



New Zealand
**DEFENCE
FORCE**
Te Ope Kātua O Aotearoa

NZDF PERSONNEL ARCHIVES AND MEDALS



**A FORCE FOR
NEW ZEALAND**

Preserving Military Records of National Significance

The Defence Forces of New Zealand have a long proud history and have made a significant contribution to the making of our nation. The New Zealand Wars between 1845 and 1866 involved soldiers and sailors who were part of British units posted to this country during its formative years although many early settlers served in militia units formed to fight when the need arose. The records of individual service people were not well kept; however those documents which have survived from this period are preserved at Archives New Zealand.

At the turn of the 19th century our young nation became involved in its first overseas conflict when the call came from Britain to provide soldiers for the South African (Boer) War [1899-1902]. The need to recruit and train these soldiers to fight for the British Empire saw the genesis of the structured Defence Force we have today.

Good individual records were kept of the soldiers who enlisted, fought and in many cases died for the cause.

Over 430,000 personnel have served in the Defence Forces of New Zealand from the Boer War in 1899 to the present day. Their personnel records have been stored by the Defence Force for over 100 years in some cases. In 2004 a project was initiated by the Chief of the New Zealand Defence Force (NZDF) to ensure that these irreplaceable documents were preserved for posterity.

A very high priority was given to the preservation of the older records and in 2005 the NZDF commenced transferring the personnel files of those who served in the Boer War and World War One into the permanent care of Archives New Zealand. Records of personnel who enlisted in the NZDF from 1899 to the close of 1920 are now located at Archives New Zealand in Wellington.

Copies of individual records can be requested via www.archway.archives.govt.nz or PO Box 12-050, Wellington, New Zealand.

In addition to the transfer of Personnel Files, the NZDF continues to preserve remaining records and make them more accessible to users. Requests to NZDF Personnel Archives and Medals can be made via www.nzdf.mil.nz or Private Bag 905, Upper Hutt, New Zealand. Historians and researchers are also welcome to request information from files, approval to access files for research purposes should be sought from NZDF Personnel Archives and Medals management. The NZDF Personnel Archives and Medals office has a facility within Trentham Military Camp to enable viewing of files. Appointments are essential and bookings are subject to availability. Please contact us for further information.



117B-1-B3

WAR.

[Form N.Z.—769A.
(Banded in 100's.)]

NEW ZEALAND MILITARY FORCES.

HOME DEFENCE FILE-COVER SHEET.**DUPLICATE.**Army Number : 3/23/61Soldier : CAMPBELL
(Surname.)William Angus
(Christian names.)Unit : No.9 (Talari)
Ind. H. R. Squadron.422 South Road, Caversham.

Previous Papers : _____

Subsequent Papers : _____

FILE CHECK SHEET.

	Form.		Form.
1. (Cover Sheet)	N.Z. 769A. <input checked="" type="checkbox"/>	6. (Medical Report)	N.Z. 355 <input checked="" type="checkbox"/>
2. (Attestation, Home Defence)	N.Z. 367 <input checked="" type="checkbox"/>	7. (Dental Card, if any)	N.Z. 361 _____
3. (Index Slips)	N.Z. 347C. <input checked="" type="checkbox"/>	8. (Medical Case Sheet, if any)	N.Z. 377 _____
4. (Index Slips)	N.Z. 347D. <input checked="" type="checkbox"/>	9. (X-Ray Record of Chest)	N.Z. 733 _____
5. (History Sheet)	N.Z. 307 <input checked="" type="checkbox"/>	10.	_____

Remarks : _____

Action complete _____

WAR.

[Form N.Z. 307,
(In pads of 100.)]

HISTORY-SHEET.

Army No. 3/23/61

Unit: No. 9 (Tailor) Ind. M.B. Squadron.		Rank: PTE		Christian Name: William Angus		Surname: CAMPBELL	
Outward.		Inward, ex "		Service.			
Attested ..		Embarked ..		N.Z. ..		From To Year Days	
Entered camp ..		Arrived N.Z.					
Embarked ..		Discharged ..		Overseas			
Disembarked ..		Reason for return and/or discharge:				Total ..	
At ..							
(Place.)							

Next-of-kin.		Relationship.		Address.	
Frances Bessie					
Campbell		Wife		422 South Road, Caversham.	

Address of soldier on return to N.Z. (Extra spaces are for changes of address or changes of name owing to decease, marriage, &c.)

Centre Rd. Tamarahau 71/2/52 CASUALTIES.

Cable No.	Date of Casualty.	Nature of Casualty.	NOTIFICATION SENT.		
			To	Date.	By

ACTION AFTER RETURN TO NEW ZEALAND OR DISCHARGE ABROAD.

Nature of Document issued.	Date.	By	Address sent to	Pay Office advised.
No cert of discharge unless requested		Appn. No. 81/100		Conf
		Date 8/1/60		
<div style="border: 1px solid black; padding: 5px;"> M.I.D. EMBLEM 1939-45 STAR ATLANTIC STAR AFRICA STAR OUR ARMY CLASP PACIFIC STAR Accessed by <i>27L</i> </div>		<div style="border: 1px solid black; padding: 5px;"> ITALY STAR France & Germany Star DEFENCE MEDAL WAR MEDAL, 1939-45 N.Z. War Service Medal Checked by <i>9</i> </div>		
<div style="border: 1px solid black; padding: 5px;"> Initials Vaccination T.A.B./1 T.A.B./2 Tet. Prop./1 Tet. Prop./2 </div>		<div style="border: 1px solid black; padding: 5px;"> DATE GIVEN. INITIALS. </div>		

Army No. 3/23/61Name: CAMPBELL, William Angus

No. 9 (Taieri)

Unit: Ind. M.R. Squad

DESCRIPTION OF SOLDIER ON ENLISTMENT.

Date of birth: 5/1/13 Place: N.Z.
 Age: 87 Height: _____
 Complexion: Clear Eyes: Grey Hair: Fair
 Religion: Baptist
 Single, married, or widower: Married
 Occupation: Milk Roundman.
 Place of enlistment: Dunedin.
 Last employer: T. & P. Milk Supply, Dn.
 Last New Zealand address: Quarry Rd. Green Island.
422 South Rd. Caversham.
 Particulars previous military service: Bagle Band 1st. Batt. O.R.

MEDALS AND DECORATIONS.

RECORD OF PROMOTIONS, REDUCTIONS, TRANSFERS, CASUALTIES, PUNISHMENTS, ETC.,

during service (as reported through routine orders or other official documents).

Particulars of Report.	Place.	Date.	Authority, and Date of.	Entered by (Initials.)
Entered <u>Camp</u>				
<u>Marched in</u>	<u>Dn</u>	<u>8/1/41</u>		
<u>Marched in - Mobilisation Camp</u>	<u>Waitati</u>	<u>10/1/42</u>	<u>RO 3/42 10/1/42</u>	<u>S</u>
<u>M/o Public Hosp. Dn 13.55-16.10 (Carea Pn)</u>	<u>do</u>	<u>16.1.42</u>	<u>RO 8/42 16/1/42</u>	<u>S</u>
<u>Discharged from Hosp. 24/4/42 14 days leave</u>	<u>do</u>	<u>2.2.42</u>	<u>RO 26/42 24/4/42</u>	<u>S</u>
<u>Sick at Home to Dunedin Civil Hospital</u>	<u>do</u>	<u>11/5/42</u>	<u>RO 139/42 11/5/42</u>	<u>S</u>
<u>M/o & On Hospital to Sick at Home</u>	<u>do</u>	<u>29/6/42 1/6/42</u>	<u>RO 144/42 1/6/42</u>	<u>S</u>
<u>M/o to Area 11 Post struck off strength</u>	<u>do</u>	<u>1/6/42</u>	<u>RO 144/42 1/6/42</u>	<u>S</u>
<u>L 1158 from 11/6/42 - Struck off 24/4/42</u>				
<u>Returned unclaimed 2/10/42</u>				
<u>M1 Tahuna P.K.</u>	<u>Dunedin</u>	<u>22.3.41</u>	<u>BR 38³/23 RO 5.25.3.41 H.4.41</u>	<u>File</u>
<u>Med. Rebd: at Civ. Hosp Dunedin</u>		<u>20.2.42</u>	<u>33.7 17.23.2.42</u>	
<u>Bdd: I.U. Remains on Pay</u>				
<u>20.2.42: A.H.Q P.C. Decision</u>		<u>3.3.42</u>	<u>24 11.3.42</u>	
<u>Med. Rebd: awaiting Decision</u>				
<u>A.H.Q P.C. (at Civ. Hosp) Remains on pay (add 422 South Rd. Caversham Dunedin</u>		<u>19.3.42</u>	<u>37 13.4.42</u>	
<u>A.H.Q P.C. Dec: 29.4.42 Rebd: 13.4.42</u>		<u>29.4.42</u>	<u>48 8.5.42</u>	
<u>T.U. Remains on pay A/d. Waitati</u>		<u>19.5.42</u>	<u>54 22.5.42</u>	
<u>Trsd: from Civ. Hosp to sick at Home. Pay & sp 19.5.42</u>		<u>1.6.42</u>	<u>RO 59.3.6.42</u>	
<u>M/o from Sick at Home to Area 11 on L.W.O.P. Gtd: 14 days</u>				
<u>Pay & sp 1.6.42 to 14.6.42</u>		<u>1.6.42</u>	<u>RO 59.3.6.42</u>	
<u>Dec: A.H.Q P.C. 7.6.42. Bdd: 25.5.42</u>		<u>7.6.42</u>	<u>BR 33¹¹ RO 6/22.6.42</u>	<u>File</u>
<u>Gtd: 14 days leave then to Area 11 Post L.W.O.P.</u>		<u>1.9.48</u>	<u>N2A1 2123 19/8/48</u>	<u>Enl</u>
<u>Discharged</u>	<u>acc Q</u>			

PARTICULARS OF WILL.

Executor—Name: _____

Will already made and in possession of _____

Address: _____

Address: _____

WAR SERVICES GRATUITY ASSESSMENT

[Form G.-1A.

Service No.—ARMY: 3/23/61

Name of Serviceman: CAMPBELL

AIR: _____

(Surname)
William Angus

NAVY: _____

(Christian name.)

Arm of Service.	From	To	ASSESSABLE SERVICE. N.Z.	O'sea.	N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debits.	Net Gratuity.	Certified correct.	Date.	THIS SPACE RESERVED FOR BASE RECORDS USE ONLY
Navy	20% PERM	20% PERM	40000	0	40000	0	40000	0	40000	3548	11.2.52	R-3. History Sheets. (For comparison service and completing dates on N.Z.-307 where necessary.) m/c (Initials.) 11.2.52. (Date.) G.-8. Gratuity. File. 233225
Air Force												
Army (2 N.Z.E.F.)												
Army (Acct., A.H.Q.)												
Army (N.M.D.)												
Army (C.M.D.)												
Army (S.M.D.)												
Supplementary Gratuity payable in respect of Disabled Serviceman												
TOTAL										177	12.52	

Circulation :

(1) Accountant, N.M.D., Auckland.	(2) Accountant, S.M.D., Christchurch.	(3) Accountant, C.M.D., Wellington.	(4) Accountant, Air Department.
(5) Accountant, Navy Office.	(6) Accountant, Army H.Q.	(7) Accountant, Base Records (2 N.Z.E.F.)	(8) Gratuity Section, Base Records.

Date of Entitlement: 31.3.46

[Base Records will delete paying authorities not applicable and forward to first paying authority remain in panel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

[50,000/11/45-12333

WAR SERVICES GRATUITY ASSESSMENT

[Form G-1A.

Service No.—ARMY: 3/23/61

Name of Serviceman:

William Angus
(Surname)
(Christian names)

AIR: _____

NAVY: _____

Arm of Service.	ASSESSABLE SERVICE.		From	To	N.Z. Overseas.	N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debits.	Net Gratuity.	Certified correct.	Date.	THIS SPACE RESERVED FOR BASE RECORDS USE ONLY
	N.Z.	O'ceas.											
Navy ..													R.-3. History Sheets. (For comparison service and completing dates on N.Z.-307 where necessary) <i>W.A.</i> (Initials) 14.6.48 (Date) G.-8. Gratuity. File.
Air Force													
Army (2 N.Z.E.F.)													
Army (Acct., A.H.Q.)													
Army (N.M.D.)													
Army (C.M.D.)													
Army (S.M.D.)			10.1.42	1.6.42	143	4	15	4		4	15	4	
Supplementary Gratuity payable in respect of Disabled Serviceman												Post-office Schedule No. 5889	
TOTAL												31.3.46	



Circulation:

(1) Accountant, N.M.D., Auckland.	(2) Accountant, S.M.D., Christchurch.	(3) Accountant, C.M.D., Wellington.	(4) Accountant, Air Department.
(5) Accountant, Navy Office.	(6) Accountant, Army H.Q.	(7) Accountant, Base Records (2 N.Z.E.F.)	(8) Gratuity Section, Base Records.

Date of Entitlement:

[Base Records will delete paying authorities not applicable and forward to first paying authority remain in panel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

MEDICAL CASE SHEET.

No. 343/41 Rank: 10R Name: Campbell Unit: I.M.R.
(Surname first.)

Date of Admission:	A. & D. No.	Recovered ..	Age:	Blood group:	Civil occupation:
Date of Discharge:		Relieved ..			
		Boarded ..			
		Died ..			

Admitted to (Med. Unit) at (location)

Provisional Diagnosis	}	Operation:	Date:	FOLLOW UP.	
Final (Principal) Diagnosis				Date reqd.:	Not reqd.:
Associated Diagnosis				M.O's. initials:	

ON ADMISSION.

Complaints of All information regarding this patient's condition
History will be written on Boarding papers when he is
Past History re-boarded on Thursday 21st. inst.

Family History

Physical Examination

Head and Neck and Spine

Chest: Respiratory System

Cardio-Vascular System

B.P. /

Abdomen: Alimentary System

Genito-Urinary System

Extremities: Neuro-Muscular System:—

Motor

Trophic

Sensory

Reflex

Bones

Joints

Lymphatic System

Special Senses:—

Eye

Ear

Nose

* Additional entries to be made overleaf. Attention drawn by appropriate note.

PZ
N
NHE/EAF:

S:A W:XI:10/1/12;

MEMORANDUM for:

3/23/61, Tpr:W:A:Campbell,
Quarry Road
GREEN ISLAND:

Sick and Wounded,
Army Department,
P.O. Box 715, DUNEDIN:

2nd June,

2;

In accordance with telegraph instructions from Sick and Wounded, Southern Military District, you are granted fourteen days pay and allowances from 1;6;42 to 14;6;42 inclusive, and placed in Area XI pool on 1;W:OP

Please hand in your uniform and equipment together with your paybook, to your Unit, in order that your final payment may be effected;

2/Lt;NZ:T:S:
Officer i/c Sick & Wounded
AREA XI:

The Adjutant,
9th;Taieri I:M:R:
WAITATI:

Copy for your information, please;

H. M. Jones
2/Lt;NZ:T:S:
Officer i/c S; & W:
AREA XI:

5/17/61

NEW ZEALAND MILITARY FORCES.

[Form—
(In pads of 150 forms)]

Decision of Army Headquarters Posting Committee.

Item Number: _____ Date: 7. 6. 47 Camp: Area 11
 No. 723/61 Jpr Camp 4 H. 4 28 Plat 1 Company
 (Rank.) (Name.) (Age.) (Occupation.)
 Married: _____ Children. Single. Any special qualifications: _____
 Home address: 42, South Rd, Lower Hutt, New Zealand

DECISION.

Boarded 25. 5. 47. 14 days leave, then placed
in Area 11 pool on 1/6/47. for action under
Gen. Memo. 216/1941.

(1) Inmate 13/7 W. Hayward } Posting
 (2) Agent } Committee.

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Mobilization Camp,

AREA No. XI

Dumedin

Naitati

16. 1. 42

Name and Initials: Mr. W. A. Campbell Army No. 3/23/61

Unit: 9th (Pacern) IMR Sqdn. Camp: Waitati

Dunedin

Dunedin. He was marched out of camp on 16. 1. 42
His next-of-kin is recorded as : Re admitted Dunedin, Ho (Date.)

Mrs W. A. Campbell

Quarry Road
Green Island

On his discharge from hospital please complete the lower part of this form and return it to this camp.

J. J. Williams Capt.
Camp, Unit, or Area Records Officer.
Adjutant

Area Officer at Area 1

Date: 2/2/42

MOBILIZATION CAMP,

Wäl Tabi

The soldier described above was discharged from the

Hospital on the 19/5/42 with instructions to report to

on

Lobner FI Real
L W O D on 1/6/48

Charged from the _____
_____ Secy at Home ✓

ions to report to _____
Secy at Home

Gustell, Sgt

Area Staff Officer.

NOTE.—This form is to be used in every case of evacuation from camp to civil hospital, and will be forwarded to the Area Staff Officer, together with Forms N.Z.-160 and N.Z.-702. Hospital and Sickness Transfer Advice will be prepared in triplicate by the Camp Records Officer. The Triplicate will remain in camp : Original and Duplicate will be sent forward to the Area. On the discharge of the soldier from hospital, the Original will be completed at the Area and returned forthwith to the camp. The Duplicate will be retained by the Area as evidence that the man concerned has passed through the Area Office.

NEW ZEALAND OFFICE TELEGRAPHS

CT 3/23/61 9 25 XI

TELEGRAM

PIF

RECORDS
OFFICE
1 JUN 1942
AREA XI

(Office Stamp)
TELEGRAPHIC DISPATCH
-1JE421
DUNEDIN

+ A 31 52 CHRISTCHURCH 11 52 A

+ DEFENCE D.N. +

99

Received at: Operator's Initials:

RE 3/23/61 TROOPER CAMPBELL W A 9 TH TAIERI
IND M R SQUADRON MEDICALLY BOARDED DUNEDIN
25 TH MAY GRADE FOUR ARHRITIS SPINE TRANSFER
TO AREA XI POOL ON RECEIPT THIS TELEGRAM
GRANT FOURTEEN DAYS LEAVE PAY AND ALLOWANCES
NOTIFY UNIT COMPLETE ACTION FILE TO POSTING
COMMITTEE + MEDICAL RECORDS SOUTHERN DISTRICT

2 copies 1 to unit - 1 to S+W file
one on PIF

NEW ZEALAND POST OFFICE TELEGRAPHS.

(If prepaid in stamps, affix in this space.)

Date-stamp.

1/6/42

Code : _____ Time : _____ No. _____ Sent _____
 Instructions : _____ To _____
 Charges :

--	--	--

 Words : _____ By _____
 Ackt. : _____

Checked:

This telegram is presented for transmission subject to the Post and Telegraph Act and Regulations.

TO {

DEFENCE

DUNEDIN

RE 3/23/61 TROOPER CAMPBELL W. A. 9TH TAIERI IND. M. R.
 SQUADRON MEDICALLY BAORDED DUNEDIN 25th MAY GRADY FOUR
 ARHRITIS SPINE TRANSFER TO AREA XI POOL. ON RECEIPT THIS
 TELEGRAM GRANT FOURTEEN DAYS LEAVE PAY AND ALLOWANCES NOTIFY
 UNIT COMPLETE ACTION FILE TO POSTING COMMITTEE

MEDICAL RECORDS

SOUTHERN DISTRICT

Note.—When it is not intended or desired that the sender's signature should be telegraphed it must be written on the back of the form.
Charges for Inland Telegrams.—Ordinary, 1d. a word; minimum, 6d. Urgent, 6d. extra. Letter telegrams, 24 words or less, 1/—

Each additional 2 words, 1d.

Tel. 132. 3,000,000/10/38—13300]

MEDICAL BOARD.

29 MAY 1942

(i) Name : CAMPBELL William Angus
(Surname first, in block letters.) No.9. Taieri Ind.
(ii) Regimental No. 3/23/61 (iii) Rank : Tpr. (iv) Unit : M.R. Squadeon
(v) Address or station : Waitati (vi) Age : 28yr. (vii) Race : British (viii) Blood group :
(ix) Pre-service trade } Milk (x) Place of } Dunedin (xi) Date of } 29/10/40
or occupation : } Roundamen enlistment : }
(xii) Was a Court of Inquiry held? If so, state (a) When :
(b) Where : (c) Opinion of Court :

PART I.

Statement by Soldier concerning his Own Case. (All questions to be answered to examining Medical Officer.)

1. What is the disability (wound, disease, injury) of which you complain?	Shock and concussion following an accident. Now has pain in the back.		
2. On what date did it begin or occur?	17/1/42		
3. In what locality were you when it began or occurred?	Waitati township		
4. What, in your opinion, was the cause of the disability?	Fall from horse, struck head on parapet of stone bridge		
5. In what hospitals, and on what dates, have you received treatment for it?	Dunedin Hospital 16/1/42 to 2/2/42		
6. What previous service have you had?	Place.	From	To
	1. Nil		
	2.		
	3.		
	4.		
7. What previous diseases, wounds, or injuries have you had?	Appendicitis operation July, 1936		
8. (a) Have you received compensation or pension for any disability?	(a)	No	
(b) If so, state details	(b)	N.A.	
9. (a) Have you any other ailments? ..	(a)	No	
(b) If so, state details	(b)	N.A.	
10. (a) Have you ever been rejected for life insurance?	(a)	No	
(b) If so, why?	(b)	N.A.	

Place : Dunedin

Date : 25 18/5/42

Signature : Mc Campbell

PART II.
PRELIMINARY MEDICAL REPORT.

(This report must be filled in by the Medical Officer in charge of the case, or, when the case has not been in charge of a Medical Officer, by the Medical Board.)

Weight : _____ Pulse rate : _____ B.P. : _____ Urine : _____

1. Provisional diagnosis
(State disability in respect of which the patient is to be brought before Board. Report any other disabilities under question 9.)

172 173 42

2. Indicate main features in—

(a) History

(b) CLINICAL EXAMINATION (mention all systems):—

3. Indicate main features of any specialist reports available to you—e.g., X-ray

4. What treatment, if any,—
(a) Has been carried out ? .. (a)

(b) Or is recommended ? .. (b)

5. What, in your opinion, is the cause of the disability ?

6. Is there any evidence that the disability was due to negligence or misconduct ?

7. Was an operation performed in connection with the present disability ?
If so, when, and what was its nature ?

8. Was an operation (a) advised ? .. (a)
(b) and, if so, was it declined ? .. (b)

9. Give particulars of any other disabilities claimed or discovered
State whether you consider service to have been a contributing factor in any of these

Place : _____

Date : _____

25.5 42

(Signature of Medical Officer.)

PART III.
OPINION OF THE MEDICAL BOARD.

NOTE.—Whenever possible, definite answers to the following questions are to be given. Expressions such as "may," "might," "probably," "partly," &c., should be avoided. When invalidism is due to an injury, N.Z. form 207 or A.F.B. 117, with evidence of witnesses, must be attached.

1. Diagnosis of disability in respect of which patient is brought before the Board	<i>v-1 Spondylitis Deformans.</i>
2. Record the results of your clinical examination to-day	<i>Mr. White report 28 5 40</i> <i>Spondylitis Deformans, low Brissot's type</i> <i>marked stiffness of spine as a whole</i> <i>very great degree of rigidity of costo-vertebral joints</i>
3. Is the disability— (a) Attributable to military service abroad? (b) Attributable to military service in New Zealand? (c) Due to other causes?	(a) <i>No</i> (b) <i>No</i> (c) <i>Yes</i>
4. Has the disability been aggravated by—(i) Military service abroad? .. (ii) Military service in N.Z.? ..	<i>No</i> <i>Yes.</i>
5. Has the disability been— (a) Caused, or (b) Aggravated by— (i) Intemperance? .. (ii) Misconduct? .. (iii) Venereal Disease? ..	(a) <i>No</i> (b) <i>No.</i>
6. As a basis for the assessment of pension, what is the degree of disablement? (Express in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil)	<i>40 %.</i>
7. What will be the duration of present disablement?	<i>Permanent.</i>
8. Is he permanently unfit for Grade 1? (a) If permanent will the disability— (i) Increase? (ii) Decrease? (iii) Remain in a stationary condition? (b) If not permanently unfit, is a further Board required, and when?	<i>Yes:</i> (a) <i>Probably</i> (i) <i>No</i> (ii) <i>No</i> (iii) <i>No</i> (b) <i>No Board.</i>

PART III—continued.

9. If an operation was advised and declined, was the refusal unreasonable?	
10. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?	
11. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for— (i) Active service in N.Z. ... (i) (ii) Other military service in N.Z.? (ii) (State whether fit to live in camp or at home.)	
12. If temporarily unfit, for how long? ...	
* 13. Applicable only to Officers and other Ranks, N.Z. Regular Forces and N.Z. Temporary Staff. (To be answered by Military Medical Boards—not by Civilian Medical Boards.) (a) While temporarily unfit— (i) What specific military duties, if any, is the patient capable of carrying out while he is recovering from his disability? (N.B.—Military duties include clerical work; disciplinary duties; light instructional work without the use of the hands, and light instructional work with the use of the hands.) (ii) If not now fit for such duties, on what approximate date will he be sufficiently recovered to undertake them? (iii) Has the patient carried out regular attendance for out-patient's treatment to the satisfaction of the Medical Superintendent of the Hospital concerned?	
14. In what grade do you place him? ...	
15. What further treatment, if any, does the Board recommend?	
16. Does the Board make any other recommendations?	

Place : _____ Signatures : _____ President.
 Date : _____ _____ Member.

PART IV.

(To be completed by D.G.M.S. or Regional Deputy.)

DECISION : _____

Place : _____

Date : _____

Director-General, Medical Services.

NEW ZEALAND MI

Decision of Army Headquarters

Item Number: _____ Date: 29-4-42 Camp: _____
No. 3/23/61 (Rank.) (Name.) (Age.) (Occupation.)
Married: ☒ Children: ☒ Single: ☒ Any special qualifications: _____
Home address: Waitati

DECISION.

1. Referred 17-4-42. T.O. Remains on Pay
Order to arrange for admission to Queen's Hospital (Mental
Ward) for final diagnosis. Referred immediately on receipt of
report.

H. Hayward J. Posting Committee.

ALL questions must
be completed.

MEDICAL BOARD.

- (i) Name : CAMPBELL (Surname first, in block letters.) William Angus
- (ii) Regimental No. 3/3/61 (iii) Rank : 1st Lt. (iv) Unit : O.9 Taieri Ind. B.A. Squadron.
- (v) Address or station : Waitati. (vi) Age : 20 Yrs. (vii) Race : British. (viii) Blood group : _____
- (ix) Pre-service trade } 11k Roundman (x) Place of enlistment : } Dunedin. (xi) Date of enlistment : } 29.10.40.
- (xii) Was a Court of Inquiry held? _____ If so, state (a) When : _____
- (b) Where : _____ (c) Opinion of Court : _____

PART I.

Statement by Soldier concerning his Own Case.

(All questions to be answered to examining Medical Officer.)

1. What is the disability (wound, disease, injury) of which you complain?	Shock and concussion following an accident. Now has pain in the back.		
2. On what date did it begin or occur?	16th January 1942.		
3. In what locality were you when it began or occurred?	Waitati township.		
4. What, in your opinion, was the cause of the disability?	Fall from horse, struck head on parapet of stone bridge.		
5. In what hospitals, and on what dates, have you received treatment for it?	Dunedin Hospital 16.1.42. to 2.2.42.		
6. What previous service have you had?	Place.	From	To
	1. <u>11</u>		
	2.		
	3.		
	4.		
7. What previous diseases, wounds, or injuries have you had?	Appendicitis operation July 1936.		
8. (a) Have you received compensation or pension for any disability?	(a)	<u>NO</u>	
(b) If so, state details	(b)	<u>N.A.</u>	
9. (a) Have you any other ailments? ..	(a)	<u>NO</u>	
(b) If so, state details	(b)	<u>N.A.</u>	
10. (a) Have you ever been rejected for life insurance?	(a)	<u>NO</u>	
(b) If so, why?	(b)	<u>N.A.</u>	

Place : DunedinDate : 17.4.42.Signature : W. Campbell

PART II.
PRELIMINARY MEDICAL REPORT.

(This report must be filled in by the Medical Officer in charge of the case, or, when the case has not been in charge of a Medical Officer, by the Medical Board.)

Weight : _____ Pulse rate : _____ B.P. : _____ Urine : _____

1. Provisional diagnosis : ..
(State disability in respect of which the patient is to be brought before Board. Report any other disabilities under question 9.)

v. N.Z. 79. 19. 2. 42.

2. Indicate main features in—

(a) History

(b) CLINICAL EXAMINATION (mention all systems):---

3. Indicate main features of any specialist reports available to you—e.g., X-ray

*Mr. White reports (8.3.42)
Spondylitis deformans: unfit for
Military Service. X ray. no bone abnormalities seen*

4. What treatment, if any,—
(a) Has been carried out? ..

(a)

(b) Or is recommended? ..

(b)

Massage Dept (now stopped) 3. 42.

5. What, in your opinion, is the cause of the disability?

v. 79. 19. 3. 42

6. Is there any evidence that the disability was due to negligence or misconduct?

7. Was an operation performed in connection with the present disability?
If so, when, and what was its nature?

8. Was an operation (a) advised? ..
(b) and, if so, was it declined? ..

(a)

(b)

9. Give particulars of any other disabilities claimed or discovered

State whether you consider service to have been a contributing factor in any of these

Place : *Dunedin*

Date : *17.4.42*

D. W. [Signature]
(Signature of Medical Officer)

PART III.
OPINION OF THE MEDICAL BOARD.

NOTE.—Whenever possible, definite answers to the following questions are to be given. Expressions such as "may," "might," "probably," "partly," &c., should be avoided. When invalidism is due to an injury, N.Z. form 207 or A.F.B. 117, with evidence of witnesses, must be attached.

1. Diagnosis of disability in respect of which patient is brought before the Board

h. Part II

2. Record the results of your clinical examination to-day

*Sub complaint of pain on movement.
Neck spine held in spasm.*

3. Is the disability—

(a) Attributable to military service abroad?

(a) *No*

(b) Attributable to military service in New Zealand?

(b) *Yes*

(c) Due to other causes?

(c) *No*

4. Has the disability been aggravated by—(i) Military service abroad? ..
(ii) Military service in N.Z.? ..

N.A.

5. Has the disability been—

(a) Caused, or

(a)

(b) Aggravated by—

(b)

(i) Intemperance? ..

(ii) Misconduct? ..

(iii) Venereal Disease? ..

No

6. As a basis for the assessment of pension, what is the degree of disablement? (Express in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil)

N.A.

7. What will be the duration of present disablement?

Indefinite

8. Is he permanently unfit for Grade 1?

P.U.

(a) If permanent will the disability—

(a)

(i) Increase?

(i)

(ii) Decrease?

(ii)

(iii) Remain in a stationary condition?

(iii)

variable

(b) If not permanently unfit, is a further Board required, and when?

(b)

N.A.

PART III—continued.

<p>9. If an operation was advised and declined, was the refusal unreasonable?</p>	<p>N.A.</p>
<p>10. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?</p>	<p>P.U.</p>
<p>11. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for—</p> <p style="margin-left: 40px;">(i) Active service in N.Z. .. (i)</p> <p style="margin-left: 40px;">(ii) Other military service in N.Z.? (ii)</p> <p style="margin-left: 40px;">(State whether fit to live in camp or at home.)</p>	<p style="margin-left: 40px;">T.U.</p> <p style="margin-left: 40px;">T.U.</p>
<p>12. If temporarily unfit, for how long? ..</p>	<p>one month</p>
<p>* 13. Applicable only to Officers and other Ranks, N.Z. Regular Forces and N.Z. Temporary Staff. <i>(To be answered by Military Medical Boards—not by Civilian Medical Boards.)</i></p> <p>(a) While temporarily unfit—</p> <p style="margin-left: 40px;">(i) What specific military duties, if any, is the patient capable of carrying out while he is recovering from his disability?</p> <p style="margin-left: 40px;">(ii) If not now fit for such duties, on what approximate date will he be sufficiently recovered to undertake them?</p> <p style="margin-left: 40px;">(iii) Has the patient carried out regular attendance for out-patient's treatment to the satisfaction of the Medical Superintendent of the Hospital concerned?</p> <p style="font-size: small; margin-top: 10px;">(N.B.—Military duties include clerical work; disciplinary duties; light instructional work without the use of the hands, and light instructional work with the use of the hands.)</p>	<p>(a)</p> <p style="margin-left: 40px;">(i)</p> <p style="margin-left: 40px;">(ii)</p> <p style="margin-left: 40px;">(iii)</p>
<p>14. In what grade do you place him? ..</p>	<p>T.U.</p>
<p>15. What further treatment, if any, does the Board recommend?</p>	
<p>16. Does the Board make any other recommendations?</p>	<p>There is a conflict of opinion. The whole diagnosed spine, l.t. deformity, but X-ray is negative. Condition strongly suggests hysteria.</p> <p>Recommend admission to hospital for final diagnosis and grading. (Admission of medical ward)</p>
<p>Place : <u>Dunedin</u></p> <p>Date : <u>17.6.42</u></p>	<p>Signatures : <u>D. G. M. S.</u> President.</p> <p style="margin-left: 150px;"><u>W. G. Palmer</u> Member.</p>

PART IV.

(To be completed by D.G.M.S. or Regional Deputy.)

DECISION : _____

Place : _____

Date : _____

Director-General, Medical Services.

NEW ZEALAND MILITARY FORCES.

Decision of Army Headquarters Posting Committee.

Item Number: _____ Date: 2.1.41 Camp: Green Hill
 No. 3/23/61 1 Campbell W.A. 28 Field Worker
 (Rank.) (Name.) (Age.) (Occupation.)
 Married: ☒ Children: 2 Single: ☒ Any special qualifications: see day
 Home address: 100 South St. Gairloch D.D.

DECISION.

Reboarded 7.2.41
pay continue treatment
Reboard 28 days
16th

R.H. Hayward Posting Committee.

(To be affixed inside Form N.Z. 179, if latter used.)

**ALL questions must
be completed.****MEDICAL BOARD.**

(i) Name : CAMPBELL William Angus
(Surname first, in block letters.)

(ii) Regimental No. 3/23/61 (iii) Rank : Tpr. (iv) Unit : No. 9 Taieri Ind. M.R. Squadron.

(v) Address or station : Waitati (vi) Age : 28 yrs. Race : British. (viii) Blood group : _____

(ix) Pre-service trade } Milk Roundsmen (x) Place of enlistment : } Dunedin. (xi) Date of enlistment : } 29.10.40.
or occupation :

(xii) Was a Court of Inquiry held? _____ If so, state (a) When : _____
(b) Where : _____ (c) Opinion of Court : _____

PART I.**Statement by Soldier concerning his Own Case.**

(All questions to be answered to examining Medical Officer.)

1. What is the disability (wound, disease, injury) of which you complain?	Shock and concussion following an accident. Now has pain in the back.		
2. On what date did it begin or occur?	16th. January 1942.		
3. In what locality were you when it began or occurred?	Waitati township.		
4. What, in your opinion, was the cause of the disability?	Fall from horse. Struck head on parapet of stone bridge.		
5. In what hospitals, and on what dates, have you received treatment for it?	Dunedin Hospital. 16.1.42. to 2.2.42.		
6. What previous service have you had?	Place.	From	To
	1. Nil.		
	2.		
	3.		
	4.		
7. What previous diseases, wounds, or injuries have you had?	Appendicitis. Operation July 1936.		
8. (a) Have you received compensation or pension for any disability?	(a)	No.	
(b) If so, state details	(b)	N.A.	
9. (a) Have you any other ailments? ..	(a)	No.	
(b) If so, state details	(b)	N.A.	
10. (a) Have you ever been rejected for life insurance?	(a)	No.	
(b) If so, why?	(b)	N.A.	

Place : DunedinDate : 19.3.42Signature : W. Campbell

PART II.
PRELIMINARY MEDICAL REPORT.

(This report must be filled in by the Medical Officer in charge of the case, or, when the case has not been in charge of a Medical Officer, by the Medical Board.)

Weight : _____ Pulse rate : _____ B.P. : _____ Urine : _____

1. Provisional diagnosis
(State disability in respect of which the patient is to be brought before Board. Report any other disabilities under question 9.)

Pain in back, probably hysterical.

2. Indicate main features in—

(a) History See 179. 20.2.42.

- (b) CLINICAL EXAMINATION (mention all systems):—

Still complains of pain in back. Holds spine very rigid in upright position, vertebrae spinae prominent. Holds back in lordosis when lying supine.
1st sacral lamina spine is tender and slightly more prominent than the rest.
Can flex and extend spine, no movement lost but all made with reluctance.

3. Indicate main features of any specialist reports available to you—e.g., X-ray.

X-ray 3.3.42 'No bony abnormality seen' Done in Hospital.

4. What treatment, if any,—
(a) Has been carried out ? ..

(a) Attends Massage Outpatients

- (b) Or is recommended ? ..

(b) To continue

5. What, in your opinion, is the cause of the disability ?

Functional disturbance following accident.

6. Is there any evidence that the disability was due to negligence or misconduct ?

No

7. Was an operation performed in connection with the present disability ?
If so, when, and what was its nature ?

No
N.A.

8. Was an operation (a) advised ? ..
(b) and, if so, was it declined ? ..

(a) No
(b) N.A.

9. Give particulars of any other disabilities claimed or discovered

None

State whether you consider service to have been a contributing factor in any of these

Place :

Done in

Date :

19.3.42

D. W. P. Jones

(Signature of Medical Officer.)

PART III.
OPINION OF THE MEDICAL BOARD.

NOTE.—Whenever possible, definite answers to the following questions are to be given. Expressions such as “may,” “might,” “probably,” “partly,” &c., should be avoided. **When invalidism is due to an injury, N.Z. form 207 or A.F.B. 117, with evidence of witnesses, must be attached.**

1. Diagnosis of disability in respect of which patient is brought before the Board	V. Part II
2. Record the results of your clinical examination to-day	V. Part II
3. Is the disability— (a) Attributable to military service abroad ? (b) Attributable to military service in New Zealand ? (c) Due to other causes ?	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(a) No</p> <p>(b) Yes</p> <p>(c) No</p> </div> <div style="width: 65%;"></div> </div>
4. Has the disability been aggravated by—(i) Military service abroad ? .. (ii) Military service in N.Z. ? ..	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(i) No</p> <p>(ii) No</p> </div> <div style="width: 65%;"></div> </div>
5. Has the disability been— (a) Caused, or .. (b) Aggravated by— (i) Intemperance ? .. (ii) Misconduct ? .. (iii) Venereal Disease ? ..	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(a) }</p> <p>(b) }</p> </div> <div style="width: 65%; text-align: center; font-size: 1.5em;">No</div> </div>
6. As a basis for the assessment of pension, what is the degree of disablement ? (Express in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil)	100%
7. What will be the duration of present disablement ?	1 month
8. Is he permanently unfit for Grade 1 ? (a) If permanent will the disability— (i) Increase ? .. (ii) Decrease ? .. (iii) Remain in a stationary condition ? (b) If not permanently unfit, is a further Board required, and when ?	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(a) No</p> <p>(i) }</p> <p>(ii) }</p> <p>(iii) }</p> </div> <div style="width: 65%; text-align: center; font-size: 1.5em;">N.A.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>(b) Yes 1 month</p> </div> <div style="width: 65%;"></div> </div>

PART III—continued.

9. If an operation was advised and declined, was the refusal unreasonable?	N.A.
10. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?	T.U.
11. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for— (i) Active service in N.Z. .. (i) (ii) Other military service in N.Z.? (ii) (State whether fit to live in camp or at home.)	T.U. T.U.
12. If temporarily unfit, for how long? ..	1 month
* 13. Applicable only to Officers and other Ranks, N.Z. Regular Forces and N.Z. Temporary Staff. (To be answered by Military Medical Boards—not by Civilian Medical Boards.) (a) While temporarily unfit— (i) What specific military duties, if any, is the patient capable of carrying out while he is recovering from his disability? (N.B.—Military duties include clerical work; disciplinary duties; light instructional work without the use of the hands, and light instructional work with the use of the hands.) (ii) If not now fit for such duties, on what approximate date will he be sufficiently recovered to undertake them? (iii) Has the patient carried out regular attendance for out-patient's treatment to the satisfaction of the Medical Superintendent of the Hospital concerned?	(a) (i) (ii) (iii)
14. In what grade do you place him? ..	T.U.
15. What further treatment, if any, does the Board recommend?	Continue at Messy Dept. & see Mr. White as advised by him
16. Does the Board make any other recommendations?	This patient's present complaint came on after uneventful recovery & discharge. No physical signs of disease. Probably, hysterical.

Place: Dunedin Signatures: D. J. J. Jones President.
W. W. George Member.
 Date: 19.3.42

PART IV.

(To be completed by D.G.M.S. or Regional Deputy.)

DECISION: _____

Place: _____

Date: _____

Director-General, Medical Services.

Dunedin Hospital

DUNEDIN, C.I.

March 1942

W A J Campbell is suffering from spondylitis deformans is a most unsuitable case for any form of military training in my opinion he should be discharged forth with

S R White

WAR.
[Form—N.Z. 684.
(In pads of 150 forms.)

NEW ZEALAND MILITARY FORCES.

Decision of Army Headquarters Posting Committee.

Item Number: 3/23/61 Date: 3. 3. 42 Camp: Green XI
No. 3/23/61 (Rank.) Mr. CAMPBELL (Name.) W.A. 28 (Age.) with no rank (Occupation.)
Married: ☒ Children: ☒ Single: ☐ Any special qualifications: see above
Home address: 422 South Rd. Dunedin

DECISION.

Boasted 20.2.42 T.V. Remains on pay. Continue
Massage treatment Released 28 days.

380
Area XI

R. Hayward

Posting Committee.

(To be affixed inside Form N.Z. 179, if latter used.)

ALL questions must
be completed.

MEDICAL BOARD.

(i) Name : CAMPBELL: William Angus
(Surname first, in block letters.)

(ii) Regimental No. 3/23/61 (iii) Rank : Pr. (iv) Unit : O.9 Taieri Ind. M.R. Squadron.

(v) Address or station : Waitati. (vi) Age : 26 yrs. (vii) Race : British. (viii) Blood group : _____

(ix) Pre-service trade } Milk Roundsmen. (x) Place of enlistment : } Dunedin. (xi) Date of enlistment : } 29.10.40.

(xii) Was a Court of Inquiry held? _____ If so, state (a) When : _____
(b) Where : _____ (c) Opinion of Court : _____

PART I.

Statement by Soldier concerning his Own Case.

(All questions to be answered to examining Medical Officer.)

1. What is the disability (wound, disease, injury) of which you complain?	<u>Shock and concussion, following an accident now has pain in the back</u>		
2. On what date did it begin or occur?	<u>16th. January 1942.</u>		
3. In what locality were you when it began or occurred?	<u>Waitati township.</u>		
4. What, in your opinion, was the cause of the disability?	<u>Fall from horse. Struck head on parapet of stone bridge</u>		
5. In what hospitals, and on what dates, have you received treatment for it?	<u>Dunedin Hosp. 16.1.42 - 2.2.42.</u>		
	Place.	From	To
6. What previous service have you had?	1.		
	2. <u>Nil.</u>		
	3.		
	4.		
7. What previous diseases, wounds, or injuries have you had?	<u>Appendicitis Operated July 1938</u>		
8. (a) Have you received compensation or pension for any disability?	(a)	<u>No</u>	
(b) If so, state details	(b)	<u>NA</u>	
9. (a) Have you any other ailments? ..	(a)	<u>No</u>	
(b) If so, state details	(b)	<u>NA</u>	
10. (a) Have you ever been rejected for life insurance?	(a)	<u>No</u>	
(b) If so, why?	(b)	<u>NA</u>	

Place : DunedinDate : July 20, 1942Signature : W. Campbell

PART II. **PRELIMINARY MEDICAL REPORT.**

(This report must be filled in by the Medical Officer in charge of the case, or, when the case has not been in charge of a Medical Officer, by the Medical Board.)

Weight : 104 lb Pulse rate : 84 B.P. : 110/70 Urine : —

1. Provisional diagnosis
(State disability in respect of which the patient is to be brought before Board. Report any other disabilities under question 9.)

Left knee and mild strain of back

2. Indicate main features in—

(a) History

(b) CLINICAL EXAMINATION (mention all systems):—

3. Indicate main features of any specialist reports available to you—e.g., X-ray

*(S.F. 3. Pole 70y 12000
Cells 2h 10m)*

4. What treatment, if any,—
(a) Has been carried out?

(a)

(b) Or is recommended?

(b)

5. What, in your opinion, is the cause of the disability?

6. Is there any evidence that the disability was due to negligence or misconduct?

7. Was an operation performed in connection with the present disability?
If so, when, and what was its nature?

8. Was an operation (a) advised?
(b) and, if so, was it declined?

(a)

(b)

9. Give particulars of any other disabilities claimed or discovered

State whether you consider service to have been a contributing factor in any of these

Place :

Date :

(Signature of Medical Officer.)

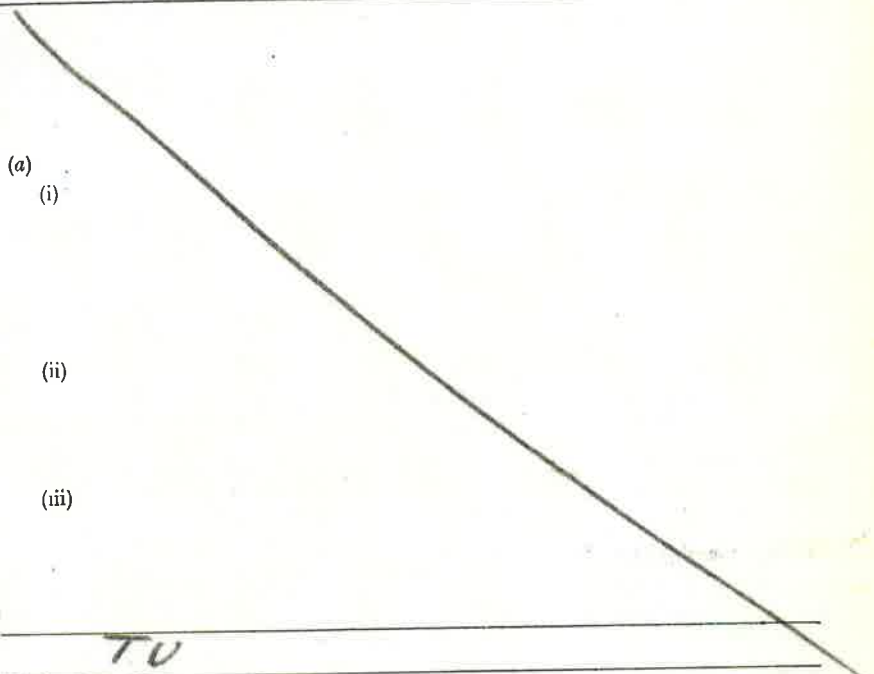
PART III.

OPINION OF THE MEDICAL BOARD.

NOTE.—Whenever possible, definite answers to the following questions are to be given. Expressions such as "may," "might," "probably," "partly," &c., should be avoided. When invalidism is due to an injury, N.Z. form 207 or A.F.B. 117, with evidence of witnesses, must be attached.

1. Diagnosis of disability in respect of which patient is brought before the Board	<i>Gun wound and mild shrapnel wound</i>
2. Record the results of your clinical examination to-day	<i>Slight pain and stiffness in right joint of Right Arm (80-120) Noisy NAD</i>
3. Is the disability— (a) Attributable to military service abroad? (b) Attributable to military service in New Zealand? (c) Due to other causes?	(a) <i>No</i> (b) <i>Yes</i> (c) <i>No</i>
4. Has the disability been aggravated by—(i) Military service abroad? .. (ii) Military service in N.Z.? ..	<i>N.A.</i>
5. Has the disability been— (a) Caused, or (b) Aggravated by— (i) Intemperance? .. (ii) Misconduct? .. (iii) Venereal Disease? ..	(a) <i>No</i> (b) <i>No</i>
6. As a basis for the assessment of pension, what is the degree of disablement? (Express in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil)	<i>100% for 2 weeks</i>
7. What will be the duration of present disablement?	<i>2 weeks</i>
8. Is he permanently unfit for Grade 1? (a) If permanent will the disability— (i) Increase? (ii) Decrease? (iii) Remain in a stationary condition? (b) If not permanently unfit, is a further Board required, and when?	<i>No</i> (a) <i>N.A.</i> (b) <i>1 month</i>

PART III—continued.

9. If an operation was advised and declined, was the refusal unreasonable?	NH
10. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?	TV
11. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for— (i) Active service in N.Z. .. (i) (ii) Other military service in N.Z.? (ii) (State whether fit to live in camp or at home.)	TV TV
12. If temporarily unfit, for how long? ..	1 month
* 13. Applicable only to Officers and other Ranks, N.Z. Regular Forces and N.Z. Temporary Staff. <i>(To be answered by Military Medical Boards—not by Civilian Medical Boards.)</i> (a) While temporarily unfit— (i) What specific military duties, if any, is the patient capable of carrying out while he is recovering from his disability? <small>(N.B.—Military duties include clerical work; disciplinary duties; light instructional work without the use of the hands, and light instructional work with the use of the hands.)</small> (ii) If not now fit for such duties, on what approximate date will he be sufficiently recovered to undertake them? (iii) Has the patient carried out regular attendance for out-patient's treatment to the satisfaction of the Medical Superintendent of the Hospital concerned?	
14. In what grade do you place him? ..	TV
15. What further treatment, if any, does the Board recommend?	Continuation of Massage treatment
16. Does the Board make any other recommendations?	No

Place: Dunedin Signatures: R. M. Smith President.
 Date: July 20 1942 D. H. Strong Member.

PART IV.

(To be completed by D.G.M.S. or Regional Deputy.)

DECISION: _____

Place: _____

Date: _____

Director-General, Medical Services.

Dunedin Hospital

DUNEDIN, C.I.

Feb 19 1942

Memo re.

Trotter W. A. Campbell

This patient saw Mr. White yesterday.

He is considerably improved but Mr.

White suggested a further week's treatment

and to see him again on the 25th re

discharge.

Chas. K. Kohn

Officer in charge.

CERTIFIED COPY:

DUNEDIN HOSPITAL

13.2.42.

THIS IS TO CERTIFY THAT WM. ANGUS
CAMPELL IS AT PRESENT TENDING THE OUTPATIENTS
DEPARTMENT OF THIS HOSPITAL.

(SGD) D.M. STRANG

Assistant Physician.

Certificate of Discharge from Hospital.Regimental No. 3/23/61 Rank and Name Pr. Campbell, W.A.Unit: Waitati I.M.R. Hospital: DunedinDate admitted: 16/1/42 Date discharged: 2/2/42Diagnosis: Head injuries ConcussionAny Special Recommendations: 2 weeks leaveDate: 2.2.42Should Coy
(Signature of Medical Officer.)

MEDICAL CASE SHEET.

No. 3/23/61 Rank: Spr. Name: Campbell, W.A. Unit: 912 T.M.R.
(Surname first.)

Date of Admission: A. & D. No. Recovered Age: 28 Blood group: Civil occupation: mil. man
Date of Discharge: Relieved Boarded Admitted to (Med. Unit) at (location) Waitati
Died

Provisional Diagnosis } Shock (fear concussion) Operation: Date: FOLLOW UP.
Final (Principal) Diagnosis } Date regd.: Not regd.:
Associated Diagnosis } M.O.'s initials:

ON ADMISSION.

Complaints of

History

Past History

Family History

Physical Examination

Head and Neck and Spine

Chest: Respiratory System

Cardio-Vascular System

B.P. 1

Abdomen: Alimentary System

Genito-Urinary System

Extremities: Neuro-Muscular System:—

Motor

Trophic

Sensory

Reflex

Bones

Joints

Lymphatic System

Special Senses:—

Eye

Ear

Nose

Thrown from horse against

Stone Bridge. 12.30 pm

administered Phenobarb Tab gr i to combat shock

treated for shock

Fear subsequent concussion.

(Has had no food since 8 am)

per J. J. Laing

Medical Corporal

J.M.R.S

Waitati

Vomited 1.45 pm

Traces of Blood

PROGRESS REPORT.

Station
and Date.

The first and last entries will be signed, and transfers from one medical officer to another
attested by their signatures.

2.2.42.

Has been left at sea for
14 days. No signs or signs
of internal damage. Discharged
unwounded 2 weeks later.

W. J. D. H.

MEDICAL CASE SHEET.

No. 3/23/61 Rank: Tpr Name: Campbell, W. A. Unit: 9th INFR
(Surname first.)

Date of Admission:	A. & D. No.	Recovered ..	Age: <u>28</u>	Blood group: ..	Civil occupation: <u>engineer</u>
Date of Discharge:		Relieved ..	Admitted to (Med. Unit) .. at (location) <u>Waitati</u>		
		Boarded ..			
		Died ..			

Provisional Diagnosis	} <u>Shock (fear, concussion)</u>	Operation:	Date:	FOLLOW UP.	
Final (Principal) Diagnosis				Date reqd.	Not reqd.
Associated Diagnosis				M.O's. initials:	

* ON ADMISSION.

Complaints of
History
Past History

Family History
Physical Examination

Head and Neck and Spine ..

Chest: Respiratory System

Cardio-Vascular System ..

B.P. /

Abdomen: Alimentary System

Genito-Urinary System ..

Sensitivities: Neuro-Muscular System:—

Motor

Trophic

Sensory

Reflex

Tendons

Joints

Autonomic System ..

Special Senses:—

Eye

Ear

Nose

Thrown from horse against
Stone Bridge.

administered Phenobarb Tablets
to combat shock.

treated for shock.

Fear subsequent concussion.

(Has had no foot) for 14 days
since 8 am.
C Medical Corporal.
M.N.R.S.
Waitati

Regimental No. 3/23/61 Date of birth: 1913. Date of enlistment: _____

[illegible]

(ii) **Vickers Gun, L.A., and Revolver:** State whether Pt. 1 or 2 fired, and classification.—“V.G.” = Vickers gun; “L.G.” = Lewis gun; “H.G.” = Hotchkiss gun; “R” = Revolver. The letters “Q” or “N.Q.” to be inserted after the letters denoting the gun, as the case may be.

(iii) The following letters to be inserted where applicable: “L” = Passed layer’s test; “B.S.” = Qualified in battery staff; “S” = Qualified signaller; “R.T.” = Qualified rangefinder.

(iv) Reasons for non-efficient (“N.E.”), if any, to be given in “Remarks” column.

[illegible]

Military Camp.

Waitati,

18th January 1942.

Statement of 3/23/145 Trooper W. Bennett, witness of the accident which happened to 3/23/61 Trooper W. A. Campbell on 16/1/42.

On Friday 16/1/42 at 1230 hours, in company with Campbell I was proceeding from the Farmer's shop to the Horse Lines. We were each riding a horse which had just been shod. When on the Bridge in Waitati Township, Campbell's horse shod, throwing him against the stone parapet wall of the bridge, on which he struck his head.

W. Bennett

NEW ZEALAND MILITARY FORCES.

(In pads of 100.)

In your reply
Please quote this number.

HEADQUARTERS.

9th (Taieri) Squadron.

Independent Mounted Rifles.

WAITATI.

16th January, 1942.

Mrs W.A. Campbell,
Quarry Road,
GREEN ISLAND.

Dear Madam,

It is with regret that I have to inform you that your husband was transferred to the Dunedin Public Hospital suffering from shock through being thrown from a horse.

This was done in his own interest as it seemed essential that he be examined by a doctor as soon as possible.

Should anything develop further in this case you will be notified immediately by Headquarters Area XI, Dunedin.

Yours faithfully,

Captain.

Adjutant.

(D. 224/2/120.) 5,000 pads/4/41-875]

NEW ZEALAND MILITARY FORCES.

WAR.
[Form N.Z.—710.
(In books of 60 duplicates.)

Medical Transfer Certificate or Admission Note.

Regtl. No. 3/23/61 Rank and Name: Private CAMPBELL W.A

Unit: NO 9 (TAIERI) I.M.R'S. Age: 28

Hospital transferred to or for admission: PUBLIC HOSPITAL DUNEDIN

Disease: SHOCK (REAR) CONCUSSION.

Remarks on case: _____

Date: 16/1 Jan 42

(Signature of M.O.)

Waitati Camp, &c.

1,500 bks./11/40-11666]

ATTESTATION FOR SERVICE IN TIME OF WAR, WITHIN AND BEYOND NEW ZEALAND.

Questions to be put to the Recruit.

1. What is your name? (Christian names and surname to be written in block letters.)	1. Surname: <u>CAMPBELL</u> Christian names: <u>WILLIAM ANGUS</u>
2. Where were you born?	2. <u>New Zealand</u>
3. What is the date of your birth?	3. <u>5/1/18</u>
4. Are you a British subject? If naturalized, state where and when	4. <u>Yes</u>
5. What are your parents' names?	5. Father: <u>Campbell</u> <u>Aeneas</u> (Surname.) (Christian names.) Mother: <u>Campbell</u> <u>James</u> (Surname.) (Christian names.) Maiden surname of mother: <u>Blackwood</u>
6. Where were your parents born?	6. Father: <u>New Zealand</u> Mother: <u>New Zealand</u>
7. If your parents were of alien birth, state when and where they were naturalized	7. Father: <u>-</u> Mother: <u>-</u>
8. What is your trade or calling?	8. <u>nick roundsman</u>
9. What is your address in New Zealand?	9. <u>422 South Road, Casserham</u>
10. Who is your next-of-kin? (state relationship)	10. Name: <u>James Aeneas Campbell</u> Address: <u>422 South Road</u>
11. What is the name and address of your present or last employer?	11. <u>J & P Milk Supply</u> <u>King St</u>
12. What are your educational qualifications?	12. <u>Secondary. Primary</u>
13. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?	13. <u>married</u> <u>British</u>
14. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?	14. <u>none</u>
15. If single with dependants, state who they are	15. <u>-</u>
16. Have you ever served in any naval, military, or air force? .. If so, state which, length of service, last rank held, and cause of discharge	16. <u>Bugle Band 1st bat. O.R.</u> <u>termination of engagement</u>
17. Have you ever been medically examined for service with the armed forces? If so:— (a) When? (b) Where? (c) Were you found fit or unfit?	17. <u>no</u> (a) <u>-</u> (b) <u>-</u> (c) <u>-</u>
18. Are you willing to be inoculated or vaccinated if required? ..	18. <u>yes</u>
19. Are you willing to serve within and beyond New Zealand in the New Zealand Military Forces for the duration of the war, and twelve months thereafter, or until lawfully discharged?	19. <u>yes</u>
20. What arm of service do you prefer?	20. <u>Independent mounted</u>
21. What is your religious denomination?	21. <u>Baptist</u>

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

Signature of Recruit: W A Campbell

Oath to be taken by Recruit on Attestation.

I, William Angus Campbell
do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, and that I will faithfully serve in the New Zealand Military Forces against His Majesty's enemies, and that I will loyally observe and obey all orders of the Generals and Officers set over me, until I shall be lawfully discharged. So help me God.

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 declaration, and taken the oath of allegiance before me at Timaru, New Zealand, on this 29th day of October 1914.

Signature of Attesting Officer: W. J. H. H. H.

NOTE 1.—If any alteration is required in the attestation, the Attesting Officer will make it and initial the alteration.

NOTE 2.—Before a soldier signs his attestation form he will be asked by the Attesting Officer to verify the entry showing his full name and Christian names and to state if the spelling is correct.

NOTE 3.—To be prepared in duplicate and dealt with as laid down in Mobilization Regulations.

NOTE 4.—Your discharge will not be granted before you return to New Zealand unless permission for discharge elsewhere be

Officer Commanding the Forces.

TO BE COMPLETED
IN DUPLICATE.

NEW ZEALAND MILITARY FORCES.

WAR.

[Form N.Z.—355.
(In pads of 100.)

RECORD OF MEDICAL BOARD.

Surname: CAMPBELL Christian names: WILLIAM ANGUS
(In block letters)

EXAMINED ON 21st day of Oct, 1940, at Dunedin

DECLARED AGE: 27 years 270 days. HEIGHT: 35 feet 10 inches. WEIGHT: 10 st. — lb.

CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 35 inches. COMPLEXION: Clear EYES: grey

RANGE OF EXPANSION: 2 1/2 inches. HAIR: fair

PHYSICAL DEVELOPMENT: fair TRADE OR OCCUPATION: Health Commissioner

VACCINATION-MARKS—ARM: RIGHT, 2 LEFT, 2 NUMBER: — WHEN VACCINATED: childhood

Medical Statement.

(Questions to be addressed to the Candidate by the Examining Officer.)

1. Have you ever suffered from fits, convulsions, or nervous breakdown? No.
2. Have you ever had any illness, accident, or operation? If so, give particulars Appendicitis 1936
3. Who is your usual family doctor? Dr. R.F. Allan
Have you consulted a doctor in the last five years? If so, give particulars No.
4. Have you ever suffered from any discharge or other affection of the ears? No.

I declare my answers to the above questions to be true and complete.

Date: 29th Oct. 1940 Signature of Candidate: W. Campbell

Without Glasses.	With Glasses.	
Vision—Right eye: <u>9/18</u>		Pulse rate, sitting: <u>90</u>
Left eye: <u>9/9</u>		Cardiac efficiency test (not required for home defence unless considered necessary)—Pulse standing: <u>96</u>
Colour-vision: <u>Normal</u>		after exercise: <u>114</u> ; two minutes later: <u>96</u>
Hearing—Right ear: <u>Normal</u> Left ear: <u>Normal</u>		What is his blood-pressure? <u>112/76</u>
What is the condition of the (1) tongue, (2) fauces?— (1) <u>Clean</u> (2) <u>Healthy</u>		Is his heart normal? <u>Yes</u>
Are his limbs well formed? <u>Yes</u>		Urine: <u>SP 4000 Sugar - a</u>
Are the movements of all his joints full and perfect? <u>Yes</u>		Is he free from hernia? <u>Yes</u>
Is his chest well formed? <u>Yes</u>		Is he free from varicose veins? <u>Yes</u>
		Is he free from varicocoele? <u>Yes</u>
		Is he free from haemorrhoids? <u>No</u>
		Is he free from inveterate or contagious skin-disease? <u>No</u>

SLIP FOR ATTACHING TO ORIGINAL N.Z.355.

No. 3/23/61 Rank. Tpr Name. CAMPBELL, Wm Angus Unit. 9th (Tauri) Sepch. 1 MR
Graded four on Duplicate N.Z.355 dated 21/10/40
Grade four confirmed.

Regional Deputy.

Date: 28/6/42 (A.H.Q. Circ. Memo. 216/1941 of 10/11/41).

Fit
Temporarily Unfit
Permanently Unfit } For Home Defence.

Fit
Temporarily Unfit
Permanently Unfit } For Active Service in any part of the World.

Fit
Unfit } For Garrison Duty in Tropics.

Fit for Temporary Service in New Zealand.

* Strike out all lines that do not apply.

RECORD OF MEDICAL BOARD.

Surname: CAMPBELL Christian names: WILLIAM ANGUS
(In block letters)

EXAMINED ON 21st day of Oct, 1940, at Dunedin
DECLARED AGE: 27 years 270 days. HEIGHT: _____ feet _____ inches. WEIGHT: 10 st. _____ lb.
CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 35 inches. COMPLEXION: clear EYES: grey
RANGE OF EXPANSION: 2 1/2 inches. HAIR: fair
PHYSICAL DEVELOPMENT: fair TRADE OR OCCUPATION: North Islander
VACCINATION-MARKS—ARM: RIGHT, 2 LEFT, 2 NUMBER: _____ WHEN VACCINATED: childhood

Medical Statement.

(Questions to be addressed to the Candidate by the Examining Officer.)

1. Have you ever suffered from fits, convulsions, or nervous breakdown? ..
2. Have you ever had any illness, accident, or operation? If so, give particulars ..
3. Who is your usual family doctor? ..
Have you consulted a doctor in the last five years? If so, give particulars ..
4. Have you ever suffered from any discharge or other affection of the ears? ..

1. No.
2. Appendicectomy 1936
3. Dr. R.F. Allan
No.
4. No.

I declare my answers to the above questions to be true and complete.

Date: 29 Oct. 1940 Signature of Candidate: W Campbell

Without Glasses.	With Glasses.	
Vision—Right eye: <u>9/15</u>		Pulse rate, sitting: <u>90</u>
Left eye: <u>9/9</u>		Cardiac efficiency test (not required for home defence unless considered necessary)—Pulse standing: <u>96</u>
Colour-vision: <u>normal</u>		after exercise: <u>114</u> ; two minutes later: <u>96</u>
Hearing—Right ear: <u>Normal</u> Left ear: <u>Normal</u>		What is his blood-pressure? <u>112/76</u>
What is the condition of the (1) tongue, (2) fauces?—		Is his heart normal? <u>Yes</u>
(1) <u>Clean</u> (2) <u>Healthy</u>		Urine: <u>SP 4000s Surg and a</u>
Are his limbs well formed? <u>Yes</u>		Is he free from hernia? <u>Yes</u>
Are the movements of all his joints full and perfect? <u>Yes</u>		Is he free from varicose veins? <u>Yes</u>
Is his chest well formed? <u>Yes</u>		Is he free from haemorrhoids? <u>No</u>
his lungs normal? <u>Yes</u>		Is he free from inveterate or contagious skin-disease? <u>Yes</u>
		What is the condition of the nervous system? <u>Normal</u>

Remarks.

(Should include reference to congenital peculiarities, previous disease (especially otitis media) and slight defects. Also reasons why candidate is deferred or rejected.)

"Is there any evidence of such infective conditions of the mouth or gums as Vincent's Disease, Ulcerative Stomatitis, or Pyorrhea of severe degree?"

No

Vision
Spondylitis

Certificate of Medical Examination.

Code 20

Examined and placed in Grade: Four

Dental Classification.

(Form N.Z.—360.)

Therefore—

Fit
Temporarily Unfit
Permanently Unfit
Fit
Temporarily Unfit
Permanently Unfit
Fit
Unfit
Fit for Temporary Service in New Zealand.

For Home Defence.

For Active Service in any part of the World.

For Garrison Duty in Tropics.

*Strike out all lines that do not apply.

Repeals from 22/5/40. arthritis & Spondylitis
Sgt J. D. Campbell Jnr., G. Barnett

W Newlands, President.
A. M. Shaw, Member.

**THE
FOLLOWING
PAGES
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TERRITORIAL

NEW ZEALAND MILITARY FORCES.

BASE RECORDS.

HOME DEFENCE FILE-COVER SHEET.

ORIGINAL.

WAR.	
Form NZ-709. (Revised in 1951.)	
2nd NZEF	3/23/61
RF-TF	

Army Number: 3/23/61

Soldier: CAMPBELL
(Surname)

William Angus
(Christian names)

Unit: No. 9 (Taieri)
Ind. M. R. Squadron.

422 South Road, Caversham.

Previous Papers:

Subsequent Papers:

FILE CHECK SHEET.

- | | Form. | | Form. |
|--------------------------------|------------|---------------------------------|------------|
| 1. (Cover Sheet) | N.Z. 769 ✓ | 6. (Medical Report) | N.Z. 355 ✓ |
| 2. (Attestation, Home Defence) | N.Z. 367 ✓ | 7. (Dental Card, if any) | N.Z. 361 |
| 3. (Index Slips) | N.Z. 303 ✓ | 8. (Medical Case Sheet, if any) | N.Z. 377 |
| 4. (Index Slips) | N.Z. 304 ✓ | 9. (X-Ray Record of Chest) | N.Z. 733 |
| 5. (History Sheet) | N.Z. 307 ✓ | 10. | |

Remarks:

150,000/5/60-5307 Form 709/1.

Action complete

FILE PURGED
1949

NEW ZEALAND MILITARY FORCES,
BASE RECORDS,
P.O. BOX 3044, 97
WELLINGTON, C.I.

7th February 1952.

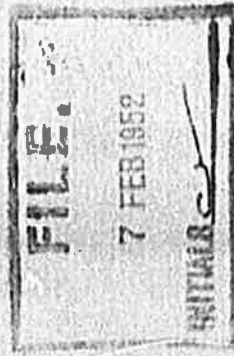
Mr. W. A. Campbell,
Centre Road,
Torahawk,
DUNEDIN.

Dear Sir/Madam,

I have to inform you that the gratuity payment of
£35.4.8. due to you as advised recently has now been lodged to
your Post Office Savings Bank Account at the Post Office Dunedin.

You should present your pass-book there for entry of
the deposit.

Yours faithfully,



R. D. McGhie
(R. D. MCGHIEVERAY)
Officer in Charge:

Deaf'd. 52
7.2.52

The Director,

Pay Accounts and Base Records,
P.O. Box 2044, 97
Wellington C. 1.

3/23/61

(Service No.)

William Angus

(Christian Name)

CAMPBELL,

(Surname)

Additional Payment under the War Gratuities Emergency Regulations 1945, Amendment No. 4

I ELECT to have the sum of £35.4.8. mentioned in your advice paid to

*(1) My Post Office Savings-bank Account No. 211764 at (M. Kilala) Dunedin

*(2) A Post Office Savings-bank Account to be opened in my name at

*(3) My National Savings Account No. 1

*(4) A National Savings Account to be opened in my name.

Strike out the three proposals not required.

FILE.

7 FEB 1962

INITIALS

Signature: M Campbell

Address: Centor Road
Ternahauk.



Specimen signature MUST be given here whether you already have an account or not

Post-office at which deposit is to be made

11/4/61

WAR SERVICES GRATUITY ASSESSMENT

Name of Serviceman: CAMPBELL
(Surname) William Angus
(Christian name)Service No.—ARMY: 3/23/61

AIR: _____

Centie Rd, Tonalawke, Dunedin.

NAVY: _____

Arm of Service.	From	To	EMERGENCY SERVICE N.Z. O'war.	N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debts.	Net Gratuity.	Certified correct.	Date.
Navy ..	War Service	Gratuity Regs 1944-4								
	20% PERM	4 15 4				35 4 8				11.2.52
Air Force										
Army (2 N.Z.E.F.)										
Army (Acct., A.H.Q.)										
Army (N.M.D.)										
Army (C.M.D.)										
Army (S.M.D.)										
Supplementary Gratuity payable in respect of Disabled Serviceman										
TOTAL										11.2.52

Circulation:

(1) Accountant, N.M.D., Auckland.	(2) Accountant, S.M.D., Christchurch.	(3) Accountant, C.M.D., Wellington.	(4) Accountant, Air Depar., West.
(5) Accountant, Navy Office.	(6) Accountant, Army H.Q.	(7) Accountant, Base Records (2 N.Z.E.F.)	(8) Gratuity Section, Base Records.

Date of Entitlement: 31.3.46

[Base Records will delete paying authorities not applicable and forward to first paying authority remaining in panel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

WAR SERVICES GRATUITY ASSESSMENT

Service No.—ARMY: 3/23/61

AIR: 3

NAVY: 3

[Form G-1a.

Name of Serviceman: William Angus

(Signature)
(Print name)

THIS SPACE RESERVED FOR BASE RECORDS USE ONLY

R-3. History Sheets.
(For completion service and completing dates on N.Z.-507 where necessary)

(Initials)

G-8. Gratuity.
(Date)

File.

FILE
15 SEP 1948
EXAMINED
233225

Arms of Service	From	To	Armed Forces Service N.Z. Overseas	N.Z. Gratuity	Overseas Gratuity	Total	Less Debit	Net Gratuity	Certified correct	Date	
Navy											
Air Force											
Army (S.N.Z.E.F.)											
Army (Acad., A.H.Q.)											
Army (N.M.D.)											
Army (C.M.D.)											
Army (S.M.D.)	10.1.42	1.6.42	143	4	15	4		4	15	4	
Supplementary Gratuity payable in respect of Disabled Serviceman											
Circulation :											
Total									4	15	4

26/02

INDEPENDENT PLATE

5833

NAVY
15 SEP 1948
EXAMINED
233225

Post-office Schedule No. 5389

Date of Entitlement: 31.3.46

[Base Records will delete paying authorities not applicable and forward to first paying authority remaining in parcel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

Supplementary Gratuity payable in respect of Disabled Serviceman

Circulation:

(1) Accountant, N.M.D., Auckland.	(2) Accountant, S.M.D., Christchurch.	(3) Accountant, C.M.D., Wellington.	(4) Accountant, Air Department.
(5) Accountant, Navy Office.	(6) Accountant, Army H.Q.	(7) Accountant, Base Records (S.N.Z.E.F.).	(8) Gratuity Section, Base Records.

↑
REC'D
19 DEC 1951
RACE RECORDS
WELLINGTON



WAR PENSIONS OFFICE,
Private Bag,
Wellington C. I.,
18 DEC 1957

The Director of Base Records,
New Zealand Military Forces,
P.O. Box 3044,
WELLINGTON

<u>War Pension No.</u>	<u>Name</u>	<u>Service No.</u>
x. 29869	CAMPBELL William Angus.	3/23/61

Address: Leventis Rd., Tomahawk, Dundee

~~With reference to the above case, it is noted that your form G-17~~

dated _____ indicates that a gratuity of \$ _____
has been awarded.

I have now to advise that on 3.12.51. the War Pensions Board reviewed the war pension and has authorised payment at the permanent rate of 14/- per week from 1.11.51.

In consequence, from 1.11.51 the ex-serviceman has been in receipt of a permanent war pension in respect of 20 % disablement.

Verified:

95/2

~~10/1/52.~~

Bücher. Bl.

Secretary for War Pensions.



2000/12/50 - M. 709

E. 15

PART 1: - EXTRACTION FROM ROUTINE ORDERS.

- (a) Service No: 3/23/61 (b) Rank on Discharge: _____
(c) Name in full: CAMPBELL WILLIAM ANGUS
(Surname) (Christian Names)
(d) Discharged from the New Zealand Military Forces with effect 1 9 48
(date)
(e) Authority R.O. No: 2123 Date: 13/8/48 Area: Adm B.R. File No: 3/47/6
(f) Reported by: _____ Date: _____ Checked by: _____ Date: _____

Q.3: (a) Address:

PART 2: - SERVICE PARTICULARS

- (i) Periods of Service in New Zealand :-
From (date) To (date)

FEDERAL BUREAU OF INVESTIGATION		U. S. DEPARTMENT OF JUSTICE	
REPORT OF	DATE	REPORT OF	DATE
INVESTIGATOR (S)		INVESTIGATOR (S)	
REPORTING OFFICE (S)		REPORTING OFFICE (S)	

Total (Gross) N. Z.

18. Deductions: ☐ I ☐ II ☐ III ☐ IV ☐ V

Net NZ: 24 24

- (ii) Periods of Service Overseas :-
- | From (date) | To (date) |
|-------------|-----------|
|-------------|-----------|

From (date)	To (date)	Years	Days
1944	1945	1	0
1945	1946	1	0
1946	1947	1	0
1947	1948	1	0
1948	1949	1	0
1949	1950	1	0
1950	1951	1	0
1951	1952	1	0
1952	1953	1	0
1953	1954	1	0
1954	1955	1	0
1955	1956	1	0
1956	1957	1	0
1957	1958	1	0
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2019	2020	1	0
2020	2021	1	0
2021	2022	1	0
2022	2023	1	0
2023	2024	1	0
2024	2025	1	0
2025	2026	1	0
2026	2027	1	0
2027	2028	1	0
2028	2029	1	0
2029	2030	1	0
2030	2031	1	0
2031	2032	1	0
2032	2033	1	0
2033	2034	1	0
2034	2035	1	0
2035	2036	1	0
2036	2037	1	0
2037	2038	1	0
2038	2039	1	0
2039	2040	1	0
2040	2041	1	0
2041	2042	1	0
2042	2043		

Total (Gross) Overseas:

* Deductions

GRAND TOTAL:

Work-sheet prepared by: _____ Date: _____
 Work-sheet checked by: _____ Date: _____ Last day of Service: _____, 19____

NOTE: (a) *Deductions: A.W.I., Desertion, L.W.O.P., etc. (b) Date to be shown on Certificate = last day of service.

PART 3: - CERTIFICATE OF DISCHARGE.

- (a) Certificate No.: _____ Schedule No.: _____ Checked by: _____
(b) Date despatched: _____ (c) Date entered numerical register: _____

PART 4: - NOTATION HISTORY SHEET

History sheet noted that Discharge Certificate had been issued (enter Certificate and Schedule Nos).

By: _____ Date: _____

ACTIO ✓ COM-LETE

MEDICAL RECORD.

No Certificate of Discharge to be issued
unless warranted. See Army 311/1/26/A1
of 13/8/48 - 13.8.48

Date _____

Military Camp.

Waitati,

18th January 1942.

Statement of 3/23/45 Trooper W. Bennett, witness of the
accident which happened to 3/23/61 Trooper W. A. Campbell
on 16/1/42.

On Friday 16/1/42 at 1230 hours, in company with Campbell I
was proceeding from the Farrier's shop to the Horse Lines.
We were each riding a horse which had just been shed.
When on the Bridge in Waitati Township, Campbell's horse
shed, throwing him against the stone parapet wall of the
bridge, on which he struck his head.

W. Bennett

NEW ZEALAND MILITARY FORCES.

WAR
[Form N.Z.—367.
(In pads of 100.)]

ATTESTATION FOR SERVICE IN TIME OF WAR, WITHIN AND BEYOND NEW ZEALAND.

Questions to be put to the Recruit.

1. What is your name? (Christian names and surname to be written in block letters.)	1. Surname: CAMPBELL Christian names: WILLIAM ANGUS	2.
2. Where were you born?		3.
3. What is the date of your birth?		4.
4. Are you a British subject? If naturalized, state where and when		5. Father: (Surname) (Christian names) Mother: (Surname) (Christian names) Maiden surname of mother:
5. What are your parents' names?		6. Father: Mother:
6. Where were your parents born?		7. Father: Mother:
7. If your parents were of alien birth, state when and where they were naturalized		8.
8. What is your trade or calling?		9.
9. What is your address in New Zealand?		10. Name: Address:
10. Who is your next-of-kin? (state relationship)		11.
11. What is the name and address of your present or last employer?		12.
12. What are your educational qualifications?		13.
13. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?		14.
14. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?		15.
15. If single with dependants, state who they are		16.
16. Have you ever served in any naval, military, or air force? If so, state which, length of service, last rank held, and cause of discharge		17.
17. Have you ever been medically examined for service with the armed forces? If so:— (a) When? (b) Where? (c) Were you found fit or unfit?		18.
18. Are you willing to be inoculated or vaccinated if required?		19.
19. Are you willing to serve within and beyond New Zealand in the New Zealand Military Forces for the duration of the war, and twelve months thereafter, or until lawfully discharged?		20.
20. What arm of service do you prefer?		21.
21. What is your religious denomination?		

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

Signature of Recruit:

Oath to be taken by Recruit on Attestation.

I, William Angus Campbell, do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, and that I will faithfully serve in the New Zealand Military Forces against His Majesty's enemies, and that I will loyally observe and obey all orders of the Generals and Officers set over me, until I shall be lawfully discharged. So help me God.

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 declaration, and taken the oath of allegiance before me at New Zealand, on this 24th day of October, 1940.

Signature of Attesting Officer:

NOTE 1.—If any alteration is required in the attestation, the Attesting Officer will make it and initial the alteration.
NOTE 2.—Before a soldier signs his attestation form he will be asked by the Attesting Officer to verify the entry showing his full surname and Christian names and to state if the spelling is correct.
NOTE 3.—To be prepared in duplicate and dealt with as laid down in Mobilization Regulations.
NOTE 4.—Your discharge will not be granted before you return to New Zealand unless permission for discharge elsewhere be obtained from the General Officer Commanding the Forces.

TO BE COMPLETED
IN DUPLICATE.

Independent Mounted Squadron
NEW ZEALAND MILITARY FORCES.

WAR.

[Form N.Z.-355.
(In pads of 100.)

RECORD OF MEDICAL BOARD.

Surname: CAMPBELL Christian names: WILLIAM ANGUS

EXAMINED ON 1st day of Oct, 1940, at Dunedin

DECLARED AGE: 27 years 270 days. HEIGHT: 35 inches. WEIGHT: 10 st. - lb.

CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 35 inches. COMPLEXION: clear EYES: grey

RANGE OF EXPANSION: 2 1/2 inches. HAIR: fair

PHYSICAL DEVELOPMENT: fair TRADE OR OCCUPATION: Maths Roomman

VACCINATION-MARKS—ARM: RIGHT, 2 LEFT, 2 NUMBER: - WHEN VACCINATED: childhood

Medical Statement.

(Questions to be addressed to the Candidate by the Examining Officer.)

1. Have you ever suffered from fits, convulsions, or nervous breakdown? No
2. Have you ever had any illness, accident, or operation? If so, give particulars Appendectomy 1936
3. Who is your usual family doctor? Dr. R.E. Allan
4. Have you ever suffered from any discharge or other affection of the ears? No

I declare my answers to the above questions to be true and complete.

Date: 29 Oct. 1940

Signature of Candidate: W. Campbell

	Without Glasses.	With Glasses.
Vision—Right eye:	<u>9/18</u>	
Left eye:	<u>9/19</u>	
Colour-vision:	<u>Normal</u>	
Hearing—Right ear:	<u>Normal</u>	Left ear: <u>Normal</u>
What is the condition of the (1) tongue, (2) fauces?	(1) <u>Clean</u>	(2) <u>Healthy</u>
Are his limbs well formed?	<u>Yes</u>	
Are the movements of all his joints full and perfect?	<u>Yes</u>	
Is his chest well formed?	<u>Yes</u>	
Are his lungs normal?	<u>Yes</u>	
Pulse rate, sitting:	<u>90</u>	
Cardiac efficiency test (not required for home defence unless considered necessary)—Pulse standing:	<u>96</u>	
after exercise:	<u>114</u>	two minutes later: <u>96</u>
What is his blood-pressure?	<u>112/76</u>	
Is his heart normal?	<u>Yes</u>	
Urine:	<u>Sp. Gr. 1.025, Sugar - none, Alb. - none</u>	
Is he free from hernia?	<u>Yes</u>	
Is he free from varicocele?	<u>Yes</u>	
Is he free from varicose veins?	<u>Yes</u>	
Is he free from haemorrhoids?	<u>No</u>	
Is he free from inveterate or contagious skin-disease?	<u>Yes</u>	
What is the condition of the nervous system?	<u>Normal</u>	

Remarks.

(Should include reference to congenital peculiarities, previous disease (especially otitis media) and slight defects. Also reasons why candidate is deferred or rejected.)

Vision

Certificate of Medical Examination.

Examined and placed in Grade: 11

Dental Classification.
(Form N.Z.-360.)

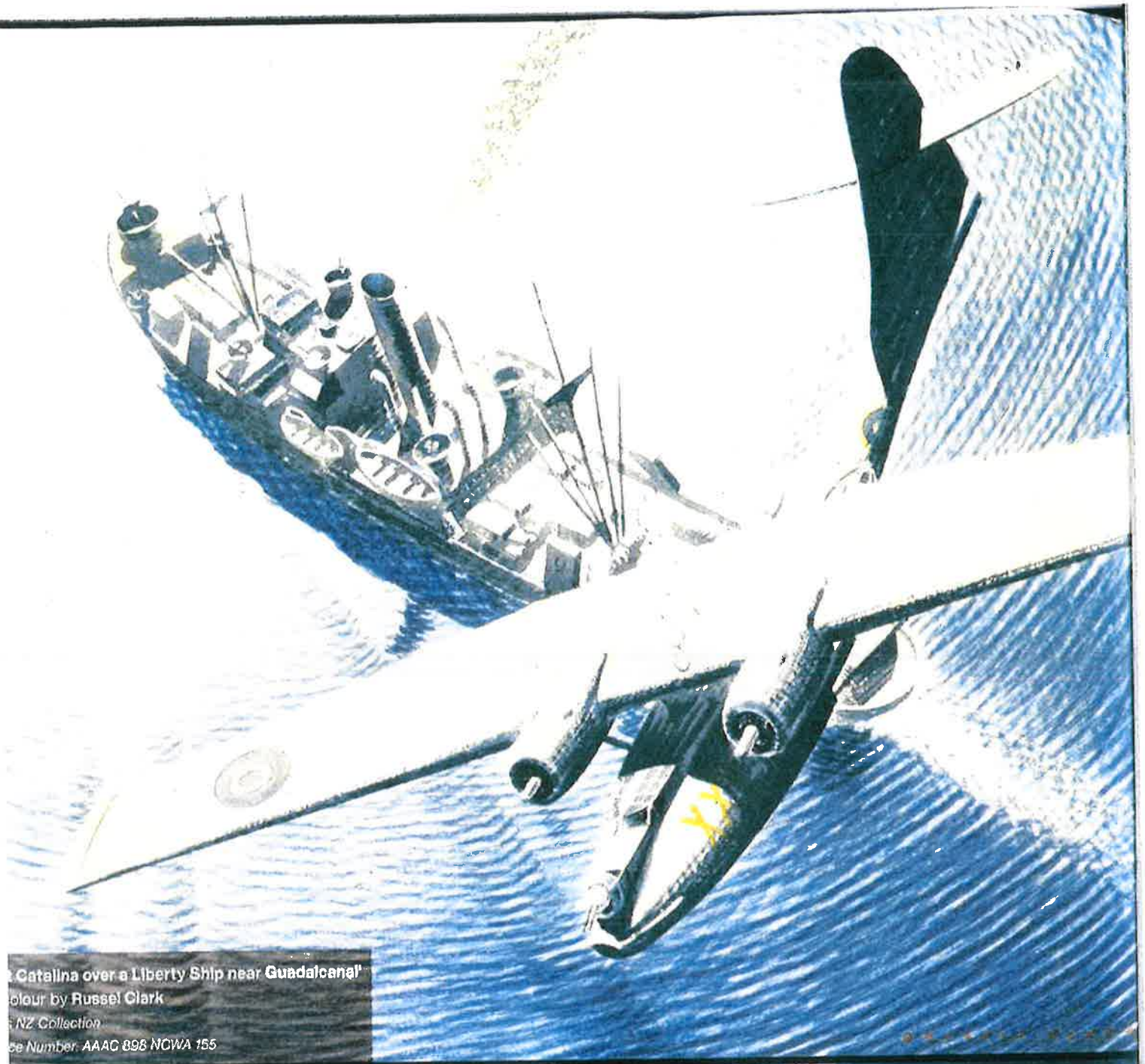
* Therefore—

- Fit Temporarily Unfit } For Home Defence.
- Fit Temporarily Unfit } For Active Service in any part of the World.
- Fit Temporarily Unfit } For Garrison Duty in Tropics.
- Fit Unfit } For Temporary Service in New Zealand.

* Strike out all lines that do not apply.

W. Newlands President.
A. McIlroy Member.





'Catalina over a Liberty Ship near Guadalcanal'
 Colour by Russel Clark
 NZ Collection
 Piece Number: AAAC 898 NCWA 155



'Injured Soldiers at Cassino, Italy'
 Colour by Peter McIntyre
 NZ Collection
 Piece Number: AAAC 898 NCWA 4
 Cover Image: '25 Pounder in Italy'
 Painting by Peter McIntyre
 NZ collection
 Piece Number: AAAC 898 NCWA 299



'Night Action off Guadalcanal, HMNZS KIWI attacking the Japanese submarine I -1'