

SERVICE NUMBER: 710/4397

CITATION: NAA: B2455, FLEMING N R

ITEM ID: 3913622



vuseas) Attestation Paper of Persons Enlisted for Service Abroad. Name Unit Joined on Questions to be put to the Person Enlisting before Attestation. Teming Norman Keid 1. What is your Name? 2. In the Parish of. near the Town of .. 2. In or near what Parish or Town were you born? in the County of ... 3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... ... 4. What is your Age? 5. What is your Trade or Calling? 6. Are you, or have you been, an Apprentice? If so, to whom, and for what period? ... 7. Are you married? ... 8. Who is your next of kin? (Address to be stated) 9. Have you ever been convicted by the Civil Power? REVA ST. MALVERA 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? .... 10. Mo 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 any would reach eight shillings per day? 15. Are you prepared to undergo inoculation against small pox and enteric fever?

Assume Andrew State of the shore answers made Yeins 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 three-fifths

for the support of my wife \* t

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. D.377/11.15.-- 0.15759.

# R

### 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 9/3/16

Signature of Attesting Officer.

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

10 D. L.
3, Norman Reid Flenning swear that I will
well and truly serve our Sovereign Lord the King in the Australian Imposial Force
from 9/3/10 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,
aithfully discharge my duty according to law.

So HELP ME, GOD.

Norman Ry lensing
Signature of Person Enlisted.

Taken and subscribed at Broadwackers
the State of Victoria .

19 16, before me-

Signature of Attesting Officer.

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

21 7	DISTINCTIVE MARKS.	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ns	
Veight // Land lbs.	Vac 3 Right Arm	
Chest Measurement 33 36½ inche	es	
Complexion Jain		
Eyes Grey		
Hair Grown		
Religious Denomination resbederia	<u></u>	
CERTIFICATE OF	MEDICAL EXAMINATION.	
HAVE examined the above-named persollowing conditions, viz. :—	on, and find that he does not present any of the	
narked varicocele with unusually pende	ent testicle inveterate cutaneous disease chronic	
or B.C.; contracted or deformed chest; or physical defect calculated to unfit him for the can see the required distance we	abnormal curvature of spine; or any other disease for the duties of a soldier.  with either eye; his heart and lungs are healthy;	
or B.C.; contracted or deformed chest; or physical defect calculated to unfit him for the can see the required distance we has the free use of his joints and limbs	evidence of having been marked with the letters D. abnormal curvature of spine; or any other disease for the duties of a soldier.	
or B.C.; contracted or deformed chest; or physical defect calculated to unfit him for the can see the required distance we have the free use of his joints and limbs description.  I consider him fit for active service	abnormal curvature of spine; or any other disease for the duties of a soldier.  with either eye; his heart and lungs are healthy; s; and he declares he is not subject to fits of any	
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The can see the required distance we has the free use of his joints and limbs description.  I consider him fit for active service to the can see the required distance we have been complied.  CERTIFICATE OF  I CERTIFY that this Attestation the required forms have been complied.	evidence of having been marked with the letters D. abnormal curvature of spine; or any other disease for the duties of a soldier.  with either eye; his heart and lungs are healthy; s; and he declares he is not subject to fits of any  Signature of Examining Medical Officer Commander of the above-named person is correct, and that d with. I accordingly approve, and appoint him	
or B.C.; contracted or deformed chest; or physical defect calculated to unfit him for the can see the required distance when has the free use of his joints and limbs description.  I consider him fit for active service to the place of the contract of the required forms have been complicated.  I CERTIFY that this Attestation the required forms have been complicated.	evidence of having been marked with the letters D. abnormal curvature of spine; or any other disease for the duties of a soldier.  with either eye; his heart and lungs are healthy; s; and he declares he is not subject to fits of any  Signature of Examining Medical Officer Commander of the above-named person is correct, and that d with. I accordingly approve, and appoint him	
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PURPORT.  Preserved at Melbourne per H.M.A.T. "A 38 Ulysses" on22/12/12  Preserved for Australia at Lucy 29/8/15 for Change    Med. 13d. proceedings   MEFO 14/1/15.  3/5/15. Adm. Homp GSW Lower extremity	FLEMING Surname.	Norman Reid Other Names.	710 Regimental No.	F/14th.Battn.
Emb per Europides for Australia at Lucy 29/8/15 for Change  Med. Bd. proceedings  7.5. MEFO 14/1/15.  19/4/15. Follic Tons. (States C.)  22/4/15. Dis. Lemnos Hosp to rejoin Unit  7.5. MEFO 14/2/15.  29/8/15. Emb. on "Europides" x Suez. 1/10/15. Dis-emb. Melb. (.S.W.Jaw.)		PURPORT.		AUTHORITY.
- T/O/3/6 Billo OH Bullprues & Dueze 1/10/1/9 Distente mello	5mb per Europides for a 3/5/15. Adm. Hosp GSW 19/4/15. Follic Tons.	Lower extremity (States C.)	for bhange   To	16670 43/4 -/5 S. MEFO 14/1/15 MEFO 14/2/15
D.825/2.16.—C.2024.	6/3/16. Rtd. to duty 3		Dis-emb. Melb.	

FLEMING	Norman Reid	4397	11/23/Bn
Surname.	Other Names.	Regimental No.	Unit.
	PURPORT.		AUTHORITY.
	M.A.T. "alwa", 21/3/16.	/	75
/8/16. Jnd. 23rd Bn. AI			BEF0.38/9-16
	Hos. Marseilles N.Y=D. S		" 23/1-16
	th Sect. " " " Not		" 25/3-16
14/6/16. T.O.S. 2nd Aus.		11	10 10 10 10
7/11/16. Sick to Hos. x	Bn. In Fld.	00	" 59/3-16
22/111/6. Rejnd. Unit x H •5.17. KILLED IN ACTION.			. 59/6-16
. J. 17 . AILLED IN ACTION.	France.	A.D.	BEFO 21/1-17

B.R. Form No. 2a.

#### AUSTRALIAN IMPERIAL FORCE.

HM LB

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

#### BASE RECORDS OFFICE,

VICTORIA BARRACKS.

MELBOURNE. 20th November, 1919.

Dear Mades, Forwarded this day, per separate parcels post, is one

containing personal effects of the late No.4397 Private N.P. Fleming, 23rd Battalion, received ex "Barambach" D/S 50179 as per inventory attached. ALL GOODS DESPATCHED FROM THIS OFFICE ARE SECURELY FASTENED AND SEALED. BEFORE OPENING, KINDLY INSURE THE SEALS ARE INTACT AND PACKAGE HAS NOT BEEN TAMPERED WITH. Any discrepancies to be immediately brought to notice, accompanied by the packer's note enclosed in the parcel.

I shall be much obliged if you will kindly let me know whether same (Enclosure.) come safely to hand, by signing and returning the enclosed printed receipt slip. Yours faithfully,

Don't fail to send change of your address to Base Records, Melbourne. D.1378/6.19.—C.8517

Australian Imperial Force. M.B:30.



A.I.F. KIT STORE, IIO. GREYHOUND ROAD, HAMMERSMITH. LONDON, W.6.

Inventory of Effects of - No.4397 Fleming N.R. 23rd Battalion, A.I.F.

Forwarded to - N.O.K. MOTHER:) Mrs L. Fleming, 12, Eva Street, Malvern, Victoria.

Effects obtained from a Kit Bag held in Store.

1 Parcel (sealed) containing:-

1 MilitaryBook, 1 Pr Sand Shoes, 3 Prs Sox.

≥ Barambah №

50179

No. of Package

Checked by

2 Marilon



C.M. Form D. 2. (Revised 1.8.1914.)

AUSTRALIAN MILITARY FORCES.
DETAILED MEDICAL HISTORY OF AN INVALID.
Station Melbourne Boopstal
Date 18.0CT 1915
1. Regiment \ \( \begin{array}{ll} \begin{array} \begin{array}{ll} \begin{array}{ll} \begin{array}{ll} \begin{array}{ll}
3. Name Fleming Norman R. 4. Age last Birthday 22 years.
6. Former Trade or Occupation  at Neelbourne. Transvay Employ ex
at Melbourne. Tramway. Employ ee
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.
7. Disease or Disability Guns Lot wound of lower pair the functation of movement  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. When did the disease or disability originate? Way 1915  9. Where? Gallipoli
10. State the cause clearly and explicitly?
11. What is his present condition? Gerated on By bol Moore last Daturday-week. Still limitation of movement
12. If it is the result of service, to what military condition do you attribute it?  (In answering this question the Medical Officer must be careful to discriminate between disease resulting from military conditions, and disease to which the patient would have been equally liable in civil life.)
13. Is it the result of climate?
10. 15 to the result of children in the state of the stat
D 568/0.15.—0.7025.

6

14.	Has the disease been aggravated by—
	(a) Intemperance ?
	(b) Misconduct?
15.	If the disability is a wound or other injury, was it caused by—
	(a) In action?
	(b) On field service?
	(c) On duty?
16.	Was a court of inquiry held on the injury? If so-
	(a) When? Suly 12th 1915-
	(b) Where? Glymenopals
17.	If the disability is the result of exposure on duty, what was the exposure, and was it exceptional?
	(Enteric Fever, Dysentry, &c., contracted when on service abroad, is to be regarded as caused by military duty.)
18.	Has the disability been aggravated by military service? If so, how?
	Is the disability permanent?
20.	If not permanent, what is its probable minimum duration? at least 3 months (To be stated in months, e.g., "at least six months.")
21.	To what extent is his capacity for earning a livelihood impaired? at-least 3 mo
	(In defining the extent of his inability to earn a livelihood, please estimate at $\frac{1}{4}$ , $\frac{5}{4}$ , or total incapacity.)
22.	Was any special treatment employed?
23.	Was an operation performed?
24.	Was an operation advised and declined?
	(a) Was the refusal unreasonable?

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 ?
26. Do you recommend him for—  (a) Discharge as permanently unfit? Recommend have for
(b) For change to another State? 3 months for treatment.
Howardbane
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.
In which the Board will state how far it concurs in the above report and give
any further particulars it may deem necessary to enable the authorities of the Military Forces of the Commonwealth to come to a just decision on the case.
Minitary Porces of the Commonwealth to come to a just decision of the
The Board concurs partially
Her has a fracture of love faw with deformity
in the state of th
in right side & mability to oppose upper Hour Jaws
the is to be operated on at the Base Hospital to correct
the deformity swe consider he should be escenimed in
2 months to see result of operation
His incapacity is total during treatment at Soopit
Signatures— Luxun President.
2 41
Mus of any land sugger
Members.
Station Melbourne Hospital
Date
CONFIRMED—
Director-General Medical Services,
Station
Date





## MILITARY FORCES.

# DETAILED MEDICAL HISTORY OF AN INVALID.—CONTINUATION FORM.

Regimental No. 710 Rank Pt. Name No W Henry Regt. 14 Batt
Station Melbourne Hospital Date 3.2.16
1. 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 \(\frac{1}{4}\), \(\frac{1}{4}\), or total incapacity.)
2. Do the Board recommend—  (a) Discharge as permanently unfit? Lo.
(b) Change to another State?
General Recommendation: He has had his faw divided and to a certain extent the deforming has been corrected
He can eat well and is able to lite & chew
The Board considers him fit to return
to duty in three weeks
La Cusinda President.
François Wayland huyer Members District Standing Medical
A 11 Highlians; Board.
Station Melbourne Stospital Date 22.2.16.
1. 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 \(\frac{1}{4}\), \(\frac{1}{4}\), or total incapacity.)  2. Do the Board recommend—
(a) Discharge as permanently unfit?
(b) Change to another State?  General Recommendation: _ Hu is now able to chew thite biscuits
ment and all hard tack
to duly
Jo Cousen President.
Members District Standing Medical Board.
D.673/10.15,-C.12106.



