



NEW ZEALAND DEFENCE FORCE
PERSONNEL RECORDS

PRESERVED BY ARCHIVES NEW ZEALAND

Record Title: Thomas Uppadine COOK

Archives Reference: AABK 18805 W5515 0001155

THIS DIGITAL SURROGATE WAS PRODUCED BY ARCHIVES NEW ZEALAND ON
Thursday, 2 October 2008

Reinforcement :

HISTORY-SHEET.

[E.F. Form No. 3A.

Unit.	Rank.	Surname.	Christian Name.	No.
Records	Pte	COOK	THOMAS UPPADINE	13/677 SA 5060

Occupation : Settler	Religion :	Last New Zealand address :
Last employer : Self.	C OF E 11.9.76	124 Austin Street Wellington

Name, relationship, and address of next-of-kin (if not resident in New Zealand, insert also name and address of nearest relative in New Zealand) :

Mrs T.U.Cook (Wife)
124 Austin Street
Wellington

Service ...	Country or Troopship.	Date from	Date to	Total.		Initials of Officer making Entry.	Home Service.	
				Years.	Days.		Years.	Days.
...	N.Z.							
							Foreign Service :	
							Total Service :	

Wounds ...	CABLE.		Where Soldier located.	Message and Remarks.
	No.	Date.		
...				

Killed in action ...

Died of wounds*
sickness*

Missing ...

Prisoner ...

Injuries in or by the Service ...

Discharge ...

Provisional : _____ (Date.)

Final : _____ (Date.)

Intended address : _____

Pension ...

* Strike out words not required.

STATEMENT of the SERVICES of

COOK

THOMAS UPPADINE

SA. 5060

No. 13/677

(Surname.)

(Christian Name.)

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Date.	Authority for Entry.
<i>Records</i>	<i>Transferred from Home Is.</i>		<i>14.8.17</i>	
<i>Records</i>	<i>Rested to</i>	<i>Pte</i>	<i>148</i>	<i>R.O. 965</i>
<i>amendment Home Is. Is. to Details to Records.</i>		<i>"</i>	<i>14/8/17</i>	<i>B/O 966</i>
<i>Details</i>	<i>Transferred to Details</i>	<i>"</i>	<i>14/11/17</i>	<i>R.O 1035.</i>
	<i>Leave Without Pay</i>	<i>"</i>	<i>30.1.18</i>	<i>T.R.O. 1105</i>
				<i>District Medical Board.</i>

CONDUCT-SHEET.

Regiment or Corps	Place.	Date.	Offence.	Punishment.	Authority for Entry.

Special instances of gallant or meritorious conduct :

Medals and Decorations	Name of Medal.	Clasps.	Date of Grant.

PARTICULARS OF MARRIAGE.

Wife's Maiden Name (in full).	Place of Marriage.	Date.	Officiating Clergyman or Registrar.
<i>Alethea Barbara Stevenson (S)</i>	<i>Wellington</i>	<i>10/4/04</i> 14.05	<i>Rev Handover</i>

PARTICULARS OF CHILDREN.

Christian Names.	Date of Birth and Age.	Where born.	Where registered.
<i>Arthur Thomas</i>	<i>7/2/08.</i>	<i>Takapu</i>	<i>Wellington</i>
<i>George</i>	<i>4/9/11</i>	<i>Taumarunui</i>	<i>Taumarunui</i>
<i>Alethea</i>	<i>22/9/09</i>	<i>Ohakune</i>	<i>Ohakune</i>
<i>Donald</i>	<i>18/10/15</i>	<i>Wellington</i>	<i>Wellington</i>



Cook Thomas Mppadine

12/677

NEW ZEALAND EXPEDITIONARY FORCE.

ATTESTATION FOR GENERAL SERVICE. *Details*

QUESTIONS TO BE PUT TO THE RECRUIT.

1. What is your name? 1. _____
2. Where were you born? 2. _____
3. Are you a British subject? 3. _____
4. What is the date of your birth? 4. _____
5. What are the names of your parents? 5. { Father: _____
Mother: _____
6. Where were your parents born? 6. { Father: _____
Mother: _____
7. If your parents are of alien origin, when and where were they naturalized? 7. { Father: (when) _____ (where) _____
Mother: (when) _____ (where) _____
8. How long have you been resident in New Zealand? 8. _____
9. How long have your parents been resident in New Zealand? ... 9. { Father: _____
Mother: _____
10. What is your trade or calling? 10. _____
11. Are you an indentured apprentice? If so, where, and to whom? 11. _____
12. What was the address at which you last resided? 12. _____
13. Have you passed the Fourth Educational Standard or its equivalent? 13. _____
14. What is the name and address of your present or last employer? 14. _____
15. Are you single, married, widower, divorced, or legally separated from your wife? 15. _____
16. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you? 16. _____
17. If single, how many persons are absolutely dependent on you? 17. _____
18. Have you ever been sentenced to imprisonment by the Civil power? If so, when and where? 18. _____
19. Do you now belong to any Military or Naval Force? If so, to what corps? 19. _____
20. Have you ever served in any Military or Naval Force? If so, state which and cause of discharge. 20. _____
21. Have you truly stated the whole (if any) of your previous service? 21. _____
22. Have you ever been medically examined for service with the New Zealand Expeditionary Force? If so, when and where? 22. _____
23. Have you been registered for compulsory military training under the Defence Act, 1909? If so, where? 23. _____
24. Have you ever been rejected as unfit for the Military or Naval Forces of the Crown? If so, on what grounds? 24. _____

~~DATE~~
8 FEB 1918
E.M.

I, _____, do solemnly declare that the above answers made by me to the above questions are true.

Signature of Recruit: _____

Signature of Witness: _____

Certificate of Attesting Officer.

The above questions were read to the above-named recruit in my presence. I have taken care that he understands these questions, and that his answer to each question has been duly entered. The said recruit has made and signed the above declaration before me, at _____, N.Z., on this _____ day of _____, 191

Signature of Attesting Officer: _____

Apparent age: 38 years _____ months.
 (To be determined according to the instructions given in the Regulations for Army Medical Service.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height: 5 feet 8 1/2 inches.

Weight: 9 1/2 lb.

Chest-measurement: { Minimum, 32 inches.
 Maximum, 35 1/2 inches.

Complexion: Dark

Colour of eyes: Dark

Colour of hair: Dark

Religious profession: S. of G.

Medical Examination.

Sight: Right eye, <u>normal</u>	Is he free from hernia? <u>yes</u>
" Left eye, <u>normal</u>	Is he free from varicocele? <u>yes</u>
Hearing: Right ear, <u>good</u>	Is he free from varicose veins? <u>yes</u>
" Left ear, <u>good</u>	Is he free from hæmorrhoids? <u>yes</u>
Colour-vision: <u>normal</u>	Is he free from inveterate or contagious skin-disease? <u>yes</u>
Are his limbs well formed? <u>yes</u>	Is there a distinct mark of vaccination? <u>yes</u>
Are the movements of all his joints full and perfect? <u>yes</u>	Is he in good bodily and mental health and free from any physical defect likely to interfere with the efficient performance of his duties? <u>yes</u>
Is his chest well formed? <u>yes</u>	Are there any slight defects, but not sufficient to cause rejection? <u>no, with exception of teeth</u>
Is his heart normal? <u>yes</u>	Have you ever had a fit? _____
Are his lungs normal? <u>yes</u>	
What is the condition of the teeth? <u>bad</u>	
Have you had any illnesses? _____	

Remarks.

Excellent with exception of teeth which he intends getting suited

Certificate of Medical Examination.

I HAVE examined this recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

I consider him ^{fit} _{unfit} for service in the New Zealand Expeditionary Force in and beyond New Zealand.

Oct 12th, 1914.

Sgd S.M. Smith, Medical Officer.

Address: _____

This form must only be used in dealing with a Returned Soldier

The Board will consist of two members. The President should be an officer of the New Zealand Medical Corps, and the member also if possible. The President of the Board has the power to call in the advice of a specialist if it is required.



PROCEEDINGS OF A MEDICAL BOARD

Assembled at ... on the ... 191... by the order of the Commandant N.Z. Military Forces, for the purpose of examining and reporting upon the present state of health of—

No. ... Rank: ... Name: ... Unit: ... Address: ...

13/677 COOK Thomas Uppadine

President: ... Members: ...

1. The Board, having assembled pursuant to order, proceed to examine the above-named soldier, and find that he has been suffering from:—

Disability. Careful consideration to be paid to this.

- (a.) Original disability ... Rheumatic fever
(b.) Was the original disability, in the opinion of the Board, due to causes existing prior to enlistment? ... ho
(a) Hereditary ...
(b) Acquired ...
(c.) Specific cause ... unknown
(d.) Consequent disabilities ... Para-swellings of joints

Progress. Report fully.

2. Progress ... Improving

Medical Papers.

3. Copies of previous Medical Board reports have been submitted:—

Rule out reports which have not been submitted.

- (a.) Overseas. (b.) New Zealand Board. (c.) Army Form B-103. (d.) Report of medical officer of hospital where soldier has been undergoing treatment.

Negligence.

Answer "Yes" or "No" to each question.

4. Is it the opinion of the Board that the soldier—

- (a.) Is suffering from disease contracted by his own actions? ... ho
(b.) Having previously been passed as fit for sick-leave now requires further treatment by reason of his own actions or neglect? ... ho
(c.) Is by neglect or his mode of life in any way impeding his recovery? ... ho

If answer in affirmative, specify cause

Active Service.

Answer should be "Permanently," or period of months or weeks.

5. Is the soldier fit for Active Service? ... ho
6. If not fit, how long is disability likely to be continued? ... Permanently

Territorial Service.

7. Is the soldier fit for (i) Territorial Service? ...
(ii) Home Service? ...

Civil Employment.

Answer "Yes" or "No" to each question.

8. If not fit, how long is disability likely to be continued? ...
9. Is the soldier fit for civil employment? Specify if confined to light duties or sedentary work ...
10. If not fit, how long is disability likely to be continued? ... 3 weeks

11. Was the disability contracted in the service? ... Yes

12. Was it caused by military duty? ... ho

13. If disability is not contracted in service nor caused by military duties, was it aggravated by them? ...

14. If replies to 11, 12, and 13 are all in the negative, give reasons for so finding ...

15. Was it contracted under circumstances over which he had no control? ... *Yes*

Recommendation must never be made under more than one heading in p. 16, 17, 18, 19. Name of hospital, etc., to be filled in.

16. The Board recommends that the soldier receives further treatment—

- (a.) As an IN-PATIENT of HOSPITAL at ... *Levensham*
- (b.) As HOSPITAL OUT-PATIENT at ...
- (c.) IN CONVALESCENT HOME at ...
- (d.) Under PRIVATE ARRANGEMENTS at own request at ...

Sick-leave. 17. The Board recommends that the soldier be granted sick-leave for (period not to exceed twenty-eight days) ...

Return to Duty. 18. The Board recommends that the soldier returns to duty ...

NOTE.—All officers when fit for duty will report to Adjutant-General, Buckle Street, Wellington.

Discharge. 19. The Board recommends that the soldier be discharged from the Expeditionary Force. *Yes*

NOTE.—Twenty-one days leave will be granted by the Defence Department representatives attending the Board if recommendation 18 or 19 is made, provided the good conduct of the soldier entitles him to receive it. In doubtful cases it must be withheld awaiting instructions from Base Records.

Treatment subsequent to discharge. 19A. The Board further recommends that subsequent to his discharge the soldier receive further treatment under the care of the Public Health Department—

- (1.) As an in-patient of Hospital or Sanatorium at ...
- (2.) As an out-patient of Hospital at ...
- (3.) In Convalescent Home at ...

Should only be used in the case of a soldier requiring further treatment after his discharge.

Pension. **PENSION.** (Questions 20, 21, 22, and 23 will be answered only in case of discharge.)

20. Does the Board recommend that the soldier be considered for a pension? ... *Yes*

If no pension recommended, briefly state the reason ...

Answer to 21 must be one of the following— (a.) Not lessened; (b.) "Quarter"; (c.) "Half"; (d.) "Three-quarters"; (e.) "Total incapacity." 21. In the opinion of the Board the soldier's capacity for earning a full livelihood in the general labour market is lessened at present by ... *Half*

22. The Board is of the opinion that the disability will continue in the degree noted—

- (a.) Permanently ...
- (b.) For an estimated period of *6* months, when the scale of pension (if granted) should come up for revision ...

Answer one of questions (a) and (b) only. Rule out what not required.

23. Does the Board consider the soldier requires the services of an attendant? ...

- (a.) Permanently ... *No*
- (b.) For an estimated period of (months) ...
- (c.) Reasons for this recommendation, and nature of attendant required ...

Questions (a), (b), (c) will not be answered unless an attendant is required.

Levensham
24th Jan 1918

W.R. Johnston President.
W. Johnston Capt. Members.

Approved.

_____, for Surgeon-General,
Director-General of Medical Services.

Place: WELLINGTON.

Date:

MILITARY HISTORY SHEET.

No. 13/677. Name: J. W. Cook

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...						
2. Certificates ...						
3. Passed classes of instruction† † This includes any authorized class of instruction.						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
	Name of Medal.	Clasps.	Date of Grant.			
8. Medals and decorations						
9. Injuries in or by the Service						
10. Name and address of next-of-kin	(Father) G. Cook, Kouturu, Hokiangra, New Zealand.					
11. Particulars as to Marriage.	(a.) Christian and Surname of Woman to whom married, and whether Spinster or Widow. (b.) Place and Date of Marriage. (c.) Name of Officiating Minister or Registrar.					
	(a.)	(b.)	(c.)			
	Stevenson, Alithia Barbara Gertrude Spinster.	Wellington about 7 years ago.	Rev. Handover, Ch. of England.			
12. Particulars as to Children.	Christian Names.		Date and Place of Birth.		Where registered.	
	Arthur		Feb. 1907 Zaihake		Zaihake	
	Alithia		Aug. 1909 Ohakune		Ohakune.	
George		Oct. 1911 Taumaramu		Taumaramu		

Battalion

NOTE.—These entries are to be made from time to time as they occur, and initialed by the officer making the entry.

Intended place of residence on discharge: Wellington

STATEMENT OF THE SERVICES OF No.

NAME: *Leok. J. M.*

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries.
<i>Arch. Intid Rifls</i>		<i>Trooper</i>	<i>23/6/14</i>	

**NEW FILE
BEGINS**



396

NAME: COOK, Thomas Uppadine.
ADDRESS: FOXTON

Record No. D.


Date of Letter:

22032

SUBJECT: ATTESTATION (VOLUNTARY)

1st NZEF	Army No 13/677
2nd NZEF	
RF-TF	
SA.	5060

DEPARTMENT OF DEFENCE.

REFERRED TO	DATE	REFERRED TO	DATE	REFERRED TO	DATE
DEPARTMENT OF VOLUNTEER FILES ACTION COMPLETE 13 MAR 1919 13 MAR 1919					
DEPARTMENT OF DEFENCE A. 20 H. 20 W. 20 R. 20 C.B. 20 O. 20					
FOR AUTHORITY TO PA					
					

X
y

SOUTH AFRICAN WAR.

Name: Cook, Thomas. W.

Rank: Private No 5060

S.A.

3298

Contingents: 8th N.Z.M.R.

REFERENCE PAPERS.

(For use of Central Registry only.)

File No. **D.**

Subject:

Ist NZEF	Army No
2nd NZEF	
RF - TF	
S.A.	5060

TRANSIT.

Referred to.	Date.	Initials.	Referred to.	Date.	Initials.

MEDICAL HISTORY

Surname: Cook.

OR

Christian Name: Uhpadiine Cook.

Examined: { On <u>12th</u> day of <u>Oct</u> , 191 <u>4</u> .	Approved by <u>S. M. Smith (Signed)</u> Medical Officer,
At _____	
Birthplace: { Town, <u>Fenton</u>	
{ Country, <u>N.Z.</u>	
Declared age: <u>38.</u>	
Trade or occupation: <u>Settler</u>	Examined for re-engagement: _____ day of _____, 191
Height: <u>5</u> ft., <u>9½</u> in.	* Considered: _____
Weight: <u>95</u> lb.	_____
Chest-measurement: { Minimum, <u>32</u> in.	Medical Officer, _____
{ Maximum expansion, <u>35½</u> in.	* If unfit, state disability.
Physical development _____	
Small-pox marks: _____	Re-vaccinated on _____ day of _____, 191
Vaccination marks: { Arm, _____	Arm: _____ Number: _____
{ Number, _____	Result: _____
When vaccinated: _____	_____
Marks indicating congenital peculiarities or previous disease: _____ _____	Medical Officer, _____

Enlisted on 3rd day of Nov., 1914, at Trentham.

	Corps.	Regimental No.	Date.
Joined on enlistment		<u>13/577.</u>	
Transferred to			

PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Services on the man becoming non-effective, the date and cause being stated at the foot of next page.



NEW ZEALAND.

EIGHTH CONTINGENT FOR SERVICE IN SOUTH AFRICA. (IMPERIAL.)

ATTESTATION FORM FOR VOLUNTEERS TO SERVE WITH IMPERIAL TROOPS IN SOUTH AFRICA.

Regimental No. 5060 Battalion: North Island Company: "D" A.

Horse: _____ Rifle: _____

Name in full: Thomas Uppadine Cook.

Volunteer corps or district from which drafted: Wellington

Rank and length of service in such corps: _____

Contingent service.—Reg. No. _____ Rank: _____ Contingent: _____ Company: _____

Address: Boxton, Wellington

Trade or calling: Sheep Farmer.

Name and address of employer: _____

Age: 26 years 3 months. Height: 5 feet 10 inches.

Chest-measurement: 37 inches. Weight: 10 st. 6 lb.

Religion: Church of England

Next-of-kin (name in full and relationship): Alfred Fraser

Thomas name is long Cook
but has no permanent address uncle.

Address: Boxton, Wellington

I, THE above-named Thomas Uppadine Cook
do sincerely promise and swear that I will be faithful and bear true allegiance to His
Majesty King Edward VII., and that I will faithfully serve in the Imperial Auxiliary
Forces until I shall be lawfully discharged.

Witness my hand.

Signature of Volunteer: Thomas Uppadine Cook

Witness present: Robt. S. Latta

Sworn before me, at Grentham, this 5th day of January
one thousand nine hundred and two.

E. Porttitt Capt

Signature of Attesting Officer.

* If next-of-kin resides out of New Zealand, a friend's address in New Zealand to be given.

C.O.F./03 $\frac{B}{3378}$

hesobo Y.V. Cook's

Address.

Koputaran, Mananala Pine

R. 15

294 | 22.2.00.

not entitled to extra classes

C.O.F. / 03 B
3378

Koputaroa
Manawatu Line

6th July 1906

Under Secretary for Defence
Wellington

Dear Sir

I see by the evening
post that clasps have arrived
if so kindly forward mine here.

I was in A Squadron
of the 8th Contingent
My Number was 5060

I remain
Yours truly
J. M. Cook

Attached to enter a receipt.
LVB
11 450

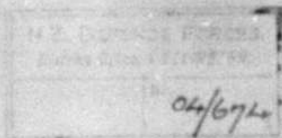
C.O.F/03

3278

I, T. V. Cook

hereby acknowledge to have received from the Commandant of the New Zealand Defence Forces an Imperial South African War medal, awarded to me for service in South Africa, also clasps for

S. Africa 1902 & Transvaal



Rank of Recipient: Private

Regimental No.: 8060

No. of Contingent: 8th

Signature of Recipient: Thomas Alfedine Cook

Witness: M. Johnson

Dated at Koputaroa, this 14th

day of April, 1904

(S. 2063/1903-1904)

Chief Staff Officer

Forwarded

E. J. Joyce Capt
Dist Adjut
for D.C. Dist

13.4.04.

This form must only be used in dealing with a Returned Soldier.

The Board must consist of two members. The President should be an officer of the New Zealand Medical Corps, and the member vice if possible. The President of the Board has the power to call in the advice of a specialist if it is required.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at

Penkham

on the

24th June 1918

by the order of the Commandant N.Z. Military Forces, for the purpose of examining and reporting upon the present state of health of—

No. *78* Rank: *Pte* Name *J. Cook J. L.*

Unit: *78 Staff* Address: *Penkham*

Capt. [Signature] President.

Capt. Roberts Members.

1. The Board, having assembled pursuant to order, proceed to examine the above-named soldier, and find that he has been suffering from—

(a.) Original disability

Rheumatic fever.

(b.) Was the original disability, in the opinion of the Board, due to any cause existing prior to enlistment?

No

(i) Hereditary

(ii) Acquired

Unknown

(c.) Specific cause

(d.) Consequent disability

Pain & swelling of joints

Improving.

2. Progress

Disability. Consideration to be paid to this.

Progress Report only.

Medical Papers.

Have all reports which have not been submitted.

Regiment. Answer "Yes" or "No" to each question.

Active Service. Answer "Yes" or "No" to each question.

Territorial Service.

Civil Employment. Answer "Yes" or "No" to each question.

3. Copies of previous Medical Board reports have been submitted:

(a.) *None* (b.) *None* (c.) *None* (d.) *None*

4. Is it the opinion of the Board that the soldier—

(a.) Is suffering from disease contracted by his own negligence?

No

(b.) Having previously been passed as fit for work, has he now required further treatment by reason of his own negligence or neglect?

No

(c.) Is by neglect of his trade or other occupation impeding his recovery?

No

If answer in affirmative, specify cause

5. Is the soldier fit for Active Service?

No

6. If not fit, how long is disability likely to be continued?

Permanently

7. Is the soldier fit for Territorial Service?

Yes (under as present)

8. If not fit, how long is disability likely to be continued?

Not at present

9. Is the soldier fit for civil employment?

3 weeks

10. If not fit, how long is disability likely to be continued?

Yes

11. Was the disability contracted in the service?

No

12. Was it caused by military duty?

13. If disability is not caused by military duty, was it aggravated by military duty? was it aggravated by other causes?

14. replies to 11, 19, and 18 are all in the negative, give reasons for all findings.

15. Was it under a set order circumstances over which he had no control?

Yes
Lentham

Recommendation
The Board
has recommended
that the soldier be
discharged from
service on the ground
of insanity on the
18. 12. 1918
and that he be
admitted to the
Civil Hospital at
Wellington.

16. The Board recommends that the soldier be discharged from service on the ground of insanity on the 18. 12. 1918 and that he be admitted to the Civil Hospital at Wellington.

17. As an inpatient of the Civil Hospital at Wellington.

18. As an inpatient of the Civil Hospital at Wellington.

19. As an inpatient of the Civil Hospital at Wellington.

20. Does the Board recommend that the soldier be discharged from service on the ground of insanity on the 18. 12. 1918 and that he be admitted to the Civil Hospital at Wellington?

C2
(Discharge after treatment in Hospital).

21. In the opinion of the Board is the soldier a capable person for carrying out the duties of a soldier?

22. The Board is of the opinion that the disability will continue in the degree stated:

(a) Permanently

(b) For an estimated period of 6 months, when the scale of pension (if granted) should come up for revision.

23. Does the Board consider the soldier requires the services of an attendant?

(a) Permanently

(b) For an estimated period of (months)

(c) None, or for this reason, nature and nature of attendant required.

Yes

Yes

Half

No

Signature
Name
Rank
Regiment
Service No.
Date
Place

~~16. The Board recommends that the soldier be discharged from service on the ground of insanity on the 18. 12. 1918 and that he be admitted to the Civil Hospital at Wellington.~~
~~17. As an inpatient of the Civil Hospital at Wellington.~~
~~18. As an inpatient of the Civil Hospital at Wellington.~~
~~19. As an inpatient of the Civil Hospital at Wellington.~~
~~20. Does the Board recommend that the soldier be discharged from service on the ground of insanity on the 18. 12. 1918 and that he be admitted to the Civil Hospital at Wellington?~~
~~21. In the opinion of the Board is the soldier a capable person for carrying out the duties of a soldier?~~
~~22. The Board is of the opinion that the disability will continue in the degree stated:~~
~~(a) Permanently~~
~~(b) For an estimated period of 6 months, when the scale of pension (if granted) should come up for revision.~~
~~23. Does the Board consider the soldier requires the services of an attendant?~~
~~(a) Permanently~~
~~(b) For an estimated period of (months)~~
~~(c) None, or for this reason, nature and nature of attendant required.~~

Medical Hut

Trinity

24 JAN 1918

J.P. Johnston
Johnston Capt

Members

Approved,

Place: WELLINGTON.

for Surgeon-General,
Director-General of Medical Services.

CONFIDENTIAL

This Board is assembled by the Officer Commanding District concerned, under instructions from the Director of Base Records, to which the Medical Officer in charge of the patient or hospital should communicate when he wishes the Board assembled.

The Board should ordinarily consist of three members, but should they not be available two will be sufficient. The President should be an officer of the New Zealand Medical Corps, and the member or members also if possible.

The President of the Board has the power to call in the advice of a specialist if it is required.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at Wellington, on the 5-12-1917
by the order of the Director of Base Records, for the purpose of examining and reporting upon the present state of health of—

No 13/677, Rank: Plt Name: Cook J. E.

Unit: Trunkham H.Q. Staff President: Colonel Collier

Members: Col Elliott

1. The Board, having assembled pursuant to order, proceed to examine the above-named soldier, and find that he has been suffering from:—

- (a.) Original disability ...
(1) Hereditary
(2) Acquired
(b.) Was the original disability, in the opinion of the Board, due to causes existing prior to enlistment? ...
(c.) Specific cause ...

(d.) Consequent disabilities ...

2. Progress ...

3. Copies of previous Medical Board reports have been submitted:—

- (a.) Overseas. (b.) New Zealand Board. (c.) Army Form B. 103. (d.) Report of medical officer of hospital where soldier has been undergoing treatment.

4. Is it the opinion of the Board that the soldier—

- (a.) Is suffering from disease contracted by his own actions? ...
(b.) Having previously been passed as fit for sick-leave now requires further treatment by reason of his own actions or neglect? ...
(c.) Is by neglect or his mode of life in any way impeding his recovery? ...

5. Is the soldier fit for Active Service? ...

6. If not fit, how long is disability likely to be continued? ...

7. Is the soldier fit for Territorial Service? ...

8. If not fit, how long is disability likely to be continued? ...

9. Is the soldier fit for Civil Employment? ...

10. If not fit, how long is disability likely to be continued? ...

11. Was the disability contracted in the service? ...

12. Was it caused by military duty? ...

13. If disability is not contracted in service nor caused by military duties, was it aggravated by them? ...

(D. 44/193.)

Disability.
Careful consideration to be paid to this.

Progress.
Report fully.

Medical Papers.

Rule out reports which have not been submitted.

Negligence.

Answer "Yes" or "No" to each question.

Active Service.

Answer should be "Permanently," or period of months or weeks.

Territorial Service.

Civil Employment.

Answer "Yes" or "No" to each question.

Rheumatism first contracted on 5th Oct 1917 on weekend leave from Trunkham Camp

Rigors have followed & stiff & painful. Ankle & hips painful. Improvement slow.

No

No

No

Not applicable

Cannot say

Not applicable

Cannot say

Yes

Yes

Yes

Yes

2

on En~~listment~~ment.

Description of *Thomas Upstone Cook*

Apparent age: 38 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Service.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height: 5 feet 8½ inches

Weight: 96 lb.

Chest measurement: { Minimum, 32 inches
Maximum, 35½ inches

Complexion: Dunk

Colour of eyes: Dunk

Colour of Hair: Dunk

Religious profession: Church of England

Medical Examination.

Sight: Right eye, Normal

" Left eye, Normal

Hearing: Right ear, Good

" Left ear, Good

Colour vision: Normal

Are his limbs well formed? Yes

Are the movements of all his joints full and perfect? Yes

Is his chest well formed? Yes

Is his heart normal? Yes

Are his lungs normal? Yes

What is the condition of his teeth? bad

Is he free from hernia? Yes

Is he free from varicocoe? Yes

Is he free from varicose veins? Yes

Is he free from haemorrhoids? Yes

Is he free from inveterate or contagious skin-disease? No

Is there a distinct mark of vaccination? No

Is he in good bodily and mental health and free from any physical defect likely to interfere with the efficient performance of his duties? Yes

Are there any slight defects, but not sufficient to cause rejection? No: with exception of teeth.

Remarks.

Excellent. with exception of teeth. which he intends getting treated

Certificate of Medical Examination.

I have examined the above-named, and find he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

I consider him fit for service in the New Zealand Expeditionary Force.

Feb 12 1914

S. M. Smith, Medical Officer.

MILITARY HISTORY SHEET.

No. 13/677. Name: J. W. Cook

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...						
2. Certificates ...						
3. Passed classes of instruction† † This includes any authorized class of instruction.						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
	Name of Medal.	Class.	Date of Grant.			
8. Medals and decorations						
9. Injuries in or by the Service						
10. Name and address of next-of-kin	(Father) G. Cook, Kontu, Hokianga, New Zealand.					
11. Particulars as to Marriage.	(a.) Christian and Surname of Woman to whom married, and whether Spinster or Widow.					
	(b.) Place and Date of Marriage.					
	(c.) Name of Officiating Minister or Registrar.					
	(a.)	(b.)	(c.)			
	Stevenson, Alithia Barbara Gertrude Hirst.	Wellington about 7 years ago.	Rev. Hamner, Abt. of England.			
12. Particulars as to Children	Christian Names.		Date and Place of Birth.		Where registered.	
	Arthur		Feb. 1907 Taihoro		Taihoro	
	Alithia		Aug. 1909 Whakarewa		Whakarewa.	
George		Oct. 1911 Tauramoni		Tauramoni		

NOTE.—These entries are to be made from time to time as they occur, and initialed by the officer making the entry.

Intended place of residence on discharge: Wellington.

STATEMENT OF THE SERVICES OF No.

NAME:

Hooker, J. M.

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries.
<i>Arch. Inted Rifle</i>		<i>Trooper</i>	<i>23/0/14</i>	

C.O.F./03-^B
3578

5760

NEW ZEALAND EIGHTH S.A. CONTINGENT.

PRELIMINARY MEDICAL EXAMINATION.

REPORT of Dr. Collins, of Wellington, on the Medical Examination
of Mr. T. H. Cook, of Wellington, a Candidate for Enrolment
in the New Zealand Eighth African Contingent.

1. Name in full	Thomas Augustine Cook
2. Has the applicant had any previous service with New Zealand contingents or irregular forces in South Africa? If so, cause of returning. If invalided, state cause or disease	No
3. Length of service, if any, in South Africa	None
4. Whether he ever suffered from malaria or enteric in South Africa; and, if so, have twelve months elapsed since convalescent?	No
5. Age	26
6. Does he look older or younger than stated age?	Looks yes
7. Is he in good mental and bodily health, and free from any physical defect likely to interfere with the efficient performance of his duties?	Yes
8. Actual height in stocking feet	5-8
9. Is his chest girth 35 in. on full inspiration? (Full measurements to be given.)	38
10. Is he able to read according to Snellen's test-types, D = 6 at six metres, with each eye separately and without glasses or other assistance?	Yes D = 4 in both eyes
11. Is he able to read D = 0.6 at any distance he may select, with each eye separately and without glasses or other assistance?	Yes
12. Has he any manifest hypermetropia? If so, how much?	No
13. Is his colour-vision perfect according to Holmgren's wool-test?	Yes

14. Has he any squint or other obvious defect of eye?

No

15. Colour of eyes

Brown

16. Complexion

Dark

17. Colour of hair

Dark Brown

18. Is his hearing perfect in each ear, tested separately?

Yes

19. Is his speech without impediment?

Yes

20. Is his chest well formed?

Yes

21. Is his heart normal?

Yes

22. Are his lungs normal?

Yes

23. Is he free from hernia?

Yes

24. Is he free from varicocele?

Yes

25. Is he free from varicose veins

Yes

26. Is he free from hemorrhoids or other diseases of anus?

Yes

27. Is he free from inveterate or contagious skin-disease?

Yes

28. Are his limbs well formed?

Yes

29. Are the movements of all joints full and perfect?

Yes

30. Is there a distinct mark of vaccination?

Yes Indistinct-

MEMORANDUM FOR EXAMINATION

Note.—All men to be completely stripped during examination.

Men presenting any of the following conditions will be rejected :—

Scrofula, phthisis, bronchial or laryngeal disease; palpitation or other disease of heart; defects of vision, voice, or hearing; contraction or deformity of chest or joints; flatfoot or other deformity of foot; abnormal curvature of spine; defective intelligence; hernia; disease of testicle; varicose veins or varicocele, beyond a limited extent; hemorrhoids or other disease of anus; or any disease or physical defect calculated to unfit them for the duties required.

MEASUREMENT OF CHEST.

The candidate will be made to stand erect with his feet together, and to raise his arms over his head. The tape will be carefully adjusted round the chest with its posterior upper edge touching the inferior angles of the scapulae, and its anterior lower edge the upper part of the nipples. The arms will then be lowered to hang loosely by the sides, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times, and the maximum expansion of the chest will be carefully noted. Fractions of less than half an inch should not be noted.

Signature of Medical Examiner:

William J. Collins M.B.

Place:

Wellington

Date:

Dec 24 1901

Recruiting Centre,

Wellington, N.Z.

We select this candidate as one of the quota from above recruiting centre.

A. J. B. ...

William J. Collins

W. J. ...

Members of
Recruiting Board.

Date:

30 Jan 02

14. If replies to 11, 12, and 13 are all in the negative, give reasons for so finding ...

15. Was it contracted under circumstances over which he had no control? *Yes*

Recommendations
must never be made under more than one heading in p. 16, 17, 18, 19. Name of hospital, etc., to be filled in.

16. The Board recommends that the soldier receives further treatment—

- (a.) As an IN-PATIENT of HOSPITAL at *Wellington*
- (b.) As HOSPITAL OUT-PATIENT at
- (c.) In CONVALESCENT HOME at
- (d.) Under PRIVATE ARRANGEMENTS at own request at

Sick-leave.

(a) and (b) will be answered only when sick-leave is granted, and only one must be answered in affirmative.

17. The Board recommends that the soldier be granted sick-leave for (period not to exceed twenty-eight days)—

- (a.) Is it the opinion of the Board that the soldier should rest quietly in his home in order to expedite his recovery? ...
- (b.) Is there any objection to the soldier, while on sick-leave, being given a pass to visit friends at ...

Return to Duty.

18. The Board recommends that the soldier returns to duty at (name of camp) ...

NOTE.—All officers when fit for duty will report to Adjutant-General, Beakle Street, Wellington.

Discharge.

19. The Board recommends that the soldier be discharged from the Expeditionary Force.

NOTE.—Twenty-one days' leave will be granted by the Defence Department representative attending the Board if recommendation is or is not made.

PENSION.

(Questions 20, 21, 22, and 23 will be answered only in case of discharge.)

20. Does the Board recommend that the soldier be considered for a pension? ...

Answers to 21 must be one of the following—
(a.) "Not known";
(b.) "Quarter";
(c.) "Half";
(d.) "Three-quarters";
(e.) "Total incapacity."

Answer one of questions (a) and (b) only. Rule out what not required.

21. In the opinion of the Board the soldier's capacity for earning a full livelihood in the general labour market is lessened at present by ...

22. The Board is of the opinion that the disability will continue in the degree noted—

- (a.) Permanently
- (b.) For an estimated period of _____ months, when the scale of pension (if granted) should come up for revision

23. Does the Board consider the soldier requires the services of an attendant? ...

Questions (a), (b), (c) will not be answered unless an attendant is required.

- (a.) Permanently
- (b.) For an estimated period of (months)...
- (c.) Reasons for this recommendation, and nature of attendant required

Place: _____

Date: _____

Approved.

Place: WELLINGTON.

Date: _____

William ... Colonel, President.
H. E. ... Members.

_____, for Surgeon-General,
Director-General of Medical Services.

Reinforcement:

HISTORY-SHEET.

(E.F. Form No. 34)

Unit.	Rank.	Surname.	Christian Name.	No.
Records	Pte	COOK	THOMAS UPPADINE	13/677

Occupation: **Settler** Religion: Last New Zealand address:
 124 Austin Street
 Last employer: **Self.** C. OF E 11.9.76 Wellington

Name, relationship,
and address of
next-of-kin (if not
resident in New
Zealand, insert also
name and address
of nearest relative
in New Zealand):

Mrs T.U.Cook (Wife)
 124 Austin Street
 Wellington

Service	Country or Troopship.	Date from	Date to	Total		Initials of Officer making Entry.	Home Service	
				Years	Days		Years	Days
...	N.Z.							

Wounds	Case No.		Where Soldier located.	Message and Remarks.
	No.	Date.		
...				

Sick	Case No.	Date.	Where Soldier located.	Message and Remarks.
...				

Killed in action ...

Died of wounds*
sickness*

Missing ...

Prisoner ...

Injuries in or by the
Service ...

Discharge ... Provisional: (Date) Intended address:
 Final: (Date)

Pension ...

* Strike out words not required.

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Date.	Authority for Entry
Records	Transferred from <i>Force 22</i>	Pte	14.8.17	R.O. 965
<i>amendment Force 22</i>	<i>to Details to Records.</i>	"	14/8/17	B/o 966
Details	Transferred to <i>Details</i>	"	14/10/17	R.O. 1035.
	<i>Leave Without Pay</i>	"	30.1.18	T.R.O. 1105 District Medical Board.

CONDUCT-SHEET.

Regiment or Corps	Place.	Date.	Offence.	Punishment.	Authority for Entry

Special instances of gallant or meritorious conduct :

Medals and Decorations	Name of Medal.	Clasp.	Date of Grant.

PARTICULARS OF MARRIAGE.

Wife's Maiden Name (in full)	Place of Marriage.	Date.	Officiating Clergyman or Registrar
Alethea Barbara Stevenson (S)	Wellington	10/4/04	Rev Handover

PARTICULARS OF CHILDREN.

Christian Names.	Date of Birth and Age.	Where born	Where registered.
Arthur Thomas	7/2/08.	Tahape	Wellington
George	4/9/11	Taurarunui	Taurarunui
Alethea	12/9/09	Ohakune	Ohakune
Donald	18/10/15	Wellington	Wellington

NEW ZEALAND EXPEDITIONARY FORCE.

ATTESTATION OF

No. 13/677 Name: T. M. Cook Regiment or Unit: _____

Questions to be put to the Recruit before enlistment.

- | | |
|--|---|
| 1. What is your name? ... | 1. <u>Thomas Expedine Cook</u> |
| 2. Where were you born? ... | 2. <u>Totara.</u> |
| 3. Are you a British subject? ... | 3. <u>Yes</u> |
| 4. What is the date of your birth? ... | 4. <u>11th Sept. 1876.</u> |
| 5. What is your trade or calling? ... | 5. <u>Settler</u> |
| 6. Are you an indentured apprentice? If so, where, and to whom? ... | 6. <u>No</u> |
| 7. What was the address at which you last resided? ... | 7. <u>Hokianga</u> |
| 8. Have you passed the Fourth Educational Standard or its equivalent? ... | 8. <u>Yes</u> |
| 9. What is the name and address of your present or last employer? ... | 9. <u>Employer</u> |
| 10. Are you married? ... | 10. <u>Yes</u> |
| 11. Have you ever been sentenced to imprisonment by the Civil power? If so, when and where? ... | 11. <u>No</u> |
| 12. Do you now belong to any military or naval force? If so, to what corps? ... | 12. <u>No</u> |
| 13. Have you ever served in any military or naval force? If so, state which and cause of discharge? ... | 13. <u>Yes 5th 3 Months Rifle Co. 4th Exp. Force expired.</u> |
| 14. Have you truly stated the whole (if any) of your previous service? ... | 14. <u>Yes.</u> |
| 15. Have you been registered for compulsory military training under the Defence Act, 1909? If so, where? ... | 15. <u>No</u> |
| 16. Have you ever been rejected as unfit for the military or naval forces of the Crown? If so, on what grounds? ... | 16. <u>No</u> |
| 17. Are you willing to be vaccinated or re-vaccinated? ... | 17. <u>Yes.</u> |
| 18. Are you willing to serve in the Expeditionary Force in or beyond the Dominion of New Zealand under the following conditions, provided your services should so long be required: For the term of the present European war, and for such further period as is necessary to bring the Expeditionary Force back to New Zealand and disband it? ... | 18. <u>Yes.</u> |

NOTE.—Your discharge will not be granted before your return to New Zealand unless permission for discharge elsewhere be obtained from the G.O.C. the New Zealand Expeditionary Force.

I, Thomas Expedine Cook, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagement made.

Signature of Recruit: T. M. Cook

Signature of Witness: John Bunch

Oath to be taken by Recruit on attestation.

I, Thomas Expedine Cook, do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, his Heirs and Successors, and that I will faithfully serve in the New Zealand Military Forces, according to my liability under the Defence Act, and that I will observe and obey all orders of His Majesty, his Heirs and Successors, and of the Generals and Officers set over me, until I shall be lawfully discharged. So help me, God.

Certificate of Magistrate or Attesting Officer.

The above questions were read to the above-named Recruit 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, and the said Recruit has made and signed the declaration and taken the oath before me, at Trentham, N.Z., on this 3rd day of

November 1914.

Signature of Attesting Officer: H. S. Whitehorn Capt.