

Infantry



NEW ZEALAND EXPEDITIONARY FORCE.

ATTESTATION OF

No. 10/22145 Name: George Stanley Moran Regiment or Unit: B Coy 17th Regt

Questions to be put to the Recruit before enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>George Stanley Moran</u> |
| 2. Where were you born? | 2. <u>Danneverke</u> |
| 3. Are you a British subject? | 3. <u>Yes</u> |
| 4. What is the date of your birth? | 4. <u>21st Dec 1892</u> |
| 5. What is your trade or calling? | 5. <u>Packer</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>6/0 Band a Danneverke</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>B & A</u> |
| 10. Are you married? | 10. <u>No</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>B Coy 17th Regt</u> |
| 13. Have you ever served in any military or naval force? If so, state which and cause of discharge. | 13. <u>---</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>Danneverke</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 revaccinated? | 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 to disembark it? | 18. <u>Yes</u> |

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

George Stanley Moran 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: George Stanley Moran
Signature of Witness: [Signature]

Oath to be taken by Recruit on attestation.

I, George Stanley Moran 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 Frankton, N.Z., on this 16th day of Feb 1915.

Signature of Attesting Officer: [Signature]

If any alteration is required on this page of the Attestation, the Attesting Officer should be requested to make it and initial the alteration.

Unit: **W. I. B** Rank: **pte** Surname: **Moran** Authorised Name: **George Stanley** No: **10/2245**
 Occupation: **B Paeker** Religion: **Danewika C of E.** Last New Zealand address: **110 Sand Danewika**
 Last employer: **B & A** **21-112-92**

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 J Moran
Matamanu

DIED SINCE SERVICE DISCHARGE

10/2245 Rank: **Pte** *Deceased since discharge*
 Name: **GEORGE STANLEY MORAN**
 Address: **110 J Moran Matamanu**
 Periods of Service: In New Zealand: **234** days. Overseas: **1** years **132** days. Total service: **2** years **1** days.
 Date commenced duty: **13 2 15** Date finally discharged: **13 2 17**
 Theatres of Operation: **Australasian**, **Egyptian 1915**, **Egyptian E.F.**, **Balkan Gallipoli 1915**, **Western European**, **Asiatic**

BRITISH WAR MEDAL **VICTORY MEDAL**
 The foregoing particulars are correct. **1914-15 Star**
 Signature: **[Signature]**
1914-15 Star
BRITISH WAR MEDAL 11 AUG 1922
VICTORY MEDAL 11 AUG 1922
 N.B. - Do not omit to advise this office of any future change of address.

Wounds ...
 Sick ...
 Killed in action ...
 Died of wounds* / sickness* ...
 Missing ...
 Prisoner ...
 Injuries in or by the Service ...

Discharge: Provisional: (Date) Intended address: **Matamanu, Hawkes Bay.**
 Final: **13 . 2 . 17** (Date)

Pension: Adv. re medals auth to = **Mrs J. Moran (W)**
Matamanu
via Danewika 2122
 Authority to Headquarters: **26 6 22**

* Strike out words not required.

Unit: **W. I. B** Rank: **pt**
 Occupation: **B Pa**
 Last employer: **B & A**
 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):

DIED SINCE SERVICE DISCHARGE

Dear Sir—
 As it is hoped that it may shortly be possible to issue the British War Medal and Illuminated Certificate of Service, it is desired to give you an opportunity of agreeing with the information held by this office concerning yourself, and which will be contained on the medal and certificate or other documents yet to be issued, as medals and documents once issued can only be altered at the recipient's expense.
 Will you please, therefore, check the particulars on the back hereof and return this form complete to me as early as possible after appending your signature in the space provided at the foot.
 Yours faithfully,
J. W. HUTCHEN,
 Officer in Charge.

Wounds ...
 Sick ...
 Killed in action ...
 Died of wounds* sickness* **Wm** **File R 5** **Died Im. 1st 1918 (In S. 3) Dannevirke**
 Missing ... **R. 5** **Revised Mangatere Em. Plot 56 Div M.**
 Prisoner ...
 Injuries in or by the Service ... **Dutch** **no longer physically fit for War Service on account of illness contracted on Active Service**
 Discharge ... Provisional: (Date) Intended address: **Mataman, Hawkes Bay.**
 Final: **13. 2. 17** (Date)
 Pension ... **Adv. re medals auth to =**
Mr J. Moran (S)
Mataman
via Dannevirke, 2.12.21
 Authority to Headquarters: **26 6 22**

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Date.	Authority for Entry.
<u>90. D. B.</u>		<u>Private</u>		
<u>1st. Bn. V. R.</u>	<u>Emb. for D. G. on H. B. Marama</u> <u>from Southampton & St. off. D. G. E.</u>		<u>3-9-16</u>	<u>Att. No 28 Annex 26-9-16</u>

CONDUCT-SHEET.

Regiment or Corps.	Place.	Date.	Offence.	Punishment.	Authority for Entry.
<div data-bbox="558 1030 1053 1209" data-label="Text"> <p>SCROLL ISSUED (date): PLAQUE ISSUED (date): <u>13 OCT 1930</u></p> </div>					
<div data-bbox="718 1232 1037 1344" data-label="Text"> <p>ELIGIBLE <u>31-12-23</u> PLAQUE # <u>307245</u></p> </div>					

Special instances of gallantry or meritorious conduct: Dis. 13-2-17. A. D. S. D. of D. Death 15-11-18

PLAQUE AND SCROLL.

Soldier's name: Moran Geo. Stanley Reg. No. 10/2245 of Grant.

Medals and Decorations: Roll No. 618773

Scroll despatched (Date): 'Influence'

Plaque: 'Ineligible'

Wife's Maiden Name: _____

Recipient and address: Mr G. Moran (P)
Malamau
Via Dannevirke.

Christian Names.	Date of Birth and Age.	Where born.	Where registered.

MILITARY HISTORY SHEET.

No. 10/2245 Name: Moran George Stanley

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...	N.Z.	16/2/15	12.6.15		117	/
	Foreign	13.6.15	22.10.16	1	132	/
	CPZ	23.10.16	13.2.17		114	/
				1	363	
<p><i>Discharge 13.2.15</i></p>						
2. Certificates ...						
3. Passed classes of instruction† † This includes any authorized class of instruction.						
4. Active service ...	<p><i>Foreign 13.6.15 to 22.10.16 = 1 yr 132 Days</i> <i>JS</i></p>					
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
8. Medals and decorations	Name of Medal.	Clasps.		Date of Grant.		
9. Injuries in or by the Service						
10. Name and address of next-of-kin	<p><i>Mrs. J. Moran (Mother)</i> <i>Natanau</i></p>					
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.)			
12. Particulars as to Children.	Christian Names.		Date and Place of Birth.		Where registered.	

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

Intended place of residence on discharge: *NZ*

STATEMENT OF THE SERVICES OF No. 10/2245 NAME: Moran, George Stanley

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certifying Correctness of Entries
<i>Wgtn Inftry.</i>		<i>Pvte.</i>	<i>13/2/15</i>	<i>W. J. B. Major</i>
DISCHARGED.				
NO LONGER PHYSICALLY FIT FOR WAR SERVICE.				
ON ACCOUNT OF ILLNESS CONTRACTED ON ACTIVE SERVICE.				
<i>W. J. B.</i>		<i>Private</i>	<i>13-2-17</i>	<i>W. J. B.</i>

Medical Report on an Invalid.



Station N.Z. Hospital, Walton-on-Thames.

Date 24. 6. 16.

- | | |
|----------------------------------|---|
| 1. Unit W.I.B. | 5. Age last birthday 22 |
| 2. Regimental No. 10/2245 | 6. Enlisted { on 14.1.15. |
| 3. Rank Pte. | { at Dannevirke. |
| 4. Name Moran, E.S. | 7. Former Trade { Invoice Clerk. |
| | or Occupation { |

8. Disability.

Neurasthenia.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **27. Aug. 1915.**
10. Place of origin of disability. **Gallipoli.**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **On 27th. Aug. 1915. he contracted Enteric & Rheumatism and was sent to Imbros (27th. Aug) then Lemnos 4th. Sept. — thence to England, 19th. Sept., 1st. Southern General, Birmingham. Left there Dec. 3rd. was sent here from base on 9th. April with abdominal pain & vomiting, and had his appendix removed on that date.**

12. (a) Give your opinion as to the causation of the disability. **Exposure.**
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). **Active Service.**

13. What is his present condition? **Good deal of mental depression. Tremor, palpitation, and attacks of headache. Gastric pain and vomiting.**
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Heart & lungs are sound.

He had appendix removed on April 9th. after which he got pneumonia, since then he has had periodic attacks of gastritis with a febrile reaction for several day at a time: He is difficult to feed & is not showing marked improvement. He is unlikely to become an efficient soldier.

14. If the disability is an injury, was it caused

(a) In action? **Yes.**

(b) ~~On field service?~~

(c) ~~On duty?~~

(d) ~~Off duty?~~

15. Was a Court of Inquiry held on the injury? **No.**

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what? **Yes Removal of appendix**

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

(a) Discharge as permanently unfit, **Yes.**

or
(b) ~~Change to England?~~

[Signature] Captain N.Z.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station



[Signature] Major N.Z.M.C.

Officer in charge of Hospital.

Date

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

† Delete this word if no exceptions are to be made.

22/10/16
Karama

E.F. Form No. 19a.

COPY OF FINAL DISCHARGE.

Certificate of discharge of No. 10/2245 Rank Private
 Name: George Stanley Moran
 Unit: 1st New Zealand Expeditionary Force
 Born at Dannevirke
 Attested at Lenham on the 16th February '15
 At the age of 22 2/12 years

He is discharged in consequence of being ~~medically unfit for active service, although~~
~~ON ACCOUNT OF ILLNESS~~ **NO LONGER PHYSICALLY FIT FOR WAR SERVICE.**
~~CONTRACTED ON ACTIVE SERVICE, fit for~~ ~~employment in civil life.~~

Medals and decorations:
 No medal issued at date of discharge.
 Service abroad: 1 year 132 days.
 Service at home: year 231 days.
 Total service: 1 year 363 days.

Wellington. Harvey
 Discharge posted 11/2/17
 Signature: [Signature] Cap.
 For Brig.-Genl.,
 Commanding New Zealand Military Forces.
 Date: 13th February, 1917.

DESCRIPTION ON FINAL DISCHARGE

Of No. 10/2245

Age: <u>24 2/12</u> years.	Marks or scars, whether on face or other parts of the body:	Intended place of residence:
Height: <u>5</u> ft. <u>7</u> in.		
Complexion: <u>Dark</u>	<u>Nil</u>	<u>Plg.</u>
Eyes: <u>Grey</u>		
Hair: <u>Dark</u>		
Trade: <u>Packer</u>		

Character: Good ✓
 Character-certificate prepared:
 Character-certificate issued: (Date) _____
 By _____

3-600/2-10-60571

REMOVED ON HISTORY SHEET.
R100 31-1-17

Casualty Form—Active Service.

Regiment or Corps Wellington Inf. Batt.
 Regimental No. 10/2245 Rank Pvt Name Moran George Stanley
 Enlisted (a) 13.2.15 Terms of Service (a) period of war Service reckons from (a) 13.2.15
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (v) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
15.8.15	Of W.I.B.	joined Battalion	Kardanelles	11.8.15	B213.
4.9.15	Hosp. HQ's Post. Adm. Hosp.	trans to sick camp,	Gallipoli	30.8.15	M.Y.D. A 36 C 3282.
4.9.15	25 th C.C.S. Adm. H.Q.	"Guiaford Castle" Embros		2.9.15	Lydney A 36 C 3221
9.10.15	H.S. "Section"	Emb. for England	Malta	10.9.15	do Roll B 308.
	Rist H 1567	Adm. 1 st Str. Gen. Hosp.	Budley Rd. Birmingham	15.9.15	sick. Roll H 1567.
16.1.16	H.Q. B. Coy	attached str. H.Q. Base depot	Grey Towers England	16.1.16	P. II. O 16.1.16.
10.4.16	H.Q. Gen. Adm. Post	Trans. to H.Q. Mil. Hosp.	Walton-on-Thames	9.4.16	P. II. O. (72) Y 1135.
20.7.16	H.Q. Gen. Camp	traced. Hosp. readm. H.Q. Gen. Camp	Grey Towers	15.7.16	P. II. O. (12) Y 1998.
31.8.16	do	Emb. H.S. "Marama" for New Zealand and struck off strength 16 H.Q. E. F.		31.8.16	Now Roll H.Q. no 6 P.W. draft.

ENTERED ON HISTORY SHEET
 M.L.C.
 7.12.16

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g., Signaller, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

Active Service.

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

Exposure.

21. Has the disability been aggravated by

(a) Intemperance? **No.**

(b) Misconduct? **No.**

22. Is the disability permanent? **No.**

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

Twelve months.

To be stated in months.

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

One half for three months and then one quarter.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, or total incapacity.

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

No further operation advised.

26. Do the Board recommend **RECOMMENDED FOR RETURN TO NEW ZEALAND BY HOSPITAL SHIP. FOR DISCHARGE AS PERMANENTLY UNFIT.**

(a) Discharge as permanently unfit, or

(b) Change to England?

Signatures:—

Thompson Major N.Z.M.O. President.

Hoobler Captain N.Z.M.O. Members.

Station _____

Date _____

Approved.

Station **HEADQUARTERS, N.Z.E.F.,**

Date **8, SOUTHAMPTON ROAD, W.C.**

-> 6 JUL 1916 <-

A. D. M. S.

Edward Myers, Lieut. Col. R.F.M.C.,
Administrative Medical Officer.

Adm