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Army Form B. 2513.

RECORD OF SERVICE PAPER.

For men deemed to be enlisted in H.M. Regular Forces for General Service with the Colours or in the Reserve for the period of the War, or Ex-Soldiers recalled for Service with the Colours, under the provisions of the Military Service Acts, 1916.

No. 10 Christian Names William Myers Surname Housman
Corps 3rd York & Lanc

Questions to be put to the Reservist on Joining.

- | | | |
|---|------------------------|----------------------|
| 1. What is your Name ? | 1. Christian Names | <u>William Myers</u> |
| 2. What is your full Address ? | Surname | <u>Housman</u> |
| 3. Are you a British Subject ? | 2. <u>Algeria Town</u> | <u>Town</u> |
| 4. What is your Age ? | 3. <u>No</u> | |
| 5. What is your Trade or Calling ? | 4. <u>20</u> Years | <u>Months</u> |
| 6. Are you Married ? | 5. <u>Medicine</u> | |
| 7. Have you ever served in any branch of His Majesty's Forces, naval or military? If so*, which ? | 6. <u>No</u> | |
| 8. Have you any preference for any particular branch of the service, if so, which ? | 7. <u>No</u> | |
| 9. Are you desirous of serving in the Royal Navy, if so, state your qualifications. | 8. <u>No</u> | |
| | 9. <u>No</u> | |

I, William Myers Housman do solemnly declare that the above answers made by me to the above questions are true.

Christian Names William Myers Surname Housman SIGNATURE OF RECRUIT.
Date 29/6/17 1917
Place Algeria Signature of Witness William Charles

EXEMPTION FROM COMBATANT SERVICE ON CONSCIENTIOUS GROUNDS.

If the Recruit has been exempted by a Tribunal on conscientious grounds from serving as a combatant it should be so stated here

MEDICAL CLASSIFICATION AS TO FITNESS FOR SERVICE ON JOINING.

Classification* A

* To be filled in by the Recruiting Officer after Classification by the Medical Board.

† Certificate of Approving Officer.

I approve the acceptance of the above named man, and appoint him to the 3rd York & Lanc
Date 29/6/17 1917
POSTING OFFICER. RECEPTION DEPOT. Approving Officer.

DESCRIPTIVE REPORT ON JOINING

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Christian Names *William Cyril* Surname *Bousman*

Apparent age *20* years *—* months. Height *5* feet *5½* inches.

Chest Measurement (Girth when fully expanded *34½* inches.

Range of expansion *2* inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next-of-kin *William Bousman*
Ash Grove Home, Dacca, Bengalee Relationship *Father*

Particulars as to Marriage.

(a) Christian and Surname of Women to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names.	Date and Place of Birth.

MILITARY HISTORY SHEET.

1. Passed classes of Instruction†

† This includes any authorized class of instruction, e.g., in swimming, chiropody, &c.

2. Campaigns (including Actions)

3. Wounded

4. Special instances of gallant conduct and mentions in public despatches

Name of Medal.

Clasps.

5. Medals, decorations and Fancies

6. Injuries in or by the service

IF FOUND, please drop this in a Post Office letter box. Army Form Z. 11.
 NOTICE.—This document is Government property. It is no security
 whatever for debt, and any Person being in possession of it, either as a pledge or security for debt, or
 without lawful authority or excuse, is liable under Section 156 (9) of the Army Act to a fine of twenty pounds
 (£20) or imprisonment for six months, or to both fine and imprisonment.

PROTECTION CERTIFICATE AND CERTIFICATE OF IDENTITY
 (FOR OTHER NOT REMAINING WITH THE COLOURS).

Dispersal Unit Stamp and date of dispersal.

Surname: HOUSEMAN
 (Black letters)
 Christian Name: William Myers
 Regt. No. 61364 Rank Pte Record Office York
 Unit 1/4 Regt. or Corps York & Lancs Pay Office do.
 I have received an advance of £3. † Address for Pay Ashgrove House
 (Signature of Soldier) W. M. Houseman Deer Partridge

DISPERSAL UNIT
 3-1-1818
 CLIPSTON

The above-named soldier is granted 28 days furlough
 from the date stamped hereon ~~pending~~
 as per ~~the~~ ~~order~~ ~~of~~ ~~the~~ ~~War~~ ~~Office~~ ~~of~~ ~~the~~ ~~21st~~ ~~day~~
 of furlough after which date uniform will not be worn
 except upon occasions authorized by Army Orders.

Theatre of War or Command France
 Born in the Year 1847
 Medical Category 1
 Place of rejoining in case of emergency Clipston
 Specialist Military Qualification Working Smith

* If for ~~the~~ ~~purpose~~ ~~of~~ ~~transfer~~ ~~to~~ ~~another~~ ~~unit~~ ~~1.~~
 Transfer to ~~another~~ ~~unit~~ ~~2.~~

† As this is the address to which pay and discharge documents will be sent unless further notification is received,
 any change of address must be reported at once to the Record Office and the Pay Office as noted above, otherwise delay in
 settlement will occur.

R. W. Wades

This Certificate must be produced when applying for an Unemployed
 Sailor's and Soldier's Donation Policy or, if demanded, whenever applying
 for Unemployment benefit.

Date 8 FEB 1919 Office of Issue York Policy Number 2 07648

21 FEB 1919
 3018
 YORK (3)

Ministry of National Service

Army Form W. 3526.

To Mr. *W. M. Whistler*

of *143, Essex Street, York*

Group No. _____ Class No. _____ [No. in A. B. 414] [Military Register]

You are hereby required to present yourself without fail at

145 Bootham, York on the *13* day of *March* *1918* at *7* o'clock in the *noon*

for medical examination pursuant to the provisions of Defence of the Realm Regulation, No. 45c. You should bring with you any certificate or document you may possess which entitles you to exemption from Military Service.

J. Walker Signature of Recruiting Officer.
Munition Area Recruiting Officer
14th Recruiting Area Rank.

S. H. DE NATIONAL SERVICE
45, BOOTHAM, YORK. Address of Recruiting Office.

5-3 Date.

The above-mentioned Regulation applies to any person who holds, or in respect of whom an application has been made for, any certificate of exemption from military service, and to any person who, having held such a certificate, is not for the time being liable to be called up for service with the Colours, provided that he has not already been examined by a Medical Board and placed in a medical category. Any such person may be required to present himself for medical examination.

PENALTY.—Any person to whom the Regulation applies who fails to comply with this requirement is guilty of an offence, and is liable on summary conviction to imprisonment with or without hard labour for a term not exceeding six months, or to a fine up to £100, or to both such imprisonment and fine.

NOTE.—If you have been examined by a Medical Board and placed in a medical category, you should give full particulars at once to the above Recruiting Office.

DISPERSAL CERTIFICATE (Soldier).

This portion to be given to the Soldier.

Surname ROUSMAN
(Block letters)

Christian names WILLIAM MYERS
(Block letters)

Regtl. No. 61 Rank PTE

Record Office YORK

Pay Office YORK

Address for Pay BUSHROVE
HOUSE WACKRE

HARROGATE

Railway Stn. to which proceeding after dispersal WACKRE

- He is in possession of the following articles of equipment:—
- Sword, cavalry, and scabbard
- Rifle
- Pistol
- Sword-bayonet and scabbard
- Complete equipment according to unit
- Entrenching implements
- Steel helmet
- Great coat
- Box respirator
- Army Book 64

I certify that I carry no ammunition and that the above statement of equipment is correct. I also understand that if I lose any of the above articles I am liable to be charged.

Signature of Soldier—
William Myers

Signed W. Myers (Rank)

Commanding 1st Yorks Lancs

Date 25.1.19

Dispersal Unit, stamp and date of dispersal

Dispersal Area No. VR
(The items below marked c to be coded by the Unit)

Theatre of War or Command France c

Regt. (Present or Original) 1st Yorks Lancs c

Unit with which now serving 1st Yorks Lancs c

Industrial Group No. 26 c

Reason for early release P c

Born in the year 1897 (Year to be inserted in column for Code Nos.) c

Place of rejoining in case of emergency Blackburn c

Trade or Calling Blacksmith c

Medical Category _____

As far as can be ascertained he is for—

Final Demobilization

Disembodiment

Transfer to Reserve

Service in Regular Army

Married or Single Single

Specialist Military Qualifications—
Shaving Smith

For Code Nos. only—

* The Officer Commanding will delete the items not in possession of the soldier and initial the deletion.
 † When a Corps is composed of more than one part, the part to which the Unit belongs must be stated, e.g., R.E. 2nd Field Co.; R.E. 17th Divisional Signal Co.; A.S.C. H.T., 2nd Co.; A.S.C. M.T., 2nd Co.
 ‡ The Officer Commanding will quote number only according to the following list, and where there is more than one reason the first in order on this list must be given: (1) Demobilizer (2) Pivotal man (3) Release slip (4) Priority group (5) Length of Service in the Field abroad (6) Serving in pre-war engagement (7) Remaining with the Colours (8) Dispersed direct from Hospital (9) Repatriated prisoner of War (10) Other reasons.
 † Delete the three headings not applicable.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname *Louison* Christian Name *William Hayes*

TABLE I. - General Table.

Birthplace (Parish: *St. Mary's*)
 County: *Yorkshire*

Examined on: *2* day of *June*, 191*7*
 at: *York*

Declared Age: *19* years *8* months

Trade or Occupation: *Blow Smith*

Height: *5* feet *5 3/4* inches

Weight: *124* lbs

Chest Measurement (Girth when fully expanded): *34 1/2* inches
 Range of Expansion: *2 1/2* inches

Physical Development

Vaccination Marks (Arm: RIGHT LEFT)
 Number: *4*

When Vaccinated

Vision (R.E.-V: *6/6*)
 (L.E.-V: *6/6*)

(a) Marks indicating congenital peculiarities or previous disease:
Says he has Kidney Disease, Accumbates

(b) Slight defects but not sufficient to cause rejection:
Dental Treatment
Right genu varum

TABLE III. - Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<i>17 Feb 1918</i>	<i>TAB</i>
<i>17 Feb 1918</i>	<i>TAB</i>
<i>22 Feb 1918</i>	<i>Vaccinated</i>

NATIONAL SERVICE MEDICAL BOARD
YORK
 18 Mar 1918

Approved by *Lt. Colonel*
 Rank *Lt. Colonel*
 Medical Officer

TABLE IV. - Service Table.

Enlisted at: *York*
 on: *2 June 1917*

Joined last enlistment: *York*
 Regt No. *10th Bn Yorks*

Transferred to:

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Deceases non effective by

MEDICAL HISTORY of

Surname Rosenma Christian Names Wm Meyer

TABLE I.—General Table.

Birthplace (Parish St. Peter's, Tablers)
 (County Hungary)
 Examined 1914 on 1 day of Nov
 (at Hungary)
 Declared Age 20 years 0 days.
 Trade or Occupation Bookkeeper
 Height 5 feet 10 inches. Weight 125 lbs.
 Colour of Hair Brown Complexion Fair
 Eyes Blue
 Chest Measurement {Girth when fully expanded 34 1/2 inches.
 Range of expansion 2 inches.
 Physical Development Good
 Vaccination Marks {Arm, RIGHT | LEFT
 {Number — | 4
 When Vaccinated Infancy
 Vision {R.E.—V = 20 With Glasses {R.
 {L.E.—V = 20 {L.
 Identification Marks, such as Tattoo, Moles, Scars, etc. None

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Dispositions for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature
<u>1914</u>	<u>Wm Meyer</u>

Special Remarks :

NATIONAL SERVICE MEDICAL BOARD YORK

Defects or Ailments :—

Examined and found—

- Fit for Grade** { I.
 II.
 III.
 IV.
 (Strike out those which do not apply.)

Signature Chas. H. [illegible]
 DEPUTY COMMISSIONER OF MEDICAL SERVICES,*
YORK AREA.

Re-examined for posting at _____
 On _____ day of _____ 1914
 Enlisted {at _____
 {on _____ day of _____ 1914

Joined on enlistment	Corps <u>Medical</u>	Regtl. No. <u>750</u>
	Transferred	

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or mobilization	Date of departure or demobilization

Became non-effective by _____
 on _____ day of _____ 1914

REGIMENTAL CONDUCT SHEET.

3rd REG. BN. YORK & LANCASTER REGT.
 Regiment of _____

Number of sheets) ONE
 (in words) }
 Signature of C.O. } [Signature] Captain
 or Adjutant } & Adjutant
3rd Bn. York & Lancaster Regiment.

Regimental Number) 61364
 and Name Konemann Lt.

Attested 29. 5 1918. Joined 5 1918.

Place	Date of Offence	Rank	Offence	Names of Witnesses	PUNISHMENT awarded	Date of award, or if not dispensed with trial	By whom	Date of Commence-ment	Date of Expiration	REMARKS

[Signature]
 Capt. & Adjutant
 3rd (Res) Bn. The Queen's Buffs.

22 NOV 1918

To be carried over

STATEMENT AS TO DISABILITY.

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board.)

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to put forward any claim in respect of a Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a Claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary, War Office; and in the case of every Soldier, to the Record Office of his Unit.

Unit 1/4 Batta
 Regiment or Corps 40th Div
 Regt. No. 61264 Rank PTK
 Surname HOVSEMAN
 (Block letters.)
 Christian Names in full { WILLIAM
MVERS
 Permanent address ASH GROVE
HOUSE HARRGATE
 Age last birthday 21
 First joined (Date) 29-7-18 at (Place) YARV
 Medical Category or Grade in which joined A1

If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:—
 (a) Former Regiments or Corps with Regimental Numbers—
 (b) Dates of discharge
 (c) Causes of discharge
 (d) Particulars of Pension or Gratuity received (if any)—

TO BE CANCELLED
 IF A CLAIM IS MADE.

I do not claim to be suffering from a disability due to my military service.

Place of Examination B.F. Ash Grove
 Signature of Officer or Soldier

Date 25-1-19
 Signature of Officer witnessing

Before the claimant answers questions 1-6 the following should be read by, or to, him:—

"Your statement will be checked by Official Records. In answering question 2, any special matters which in your opinion caused or aggravated any unfitness from which you are suffering, must be clearly stated."

The claimant will answer the questions in his own words and, after completing the form will sign it. The Officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

THIS PORTION IS NOT TO BE COMPLETED IF A CLAIM IS NOT MADE.

1. (a) In what countries have you served during this war and for what periods?
 (b) In what capacity?

2. If you are suffering from any disease, wound or injury, state what it is, the date upon which it started, and what in your opinion was the cause of it.

(If more space is required a sheet of foolscap should be used and attached firmly to this form).

3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war.

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it before joining the Army? If so, give details and dates.

5. Give the names and addresses (if you know them) of any Hospitals you were in or Doctors who attended you before you joined the Army.



Occupation Cards SENT

Army Form B. 103.

27. 1918.

Regimental Number.....

Casualty Form - Active Service.

Regiment or Corps.....

Rank *Pte.* Surname..... Christian Name.....

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended (.....) Re-engaged (.....) Qualification (b).....
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 26, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents.
Date	From whom received				
<i>12-3-18</i>	<i>...</i>	<i>Embarked ...</i>			
		<i>Disembarked</i>			
		<i>BOULOGNE</i>		<i>22 NOV 1918</i>	
	<i>JOINED 2nd INF. BASE DEPOT</i>	<i>ETAPLES.</i>			
	<i>7th (Lancashire) Bn. York & Lancaster Regt</i>				
	<i>joined "C" Coy</i>	<i>Field</i>		<i>26 NOV 1918</i>	
		<i>TO ENGLAND</i>		<i>31.1.19 29</i>	

0. 1/c Infantry Section No 3

(1) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be given in the Remarks column.
 (2) Mfg. by Steeles-Smith, Esq. W. 5127-52283 10000 7/17 (25000) C. P. & S., Ltd. Forms B. 103 1/1918. P.T.O.

21-2-19

Report		Report of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A. 20, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 20 or other official documents.
Date	From whom received				
<i>Hong</i>	<i>29.6.19</i>	Transferred to Section 2 Army Reserve on Demobilization. Date..... <i>1919</i> Signature..... <i>[Signature]</i> Place..... <i>[Place]</i> Home Address..... <i>Hong Kong, Hong Kong</i>			
<i>France</i>	<i>22.11.19</i>				
<i>Hong</i>	<i>22.11.19</i>				

TO ENCLAVE

STATEMENT of the SERVICES of No. *101*

Christian Names *John*

Surname *Wright*

Corps	Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Signature of Officers certifying correctness of Entries.
					years	days	
General Service		Deemed to have been enlisted		<i>2/3/14</i>			
		Called up for Service		<i>19/4/14</i>			
<i>3rd</i>	<i>Hook & Lane</i>	<i>Postal</i>	<i>Plt</i>	<i>30-6-14</i>			
<i>Queens Royal West Surrey</i>	<i>4th</i>	<i>Attached. Authy: H.O. Telegram No 61406/24</i>	<i>Plt</i>	<i>16. 7. 1918</i>			
		<i>AS 2A 2/2. 7. 1918</i>	<i>Plt</i>	<i>23. 11. 1918</i>			
		<i>Transferred to be attached</i>	<i>Plt</i>	<i>23. 11. 1918</i>			<i>John Wright</i>
		<i>Tested</i>	<i>Plt</i>	<i>23. 11. 1918</i>			
		<i>Transferred</i>	<i>Plt</i>	<i>23. 11. 1918</i>			
		Transferred to Section 2 Army Reserve on Demobilization.					
		Date: <i>1919</i>					
		STG: <i>No. 100 any. 24. 1919</i>					
		Place: <i>Home</i>					
		Home: <i>A. J. W. Robinson House, Home</i>					