

**NAA: B884, V350168**

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**Title:** TILMOUTH ERNEST ALBERT : Service Number - V350168 : Date of birth - 22 Jun 1894 : Place of birth - FARINA SA : Place of enlistment - SOUTH MELBOURNE : Next of Kin - TILMOUTH PATRICIA

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# SERVICE AND CASUALTY FORM

Unit *1 BN VDC*

Surname *TILMOUTH*  
(Block Capitals)

Christian Names *Ernest Albert*

Rank (On Enlistment)

Date of Enlistment *26.2.44*

Place *South Melbourne*

Date and Place of Birth *22.5.1894 Hawthorn S.Aust.*

Trade or Occupation *Electrical Inspector*

Religion *C/B*

Marital Condition *Widower*

Next of Kin *Patricia Margaret Tilmouth*

Address of Next of Kin *1087 William St.*

Relationship *Daughter*

Medical Classification—Class I.  
(On Enlistment) Class II.

Identification—Color of Hair

Distinctive Marks

Eyes

## REPORT

Date

From whom received

*9. 3. 44 1 BN VDC*

*20. 1. 45*

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., for capture or desertion, discharge, discharge from a theatre of war (including furlough, etc.), disembarkation and embarkation from a theatre of war (including furlough, etc.).

*Embarked area 5 for 2.2.44 to 1.3.44 to 1 BN VDC 4/44/44*

*Discharged to Area 5 for 1st RAAF R. 6/44/44*

**DISCHARGE CERT. No. 42178 ISSUED**

Authority W.3011, B.2009, or other Document

Place of Casualty

Date of Casualty

Initials of Officer Certifying Correctness of Entries

*W 3011 3/44/44 Eymers*

*" 1/45 R. 1/45/45*

NOTHING TO BE WRITTEN IN THIS SPACE.



NOTHING TO BE WRITTEN IN THIS SPACE.

[illegible]

a. w. 400m 3/43



AUSTRALIAN



MILITARY FORCES

Medical History Sheet of (Army No.) V 350168

Surname (in capitals) TILMOUTH Christian Names Ernest Albert  
 Age 49 years 8 months Date of Birth 22/6/1894 Birthplace Tamworth, N.S.W. Australia  
 Occupation Electrical Inspector Religious Denomination None  
 Complexion Fair Colour of hair Greying Hair Colour of eyes Grey  
 Distinctive marks, and marks indicating congenital peculiarities or previous disease Scar 2-1/2 inch oval under right eye

TABLE I.

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 <u>no</u>	(i) Kidney Disease <u>no</u>
(b) Weak Heart or Heart Disease <u>no</u>	(j) Skin Disease <u>no</u>
(c) Tuberculosis or Consumption <u>no</u>	(k) Malaria <u>no</u>
(d) Spitting of Blood <u>no</u>	(l) Dysentery <u>no</u>
(e) Pleurisy <u>no</u>	(m) Ulcer of the Stomach or Indigestion <u>no</u>
(f) Asthma or Shortness of Breath <u>no</u>	(n) Piles <u>no</u>
(g) Venereal Disease or Stricture <u>no</u>	(o) Have you ever had any other serious illness? <u>no</u>
(h) Neurasthenia or Nervous Breakdown <u>no</u>	
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? no  
If so, state nature and date.
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble? no  
If so, give particulars (relation and when).
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? no  
If so, give particulars.

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

Station

Date

Signature of Recruit

Examined on 26 day of 2 19 44

VISION

Without Glasses

Right 6/24  
Left 6/24

With Glasses

Right 6/6  
Left 6/6

Vaccination Marks

Right in  
Left inNumber 1

When Vaccinated

Blood Pressure, Systolic

Diastolic

Table VI)

## SLIP FOR ATTACHMENT TO A.A.F. D.1

If classification is A.2 or B, disability to be stated and its restrictive effect recorded at foot of Table VI of A.A.F. D.1 by Examining Board, and entered in pay book by R.R.D. Staff.

If classification is C, estimated period of unfitness is to be stated.

Examined by me and classified as follows:—

Classification†

B

Signature

Date

Subsequent Medical Examinations:—

Classification†

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.



AUSTRALIAN



MILITARY FORCES

Medical History Sheet of (Army No.) **V 350148**

Surname (in capitals) **TILMOUTH** Christian Names **Ernest Albert**  
 Age **49** years **8** months Date of Birth **22/6/1894** Birthplace **Tanna, New Hebrides**  
 Occupation **Electrical Inspector** Religious Denomination **C of E**  
 Complexion **Fair** Colour of hair **Greying Hair** Colour of eyes **Grey**  
 Distinctive marks, and marks indicating congenital peculiarities or previous disease **See 2- last under length (Height Exp.)**

TABLE I.

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 <b>no</b>	(i) Kidney Disease <b>no</b>
(b) Weak Heart or Heart Disease <b>no</b>	(j) Skin Disease <b>no</b>
(c) Tuberculosis or Consumption <b>no</b>	(k) Malaria <b>no</b>
(d) Spitting of Blood <b>no</b>	(l) Dysentery <b>no</b>
(e) Pleurisy <b>no</b>	(m) Ulcer of the Stomach or Indigestion <b>no</b>
(f) Asthma or Shortness of Breath <b>no</b>	(n) Piles <b>no</b>
(g) Venereal Disease or Stricture <b>no</b>	(o) Have you ever had any other serious illness? <b>no</b>
(h) Neurasthenia or Nervous Breakdown <b>no</b>	
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? **no**  
If so, state nature and date.
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble? **no**  
If so, give particulars (relation and when).
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? **no**  
If so, give particulars.

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

Station

Date

Signature of Recruit

Examined on **26** day of **2** 19 **44**

at

Height **6** feet **158** inchesWeight **158** lb.Chest Measurement { Girth when fully expanded **36** inchesRange of expansion **3** inchesUrine **clear**

Slight defects, but not sufficient to cause rejection

(Details in Table VI)

Without Glasses

Right Left

Vaccination Marks

Right Left

When Vaccinated

Blood Pressure, Systolic

Number

Number

Diastolic

Examined by me and classified as follows:—

Classification†

Signature

Date

Subsequent Medical Examinations:—

Classification†

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.



TABLE II.

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

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

Signature of M.O. ....



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

### Dental Requirements:—

Symbols to be used by Dental Officer.

Dentally fit .. Dentally fit	Gingivitis .. .. . G
Missing .. M	Scaling required .. .. Sc.
Unerupted .. U	Dentures—Full Upper .. .. FU
Extraction required X	.. Full Lower .. .. FL
Filling required Y	.. Part Upper PU (No. of teeth .. )
Restored tooth R	.. Part Lower PL (No. of teeth .. )

In Situ Reqd.

NOTE.—Teeth replaced by a denture to be marked "D".

Place.....

Signature.....

Date..... Rank.....  
Dental Officer.....

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

Defective Vision (both eyes)

### Report of X-Ray Examination of Chest.