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ALIAN



DENTAL "B" CLASS

MILITARY FORCES.

AUSTRALIAN IN	MPERIAL FORCE.
S-58-ATTESTATION PAPER OF PERSON	S ENLISTED FOR SERVICE ABROAD
/	- HERBERT - SAN SAN A
Name 9 B 2 L	each operation has been duly entered at ton
	DEPOT BATTALION ALE
Joined on	JUN 1 2 1976
Questions to be put to the Pe	rson Enlisting before Attestation.
1. What is your Name?	1. Herbert Table
Sinder of Austing Opicies	2. In the Parish ofin or
2. In or near what Parish or Town were you born?	near the Town of Maccles field
3. Are you a natural born British Subject or a)	in the County of South authorized
Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Natural Born
4. What is your age?	4. 44 Jeans
5. What is your trade or calling?	5. Jeweller
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6. No.
7. Are you married?	7. Jes. 4 blildren
an handstanding a report of	16 SURFLEN ST OFF. CARRINGTON.S
8. Who is your next of kin? (Address to be stated)	
construed as in the nature of a Will. 9. Have you ever been convicted by the Civil Power?	A DELAIDE - SOUTH AUSTRALIA
10. Have you ever been discharged from any part of His	service faithfully discourge my duty acco
Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of	10.
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	11 No
Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not	11
now serving, state cause of discharge] 12. Have you stated the whole, if any, of your previous	12. Les
13. Have you ever been rejected as unfit for His	to be
Majesty's Service? If so, on what grounds? \\ 14. (For married men, widowers with children, and soldiers who are the	13
sole support of widowed mother)— Do you understand that no Separation Allowance will be issued	14. Yes
to you in respect of your service beyond an amount which together with pay would reach 8/- per day?	4
15. Are you prepared to undergo incentation against smallpox and enteric fever?	15. Jes
3. Herbert Goble	do solemnly declare that the above answers made
by me to the above questions are true, and I am willing an of the Commonwealth of Australia within or beyond the li	d hereby voluntarily agree to serve in the Military Forces
And I further agree to allot not less than two-fifths	of the pay payable to me from time to time during my
service for the support of my wife and children	this complete regards but at this copy or solub materials.
DateJUN 1 2 1976	H Goble

* 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.

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 leach 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 JUN 121118

Signature of Attesting Officer.

LIEUT.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

a Houland I I allo	edifficant to
	r that I will
well and truly serve our Sovereign Lord the King in the Australian In	nperial Force
from JUN 12116 until the end of the War, and a further p	eriod of four
months thereafter unless sooner lawfully discharged, dismissed or re	moved there-
from; and that I will resist His Majesty's enemies and cause His Ma	ijesty's peace
to be kept and maintained; and that I will in all matters apperts	aining to my
service, faithfully discharge my duty according to law.	

SO HELP ME GOD.

Signature of Person Enlisted.

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

Signature of Attesting Officer.

, 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 initialled by the Attesting Officer.

3

Description of	Herbert G	oble	aV.	on Enlistment
Weight	5 feet 8 inches 117 lbs. urement 32.34 inches	Vis.	2	MARKS.
Hair Religious D	DK' Begun enomination of by	4	ATAVIST	Antenantique
	CERTIFICATE OF ME	EDICAL	EXAMINATIO	ON.
	mined the above-named personal conditions, viz.:—	son, and fir	nd that he does	not present any
defects of vi a limited ex- cutaneous di having been abnormal cu unfit him for He car	da; phthisis; syphilis; impasion, voice, or hearing; here tent; marked varicocele we sease; chronic ulcers; trace marked with the letters D rvature of spine; or any ot the duties of a soldier. In see the required distance that the free use of his join	nia; hæmor ith unusua ees of corpo . or B.C.; her disease	rhoids; varied lly pendent te oral punishment contracted or or physical de eye; his hea	ose veins, beyond sticle; inveterate at, or evidence of deformed chest; fect calculated to ert and lungs are
- Control of the cont	s of any description.			
I cons	ider him fit for active ser	rvice.		
Date	JUN 6 1916			
Place	ADELAIDE.			
			Swig	aprice Co
		Signature	of Examining A	Medical Officer.
	CERTIFICATE OF C	OMMAND	ING OFFICE	CR.
that the req	TIFY that this Attestation uired forms have been com to 15 1916.		. I according	
Place	Adelaide		Commanding_	
			2ND DEPOT	BATTALION ALE

Bros leng 27/4/17	4			
Statement of Service No.	Name_	Gob	le.	Herbert.
Unit in which served Promotions, Reductions	s, Casualties, &c.		ervice in each	Remarks
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of the Samining Section Officer.				
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bow named person is correct, and		Pon A		ASO I CENT
a desperational appropriate and a series	w I sligmon	have been	ited forms	that the requ
I have examined the above details	and find the	nem correct		respect.
The state of the s	, and mid th	rem correct	in every	respecti

13811 AUSTRALIAN ILITARY Attestation Paper of Persons Enlisted for Service Abroad. Name No. Unit 161 Joined on Questions to be put to the Person Enlisting before Attestation. 1 GOBLE 1. What is your Name? 2. In the Parish of. near the Town of 2. In or near what Parish or Town were you born? in the County of 3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.-If the latter, papers to be 3. Natural Born Butick shown.) 4. What is your Age? 5. What is your Trade or Calling? 6. Are you, or have you been, an Apprentice? to whom, and for what period? ... If so, where, 7. Are you married? ... tother 8. Who is your next of kin? (Address to be stated) 9. 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? 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? 14. (For married men widowers with children, and sobliers who are the sole support of widowed mother)—

Do you understand that no separation allowance will be laued in respect of your service beyond an amount which together with pay would reach eight shillings per day? 14. 15. Are you prepared to undergo inoculation against small pox and enteric fever? ... les yelle. do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than two-fifths three-fifths of the pay payable to me from time to time during my service

for the support of my wife.*† wife and children.

D.877/11.15.-- C.15759.

Date 28th Dec 1918

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.

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 28 Dec 1915

Gutmson

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 18. 12. 15 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.

Harols Charles Goles

Signature of Person Enlisted.

Taken and subscribed at Mellmine in

the State of

muly eight day

19/J, 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.

Description of GOBLE - Darold Charleson Enlistment. DISTINCTIVE MARKS. Lason
(high)
R kneemonths. years... Height. Weight 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 con litions, 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 Jeh December 1918 Place Melhouse Victor 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 Date. Commanding 38 BATT AIF

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Dhave examined the above details, and find them correct in every respect.	Mayo examine	d the above details, and find them	correct in	every respe	ot.
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AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No	. 1191 Name Surname 0 0 B	LB
		HAROLD CHARLES 18001
	Unit 39th Batt	alion to before with most and neckson
	Joined on 28/12/15	TATAL SALA SALANDAS MANAGATATA
	Questions to be put to the Pers	on Enlisting before Attestation.
1.	What is your Name t	1. GOBLE Harold Charles
	Andrew Company of the	2. In the Parish of in or
9	In or near what Parish or Town were you born?	near the Town of Croydon
	In or near what Parish or Town were you boar.	in the County of Victoria
3	Are you a natural born British Subject or a Naturalized	
0.	British Subject? (N.B.—If the latter, papers to be shown.)	3. Nat. Born British Subject.
4.	What is your Age!	4. 22 years 6 months.
5.	What is your Trade or Calling?	5. Railway Cl erk (V.R.)
6.	Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6. No
7.	Are you married?	7. No
	1,	8. GOBLE George Albert (Father)
8.	Who is your next of kin 1 (Address and relationship to be stated)	27 Highett Street,
	The answer to this question shall not be construed as	W. Richmond.
	in the nature of a will.	9
0	What is now assessed address in Australia	V
3.	What is your permanent address in Australia!	
10.	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,	10. No
**	state cause of discharge	11. Yes
	Have you stated the whole, if any, of your previous service? Have you ever been rejected as unfit for His Majesty's \(\)	W.
	Service? If so, on what grounds?	12. No
13.	(For married men, widowers with children, and soldiers who are the sole support of vidowed mother)— Do you understand that no separation allowance will be issued in respect of your service beyond an amount which	13
14.	Are you prepared to undergo inoculation against small pox and enteric fever?	14. Yes
	3, Harold Charles GOBLE me to the above questions are true, and I am willing and hamonwealth of Australia within or beyond the limits of the	do solemnly declare that the above answers made ereby voluntarily agree to serve in the Military Forces of the Commonwealth.
	**************************************	A/4/4 feft/feft/feft/feft/feft/feft/feft/feft
14	My poppy for AT THE LED ENGLE.	where the description is the first transfer and the second of the second
	Date 28th December 1915	H. GOBLE
	* This clause should be struck out in the case of unmarrie	Signature of person enlisted. d men or widowers without children under 18 years of age.
D.	140/3.16.—C.3397. † Two-fifths must be allotted to the wife, and if there are c	



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.

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

Date 28th Dec. 1915

R. DICKINSON Capt.,

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

3, Harold	Charles G	OBLE		swe	ear that I will
well and truly	serve our Sov	ereign Lord the	King in the	Australian I	mperial Force
		until the end			
		Majesty's enemie	and the second s		
		hat I will in a according to law.		pertaining t	o my service,

So HELP ME, GOD.

Harolé Charles GOBLE
Signature of Person Enlisted.

Taken and subscribed at Melbourne in the State of Victoria this 28th day of December 1915, before me

R. DICKINSON Capt.

Signature of Attesting Officer.

^eΛ 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 GOBLE Harold	charles on Enlistment.
Age 22 years 6 months.	Distinctive Marks.
Height 5 feet 64 inches. Weight 113 lbs. Chest-Measurement 33/36 inches.	Vacc. 3 L. Arm (High) Small scar Right Knee
- Complexion Dark - Eyes Grey	* Mole R. Shoulder.
Hair Black Religious Denomination C. of E.	Dopot Bath.

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; 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 28th December 1915

Place Melbourne Victoria

W.D. SILBERBERG Capt.: A.A.M.C.

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 "D" C &. 39th Batt.,

Date May 24th 1916

Chas. GILES Capt.,

Place Ballarat.

For Commanding 39th Battalion

		*			
Statement of Ser	vice of No. 1191	Name	GOBLE	Harold	Charles
-			Period of se	ervice in each	Remarks.
Unit in which served.	Promotions, Reductions, Cast	ualties, &c.	From	То—	Nomini KS.
	Lyskelle over really	THE SAME	i to	fo it	
"A" Coy.	Vacc. of \$ 01. 422				£11 silverit
22nd Depot Batt	. PRIVATE	3	4/2/1916	27/4/16	Trans., to
				3414	2 4th Batt.
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24th Depot Batt	•		20114	D. estimate	Transferred
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And has not mild among a	DISCHARGE CERTI	MISCONDUCT 19 322	5/17 4 H 2931.	Tudance of the last of the las	an order on an analysis of a second of a s

DENTAL "B" TTESTATION PAPER OF PERSONS ENLISTED FOR SE Name GOBLE. HERBERT Unit 20/10/NF 2ND DEPOT BATTACION ALE Joined on_ JUN 1 2 1918 Questions to be put to the Person Enlisting before Attestation. 1. What is your Name? 2. In the Parish of_ in or near the Town of bacclesfield 2. In or near what Parish or Town were you born? ... in the County of South auchalia 3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) 4. What is your age? 5. What is your trade or calling? 6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? 7. Are you married? ... 8. WIFE) GOBLE. FLORENCE MRS Who is your next of kin? (Address to be stated) ...
The answer to this question shall not be 16 SURFLEN - STOFF CARRINGTON. ST. ADELAIDE. SOUTH . AUSTRALIA. construe! as in the nature of a . 1.h. 9. 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 APPLICATION FOR WAR SERVED LEAVE SHATURTY PASSES 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? ... 14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—

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? ... 15. Are you prepared to undergo inoculation against) smallpox and enteric fever? J. afterbert do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth. And I further agree to allot not less than two fifths of the pay payable to me from time to time during my service for the support of my wife and children

* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.

† Two-Afths must be utlanted to the wife, and if there are children three-fifths must be allotted.

Signature of Person Enlisted.

JUN 121916

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 leach 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 JUN 121916

W. Draw

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

3. Herbert. Goble	swear that I will
well and truly serve our Sovereign Lord the King in the fromuntil the end of the War, a	
months thereafter unless sooner lawfully discharged, of	dismissed or removed there-
from; and that I will resist His Majesty's enemies and	d cause His Majesty's peace
to be kept and maintained; and that I will in all service, faithfully discharge my duty according to law	

SO HELP ME GOD.

H Goble
Signature of Person Enlisted.

Taken and subscribed at ADELAIDE in

_19

SOUTH AUSTRALIA.

the State of_

day_

of

JUN 121918

, before me-

Signature of Attesting Officer EUT?

^{*} 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 Herbert Gos	3 ble on Enlistment
Age 44 years months Height 5. feet 8. inches Weight 117 lbs. Chest Measurement 32. 34 inches Complexion Religious Denomination bh of bug.	DISTINCTIVE MARKS. VIS. R 6/18 L 6/18. VALE 1 R.
	EDICAL EXAMINATION.
defects of vision, voice, or hearing; here a limited extent; marked varicocele wis cutaneous disease; chronic ulcers; trace having been marked with the letters D. abnormal curvature of spine; or any of unfit him for the duties of a soldier. He can see the required distance to	nia; hæmorrhoids; varicose veins, beyond ith unusually pendent testicle; inveterate es of corporal punishment, or evidence of or B.C.; contracted or deformed chest; her disease or physical defect calculated to with either eye; his heart and lungs are ts and limbs; and he declares he is not
subject to fits of any description.	
I consider him fit for active ser	vice.
ADEL AIDE	
Place	Signature of Examining Medical Officer.
CERTIFICATE OF C	COMMANDING OFFICER.
I CERTIFY that this Attestation that the required forms have been comappoint him to	of the above named person is correct, and applied with. I accordingly approve, and 2ND DEPOT BATTALION A.I.F.

Statement of Service No. Reg. 62	4 1.53 Name_	Goble) - fq	Certain .	
			rvice in each	The same of	
Unit in which served Promotions, Reductions	s, Casualties, &c.	From	To	Remark	
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the property of the property o		Destriction of the second	teds yes		
				7	
I have examined the above details	s, and find th	em correct	in every	respect.	
Self-reputer Passiences					

CONFIDENTIAL



PARTICULARS OF SERVICE IN THE A.I.F. IN CONNECTION WITH

Ex. No. 6253. Private Herbert GOBLE - 10th Battalion.

Ref. G.22/C.13765R.2460.C2530.2965/R.10790.C7257.

12/6/16 Enlisted in the A.I.F.
28/8/16 Embarked for Active Service abroad.
11/10/16 Disembarked at Plymouth.
12/10/16 Taken on strength of 3rd Tng.Btn Perham Downs.
30/12/16 Proceeding overseas to France ex Folkestone.
31/12/16 Joined 1st A.D.B.D. Etaples ex England.
25/3/17 Discharged from Segregation Camp. Date of admission not available.
10/4/17 To England Class. P.B.
22/7/17 Left England per "Nestor" for return to Australia.
21/9/17 Disembarked at Adelaide.
26/10/17 Discharged from the A.I.F. at Adelaide.
Medically unfit. Disability-Senility Age and Rheumatism.

for Officer i/c Base Records. 1/3/22.

ERVICE. Sant Form B. 103. Called Army Form B. 103. Sant Form (a) Numerical position on roll of N. C. 0. 3 s	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	5.	Sugand. 8/12.10-16. 6.1. 4991. P. 4/88/. 2560E.	211.4160. 8 0.42/610.12.16.	31-12-16 AX3576	A.1043/k	7. 10/417/35 A.K. 1043/41.	ement or enlistment will be entered. [P.T.O.
SERVICE Colors from (Numerical roll of	Date.	28/8/16	12.10.16.	80.12.16	31-12-1		10.4.7	of such re-engag
ACTIVE S Battalian Bervice re Service re	Place.	Adelaide &	Suffaud &	Lyland 4	Etaples. 5		4/19/1/917.	my Reserve, particulars
CASUALTY FORM—ACTIVE SERVICE. 20 10 MACTIVE SERVICE. 3, 25 3 Rank Weele Name Golle Mellert. 6 Terms of Service (a) Service reckons from (a) position on to lance rank to lance rank Qualification (b) roll of N.C.O.'s roll of N.C.O.'s	Record of promotions, 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.	K Embarked V Disembarked	× 0.5	0.6.3 Tu Bally Roverduig of for Pawers . Lyland. 4 80.12.16 Eliy160. 3 0.72/8 10.12.16.	1st A. D. B. D. Joined ex England.	Ml.	Robertona, P.B. 4/19/1/1917	(a) In the case of a man who has re-engaged for, or fallisted into section D. Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g., Signaller, Shoeing Smith, &c., &c., also special qualifications in technical Corps duties. (C) F.T.
Reg (Second to) on to)	Report. From whom Received.	O.E.Troops Anchisis	10 February Product 7.0.5	.6.3 Tu Bate	1st A. D. B. D	Soneyakor	Cener)	In the case of a man who has re-engage e.g., Signaller, Shoeing Smith, &c., &c.,
Regimental No. Enlisted (a) Present ran) Extended Date of Promoti	Date.		च/व/व	30-12.16.	31-12-16	W/o/	1276	(a) In (b) e.g.

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Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	22.4.14. 46660/E 11-8-17. 21.17. 4 16259. (List 44)	agoorf.2.0	d.o.d.A.ber	
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ductions, transfers, active service, as B. 213, Army Form cial documents.		etalaba Adelalaba Adelalaba	Etaples.	
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Report. From whom Received.	237-17. Jes avi Phe/ Recall		OVECT	

No Red Terms

To be 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. 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

GOBLE OMEDICAL HISTORY of

(Par	ELE I.—General T		Vaccination for Field of engagement	n, Inoculator Foreign	; Courts of cions. etc.; Explongation	xaminations tension, Re- of Service:
Birthplace Con	unty		Issue of S	urgical Ap	pliances; Pa	articulars of
Examined on	day of		Date	Bri	ief details, and Sign	nature
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Approved by			TA Station or		Service Tab Date of arrival or embarkation	Date of departure or disembarkation
Approved by	k	Medical Officer.			Date of arrival	Date of departure
Approved by	day of	Medical Officer.			Date of arrival	Date of departure
Approved by	kday of	Medical Officer.			Date of arrival	Date of departure
Approved by	day of	Medical Officer.			Date of arrival	Date of departure
Approved by Rank Enlisted {at	day of	Medical Officer.			Date of arrival	Date of departure
Approved by	day of	Medical Officer.			Date of arrival	Date of departure
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Approved by	day of	Medical Officer.			Date of arrival	Date of departure
Approved by Rank Rank Enlisted {at on Joined on enlistment Fransferred to Became non-effective on	day of	Medical Officer.			Date of arrival	Date of departure
Approved by	day of	Medical Officer. 191 Regtl. No.			Date of arrival	Date of departure

	Hospital	Discount	Number	Romarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of sensitial admissions and recodingsions to hearits!	Signature of
Hospital Day Month Year	r Day Month Year		or days in Hospital	will be shown. The subsequent progress, including particulars of treatment out of hespital, transfers, &c., will be given in the special syphilis case shout.	Medical Officer
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· No Georg A.M. Form D. 1 To be used for Enlistment in the Permanent Military Forces only. MEDICAL HISTORY OF Christian Name Herber JABLE I. CENERAL TABLE. SOUTH AUSTRALIA Birthplace Examined Declared Age Trade or Occupation Height ... inches. Weight ... Chest Measurement \ inches. Physical Development and Pulse rate Vaccination Marks Number When Vaccinated (R.E.-V= Vision L.E.-V= (a) Marks indicating con-genital peculiarities or previous disease (b) Slight defects, but not sufficient to cause re-Approved by ... (Signature) (Rank) Medical Officer ADELAIDE Enlisted JUN 1 2 1918 Joined on Enlistment 6253 Transferred to Became non-effective by day of

P.T.O.

(Signature)
(Rank)

Mail print 7214

Table II.—Only for Admissions to Hospitals or to the

Name of Hospital.	Admitted to Hospital.	Discharged from Hospital.	Disease.	Number of Days in Hospital
+ AUSCUA +	Day. Month. Year.	Day. Month. Year.	1 - Select)	
EXHIBITION CAMP.	JUN 19 10/6	20 6 16	Goverhoeas	1
Venereal Hospital	JUN 2 0 1916	22 6 16	Gonorholas Mille Hetter process any denerical	2
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Sick List in the case of Warrant Officers treated in Quarters. 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. bast Torrens Island no Devereal house discovered by Aswali / to James Copp. 8.M.O. 467 Part 2

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. DENTAL "B" CLASS TUN 6 1916 14/6/16. INOCULATION INCOULATION VACCINATION Examined & Passed INSPECTION 4 Lakes Table IV. Service Table. Date of Arrival. Date of Departure. Date of Arrival. Date of Departure Station. Station EXHIBITION CAMP

WAR PENSIONS ACT 1914-1916.

DAILY STATEMENT (MILITARY)

Showing Grants, Alterations, and Cancellations of Pensions (together with date from which such action took effect); also Rejections of Claims and Deaths of Pensioners. State of SOUTH AUSTRALIA

Form Z.3. Statement No. 387 Containing 8 sheets 26/10/17

State of	
I. Full name, number, rank, and unit of Member of horces in respect of whose death or incapacity pension was claimed	Herbert Goble, 6253, Pte, 10th Batt.
2. Full name and address of person for whom pension was claimed	Florence Goble, Surflen St.Adelaide
3. Relationship of such person to Member	Wife
4. Result of Claim	Granted pension £1/10/-fortnightly as from 27/10/17
5. Name and address of Trustee (if any)	是有这种是是是是是一种的。 第二章
Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	Herbert Goble, 6253, Pte, 10th Batt.
2. Full name and address of person for whom pension was claimed	Herbert Goble, Surflen St, off Carrington St, Adelaid
3. Relationship of such person to Member	Identical
4. Result of Claim	Granted pension £3 fortnightly as from 27/10/17
5. Name and address of Trustee (if any)	
1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	Herbert Goble, 6253, Pte, 10th Batt.
2. Full name and address of person for whom pension was claimed	Herbert Edward Goble, Surflen St, Adelaide
3. Relationship of such person to Member	Child
4. Result of Claim	Florence Goble, Surflen St, Adelsi de.
5. Name and address of Trustee (if any)	Florence Gobie, Surlien St, Aderat de.
1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	Herbert Goble, 6253, Pte, 10th Batt.
2 Full name and address of person for whom pension was claimed	Roy James Goble, Surflen St, Adelaide
3. Relationship of such person to Member	Child
4. Result of Claim	Granted pension 15/- fortnightly as from 27/10/17
5. Name and address of Trustee (if any)	Florence Goble, Surflen St. Adelaide.
1. Full name, number, rank, and unit of Member of Forces in respect of whose death or	Herbert Goble, 6253, Pte, 10th Batt.
incapacity pension was claimed 2. Full name and address of person for whom pension was claimed	Leonard Joseph Goble, Surflen St. Adelsi de
3. Relationship of such person to Member	Child
4. Result of Claim	Granted pension 10/-fortnightly as from 27/10/17
5. Name and address of Trustee (if any)	Florence Goble, Surflen St. Adelside.
Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	Herbert Goble, 6253, Pte, 10th Batt.
2. Full name and address of person for whom pension was claimed	Child
3. Relationship of such person to Member	
4. Result of Claim	Granted pension 10/-fortnightly as from 27/10/17
5. Name and address of Trustee (if any)	Florence Goble, Surflen St.Adelaide
	ADELAIDE 6
D.966/8.16.—C.9666.—10m.	Deputy Commissioner of Pensions at

Battet

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		1785	2163.	2585.	2594.	779.	2393.	2151.	1108.	2556.	.36.	1.06.	1071.	1:8.	23.12.	56.	1874A	Ho.		
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	an Kathe Mahos.	Keon Hubert.	Jackson Robert Emert.	Inghirm Murold Hume.	Kellaway Sydney Rancolph.	Hourigan Geo; Lather.	Ferguson Milton John.	Frisbane Thos. Richard	English Alfred Jos.	Jones John Chas.	Edluston Francis Richd .	Frazil Stanley Harbert.	Fower Richard.	Purcy Harold Goo.	Mirk Thos. James.	Constable Harry	1874A. Pte. Teston Richard.	No. RAME: AND MADE, BLATIVES RESID.	2nd HILLIAMY DISTRICT CASUALTY	
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Y DISTR A.G. 4069



AUSTRALIAN MILITARY FORCES.

4TH MILITARY DISTRICT.

TELEPHONE NUMBERS DISTRICT HEADQUARTERS:

KREWICK BARRACKS,

ADPLAIDF. 1 5 NOV 1917

191 .

Officer in Charge,

Base Records,

Victoria Barracks,

MELBOURNE.

The under-mentioned soldier has been handed his discharge. Medical Board Proceedings and other documents, as follows, forwarded herewith: -B179. B178. B122.

No. 6253 Rank. Pte.

Name. Goble. H.

Unit. 20/10th Bth.

Date of Attestation.

12/6/16.

Date of Fabarkation.

28/8/16.

Date of Disembarkation 21/9/17.

Reason For Discharge. MEDICALLY UNFIT (NOT

DUE TO MISCONDUCT.

Date of Discharge. 26/10/17.

Total Service. 1 year 138 days.

Service Abroad. 1 year 25 days.

Character. GOOD.

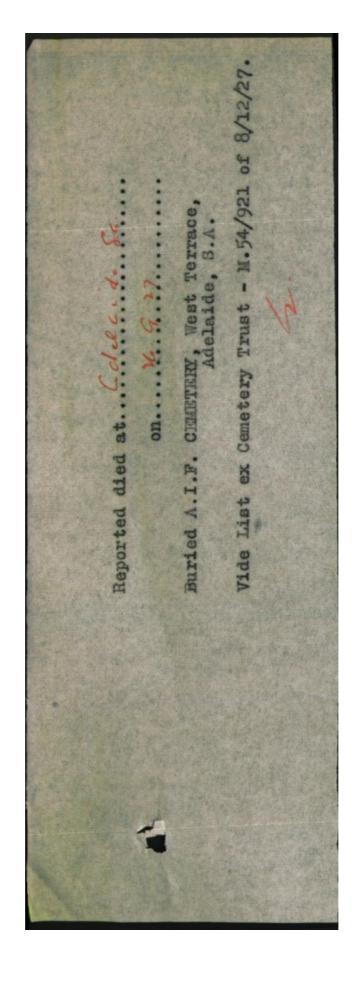
Account Adjusted in PART

LIEUT.

Dx. Nestor

S.O. INVALIDS & RETURNED SCILLIPPS. 4th M.D.

Hattamishely



3234 Army Form B. 179. Medical Report on an Invalid. 2 AUSTN. COMMANI A. M. C. 1 8 MAY 1917 Station Date_ 5. Age last birthday 45 6. Enlisted on 12 June 19 3. Rank 7. Former Trade) 4. Name GOBLE, Herbert or Occupation) 8. Disability. ilely age 45 Rheunten 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. Proof Chalastinet 9. Date of origin of disability. anti ha 10. Place of origin of disability. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. low sent from Etables on 12. (a) Give your opinion as to the causation of the disability. (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

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. He is aged 45 and debelitated Conflows of pour or limbs, 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 held on the injury? Not applicable If so-(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? It 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^o attribut-able to active service? 19. Do you recommend (a) Discharge as permanently unfit, No (b) Change to England? authoritie Mandonald Coft. Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except Q AUSTN. COMMAND A. M. C. Station 18 MAY 1917 Officer in charge of Hospital. *Loss of teeth on, or manchinely Office, active service, should be attributed thereto, unless there is evidence that it is † 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 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

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

NO

NO

Notoffhenble

Notoffluble

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}{2}\$, $\frac{3}{4}$, 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 unreason-
- 26. Do the Board recommend
 - (a) Discharge as permanently unfit,

(b) Change to England?

Signatures :-

2 AUSTN. COMM A. M.

President.

Unfit permanently fit for home serv

service

Charles

Station

Date.

18 MAY 1917

Members.

Approved.

Station

Date.

Administrative Medical Officer.

Transfer	Tate	JUNEO	Medical B	30k-10	Conv	eyance		
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To . The Chief Paymaster.

ADMINISTRATIVE HEADQUARTERS, A. I. F.

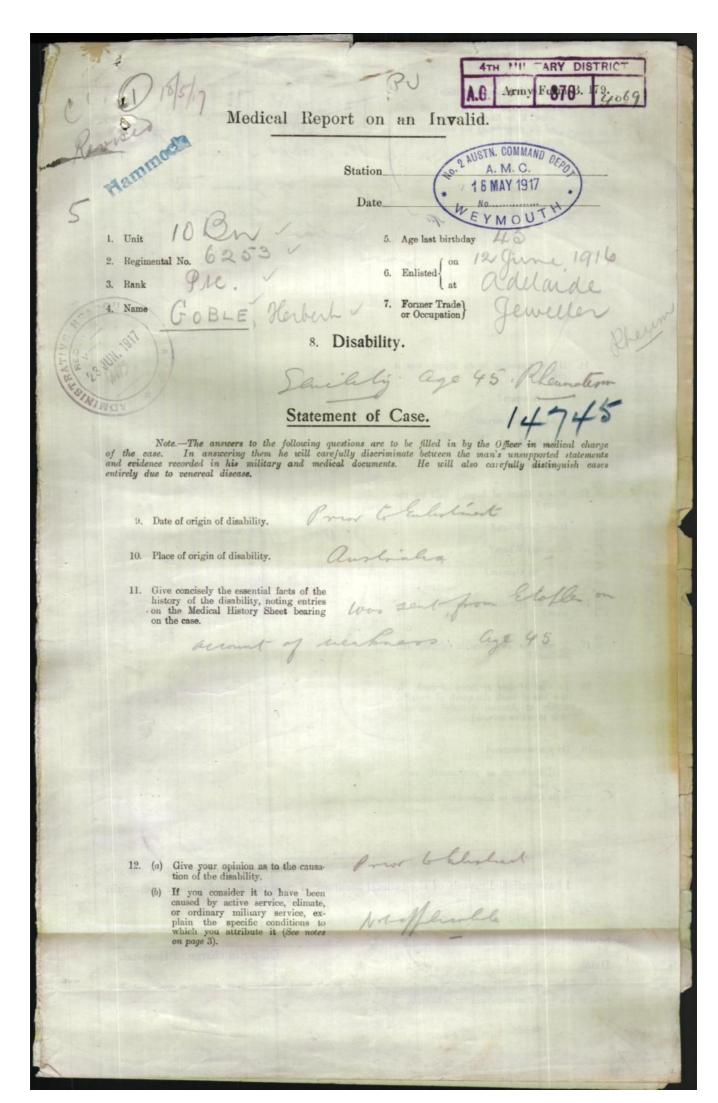
Military District 4	Unit at 10th Bn Embarkation	Date of Embarkation	28/8/16
TRANSFERS.		Date	Reference
PROMOTIONS, APPOINTMENTS and	REVERSIONS.		
FORFEITURES, CRIMES, V.D., Et	tc.		
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Officer i/c Non Effective Records.

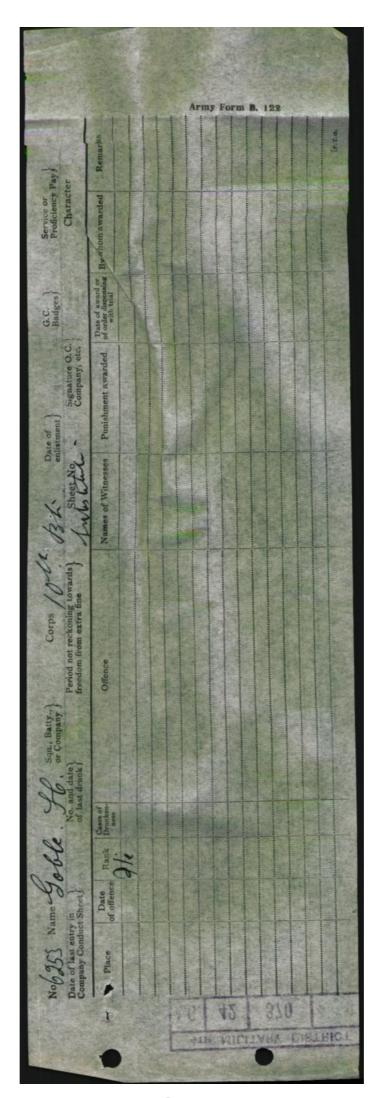
Army ARY MOBSTRSCT To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army. MEDICAL HISTORY of Christian Name Surname TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Reengagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc. TABLE I.-General Table. (Parish.... Birthplace (County ... Brief details, and Signature on day of Examined Declared Age ____years____ Trade or Occupation Height _____feet__Ibs. Weight..... ...inches. Chest Measurement Range of Expansion Physical Development (Arm..... Vaccination Marks (Number .. When Vaccinated (R.E.-V = ... (L.E.-V = (a) Marks indicating congenital peculiarities or previous disease-(b) Slight defects but not sufficient to cause rejection-Approved by Rank ... Medical Officer. TABLE IV. Service Table. Enlisted Date of arrival day of ... Station or Troopship Regtl. No. Joined on enlistment Transferred Became non-effective by on _____ day of ____ (Signature)..... (Rank). W. P. GRIFFITH & SONS LTD., Printers, Old Bailey, E.C. [1273] W15368/M1384 500m 2/17a 45 59

quarters,	Signature of Medical Officer	Thursdow buy	Brusta
sick List in case of Warrant Officers treated in quarters.	Number of days in the cause, nature, or treatment of the case, likely to be of interest of days in the shown. In cases of syphils, 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 syphils case sheet. **March 1997** **Ma	267 Arms quite Phong sall	Muse 1019 ac 100 alo teur dem
TABLE II.—Only for admissions to Hospital or to the Sick List in	Disease of de Hos	The state of the s	
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TABLE II.—O	2 Com West	May Bon San A Light	



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. He is age 4 45 and debelocated Conflows of pour in links, herry 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 held on the injury? wit applicable 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[®] attribut-able to active service? 19. Do you recommend (a) Discharge as permanently unfit, (b) Change to England? Marchaell EM Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except 2 AUSTN. COMMAND A. M. C. 18 MAY 1917 Station Officer in charge of Hospital. Date_ * Loss of teeth on, or 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.

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	(On leaving Corps	or Station where invalided.	
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	Transfer Station	- Name Vessel_	7
	er Embark- Date	of Officer in	
	ation (Port	_ medical charge	e}
	Brief remarks on case during tra	nsit, and state on transfer for final di	sposal.
	Date	one of these course.	
	Re-transferred Hospital or Station	Officer	r in medical charge.
	No. 7 (AASta Con HOSPI		
		to whose unding arsposed of.	
	Station and Hospital KESWICK		
	Arrived from	Date 21 Str	1917
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