



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 19<sup>th</sup> 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](http://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](http://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.



U7A-3-B4



F.B. Cane 1537  
INDEX CARD  
MENDED  
2/12

N° 2443425

NEW ZEALAND MILITARY FORCES.

**HOME DEFENCE FILE-COVER SHEET.**

**DUPLICATE.**

Army Number : 3/18/416  
3/25/954

Soldier : BLACK WOOD (Surname.) ALBERT JOHN (Christian names.)

Unit : A Coy (Area XI) Guards

Previous Papers : Flagstaff Bn, Subsequent Papers :

HOME GUARD

**FILE CHECK SHEET.**

- |                                   | Form.                            |                                 | Form.          |
|-----------------------------------|----------------------------------|---------------------------------|----------------|
| 1. (Cover Sheet)                  | N.Z. 769A. _____                 | 6. (Medical Report)             | N.Z. 355 _____ |
| 2. (Attestation, Home Defence) or | N.Z. 302 _____<br>N.Z. 367 _____ | 7. (Dental Card, if any)        | N.Z. 361 _____ |
| 3. (Index Slips)                  | N.Z. 347C. _____                 | 8. (Medical Case Sheet, if any) | N.Z. 377 _____ |
| 4. (Index Slip)                   | N.Z. 347D. _____                 | 9. (X-Ray Record of Chest)      | N.Z. 733 _____ |
| 5. (History Sheet)                | N.Z. 307 _____                   | 10.                             | _____          |

Remarks : Resigned 20/2/41

347  
To be X-rayed if required for (Mob)

Action complete \_\_\_\_\_

2 forms  
Jul 1949



DISCHARGED

NEW ZEALAND MILITARY

LOSS RECORDS.

FOR CARDS NATIONAL SERVICE DEPARTMENT.

Initials: \_\_\_\_\_ Date: / /

WAR.

Form N.Z. 307. (In pads of 100.)

DISCHARGED

# HISTORY-SHEET.

Army No. 3/12/416  
3/25/254

Unit: <u>Nat Res Bn</u>	Rank:	Christian Name: <u>albert john</u>	Surname: <u>Blackwood</u>
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Outward.		Inward, ex " _____ "		Service.			
	Date.		Date.	From	To	Yent.	Days.
Attested ..	<u>24/7/40</u>	Embarked ..		N.Z. ..	<u>30.12.43</u>	<u>8.42</u>	<u>217</u>
Entered camp ..	<u>26/10/40</u>	Arrived N.Z.					
Embarked ..		Discharged ..	<u>3.8.42</u>	<u>Wgforv</u>	Overseas		
Disembarked ..		Reason for return and/or discharge: <u>Discharged ill II.</u>					
At (Place.)			Total ..				<u>- 217</u>

Next-of-kin.	Relationship.	Address.
<u>Mrs. Ada Blackwood</u>	<u>wife</u>	<u>174 Stn Rd, Cavesham, Dunedin</u> <u>(See C.S. No 1 18/1/55)</u>

(Extra spaces are for changes of address or changes of name owing to decease, marriage, &c.)

Address of soldier on return to N.Z.

as above

61 51 46

## CASUALTIES.

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

DECEASED  
6-6-61

## ACTION AFTER RETURN TO NEW ZEALAND OR DISCHARGE ABROAD.

Nature of Document issued.	Date.	By	Address sent to	Pay Office advised.
<u>Cert. Discharge Issued 55374</u>	<u>19.12.47</u>	<u>R/P</u>	<u>Schedule No 1115</u>	<u>LJK</u>

<input type="checkbox"/> ITALY STAR	<input type="checkbox"/> FRANCE & GERMANY STAR
<input type="checkbox"/> ATLANTIC STAR	<input type="checkbox"/> DEFENCE MEDAL
<input type="checkbox"/> AFRICA STAR	<input checked="" type="checkbox"/> WAR MEDAL 1914-18
<input type="checkbox"/> BEHIND THE LINES STAR	<input checked="" type="checkbox"/> N.Z. War Service Medal
<input type="checkbox"/> PACIFIC STAR	
Assessed by: <u>Ho</u>	Checked by: <u>[Signature]</u>

Appn. No. 66423  
 Date 18/10/55  
 Initials [Signature]  
 Tel. Prop. 1  
 Tel. Prop. 2



Army No. 378/416 Name: Blackwood, Albert John Unit: 1st Military Res

DESCRIPTION OF SOLDIER ON ENLISTMENT.	MEDALS AND DECORATIONS.
Date of birth: <u>24/8/98</u> Place: <u>NZ</u>	
Age: <u>41</u> Height: <u>5' 8 1/2"</u>	
Complexion: <u>Fair</u> Eyes: <u>Blue</u> Hair: <u>Brown</u>	
Religion: <u>Baptist</u>	
Single, married, or widower: <u>married</u>	
Occupation: <u>Labourer</u>	
Place of enlistment: <u>Dunedin</u>	
Last employer: <u>Dunedin City C.C.</u>	
Last New Zealand address: <u>174 South Rd, Carershan, Dunedin</u>	
Particulars previous military service: <u>6 months NZEF</u>	

**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
<u>T/015 4 Bns 1st Mil Res</u>	<u>Dunedin</u>	<u>20.8.40</u>	<u>37/18 R.O. 0</u>	<u>20.8.40</u>
<u>Entered Addington Camp</u>	<u>Addington</u>	<u>26/10/40</u>	<u>38/40 R.O. 15</u>	<u>28/10/40</u>
<u>granted L.W.O.P. to 12/11/40</u>	"	<u>6/11/40</u>	<u>" R.O. 22</u>	<u>6/11/40</u>
<u>Relieved to home &amp; unit</u>	"	<u>21.12.40</u>	<u>" R.O. 56</u>	<u>21.12.40</u>
<u>Relieved from 1st Bn 1st Mil Res</u>	<u>Dunedin</u>	<u>3.1.41</u>	<u>38/25 R.O. 4</u>	<u>4.1.41</u>
<u>Resigned at own request.</u>	"	<u>11.2.41</u>	<u>" 62</u>	<u>21.2.41</u>

**DISCHARGED**

<u>Relieved to Bn HQ, Lake Park, Motor Co. re-enlistment</u>	<u>Dunedin</u>	<u>20.12.41</u>	<u>38/2 R.O. 76</u>	<u>1.1.42</u>
<u>Relieved to Bn HQ, Lake Park, Motor Co. re-enlistment</u>	"	<u>27.5.42</u>	<u>38/11 R.O. 56</u>	<u>27.5.42</u>
<u>Relieved from Bn HQ, Lake Park, Motor Co. re-enlistment</u>	"	<u>2.6.42</u>	<u>" R.O. 60</u>	<u>5.6.42</u>
<u>Relieved to 2nd. Cooking Course, Riccarton</u>	"	<u>19.5.42</u>	<u>38/2 R.O. 11</u>	<u>20.5.42</u>
<u>Relieved from Sch. of Cooking to Unit</u>	<u>Riccarton</u>	<u>4.6.42</u>	<u>38/2 R.O. 125</u>	<u>4.6.42</u>
<u>Relieved to Area 11 to S. at home W.P.S/A</u>	<u>Dunedin</u>	<u>15.6.42</u>	<u>38/7 R.O. 125</u>	<u>17.6.42</u>
<u>Relieved to Area 11 from sick at home to unit</u>	"	<u>22.7.42</u>	<u>BR 33/7 R.O. 81</u>	<u>24.7.42</u>
<u>Relieved to Bn HQ, Rgt. on furlough with P.O.</u>	"	<u>3.8.42</u>	<u>BR 33/7 R.O. 270</u>	<u>28.7.42</u>
<u>from 27/1 to 3/2, then to Area XI Pool on P.O.</u>	"	<u>4.8.42</u>	<u>38/11 R.O. 92</u>	<u>14.8.42</u>
<u>to join H. 9 within 14 days from date of release</u>	"	<u>1.2.43</u>	<u>BR 33/7 R.O. 92</u>	<u>24.2.43</u>
<u>Relieved to Area XI Pool on L.W.O.P.</u>	"	<u>3.8.42</u>	<u>BR 33/7 R.O. 24</u>	<u>13.9.42</u>
<u>Discharged</u>	<u>Area 11</u>	<u>3.8.42</u>		

**Discharged 3.8.42.**

**PARTICULARS OF WILL.**

Executor—Name: \_\_\_\_\_ Will already made and in possession of \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

# WAR SERVICES GRATUITY ASSESSMENT

[Form G.-1A.]

Service No.—ARMY: 318416

Name of Serviceman: BLACKWOOD

(Surname) Alberd  
(Christian name.) John

AIR: \_\_\_\_\_

NAVY: \_\_\_\_\_

Arm of Service.	ASSESSABLE SERVICE.		From	To	N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debits.	Net Gratuity.	Certified correct.	Date.	THIS SPACE RESERVED FOR BASE RECORDS USE ONLY
	N.Z.	Overseas.										
Navy												R.-3. History Sheets. (For comparison service and completing dates on N.Z.-307 where necessary.) (Initials) <u>RB</u> (Date.) <u>201246</u> 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.)												
Supplementary Gratuity payable in respect of Disabled Servicemen												
TOTAL												
							74.				74.	

28 JAN 1946

63478

Post-office Schedule No. 16

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

31 MAR 1946

Date of Entitlement: \_\_\_\_\_  
 [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.]



# Home Gd. Flagstaff Bn,

NEW ZEALAND MILITARY FORCES.

110/5927 H.G.

T

WAR.  
[Form N.Z.—347E.  
(In pads of 50 sets.)  
Registration No.

Surname: **BLACKWOOD** Christian names: **Albert John.**

Address: **174 South Road, Caversham.**

Married or single: **Married.** Date of birth: **24/8/98** Number of children under 16 years: **ONE** Date of Registration: **19/7/42**

Occupation: **LABOURER.** Other trade or professional qualifications: \_\_\_\_\_

Name and address of last employer: **Dunedin City Corporation, Dunedin.**

If foreign born, country of birth, and if naturalized: \_\_\_\_\_

Previous experience in Navy, Army, or Air Force: **Nat. Res.** Arm of service: \_\_\_\_\_ Last rank held: \_\_\_\_\_ Total service: **3 yrs**

Arm of service preferred: \_\_\_\_\_ Religion: **Baptist.**

Next-of-kin: **Mrs. A.P. Blackwood (wife)** Address: **as above.**

Medical grade: **ONE TWO** Classification: **PIT(H.D.)** Date: **1/2/43**

Final disposal (In Area): \_\_\_\_\_ Date: \_\_\_\_\_

2,000 pads, 9/40—8076—Form 347A-E/1—F.

ROLL FOR BASE RECORDS.

## HOME GUARD ENROLMENT FORM.

[N.Z. 6—H.G.]

1. Full name: **BLACKWOOD ALBERT JOHN** No. H.G. **11 5927**

2. Address (private): **174 Sth Rd, Caversham** Phone: \_\_\_\_\_ (business) Phone: \_\_\_\_\_

3. Occupation: **D.C.C.** 4. Any special or expert knowledge, trade, or craft? \_\_\_\_\_

5. Date and place of birth: **Dunedin 24/8/98** 6. Are you British by birth? **Yes** 7. By naturalization? \_\_\_\_\_

8. Next-of-kin: **Mrs A.P. Blackwood (Wife) Same address**

9. Military experience: **3 1/2 years Service NAT. Reserve**

10. Do you clearly understand the obligations cast upon you in joining the Guard? **Yes**

11. Considering your age, are you reasonably fit? **Yes** CHILDREN UNDER 16: **ONE**

12. Do you therefore wish to serve in the Guard? **Yes** 13. Are you able to perform the required duties and training? **Yes**

14. Are you licensed to drive a motor-vehicle? \_\_\_\_\_

I, **Albert John Blackwood**, do solemnly and sincerely declare that my answers above are true and correct; that I will in no way divulge, except in the course of my duty with the Guard, any secret, confidential, or important information that may come to my knowledge whilst serving in the Guard, and that whilst so serving I will do all in my power to prevent the rise or spread of rumour of any description.

I, **Albert John Blackwood**, 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 Home Guard of New Zealand according to the Rules and Orders of the Guard, or in the Defence Forces of New Zealand, if the unit of the Guard in which I am serving should be embodied therein, until I shall be lawfully discharged. So help me God.

Declared and sworn before me: **[Signature]** A commissioned officer of H.M. Forces.

Usual signature: **A.J. Blackwood**

at **Caversham** this **19** day of **July**, 194**2**. **11/5927**

3/18/4  
 EXAMINED  
 Initials 7/25/254  
 WAR.  
 [Form N.Z. 307.  
 (An index of 100.)  
 ARMY  
 Army No. 3467/16

# HISTORY-SHEET.

Unit: <i>4th Bn MM</i>	Rank: <i>Pte</i>	Christian Name: <i>Albert John</i>	Surname: <i>Blackwood</i>
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Outward.		Inward, ex "_____"			Service.				
	Date.		Date.	Place.	N.Z. ...	From	To	Year.	Days.
Attested ..		Embarked ..							
Entered camp ..		Arrived N.Z.							
Embarked ..		Discharged ..			Overseas				
Disembarked*		Reason for return and/or discharge:							
At _____ <small>(Place.)</small>									
						Total ..			

Next-of-kin.	Relationship.	Address.
<i>Ada Blackwood</i>	<i>wife</i>	<i>144 South Road Caversham Dunedin</i>

(Extra spaces are for changes of address or changes of name owing to deaths, marriages, &c.)

## 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. 3/18/416 Name: BLACKWOOD ALBERT JOHN  
(Surname first)

Classification of Availability: Gr 2 LWO P 45

Action required to be taken by Area is indicated in Inspector's column by a X.		Inspector's Column.	Area Column.	
Completed action to be indicated by Area by a tick in Area column, with initials and date (in ink).				Initial and Date, (in ink).
1.	File in date order .. .. .	<u>R16</u> X		<u>EM 15-9-44</u>
2.	Form 355 (Medical) (a) Grading review .. .. .			
	(b) Grading clear and complete .. .. .			
	(c) Stamp re X-ray (A. I. 258) .. .. .			
3.	Form 733 (X-ray) in order .. .. .			
4.	Form 367 (Attestation) in order .. .. .			
5.	Form 307 (History) (a) detached .. .. .			
	(b) complete .. .. .			
6.	All papers refer to reservist concerned .. .. .			
7.	Appeal (a) Under B/U. .. .. .			
	(b) Redetermination asked for .. .. .			
	(c) .. .. .			
8.	Authority for L. W. O. P. (a) attached .. .. .			
	(b) under B/U. .. .. .			
	(c) Review asked for .. .. .			
9.	Other action required: <u>Type Backing sheet</u> <u>R5</u> X			<u>BR 11/3/44</u>
	<u>Send Dr. R.D.W. to Base Records</u> <u>R5</u> X			<u>BR 10/3/44</u>
	<u>the particulars on Dummy History sheet on to 307</u> <u>R6</u> X ✓			<u>BR 14.3.44</u>
10.	Home Guard action taken .. .. .			
11.	Form 347A .. .. .			
12.	Form 347B .. .. .			
13.	.....			
14.	.....			

Inspector's Initials: [Signature]

Date: 9.3.44

ARMY HEADQUARTERS RECORDS INSPECTION--EXAMINATION SHEET

CERTIFIED COPY  
NEW ZEALAND MILITARY FORCES.

WAR.  
[Form N.Z.-684.  
(In pads of 100 forms.)

**Decision of Army Headquarters Posting Committee.**

Item Number : \_\_\_\_\_ Date : 15/2/43 Camp : Area XI  
No. 3/18/416 Pte. BLACKWOOD A.J. 44 Labourer D.C.C.  
(Rank) (Name) (Age) (Occupation)  
Married : 2 Children. Single Any special qualifications : \_\_\_\_\_  
Home Address : 174 Sth Rd. Caversham, Dn.

**DECISION,**

Bded 1.2.43 Grade 2. Remains in Area XI Pool on L.W.O.P. (Man Power)

D.COSSGROVE. Major

} Posting  
Committee.

(To be affixed inside Form N.Z.-179, if latter used.)  
see page 6/42-2345]



SICK AND WOUNDED OFFICE AREA XI, DUNEDIN.



NO. 3/18/46 RANK. Pte. NAME: Blackwood A.J. UNIT: L.W.Q.P. CASE: \_\_\_\_\_

Sick at home on 1/2/43 R/O No. \_\_\_\_\_

Reboarded on 1/2/43 R/O No. For reboard.

Certified by A Thompson Sgt 1/2/43

SICK AND WOUNDED,

DISTRICT HEADQUARTERS

NEW ZEALAND MILITARY FORCES

SOUTHERN MILITARY DISTRICT

CHRISTCHURCH.

Form N.Z.—179.

Complete in triplicate.

All questions must be completed.

# MEDICAL BOARD.

4 - FEB 1943

(i) Name: BLACKWOOD, Albert John  
(Surname first, in block letters.)

(ii) Regimental No. 3/18/116 (iii) Rank: Pte. (iv) Unit: A. Coy. Cds.

(v) Address or station 174 South Rd. Caversham (vi) Age: 44 (vii) Race: British (viii) Blood group: \_\_\_\_\_

(ix) Pre-service trade } labourer (x) Place of enlistment: } Dune in (xi) Date of enlistment: } 21th July '20  
or occupation: } D.C.C.

(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 of which you complain?  
(To be answered in soldier's own words.) Instructed to attend for the board.

2. On what date did it begin or occur? \_\_\_\_\_

3. In what locality were you when it began or occurred? N.A.

4. What, in your opinion, was the cause of the disability? \_\_\_\_\_

5. In what hospitals, and on what dates, have you received treatment for it? \_\_\_\_\_

	Place.	From	To
6. What previous service have you had?	1. <u>N.Z.</u>	<u>1918</u>	<u>to</u>
	2. <u>N.Z.</u>	<u>1927-1928</u>	<u>7 months</u>
	3. _____	_____	_____
	4. _____	_____	_____

7. What previous diseases, wounds, or injuries have you had? No.

8. (a) Have you received compensation or pension for any disability? (a) NO

(b) If so, state details .. .. (b) \_\_\_\_\_

9. (a) Have you any other ailments? .. (a) None

(b) If so, state details .. .. (b) \_\_\_\_\_

10. (a) Have you ever been rejected for life insurance? (a) No

(b) If so, why? .. .. (b) \_\_\_\_\_

Place: Dunedin

Date: 10 Feb 43

Signature: A. J. Blackwood



**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.)

2. Indicate main features in—

(a) History

*Serving in Camp - manpowered out on 9/6/41  
Domestic hardship August 42*

(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?

(b) Or is recommended?

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

*ANA*

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?

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

*None*

Place : *Dunedin*

Date : *1. 2. 43*

*St. Carmel 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 or disability. If more than one, list under a, b, c, &c.

*See Part II.*

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

*Physical Exam reveals no disability.*

*Domestic situation appears to be unaltered.*

3. Is the disability—  
 (a) Attributable to military service abroad? (a)  
 (b) Attributable to military service in New Zealand? (b)  
 (c) Due to other causes? .. (c)

*NA*

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

5. Has the disability been—  
 (a) Caused, or .. .. (a)  
 (b) Aggravated by— (b)  
 (i) Intemperance? ..  
 (ii) Misconduct? ..  
 (iii) Venereal Disease? ..

6. What is the degree of disablement?  
 (Express in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil)

7. What will be the duration of the present degree of disablement?



PART III—continued.

8. If an operation was advised and declined, was the refusal unreasonable?	NA
9. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?	PU
10. 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.—i.e., temporary employment section? (State whether fit to live in camp or at home.) (ii)	Fit Fit
11. If temporarily unfit, for how long? . . .	NA
* 12. <b>Applicable only to Officers and other Ranks, N.Z. Regular Forces and N.Z. Temporary Staff.</b> (To be answered by Military Medical Boards—not by Civilian Medical Boards.) (a) While temporarily unfit— (a) (i) What specific military duties, if any, is the patient capable of carrying out while he is recovering from his disability? (i) (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? (ii) (iii) Has the patient carried out regular attendance for out-patient's treatment to the satisfaction of the Medical Superintendent of the Hospital concerned? (iii)	/
13. In what grade do you place him? . . . (Complete only when finality reached for all types of service.)	Two
14. What further treatment, if any, does the Board recommend?	nil
15. Does the Board make any other recommendations—e.g., regarding suitable type of employment if Grade iii?	Fit for Home Guard Duties N.B. was man-powered out on compassionate ground.

Place: Dunedin Signatures: D. W. Farnham Jones President.  
Date: 1-2-43 W. J. Palens Member.

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

DECISION: \_\_\_\_\_  
\_\_\_\_\_

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Director-General, Medical Services.

238 HIGH STREET  
DUNEDIN

I certify that <sup>Mr.</sup> W. A. J. Blackwood  
is suffering from bronchitis  
and an injured leg and is  
not fit to undertake the  
duties of Home Guard

E. H. Williams  
M.R.S.

2.10.92

Loop from  
Terr. Force for file



**NOTICE OF DETERMINATION OF ARMED FORCES APPEAL BOARD.** [N.S.—15.]

To 3/18/416

Pte. A.J. Blackwood,

Appeal No. RELEASE 2/Otago

Registration No. 3/18/416

Date of Gazette: 2nd BATTALION

2nd Battn. Otago Regt.  
TAIHERA PARK, DUNEDIN

IN THE MATTER OF BLACKWOOD, A. J. (Pte.) 17 JUL '42  
a man called up for service with the Armed Forces, APPELLANT, AND  
or a Notice of Appeal therein by Pte. A.J. Blackwood Private



on the grounds of—

The determination of the Appeal Board on the above-mentioned appeal is as follows:—

**After hearing evidence:**

Recommend release from Camp, conditional upon appellant within fourteen days from date of release joining the HOME GUARD and thereafter attending parades.

The appellant is to be regarded as available for immediate mobilisation in an extreme emergency.

(Special Report Forwarded).

Dated at DUNEDIN, this 14th day of July, 1942.

H.G. Dunedin.

(Sgd.) B. G. Cameron Chairman, No. 1 Armed Forces  
" W. R. Clarke Member, Appeal Board, DUNEDIN.

Attention is particularly drawn to the endorsements printed on the back hereof. This notice should be retained by the appellant. (2360—42)

H.G. Dunedin.

(Sgd.) B. G. Cameron Chairman, No. 1 Armed Forces  
" W. R. Clarke Member, Appeal Board, DUNEDIN.

Attention is particularly drawn to the endorsements printed on the back hereof. This notice should be retained by the appellant. (2360—42)

1. The pendency of an appeal in no way suspends the obligation of service and obedience imposed on the appellant by the regulations, except so far as such suspension may be expressly allowed by the Appeal Board. If the appeal is adjourned, any such suspension granted will be clearly shown on the face hereof.

2. Where there has been an adjournment of an appeal on the ground of undue hardship to the appellant or to some other person, the appellant and such other person (if any) should immediately notify the Director of National Service, Wellington (quoting the name of appellant and his registration number), if by change of circumstances the conditions of undue hardship cease to exist.

3. Where there has been an adjournment of an appeal on the ground that by reason of his occupation the calling up of appellant would be contrary to the public interest, it shall be the duty of the appellant and of his employer (if any) immediately to notify the Director of National Service, Wellington (quoting the name of appellant and his registration number), if and so soon as the appellant ceases to be engaged in the occupation in which he was engaged at the time his appeal was so adjourned.

4. The appellant must immediately notify the Director of National Service, Wellington, of any change of his residential address. Forms for this purpose are available at all post-offices.

**ENDORSEMENTS**

**NOTICE OF DETERMINATION OF ARMED FORCES APPEAL BOARD. (N.S.—16.)**

To 3/18/416

Appeal No. RELEASE 2/Otago

Pte. A.J. Blackwood,

Registration No. 3/18/416

2nd Battn. Otago Regt.  
TAHUNA PARK, DUNEDIN

Date of Gazette:

2nd BATTALION
APPEAL BOARD, AND
Otago Regiment

IN THE MATTER OF BLACKWOOD, A. J. (Pte.)

a man called up for service with the Armed Forces,

of a Notice of Appeal therein by Pte. A.J. Blackwood

on the grounds of—

The determination of the Appeal Board on the above-mentioned appeal is as follows:—

After hearing evidence;

Recommend release from Camp, conditional upon appellant within fourteen days from date of release joining the HOME GUARD and thereafter attending parades.

The appellant is to be regarded as available for immediate mobilisation in an extreme emergency.

(Special Report Forwarded).

Dated at DUNEDIN, this 14th day of July, 1942.

H.G. Dunedin.

(Sgt.) B. G. Cameron Chairman. | No. 1 Armed Forces  
W. R. Clarke Member. | Appeal Board, DUNEDIN.

Attention is particularly drawn to the endorsements printed on the back hereof. This notice should be retained by the appellant.

*PIF*  
*No 270*  
*LHOP. 3/18/42*

*Acw 24/8/98*



**NEW ZEALAND MILITARY FORCES.**

In your reply  
I.R. 7/2/8  
Please quote this number.

HEADQUARTERS,

Records Office,  
2nd BATTALION  
P.O. Box 715,  
9-AUG 1942 DUNEDIN, N.Z.  
Otago Regiment 10th August, 1942.

MEMORANDUM for:

The Adjutant,  
2nd Otago Regt.,  
TAHUNA PARK M.C.

Re: 3/8/416 A.J. BLACKWOOD.

Instructions have been received by telephone from Southern Military District for the immediate release of the above-named on account of domestic hardship.

Would you please take the action required to give effect to these instructions.

P.F.

*A. Meyrick*  
Lieut, N.Z.T.S.  
Officer in Charge Records,  
AREA XI.

(D. 224/2/120.) 7,500 pads/2/42—24779

338 HIGH STREET  
DUNEDIN

25 AUG 1942

Recd by that A. J. Blackwood  
has injured his right foot  
and is not fit to carry out

Home Guard duties

E. H. Kilham. M.C.

August 22. 1942. 13/2

C. Coy Platoon Staff  
F.W.C.P.  
New Zealand Military Forces

Ref. 32/7250/A

PF

Headquarters,  
Southern Military District,  
P.O. Box 1024,  
CHRISTCHURCH.



BATTALION  
REGIMENT

MEMORANDUM for:

Headquarters,

Area 11,

DUNEDIN

7th August 1942

Re: 3/18/416 BLACKWOOD, A.J. 2/Otago

Confirming telephone instructions of the 7th August 1942  
the above-named is to be granted leave without pay indefinitely  
to return for civil employment with Domestic Hardship  
This man is is not available in an emergency.  
~~To be transferred to the HOME GUARD.~~

Copies to:

2/Otago

*J. Hutchison*  
Major  
D.A.A.G.  
SOUTHERN MILITARY DISTRICT

UNIT RECORDS COPY.

*[Faint handwritten notes on a separate piece of paper, including dates like 2/11/42 and 2/17/42]*



**NEW ZEALAND MILITARY FORCES.**

P.F.

[Form N.Z.—398.  
(In pads of 100.)

In your reply  
S&W 11.10/1/14  
Please quote this number.

**2nd BATTALION**  
HEADQUARTERS.  
**22 JUL 1942**  
**Otago Regiment**

MEMORANDUM for;  
The Adjutant,  
2nd Otago,  
TAHUNA M.C.

Sick & Wounded,  
Army Dept.  
P.O.Box 715, DUNEDIN  
22nd July 1942

RE: 3/18/416 Pte. A.J.BLACKWOOD

In accordance with N.S.13 of the 14th inst. the  
abovementioned has been marched out of Area XI, Sick at home  
at 1200 hours 22/7/42 to Unit for disposal, Unit to march  
Private Blackwood out to Manpower.

*H. J. Jamieson* LT.N.Z.T.S.  
Officer i/c Sick & Wounded,  
AREA XI.

*M/G 1200 hrs  
w. e. f. 22/7/42  
@m*

*M/O. 0800 hrs  
27/7/42  
R. O. 270.*

**NOTICE OF DETERMINATION OF ARMED FORCES APPEAL BOARD.** [N.S.—15.]

RELEASE FROM 2/Otago.

To The Group Adjutant,  
Home Guard,  
Box 103, DUNEDIN.

Appeal No. \_\_\_\_\_  
Registration No. 3/18/416  
Date of Gazette: \_\_\_\_\_

IN THE MATTER OF BLACKWOOD, A. J. (Pte.) 174 South Rd.  
Caversham,  
a man called up for service with the Armed Forces, APPELLANT, AND  
of a Notice of Appeal therein by Pte. A. J. Blackwood

\_\_\_\_\_ on the grounds of—

The determination of the Appeal Board on the above-mentioned appeal is as follows:—

**After hearing evidence:**

Recommend release from Camp, conditional upon appellant within fourteen days from date of release joining the HOME GUARD and thereafter attending parades.

The appellant is to be regarded as available for immediate mobilisation in an extreme emergency.

Dated at DUNEDIN, this 14th day of July, 1942.

(Sgd.) M. C. Cameron, Chairman, No. 1 Armed Forces  
" W. R. Clarke, Member, Appeal Board, DUNEDIN.

Attention is particularly drawn to the endorsements printed on the back hereof. This notice should be retained by the appellant. 12360-42

238 HIGH STREET  
DUNEDIN

2ND BATTALION

15 JUL 1942

C/MSG/18/416/6

Rec'd early that  
Pte. A. J. Blackwood  
is not fit for duty.

E. A. Wilhem

29.6.42

Pte. A. J. Blackwood

Sick & Wounded  
AREA XI.  
DUNEDIN



Dunedin Hospital

DUNEDIN. C.I. 15 JUN 1942 194

Re Mr. Blackwood, Albert.

Attended Surg. o.p. this am.

Clinically, I can find nothing that would prevent him from returning to Camp.

*[Signature]*

Sick & Wounded  
AREA XI.  
DUNEDIN

*[Signature]*  
15/6/42

P/F  
2/18/42 Tokana

NEW ZEALAND MILITARY FORCES.  
MEDICAL CASE SHEET.

WAR.  
[Form N.Z.—377.  
(In pads of 100.)

2nd Battalion  
Otago Regt.  
No 3 Coy

No. 3/18/42 Rank: Pte Name: Blackwood Albert Unit: No 3 Coy  
(Surname first.)

Date of Admission:	A. & D. No.	Recovered ..	Age: <u>21.4</u>	Blood group: ..	Civil occupation: ..
Date of Discharge:		Relieved ..	Admitted to (Med. Unit) .. at (location) ..		
		Boarded ..			
		Died ..			

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

\* ON ADMISSION.

- Complains 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 .. ..
- Extremities: Neuro-Muscular System:—
- Motor .. ..
- Trophic .. ..
- Sensory .. ..
- Reflex .. ..
- Bones .. ..
- Joints .. ..
- Lymphatic System .. ..
- Special Senses:—
- Eye .. ..
- Ear .. ..
- Nose .. ..

15 JUN 1942 Vomiting in am.  
Sun was tilted 3 weeks ago.  
D.E. Chemically N.A.D.  
Platen

Chloroform



*Special Leave*

(Form N.Z.—47.  
(In lbs. of 100.)

NEW ZEALAND MILITARY FORCES.

**PASS (for Leave of Absence).**

THE BEARER, No. *3/18/416 Cte A. J. Blackwood*  
of the *2nd BN. OTAGO REGT.* Unit, has permission to be

absent from <sup>Camp</sup>Parade from *1000* hours\* *8/6/42*

until *1000* hours\* *15/6/42* *2nd Battalion, Otago Regt.*

Recommended by *W. J. ...* *W. J. ...*

*Pahuna* Lt. & Adj. Commanding.

(Camp or place.)

*8-6-*, 1942

\* Here insert date.

# MEDICAL BOARD.

(i) Name: BLACKWOOD, Albert John  
(Surname first, in block letters.)

(ii) Regimental No. 3/18/416 (iii) Rank: Pte. (iv) Unit: A. Coy. Gds.

(v) Address or station: 174 South Rd. Caversham (vi) Age: 41 (vii) Race: British (viii) Blood group: ---

(ix) Pre-service trade } Labourer (x) Place of enlistment: } Dunedin (xi) Date of enlistment: } 21th July '40  
or occupation: } D.C.C.

(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 of which you complain? (To be answered in soldier's own words.)	<u>Instructed to attend for Reboard.</u>		
2. On what date did it begin or occur?	<u>N.A.</u>		
3. In what locality were you when it began or occurred?			
4. What, in your opinion, was the cause of the disability?			
5. In what hospitals, and on what dates, have you received treatment for it?			
6. What previous service have you had?			
	1. <u>N.Z.</u>	<u>1918.</u>	<u>to 1922</u>
	2. <u>N.Z.</u>	<u>1922-1922</u>	<u>7 months.</u>
	3.		
	4.		
7. What previous diseases, wounds, or injuries have you had?	<u>No.</u>		
8. (a) Have you received compensation or pension for any disability?	(a) <u>NO</u>		
(b) If so, state details	(b)		
9. (a) Have you any other ailments?	(a) <u>None</u>		
(b) If so, state details	(b)		
10. (a) Have you ever been rejected for life insurance?	(a) <u>No.</u>		
(b) If so, why?	(b)		

Place: Dunedin

Date: 1. 2. 62.

Signature: A. J. Blackwood



**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.)

2. Indicate main features in—

(a) History

*Serving in Camp. Manpowered out a 9.11/4  
domestic hardship August 42*

(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?

*NA*

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

*None*

Place : *Dumedin*

Date : *1.2.43*

*[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 or disability. If more than one, list under a, b, c, &c.

*See Part II*

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

*Physical exam reveals no disability.*

*Does the situation appears to be unaltered*

3. Is the disability—

- (a) Attributable to military service abroad? (a)
- (b) Attributable to military service in New Zealand? (b)
- (c) Due to other causes? (c)

*NA*

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

5. Has the disability been—

- (a) Caused, or .. .. (a)
- (b) Aggravated by— (b)
  - (i) Intemperance? ..
  - (ii) Misconduct? ..
  - (iii) Venereal Disease? ..

6. What is the degree of disablement? (Express in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil)

7. What will be the duration of the present degree of disablement?



PART III—continued.

8. If an operation was advised and declined, was the refusal unreasonable?	NA
9. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?	PU
10. 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., i.e., temporary employment section? (State whether fit to live in camp or at home.) (ii)	Fit Fit
11. If temporarily unfit, for how long?	NA
* 12. <b>Applicable only to Officers and other Ranks, N.Z. Regular Forces and N.Z. Temporary Staff.</b> (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?	[Diagonal line through the section]
13. In what grade do you place him? ... (Complete only when finality reached for all types of service.)	Two
14. What further treatment, if any, does the Board recommend?	nil
15. Does the Board make any other recommendations—e.g., regarding suitable type of employment if Grade iii?	Fit for Home Guard Duties N.B. was recommended out on compassionate ground.

Place: Dunedin Signatures: D. W. Palmate Jones President.  
Date: 1-2-43 W. J. Palmer Member.

PART IV.

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

DECISION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Place: \_\_\_\_\_  
 Date: \_\_\_\_\_

Director-General, Medical Services.

"A" Coy. (Area XI) Guards,  
Vital Points,  
Dunedin.  
25/2/41.

MEMORANDUM for:

Mr. A.J. Blackwood,  
174 South Road,  
Caversham.

Re Return of Clothing.

As you have resigned from the above Guard all military clothing held by you must be returned or paid for in order to have your File cleared.

*Qb.* Capt. for O./G.

*DE*  
"A" Coy. (Area XI) Guards,  
Vital Points,  
Dunedin 21/2/41.

MEMORANDUM for:

District Accountant,  
Christchurch.

Re: 3/25/ 254 Blackwood A.J.

This man was discharged from the above Guards on 20/2/41.

He was paid up to and including 11/2/41.

Pay Book is forwarded for Final pay.

N.Z. 160 is attached for Kit Deficiency.

*[Signature]* Capt. for O./G.



Pvt. Area.

Squad.

14/2/41

P.C. A. Coy.

Area VI Guards, T.P.

Re. Resignation.

Sir. I would like to tender my resignation from  
the unit to take effect from the 20<sup>th</sup> Feb. 1941.



A. J. Blackwood.

No 1 Platoon. A. Coy.

Area VI Guards VP.

DUNEDIN HOSPITAL.

This is to certify that Mr. Blackwood  
is at present attending the Physio-therapy Department of this  
Hospital. *but will be able to resume light  
work on Monday, 20<sup>th</sup> January.*

C. Spence - Sales.

DUNEDIN HOSPITAL.

14/1/41.

This is to certify that Mr R. J. Blackwood  
is at present receiving treatment at the Outpatient Dept. of  
this Hospital suffering from Injury to right leg.  
*involving a tearing of the sartorius muscle*

C. Spence - Sales.

*to resume duties on  
Monday, January 20<sup>th</sup> 1941.*

*M6 CHB.*



ROYAL NEW ZEALAND AIR FORCE.

(DUPLICATE.)

# SICK REPORT.

Unit: Adlyng Area to Guards V.P. (Station) Eden Beach (Date) 9<sup>th</sup> Jan 194

Reg. No.	Rank.	Name.	Date placed on Sick list or of reporting Sick.	Disability.	Action taken:— (a) Medicine and duty. (b) Medicine and light duty. (c) Treatment in camp hospital. (d) Evacuated to home. (e) Evacuated to public hospital. None.—Action other than above to be stated in detail.	Remarks.
P.6		Blackwood, J.	9/1/44	Turning R. knee	Admin given to apply higher binder - not home for duty NEDD	Advised next for duty - duties again 10/1/44 NEDD

Signed: B.D. Lyon S/L

Medical Orderly:

Signed:

Medical Officer or Adjutant.







WAR.

[Form N.Z.—303.  
(In parts of 100).

NEW ZEALAND MILITARY FORCES.

PERSONAL RECORD of—  
(Surname.)

Regimental No.  
(Christian Name.)

3/25/254  
3/18/416

BLACKWOOD

Albert John

REGIMENT or UNIT: "A" Coy. (Area XI) Guards Vital Points

PREVIOUS  
PAPERS:

TRANSFERRED TO

SUBSEQUENT  
PAPERS:

DATE:

ATTESTATION FOR SERVICE IN TIME OF WAR.

3/25/25E

Questions to be put to the Recruit.

1. What is your name? <i>(Christian names and surname to be written in block letters.)</i>	1. Surname: <b>BLACKWOOD</b> Christian names: <b>ALBERT JOHN</b>
2. Where were you born? <b>Dunedin</b>	2. <b>Dunedin</b>
3. What is the date of your birth? <b>24/8/98</b>	3. <b>24/8/98</b>
4. Are you a British subject? If naturalized, state where and when	4. <b>Yes</b>
5. Where were your parents born?	5. Father: <b>Dunedin</b> Mother: <b>England</b>
6. If your parents were of alien birth, state when and where they were naturalized	6. Father: _____ Mother: _____
7. What is your trade or calling?	7. <b>Labourer</b>
8. What is your address in New Zealand?	8. <b>174 5th Rd. Carersha</b>
9. Who is your next of-kin? (state relationship) <b>Wife</b>	9. Name: <b>Ada Blackwood</b> Address: <b>174 5th Rd. Carersha</b>
10. What is the name and address of your present or last employer?	10. <b>D.C.C.</b>
11. What are your educational qualifications?	11. <b>Primary</b>
12. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?	12. <b>Married</b>
13. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?	13. <b>Two</b>
14. If single with dependants, state who they are	14. _____
15. Have you ever served in any naval, military, or air force? If so, state which, length of service, and cause of discharge	15. <b>Yes N.Z.S.F</b> <b>6 months</b>
16. Are you willing to be inoculated or vaccinated if required?	16. <b>Yes</b>
17. Are you willing to serve in the New Zealand Military Forces for the duration of the war, for so long after the war as will enable you to be demobilized, or until lawfully discharged?	17. <b>Home Service only</b>
18. What is your religious denomination?	18. <b>Baptist</b>

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 *Albert John Blackwood*

Oath to be taken by Recruit on Attestation.

I, **Albert John Blackwood**, 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 **Dunedin**, New Zealand, on this **24<sup>th</sup>** day of **July**, 19**22**.

Signature of Attesting Officer: *J. H. Phipson Lt*

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 Appendix XVII.



TO BE COMPLETED  
IN DUPLICATE.

RECORD OF MEDICAL BOARD.

Surname: BLACKWOOD Christian names: Albert John

EXAMINED ON: 24th day of July, 1940, at Dunedin.

DECLARED AGE: 44 years 330 days. HEIGHT: 5 feet 8 1/2 inches. WEIGHT: 11 st. - lb.

CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 37 1/2 inches. COMPLEXION: Fair EYES: Blue.

RANGE OF EXPANSION: 2 1/4 inches. HAIR: Brown

PHYSICAL DEVELOPMENT: Good TRADE OR OCCUPATION: Laborer

VACCINATION-MARKS—ARM: RIGHT, - LEFT, 3 NUMBER: 1 WHEN VACCINATED: 1917

Medical Statement.

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

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

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

Date: 24/7/40 Signature of Candidate: Blackwood

Without Glasses. With Glasses.

Vision—Right eye: 6/6 Cardiac Efficiency Test:—Pulse rate: sitting: 80; standing: 90; after exercise: 110; two minutes later: 90; (Not required for Home Defence.)

Left eye: 6/6 What is his blood-pressure? 140/90

Is his heart normal? Yes

Urine: S.P. 1005 Normal. No Alb. M.

Is he free from hernia? Yes

Is he free from varicocele? Yes

Re-Examination Dispensed With. Ballot No. 3/18/416

Surname: BLACKWOOD Christian Names Albert John

Permanently Grade TWO Code No. 36

~~T.U. — not to be re-examined until treatment given.~~

FIT ~~UNFIT~~ for Garrison Duty in Tropics.

FIT ~~UNFIT~~ for Home Guard. (Sgd.) Ph. Robertson Regional Deputy.

FIT ~~UNFIT~~ for Camp.

Date 20/7/43

Sections to Note -  
N.Z. 347A 8 N.Z. 347B.C.D. Home Guard

Permanently-Unfit )  
Fit )  
Temporarily-Unfit ) For Active Service in any part of the World.  
Permanently-Unfit )  
Fit ) For Garrison Duty in Tropics. \_\_\_\_\_, President.  
Unfit )  
Fit for Temporary Service in New Zealand. \_\_\_\_\_, Member.

\* Strike out all lines that do not apply.

TO BE COMPLETED  
IN DUPLICATE.

RECORD OF MEDICAL BOARD.

Surname: BLACKWOOD Christian names: Albert John  
 (In block letters)

EXAMINED ON 24th day of July, 1940, at Dunedin.

DECLARED AGE: 44 years 330 days. HEIGHT: 5 feet 8 1/2 inches. WEIGHT: 11 st. 7 lb.

CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 37 1/2 inches. COMPLEXION: Fair EYES: Blue

RANGE OF EXPANSION: 2 1/4 inches. HAIR: Brown

PHYSICAL DEVELOPMENT: Good TRADE OR OCCUPATION: Labourer

VACCINATION-MARKS—ARM: RIGHT, — LEFT, 3 NUMBER: — WHEN VACCINATED: 1917

Medical Statement.

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

- Have you ever suffered from fits, convulsions, or nervous breakdown? .. 1. etc
- Have you ever had any illness, accident, or operation? If so, give particulars .. 2. no
- Who is your usual family doctor? .. 3. Mr. Williams  
Have you consulted a doctor in the last five years? If so, give particulars ..
- Have you ever suffered from any discharge or other affection of the ears? .. 4. no

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

Date: 24/7/40 Signature of Candidate: Blackwood

Without Glasses. With Glasses.

Vision—Right eye: 6/6  
 Left eye: 6/6  
 u: normal

Right ear: normal Left ear: normal

Is the condition of the (1) tongue, (2) fauces?—  
 (1) clean (2) healthy

Teeth well formed? yes

Movements of all his joints full and perfect? yes

Hand well formed? yes

Organs normal? yes

Cardiac Efficiency Test:—Pulse rate; sitting: \_\_\_\_\_  
 standing: \_\_\_\_\_; after exercise: 110; two  
 minutes later: 90; (Not required for Home Defence.)

What is his blood-pressure? 140/90

Is his heart normal? yes

Urine: U.P. 1005 spec. all alb. M6

Is he free from hernia? yes

Is he free from varicocele? yes

Is he free from varicose veins? yes

Is he free from hemorrhoids? yes

Is he free from inveterate or contagious skin-disease? yes

What is the condition of the nervous system? normal

Remarks.

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

Certificate of Medical Examination.

Examined and placed in Grade: I Dental Classification: \_\_\_\_\_  
 (Form N.Z.—360.)

- Temporarily Unfit } For Home Defence.
  - Permanently Unfit }
  - Fit } For Active Service in any part of the World.
  - Temporarily Unfit }
  - Permanently Unfit }
  - Fit } For Garrison Duty, & Tropics.
  - Unfit }
  - Fit for Temporary Service in New Zealand.
- \_\_\_\_\_, President.  
 \_\_\_\_\_, Member.

\*Strike out all lines that do not apply.



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**TERRITORIAL**

NEW ZEALAND MILITARY FORCES.

**BASE RECORDS.**

**HOME DEFENCE FILE-COVER SHEET.**

**ORIGINAL.**

WAR	
Form N.Z. 760 (my No. in 1949)	1st NZEF
2nd NZEF	3/18/46
RF - TF	

E

X Army Number: 3/18/46

Soldier: Blackwood Albert John (Surname) (Christian names) DUKE

Unit: 1st. Res. Batt.

Previous Papers: 1949 Subsequent Papers: Date of Birth 24/1/28

Edw 11/12/47

**CERTIFICATE OF DISCHARGE ISSUED**

**FILE CHECK SHEET.**

DELETED 6-6-61

- |  |  |
|--|--|
| 1. (Cover Sheet) N.Z. 769                              | 6. (Medical Report) N.Z. 355             |
| 2. (Attestation, Home Defence) or N.Z. 302 or N.Z. 307 | 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: Resigned at own request. Refs of 21.2.41.  
BR 3/25 B.

Action complete \_\_\_\_\_

DEPARTMENT OF INTERNAL AFFAIRS

**NOTIFICATION OF DEATH**

1939-45 Service No. *3/10/416* Rank: *Plt* Name: *Black O.D.* *Albert John Duke*  
 (Surname) (Christian Name)  
 \* Regiment: *1st Res Bn* Born at *N.Z.* Date: *14.6.16* Religion: *Wesley*  
 War Service\* (Yes or No): \* *Yes* Discharged: *3.8.42*  
 Decorations (if any):  
 Place: *Dunedin* Date: *6 June, 1961*  
 Next-of-kin (Relationship and Address): *Mrs. M.L. Blackwood, 174 South Road,*

*Christchurch*  
 \*Between 1/8/14 and 31/8/21 or 3/9/39 and 31/12/47

*\* Home Reference. NZ Army*

To Secretary,  
 Army Department,  
 WELLINGTON

Please verify and complete the above particulars (where blanks exist) and return urgently.

Date: *26 June, 1961* Signature: *(Mrs. M.L. Snowdon)*  
 for (District Officer)

To District Officer,  
 Department of Internal Affairs,  
 P.O. Box 1308, Christchurch.

Checked and returned herewith as requested.

Date: *27.6.61* Signature: *H. Hornsby*  
 for Army Secretary



*NZEF Records*



KBP/GKC

ARMY 3/25/254/A3


23 June 1961

Dear Madam,

I have received your letter dated 15 June in which you request information concerning the will of the late Albert John Blackwood.

I regret I am unable to help you in this matter as there is no indication in Army Records that a will was made by your husband during his Army service.

Yours faithfully,

  
(K.B. Prout)  
FOR ARMY SECRETARY.



Mrs A.F. Blackwood,  
174 South Road,  
Caversham,  
DUNEDIN.

BRING UP	FILE
ON	DATE 23/6/61
TO	INITIALS



June 15, 1961

174 South Rd  
Bangalore  
Karnataka



BRING UP  
ON TO  
INITIALS  
FILE  
23/6/61

Dear Sir

Could you let me know if  
Mr. Albert John Blackwood made a will  
when he was in the Army by his pay  
book he entered the Army 20/11/40 <sup>any</sup>  
his number was 3/18/4/6. He passed  
on June 6, 1961 I have an idea he made one  
in the army, so if it would not be too  
much trouble, I would like you to find  
out and let me know

Thanking you

Mrs A. F. Blackwood

ADP/



ATTN 3/25/254/A3

2.E.F.



The Minister of Defence

Submitted for signature, please, if approved.

2/10/55

*[Handwritten signature]*  
20.10.55

*[Handwritten signature]*  
Army Secretary  
20/10/55

AMCK/ESB ARMY 3/25/254/A3

21/10/55

Dear Sir,

I acknowledge receipt of your letter of 12 October regarding Medals for your service with New Zealand Army.

I have made enquiries and find that you are entitled to the War Medal 1939-45 and N.Z. War Service Medal for service during these 1939-45 War and have arranged with the ARMY SECRETARY to have these sent to you.

Yours faithfully,

E H H

Chief Minister of Defence.

Mr A. J. Blackwood,  
174 South Road,  
Caversham,  
DUNEDIN.

Deep 21/10/55

A.G. 1 FOR APPROVAL  
ARMY SECRETARY FOR SIGNATURE

D.A.S.

McKee Dept. 19 Oct 55 629/10

21/10  
21/10/55



WRITER: BLACKWOOD, ALBERT JOHN DUKE

Record No. D. 396

ADDRESS: 168 MAIN RD., CAVERSHAM, DUNEDIN.

Date of Letter: 28/9/6

SUBJECT: ATTESTATION (VOLUNTARY)

PREVIOUS PAPERS

SUBSEQUENT PAPERS

DEPARTMENT OF DEFENCE.

REFERRED TO	DATE	REFERRED TO	DATE	REFERRED TO	DATE
Records	9.9.18				
X					
<p><i>Return complete</i></p> <p><i>W.F.O. given</i></p> <p><i>21-8-19</i></p>					
FOR AUTHORITY TO P.A.					
<p>Statistical Return</p> <p>A..... H.....</p> <p>W..... R.L.D.</p> <p>C.B.P.</p> <p>O.C.</p>					



ARMY 12F - 3/25/254

12-10/55

Sir,

I am applying for medals for service I first joined on list at the age of 20. went to camp in Oct 1918 had 3 yrs in camp & was awarded L.H.C.P.

Later gained Prob. Reserve until war came again & was transferred to units & went on coastal patrol until finish & was again on L.H.C.P. the time from Dec 1939 to 29.9.1942

I am

W J Blackwood  
174 St. Rd  
Lancaster  
Lancashire

ARMY SECRETARY.

For suggested reply for the Minister's signature, please.

*[Handwritten initials]*  
P/S.

14. 10. 55

TO Warden  
RECEIVED BY  
G. M. K.  
Date 16.10.1955

BRING UP  
ON  
PO  
FILE  
1627/10/55  
INITIALS



# WAR SERVICES GRATUITY ASSESSMENT

Name of Serviceman: BLACKWOOD  
 (Surname) John  
 (Christian name)

Service No.—ARMY: 2/18/416

AIR: \_\_\_\_\_

NAVY: \_\_\_\_\_

Arm of Service	ASSESSABLE SERVICE		N.Z. Gratuity	Overseas Gratuity	Total	Less Debits	Net Gratuity	Certified correct	Date	
	From	To								
Navy										
Air Force										
Army (N.Z.E.F.)										
Army (A.C.F.O.)										
Army (N.M.D.)										
Army (C.M.D.)										
Army (S.M.D.)										
					74		74		28 JAN 1946	
<b>TOTAL</b>								74		

Supplementary Gratuity payable in respect of Disabled Servicemen

(1) Accountant, Auckland	(2) Accountant, S.M.D., Christchurch	(3) Accountant, Army H.Q.	(4) Accountant, A.C.F.O., Wellington	(5) Accountant, S.M.D., Auckland
(6) Accountant, Navy Office	(7) Accountant, Records (N.Z.E.F.)	(8) Gratuity Section, New Zealand	(9) Army H.Q.	(10) Army H.Q.

Circulation:

31 MAR 1946

Date of Entitlement: \_\_\_\_\_  
 [Base Records will delete paying authorities not applicable and forward to first paying authority remaining in parcel. After section 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.]

158.000/14-1233

63478

*Handwritten initials/signature*

R-3. History Sheets.  
 (For comparison with and completing data on N.Z.-37 where necessary)

(Initials)  
20/2/46  
 (Date)

G.S. Gratuity  
 File

NEW ZEALAND MILITARY FORCES.

REPORT ON INJURIES OR OTHER DISABILITIES.

A.—CERTIFICATE OF MEDICAL OFFICER.

This is to certify that I attended—  
3/18/42 Pte Blackwood A. J.  
2nd Bde (Bde.) Otago Regiment  
on the 17/4/42, and found him to be suffering from  
Burn on Left Leg.

The disability is of a ~~serious~~ <sup>trivial</sup> nature, and in all probability ~~will~~ <sup>will not</sup> interfere  
with his future efficiency as a soldier, ~~and~~ <sup>and</sup> his capacity to perform his civil  
occupation.

He ~~claims~~ <sup>claims</sup> that his disability is attributable to military duty.

I am of the opinion that the disability ~~is~~ <sup>is</sup> attributable to military duty.

He should be able to return to military duty on 2-5-42  
civil employment on

[If the soldier makes no claim that he was on duty at the time, Certificate B below should be  
signed by him and by the Medical Officer.]

Station: Tahuna Park, W. Fulton Capt RMC  
Date: 17/4/42. Medical Officer.

B.—CERTIFICATE TO BE SIGNED BY SOLDIER IN CASES WHERE THE INJURY OR ILLNESS  
IS NOT CLAIMED AS ATTRIBUTABLE TO MILITARY DUTY.

I, \_\_\_\_\_, hereby declare that  
the disability referred to above is not attributable to military duty.

Station: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Soldier: \_\_\_\_\_  
Signature of Medical Officer: \_\_\_\_\_

C.—CERTIFICATE OF COMMANDING OFFICER.

[This certificate will be completed only in cases of trivial injury or other disability which the  
soldier claims to be attributable to military duty.]

I CERTIFY that the disability of the above-named soldier is in my opinion  
~~\*attributable~~ <sup>\*attributable</sup> to military duty.

† If on duty, state—  
(a) The date the injury was sustained  
or the illness contracted.  
(b) The place where it occurred.  
(c) The nature of the duty.  
(d) Whether the soldier was in any way to blame.

17th April 1942  
No 3 Post  
Book no 6/Off R.R. Walcott  
Station: No. 3. Post Part 3  
Date: 1/6/42 Commanding Officer

NOTE.—The injured man's statement and the statement of witnesses are to be attached  
to this form.

W. Fulton Capt RMC  
A. C. Coy



NEW ZEALAND MILITARY FORCES.

WAR.  
[N.Z. 302]

ATTESTATION FOR SERVICE IN TIME OF WAR.

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>BLACKWOOD</u> Christian names: <u>ALBERT JOHN</u>
2. Where were you born? <u>Dunedin</u>	2. <u>Dunedin</u>
3. What is the date of your birth? <u>24/8/98</u>	3. <u>24/8/98</u>
4. Are you a British subject? If naturalized, state where and when	4. <u>Yes</u>
5. Where were your parents born?	5. Father: <u>Dunedin</u> Mother: <u>England</u>
6. If your parents were of alien birth, state when and where they were naturalized	6. Father: _____ Mother: _____
7. What is your trade or calling?	7. <u>Laborer</u>
8. What is your address in New Zealand?	8. <u>174 5th Rd. Coromandel</u>
9. Who is your next of-kin? (state relationship) <u>Wife</u>	9. Name: <u>Ada Blackwood</u> Address: <u>174 5th Rd. Coromandel</u>
10. What is the name and address of your present or last employer?	10. <u>D.C.C.</u>
11. What are your educational qualifications?	11. <u>None</u>
12. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?	12. <u>Married</u>
13. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?	13. <u>Two</u>
14. If single with dependants, state who they are	14. _____
15. Have you ever served in any naval, military, or air force? If so, state which, length of service, and cause of discharge	15. <u>Yes N.Z.S.F.</u> <u>6 months</u>
16. Are you willing to be inoculated or vaccinated if required?	16. <u>Yes</u>
17. Are you willing to serve in the New Zealand Military Forces for the duration of the war, for so long after the war as will enable you to be demobilized, or until lawfully discharged?	17. <u>Home Service only</u>
18. What is your religious denomination?	18. <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: A. J. Blackwood

Oath to be taken by Recruit on Attestation.

I, Albert John Blackwood, 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 Dunedin, New Zealand, on this 24<sup>th</sup> day of July, 1918.

Signature of Attesting Officer: J. H. McKinnon

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 Appendix XVII.

NEW ZEALAND MILITARY FORCES.

TO BE COMPLETED  
IN DUPLICATE.

RECORD OF MEDICAL BOARD.

Surname: BLACKWOOD Christian names: John William

EXAMINED ON 24/7/40 day of July 1940 at 7.15.1. det.

DECLARED AGE: 44 years 330 days. HEIGHT: 5 feet 8 1/2 inches. WEIGHT: 11 st. — lb.

CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 37 1/2 inches. COMPLEXION: Sw. EYES: Blue.

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

PHYSICAL DEVELOPMENT: Good. TRADE OR OCCUPATION: Mathematician.

VACCINATION-MARKS—ARM: RIGHT, — LEFT, 3 NUMBER: 1 WHEN VACCINATED: 1917

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 .. No
3. Who is your usual family doctor? Have you consulted a doctor in the last five years? If so, give particulars .. Mr. Williams
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: 24/7/40 Signature of Candidate: J. B. Blackwood

Without Glasses.	With Glasses.
Vision—Right eye: <u>6/6</u>	Cardiac Efficiency Test:—Pulse rate, sitting: <u>80</u> ; standing: <u>90</u> ; after exercise: <u>110</u> ; two minutes later: <u>90</u> ; (Not required for Home Defence.)
Left eye: <u>6/6</u>	What is his blood-pressure? <u>140/90</u>
Colour-vision: <u>Normal</u>	Is his heart normal? <u>Yes</u>
Hearing—Right ear: <u>normal</u> Left ear: <u>normal</u>	Urine: <u>Yes</u>
What is the condition of the (1) tongue, (2) fauces?— (1) <u>clean</u> (2) <u>healthy</u>	Is he free from hernia? <u>Yes</u>
Are his limbs well formed? <u>Yes</u>	Is he free from varicocele? <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 hemorrhoids? <u>Yes</u>
Are 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.)

None

Certificate of Medical Examination.

Examined and placed in Grade: I

Dental Classification. [Form N.Z.—360.]

\* Therefore—

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

\* Strike out all lines that do not apply.

James Blackwood President.

J. B. Blackwood Member.



1351

NEW ZEALAND EXPEDITIONARY FORCE.

[B.R. 6.]

MILITARY HISTORY SHEET.

B/49

No. 91109 Name: BLACKWOOD Albert John Duke

	Country.	From	To	Years	Days	Initials of Officer making Entry.
1. Service record	Light Horse					Overland
	8/10/18					Overland
	Enter Camp					
	9/10/18.					
2. Certificates						
3. Passed classes of instruction*						
* This includes any authorized class of instruction.						
4. Active service						
5. Wounded						
6. Effects of wounds						
7. Special instances of gallant or meritorious conduct						
	Name of Medal.	Class.	Date of Grant.			
8. Medals and decorations						
9. Injuries in or by the Service						
10. Name and address of next-of-kin	Mr Julia Blackwood 168 Main Road Carter's Bay Dunedin (Mother)					
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.		
	(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 initialed by the officer making the entry.

Intended place of residence on discharge:

# MEDICAL BOARD.

(i) Name McCAHON, Albert John  
(ii) Regimental No. 3/18/116 (iii) Rank Pte. (iv) Unit 1st Coy, CdR.  
(v) Address or station 174 South Rd., (vi) Age 41 (vii) Race British (viii) Blood group  
Caversham  
(ix) Pre service trade or occupation Tramway (x) Place of enlistment Wainui (xi) Date of enlistment 21th July '10  
(xii) Was a Court of Inquiry held? No 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 of which you complain? (To be answered in soldier's own words.) has had to attend for Fibroid

2. On what date did it begin or occur? N.A.

3. In what locality were you when it began or occurred? N.A.

4. What, in your opinion, was the cause of the disability? N.A.

5. In what hospitals, and on what dates, have you received treatment for it? N.A.

Place	From	To
<u>N.Z.</u>	<u>1918</u>	<u>1920</u>
<u>N.Z.</u>	<u>1920</u>	<u>1922</u>

6. What previous service have you had?

7. What previous diseases, wounds, or injuries have you had? No

8. (a) Have you received compensation or pension for any disability? (a) NO  
(b) If so, state details (b)

9. (a) Have you any other ailments? (a) None  
(b) If so, state details (b)

10. (a) Have you ever been rejected for life insurance? (a) No  
(b) If so, why? (b)

Place Dunedin  
Date 1-2-43 Signature Albert John McCahon



**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.)

2. Indicate main features in—

(a) History

*Serving in Camp - man punched out on 90 of  
domestic backstop Rupture 42*

(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?

(b) Or is recommended?

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?

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

*MA*

*None*

Place: *Jarvis*

Date: *1.2.43*

*St. J. G. M. S. J.*  
(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 be", "probably", "partly", &c., should be avoided. When invalidism is due to an injury, N.Z. form 207 or A.F.B. (17) with evidence of witnesses, must be attached.

1. Diagnosis or disability. If more than one, list under a, b, c, &c.

*See Part II.*

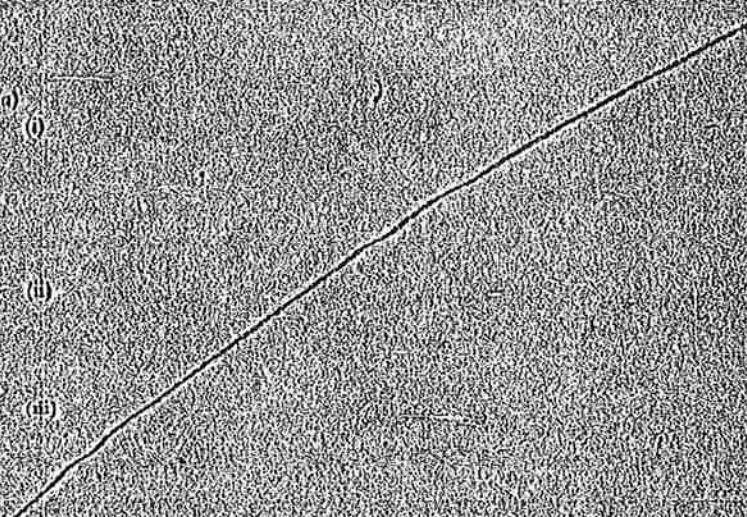
2. Record the results of your clinical examination to-day.

*Physical exam reveals no disability.  
Domestic situation appears blue unwellness*

<p>3. Is the disability—</p> <p>(a) Attributable to military service abroad?</p> <p>(b) Attributable to military service in New Zealand?</p> <p>(c) Due to other causes?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>	<p align="center"><i>NA</i></p>
<p>4. Has the disability been aggravated by—</p> <p>(i) Military service abroad?</p> <p>(ii) Military service in N.Z.?</p>	<p>(i)</p> <p>(ii)</p>	
<p>5. Has the disability been—</p> <p>(a) Caused, or</p> <p>(b) Aggravated by—</p> <p>(i) Intemperance?</p> <p>(ii) Misconduct?</p> <p>(iii) Venereal Disease?</p>	<p>(a)</p> <p>(b)</p>	
<p>6. What is the degree of disablement? (Express in the following percent ages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil.)</p>		
<p>7. What will be the duration of the present degree of disablement?</p>		



PART III—continued.

8. If an operation was advised and declined, was the refusal unreasonable?	N A
9. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for active service overseas?	P U
10. Is the soldier (a) medically fit, (b) temporarily unfit, or (c) permanently unfit for— (i) Active service in N.Z. (ii) Other military service in N.Z. (c) temporary employment section? (State whether fit to live in camp or at home.)	(i) F U (ii) F U
11. If temporarily unfit, for how long?	N A
* 12. 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? <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 treatment to the satisfaction of the Medical Superintendent of the Hospital concerned?	<p>(a)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> 
13. In what grade do you place him? (Complete only when finally reached for all types of service.)	Two
14. What further treatment, if any, does the Board recommend?	nil
15. Does the Board make any other recommendations—e.g., regarding suitable type of employment if Grade III?	<p>Refer Home Guard Division</p> <p>NZ. Home Guard Division</p> <p>Confidentially Forward</p>
Place: <u>Dunedin</u>	Signature: <u>D. W. Starnes</u> President
Date: <u>1. 2. 43</u>	Signature: <u>W. J. Palmer</u> Member

PART IV.

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

DECISION

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Director-General, Medical Services



no trace in index



ORIGINAL

NEW ZEALAND EXPEDITIONARY FORCE.

ATTESTATION FOR GENERAL SERVICE. 28196

QUESTIONS TO BE PUT TO THE RECRUIT.

1. What is your name? ... *Albert John Duke Blackwood*
2. Where were you born? ... *Carleton Place New Zealand*
3. Are you a British subject? ... *Yes*
4. What is the date of your birth? ... *24 August 1898*
5. Where were your parents born? State town and country of birth—  
 Father ... *Barrowham New Zealand*  
 Mother ... *Tom Mather England*
6. What is your trade or calling? ... *Speaker*
7. Where is your home in New Zealand? ... *Barrowham Waikato*
8. To what address during the next three months should letters be addressed so as to reach you without delay? *116 Main Rd Dunedin*
9. What is the name and address of your present or last employer? *M. Blackwood Barrowham Dfn*
10. Are you single, married, widower, divorced, or legally separated from your wife? *Single*
11. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you? *None*
12. Have you ever served in any Military or Naval Force? ... *No*  
 If so, state which and cause of discharge ...  
 Have you ever been in a New Zealand Expeditionary Force Camp?
13. Have you ever been medically examined for service with the New Zealand Expeditionary Force? If so, When? ... Where? ... Were you found fit or unfit? *No*
14. Are you willing to serve in the New Zealand Expeditionary Force in or beyond the Dominion of New Zealand for the duration of the present war with Germany and six months thereafter, if your service is so long required? *Yes*

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.

I 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: *Albert John Duke Blackwood*

Oath to be taken by Recruit on attestation.

I, *Albert John Duke Blackwood*, 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 Expeditionary Force 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 *Dunedin*, N.Z., on this *twenty ninth* day of *August*, 191*8*.

Signature of Attesting Officer: *S. D. Moffat*  
DISTRICT ATTESTING OFFICER

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

NOTE 2.—The recruit expresses a preference to enlist for *Infantry* (branch of service).



## Medical Examination.

Apparent age 20 years \_\_\_\_\_ months.  
(To be determined according to the instructions given in the Regulations  
for Army Medical Service.)

Height 5 feet 7 inches.

Weight 140 lb.

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

Complexion: Pale

Colour of eyes: Brown

Colour of hair: Brown

Religious profession: Baptist

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

1. Sight: Right eye, 6/6
2. Left eye, 6/6
3. Hearing: Right ear, Good
4. Left ear, Good
5. Colour-vision: Normal
6. Are his limbs well formed? Yes
7. Are the movements of all his joints full and perfect? Yes
8. Is his chest well formed? Yes
9. Is his heart normal? Yes
10. Are his lungs normal? Yes

11. Is he free from hernia? Yes
12. Is he free from varicocele? Yes
13. Is he free from varicose veins? Yes
14. Is he free from hemorrhoids? Yes
15. Is he free from inveterate or contagious skin-disease? Yes
16. Is he in good bodily and mental health? Yes
17. Are there any slight defects, but not sufficient to cause rejection? No

## Questions which the Recruit must be asked.

1. Have you ever had a fit? No
2. Have you ever been notified for consumption? No
3. Have you ever been under treatment in a sanatorium or mental institution? No

4. Have you ever been discharged from H.M. Service? No
5. Have you ever been absent from work through ill-health or accident? No

Determining Disability (if any):—

## Classification.

- A.—Fit for active service beyond the seas.
- B1.—Fit for active service beyond seas (after operation in camp or public hospital).
- B2.—Fit for active service beyond seas (after recovery at home).
- C1.—Likely to become fit for active service after special training.
- C2.—Unfit for active service beyond seas, but fit for service of some nature in New Zealand.
- D.—Wholly unfit for any service whatever.

We have examined this recruit, and classify him A

John Arthur D. L. L.  
President.  
W. Cameron  
Member.  
W. D. D. D.  
Member.

20 AUG 1918

# NEW ZEALAND EXPEDITIONARY FORCE,

## MEDICAL HISTORY

Surname Blackwood

Christian Name Albert John Dute

Examined: On 29 day of Aug, 1918  
 At Dunedin  
 Birthplace: Town, Caversham  
 Country, N.Z.  
 Declared age: 20  
 Trade or occupation: Grocer  
 Height: 5 ft. 7 in.  
 Weight: 140 lb.  
 Chest-measurement: Minimum, 32 in.  
 Maximum expansion, 38 in.  
 Physical development: \_\_\_\_\_  
 Small-pox marks: \_\_\_\_\_  
 Vaccination marks: Arm, \_\_\_\_\_  
 Number, \_\_\_\_\_  
 When vaccinated: \_\_\_\_\_  
 Marks indicating congenital peculiarities or previous disease: \_\_\_\_\_

Approved by \_\_\_\_\_  
 Medical Officer, \_\_\_\_\_  
 Examined for re-engagement: \_\_\_\_\_ day of \_\_\_\_\_, 1918  
 Considered: \_\_\_\_\_  
 Medical Officer, \_\_\_\_\_  
 \* If unfit, state disability.  
 Re-vaccinated on \_\_\_\_\_ day of \_\_\_\_\_, 1918  
 Arm: \_\_\_\_\_ Number: \_\_\_\_\_  
 Result: \_\_\_\_\_  
 Medical Officer: \_\_\_\_\_

Enlisted on 29 day of August, 1918, at Dunedin

Joined on enlistment	Corps.	Regimental No.	Date.
...	<u>TR0 130</u>	<u>M. 19.</u>	<u>2.10.18</u>
Transferred to	...	...	...

### PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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



Signature of Medical Officer.

*W. R. Eaman*  
*W. R. Eaman*  
*W. R. Eaman*

REMARKS ON NATURE OF DISEASE: How induced, if mild or severe, if completely recovered from, whether any particular treatment was adopted. In venereal disease, state nature of primary disease and whether mercury has been given. If an accident, state whether it occurred on duty and whether a court of inquiry was held.

26-10-15

Number of Days in Hospital

7

Disease.

*Infuenza*

DATE OF	
ADMISSION INTO HOSPITAL.	DISCHARGE FROM HOSPITAL.
Day. Mon. Tue. Wed. Thu. Fri. Sat. Sun.	Day. Mon. Tue. Wed. Thu. Fri. Sat. Sun.
13	19

Date of Arrival at the Station or of Embarkation.

9-10-15

Station or Troopship.

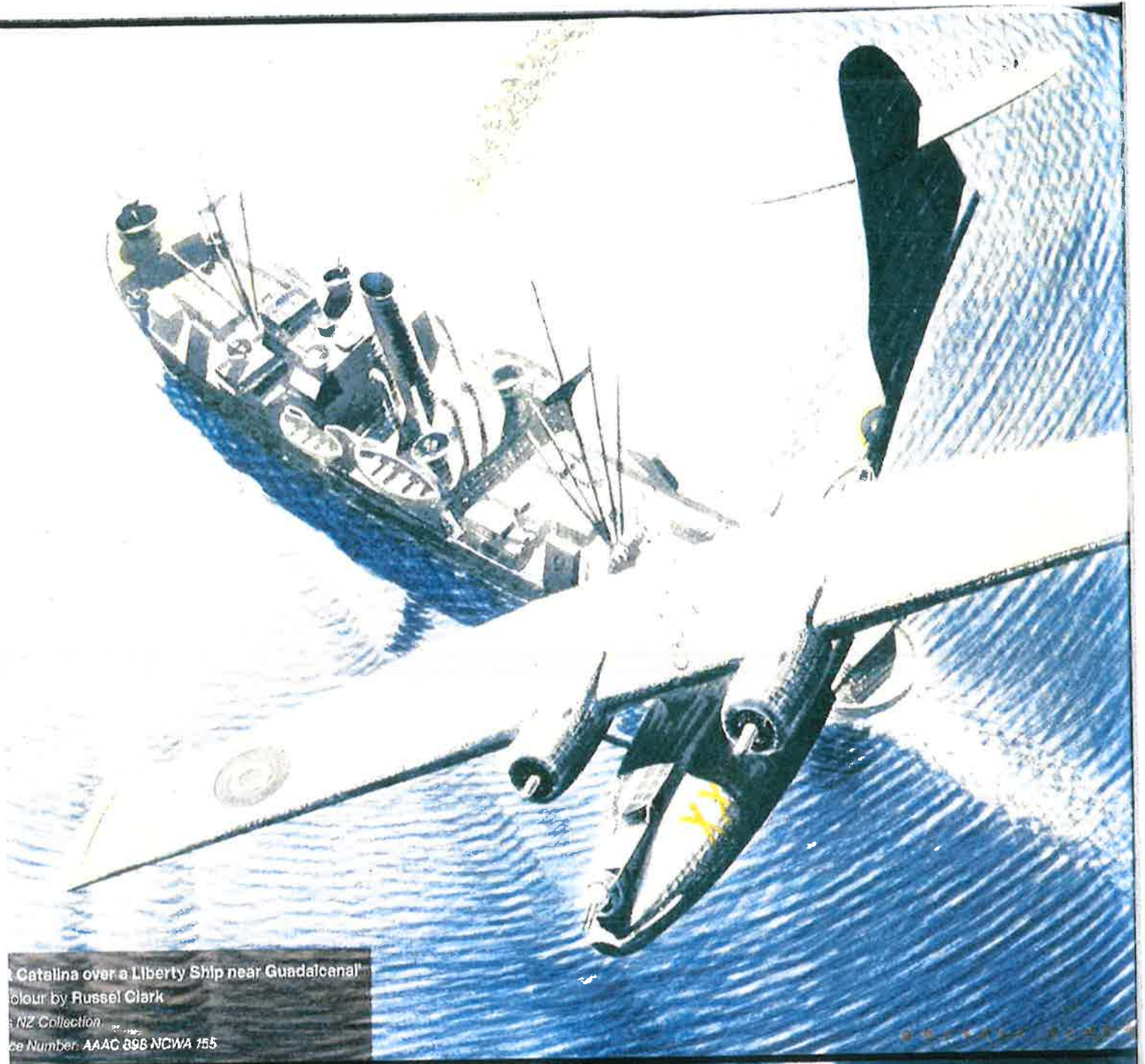
*Strathmore*

Christian Name: *Walter John Burke* Surname: *Blackmore*









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



**'Injured Soldiers at Cassino, Italy'**  
 Colour by Peter McIntyre  
 NZ Collection  
 Reference Number: AAAC 898 NCWA 4

**cover Image: '25 Pounder in Italy'**  
 Colour by Peter McIntyre  
 NZ collection  
 Reference Number: AAAC 898 NCWA 299



**'Night Action off Guadalcanal, HMNZS KIWI attacking the Japanese submarine I-1'**  
 Colour by Russel Clark