118 AV UNIT 4th Bu hills Regl. Army No 5, 575, 30/, Rank Sh. Name SM, TH. C Casualty K. (19 4) \$ The undermentioned documents descatched to:-(a) War Office (Effects) B. 104-93. - HIE. (b) Ministry of Health. 0.1845 (c) C.R.N.O. E. R. 7. -(d) Regtl. Paymaster. 0.1637. - A.F.B.104-89. -(e) Ministry of Pensions. Duplicate Attestation. (B.271) (E.501) (E.531) Duplicate B. 200. A.P.B. 107. A.F.B. 178: I. 5053. F. 120. B. 122. (Misc. Medical Documents). (f) To Widow. M.P.B. 502. (g) 72 Dook. R.O.F.95 to (Section 282/4) date) Clerk's Initials. Section Leader's Initials amendment address of N.O.K. Proforma to Most P. W.O. Effects.

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ORIGINAL

.SDUPLICATE

The Attesting Officer will strike out the word "Orginal" on the Duplicate Attestation, and the word "Duplicate" on the Original Attestation A V O

TERRITORIAL

Four years' Service.

ATTESTATION

ARMY.

WOOLWICH WOOLWICH

tol

No. 834234 Name SMITH Gynt Corps
Questions to be put to the Recruit before Enlistment. 1. What is your full name and permanent postal address? 1
2. What is the date of your birth? 2. **September 1913** 3. What is your trade or calling? 3. Are you married, widower or single? 4. Are you willing to be attested for service in the)
Territorial Army for the term of four years (provided His Majesty should so long require your services) for the County of †
6. Have you received a notice paper (Army Form E.501A) stating the liabilities you are incurring by enlisting, and do you understand and are you willing to accept them?
7. Do you now belong to, or have you ever served in the Royal Navy, the Army, the RoyalAirForce, the Royal Marines, the Militia, the Special Reserve, the Supplementary Reserve, the Territorial Force (or Army), the Imperial Yeomanry, the Volunteers, the Auxiliary Air Force, the Army Reserve (if so, specify class of Army Reserve), the Air Force Reserve, the Militia Reserve, or any Naval Reserve Force? If so, state which unit, army or regimental number, and if discharged, cause of discharge; these particulars must be given for the whole of your previous service, i.e., for ALL engagements on which you have served.
8. Have you truly stated the whole, if any, of your 8. /FS
9. (A) Are you a British subject?
Under the provisions of Sections 10 (1) of the Territorial and Reserve Forces Act and 99 of the Army Act, if a person knowingly makes a false answer to any question contained in the attestation paper he renders himself liable to punishment.
I, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. 3. H. Solland Seat 851. Signature of Witness.
OATH, TO BE, TAKEN BY RECRUIT ON ATTESTATION. 1,, swear by Almighty God that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs, and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs, and Successors, in Person, Crown, and Dignity against all enemies, according to the conditions of my service.

If any alteration is required on this page of the Attestation, a Justice of the Peace should be requested to make it and initial the alteration under Section 80 (6), Army Act. No other manuscript alteration to this Form will be valid unless authorized by Special War Office Instructions.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

I, Gelffrey, Kin Garl,, do hereby certify that, in my presence, all the foregoing Questions were

Tamer 19. St

Signature of Justice of the Peace, Officer, or other person authorized to attest Recruits.

including Annual Training in Camp,† and when mobilized, etc. No. of Part II Order or other Authority Signature of Officers certifying correctness of Entries. Promotions, Reductions, Casualties, Annual Training in Camp, etc. To From Rank Unit Service towards engagement reckons from (date) . 9 . - 1 - 3.4. Q-1-34 Major, R.A., T.A., Commdg 261st. Field Battery, R.A., T.A. BUNNER CONTINUED IN ARMY FORCE B. MO TRIAL CHARACTER Total service towards engagement in the Territorial Army to......(date of discharge).....years.....days. Discharged in consequence of..... The discharge of the above-named man is hereby approved. Signature.... Station..... Date † In the case of Annual Training it will be sufficient to state if " Present " or "Absent " and the year.

STATEMENT of the SERVICES of No. 834 234 Name SMITH

No. 834234	Name SMITH	Cyril
	MITTERDY HICTORY	CHEET

	Service.	MILITARY H	ISTORY SHEET.		
	Place.	From	То	Years.	Days.
	Home	9-1-34			
his class.	Passed classes of Instruction includes any authorized s of instruction. Campaigns (including actions) Wounded Effect of wounds Special instances of gallant conduct and mentions in Despatches. Medals and Deco-				Initials of Officer making the entry.
3.	rations, Clasps, and Annuities Injuries in or by the Service				
).	(othe Oscar John.	SMITH Summerleage Fishponds B	testal.	4.0,4.
OF MARRIAGE.	(a) Christian names. (c) (d) Surname. (d) (d) (e)	n to whom married :— Nationality. Spinster, Widow or Divorcee.	Date and Place of		Signature of Officer (with date).
OF CHILDREN.	name to be	cincluded. Christian Names stepchildren, adopted children, etc., surnames also).	Date and Place	e of Birth.	

IDENTIFICATION OF SMITH Gyril ON ENLISTMENT.

Apparent Age....20 Distinctive marks, and marks indicating conmonths years. (To be determined according to the instructions given in the Regulations for Army Medical Services.) genital peculiarities or previous disease. (Should the Medical Officer be of opinion that the Recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.) Height Weight Girth when fully expanded..... Range of expansion Complexion. Hair Religious denomination † Comprising the United Army Boar Certificate of Medical Examination. I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations. He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and declares that he is not subject to fits of any description. I consider him*.....titfor the Territorial Army 1934 * Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing certificate only in the case of those who have been attested and will briefly state below the cause of unfitness. Certificate of Primary Military Examination. I hereby certify that the above-named Recruit was inspected by me, and I consider him*.... for service in the You 244.....and that due care has been exercised in his enlistment.19.24. Recruiting Officer. † Insert the "Regiment" or "Corps." * Insert here " fit " or " unfit." * Certificate of Approving Officer. I certify that this attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to If enlisted by special authority, Army Form B. 203 (or other authority for the enlistment) will be attached to the original attestation. Offot, & Adit. R.A. for Lieut. Colonel, R.A. (T.A.) 1:34- 19.... Date Approving Officer Commanding 86th (8 * The signature of the Approving Officer is to be affixed in the presence of the Recruit. † Here insert the "Corps" for which the Recruit has been enlisted.

/		Army No. 834234		ames	1	pre			Date of Bi	Surnan (BLOCK CAPE	TALS)	,3	Par	ticulars of	Will.
Enlisted at		Bristol				on	9-	1-34	As shewn on Age (in ye	ars) on nent	19-9-				
Nature of Engi (Including variations service after calls	agement			towards lin		Form	er serv	ice in the	Trade on	Enlistment	der	e:	*. *		
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	*				Ye	"Service	100	Qualifying Servica Cears			7				
					Da	tys	3	ays							
No. of Part II Order or other Authority.	Unit.	Promotions, Reductions, Casualties, &c.		Army Rank.	Dates.	allo rec fixi	vice not owed to kon for ng rate ension.	Authenti- cating Signature or Initials.	Part II. Order.	Class.	Cert	subjects.	Education	Date of Award.	Authenticating Signature or Initials.
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		- Attested and posted		Gnr.											
/	261	Continued from Army Form			9.1.3	4		· M				***************************************			
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	F. Bd.	k		**********								*****			
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		Absent with Leave from						A		Particulars.		tion Awarded.	Course or Date of Tes	Oudon No	Signature or Initials
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*****	2669415	legil.			- logic	II Order
4.	Regiment OTT TES	REGIMENT				
5.	Nature of Engagement	A.C.		***************************************		
6.	Date of Joining (Army Class) or Date of Enlistment (Others)					
	Date of Birth					
	Nationality or Dual Nationality			C. Medical	Juli-	
	Religion		Section of the Control of the Contro	Category	01.	
10.	Industry S.E.		173.3.	15	G-1 5 ml 2/9/44	ON
12.		A ME			1	
		12 (a) Date	14. 2. 45.	17		
13.	Single or Married			18,		
14.	Home Town and County (U.K.) fishpards		19. Location		
	Country (abroad)	Bush		X Date Rejoined from Reserve		
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2 SEP TOUR

Dates on which Amendment Slips were sent to Central Card Index

0978

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	5 ft 11: ins	s. genital po	marks, and mar eculiarities or p	ks indicating con- revious disease.	No. of Part II Order or other Authority.		Promotion	s, Reductions, ualties.	Rank.	From	То	Signature of Offic certifying correct ness of Entries
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(Ace 24/2/49				Rall	ith		
Army School and other certificates of education								13 N	hajo	.50		
Passed classes of Instruction; † This includes any authorised class of instruction, e.g., in swimming, chiropody, &c.		STARS) MEDALS:	140	`					Resora	office.		
Campaigns (including actions) medals and decorntions	WAR MED	GERMANY MEDAL DAL 1939-45 -44 (104/91 d/	-13-10-44 d	IRO PI 12/47. Q		4/236	NIZ	4/236-//	70 50			
Wounded				2			J	C to R.P. SE2 1945				
Effects of wounds												
Special instances of gallant conduct and mentions in public despatches.			·¥;									
Injuries in or by the Service									5			
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o, of Par order or of Authorit	t II ther Unit.	Promotions, Reductions, Casualties, Annual Training in Camp, &c.	Rank.	From	To	Signature of Officers certifying correct- ness of Entries.
in the same of	same monuments		***************************************			

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					CH	ARACTER.
				//:	29	
		rds engagement in Territorial				
ischarg	ed on (Date)	in con	nsequence o	f‡		
The	discharge of th	ne above-named is hereby conf	irmed			
tation						confirm discharge).
)ate	***************************************	19				
		arge and sub-para. of King's Regula		-	-	
Nam	e, Address and	Relationship of Next-of-Kin.	(Inis ent)	ry nas no e	nect as a	Will.)
	84	Bearlow Drie		FA	DME	7
		Fiel pads	Brio	th .	SOM	1 letterfrom h
3)	Particulars of Christian Fame Surname.	f Woman to whom married:— s. (c) Nationality. (d) Spinster, Widow or Divorcee		nd Place of M		Signature of Officer (with date)
LAR	(a) PHYL	Lis MARY.	25.9	1.39.	R.o. Car	d Go/
PARTICULARS OF MARRIAGE.	(b) 300.1.1.1	E TREASURE.	CHARLES THE PARTY OF THE PARTY	PONE	2	
PAR OF M	for an anti-party in the same	SH.	BRI	370L		
	(re)	more Aid				***************************************

Redacted under FOI exemption S.40(2) until 2046

Number

Army Form B 200d.

To be prepared in ORIGINAL only.

0978

TERRITORIAL ARMY

RECORD OF SERVICE PAPER

of a man deemed to have been enlisted into the TERRITORIAL ARMY for the duration of the Emergency under the provisions of the NATIONAL SERVICE ? (ARMED FORCES) ACT, 1939.

When the same in the state of the same of	
Army Number. \$57.5301	0978
Name SMITH CYRIL	
Unit Posted to The Wiltshire Regiment	CAPITALS, surname first.)
Questions to be put to the man on	joining Unit to which he is posted.
What is your full name and permanent postal address?	1. bynk (Christian Names) Smith
84. Breachen Drust Fromponds	(Surname)
	(Address)
Briatel 1.	Frome.
2. In or near what Parish or Town were you born?	2. In the Parish of Brastol
	in or near the Town of
	in the County of
3. (a) Are you a British subject?	3. (a)
(b) Nationality of parents at birth	(b) Father.
	Mother
4. What is the date of your birth?	1 19-9-13.
b. Are you married, widower, or single?	5 matried
6. Do you now belong to, or have you ever served	6 R.A. 2615 BL. (TA)
in, the Royal Navy, the Army, the Royal Air Force, the Royal Marines, the Supplementary	1932-33 mable couple
Reserve, the Territorial Force or Army, the Army Reserve, the Air Force Reserve, the	revie my semonal.
Auxiliary Air Force, any Naval ReserveForce, or to any Dominion or Colonial Force? If so,	
*state particulars of ALL engagements.	des l
7. Do you now belong to, or have you ever served in, the Senior Division of the Officers Training	7. (a) Contingent Cottan 2nd Sahool
Corps? If so, state:— (a) Contingent.	(b) Arm of the Service. / My an
(b) Arm of the service.	(c) Date of joining. 1927
(c) Date of joining. (d) Date of leaving.	(d) Date of leaving/92.9
8. Have you truly stated the whole, if any, of your previous service?	8. 75
	9.75
9. Are you insured under the National Health	(a) Name of Society Prudutial
Insurance Act? If so, state (a) Name of Society; (b) Branch; (c) Membership No.	(b) Branch FROME
, to a second to memorrant to	(c) Membership No. 850 5453

10. Are you insured under the Unemployment Insurance Act?

above answers made by me to the above questions are true.

I, leyel Smit.

...do solemnly declare that the

Signature of Man.

Signature of Witness.

Forms B 200D/L. 2008 Wt. 80970/73 750,000 1/40—McC & Co Ltd. **T. 5648**

INFANTRY RECORD OFF Effects Form 118A. Memorandum for :-

THE OF THER 145 RECORDS,

WAR OFFICE. LIVERPOOL,

29 MAR 1945

104

D/143284 (Effects)

Will you please note that any articles of personal property now in your possession or subsequently received by you belonging to the late

No 55 15301 W/Sqt. Cycil Smith

should be despatched to :-

Mrs P.M. Smith Trome St. Somerset.

Any medals granted to the deceased that are now in your possession or that may hereafter be awarded should be forwarded to the Under Secretary of State, The War Office (A.G. 4. Medals), Droitwich.

D8984. M23177/5503. 20m. 12/44. M.T. 47/6

Effects Form 118A.

Memorandum for:

THE OFFICER I/C RECORDS, 29 JUN 1845, CA POST ROOM

WAR OFFICE. LIVERPOOL.

27.6.1943:

D/ 173287 (Effects)

Will you please note that any articles of personal property now in your possession or subsequently received by you belonging to the late

No. 557 5 301 W/5/5/1. C. WILTS

should be despatched to :-10. cheap St.

5 omerset.

Any medals granted to the deceased that are now in your possession or that may hereafter be awarded should be forwarded to the Under Secretary of State, The War Office (A.G. 4. Medals). Droitwich.

D8984, M23177/5503, 20m, 12/44, M.T. 47/6.

With ref. - 6: 79m mens.

NE. /5924. dated 29. 3.45°

Tou an informed that

the widow has continued.

Ital has address is as over

4 met 87. Beechen St.

70m mens.

actioned Div. I Section III

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No.: -- plantant to selded to seld

Registered Post Particulars :-

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature

Rank

Uni

Date

Vt. 54606/1436 98,200 lifts, 4/44 CHG&Col.td 51-8392

Personal effects of :-

(i) Deceased, Missing or Prisoner of War officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to the Reinforcement Holding Unit (or G.H.Q., 2nd Echelon, if specially instructed).

Three copies of this Form will be prepared. One will be retained by the Unit, one enclosed in the Parcel of Effects and one despatched separately by registered post to Addressee.

This Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

(A)	(B)		(D)_	(E)	(F)	(G)	(H)	
No. of Part II Order or other	Unit .	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.).	Place of Casualty	Army	Date	Service not allowed to reckon for	Signature of Officer certifying	
Authority.			Casaary	Kank		yrs. Days	correctness of entries	
	y Training (101		****	1 3	
	Wiltshire Reg		Devises	1440	13-11-40		12 11: 1	0
2421		Opptd Alvin lept 12:11:40	Deviges				ABoull of	5
		0- 00 00		** ************************************	n ad 2 > -		Adjt, I.T.C. Wiltshire R	egt,
		STA W. T. P. P. 2412 40			27/22	10.	Maynow 15/ 1	A
86/13	-71-	Posted for Special Duties (aux: Units)		he s	Adj	VT.C. Wiltshire Rect	-
		held supernumerary to his Course			4.5.4	7	B. Lesti Lant	h.
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		unit we 7 22 June 44 on posting		4		DAM	BAPTAIN G	1 100
		TO NO. IS T.T.C.				H.Q., A	UXILIARY UNITE, Te	-
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117/307 d. 25/8.	8 DEVONE	C.T.B. P/A w.e.i. 26.6.44 Posted to	-/-	-11- 4	26.8.64		6111	
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The state of the s					. dealer and the		MAN	
16/45	4 Wills	KILLED IN ACTION.	ME	-	14.2-43		Malakar	and the
							7 10	A)

SERVICE AND CASULTY FORM

Army No. 55 75 301

Signature of Officer

Adjt. I.T.C. Wiltshire Regt.

Surnama SMITH	Corps		Unit	
Surname SMITH		- Statement of the stat	Training Centre,	
			Itshire Regiment.	
Religion CE:	WILTS	40	to Pan	
If married state date *Substantive Rank and Appointment				
*Acting, Temporary or Local Rank,	To be completed by O. i.			insferred
giving date	to or re-engaged in the			
Attestation paper 3 250 d.	(i) Date of transfer to			
If of Alien origin state particulars	(ii) Rank on transfer to			
	(iii) Date of promotion			
Date of birth as declared on attestation 19.9.13.	(iv) Service in present ra	nk	Yrs	Days.
(a)	(v) Re-engagement or Re-	e-enlistment	t for Sec. D Army R	eserve
Date of Enlistment 24. 6.40	Date		Period	yrs.
Date Service reckons from 24.6.40.		Medical	(b)	in the same
(b) Date called to Colours	Category	Date	Authority	
Period of Engagement Q/E.			10 1/c 1/000	Duran
(c) Special conditions (if any) of	A STATE OF THE STA			
Enlistment or Rate of Pay	0,	The second		
(d) Any subsequent variations	77 - 1	LIE was 1984	0.3. b.179	
of conditions of service	* Full Name and Add	lress of Nex	t of Kin and Relat	ionship.
Extension of Service	1. 1. J. V. D	1 10.	1 5 1	
(Dates and period to be stated.)	blafe - Tax			
Date of Re-engagement Period yrs,		.02	S. Ochland	
Trade on Enlistment Gok.			14.69	
Corps trade and grade			NOWWELL BELL	
	Continued beyond 91 ve	ara to a d		Idate service
Qualifications (e) Miscellaneous entries (f):—	Continued beyond 21 ye	dis to		expires)
	, # #	13 KW (C)		
(f) (l)	n with Sale	**		
(f) (2)	n	11		
(f) (3) 24c - 7 1945				
(7) (4)				

Nothing to be written in this margin.

51-5649 12/39. 2000m.

NOTES.—*Entries to be made in pencil.

(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate.

(b) Instructions regarding completion of this sub-head will be issued when necessary after mobilization.

(c) Whether "for Home Service only," enlisted at special rates of pay, &c.

(d) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds.

Signaller, Farrier, &c.

Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

Our Ref. W2	61H6q.		
Your Ref		Norce	ROSS,
Mrs. Pm Smi	16. 19	OMAD WAR	BLACKPOOL,
10 Cohea	p Sr)	TO THE STATE OF TH	LANCS.
France Sa	mersel.	18	2 7 MAR 1940 194
Name and Ser	vice particulars o	f Deceased :-	
WISOT Cyn	il Smith 5	575 301. Wiets R	legt.
Date of Death	1. Weekly rate of pension £ s. d. 1-15-0	Redacted under FOI exemption S.40(2) until 2046	Award payable from

To Admiralty (P.M. Branch), Queen Anne's Mansions, London, S.W.1.

Army Record Office, Gloucester.

Ministry of Pensions Liaison Officer.

Will you please note that this award has been made to the widow, whose name and address are given above.

for Secretary.

Army Form B. 104-126.

Any further letter on this subject should be addressed to:	South.
Officer i/c	Station Could
Records, and the following No. quoted.	Date 10. 4 - 1945.
To MIS Com Smith	From OFFICER 1/C
10. Cheap Street	INFANTRY RECORD OF IC
From o	
SIR OR MADAM,	EXETER.
I am directed to for	ward the undermentioned articles of
private property of the late	No.554530/ Rank Sq5
Name	nith 6
Regiment	
and would ask that you w	ill kindly acknowledge receipt of the
same on the form overleaf	: and return to this office
Det Haying	bards
auto Km	do Tital
1 .	Stare S. L. Star
4 New Text	anget 8APP
wooden	Tares 196
2 Relts	(10 ₀)
2 Razo	75.
	articles at present forthcoming, but
	be received at any time they will be
duly forwarded.	
7	Yours faithfully,
	W. Wichens
	You Officer in charge of Records.

Wt.30245/1254 500m 0/39 KJL/8819 Gp.628/3 Forms B/104-126/2

Place 108 Real DC	Gene, Son,
Date 15/4/45.	

SIR,

I have to acknowledge receipt of the articles as stated overleaf.

Yours faithfully,

(Sign here) P. M. Smill.

The Officer i/e Records,

Station Cale

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or 55 75	301
Rank, Name & Initials	gt Smith #
Regiment or Corps	Willsoholpe
Nature of Casualty	Deceased Kill
Date of Casualty	7eb 45.0411

Inventory No. :- Inventory No. :- Inventory No. :-

Registered Post Particulars :-

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects and labour

WHILE SERVING UNDER MY COMMAND. WHEN ADMITTED HERE. WHEN FOUND.

The effects enumerated on the back hereof. which were packed under the personal supervision of an officer, are all that were recovered.

Date

Wt. 54606/1436 98,200 lifes 4/44

Three copies of this Form will be prepared. One will be retained by the Unit, one enclosed in the Parcel of Effects and one despatched separately by registered post to Addressee.

This Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal effects of :-

(i) Deceased, Missing or Prisoner of War officers and other ranks will always be despatched by registered post to O. I/c G.H.Q., 2nd Echelon.

(ii) Sick or wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to the Reinforcement Holding Unit (or G.H.Q., 2nd Echelon,

if specially Instructed).

by an officer, should be enclosed in the parcel with

effects, and not sent separately.

Army Form W.3040		CASUALTY CARD	SMITH	1948
ARMY NO 52.15.2 CHRISTIAN NAMES (i		huni 0 (in block l	etters)	GT.
UNIT DATE	Source	PRESENT LOCATION AND NATURE OF CASUALTY	Ref. No. & Date of A.F.W. 3016	DATE N. of K. Informed
CASUALTY 3.10.44	INFORMATION Ave 1860 11-10-14	Wounded (BC) N. W.E. Romains	8 oction	NOK) 13.10-44
14. 2. 45	Exe 3124/23.2.4 Rec 2+ 2.45	at duty. Selection W. Europe	Jeb 17/45	66983.42 h.(49.49.4)
when required.	Rec of & ins			
To be completed in pencil Name Wee P Address of Next of Kin				
Name Name Address of Next of Kin				
Name. Name. of Nex	/2014 300M 5/41 T.K. 8	Co.Lad./6538 51-167.	1	

DATE OF CASUALTY	Source OF Information	Present Location and Nature of Casualty (to include diagnosis)	Ref. No. & Date of A.F.W. 3016	DATE N. OF K. INFORMED
	The second of the second			,
		4		
				30.

DENTAL TREATMENT Army Form I 5055. Signature of Dental Officer Rank 5575301. Si Date and Place of Examination BURBET. of Dental Officer Dental Centre Ref. Treatment Date 24/6/40 Date of Enlistment 1201 Plp rendered Period of Engagement Lewis NOTATION 8765452112345678 8765452112345678 Remarks:

ST-7462

Oral Hygiene-

NOTE - THIS CARD MUST NOT BE FOLDED.

MEDICAL EXAMINATION RECORD AND MEDICAL HISTORY SHEET.

MEDICAL EXAMINATION RECORD	Army No. 5576301 Enlisted at
0 -1	Army No
Surname	Posted to 1.1.8. Wills. Date
	Transferred to Date
Born at Parish Tole County County	THIS PORTION IS NOT TO BE USED FOR MILITIA.
Pt. 1. Physical Condition on Examination.	1 -+ school f
Pt. 1. PHYSICAL CONDITION ON LAND Date 3/5/40 Examined at Auto days	(a) What standard did you reach as a recruit, for any (b) Have you ever been rejected, as a recruit, for any and of His Majesty's Forces? If so, give date
Declared Se 6 years 47 days	hranch of the transfer
Trade or Occupation.	and reason
Commentable to	4
Vision L 6/5	(c) Have you ever served in any branch of His Majesty's
Weight 133 lbs. Height 5 feet 1 inches	Forces? If so, give particulars
Maximum O inches	10.000
Chest Measurement Range of expansion inches	
Vaccination : Age Age No. of Marks 1	o and a second s
Inoculation: Typhoid Diphtheria	Note.—If the answer to (c) is in the affirmative the
Tetanus Other 79	following questions must be answered.
Physical Development 9 0114 Pulse	(d) Were you discharged as physically unfit for further service? If so, what was your disability?
Colour of Eyes Brun Colour of Hair Stack	
Complexion Trosh	
History of previous disease, indications of congenital peculiarities, slight defects, recommendations re training	(e) Did you receive a disability pension?
so Nochum - myerre - affendicedon 4)	Man's Signature
Refore hame	Note.—Boys under 18 are not to sign this Form.
V	
Healthy appendicationy scar	Pt. 2 and 3 for use of Service authorities only.
	Pt. 2. Dental Condition on Enlistment.
+ years of	
appendicerony	LANGUAGE BORN
good seo.	NOTATION. 87654321 12345678
	R 87654321 12345678
	1800 De 000000 00000000000000000000000000
7 102	4
Examined and placed in :-	Oral Hygiene
1. ne	Remarks
Grade *H.	D. 1000 M Morrison L
144.	Signature, Dental Officer. M. Mortison &
CEit	Pt. 3. Became non-effective by
For Boys Unfit	
Strike out those which do not apply.	
6712 uncan	Date
Signature Chairman of N.S. Medical Boa	rd. Signature
has been placed in Grade II sole	ely on account of either visual acuity or deformities of the lower

*Where a man has been placed in Grade II solely on account of either visual acuity or deformities of the lower extremities, or both, in accordance with paragraph 6 of the Medical Code, the letter (a) is inserted.

MEDICAL HISTORY SHEET OF

	No. 5 \$	75301	Surn	ame Smith	Cl	nristian	Name	s	Cy	w.				
	PAR	Т 5.—Вол	ARDS; Co	URTS OF INQUIRY; EXAMINATIONS		P	ART	6.—	Prescr	IPTION	FOR SPEC	TACL	ES	
	ME ME	NT OR CO	OF SUR	SERVICE, EXTENSION, RE-ENGAGE- OF SERVICE, ANTI-RABIG TREAT- GICAL APPLIANCES OTHER THAN CLES. ETC.		Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Ce		Date of Exam.	
	Date	DENTURES AND SPECTACLES, ETC. Brief details, and signature									measureme	ints)	Daté of Issue	
2/4	66.111	Sco		. ===0 :	L									
~ /	* DePt		aced a			Signatu	re of	M.O.						
		PAL	eceu u	a cal A	R						Frame No measureme	Date of Issue		
	***********			IL COL PAMC	L									
	-1			Lt. Col. R.A.M.C. (Ret.		Signatu	re of	M.O.						
19	Men 4	4020		ex corporation	P/	ART 7.	—PR	OTEC	TIVE I	NOCULA	TION AND	VAC	CCINATION	
	*******	4x C	ale		Nature of Vaccine— D					Date	e of Si		Signature	
	***********			3 allany	Int	T.A.B., fluenza,	" Sm Chol	allpoz era, e	tc. 1s	t Dose	2nd Dose Med		of dical Officer	
					0	PA. &	3		26	6.40	5.7.40	1		
28	JUNE 49	Her	702/43	AT.	2		1.		21	6.640	10.8.40	1	LW-	
	***************************************		MA.	thousand howener	4	Hace	. /-	۷.	0	7.40.		12	ient-PAME	
	************			MEDICAL GETTO-1	A.	T. 1	· e.	e		10/1	Lie	7.	L.	
	***********			STH DEVON HERIMEN	1	2.8.	1-e	· c.		Alla	eny 44.	500	Frank (4)	
10	Zang cal	AI		24 95	100	p	******						1999	
	J	Ber Segintin	MP	Part on his Muc										
	***************************************		, yle lightee ee lie ee	- 1			*******							

				2										
				*										
				8.—Particulars of Dental Tr				-		2010		0.000	*	
	I	Place	Date	Particulars of Treat	ment	ent, Dentures, etc. Signature of Dental Officer				re of Officer				
										********		*****		

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7	1	*********										******		
*******		\												
	1	\												

rs in the case of Warrant Officers not admitted to Hospital.

6				8.6.		o in the case of	Warrant Officers not admitted to Hospi	tal.
Par	t 4.—Parti	iculars	of Tre	eatment in Hospita	al, or in Qua	cause of disability	Remarks bearing on the nature, severity, treatment, and result of the case, likely to be of interest or of future use	Signature of Medical Officer (name and rank)
Name of Hospital	Admitted to Hospital	Discharg Hos	rged from ospital	Disease	Number of days in Hospital			
	Day Month Yea	ear Day Mon	onth Year					

				*				
						verse-relationship services and services and services are services and services are services and services are services and services are services are services and services are		

Unit. H.Q. Chroling Unils MEDICAL INSPECTION REPORT * Squadron, Battory or Company Army Rank Initials Relig yours of for Discaso. Medical Officer's Remarks. (M under name Sor-Not -ion duty/ and signature. Ago vico / State nature of duty for which warned. *Striko out whichever In the case of mon for is not applicable. modical inspection, the reason such as "for trial by court martial," or "joining the Station." should be stated against their names.

Cover for Documents

Nature of Enclosures.

5575301 SMITH C

Notes, or Letters written.

MINISTRY OF PENSIONS RECEIPT FOR SERVICE DOCUMENTS

Officer in charge of Records,
greler.
K Parameter Services
Your Ref.
The decuments of the undermentioned ex-
member of the Forces have been received and
registered under
W2/11469
Reference
SMITH.
Surname BLOCK LETTERS
0,19,0
Christian Names
n. Wills
Regiment 5 575 201
Rank Toll Offi. No. 9 0/3 301
Cause of Discharge: Medical Grounds
Missing .
Death
241
- Rale
Registry,
Norcross, Blackpool, Lancs. Date. 5 3 194 2
M 12844/7325 8/44 100m(8) CWW, Late. 57/5