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Title: GREGORY HURTLE JAMES : Service Number - S67438 : Date of birth - 23 May 1898 : Place of birth - BELTANA SA : Place of enlistment - ADELAIDE SA : Next of Kin - GREGORY LINDA

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VPC

AUSTRALIAN



M.P.O.K.
22 AUG 1942
MILITARY FORCES.

A.A. Form Mob 1.
(Revised March, 1941.)

MOBILIZATION ATTESTATION FORM.

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act, or when voluntarily enlisted.

Army No. 567438
Surname GREGORY (BLOCK CAPITALS) Christian Names Kurtle James
Unit C Coy 1 BN VD
Enlisted for war service at Adelaide (Place)
SA (State) 5 - 4 - 1942 (Date)

A.

Questions to be put to persons called out or presenting themselves for enlistment.*

1. What is your name? } 1. Surname GREGORY
(BLOCK CAPITALS)
Other names Kurtle James
2. Where were you born? } 2. In or near the town of Bellona
in the state or country of South Aust.
3. Are you a British Subject? } 3. Yes
4. What is your age and date of birth? } 4. Age 43
Date of Birth 23 - 5 - 1898
5. (a) What is your normal trade or occupation? Grade, if any? } 5. (a) Accountant
(b) Present occupation? } (b) "
6. (a) Are you married, single, or widower? } 6. (a) married
(b) If married, state date of marriage } (b) May 1926
7. (a) Have you had previous naval, military, or Air Force service either in peace or war? If so, where and in what arm? } 7. (a) Yes 27th 1st Div.
(b) medically unfit
8. Who is your actual next of kin? (Order of relationship:—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) } 8. Name Linda Kathleen Gregory
Address 14 Talbot St
Relationship Wife
9. What is your permanent address? } 9. 14 Talbot St
Adelaide
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) } 10. C of E.
11. Which, if any, of the following Educational Qualifications do you possess? }
 1. Certificate for entry to Secondary School
 2. Intermediate
 3. Leaving
 4. Leaving Honours
 5. Technical
 6. University Degree
 7. Other Diplomas
12. Have you ever been convicted by a Civil Court? }
 - (a)
 - (b)

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

Witnessed by W. B. Smith
(Signature of Attesting or Witnessing Officer.)

K. Gregory
Signature.

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Act.

B.

MEDICAL EXAMINATION.

I have made full and careful examination of the above-named person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*

1. Fit for Class I.
2. ~~Temporarily unfit~~ for Class I.†
3. ~~Fit for Class II.~~
4. ~~Temporarily unfit~~ for Class II.†
5. ~~Unfit for military service~~†

Place WAYVILLE Date MAR 21 1942

Signature of Examining Medical Officer [Signature]

* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C.

OATH OF ENLISTMENT.‡

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, Lieut. James Eugene swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted [Signature]

Subscribed at ADELAIDE in the State of SOUTH AUSTRALIA
this 7th day of April 19 42

Before me—

Signature of Attesting Officer [Signature]

‡ Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

Issued 21.2.46

A.F. B.103-1 (Adapted)

SERVICE AND CASUALTY FORM

Army No. *S 64638*

Unit *1 Battalion V.D.C.*

Surname *GREGORY*
(Block Capitals)

Rank *Plt*
He 676
(On Enlistment)

Christian Names *Muriel James*

Date of Enlistment *5.4.42*

Place *Adelaide*

Date and Place of Birth *23.5.98 Ballara, SA.*

Trade or Occupation *Accountant*

Religion *b of b*

Marital Condition *Married*

Next of Kin *Linda Kathleen Gregory*

Address of Next of Kin *14 Talbot Street*

Melba SA.

Relationship *Wife*

Medical Classification—Class I.
(On Enlistment)

Identification—Color of Hair *Brown*

Eyes *Grey*

Distinctive Marks *65W Ride of neck, 48 abdomen*

REPORT

From whom received

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c., Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).

Authority
W 3011,
B 2089,
or other
documents

Place of
Casualty

Date of
Casualty

Initials
of Officer
Certifying
Correctness
of Entries

<i>17 APR 42</i>	<i>From whom received</i>	<i>Taken as Missing 1.3.42</i>	<i>SA</i>	<i>3 May 42</i>	<i>SA</i>	<i>SA</i>
<i>31.7.42</i>	<i>18m</i>	<i>Promoted Corporal</i>	<i>SA</i>	<i>31.7.42</i>	<i>SA</i>	<i>SA</i>
<i>16.11.42</i>	<i>"</i>	<i>Promoted Sergeant</i>	<i>"</i>	<i>16.11.42</i>	<i>"</i>	<i>SA</i>
<i>2.10.43</i>	<i>"</i>	<i>Reverts to Plt at own request</i>	<i>SA</i>	<i>2.10.43</i>	<i>SA</i>	<i>SA</i>
<i>12 APR 1944</i>	<i>"</i>	<i>Dead - A.M.L.</i>	<i>SA</i>	<i>12 APR 1944</i>	<i>SA</i>	<i>SA</i>

NOTHING TO BE WRITTEN IN THIS SPACE.

NOTHING TO BE WRITTEN IN THIS SPACE.

[illegible]

a.w. 400m 7/42

National Archives of Australia

NAA: B884, S67438

ARMY FORM A. 3091.
(Adapted.)

DISCHARGED

DISCHARGED

DATE 12/4/44

A.M.R.&O. A. W. L.

AUTHORITY V.D.C. 80 17/44

COVER FOR PERSONAL DOCUMENTS.

Army No. 567438

Surname Gregory
(BLOCK CAPITALS.)

Other names Hurtle James

Rank Unit V.D.C. P.T.D.

Surname

(BLOCK CAPITALS.)

Army No.

Other names

Rank

SON-6.43 5273

Unit

VDC

M.P.O.K.

22 AUG 1942 A.A. Form D.1.
(Revised July, 1940.)

AUSTRALIAN



MILITARY FORCES

Medical History Sheet of (Army No.) 567438

Surname (in capitals) **GREGORY** Christian Names **Markle James**
Age **43** years **11** months Date of birth **23/5/1898** Birthplace **Bellinwa** **Ich. Aus**
Occupation **Accountant & Office Manager** Religious Denomination **Coof. E**
Complexion **Medium** Colour of hair **Brown** Colour of eyes **Grey**
Distinctive marks, and marks indicating congenital peculiarities or previous disease **Gunshot Wound Right side of Neck & Right Abdomen**

ARE YOU NOW OR HAVE YOU EVER BEEN RECEIPT OF A PENSION FOR ANY DISABILITY?

1. Are you now suffering from any disease or disability? **No.**
2. Have you ever suffered from any of the following illnesses?
- | | |
|--|---|
| (a) Rheumatic Fever No. | (i) Kidney Disease No. |
| (b) Weak Heart or Heart Disease No. | (j) Skin Disease No. |
| (c) Tuberculosis or Consumption No. | (k) Malaria No. |
| (d) Spitting of blood No. | (l) Dysentery No. |
| (e) Pleurisy Yes. | (m) Ulcer of the Stomach or Indigestion No. |
| (f) Asthma or Shortness of breath No. | (n) Piles No. |
| (g) Venereal Disease or Stricture No. | (o) Have you ever had any other serious illness? No. |
| (h) Neurasthenia or Nervous Breakdown No. | |
3. Have you had fits of any kind? **No.**
4. Have you had discharge from either ear? **No.**
5. Have you had a broken bone or been seriously injured? **No.**
If so, state nature and date
6. Have you been operated upon? **Yes.**
If so, state nature and date **Removal of Abscess from Abdomen & Neck (1919)**
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
If so, give particulars (relation and when). **None to my knowledge**
8. Have you been rejected or deferred for Life Insurance? **No.**
9. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? **No.**
If so, give date and reason
- *10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning? **Yes. wounded**
If so, give particulars **Gunshot Wound Abdomen & Neck**

†I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station **WAYVILLE**

Date **MAR 21 1942**

Signature of Recruit **J. Gregory**

Examined on **MAR 21** day of **1942**

at **WAYVILLE**

Height **5** feet **9 1/2** inches

Weight **196** lb.

Chest Measurement { Girth when full expanded **40 1/2** inches.

{ Range of expansion **2** inches.

Urine **URINE**

N.A.D.

Slight defects, but not sufficient to cause rejection.

(Details in Table VI.)

Examined by me and classified as follows:—

Classification† **1**

Subsequent Medical Examinations:—

Classification†

Signature **HOVORE major**

Date **21 3 42**

Signature

Date

Signature

Date

Signature

Date

*Only to be answered if the recruit has had active service.

†The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.

†In accordance with S.O. A.A.M.S. reason for unsuitability to be stated.

Register No. **7**

TABLE II.

1

TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details	Signature

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Signature of M.O. _____

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

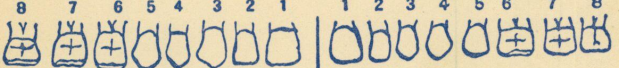

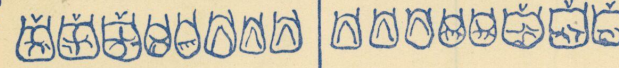
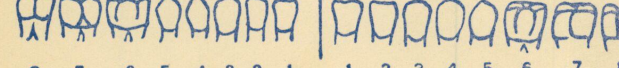


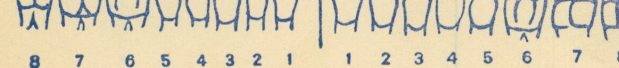
Dental condition on first examination:—																Dental Requirements:—																																		
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 								<div style="text-align: center; padding-bottom: 10px;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div>																																										
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 																																																		
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 																																																		
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 																																																		
No alteration or addition will be made to this chart after the dental condition has been recorded.																Place _____ Signature _____ Date _____ Rank _____ <div style="text-align: right;">Dental Officer.</div>																																		
Symbols to be used by Dental Officer.																																																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Dentally fit ..</td> <td style="width: 33%;">Dentally fit</td> <td style="width: 33%;">Gingivitis..</td> <td style="width: 33%;">..</td> <td style="width: 33%;">..</td> <td style="width: 33%;">G</td> </tr> <tr> <td>Missing ..</td> <td>M</td> <td>Scaling required ..</td> <td>..</td> <td>..</td> <td>Sc.</td> </tr> <tr> <td>Unrupted ..</td> <td>U</td> <td>Dentures—Full Upper</td> <td>..</td> <td>..</td> <td>FU</td> </tr> <tr> <td>Extraction required</td> <td>X</td> <td>.. Full Lower</td> <td>..</td> <td>..</td> <td>FL</td> </tr> <tr> <td>Filling required</td> <td>Y</td> <td>.. Part Upper PU (No. of teeth ..)</td> <td colspan="3" rowspan="2" style="vertical-align: middle;"> } In Situ Reqd. </td> </tr> <tr> <td>Restored tooth</td> <td>R</td> <td>.. Part Lower PL (No. of teeth ..)</td> </tr> </table>																		Dentally fit ..	Dentally fit	Gingivitis..	G	Missing ..	M	Scaling required	Sc.	Unrupted ..	U	Dentures—Full Upper	FU	Extraction required	X	.. Full Lower	FL	Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ Reqd.			Restored tooth	R	.. Part Lower PL (No. of teeth ..)
Dentally fit ..	Dentally fit	Gingivitis..	G																																													
Missing ..	M	Scaling required	Sc.																																													
Unrupted ..	U	Dentures—Full Upper	FU																																													
Extraction required	X	.. Full Lower	FL																																													
Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ Reqd.																																															
Restored tooth	R	.. Part Lower PL (No. of teeth ..)																																																
NOTE.—Teeth replaced by a denture to be marked "D."																																																		

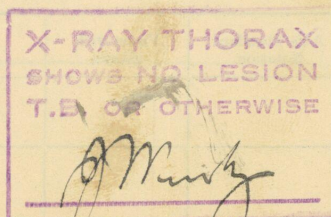
TABLE VI.

Details of defects detected which are not such as to cause rejection.

2nd Medical ExaminationClassification T
alold Trachoma - history of treatment 25 yrs ago.
non infective.
L. Duncan M.D.

WAYVILLE, 21 MAR 1942

TABLE VII.

Report of X-Ray Examination of Chest14x17
N.M.

3864-40 †

Victorian Railways Printing Works North Melbourne.