

AUSTRALIAN  MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. _____ Name { Surname KEANE
 in full { Christian Name John Vivian.
 Unit D.3 Depot
 Joined on 6/11/17.

W19724

Questions to be put to the Person Enlisting before Attestation.

You are hereby warned that if after enlistment it is found that you have given a willfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.

- | | |
|--|---|
| 1. What is your Name? | 1. <u>John Vivian Keane</u> |
| 2. In or near what Town were you born? | 2. In or near the Town of <u>Wailsworth</u>
In the State or Country of <u>S. Australia</u> |
| 3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) | 3. <u>Born</u> |
| 4. What is your Age? (Date of birth to be stated) | 4. <u>36. 7/12 years</u> |
| 5. What is your Trade or Calling? | 5. <u>Clerk</u> |
| 6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? | 6. <u>No</u> |
| 7. Are you married, single, or widower? | 7. <u>No</u> |
| 8. Who is your next of kin? (Address and relationship to be stated)
The answer to this question shall not be construed as in the nature of a Will. | 8. <u>Mother Lillie Keane</u>
<u>Darlington W.A.</u> |
| 9. What is your permanent address in Australia? | 9. <u>Darlington W.A.</u> |
| 10. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge | 10. <u>No</u> |
| 11. Have you stated the whole, if any, of your previous service? | 11. <u>Yes</u> |
| 12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? | 12. <u>No</u> |
| 13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—
Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach ten shillings per day? | 13. _____ |
| 14. Are you prepared to undergo inoculation against small pox and enteric fever? | 14. <u>Yes.</u> |

I, John Vivian Keane do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than $\frac{two-fifths}{three-fifths}$ of the pay payable to me from time to time during my service for the support of my wife,*)

Date _____

Sgt. J. V. Keane

Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 15 years of age.
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

Description of John Vivian Keane on Enlistment.

Age <u>36</u> years <u>7</u> months.	DISTINCTIVE MARKS. Lineal scar over L. Buttock Small circular one over left patella.
Height <u>5</u> feet <u>8½</u> inches.	
Weight <u>134</u> lbs.	
Chest Measurement <u>31/33½</u> inches.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	
Religious Denomination <u>C. of E.</u>	

CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz:—

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for active service.

Date 26/9/17.

Place Perth.

Sd. John Cuthbert

Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to _____

Date _____

Place _____ Commanding _____



AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

W 15724

No. Name in full { Surname KEANE
 Christian Name John Vivian
 Unit 5th Depot
 Joined on 2/11/17 6/11/17

Amation

RECRUITING TENT, CAMP W.A.

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? John Vivian Keane
2. In or near what Parish or Town were you born? in the Parish of ... near the Town of ... in the County of ... Australia
3. Are you a natural born British Subject or a Naturalised British Subject? (N.B.—If the latter, papers to be shown.) Born
4. What is your age? 38 1/2 years
5. What is your Trade or Calling? Work
6. Are you, or have you been an Apprentice? If so, where, to whom, and for what period? no
7. Are you married? no
8. Who is your next of kin? (Address and relationship to be stated) Mother, Lilie Keane, Warlington, W.A.
9. What is your permanent address in Australia? Warlington W.A.
10. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge no
11. Have you stated the whole, if any, of your previous Service? yes
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? no
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—Do you understand that no Separation Allowance will be issued in respect of your service beyond an amount which, together with pay, would reach eight shillings per day ... yes
14. Are you prepared to undergo inoculation against small-pox and enteric fever? yes

I, John Vivian Keane do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife and children.

Date 26 Sept [Signature]
 Signature of Person Enlisted.

10724/17.* * This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

RECRUITING TENT, ORIGINAL
DUPLICATE
BLACKBOY HILL CAMP, W.A.C.
APPLICATION TO ENLIST IN THE AUSTRALIAN IMPERIAL FORCE.

To the Recruiting Officer

(Official Stamp.)

I, John Vivian Keane
hereby offer myself for Enlistment in the Australian Imperial Force for Active Service Abroad, and undertake to enlist in the manner prescribed, if I am accepted by the Military Authorities, within one month from date hereof.

Digitized Address: Darlington
Signature: [Signature]
Occupation: Clerk
Date: 26.9.17

(For Identification purposes the above space should be filled in personally by the Applicant.)

CONSENT OF PARENTS OR GUARDIANS. (For Persons under 21 years of age.)

I HEREBY CERTIFY that I approve of the above application, and consent to the enlistment of my ^{son} _{ward} for Active Service Abroad.

Statement regarding Death or Absence of either or both Parents:
.....
.....
.....
Father's Signature.....
Mother's Signature.....
or
Guardian's Signature.....

PERSONAL PARTICULARS.

Age 38 yrs. 7 mos. Height 5 ft. 8 ins. Chest Measurement (fully expanded) 31.33 1/2 inches.
Married ~~Widower~~ Single 134

PRELIMINARY MEDICAL EXAMINATION.

Decision of Medical Authority: FIT for Active Service.
 UNFIT, for the following reasons:

Place: [Signature]
Date: 26.9.17 Signature of Medical Authority: [Signature]

I Concur

Place:
Date: Signature of M.O. at Central Recruiting Depot:

CERTIFICATE OF RECRUITING OFFICER.

I CERTIFY that I have this day provisionally ACCEPTED REJECTED this applicant for enlistment in the Australian Imperial Force.

Place: [Signature] (Signature) [Signature]
Date: 26.9.17 Recruiting Officer.

PH.

A.M. Form D.2.
(Revised 1.11.15.)AUSTRALIAN  MILITARY FORCES.DETAILED MEDICAL HISTORY OF AN INVALID.

Station No. 5 A.C.H. Date 9/1/18

1. Regiment or Corps Flying Corps 2. Regimental No. and Rank Pt.

3. Name KRANE J. V. 4. Age last Birthday 38
(Please use full name in block letters.)

5. (a) Enlisted on 20th Oct 1917 6. Former Trade or Occupation Agent and accountant
(at Hay St. Perth W.A.)

(b) If returned from service abroad, date of return to Australia _____

Before making out this Report read the following note carefully:—

NOTE.—The answers to the following questions are to be filed in the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the case being recalled, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information possible upon the question of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and definite answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Rheumatism & Gout

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements as his case, and recorded evidence furnished by his doctors, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability 14-15 years ago9. Place of Origin of Disability W.A.

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet

bearing on the case After duck-shooting, got pains in R. Ankle. Had periodical attacks since. 4½ - 5 years ago had nose operated upon on this account. Since then has had attacks though not as bad as before. Gets attacks in legs and arms but chiefly in R. Leg. Attack starts with sore spot on leg. Pain spreads, leg swells. Rest is then essential.

11. (a) Give your opinion as to the causation of the Disability Constitutional & Hereditary

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it. (See notes on page 3.) No

12. What is his present condition? He is at present free from signs or symptoms but complains at times of pains and tenderness at various spots in legs

(Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.)

13. Has the disease been aggravated by—

- (a) Intemperance? No
 or
 (b) Misconduct? No

14. If the disability is a wound or other injury, was it caused—

- (a) In action? No
 (b) On field service? No
 (c) On duty? No
 (d) Off duty? Yes

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

- If so—(a) When? _____
 (b) Where? _____
 (c) Opinion _____

16. Was any special treatment employed? If so, state what it was Haust. Sodi Sal. with colchici

17. Was an operation performed? If so, what? No

18. If not, was an operation advised and declined? No

19. In cases of loss or decay of teeth—

- (a) Is the loss of teeth the result of wounds, injury, or disease, directly* attributable to active service
Not applicable

20. Do you recommend him for—

- (a) Discharge as permanently unfit? Yes
 or
 (b) For change to another State? No

Sgd. A. G. Aderson Capt.
 Medical Officer in Charge of the Case.

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

P.H.
Continuation Medical History.

S.O.I. Form 11a.

Name KEANE John Vivian

No. _____ Rank _____ Unit D. 3 DEPOT

Transport _____ Date _____

Hospital, No.	Clinical Report.
No. 5 A.G.H. 2/1/18. 11/1/18.	Admitted for pain in L. Foot, leg and shoulder. Given definite history of gout and rheumatism. Has been subject to acute attacks for past 14-15 years. Fot D.A.P.D. S.O.I. UNFIT. Sgd. A. G. Anderson Capt. Sgd. C. A. Courtney Major 10/1/18.
No. 5 A.G.H. 9/1/18 2/1/18.	<u>PRESENT CONDITION.</u> 9/1/18. Tender around front of L. Ankle. Sgd. A. G. Anderson Capt.

W 171/18942

AUSTRALIAN MILITARY FORCES - 3rd MILITARY DISTRICT.

Officer in Charge,
Base Records.

Forwarding herewith Medical Board Proceedings and
Attestation Sheets etc., on ... KRANK, John. Vivian..... Pte.....
.. Flying. Corp..... for the purpose of filing.

DISCHARGED. Certificate dated ... 19/3/18.....

Attention is drawn to the fact that this case has
been dealt with in accordance with instructions as contained in
M.O. 186/1917.

J. Matthews
Lieut.,
S.O.I. & R/S., 3rd Military District.