

19/2/16

SECURITY SCHEDULE - 1/34 10633

AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

S. 1111

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD

No. _____ Name KUHNDT Frank Edward Carl
 Unit C Coy 2ND DEPOT BATTALION A.I.F.
 Joined on FEB 17 1916

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... 1. Frank Edward Carl Kuhnndt
2. In the Parish of _____ in or near the Town of Yallah in the County of South Australia
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... 3. N.A.
4. What is your age? ... 4. 24 years
5. What is your trade or calling? ... 5. Baker
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... 6. Yes 1 1/2 yrs J.C. West MacKerwilla
7. Are you married? ... 7. Yes 1 wife
8. Who is your next of kin? (Address to be stated) ... 8. (WIFE) MRS DOOS KUHNDT -
% MRS ROSE, % TOURNEVILLE ST. PERTH -
LOWER NORTH ROAD, SOUTH AUSTRALIA
9. Have you ever been convicted by the Civil Power? ... 9. No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy? ... 10. No
11. 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 ... 11. 1 year 10 mos 10 days 49th Troop Band
10 mos 10 days 49th Troop Band
2 mos 10 days 49th Troop Band
12. Have you stated the whole, if any, of your previous service? ... 12. Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... 13. No
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mothers)—Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach 5/- per day? ... 14. Yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... 15. Yes

DISCHARGED

Frank Edward Carl Kuhnndt 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} wife and children

Date FEB 17 1916

F. E. Kuhnndt
Signature of Person Enlisted.

* 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.

Description of Frank Edward Carl Kubert on Enlistment

Age 21 years 3 months
 Height 5 feet 5 inches
 Weight 109 lbs.
 Chest Measurement 32 3/4 inches
 Complexion Swth
 Eyes Grey
 Hair Brown
 Religious Denomination Chap Coy

DISTINCTIVE MARKS.

Y 10 R 6 L 6

vac NIL

Tattoo left forearm

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; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; 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 FEB 3 - 1916

Place ADLAIDE

W. H. Downey

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 C Coy 2ND DEPOT BATTALION A.I.F.

Date 3rd Feb 1916

Place Adelaide

Per Hammett Lt. COL.
 CAMP COMMANDANT

Commanding 2ND DEPOT BATTALION A.I.F.

Statement of Service No. ⁵ 1188

Name Kuhnelt 786

Unit in which served	Promotions, Reductions, Casualties, &c.	Period of Service in each Rank		Remarks
		From	To	
<u>C Coy 2nd Depot</u> <u>Discharged</u>	<u>Pte</u>	<u>17-2-16</u>	<u>8.6.16</u>	
DISCHARGED. <u>Being Medically Unfit</u>				
<u>Not due to misconduct. C.O. 131/2 dated 8/6/16</u>				

I have examined the above details, and find them correct in every respect.

Mr. Hancock Lt. Col.
G. O. 2nd DEPOT BATTALION A. I. F.

Camp

AUSTRALIAN



MILITARY FORCES.

C.M. Form D. 2.
(Revised 1.11.15)

DETAILED MEDICAL HISTORY OF AN INVALID.

Station Exhibition Camp Date 25. 2. 16

1. Regiment (or Corps) 5th Coy. II Depot Bn. 2. Regimental No. and Rank OK 1188

3. Name KUHMDT FEE. 4. Age last Birthday 21
(Surname to be in Block Letters)

5. (a) Enlisted ^{on} 3. 2. 16 6. Former Trade or Occupation Baker
(at Cammerell)

(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 filled in by the Medical Officer to whom the soldier is brought forward. As the object of these questions is to enable the man being examined to get the collection of the History Form of the Commonwealth in possession of the most reliable information possible upon the origin of those best capable of judging, so as to guide them in deciding upon the most suitable compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Pulmonary tuberculosis
In answering the following questions the Medical Officer will carefully discriminate between the man's uncorroborated statements as his case and recorded evidence furnished by his discharges, military or civilian. He will also carefully discriminate cases entirely due to venereal diseases.

8. Date of Origin of Disability 6 months

9. Place of Origin of Disability Walkerville

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case Heo had chronic cough, loss of weight & frequent expectoration - sometimes blood stained. Saps blood is dark & comes with itching.

11. (a) Give your opinion as to the causation of the Disability Occupational conditions giving rise to T.B.

(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.)
None of these

12. What is his present condition? Poor chest expansion, looks thin & drawn, anxious, cough bad. Prolonged expiration at apices & very harsh breath sounds, scattered rales. dull note on percussion. Short of breath

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