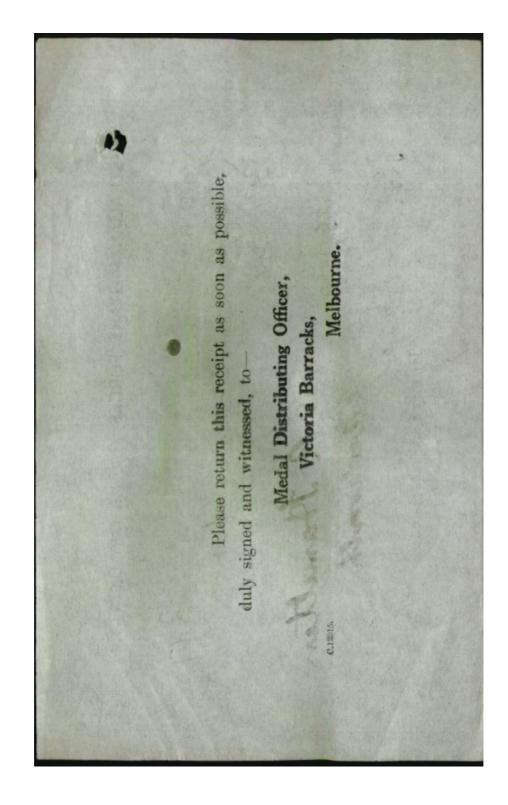
Surname HAMILTON. Ch	ristian Nam		Ronald	V.
TABLE I.—General Table.  Town: Noxona Pale.  Birthplace County Picloxia	TABLE III.—I Inoculations Service, Ext of Service; I	Boards; Courts, etc.; Examin ension, Re eng	of Enquiry, ations for Fig agement, or	. Vaccination.
(on H day of ell arely 1916.	Date	Brie	f Details and Signal	ture
Examined at	17.9.18	Dentall	wait F	v denturgen
Trade or Occupation leler to		selw Tail	mi 18.	Theey major
Height 7 feet 874 inches	***************************************			
Weight	***************************************			
Chest   Girth when fully   33 inches   Expanded   Range of Expansion 36 inches				
Physical Development				
Vaccination Marks Arm RIGHT LEPT-				
When Vaccinated				
Vision R E.—V =				
(a) Marks indicating congenital peculiarities or previous disease—				
(b) Slight defects but not sufficient to cause rejection—  Vac: 1 Back Hrm.  Mole Beck Shigh  ipproved by P. J. Hills (Sgn.)	IMOCULATION TO THE TANK THE TA	10 N 38		
Rank	2	, r		
Medical Officer.	т	ABLE IV.—Se	ervice Table.	
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(Rank)	•••••••	Va (V	***************************************	
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the Sick List in case of Warrant Officers treated in quarters.	Signature of Medical Officer	Che Down	Lange of the second	18 18 18 18 18 18 18 18 18 18 18 18 18 1	gener	
reated in	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. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Thompsond to Authorian Hosp Dartford	Luday amy	Tide an Orch Westing	Biay	
icers	ne case, likely and re-admis mg particula special sypki	to Da	8	Parish M.		
ant Off	eatment of the admissions of the sess, includitiven in the	iam Ales	Aude elect	a de de	À.	
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	Disease	0 40	99			
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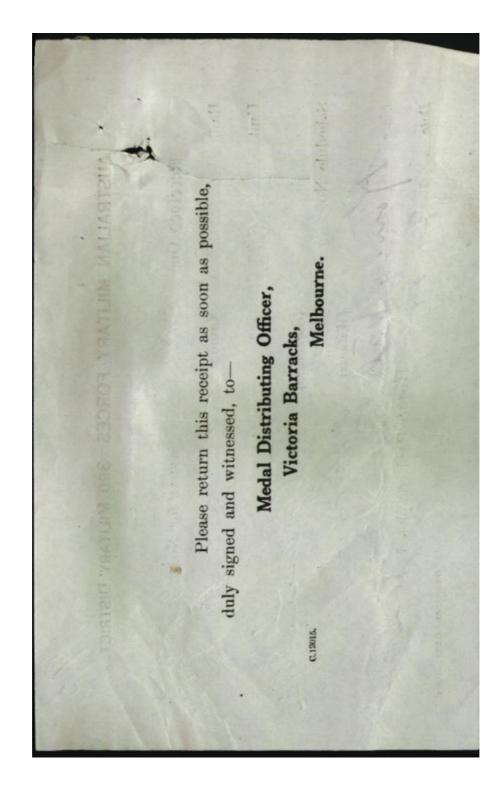
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PAGE 1 =====  H.ITRIFDRICHSRUH"  ling and other causes.	Trade	Butcher	Bank Clerk Laborer Orchardist	Laborer Soldier Clerk	2. 60	-	
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or No.317  The second of the names are of the names are	Name	CASHWAN, Charles Patrick	CRAWFORD, Walter Cash BELBIN, Leslie Tames BIORKLUMD, Gustave Albin	BURNETT, monas nenty DILLON, Timothy Harold BVENS, Alexander FOLEY, David Eliel	GOULSTON, Charles Fredk. HIND, Harold LAMBERT, Chass Wolryche W.	LOWE, Eric George MILLAR, Douglas NEW, Robert William PEARSON, Arthur Clarence	
	Rank	į	Pte	Sg. t	252 Pte	S TYCPI	
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b. at Melbne per A 54 "Runic" 20/6/16  So/8/16 Adm Fargo Hosp  22/11/16 Proceed O/seas to France. ex Southampton. (HB 10N18/4-16  3.9.16.Rejoined Unit from Hosp.  (LB) to. 12/10-16  BEFO 21/2-18
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TB 450/11-18
IB 471/7-18

PURPORT.	AUTHORITY.
7/1/18 TED. from 38th Bn AIF. to 7th Bn AIF.	DG. BREO 4/4-18
th Bn AIF.	DG. BEFO 5/7-18
	3.BETO 6/5-18
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nd Pleurisy.	DG BRF0 16/1-18
10/3/18 To Hosp. Sick.	BEE 17/1-18
from U. K. ex Rfts 8/Bn A	PTT 073/1-18
20/10/18 Reid Unit (8/Bn)	PERFO 73/2-18
17/10/18. Proc. 0. S. to France. KM	0 108/114 - 18,
27-7-19 Rtd "Pt Darwin" TPE. Disc. 10-9-19. 3/MD. JMc	JMC BRM 44/1213

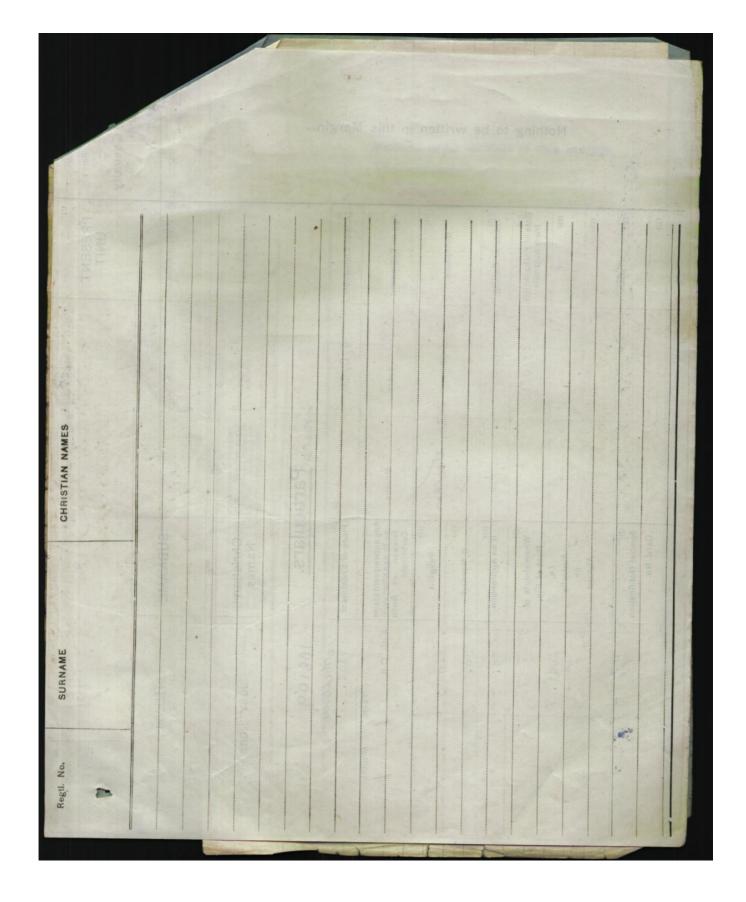
"Lanark" Korong Vale Offwer in Charge Canleeria Dear hi. Would you knowly forward me a copy of my discharge 297 Spel Orear! Rorald Hamilton 38 48th. Late trainsfered to the 8 1 B to mi 1917. Thanking you in animpation OR Hamelton.

### COMMONWEALTH OF AUSTRALIA.

COMMONWEALTH OF AUSTRALIA.
STATUTORY DECLARATION.
I, O tear Ronald Hanulton  "Lanark Name in Full). Korong Vale Victore  (Address in Full).
do solemnly and sincerely declare:
1. THAT I served in the Australian Imperial Force, and my Regimental Particulars were as follows:—  Regimental No. 297. Rank Hyll. Unit 38 78 Bh.
2. THAT I have lost the Configurate of Discharge, issued to me by the Department of Defence.
3. THAT the circumstances under which the said loss occurred are as under:  Howair Has barnishaed or Low but but day know where
4. THAT the loss was unavoidable and, to the best of my knowledge and belief, the said Dillage is not in the hands of any other person.
AND I make this solemn declaration by virtue of the Statutory Declaration Act 1911, conscientiously believing the statement contained therein to be true in every particular.  Signature of person making declaration
DECLARED AT /Torong Vale the 29th
day of May  1939. before me:  Signature of J.P. or Commissioner for Declarations
NOTE:—Any person who wilfully makes a false statement in a Statutory Declaration is guilty of an indictable offence, and is liable to imprisonment, with or without hard labour, for four years.
1. Place and date of Birth Lowry and Mor/895 Required for Military  2. Name and address and held them the More Military identification relationship of next-of-kin on enlistment Knowy I at their only.
N.B.—This Form should be completed in all respects, otherwise unavoidable

C.13278.

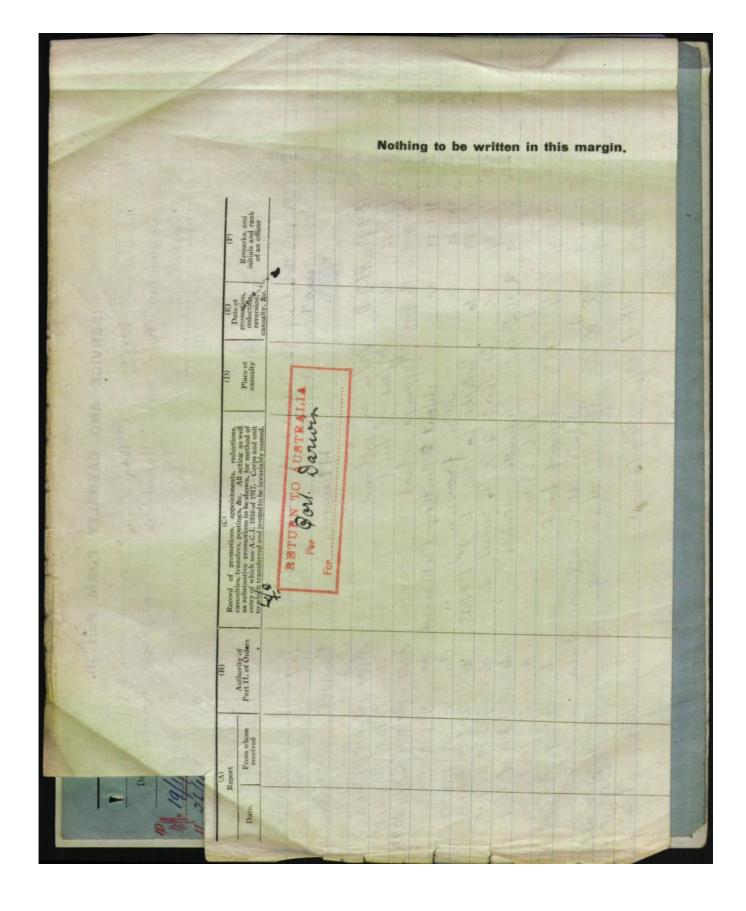
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	SURNAME	Christian Names.	Particulars.	(8) Place of Enlistment	Any subsequent claim as to age after verification of Birth Certificate	(12) Religion (13) If Married	(15) If an Apprentice	Whereabouts of	i.e. Australia	Abroad	Special Notification	Card No.	
Lucia soffware			Partic		Months	, Victoria.							
8th. BATTALION.	L/dpl.			4/3/16	20 Years 4	Korong Vale,	; Clerk	20/6/16					1
PRESENT UNIT	(3) Present Rank	Decorations		(7) Date of Enlistment	(9) Age on Enlistment	(ii) Birthplace	(14) Trade or Calling	Date of Embarkation from Australia	(18)	(61)	(30)	(23)	
Army Form 8103 Part I. Service and Casualty Form.	PART I.		·uļ\$	Marg	sidt ni i	nettinw e	d of		PN		3	5	Action of the last



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Orm-Acti Space Wan e ge	promotions, reductions, transfers, casualties, active service, as reported on Array Form A. 38, or in other official documents, ty to be quoted in each case.	23.9.16 35H Br. a713213 adan to de tom Disembarked	Proceeded Overseas	to Koop (30e)	enspeced by "Bather ten on Mengh.	engaged for, or calisted into Section D. Army Reserve, particulars of such re-engagement or calistment will be entered. td. Forma/B.1083.
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Record of pronotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Gansterned 408th gin	708 by 8 Jan	I that but	1110 aday 1 4101 2.879	/	Tron leave	Preumony adde	" nau	" The H 17 28	, adum	" Herrisy ( Effusion)	1	monolla Mersi: admi:	Q.H.O.	HEBY Frank to 1st HH JF.	Mars Luth 30.4.18 6 14.5.18	16 No4 Com 19ep	Ragks 1	or stude:
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Corps.	(A) Report From whom received	of Seas T	1.18.0 de	8 . A.	de.	326	8 Pm	13	
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Transferred to  AUSTRALIAN IMPERIAL FORCE.  No. 297	
Rank Unit Casu	elicpl. Name HAMILTON O.R.
Returned	Petg to Aust per H. T. Port Darwin embarked 12,6,19 6 J.B. L. 3509 6258 deld. Lon. 17,6,19 Reo'd B. R. 24,6,19  d to Instrally per h. D. Darwin  rkea
DATE.	FORM B 700 resultate PURPORT.
7 JUL 1919	N.O.K. Advised returning to Australia. Form 7 and Gard Skl
	Discharged M.D.  WAR HISTORY INDEX
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