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ALIAN



MILITARY FORCES.

DENTAL "B" CLASS

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD

No. 6253 Name GOBLE-HERBERT
 Unit 2ND DEPOT BATTALION A.I.F.
 Joined on JUN 12 1916

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... Herbert Goble
2. In or near what Parish or Town were you born? ...
 2. In the Parish of _____ in or
 near the Town of Macclesfield
 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.) ... Natural Born
4. What is your age? ... 44 Years
5. What is your trade or calling? ... Jeweller
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... No.
7. Are you married? ... Yes. 4 children
8. Who is your next of kin? (Address to be stated) ...
 (WIFE) GOBLE-FLORENCE
16 SURFLEN. ST OFF. CARRINGTON. ST
ADELAIDE-SOUTH AUSTRALIA
9. Have you ever been convicted by the Civil Power? ... No.
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable 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? ... No
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 ... No
12. Have you stated the whole, if any, of your previous service? ... Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... No.
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? ... Yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... Yes

I, Herbert Goble 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

Date JUN 12 1916

H Goble
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.

W.D.

~~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 JUN 12 1916

W.D. Drain

Signature of Attesting Officer.

LIEUT.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

I, Herbert Goble swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from JUN 12 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.

H Goble

Signature of Person Enlisted.

Taken and subscribed at ADELAIDE in the State of SOUTH AUSTRALIA this _____ day of _____ JUN 12 1916 19, before me—

W.D. Drain

Signature of Attesting Officer.

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 Herbert Goble on Enlistment

Age 14 years — months
 Height 5 feet 8 inches
 Weight 117 lbs.
 Chest Measurement 32.34 inches
 Complexion Fair
 Eyes Blue
 Hair DK Brown
 Religious Denomination Ch of Engl.

DISTINCTIVE MARKS.
 Vis. R 6/18 L 6/18
 Vace. 1 R.

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 JUN 6 1916

Place ADELAIDE.

[Signature]
 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 A boy.

2ND DEPOT BATTALION A.I.F.

Date June 15 1916.

[Signature] LT. COL.
 CAMP COMMANDANT

Place Adelaide

Commanding _____

2ND DEPOT BATTALION A.I.F.

13103 Aug 27/4/17
Lho 25.

4

Statement of Service No.

Name

Goble - Herbert

| Unit in which served | DISTINCTIVE MARKS Promotions, Reductions, Casualties, &c. | Period of Service in each Rank | | Remarks |
|--|---|--------------------------------|-------------------------|---|
| | | From | To | |
| A Coy 2nd Dept. | Pte. | 12-6-16 | JUL 18 1916 | |
| VENERABLE CAMP TORRENS ISLAND | | 20 JUN 1916 | | |
| 20/10 Kemp Hutcheon | PRIVATE. | JUL 18 1916 | | o.o. 155/2 |
| | Marched in 4 3rd Inf Bn Perham Downs from overseas | 12-10-16 | | Pt. n. 68/2560E. 5/1/16 |
| Proceeding to base at Folkestone & France. | | ER7130. | | |
| | | 30/12/16 | D.O. 72/2764E. 13 12 16 | |
| | W.E. Hd. from 1st. A. D. B. D. to England. "Class. P. B." | Elaples | 10/4/17 | Wt. 89 8051 17/4/17 |
| | Pte Returned to cust. per. A 41, for Home- Service (Inability, & rheumatism) | Ency. | 22.7.17. | PO 60/5629E SR 6259. 11.8.17. Lst. 74 |

I have examined the above details, and find them correct in every respect.

A

13811

AUSTRALIAN MILITARY FORCES.



AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. 1181 Name GOBLE, Harold Charles. Unit 1614 4. Joined on 28.12.15

Questions to be put to the Person Enlisting before Attestation.

- 1. What is your Name? ... GOBLE Harold Charles
2. In or near what Parish or Town were you born? ... near the Town of Croydon in the County of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? ... Natural Born British Subject
4. What is your Age? ... 27 years 6 months
5. What is your Trade or Calling? ... Railway Clerk (VR)
6. Are you, or have you been, an Apprentice? ... No
7. Are you married? ... No
8. Who is your next of kin? ... father GOBLE George Albert 27 Highbett St, W. Richmond Victoria
9. Have you ever been convicted by the Civil Power? ... No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable 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? ... No Father Mr G. Goble Highbett St Richmond Vic
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? ... No 3rd List July 1912
12. Have you stated the whole, if any, of your previous service? ... Yes
13. Have you ever been rejected as unfit for His Majesty's Service? ... No
14. Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach eight shillings per day? ... Yes
15. Are you prepared to undergo inoculation against small pox and enteric fever? ... Yes

I, Harold Charles Goble 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 and children.

Date 28th Dec 1915

H. Goble 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.

R. W.

~~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*

R. Robinson *Capt*

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

I, *Harold Charles Goble* swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from *28. 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.

Harold Charles Goble

Signature of Person Enlisted.

Taken and subscribed at *Melbourne* in the State of *Victoria*

this *twenty eight* day of

December 1915, before me—

R. Robinson *Capt*

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.

T

Description of GOBLE, Harold Charles on Enlistment.

Age 22 years 6 months.
 Height 5 feet 6 1/4 inches.
 Weight 113 lbs.
 Chest Measurement 33.36 inches.
 Complexion Dark
 Eyes Grey
 Hair Black
 Religious Denomination C of E.

DISTINCTIVE MARKS.
Vacc 3 lines (high)
Small scar R knee
" mole R shoulder

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 28th December 1915

Place Melbourne Victoria

M. D. Silberberg
 Signature of Examining Medical Officer.
Capt A. M. C.

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. Coy. 39th Batta.

Date MAY 24 1916

[Signature]
 Commanding

Place Ballarat.

Commanding 39 BATT AIF

Eng 13.103 England
28.12.16

Statement of Service of No. ~~16174~~ ¹¹⁹¹ Name Yable Harold Charles

| Unit in which served. | Promotions, Reductions, Casualties, &c. | Period of service in each rank. | | Remarks. |
|---|--|---------------------------------|-----------|---|
| | | From— | To— | |
| "A" COY. 22ND. DEP. BN. | Private | 4 FEB 1916 | 27 4 16 | Inf To 24/30th Rt Park |
| 24th [Depot] Batt. A.I.F. ROYAL PARK. | | 28.4.16 | 28.4.16 | Transferred to Ballarat. |
| D Co 39 Batten | Corporal | 28/4/16 | 9/5/16 | |
| 39th Bn. | Admitted military Hosp. Gargo. Alveolar Abscess. | England | 15.8.16. | P.II. 12/258E. 25.9.16. |
| Disch | Marched into 39th Hosp from Gargo 36osp | England | 2.10.16. | P.II 26/1492E. 28.11.16. |
| | Admitted 15th Field Hosp. Camp 5 Harkhill (Post hospitalia) | England | 27.9.16. | P.II 26/1526E. 28.11.16. |
| | Adm to Kelly Hosp Gargo Nothwa | Eng. | 2.10.16. | G. 7.5972 D/O 29/284 |
| | Went out to Weymouth Com. Dep | Eng. | 25.10.16. | No 26/1414E. F.R. 436 |
| Admin. Hd. Gp. No. Recd. | Re ad to Aust. for S. "Ulysses" for discharge. (Bronchial Asthma) | England | 13.2.17 | D/O 12E. 10.3.17. L.R. 164 |
| | Emb 27.5.16 | | | |
| | | | | Emb. at Plymouth 18.2.17 L.F. 164 D/O 18/829E 10-3-17 |

RETURN TO AUSTRALIA
Per H.T. "Ulysses"
For Discharge

I have examined the above details, and find them correct in every respect.

Discharged 3 M.D.

M U 25 5 17

DID.

AUSTRALIAN MILITARY FORCES.



AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. 1191 Name { Surname GOBLE in full { Christian Name HAROLD CHARLES 18001 Unit 39th Battalion Joined on 28/12/15

Questions to be put to the Person Enlisting before Attestation.

- 1. What is your Name? ... 1. GOBLE Harold Charles
2. In or near what Parish or Town were you born? ... 2. In the Parish of ... in or near the Town of Croydon in the County of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? ... 3. Nat. Born British Subject.
4. What is your Age? ... 4. 22 years 6 months.
5. What is your Trade or Calling? ... 5. Railway Clerk (V.R.)
6. Are you, or have you been, an Apprentice? ... 6. No
7. Are you married? ... 7. No
8. Who is your next of kin? ... 8. GOBLE George Albert (Father) 27 Highett Street, W. Richmond.
9. 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? ... 10. No
11. Have you stated the whole, if any, of your previous service? ... 11. Yes
12. Have you ever been rejected as unfit for His Majesty's Service? ... 12. No
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother) ... 13. ...
14. Are you prepared to undergo inoculation against small pox and enteric fever? ... 14. Yes

I, Harold Charles GOBLE 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.

I do hereby agree to allow not less than three-fifths of the pay payable to me from time to time during my service for the support of my wife and children.

Date 28th December 1915 H. GOBLE 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.

Description of GOBLE Harold Charles on Enlistment.

| | |
|---|--|
| Age <u>22</u> years <u>6</u> months. | DISTINCTIVE MARKS. Vacc. <u>3 L. Arm (High)</u> Small scar Right Knee " Mole R. Shoulder. |
| Height <u>5</u> feet <u>6$\frac{1}{2}$</u> inches. | |
| Weight <u>113</u> lbs. | |
| Chest Measurement <u>33/36</u> inches. | |
| Complexion <u>Dark</u> | |
| Eyes <u>Grey</u> | |
| Hair <u>Black</u> | |
| Religious Denomination <u>C. of E.</u> | |

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" Coy. 39th Batt.,

Date May 24th 1916 Chas. GILES Capt.,

Place Ballarat. For Commanding 39th Battalion

Statement of Service of No. 1191

Name GOBLE Harold Charles

| Unit in which served. | Promotions, Reductions, Casualties, &c. | Period of service in each rank. | | Remarks. |
|--|---|---------------------------------|---------|---|
| | | From— | To— | |
| "A" Coy. 22nd Depot Batt., | PRIVATE | 4/2/1916 | 27/4/16 | Trans., to 2 4th Batt., Royal Park. |
| 24th Depot Batt., A.I.F. ROYAL PARK. | | 28/4/16 | | Transferred to Ballarat |
| "D" Coy 39th Batt., | CORPORAL | 28/4/16 | 9/5/16 | |

RETURNING TO AUSTRALIA PER H.T. "ULYSSES" LEFT PLYMOUTH 13/2/17.
C.D. LONDON 22/2/17

DISCHARGED 25/5/17
MEDICAL U.F.I.
NOT DUE TO MISCONDUCT
194 H
321 0/8
Good
DISCHARGE CERTIFICATE No. 2931

I have examined the above details, and find them correct in every respect.

Capt.
S.O.R.S. 3rd. MII. DTS

CERTIFIED TRUE COPY.

DENTAL "B" CLASS

A Coy

AUSTRALIAN



MILITARY FORCES.

Long leave handed proper

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD

May 6253

Name GOBLE HERBERT

Unit 20/10/1NF 2ND DEPOT BATTALION A.I.F.

Joined on JUN 12 1916

FOR MAJOR CAMP COMMANDANT. [Signature]

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... Herbert Goble
2. In the Parish of _____ in or near the Town of Mgeedisfield 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.) ... Natural Born
4. What is your age? ... 44 years
5. What is your trade or calling? ... Jeweller
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... No
7. Are you married? ... Yes — 4 children
8. Who is your next of kin? (Address to be stated) ... (WIFE) GOBLE FLORENCE MRS
16 SURFLEN-STOFF CARRINGTON ST
ADELAIDE SOUTH AUSTRALIA
9. Have you ever been convicted by the Civil Power? ... No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable 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? ... No
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 ... No
12. Have you stated the whole, if any, of your previous service? ... Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... No
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? ... Yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... Yes

APPLICATION FOR WAR SERVICE LEAVE GRATUITY PASSED
MAY 24 1918
A/o. No. 20354

I, Herbert Goble 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

Date JUN 12 1916

H Goble
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.

W.P.

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 JUN 12 1916

W.P. Dray

Signature of Attesting Officer. **LIEUT**

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

J. Herbert Goble swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from JUN 12 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.

H Goble

Signature of Person Enlisted.

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

this _____ day _____ of

_____ 19 _____, before me—

JUN 12 1916

W.P. Dray

Signature of Attesting Officer. **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 Herbert Goble on Enlistment

Age 44 years _____ months
Height 5 feet 8 inches
Weight 117 lbs.
Chest Measurement 32.34 inches
Complexion Fresh.
Eyes Blue
Hair DK. Brown
Religious Denomination Ch of Eng.

DISTINCTIVE MARKS.

Vis. R $\frac{6}{18}$. L $\frac{6}{18}$.
Vacc. 1 R.

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 JUN 6 1916

Place ADELAIDE.

[Signature]
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 A boy. 2ND DEPOT BATTALION A.I.F.

Date June 15. 1916 [Signature] LT. COL.
CAMP COMMANDANT

Place Adelaide Commanding _____

[Signature] 2ND DEPOT BATTALION A.I.F.
for O.C. 20/15.

Statement of Service No. Reg. 6253 Name Goble - Herbert

| Unit in which served | Promotions, Reductions, Casualties, &c. | Period of Service in each Rank | | Remarks |
|--|---|--------------------------------|--|---------|
| | | From | To | |
| <u>A boy 2nd Depot</u> | <u>Pte.</u> | <u>12.6.16</u> | <u>20 JUN 1916 17.7.16.</u> | |
| <u>VENERAL CAMP, TORRENS ISLAND.</u> | <u>Pte.</u> | <u>20 JUN 1916</u> | | |
| <u>20/10th Infy.</u> | <u>Pte.</u> | <u>12/7/16</u> | | |
| <u>Returning to Australia per HVA 71 Left England 27/7/17</u> | | | | |
| <u>EMBARKED 28/8/1916</u> | | | | |
| <u>"Auchises"</u> | | | | |
| <u>23 AUG 1917 N.O.K. Advised Returned to Australia form 8. WA</u> | | | | |
| <u>21.9.17 Det. Aust. per Nestos (Semblity + Rheumat)</u> | | | | |
| <u>Disembarked 4th M.I. 9A</u> | | | | |
| <u>10th. Batta. Pte.</u> | | | | |
| <u>DISCHARGED. 4R. M.D 26.10.17 BRL 120</u> | | | | |
| <u>67/20</u> | | | | |
| <u>WAR HISTORY INDEX</u> | | | | |

APPLICATION FOR WAR SERVICE
 LEAVE GRATUITY PASSED
 MAR 24 1918
 A/s. No. 20354

I have examined the above details, and find them correct in every respect.

CONFIDENTIALPARTICULARS OF SERVICE IN THE A.I.F. IN CONNECTION WITHEx. No.6253. Private Herbert GOBLE - 10th Battalion.Issued to the Department of Repatriation, Pulteney Street, ADELAIDE.Ref. G.22/C.13765R.2460.C230.2965/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.
 Captain.
 1/3/22.

28.8.16
Army Form B. 103.
6253

CASUALTY FORM ACTIVE SERVICE.

32341

Regimental No. *20/10 A Battalion*
 Enlisted (a) *12.6.16*
 Date of Promotion to present rank
 Regiment or Corps *Private*
 Rank *Private*
 Name *Goble Herbert*

Terms of Service (a) *12.6.16*
 Date of appointment to lance rank
 Service reckons from (a) *12.6.16*
 Numerical position on roll of N.C.O.'s

Re-engaged *12.6.16*
 Qualification (b)

| Report. | | 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. |
|------------------|----------------------------------|---|--------------------------|------------------------------|--|
| Date. | From whom Received. | | | | |
| <i>30.12.16.</i> | <i>O.C. Troops Anchisis</i> | <input checked="" type="checkbox"/> Embarked <input checked="" type="checkbox"/> Disembarked | <i>Adelaide Plymouth</i> | <i>28/8/16 11/10/16.</i> | |
| | <i>3. Troop Bali Pulau Damar</i> | <input checked="" type="checkbox"/> O.S. | <i>Syflaud</i> | <i>12.10.16.</i> | <i>C.P. 4991. P.II/68/2560E.</i> |
| | <i>O.C. 3 Troop Bali</i> | <i>Proceeding ops for Puncu</i> | <i>Syflaud.</i> | <i>30.12.16.</i> | <i>C.P. 7160. D.O. 42/E 18.12.16. E 3707</i> |
| | <i>1st A. D. B. D.J.</i> | <input checked="" type="checkbox"/> Joined ex England. | <i>Esteples.</i> | <i>31-12-16</i> | <i>AX3576</i> |
| <i>31/8/17</i> | <i>Segregated in Bali</i> | <input checked="" type="checkbox"/> Discharged. | <i>do.</i> | <i>25-3-17.</i> | <i>A. 1043/16.</i> |
| <i>10/4/17</i> | <i>1st A.S.B.D. (letter)</i> | <input checked="" type="checkbox"/> Returned to England. P.B. Authority No/B 197 of 19/1/1917. | <i>do.</i> | <i>10.4.17.</i> | <i>ARS 70/417/35 H.K. 1043/41. SO 29/2037</i> |

(a) In the case of a man who has re-engaged for, or enlisted 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.

[P.T.O.]

| Report. | | Date. | From whom Received. | 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. | Place. | Date. | Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents. |
|---------|-------------------------|----------|---------------------|---|--------|-----------|--|
| Date. | From whom Received. | | | | | | |
| 22.7.17 | per A. 41 913 384 R. | 22.7.17. | | Pk/ Returned to Australia per A. 41 for Home Service. Seniority, Re-employment | Eng: | 22.7.17. | 19060/E 11-8-17. 4P6259. (List 74) |
| | | | | Discharged 4th Mo. 1917 (Mo. No. 1) | | 26.10.17. | B. R. L. 120/67. |

A

No Record

A32341

A.M. Form D. 1.

To be used for Enlistment in the Permanent Military Forces only.

Surname Goble MEDICAL HISTORY OF Christian Name Herbert

TABLE I.—GENERAL TABLE.

Birthplace ... Wagfield SOUTH AUSTRALIA
Examined ... on 6th day of JUN 1916 1916
at ADELAIDE

Declared Age ... 44 years
Trade or Occupation ... Jeweller

Height ... 5 feet 8 inches.

Weight ... 117 lbs.

Chest Measurement } Girth when fully Expanded. 32 - 34 inches.
Range of Expansion. 2 inches.

Physical Development and Pulse rate

Vaccination Marks } Arm Right. Left.
Number One -

When Vaccinated ... 6/18

Vision ... { R.E.-V=6/18
L.E.-V=6/18

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects, but not sufficient to cause rejection

Approved by ... (Signature) [Signature]
(Rank) _____ Medical Officer.

Enlisted ... at ADELAIDE
on JUN 12 1916 day of _____ 1916

| Joined on Enlistment | Corps. | Regl. No. |
|----------------------|-------------------|-------------|
| ... | <u>20/10th Pw</u> | <u>6253</u> |
| Transferred to ... | | |

Became non-effective by ...
on _____ day of _____ 19____
(Signature) _____
(Rank) _____

87

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. |
|---------------------------------------|-----------------------|--------|-------|---------------------------|--------|-------|---|-----------------------------|
| | Day. | Month. | Year. | Day. | Month. | Year. | | |
| EXHIBITION CAMP. | JUN 19 | 1916 | | 20 | 6 | 16 | sent Gonorrhoea | 1 |
| Veneraeal Hospital Torrens Island. | JUN 20 | 1916 | | 22 | 6 | 16 | Artificially No signs of any Veneraeal disease | 2 |

Part 1

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.

Torrens Island

[Signature] Capt

No venereal disease discovered by *[Signature]* James Coppi S.M.O.
TORRENS ISLAND

[Faint, illegible handwritten notes]

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. |
|-------------|---|
| JUN 6 1916 | DENTAL "B" CLASS |
| 14/6/16 | INOCULATION |
| 28 JUN 1916 | INOCULATION |
| 15 JUN 1916 | VACCINATION |
| 15 JUN 1916 | Examined & Passed |
| 28 JUN 1916 | INSPECTION <i>of Tables</i> |
| JUN 22 1916 | <i>Boarded for duty.</i> |
| | <i>Non-Reserve.</i> |
| | <i>Specialist Unit Staff Howard Harrison J. Major Pres. month</i> |

Table IV.—Service Table.

| Station. | Date of Arrival. | Date of Departure. | Station. | Date of Arrival. | Date of Departure. |
|------------------|------------------|--------------------|----------|------------------|--------------------|
| EXHIBITION CAMP. | 12/6/16 | 18/7/16 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

Statement No. 387
 Containing 8 sheets
 Date 26/10/17

State of SOUTH AUSTRALIA

| | |
|--|---|
| 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 ... | Florence Goble, Surfren 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) ... | |
| 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 Goble, Surfren St, off Carrington St, Adelaide |
| 3. Relationship of such person to Member ... | Identical |
| 4. Result of Claim ... | Granted pension 23 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, Surfren St, Adelaide |
| 3. Relationship of such person to Member ... | Child |
| 4. Result of Claim ... | Granted pension 20/- fortnightly as from 27/10/17 Florence Goble, Surfren St, Adelaide. |
| 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 ... | Roy James Goble, Surfren 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, Surfren St, Adelaide. |
| 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 ... | Leonard Joseph Goble, Surfren St, Adelaide |
| 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, Surfren St, Adelaide. |
| 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 ... | Edna May Goble, Surfren St, Adelaide |
| 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, Surfren St, Adelaide |

ADELAIDE 6

Deputy Commissioner of Pensions at

| REG. NO. | RANK | NAME | DISTRICT | CASUALTY | TEST |
|----------|------|--------------------------|----------|----------|------|
| 1874A | Pte. | Wosten Richard | | | 000 |
| 56 | Pta. | Constable Harry | | | |
| 2372 | Pte. | Hink Thos. James | | | |
| 148 | Pte. | Percy Harold Geo. | | | |
| 1071 | Pte. | Fower Richard | | | |
| 1406 | Pta. | Erzsil Stanley Herbert | | | |
| 436 | Pta. | Edleston Francis Richd | | | |
| 2358 | Pte. | Jones John Gias. | | | |
| 1108 | Pte. | English Alfred Jos. | | | |
| 2151 | Pte. | Erisbane Thos. Richard | | | |
| 3393 | Pte. | Ferguson Milton John | | | |
| 779 | Pte. | Hourigan Geo. Matthew | | | |
| 2594 | Pte. | Kelidway Sydney Ramcolph | | | |
| 2585 | Pte. | Ingham Harold Hume | | | |
| 2163 | Pte. | Jackson Robert Ewert | | | |
| 1785 | Pte. | Keon Hubert | | | |
| 3154 | Pte. | Horan Kathel Thos. | | | |

| | | | |
|------|--|------------|------|
| 4TH | | Y DISTRICT | |
| A.G. | | 370 | 4069 |

WHEN REPLYING PLEASE
QUOTE REFERENCE NO.



I.C.

AUSTRALIAN MILITARY FORCES.
4TH MILITARY DISTRICT.

TELEPHONE NUMBERS

| DISTRICT HEADQUARTERS: | CAMP: |
|-------------------------|------------------------|
| ALL OFFICERS ... C 8820 | MITCHAM ... C 8550 |
| S.O.O. ... C 1380 | EXHIBITION ... C 8584 |
| D.P.M. ... C 4360 | MONMOUTHVILLE CLEM. 38 |
| KESWICK HOSPITAL C 6270 | |

KESWICK BARRACKS,

ADFLAIDF. 15 NOV 1917

1917

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, for-
warded herewith: -B179. B178. B122.

No. 6253 Rank. Pte. Name. Goble. H.

Unit. 20/10th Bth.

Date of Attestation. 12/6/16.

Date of Embarkation. 28/8/16.

Date of Disembarkation 21/9/17.

Ex. Nestar.....

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 -
~~XXXXX~~

W. J. Thompson

LIEUT.

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

Reported died at.....*C. d. c. d. 84*.....

on.....*W. G. 27*.....

Buried A. I. F. CEMETERY, West Terrace,
Adelaide, S.A.

Vide List ex Cemetery Trust - M. 54/921 of 8/12/27.

W.

A 32341

Medical Report on an Invalid.



Station _____

Date _____

- 1. Unit 10 Bn
- 2. Regimental No. 6253
- 3. Rank Pvt
- 4. Name GOBLE, Herbert
- 5. Age last birthday 45
- 6. Enlisted { on 12 June 1916
at Adelaide
- 7. Former Trade or Occupation } Jeweller

8. Disability.

Emphysema Age 45. Rheumatism

Statement of Case.

14745

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 of origin of disability. From childhood
- 10. Place of origin of disability. Australia
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. was sent from Etosha on account of weakness. Age 45

- 12. (a) Give your opinion as to the causation of the disability. From childhood
- (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). Not applicable

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 debilitated
Complains of pains in limbs,
knees and elbows being
affected

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

Not applicable

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 unfit, No

or

(b) Change to England? Australia No

Donaldson Capt.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____

Date _____



Officer in charge of Hospital.

* 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

No

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

Not applicable

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in question 20, and if so, which?

No

22. Is the disability permanent?

Yes

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 $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

$\frac{1}{4}$

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?

Not applicable

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

26. Do the Board recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Permanently unfit for general service but fit for home service

Signatures:—

J. Macdonald Capt. President.

Station

Date



R. S. de Comey Capt. Members.

Approved.

Station

Date



K. S. Jones Major, Administrative Medical Officer.

Unit permanently for general service fit for home service

Sgd Charles Ryan. Col.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 or Station _____ } Name of { Conveyance _____
 Embark- { Date _____
 ation { Port _____ } Vessel _____
 Officer in }
 (medical charge) _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____
 Station } Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|-------------|--------------------|------|---------|-------------------------|------------------------|
| | Date | From | | | |
| | | | | | |

Detailed statement as to condition on discharge, and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer.

Army Form B. 179.

**MEDICAL REPORT ON AN
INVALID.**

Station _____
 Corps _____
 Regimental No. _____
 Rank _____
 Name _____
 Disability _____
 Date _____

Hospital or Station transferred to for final disposal } _____
 Date of final disposal } _____
 How finally disposed of } _____

The original Report is invariably to accompany the discharge documents of Invalids.

A0725. WL W1006/M1093. 500,000. 12/16. D.D. & L. Sch. 51.
 Form B. 179
 57

To
THE CHIEF PAYMASTER.

ADMINISTRATIVE HEADQUARTERS,
A. I. F.

Non Effective Statement.

RL A32341

| | | | | | | | |
|---|------|------------------------|----------------|------------------------|-------------------|------|---------|
| Reg. No. | 6253 | Rank | Pte | Name | GOBLE H | Unit | 10th Bn |
| Military District On Enlistment | 4 | Unit at Embarkation | 10th Bn | Date of Embarkation | 28/8/16 | | |
| TRANSFERS. | | Date | Reference | | | | |
| NIL | | | | | | | |
| PROMOTIONS, APPOINTMENTS and REVERSIONS. | | | | | | | |
| NIL | | | | | | | |
| FORFEITURES, CRIMES, V.D., Etc. | | | | | | | |
| NIL | | | | | | | |
| CAUSE OF BECOMING NON EFFECTIVE, WITH DATE OF CASUALTY. | | | | | | | |
| Returned to Australia per "A" for HOME SERVICE ex England SENILITY RHEUMATISM | | 22/7/17 | D060/E 11/8/17 | LR62 | List 74 IB284R 59 | | |

COMPILED FROM INFORMATION AVAILABLE AT THIS OFFICE

ON THE 21/8/17

W.T.

Officer i/c Non Effective Records.

L
Tenth

Army **ARMY DISTRICT** 41 2109 2109

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. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of *H*

Surname *Goble* Christian Name

TABLE I.—General Table.

| | |
|----------------------|--|
| Birthplace | { Parish _____ County _____ |
| Examined | { on _____ day of _____ 191 , at _____ |
| Declared Age | _____ years _____ days. |
| Trade or Occupation | _____ |
| Height | _____ feet _____ inches. |
| Weight | _____ lbs. |
| Chest Measurement | { Girth when fully Expanded _____ inches. Range of Expansion _____ inches. |
| Physical Development | _____ |
| Vaccination Marks | { Arm _____ RIGHT _____ LEFT { Number _____ _____ |
| When Vaccinated | _____ |
| Vision | { 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.

Enlisted { at _____
{ on _____ day of _____ 191.

| | | |
|----------------------|--------------------|------------------------|
| Joined on enlistment | Corps <i>10 Bw</i> | Regtl. No. <i>6253</i> |
| Transferred to | _____ | _____ |

Became non-effective by _____
on _____ day of _____ 191.
(Signature) _____
(Rank) _____

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date | Brief details, and Signature |
|------|------------------------------|
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TABLE IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|----------------------|--------------------------------|-------------------------------------|
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| | | |

W. P. GRIFFITH & SONS LTD., Printers, Old Bailey, E.C.
[1273] W15368/M1384 500m 2/17n 45 59

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | 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, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|-------------------------|----------------------|-------|------|--------------------------|-------|------|---|----------------------------|--|------------------------------|
| | Day | Month | Year | Day | Month | Year | | | | |
| 2600m Depot Weymouth | 11 | 4 | 17 | | | | Paresis Arms Sensibility gone Paralysis | | First noticed weakness & wasting of arms in Jan. 1916. This had progressed. Absent 26 1/2 Arms quite strong still some pain in arm. Age 45. Paralysis | Franklin |
| | | | | | | | Neuritis | | Quite well here & in England. France 1 month. Pain both shoulders & wrists. Drains into hands. Both arms without, hips & neck. Has two fingers in, both arms & hands & only the slight pain in R elbow. 1-1/2 inches strong muscles 2 1/2 lbs. Head & legs. Name 1011 ac 10 abo say in class. Refer to 1030000 | Wiercke Major |
| | | | | | | | | | 12/10/17 Dmu to cap total 6 hrs SWS | Arustal Cap |

NO. 7 A. C. HOSPITAL
KESWICK

21 SEP 1917

Medical Report on an Invalid.

10/5/17
 Revised
 Hammock
 5

Station _____
 Date _____
 No. _____
 WEYMOUTH



- 1. Unit 10 Bn ✓
- 2. Regimental No. 6253 ✓
- 3. Rank Pte. ✓
- 4. Name GOBLE, Herbert ✓
- 5. Age last birthday 45
- 6. Enlisted { on 12 June 1916
at Adelaide
- 7. Former Trade or Occupation Jeweller



8. Disability.

Disability Age 45. Rheumatism

Statement of Case.

14745

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 of origin of disability. Prior to enlistment
- 10. Place of origin of disability. Australia
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Was sent from Etahle on account of weakness. Age 45

- 12. (a) Give your opinion as to the causation of the disability. Prior to enlistment
- (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). Not applicable

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 45 and debilitated. Complaints of pains in limbs, knees and elbows being affected.

*Dept. of the Army
Washington, D.C.*

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

Not applicable

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 unfit, *No*
- or
- (b) Change to England? *Available No*

Phaedra M. Giff

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____

Date _____



Officer in charge of Hospital.

* 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.

NOTE: the event of the most

- (ii.) I
- (iii.)
- (b) climate, differentiate
- (iv.) conditions a
- (v.) there is a s

20. (a) S

21. Has

in

22. Is t

23. If r

mir

To be st

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 unreasonable?

26. Do the Board recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Signatures:—

Station

Date

Approved.

Station

Date



_____ President.
 _____ Members.
 R.S. de Longy Bennett Capt

Major,
 Administrative Medical Officers,
 D.M.S. A.I.F.

W. Schille } 1075
 6253
 unfit finally
 for general service
 but for home
 service
 Charles Ryan
 18
 57

d.

efully filled in by the Board, as, in
 a Hospital should be in possession
 sion.

is attributed to (a) active service,
 ing the cause of the disability to

ween disease resulting from military

itary service abroad in climates where

Unfit permanently for General Service
 fit for home service

Sgd Charles Ryan. Col.

$\frac{1}{4}$
 Not applicable

Permanently unfit for general
 service but fit for home
 service

NOTE:
the event of
of the most
(ii.) I
(iii.)
(b) climate
differentiate

d.

fully filled in by the Board, as, in
Hospital should be in possession
sion.

is attributed to (a) active service,
ing the cause of the disability to

(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.

No

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

Not applicable

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in question 20, and if so, which?

No

22. Is the disability permanent?

Yes

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 $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

$\frac{1}{4}$

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?

Not applicable

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Permanently unfit for general service but fit for home service

Signatures:—

J. Anderson President.

Station

Date



R. S. de Laney Capt. Members.

Approved.

Station

Date



K. Wilson Major, Administrative Medical Officer, D.M.S. A.I.F.

Unfit permanently for General Service
Fit for home service

Sgd Charles Ryan. Col.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ } Conveyance _____
 or { Station _____ } Name of Vessel _____
 Embarkation { Date _____ } Officer in medical charge _____
 { Port _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ }
 { Hospital or Station _____ } Officer in medical charge _____

No. 7 A. G. HOSPITAL (A Station or Hospital where finally disposed of.)

Station and Hospital } **KESWICK**
 Arrived from *Nestor* Date **21 SEP 1917**

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|--------------------|--------------------|-----------------|---------------------------------------|-------------------------|------------------------|
| | Date | From To | | | |
| 21 SEP 1917 | <i>4/10/17</i> | <i>12/10/17</i> | <i>Scarcely Age 45 Rheumatism</i> | <i>RMW SGT</i> | <i>26. 10. 17</i> |

Detailed statement as to condition on discharge, and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

*Now 45 years of age does not look older.
 Right arms wasting, right most, left improving
 Incapacity total for 6 mos.*

*Jameson Merkle Col.
 Augusta Cape*

Date of final Medical Board, or decision *12/10/17*

CONFIRMED
12 OCT 1917
M. O. Russell
 P. M. O. 4TH M. D. Keswick.

Administrative Medical Officer.

Army Form B. 179.
 MEDICAL REPORT ON AN
 INVALID.
 Station **7TH A. G. HOSPITAL**
 Corps *20th St Br.*
 Regimental No. *6055*
 Rank *Private*
 Name *Little, A.*
 Disability *Rheumatism*
 Date *10.10.17*
 Hospital or Station transferred to for final disposal } **S.O.I. 4th M. D.**
 Date of final disposal } *26.10.17*
 How finally disposed of) **MEDICALLY UNFIT (NOT DUE TO MISCONDUCT)**
 The original Report is invariably to accompany the discharge documents of Invalids.

A6795 - W.L. Wright/Mitros, 500,000, 22/16, D.D. & L. Sch. 81.
 B. 179
 57

| No. of last entry in Company Conduct Sheet | Name | Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Signature O.C. Company, etc. | G.C. Badges | Service or Proficiency Pay | Character | Remarks |
|--|-------------|-------|-----------------|---------|----------------------|--|--------------------|--------------------|------------------------------|-------------|----------------------------|-----------|---------|
| | | | | | | | | | | | | | |
| No 6253 | Goble, J.G. | | | Private | | Period not reckoning towards freedom from extra fine | Substance | | | | | | |

101 45 310
 THE MILITARY DISTRICT

[P.P.O.]

W. W. 1285/M 1917. W. & Co., Ltd. (E504). Form B/22/A

4TH MILITARY DISTRICT
A.G. 42 370 4069

| Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Date of award or of discontinuing verb trial | By whom awarded | Remarks |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|--|-----------------|---------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Discharge

Transferred to

D

AUSTRALIAN IMPERIAL FORCE.

No. 6253

Rank Private Name GOBLE H

Unit 10th Battalion

LIBY. Casualty

Returned per 'Lestor'

DATE PURPORT.

26. 10. 17

*Form B 103 Received
Discharged 4th Mil Dist.*

