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*Copied from Nominal Roll*

AUSTRALIAN



MILITARY FORCES.

DISCHARGE  
STATION

## AUSTRALIAN IMPERIAL FORCE.

### Attestation Paper of Persons Enlisted for Service Abroad.

No. Staff Nurse Name MACKENZIE Florence  
Unit N<sup>o</sup> 1 A.G.H.  
Joined on 11/11/15 Nursing Services

#### Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? Florence Mackenzie
2. In or near what Parish or Town were you born? 262776  
IN  
in or near the Town of \_\_\_\_\_ 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 shown.) ...
4. What is your age? 38
5. What is your trade or calling? Nurse
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ...
7. Are you married?... No
8. Who is your next of kin? (Address to be stated) Uncle Mr. K. Mackenzie  
Govan Rosethire  
Scotland.
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 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? ...
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge ...
12. Have you stated the whole, if any, of your previous service? ...
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ...
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 in respect of your service beyond an amount which together with pay would reach eight shillings per day? ...
15. Are you prepared to undergo inoculation against small pox and enteric fever? ...

I, Florence Mackenzie, 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.\*† wife and children.

Date \_\_\_\_\_

Signature of person enlisted.

D. 377/1.15.—C. 602.

\*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 .....

Signature of Attesting Officer.

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

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

Signature of Person Enlisted.

Taken and subscribed at ..... in  
the State of .....  
this ..... day ..... of

..... 19 , before me—

Signature of Attesting Officer.

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

Description of \_\_\_\_\_ on Enlistment.

Age \_\_\_\_\_ years \_\_\_\_\_ months.  
 Height \_\_\_\_\_ feet \_\_\_\_\_ inches.  
 Weight \_\_\_\_\_ lbs.  
 Chest Measurement \_\_\_\_\_ inches.  
 Complexion \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair \_\_\_\_\_  
 Religious Denomination *Pres*

DISTINCTIVE MARKS.

## 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 \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
 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 \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
 Commanding

D.377/4.15.—C.4697.



4

Statement of Service of No. *Staff Nurse* Name *F. MacKenzie*

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
<i>1<sup>st</sup> Aust Gen Hosp</i>		<i>11/11/15</i>		
<i>Nursing Staff A.C. Commonwealth</i>				
<i>left Suez for Australia 21-1-16</i>				
<i>Air 3838/4898 EW 23-1-16</i>				
<i>29-2-16. Ret'd per. Commonwealth Nursing Staff. A.I. B 3898-23/1/16.</i>				
<i>9-4-16 Rejoined Unit now attached to Staff of No 2 Hosp Ship</i>				
<i>imbarbed from Fremantle 9-4-16. Nom Roll</i>				
<i>5<sup>th</sup> M.D.</i>	<i>Rtd to duty</i>	<i>9/4/16</i>	<i>17/8/17</i>	<i>Rtd to duty &amp; transfer</i>
<i>No. 2 Hosp Ship.</i>	<i>S/nurse</i>	<i>18-9-17</i>	<i>16.11.17</i>	<i>BR 77/55.</i>
<i>A.M.C. Staff</i>	<i>Appointed</i>			<i>BR 116/35</i>
<i>A.A.N.S.</i>	<i>Struck off strength NOR.</i>			<i>BR 127/106.</i>
	<i>HOSP SHIP (named in Australia) 259.17.</i>			

1914/1915 Star Issued B.R.M.



1914/15  
STAR

No. 2614

5



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

No. \_\_\_\_\_ Name Florence M<sup>c</sup>Kenzie Rank Sphurs

Unit 1<sup>st</sup> Australian General Hospital

*S 110*  
**AUSTRALIAN IMPERIAL FORCE**

Joined on \_\_\_\_\_

# **ATTESTATION MISSING**

Enlisted at \_\_\_\_\_

Next of Kin \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Casualty Form—Active Service.**

Regiment or Corps **1st AUSTRALIAN GENERAL HOSPITAL.**

Regimental No. \_\_\_\_\_ Rank **Staff Nurse** Name **McKENZIE.**

Enlisted (a) \_\_\_\_\_ Terms of Service (a) **War & 4 mths** Service reckons from (a) **Enlistment.**

Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on }  
to present rank } to lance rank } roll of N.C.Os.

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., 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				
21.1.16	"Common-wealth" Nursing duties	Embarked for Australia	Suez	21.1.16	A.R. 127/3/20 (Ex.F9)

*Cyrl. S. Griffiths*  
Major,  
Australian Records Section,  
3rd Echelon, G.H.Q., M.E.F.

(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, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.





## Statement of Service of No.

Name

7 MacKenzie

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
	<i>S. H. M. S.</i> <i>Reported for duty ex.</i> <i>India</i>	<i>1st Lt 240.</i>	<i>9-12-15.</i>	<i>1st a g H.</i>
	<i>Detached to No 2 Aux.</i> <i>Conv. Depot.</i>	<i>1st Lt 515.</i>	<i>29-12-15</i>	<i>1st a g H.</i>
	<i>Embarked for Australia</i> <i>pu. "Comma-cacci" from</i> <i>Suez. during duties</i>	<i>1st Lt 211</i>	<i>31-1-16.</i>	<i>1st a g H.</i>
	<i>Detd to 2nd A.H.H. for duty ex</i> <i>H.S. Kanowna</i>	<i>London</i>	<i>15-5-17</i>	<i>2018/930E 6.6.17. H.H.K.S.</i> <i>L.R. 2955</i>
	<i>Detached from attached</i> <i>duty with No 2 Hosp Ship</i> <i>for temporary duty with</i> <i>No 2 A.H.H.</i>	<i>London</i>	<i>28/5/17.</i>	<i>2018/930E 20/6/17</i> <i>20/6/17 1001E</i> <i>EXGANS 20/6/17.</i>
	<i>No 2 A.H.H.S. 29/5</i> <i>London, from No 2 Hosp</i> <i>Ship "Kanowna,"</i>	<i>London</i>	<i>14/5/17</i>	<i>2018/930E 20/6/17</i> <i>EXGANS 20/6/17.</i>
	<i>Detd from att. duty</i> <i>duty with No 2 Hosp</i> <i>return to Australia</i>	<i>Eng</i>	<i>13-4-17.</i>	<i>H=24/1665E 1-8-17.</i> <i>2018/930E 20/6/17</i> <i>20/6/17 1001E</i>
	<i>Detd from att. duty with</i> <i>2nd A.H.H. to No 2 Hosp Ship</i> <i>for return to Aust.</i>	<i>Eng</i>	<i>14-4-17.</i>	<i>2018/930E 20/6/17</i> <i>H=24/1504E 1-8-17.</i>
	<i>S/H. Disembarked at Suez</i> <i>Egypt. ex No 2 A.H.H. Ship</i>		<i>3-5-17.</i>	<i>2018/930E 20/6/17</i> <i>H=24/1628E 11-8-17</i>
	<i>S/H. Att to 2nd A.H.H. South all</i> <i>ex of S. Kanowna</i>	"	<i>29-5-17</i>	<i>2018/930E 20/6/17</i> <i>H=24/1628E 11-8-17</i>
	<i>S/H. Disembarked off strength of</i> <i>No 2 A.H.H.</i> <i>Remained in Aust.</i>		<i>25-9-17</i>	<i>2018/930E 20/6/17</i> <i>H=24/1628E 11-8-17</i>

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

AUSTRALIAN



MILITARY FORCES.

**AUSTRALIAN IMPERIAL FORCE.****Attestation Paper of Persons Enlisted for Service Abroad.**

No. *Staff Nurse* Name { Surname *MAC KENZIE*  
in full } Christian Name *A. A. N. S. Florence*  
Unit *A. A. N. S.*  
Joined on *11. 11. 15.*

*Cover Only.*

FORM B, 108, Revisions

WAR HISTORY INDEX



# Casualty Form - Active Service.

Regiment or Corps H.A.N.S. (No 1 A.G.H.)

Rank S/Nurse Name MACKENZIE Florence

Regimental No. \_\_\_\_\_

Enlisted (a) \_\_\_\_\_

Date of promotion to present rank \_\_\_\_\_

Extended \_\_\_\_\_

Terms of Service (a) \_\_\_\_\_

Date of appointment to lance rank \_\_\_\_\_

Re-engaged \_\_\_\_\_

Qualification (b) \_\_\_\_\_

Service reckons from (a) \_\_\_\_\_

Numerical position on roll of N.C.O's. \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., 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					
15.1.14	Morton in chief	No 2 Am Hosp. Atelier		Egypt	-	
do	do	Duty "COMMONWEALTH" Aust.		-	21.1.16	
do	do	Dembled England. "KANOWNNA"		-	26.8.16	
do	do	Enbld for Aust.		-	7.9.16	
do	do	Enbld for England from "KANOWNNA"		-	8.11.16/5.1.17	
do	do	Enbld England for Aust.		-	14.1.17	
3.6.17	Mc200076	1st. Att: to 200076 in No 2 Kanownna		Louthall	29.5.17	20.205 20.6.17 20.331 20.55/ 31.12.17.
29.5.17.	Mc200076	1st. Detached from 2nd 200076 in No 2 Kanownna		Eng	28/5/17.	20.205 10/6/17. 20.3242

(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, e.g., Signaller, Shoelace Smith, etc., etc., also special qualifications in technical Corps duties.



Report		Record of promotions, reductions, transfers, casualties, etc., 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				
21/5/14.	Pc Adm. Edgts London	Sister M/V from Aust ex No 2 N.S. Maanona.	Eng.	14.5.17	Do 20 <sup>E</sup> 16/6/17. LR 3317.
16.7.14.	Pc Aans London.	Sister (Att) Det. from 2 <sup>nd</sup> AAN for. Ret. to Aust.	London	13.7.17	Do 24 <sup>E</sup> 28/7/17 LR 5471
15.9.14	Pc 2 <sup>nd</sup> AAN	(Att) Det. from 2 <sup>nd</sup> AAN to No 2 H. Ship (for ret. to Aust)	do.	14.7.17	Do 24 <sup>E</sup> 1-8/14 LR 5478
8.5.17	Q 801810 No 2 AAN	Spurne. Wreint at bury Egypt.	Eng.	2.5.17	Do 25 <sup>E</sup> LR 4607 11.8.17 1028
15.5.17.	13213 AANB.	S/17 Det. to 2 <sup>nd</sup> AAN for duty at S. Kambona	London	15.5.17	Do 18/9305. 6.6.17 LR 2955.
212.17	13213 2 <sup>nd</sup> AAN	S/17 Det. off strength of No 2 AAN S. (Remained in Australia)		259.17	Do 55/ 31.12.17 LR 11484



## Casualty Form—Active Service.

Regiment or Corps 1st Australian General Hospital

Regimental No. \_\_\_\_\_

Rank SergeantName McKenzie

Enlisted (a) \_\_\_\_\_

Terms of Service (a) War 1st moService reckons from (a) EnlistmentDate of promotion }  
to present rank }Date of appointment }  
to lance rank }Numerical position on }  
roll of N.C.Os. }

Extended \_\_\_\_\_

Re-engaged \_\_\_\_\_

Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., 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, Form A. 36, or other official documents.
Date	From whom received				
21.1.16	H.S. Commonwealth	Perusing duties	Quey	21.1.16	AR 127/3/20 (Ex Fg)

(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) In the case of a man who has been re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

National Archives of Australia

NAA: B2455, MACKENZIE F





## Casualty Form—Active Service.

Duplicate.

Regiment or Corps. 1st AUSTRALIAN GENERAL HOSPITAL.Regimental No. \_\_\_\_\_ Rank Staff Nurse Name McKENZIE.Enlisted (a) \_\_\_\_\_ Terms of Service (a) War & 4 mths Service reckons from (a) Enlistment.Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on }  
to present rank } to lance rank } roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., 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				
21.1.16	"Common-wealth" Nursing duties	Embarked for Australia	Suez	21.1.16	A.R. 127/3/20 (Ex.F9)
<p>Copy forwarded to A.I.F. Headquarters, 17.2.16</p> <p><i>J.M. MacKenzie</i> for O.C. Aust. Records Section, 3rd Echelon, G.H.Q., M.B.F.</p>					
4.6.16	12 <sup>th</sup> A.S.H.	Taken on strength	Ismaia	5.6.16	B-213. 2729. 20/1/14

21.1.16

"Common-wealth" Nursing duties

Embarked for Australia

Suez

21.1.16

A.R. 127/3/20 (Ex.F9)

Do. 2/11

Copy forwarded to A.I.F. Headquarters, 17.2.16

*J.M. MacKenzie*  
for O.C. Aust. Records Section,  
3rd Echelon, G.H.Q., M.B.F.

4.6.16

12<sup>th</sup> A.S.H.

Taken on strength

Ismaia

5.6.16

B-213.

2729.

20/1/14





DMH

18th June, 1919.

Dear Madam,

With further reference to your letter dated 3rd instant, I have to state the following are the particulars you require in connection with Staff/Nurse Florence McKenzie, A.A.N.S. :-

11.11.15 Enlisted for service with the A.I.F.

16.11.17 Appointment in A.I.F. terminated.

Staff/Nurse McKenzies work with the A.I.F. embraced ordinary nursing duties.

Yours faithfully,

Major.  
Officer i/c Base Records.

Mrs. I. McNabb,  
Denmark, W.A.

Mackenzie

Denmark W.A.

Major J. L. Lean  
Base Records Office  
Melbourne

June 5. 1919.

Dear Sir

I have to acknowledge receipt of your letter of the 20<sup>th</sup> May (No. 104227) and in reply beg to state that the Sister in question was Sister Florence Mackenzie.

Upon joining the service she left Australia in the S.S. Orsova, and was afterwards on the hospital ship "Kamowaa".

Yours faithfully

J. J. Gabb. (Mrs)

*[Signature]*



W. H. Hart  
attach app/lean  
at 17/6

attach info

3<sup>rd</sup> instant  
20<sup>th</sup> May  
for. chairman  
m.  
JUN 17 1919  
2764 18/6



VEB/MM

20th May, 1919

104237



Dear Madam,

I have to acknowledge receipt of your letter dated 3rd instant, and to state that in order to identify the records of Sister MacKenzie it will be necessary for you to furnish her christian name, as records are held for several Nurses bearing the name of MacKenzie.

Yours faithfully,

Major.  
Officer in Charge Base Records.

Mrs. I. McNabb.  
Denmark, W.A.

A handwritten signature in dark ink, appearing to be "J. H. C.", written over a circular stamp.



Ask for Christian name please  
We have several Mackenzie's but  
cannot locate any 5<sup>th</sup> M.D.



Denmar West Aust.  
May 3<sup>rd</sup> 1919.

Commonwealth Defense Dept.  
Melbourne

SECTION  
MAY 17 1919

Dear Sir

WB 4 19  
5-

In connection with the estate of  
the late Sister Mackenzie, the affairs of  
which I am settling, I would be greatly  
obliged if you would kindly give me  
the following information.

The date of her engagement with the  
Military Forces.

The date of her discharge from same.

The nature of the work upon which she  
was engaged.

This information is desired in order  
that her will may be proved.

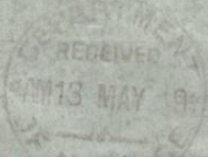
Yours faithfully

(Wm) Esabella McHabb



DECEASED  
SECTION  
MAY 16 1919  
RECEIVED

Not in Decand List  
H. Kelly 1605-19



More Particulars required



A. J. a. l.  
 m. l. p. m.  
 R. m. a.  
 L. R. C.

Personally  
 died after twelve

EMR

20th March 1919 .

97778

Dear Madam,

A copy of your communication concerning  
Sister F. MacKenzie, Australian Army Nursing Service,  
has been referred to this Office by the District  
Paymaster, Defence Department, Perth, and I have to  
advise you that there is no record here of any Will  
executed by her.

Yours faithfully .

Officer i/c Base Records.

Mrs I. McNabb .

D E N M A R K .  
W.A..



AVM/5

TELEPHONES { A 1675  
A 2334

COMMONWEALTH MILITARY FORCES.

5th MILITARY DISTRICT,  
PAY AND ACCOUNTS BRANCH,  
PERTH, W.A.

4-MAR 1919

PAY DEPARTMENT  
RECORD OFFICE

No 7757/17

5th MIL. DIST.  
IN REPLY PLEASE QUOTE ABOVE No.

The officer in Charge,  
Pass Records,  
MELBOURNE.

I append copy of letter received from Mrs. I.  
McNabb, Denmark, W. A. for favour of your attention and reply  
direct please.

"I would be grateful if you would give me the  
following information, or place me in communication with  
whoever may be the proper persons to give same.

Sister Mackenzie who was until recently with  
the A.I.F. has lately died at Day Dawn in this State, and I  
am desirous of knowing if when on active service she made  
a Will which was lodged with the Military Authorities. I  
have in my possession letters which lead me to think such is  
the case.

Thanking you very much in anticipation."

Lieut.  
for Paymaster, 5th Mil. Dist.

DG3/KQ

DEFENCE  
A. 527/26/284  
CENTRAL ADMINISTRATION

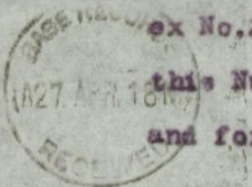
31040

18.4.18.

COMMANDANT,

5th MILITARY DISTRICT.

Reference your D.C.R. W 34/4/106 of  
28th MARCH, 1918, relative to Staff Nurse F. MACKENZIE,  
ex No. 2. A.H.S; approval is given for termination of  
this Nurse's appointment in A.I.F. to date from 16.11.17.  
and for her name to be placed on A.A.N.S. Reserve.



*Jwb*

DEPUTY DIRECTOR GENERAL, A.A.N.S.

*Gms*  
*20 4 18*  
*Base Records*  
*26/4/18*

National Archives of Australia

NAA: B2455, MACKENZIE F



TELEPHONES:

Dis. Hd. Qrs. ... A3147

S.O.O. ... A1575

P.M. ... A1675

... A2334

For other Branches see

Military Dept. in Telephone

Directory.

In your reply please quote

D.C.R. W. 34/4/106

IN REPLY PLEASE QUOTE ABOVE NO.

COMMONWEALTH MILITARY FORCES.

5th MILITARY DISTRICT.

DISTRICT HEAD-QUARTERS,

PERTH.

28th March 1918.

527 26 284

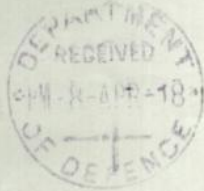
The Secretary,  
Defence Department,  
MELBOURNE.

S/ Nurse F. MCKENZIE.

S/Nurse F. MCKENZIE ex No. 2 A.H.S. on 31/8/17 was  
admitted to No. 8. A.G.H. with septic finger.

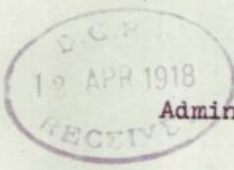
This Nurse was medically Boarded as permanently  
unfit for further Active Service on 2/11/17, and it is  
recommended that her A.I.F. appointment be terminated as  
from 16/11/17.

It is desired and recommended that her name be  
placed on the A.A.N.S. Reserve.



D.G.M.S.

10/4/18



*Andolan*

..... Lieut-Colonel.  
Administering Command 5th Military District.

8.11.18  
3.218  
1574/18



AUSTRALIAN



A.M. Form D. 2.  
(Revised 1.11.15).  
MILITARY FORCES.

## DETAILED MEDICAL HISTORY OF AN INVALID.

Station No 8 A.G.H. Fremantle.

Date 2-11-17.

1. Regiment } No 2 A.G.H.  
or Corps }

2. Regimental No. } Staff Nurse  
and Rank }

3. Name MCKENZIE Florence.  
(Surname to be in Block Letters.)

4. Age last Birthday 38 yrs.

5. (a) Enlisted { on About Nov. 7th. 1915.  
at Perth W.A.

6. Former Trade or Occupation

(b) If returned from service abroad, date of return  
to Australia 31/8/17

Nurse.

Before making out this Report read the following note carefully:—

NOTE.—The answers to the following questions are to be filled in by the Medical Officer, by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Septic Finger Amputation index finger right hand.

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on his case, and recorded evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability

Aug. 20th. 1917.

9. Place of Origin of Disability

No 2 A.S.H. at Sea.

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet

bearing on the case Whilst dressing a septic case pricked index finger right hand. Inflammation and suppuration followed. Incisions made in finger and palm of hand on Aug. 22nd. 1917. Transferred here on Aug. 31st. Index finger amputated. On Sept. 22nd. 1917.

11. (a) Give your opinion as to the causation of the Disability

Sepsis.

(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.)

Sepsis on service.

12. What is his present condition? Amputation of index finger through base of first phalanx. Wound healed. Adherent scar in palm of hand. Stiffness and slight limitation of movement of other fingers. One stone below normal weight. Weak and debilitated. Tires easily.

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



13. Has the disease been aggravated by—

- (a) Intemperance? No.  
or  
(b) Misconduct? No.

14. If the disability is a wound or other injury, was it caused—

- (a) In action? no  
(b) On field service? yes  
(c) On duty? yes  
(d) Off duty? no

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

- If so—(a) When? \_\_\_\_\_  
(b) Where? \_\_\_\_\_  
(c) Opinion No.

16. Was any special treatment employed? If so, state what it was \_\_\_\_\_

No.

17. Was an operation performed? If so, what? \_\_\_\_\_

Yes Incisions in finger and palm of hand.  
Later amputation of ix finger.

18. If not, was an operation advised and declined? \_\_\_\_\_

No.

19. In cases of loss or decay of teeth—

- (a) Is the loss of teeth the result of wounds, injury, or disease, directly\* attributable to active service

Not applic.

20. Do you recommend him for—

- (a) Discharge as permanently unfit? Yes.  
or  
(b) For change to another State? \_\_\_\_\_

W.P. Yates Capt.

*Medical Officer in Charge of the Case.*

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



### Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to ALL 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 authorities of the Military Forces should be in possession of the most reliable information to enable them to decide upon the man's claim to pension or compensation.

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

(iii.) In answering question 23 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. State how far the Board concur with the answers to Questions 7-20—i.e., "in toto," "partially," or "not at all."

If either of the latter, give detail Concur in toto.

22. The Board will describe the pathological condition present at time of examination by the Board Loss of Index finger (Right) sequel to whillow. Extensive adherent scar of palm. Limitation of movement of other fingers. 1 stone below normal weight. Weak and debilitated. Tires easily.

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

Active service.

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

24. Is the disability permanent?

especially as regards—

(a) Military service? yes

(b) Previous occupation? no

(c) Other occupations? no

25. If not permanent, what is its probable minimum duration?

(To be stated in months.)

26. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

The whole at present.

(In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{4}$ , or total incapacity.)

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

28. Do you recommend him for—

(a) Discharge as permanently unfit? yes

or

(b) For change to another State? no

29. General Recommendations:—

(a) Is he at present fit for discharge to earn his living? No.

(b) Does he require further treatment to restore him to health? No.

(c) If so, what does the Board recommend?

Discharge as permanently unfit.

Incapacity Total for 6 mths.

(d) Any other Recommendations

(If Board considers case one for compensation or pension the patient may be so informed, so he may make formal application. But he is to be informed at the same time that final decision rests with the War Pensions Board.)

Signatures:—

W.P. Yates Capt.

President.

Station No 8 A.G.H. Ftle.

S.C. Moore Major.

Members.

Date 2nd. Nov. 1917.

Approved—

PERTH

F.J. Walden Lt. Col.

Station

Director-General Medical Services.

Date

2-11-17.

P.M.O. 5th. Mil. Dist.



(On leaving Corps or Station where Invalided.)

Transfer or Embarka- tion.	{	Date _____	Name of _____	{	Conveyance _____
		Station _____			Vessel _____
{	Date _____	{	Medical Officer _____		
	Port _____				

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

Re- trans- ferred	{	Date _____	{	Medical Officer.
		Hospital or Station _____		

(At Station or Hospital where finally disposed of.)

Station and Hospital	{	<u>No 8 A.G.H. File.</u>	Arrived from	{	<u>Ex Kanowna.</u>
Date		<u>31-8-17.</u>			

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date:  <u>31-8-17</u>	<u>31-8-17.</u>	<u>2-11-17.</u>	<u>loss of index finger right hand.</u>	<u>Ref. S.O.I.&amp;R.S. 2-11-17.</u>	

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

Loss of index finger (R) Adherent scar palm and limitation of movement of other fingers. 1 stone below normal weight, weak and debilitated. Tires easily.D.P.U. Incapacity total for six months.S.C. Moore MajorW.P. Yates Capt. P.M.R.B.

Date of final Medical Board, or decision	<u>APPROVED PERTH</u>	<u>P.J. Walden Lt.Col.</u>
<u>2-11-17.</u>	<u>2-11-17.</u>	Principal Medical Officer.

5th. Mil. Dist.

A.M.F. Form 99.

DETAILED MEDICAL HISTORY  
OF INVALID.

The original Report is invariably to accompany the discharge documents of Invalids.	How finally disposed of } <u>16. 11. 17.</u>	Date of final disposal } <u>16. 11. 17.</u>	Hospital or Station transferred to for final disposal } <u>16. 11. 17.</u>	Date	<u>2-11-17.</u>	Disability	<u>Loss of index finger right hand.</u>	Name	<u>MCKENZIE F.</u>	Regimental No.		Rank	<u>S Nurse.</u>
				Corps	<u>No 2 A.H. SHIP.</u>	Station	<u>No 8 A.G.H. File.</u>						





DETAILED MEDICAL HISTORY OF AN INVALID.

Station No 8 A.H. H. Fremont W.A. Date 2.11.17

1. Regiment or Corps No 2. A. H. S. 2. Regimental No. and Rank Staff nurse

3. Name McKENZIE, Thomas 4. Age last Birthday 38  
(Surname to be in Block Letters.)

5. (a) Enlisted about Nov. 7. 1915 6. Former Trade or Occupation Nurse.  
at Perth W.A.

(b) If returned from service abroad, date of return to Australia 31.8.17.

Before making out this Report read the following note carefully:—

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Septic finger - Amputation index finger right hand

No. Staff Nurse, Rank Staff Nurse, Name McKenzie, T. Unit No 2. A. H. S.

I HEREBY CERTIFY that action has been taken in accordance with Circular No. 269, and the Deputy Commissioner for Pensions supplied with copy of Medical Board proceedings.

J. V. Taylor Capt  
Staff Officer for Invalids, 5th Military District.

31/11/1917.

j 1684/16

11. (a) Give your opinion as to the causation of the Disability Septic

(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.)

Septic on service.

12. What is his present condition? Amputation of index finger through base of first phalanx - Wounds healed - Adherent scar on palm of hand. Stiffness & slight limitation of movement of other fingers - One stone below normal weight Weak & debilitated - This easily.

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





DETAILED MEDICAL HISTORY OF AN INVALID.

Station No 8 A.H.H. Yarramouth W.A. Date 2.11.17

1. Regiment or Corps No 2. A.H.S. 2. Regimental No. and Rank Staff nurse

3. Name MCKENZIE, Thomas 4. Age last Birthday 35  
(Surname to be in Block Letters.)

5. (a) Enlisted about Nov. 7. 1915  
(at Perth. W.A.) 6. Former Trade or Occupation Nurse.

(b) If returned from service abroad, date of return to Australia 31.8.17.

Before making out this Report read the following note carefully:—

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Septic finger - Amputation index finger right hand

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on his case, and recorded evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability Aug. 20. 1917

9. Place of Origin of Disability No 2 A.H.S. at sea.

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case Whilst during a septic case picked index finger right hand. Inflammation & suppuration followed. Incisions made in finger & palm of hand on Aug. 22/17. Transferred here on Aug. 31. Index finger amputated Sept. 22 1917.

11. (a) Give your opinion as to the causation of the Disability Septic

(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.) Septic on service.

12. What is his present condition? Amputation of index finger through base of first phalanx. Wounds healed - Adherent scar in palm of hand. Stiffness & slight limitation of movement of other fingers - One stone below normal weight Weak & debilitated - This easily.

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



13. Has the disease been aggravated by—

- (a) Intemperance? no  
or  
(b) Misconduct? no

14. If the disability is a wound or other injury, was it caused—

- (a) In action? no  
(b) On field service? 1/2  
(c) On duty? 1/2  
(d) Off duty? —

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

- If so—(a) When? no  
(b) Where? no  
(c) Opinion no

16. Was any special treatment employed? If so, state what it was

17. Was an operation performed? If so, what?

Yes - incisions in finger & palm of hand  
Left amputation of right

18. If not, was an operation advised and declined?

no

19. In cases of loss or decay of teeth—

- (a) Is the loss of teeth the result of wounds, injury, or disease, directly\* attributable to active service

not applicable

20. Do you recommend him for—

- (a) Discharge as permanently unfit? 1/2  
or  
(b) For change to another State?

W. J. Yates Capt

Medical Officer in Charge of the Case.

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



### Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to ALL 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 authorities of the Military Forces should be in possession of the most reliable information to enable them to decide upon the man's claim to pension or compensation.

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

(iii.) In answering question 23 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. State how far the Board concur with the answers to Questions 7-20—i.e., "in toto," "partially," or "not at all."

If either of the latter, give detail Concur in toto

22. The Board will describe the pathological condition present at time of examination by the Board Loss of index finger (Right) sequel to whellow. Extension adjacent Scar of palm. Limitation of movement of other fingers - 1st one below normal weight - weak & debilitated - This easily

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

active service

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

Infection (whellow) in active service

24. Is the disability permanent?

especially as regards—

(a) Military service?

Yes

(b) Previous occupation?

No

(c) Other occupations?

No

25. If not permanent, what is its probable minimum duration?

(To be stated in months.)

26. To what extent is <sup>or</sup> his capacity for earning a full livelihood in the general labour market lessened at present?

the whole at present

(In defining the extent of his inability to earn a livelihood, estimate it at 1, 2, 3, or total incapacity.)

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

28. Do you recommend <sup>him</sup> for—

(a) Discharge as permanently unfit?

Yes

or

(b) For change to another State?

No

29. General Recommendations:—

(a) Is <sup>he</sup> at present fit for discharge to earn <sup>his</sup> living?

Yes No

(b) Does <sup>he</sup> require further treatment to restore <sup>him</sup> to health?

No

(c) If so, what does the Board recommend?

Discharge as permanently unfit  
Incapacity total for 6 months

(d) Any other Recommendations

(If Board considers case one for compensation or pension the patient may be so informed, so he may make formal application. But he is to be informed at the same time that final decision rests with the War Pensions Board.)

Signatures:—

Station 28894 Fremantle

Date 2 December 1917

Approved—

Station

Date

W. J. Y. Capt  
Remoore

President.

MAJOR PERMANENT MEDICAL

MEMBER BOARD

MAJOR ON MILITARY SERVICE

Members.

H. O. Dorem ST Col  
Director-General Medical Services.



(On leaving Corps or Station where Invalided.)

Transfer or Embarka- tion.	Date _____	Name of _____	Conveyance _____
	Station _____		Vessel _____
	Date _____		Medical _____
	Port _____		Officer _____

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

Re- trans- ferred	Date _____	Medical Officer. _____
	Hospital or Station _____	

(At Station or Hospital where finally disposed of.)

Station and Hospital	<i>No. 8 P. &amp; H.</i>	Arrived from	<i>Ex Nanowana</i>
Date	<i>31/8/17.</i>		

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date: <i>31/8/17</i>	<i>31/8/17</i>	<i>2/11/17</i>	<i>Loss of Index finger R. Hand.</i>	<i>Ref. Sb R. S. 2/11/17.</i>	

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

*Whitlow*  
*Loss of index finger (R.). Adherent scar, & limitation of  
 movement of other fingers - 1st one below normal weight  
 weak & debilitated. Dues easily  
 OKH. Incapable total for six months*

Date of final Medical  
Board, or decision*2 NOV 1917*

APPROVED. PERTH

NOV 2 1917

Principal Medical Officer.

The original Report is invariably to accompany  
the discharge documents of Invalids.How finally  
disposed of } *16. 11. 17.*Date of final  
disposal }Hospital or Station  
transferred to for  
final disposal }Date *31/8/17.*Disability *Loss of index finger  
Right Hand.*Name *Mr. Henry. H.*Regimental No. *—* Rank *1st Class*Corps *No. 2. C. A. H. H.*Station *No. 8. P. & H.*DETAILED MEDICAL HISTORY  
OF INVALID.

A.M.F. Form 99.



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

# MEDICAL HISTORY of

Surname McKenzie Christian Name J.

## TABLE I.—GENERAL TABLE.

Birthplace ... ..

Examined ... .. { on \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_  
at \_\_\_\_\_

Declared Age ... ..

Trade or Occupation ... ..

Height ... .. feet \_\_\_\_\_ inches \_\_\_\_\_

Weight ... .. lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded \_\_\_\_\_ inches \_\_\_\_\_  
Range of Expansion \_\_\_\_\_ inches \_\_\_\_\_

Physical Development and Pulse rate { \_\_\_\_\_

Vaccination Marks { Arm \_\_\_\_\_ Right. \_\_\_\_\_ Left. \_\_\_\_\_  
Number \_\_\_\_\_

When Vaccinated ... ..

Vision ... .. { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease { (a) \_\_\_\_\_

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

Approved by ... (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_ Medical Officer.

---

Enlisted ... .. { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Joined on Enlistment ... { Corps. \_\_\_\_\_ Regtl. No. \_\_\_\_\_  
2 a. H. Ship

Transferred to ... { \_\_\_\_\_

Became non-effective by ... ..  
on \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_







# 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.

Refer to 5024RS DPU

*W. Benson* Captain  
R.M.O. No. 8, A.G.H.

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.

[illegible]

**Table IV.—Service Table.**

[illegible]





AUSTRALIAN

MILITARY FORCES.

# MEDICAL CERTIFICATE.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of

No. 8 Aust. General Hospital at *Fredericton*Date *2/11/17*

No. of Case.	Regiment or Corps.	Squadron, Battery, or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last Birthday.	Service.	Service in the Command.	Admitted into Hospital.	Transferred.			
<i>1105 2 a. H. Ship.</i>				<i>Syn McKenzie</i> <i>F.</i>				<i>31</i>	<i>2</i>		<i>Septic</i>	<i>Refer to SOGARY</i>
								<i>8</i>	<i>11</i>		<i>Hand</i> <i>Loss Rt Index</i> <i>fingers.</i>	<i>D.P.U.</i>
								<i>17</i>	<i>17</i>			

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

*Shedden Capts*

Medical Officer in Charge.

NAA: B2455, MACKENZIE F

National Archives of Australia



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
			Skelton McKinnon	Norman
Year	Unit.		Age.	Service.
1917	2 A H S			
Station and Date.	Disease			
Aug 28th 2 A H S	<p>Septic Fungus</p> <p>History. While dressing a septic case in Ward C she pricked her finger with a safety pen.</p> <p>P.C. Index finger of left hand and adjoining part of palm of hand very inflamed and swollen. A pustule marked the site of puncture on tip of finger. Temperature elevated.</p> <p>Operation. Under anaesthesia finger fixed and the adjoining portion of palm of hand opened and in the wound sheath fully evacuated.</p>			
Aug 31	Was despatched at Freemantle.			
<p>H. S. McKinnon</p> <p>Major RMC</p>				

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



\* Station  
and Date.



WAR PENSION STATEMENT NO. 536 DATED 30/11/17.  
SOUTH AUSTRALIA.  
West

1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed ...
2. Full name and address of person for whom pension was claimed ...
3. Relationship of such person to Member ...
4. Result of Claim ...
5. Name and address of Trustee (if any) ...

McKenzie Florence - Staff Nurse 2nd A.H.S.  
McKenzie Florence - Base Hospital, Fremantle  
Self  
Pension at rate of 63/6 fortnightly granted from 17/11/17



TELEPHONE—CENTRAL 551, 2773.

AUSTRALIAN MILITARY FORCES.—3rd. MILITARY DISTRICT.

PLEASE ADDRESS REPLY  
TO HEAD-QUARTERS,  
3RD MILITARY DISTRICT."

-4-

HEAD-QUARTERS,

A.16/22795

Melbourne, 22nd. June, 1916.

From District Paymaster

To The Officer in Charge,

Base Records Office,

Department of Defence,

MELBOURNE.



The enclosed memo. from O. C., No. 2  
Australian Hospital Ship and copy of Nominal  
Roll of Staff Nurse F. McKenzie are forwarded  
for your information.

Enclosure:-  
Copy of Roll  
&  
Letter.

for District Paymaster  
3rd. Military District.

J. J. Gilligan  
23/6



A.16/22795

22nd. June, 1916.

District Paymaster

The Officer in Charge,

Base Records Office,

Department of Defence,

MELBOURNE.

The enclosed memo. from O. C., No. 2  
Australian Hospital Ship and copy of Nominal  
Roll of Staff Nurse M. McKenzie are forwarded  
for your information.

Enclosure:-  
Copy of Roll  
&  
Letter.

for District Paymaster  
3rd. Military District.



H.M.A.H.S. "K A N O W N A".

28th April 1916.

From O.C. No. 2 Australian Hospital Ship,

To D.P.M.

Victoria Barracks,  
St Kilda Road,  
MELBOURNE.

Enclosed please find copy of Nominal Roll of Staff Nurse F. McKenzie, who was added to the Staff of No. 2 Australian Hospital Ship, at Fremantle on 9th Inst. and embarked on same date. She was originally attached to 1st A.G. Hospital, Egypt.

*W.L. Kirkwood*

.....Major, A.M.C.A.I.F.  
Adjutant. No. 2 Australian Hospital Ship.



H.M.A.H.S. "K A N O W N A".

28th April 1916.

From O.C. No. 2 Australian Hospital Ship.

To. O/i/C. Base Records Office A.I.F.  
Victoria Barracks,  
St Kilda Road.  
Melbourne.

Enclosed please find duly signed copy of Nominal Roll of Staff Nurse F. McKenzie, who was added to the staff of No. 2 Australian Hospital Ship. at Fremantle on 9th Inst. and embarked on the same date. As she was originally attached to 1st. A.G. Hospital Egypt. her Attestation papers are held in Egypt.



*W.L. Kirkwood*  
.....Major, A.M. A.I.F.  
Adjutant No. 2 Australian Hospital Ship.

*S. S. Sullivan*  
*28/6*



H.M.A.H.S. "K A N O W N A".

28th April 1916.

From O.C. No. 2 Australian Hospital Ship.

To. O/1/C. Base Records Office A.I.F.  
Victoria Barracks,  
St Kilda Road.  
Melbourne.

Enclosed please find duly signed copy of Nominal Roll of Staff Nurse F. McKenzie, who was added to the staff of No. 2 Australian Hospital Ship. at Fremantle on 9th Inst. and embarked on the same date. As she was originally attached to 1st A.G. Hospital Egypt. her Attestation papers are held in Egypt.

*W. Z. Kirkwood*  
.....Major, A.M.C.A.I.F.  
Adjutant No. 2 Australian Hospital Ship.



1. Name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed.	McKenzie Florence - Staff Nurse 2nd A.H.S.
2. Full name and address of person for whom pension was claimed.	McKenzie Florence - G.P.O. Perth
3. Relationship of such person to Member	Self
4. Result of Claim ...	Pension reduced to 12/3 fortnightly from 6/6/19
National and address of Trustee (if any)	
NAA: B2455; MACKENZIE F	



**NURSE**  
**S** 220

Mc KENZIE Florence

S/nurse no 1. A. G. L.