

NAA: B2455, MOORE C P

Series number: B2455

Control symbol: MOORE C P

Barcode: 3005667

Number of pages: 30

Title: Moore Charles Percival : SERN 2045 : POB Streaky Bay SA : POE Adelaide SA : NOK M Moore Emma

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AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD

No. B 8520 ²⁰⁴⁵ Name MOORE Charles Percival
 Unit 14TH / 3RD. LIGHT HORSE
 Joined on 18 10 15 Arty Detail

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... Charles Percival Moore
2. In or near what Parish or Town were you born? ... Streaky Bay
 near the Town of Streaky Bay
 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.) ... N.B.
4. What is your age? ... 23 1/2 years
5. What is your trade or calling? ... Farmer
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... no
7. Are you married? ... no
8. Who is your next of kin? (Address to be stated) ... Mother) M Emma Moore
Payneham Streaky Bay
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 Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy? ... 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 the Separation Allowance will be issued to you after embarkation during your term of service?~~ ... yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... yes

Charles Percival Moore 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 + children

Date 14-10-15

C. P. Moore

Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

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

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

PAY TRANSFER CERTIFICATE.

TO BE TAKEN BY PERSON BEING ENLISTED.*

4 1915

A. R. Corpse
Signature of Attesting Officer.

LIEUT.

TO BE TAKEN BY PERSON BEING ENLISTED.*

Perivale Moore swear that I will
well and truly serve our Sovereign Lord the King in the Australian Imperial Force
until the end of the War, and a further period of four
months thereafter unless sooner lawfully discharged, dismissed or removed there-
from; 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.

C. P. Moore
Signature of Person Enlisted.

Taken and subscribed at ADELAIDE in
the State of SOUTH AUSTRALIA

this _____ day _____ of

OCT 4 1915

19, before me—

A. R. Corpse
Signature of Attesting Officer.

LIEUT.

FROM
2nd Depo

Any person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act
the above form must be amended accordingly. All amendments must be initialled by the Attesting Officer.

Description of Charles Percival Moore on Enlistment

Age 23 years 9 months
 Height 5 feet 8 $\frac{3}{4}$ inches
 Weight 153 lbs.
 Chest Measurement 34 $\frac{1}{2}$ inches
 Complexion Fair
 Eyes Blue
 Hair 10 R Brown
 Religious Denomination A.B.

DISTINCTIVE MARKS.

Vio. R. $\frac{6}{6}$ L. $\frac{6}{6}$
 Vacc. 1 h

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 4-10-15.

Place ADELAIDE.

J. B. Corbin } Capt
C. Corbin } same
 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 "E" Coy. 2nd Depot Battalion

Date 18-10-15

Place Exhibition A.I.F.

W. Hancock Lieut. Colonel
 Commanding 2nd Depot Battalion

Statement of Service No. 2048

Name

Moore Charles Percival

Unit in which served	Promotions, Reductions, Casualties, &c.	Period of Service in each Rank		Remarks
		From	To	
E. Company Base Light Horse 14/3 rd Light Horse	Pte	18-10-15	31-10-15	
		1-11-15	15-11-15	
		16-11-15	14-3-16	
14th. REINFTS 3rd L.H.				
Arty Detail Army King Depot	Inv Gnr.	18-3-16	27-9-16	Regd BR 29/9
2 nd D. A. C.	Gunner	28-9-16	27-11-16	Transfer of D. R. C. 63/23
do do	S/Smith	28-11-16	10-12-16	Transferred BR 78/23 App'd BR 79/31
		11-12-16		
10/2/16				
2 D.A.C. (S/Smith) Discharged 4 M.D. TPE 7.10.19 M46/100 AM				

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

W. H. M. M. M.
CAMP COMMANDANT.

CERTIFIED TRUE COPY.

National Archives of Australia

NAA: B2455, MOORE C P

A

178614

ALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD

No. 2045

Name MOORE

Charles Percival

Unit

E. Coy 2nd Depot

14th./3RD. LIGHT HORSE

Joined on 18/10/15

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... Charles Percival Moore
2. In the Parish of ... in or near the Town of Stearns Bay 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.) ... No
4. What is your age? ... 23 1/2 years
5. What is your trade or calling? ... Farmer
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... No
7. Are you married? ... No
8. Who is your next of kin? (Address to be stated) ... Mother, Mrs Anna Moore, Reynelau Stearns Bay, 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 after embarkation during your term of service? ... —
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... Yes

I, Charles Percival Moore 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 OCT 4th 1915

C. P. Moore

Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.
† Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

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

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

Date OCT 4th 1915

A. P. Borpe **LIEUT.**
Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

I, Charles Percival Moore swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from OCT 4th 1915 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.

C. P. Moore
Signature of Person Enlisted.

Taken and subscribed at ADELAIDE. in
the State of SOUTH AUSTRALIA.
this 4th day OCT 1915 of
19, before me—

A. P. Borpe **LIEUT.**
Signature of Attesting Officer.

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

Description of Charles Percival Moore on Enlistment

Age 23 years 9 months
 Height 5 feet 8 $\frac{3}{4}$ inches
 Weight 150 lbs.
 Chest Measurement 34 $\frac{1}{2}$ inches
 Complexion Fair
 Eyes Blue
 Hair Dark Brown
 Religious Denomination R C

DISTINCTIVE MARKS.

No R $\frac{1}{6}$ L $\frac{1}{6}$
None

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 OCT 1 1915

Place ADELAIDE

J. B. Corbin

CAPTAIN

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 2nd Depot

Date 18.10.15

Place Adelaide

McHancock

LT. COL.

BATT. COMMANDANT

Commanding 2nd DEPOT BATTALION A.I.F.

Emb from Aust: 10-2-16

Statement of Service No. 2045

Name

Moore C P

Unit in which served	Promotions, Reductions, Casualties, &c.	Period of Service in each Rank		Remarks
		From	To	
Clayton's 1st Lt. Horse		18.10.15	12.10.15	
Base Lt Horse		1.11.15	15.11.15	
14/3 L. Horse, Milsbam		16.11.15		
TAKEN ON STRENGTH	1st L. H. Reserve Regt	7.3.16		DO 1839 10.4.16 DO 4588 1916
	Sick to Bulford Hospital (Ear Disease) (E.R. 13)	Eng	22-9-16	PT 5/102E 11-11-16
	(A.A.I.D.D.O) Ditto admitted	"	"	" 1/83E 20-1-17
	TAKEN ON STRENGTH of 2nd D.A.C. from A.C.B. Depot (ex. Anty Det)	France	28-11-16	" 40/7047 14/12/16
	(2nd D.A.C. Do)	France	11-12-16	" 42/7151 28/12/16
	Appointed Shoeing Smith (2nd D.A.C. Pt 50)	France	11-12-16	" 42/7151 28/12/16
	Proceeding O/Sea to France (A.A.T.D Pt 50)	England	19-11-16	" 1/79E 20/1/17
	Trans to A.A.I.D from 3rd L. H. (3rd L. H. 90)	England	28-9-16	" 31/522E 18/11/16
	Lost Payment	France	1.6.16	6/4438
2nd D.A.C.	S/Smith			DO 100/882 1919
" 988753 8-7-19	" Returned to Aust per "Kammala" Regt.		1.7.19	LX 6504 A 178614

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

Don't forget to advise any change
of address to—
BASE RECORDS,
MELBOURNE.

AUSTRALIAN IMPERIAL FORCE.

In all communications regimental
number, rank, full name, and unit
of Soldier referred to are to be
stated.

IMS

BASE RECORDS OFFICE,

DEPARTMENT OF DEFENCE.

MELBOURNE. 24th July, 1919.

Dear Madam,

I am in receipt of advice to the effect that **No. 2045 Shoeing Smith C.P.**
Moore 2nd Divisional Ammunition Column is returning to
Australia per transport "**Karmala**" which left **England**
on **1st July, 1919** and will probably arrive in Melbourne about
the **12th August, 1919**. Further information as to the exact date of
arrival and time of disembarkation will be published in the press when
available.

It should be noted, however, that owing to possible mutilations in
the cabled advice, and other causes, this notification may not be correct
pending verification from the roll after the arrival of the troopship.

**Any further inquiries should be made to the Staff Officer Returned
Soldiers, Military Head-quarters, KESWICK S. A**

Yours faithfully,

It is to be understood that the name will
only appear in the Press of the Military
District in which the above-mentioned
enlisted.



J. A. Moore
Major,

Officer in Charge, Base Records.

L. 104/1.19.—C.20085.

PATRIATION
 SAVINGS
 FICATES

12025719
 MELBOURNE

U.S. REPATRIATION
 BUY WAR SAVINGS
 CERTIFICATE

12025719
 MELBOURNE

Mrs. J. Moore,
 PAYNETHAM,
 Stn. Aus.

Arthur J. Macpherson

If not Delivered within 7 Days please return to
 Officer in Charge, Base Records,
 Victoria Barracks, Melbourne.



E.M.

Station KESWICK.

AUSTRALIAN



MILITARY FORCES.

A.M. Form D2.
(For use in Australia.)
Revised 1.10.18.Date 15/8/19

MEDICAL REPORT ON AN INVALID.

1. Number 2045 2. Rank S/Smith. 3. Name MOORE. C.P.
 4. Unit 2. D.A.C. 5. Age 27 yrs. 6. Trade or Occupation Farmer.
 7. Place of Enlistment Adelaide S.A. 7A. Date of Enlistment 4/10/15
 8. Disability in respect of which invaliding is proposed N8 disability

MEDICAL OFFICER'S STATEMENT OF CASE.

(Soldier's own statement must be carefully recorded as such, and signed by him.)

9. Date and place of } N.A. Date of arrival } "KARMALA" 15/8/19
 origin of disability } from overseas }
 10. Date and place where disability first caused man to become a Casualty
 11. Essential facts of Medical History (including causation)

Feels well.

(SIG.) C.P. MOORE.

12. State whether disability was (a) Due to Military Service, (b) Aggravated by Military Service, or (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c. N.A.

13. What is his present condition and progress?

Heart Lungs Urine Scars = Normal.

14. If the disability is an injury, state whether it was caused (a) in action, (b) on field service, (c) on duty, (d) off duty
Not applic..

15. If a Court of Inquiry was held, state place, date, and opinion
 16. Was an operation performed? If so, what?
 17. Was an operation advised and declined?
 18. In the case of loss or decay of teeth—Was it due to, aggravated by, or independent of Military Service?
 19. Give particulars of any other disabilities existing

20. Do you recommend discharge as permanently unfit for general service? Fit for General Service.

E.A. Johnson Maj. H. Brummitt Maj.
 Medical Officer in charge of case.

I, having satisfied myself of the general accuracy of this report, concur therewith, except

CONFIRMED 15/8/19

H.H.E. RUSSELL LT COL.

Officer in charge of Hospital.

Station _____ Date _____

D.1471/1 19. - C.981. - 200M.

DISCHARGE
FORM.**DENTAL RECORD CHART**

(To be filled in by Medical Board prior to discharge.)

Hospital No.	Name.	Rank.	Regimental Number.	Unit.
	Moore C.P.	3/Smith	2045	2908

DENTAL CONDITION ON DISCHARGE.	DENTAL CLASS.
	A.

DATE OF	ADMISSION	EXAMINATION	REMARKS.
		15-8-19	I. B. Campbell

21. State whether the man is able to perform his duties in the military service.

22. Is the present condition of the man such as to enable him to perform his duties in the military service?

23. If not, at what rate and to what degree do you anticipate improvement?

24. To what extent is his working capacity at present affected by his disability? (a) In his pre-enlistment trade or occupation? (b) In the general labour market? (Estimate as a percentage of full capacity.)

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

26. Do the Board recommend discharge as permanently unfit for General Service?

27. If discharge is recommended, it should be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopaedic Institution, (c) Convalescent Home, (d) Asylum, or (e) other institution. State whether further treatment should be an in-patient or an out-patient, and for what period.

28. Is any surgical appliance recommended?

Station..... Signatures..... President.

Date..... Members.

APPROVED.

Station.....

Date..... Director General Medical Services.

Notes by S.O.I. and R.S.

DATE OF DISCHARGE. 7/10/19

ADDRESS. STREAKY BAY.

S.A.

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.

Single copies only need be forwarded to Head-Quarters.

For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

Ent

Date and Station

Result

Signatures

Date and Station

Result

Signatures

OPINION OF MEDICAL BOARD ON FINALIZATION.

NOTE.—Clear and definite 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 Minister for Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim for pension.

21. State whether the disability is clearly (a) Due to Military Service, (b) Aggravated by Military Service, (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c.
22. Is the present degree of disability permanent?
23. If not, at what rate and to what degree do you anticipate improvement?
24. To what extent is his working capacity at present affected by his disability? (a) In his pre-enlistment trade or occupation?
(b) In the general labour market? (Estimate as a percentage of full capacity.)
25. If an operation was advised and declined, was the refusal unreasonable?
26. Do the Board recommend discharge as permanently unfit for General Service?
27. If discharge is recommended, it should be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopaedic Institution, (c) Convalescent Home, (d) Asylum, or (e) other institution. State whether further treatment should be an in-patient or an out-patient, and for what period.
28. Is any surgical appliance recommended?

Station

Signatures

President.

Date

Members.

APPROVED.

Station

Date

Director General Medical Services.

Notes by S.O.I. and R.S.

DATE OF DISCHARGE. 7/10/19

ADDRESS. STREAKY BAY.

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This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.
Single copies only need be forwarded to Head-Quarters.
For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

50

A.I.F.
Army Form B103 Part I.Service and Casualty
Form.

PART I.

200—3/18—12214.

Nothing to be written in this Margin.

(1) PRESENT UNIT	2nd D.A.C.		(2) Regtl. No. 2045
(3) Present Rank	S/Str	(4) SURNAME	MOORE
(5) Decorations		(6) Christian Names.	Charles Percival
Particulars. 23 No 61000			
(7) Date of Enlistment	4/10/15.	(8) Place of Enlistment	Adelaide S. Aust:
(9) Age on Enlistment	23 Years 9 Months	(10) Any subsequent claim as to age after verification of Birth Certificate	Auth. C.R. / /
(11) Birthplace	Sth Aust:	(12) Religion	R.C.
(14) Trade or Calling	Farmer	(13) If Married	No
(16) Date of Embarkation from Australia	10/2/16.	(15) If an Apprentice	No
(18)		(17) Whereabouts of Next of Kin, i.e. Australia or Abroad	Aust:
(19)			
(20)		(21) Special Notification Card No.	
(22)			

A. A. S. D.

Casualty Form-Active Service.

2nd Aust D. A. C.

Regiment or Corps

3rd Light Horse

Regimental No. 2045.

Rank

2nd Lt

Name

Moore, C. General

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

Date 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, Army Form A, 36, or other official documents.
Date	From whom received				
13.3.16	1st L.H.R.R.	Taken on strength 1st L.H.R.R. Helopolis.		8.3.16	B.213. A.P. 6358. 1916
29.5.16	do	Trans to Artlly Details	TelelKebir	15.5.16	AP7942 022/4558 1916
24.9.16	A.O.T.D. Bufford.	To Bufford Hospital. Candeseane.	Eng:	22.9.16	10.0.5/102E. 1916
19 NOV 1916	2nd D.P.C. B213	PROCEEDED OVERSEAS FRANCE	19 NOV	1916	8.6.6693 B213 1916
2.12.16	2nd D.P.C. B213	Taken on strength 2nd D.P.C. en A.C.B.D.	Field	28.11.16	AQ12053 40/7047 1916
24/16	ACB.D. B213	found ACB.D.	Etaper	20.11.16	AQ11576
14/16	2nd D.P.C. B213	appointed S'Smith	Field	11.2.16	AQ12850 10.42/7151 1916
12/16	2nd D.P.C. B213	leave to England	d.	9.10.17	B30/41
24/16	d.	Rejoined from leave	d.	22.10.17	B30/43
		8th With. dist		10.7.18	55/2219/6

(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, 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				
9.11.18	802046	58th Bn U.K. Rejoined from leave		3.11.18	B30/94
2.5.19	do	W.O. with Quota + 14	France	30.4.19	B30/122
6/5/19	Q.S.A.O.	Smith (captured by J. Quota 14)	do	8/5/19	4926/42/44 M. 100807 24/5/19
7/5/19	No. 2 Regt.	Smith (officer in France)	S. Vary	7/5/19	L.A. 5191
	A. 21/210	Returned to Aust 21st port	France	2.7.19	
		Re: Kamalain			

2045. S/Smith. MOORE. C.P. (4). 2/D.A.C.
Retd *Karmala* *14/19* (TPE). Disch. 7/10/19.
BRM. 46/100.

✓
DISEMBARKED *14/5/19*

AND *4*

LIST No. *306*

THIS FLIMSY
TO BE FILED
WITH
SOLDIER'S
RECORD

2045

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname Moore Christian Name Charles Percival

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Breaky Bay County South AustraliaExamined ... { on 4th day of August 1915,
at AdelaideDeclared Age ... 24 years 3/12 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 ... 2 on left.When Vaccinated ... August 1915.Vision ... { R.E.—V= normal
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) R. W. ... Capt.
(Rank) Adams

Medical Officer.

Enlisted ... { at Adelaide
on 4th day of August 1915.

Corps.	Regtl. No.
<u>2nd Light Horse.</u>	<u>2045</u> ✓
<u>D.A.C.</u> ✓	

Became non-effective by ...

on ... day of ... 191 ...

(Signature)

(Rank)

[illegible]

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, 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.

[illegible]

Table IV.—Service Table.

[illegible]

aa 7D.

2045.
Duplicate

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^a to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Moore Christian Name Charles Percival

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Streaky Bay County S. Australia

Examined ... { on 23 9/2 day of 191 .
at

Declared Age ... 23 9/2 years ... days.

Trade or Occupation ... Farmer

Height ... 5 feet, 10 inches.

Weight ... 154 lbs.

Chest { Girth when fully Expanded. 37 inches.
Measurement { Range of Expansion 35 — 37 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number mit

When Vaccinated ... 26th May 1916

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 Cunnamore St Depot Adelaide
on 4th day of October 1916.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>14th Light Horse</u>	<u>2045</u>
Transferred to ...	<u>ant arty training Depot</u>	
	<u>2nd D.A.C.</u>	

Became non-effective by _____
on _____ day of _____ 191 .

(Signature) _____
(Rank) _____



Mr:

List in the case of Warrant Officers treated in quarters.

facts bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, 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

Table IV.—Service Table.

[illegible]

REGISTRATION ALTERATION OR CHANGE OF
ADDRESS OF NEXT OF KIN.

Reg.No. 2045. Rank. 2nd. D. A. G. Unit 2nd. D. A. G.

Name Moore. G. P.

N-O-K. previously registered as (Relationship) _____

Name _____

Address _____

To be now recorded as (Relationship) Mother.

Name Lance Moore.

Full Postal Address Payneham, S.A.

Remarks _____

Signature or Authority 1426/1/24.

"Special notification of casualty" Cards are provided for notification purposes. Legal N-O-K. only can be registered on Attestation Papers. In cases where an alteration of N-O-K. is involved the reason therefore should be stated in Remarks Column.

To be referred to "A" Records Section for recording on card and notification of all concerned.

Entered on Index Card 21-9-74.
Notifications Made ✓

MOORE	Charles Percival (Pte)	2045	3rd L.H.R. 14th Rf
Surname.	Other Names	Regimental No.	Unit.
PURPORT.		4th M.D.	AUTHORITY.
Embarked at Adelaide per H.M.A.T A.69 "Warillda" on 10-2-16			
21/9/16 Adm Bulford Hosp			
28.11.16 Taken on strength of 2nd.D.A.C. from Aust. Gen. Base Depot ex. 4th F.A.B.			
11.12.16 Appointed Shoeing Smith.			
29/9/16 Tfd. to A.A.T.D. from 3rd L.H. Regt (E.R. 5469) (AM)			
19-11-16 Proceeding overseas to France.			
21-9-16 Adm Mil Hos Bulford Ortitis. (states gnr)			
7.3.16. TOS 1st L.H. Tng. Regt. from 14/3rd L.H. (BOC)			
22.9.16. Sick to Bulford Hosp. Ear Disease.			
IB 41/26-16			
BEFO 40/3-16.			
BEFO 42/2-16.			
LON 31/2-16			
LDN 1-4-17			
LDN 1-4-17			
MFO 9/2-16			
LON 5/3-16.			
NAA: B2453, MOORE CP			

National Archives of Australia

Transferred to

D

AUSTRALIAN IMPERIAL FORCE.

No. 2045

Rank Spl Smith Name MOORE. C.P.

Unit 2nd D. A. B.

LIST.

Casualty Relg. to Aust per H.T. "Karmala" embarked 11/7/19 Demobilised C. L.
C.I.B.L. 8535/6334 dtd. Lon. 5/7/19 Rec. B.R. 11/7/19

Returned to Australia per A. Karmala
Disembarked 14.8.19 M.D. List 306 ME



Form B 103 received

DATE.

PURPORT.

24 JUL 1919

N.D.K. Advised returning to Australia. Form.

7.10.19

Discharged 4 M.D. ME

WAR HISTORY INDEX