

Reinforcement: 29th

HISTORY-SHEET.

[E.F. Form No. 3A.]

Unit.	Rank.	Surname.	Christian Name.	No.
A. Coy	Pte.	DALE	George Melville	56264

Occupation: Farmer	Religion: R.C.	Last New Zealand address: Waimauku
Last employer: Father	9/10/90	Auckland

Name, relationship, and address of next-of-kin (if not resident in New Zealand, insert also name and address of nearest relative in New Zealand):

Mr. George Dale (Father)

Waimauku

Kaipara

No. 56264 Rank: Pte.

Name: George Melville Dale

Address: 4 Mrs. Hughes, St. Pauls St. Auckland

Periods of Service.

In New Zealand: — years 102 days

Overseas ... 1 years 13 days

Total service ... 1 years 15 days

Date commenced duty: 31/5/17

Date finally discharged: 21/1/19

Theatres of Operation.

Australasian

Egyptian

Egyptian E.F.

Balkan

Western

European

Asiatic

Decorations:

British War Medal

The foregoing particulars are correct.

Signature: _____

N.B.—Do not omit to advise this office of any future change of address.

1,000 pads/8/20—12058]

Sick ...

Date finally discharged: 21-1-19 Asiatic

Decorations:

British War Medal 4/4/21

The foregoing particulars are correct.

Signature: G. Dale

N.B.—Do not omit to advise this office of any future change of address.

ENTERED ON HISTORY SHEET.

1,000 pads/8/20—12058]

Killed in action ...

Died of wounds*
sickness*

Missing ...

Prisoner ...

Injuries in or by the
Service ...no longer physically fit for war service
(Oitis Media)

Discharge ...

Provisional:

(Date.)

Final: 21. 1. 19

(Date.)

Intended address: Waimauku

Pension ...

Reinforcement: 29th

Unit. R
A. Coy

Occupation: Fer

Last employer: Fat

Name, relationship,
and address of
next-of-kin (if not
resident in New
Zealand, insert also
name and address
of nearest relative
in New Zealand):

DECEASED

9-12-54
Service

Country or Troopship. <i>attested</i>	Date from <i>15-2-17</i>	Date to <i>12-8-17</i>	Total		making entry.	Service.	
			Years.	Days.		Years.	Days.
N.Z. <i>31-5-17</i>	<i>15/2/17</i>	<i>12-8-17</i>		<i>921</i>			<i>102</i>
Foreign.	<i>13-8-17</i>	<i>24-12-18</i>	<i>1</i>	<i>134</i>			
<i>Rel. Ayashidee</i>	<i>24-12-18</i>						
<i>93</i>	<i>25-12-18</i>	<i>21-1-19</i>		<i>28</i>			
			<i>1</i>	<i>236</i>			
						Foreign Service:	
						<i>1</i>	<i>134</i>
						Total Service:	
						<i>1</i>	<i>236</i>

CABLE.
No. Date Where Soldier located.

Wounds

No. *56264* Rank: *Pte.*

Name: *George Melville Dale*

Address: *cf. McHugh's St Pauls St Auckland*

NOTE ADDRESS.

ENTERED ON HISTORY SHEET.

Periods of Service.

In New Zealand: — years *102* days.

Overseas ... *1* years *134* days.

Total service ... *1* years *236* days.

Date commenced duty: *31-5-17*

Date finally discharged: *21-1-19*

Theatres of Operation.

Australasian

Egyptian

Egyptian E.F.

Balkan

Western

European

Asiatic

Sick

Decorations: *British War Medal, 4/4/21*

The foregoing particulars are correct.

Signature

G. Dale

N.B.—Do not omit to advise this office of any future change of address.

ENTERED ON HISTORY SHEET.

1,000 pads/8/20—170581

Killed in action

Died of wounds*
sickness*

Missing

Prisoner

Injuries in or by the
Service

*no longer physically fit for war service
(Otitis Media)*

Discharge

Provisional: (Date.)

Intended address: *Waimauku*

Final: *21. 1. 19* (Date.)

Pension

Reinforcement: 29th

Unit.	R
A. Coy	

Occupation: Far

Last employer: Fat

Name, relationship,
and address of
next-of-kin (if not
resident in New
Zealand, insert al
name and addr
of nearest relat
in New Zealand

Officer in Charge.

J. W. HUTCHEN,

Yours faithfully,

Will you please, therefore, check the particulars on the back
hereof and return this form complete to me as early as possible
after appending your signature in the space provided at the foot.

As it is hoped that it may shortly be possible to issue the
British War Medal and Illuminated Certificate of Service, it is
desired to give you an opportunity of agreeing with the information
held by this office concerning yourself, and which will be con-
tained on the medal and certificate or other documents yet to be
issued, as medals and documents once issued can only be altered
at the recipient's expense.

Dear Sir,

Wellington.

DECEASED

9-12-54

Service

Wounds

Sick

Killed in action

Died of wounds*
sickness*

Missing

Prisoner

Injuries in or by the
Service

Discharge

Pension

Provisional: (Date.)

Final: 21. 1. 19 (Date.)

Intended address: Waimanuku

no longer physically fit for war service
(Ollis Media)

Service.

Years. Days.

102

Foreign Service:

1 13 1

Total Service:

1 23 6

b. 7P

Address :

WAR SERVICES GRATUITY ASSESSMENT

[Form G.-1A.]

Service No.—ARMY: 21356

Name of Serviceman: DALE
(Surname.)
George Malville
(Christian names.)

AIR: _____

NAVY: _____

Arm of Service.	From	To	ASSESSABLE SERVICE.		N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debits.	Net Gratuity.	Certified correct.	Date.	THIS SPACE RESERVED FOR BASE RECORDS USE ONLY
			N.Z.	O'seas.								
Navy ..												R.-3. History Sheets. (For comparison service and completing dates on N.Z.-307 where necessary.) <u>60</u> (Initials.) <u>23/7/46</u> (Date.) G.-8. Gratuity. File.
Air Force ..												
Army (2 N.Z.E.F.)	12.1.40	27.5.41	138	364	4 12	45 10	50 2		50 2		23/7/46	
Army (Acet., A.H.Q.)												
Army (N.M.D.)	1.9.41	22.10.45			49 18		49 18		49 18		28 MAR 1946	
Army (C.M.D.)												
Army (S.M.D.)												
Supplementary Gratuity payable in respect of Disabled Serviceman												
Circulation: <input checked="" type="checkbox"/> TOTAL ..												£100 = -
Post-office Schedule No. <u>293</u>												

(1) Accountant, N.M.D., Auckland.	(2) Accountant, S.M.D., Christchurch.	(3) Accountant, C.M.D., Wellington.	(4) Accountant, Air Department.
(5) Accountant, Navy Office.	(6) Accountant, Army H.Q.	(7) Account., Base Records (2 N.Z.E.F.)	(8) Gratuity Section, Base Records.

Date of Entitlement: 28 MAR 1946
 [Base Records will delete paying authorities not applicable and forward to first paying authority remaining in panel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

CASUALTY FORM—ACTIVE SERVICE.

Regiment or Corps: _____ Name: Dale George Melville
 Regimental No. 56264 Rank: _____ Service reckons from* 15/2/17
 Enlisted*: 15/2/17 Terms of Service*: Duration of War
 Date of promotion to _____ Date of appointment to lance rank: _____ Numerical position on roll of N.C.Os.: _____
 Extended: 1 Re-engaged: Farmer Qualification†: _____

Report.		Record of Promotions, Reductions, Transfers, Casualties, &c., during Active Service, as reported on Army Form B. 213, Army Form A. 36, or in other Official Documents. The Authority to be quoted in Each Case.	Place.	Date.	Remarks taken from Army Form B. 213, Army Form A. 36, or other Official Documents.
Date.	From whom received.				
		Embarked 4 th Dec. 91	Wellington	13/8/17	Embark Roll
		Disembarked T.S. 91	Glasgow	2.10.17	Disembark Roll
		MARCHED IN & POSTED. a.s.h.	Swing	3.10.17	PT II No. 31
		Classified unfit & placed on	London	12/17	Home Roll Reserve
		Marched in	Forquay	21.8.17	Home 103
		Emb'd. for N.Z. Ashire	Plymouth.	6.11.18	Home Roll.

* 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 entered.
 † E.g., Signaller, Shoosmith, &c., also special qualifications in technical Corps duties.

56264
 Dale George Melville

Card Notes
 Ledger Notes 61 2/17 13/17

RECEIVED BY HEADQUARTERS
 17.11.19

(1)	74771	PTE	SEARLE OLIVER HENRY	MISS E. BREEN. PITAHUA ST. OFF TINAKORI RD. WGTON.
	8/3397	PTE	SEYB HENRY MICHAEL	MISS K. SEYB. WAI-ITI ROAD. TIMARU.
	63053	PTE	SHEARD ANDREW FRANCIS	MRS S. SHEARD. 4 RURAL DELIVERY. MAIN SOUTH RD. HAWERA?
	3/34	S/SGT	SHEEHAN BANTHOLOMEW CHARLES	B. SHEEHAN. POLICE STATION. HAMILTON.
(1)	56360	PTE	SHORT CHARLES WILLIAM	C.W. SHORT. AWITI CENTRAL. AUCKLAND.
	30650	SGT	SHORT ISAAC GEORGE	MRS M.J. SHORT. 2625 HAPPY VALLEY RD. BROOKLYN. WGTON.
	24/278	L/CPL	SILVER HENRY EVELYN WOOD	F. SILVER. KARAKA BAY. WELLINGTON.
(1)	39700	PTE	SINCLAIR ADAM GEMMELL	MRS McKOHY. TONGAPORUTU. TARANAKI.
	28231	PTE	SINCLAIR JAMES THOMAS	T. SINCLAIR. HATUMA. WAIPUKURAU.
	41642	PTE	SINNETT CHARLES LAWRENCE	J. SINNETT. KARIOI. MAIN TRUNK.
	60001	PTE	SMEATH ROBERT	MRS P. SMEATH. KAWA KAWA. BAY OF ISLANDS.
	18269	PTE	SMITH ALEXANDER GALBRAITH	MRS M. BLACK. METHVEN. CT. CANTERBURY.
	63436	PTE	SMITH HAROLD COLIN	MRS S. SMITH. WAITAHUNA WEST. OTAGO.
	61409	RFM	SMITH JAMES	MRS E. SMITH. 54 HARBOUR TCE. DUNEDIN.
	61055	PTE	SMITH MELVILLE RAYNHAM	T.S. SMITH. VILLAGE SETTLEMENT. ASHBURTON.
	50176	GNR	SMITH ROBERT	MRS E. SMITH. 16 DAMPIER ST. WOOLSTON. CHCH.
	48103	RFM	SOFFE HENRY ROBERT	MRS M.A. SOFFE. WAITARA. TARANAKI.
	61157	PTE	SOWMAN HAROLD ALFRED JOHN	MRS E. SOWMAN. FARNHAM. BLENHEIM.
	13118	PTE	SPARLING WM CYRIL	G. EBBETT. SOLICITOR. HASTINGS.
(1)	43526	SDR	SPENCE HERCULES	MRS C. SPENCE. DEVON ST. WHANGAREI.
(1)	42943	DVR	SPILLANE MAURICE PATRICK	J. SPILLANE. 428 UPPER QUEEN STREET. AUCKLAND.
	61824	PTE	SPRIGGINS GEORGE JAMES	MRS G.J. SPRIGGINS. 141 PARADE. ISLAND BAY. WELLINGTON.
(1)	59554	PTE	STANLEY WILFRED LYLE	H. STANLEY. 83 FELTZHEERST. PALMERSTON NORTH.
	8/2142	PTE	STARK DOUGLAS	MRS F. KING. C/O D. HARRIS. 18 CLIFTON ST. N. INVERCARGILL.
	40691	RFM	STEDMAN JAMES ARTHUR	A.R. STEDMAN. HUTCHESON STREET. BLENHEIM.
	29559	PTE	STEVENS KAHU WI	W. STEVENS. WHANGAPE. VIA HOKIANGA.
	14333	CPL	STEVENS STANLEY FREDERICK	MRS E. STEVENS. NETHERTON. PAEROA.
	63956	RFM	STEVENS WALTER ALEXANDER	MRS M. STEVENS. PUNHAU.
(1)	25/142	SGT	STEWART FAIRLY CLARKE	C.E. STEWART. NUKAKA. WAIROA. H.B.
	51919	PTE	STEWART ROYAL STAFFORD	D. STEWART. DUBLIN ST. LYTTLETON.
	66043	RFM	STREETON HARTLEY	MRS E.E. STREETON. GLADSTONE RD. NORTHCOTE. AUCKLAND.
	70557	PTE	STRICKETT FREDERICK WILLIAM	MRS AS. STRICKETT. 98 COOK STREET. AUCKLAND.
	36371	L/CPL	STRINGLEMAN EDWIN SYDNEY	MRS E. STRINGLEMAN. 34 ROTHERAM ST. LOWER RICCARTON. CHCH.
	27979	CPL	STURZAKER NORMAN GEORGE	F. HARRIS. MAIDA VALE ROAD. ROSENEATH. WGTON.
	23894	PTE	SUCKLING ARCHIBALD LOUIS	MRS M.C. SULLIVAN. 165 QUEENS DRIVE. LYALL BAY. WGTON.
	18450	SPR	SUTHERLAND EDWARD H.	MRS J. SUTHERLAND. 149 HASTINGS ST. NAPIER.

**NEW FILE
BEGINS**

NEW ZEALAND EXPEDITIONARY FORCE

PERSONAL RECORD of—

ORIGINAL

1st NZEF	Army No
2nd NZEF	Registration No. 21356

DALE

GEORGE MELVILLE

REGIMENT: 21 RIFLE BAT

ORIGINAL

GROUP: NUMBER:

INCOME TAX CLEARANCE

Forwarded 6-2-40

DISCHARGED

P/U 27/5/41

TRANSFERRED TO

Res on A/D Area 1 Pool

L HOP

Coupon Book No. 402 k39

*Orig file forwarded to
Area 1. (N.Z.T.S.)
Enf. 2/10/41.*

STRUCK OFF STRENGTH OF
2nd NZEF. GRADE <i>3 P.</i>
DISCHARGED ON <i>22 10 40</i>

Amended part. of Disch. issued.

*O/S MEDICAL PAPERS
SENT W/P
18.7.47*

**FILE PURGED
1949**

DECEASED.

RETURNED TO
NEW ZEALAND
29 APRIL 1941

EMBARKED

1 MAY 1940

RAILWAY PASS	
No. 285	CLASS 2-a.
Date issued 18.6.41	
Initials Issuing Officer <i>WBS per Co.</i>	



29th, RFTS 1ST DRAFT

EMB 13.8.17

NEW ZEALAND EXPEDITIONARY FORCE.

[Form No. 1.]

PERSONAL RECORD of

Registration No. 56264

(Surname.)

(Christian name.)

DALE

George Melville

REGIMENT: A Coy. 29th Rfts.

GROUP: NUMBER:

PREVIOUS
PAPERS:

SUBSEQUENT
PAPERS:

DISCHARGED

21.1.19. S.F.M.

NO LONGER PHYSICALLY FIT FOR WAR SERVICE.

Army Headquarters,
P. O. Box 99,
WELLINGTON.
16. 3. 55.

MEMORANDUM for:

The Secretary for War Pensions,
WELLINGTON.

Re: 21356. DALE: George Melville (Deceased.)
(Number) (Name in full)

The War Service Gratuities Emergency Regulations, 1945, Amendment No.2. makes provision for the payment of a supplementary gratuity in the case of a serviceman who was in receipt of a War Pension at the date of death. In order that the amount of supplementation (if any) may be considered, it is necessary that the information set out below be notified to this office on the duplicate of this memorandum.

Date of Discharge : 22.10.45 Date of Death: 9.12.54. Place: Matakane.

Name and address of next-of-kin
or legal representative :

Mrs. I. Dale (Widow)

Gratuity paid
£. s. d.
no. 0.0.

Ward Road
Matakane



E. H. Heppleston
(E. H. Heppleston),
ACCOUNTANT.

Accountant,
Army Headquarters,
P.O. Box 99,
WELLINGTON

- (1) The serviceman's death ~~was attributable to military service~~
was not attributable to Military service.
- (2) ~~The serviceman at the date of his death was in receipt of a War~~
Pension under the provisions of the War Pensions Act, 1943, viz:
- (a) A permanent pension in respect of total disablement.
 - (b) A permanent pension for partial disablement, degree of disability per cent.
 - (c) A temporary pension in respect of per cent disablement.
- (3) A war pension is being paid in respect of the serviceman's death.

Relationship to serviceman : ()

(4) Executor or legal next-of-kin and solicitors acting for estate :

*Strike out the provisions

J. E. T. Williams
Secretary for War Pensions

File No. R/8349

[I.A.—61

DEPARTMENT OF INTERNAL AFFAIRS—WAR GRAVES DIVISION

NOTIFICATION OF DEATH

1939-45 War

Service No. 21356 Rank: PTE. Name: DALE George Melville.

(Surname.)

(Christian names.)

Regiment: 2nd Life Bn Born at N.Z. Date: 9/10/05. Religion: P.C.

War service* (Yes or No): Discharged: 22/10/45.

Decorations (if any):

Cause of death:

Place: Matakane Date: 9.12.1954.

Cemetery: Grave location:

Next-of-kin (Relationship and address): Mrs I. Dale (Widow)
Ward Rd., MATAKANE.

* Between 4/8/14 and 31/8/21 or 3/9/39 and 31/12/47.

To Officer-in-Charge,
N.Z.E.F. Records,
Victoria Street,
WELLINGTON.

Please verify and complete the above particulars (where blanks exist) and return urgently.

Date: 10/3/1955. Signature: A.G. HARPER
Secretary for Internal Affairs.

To War Graves Division,
Department of Internal Affairs,

ACTION SHEET RE DEATH
R3 H/S Noted..... as requested.
R4 GA Index Noted.....
R2 Re Will..... Signature:
AS Re Gratuity.....
A17 Mem/cross/Scroll.....
R1 Index.....



Will you please advise by memorandum whether or not death was attributable to War Service.

Date: Signature: Secretary for Internal Affairs.

(THIS PORTION FOR USE BY WAR GRAVES DIVISION)

Initials.

Decision of War Pensions:

Grave card completed:

OH/MA

21356


16th August, 1950.

Mr. G. M. Dale,
Wards Road,
MATAKANA.

Dear Sir,

In accordance with the regulations regarding increased subsistence allowance for overseas leave granted in November, 1946, it is noticed that a small sum is due to you (28 days @ 2/- = £2.16.0.) A warrant for this amount is forwarded herewith.

Yours faithfully,


(R.D. McGILLIVRAY)
Officer in Charge:

Encl:

FINAL PAY SECTION
MEMORANDUM

16 AUG 1950

DESPATCHED

AS

FILE

16 AUG 1950

INITIALS *MP*

OVERSEAS LEAVE ADJUSTMENT SHEET

[B.R.—275]

Rank: 21356 Serial Number: _____

(Service No.) Pte (Surname) DALE (Christian names) George Melville

Address of serviceman: 3 Harapaki Rd Wards Road
 or
 Name and address of
 Executor or Administrator: Ramona S.E. Matekana
(Pro Forma Letter)

Overseas Service:—

From 1.5.40 to 29.4.41 = 12 months .. days.
 From _____ to _____ = _____ months .. days.
 From _____ to _____ = _____ months .. days.
 TOTAL = _____ months .. days.

Total leave entitlement = 28 days.

Less overseas leave already taken—

to 27.5.41 28 days at 2/6 S.A.
 to _____ days at _____ S.A.
 to _____ days at _____ S.A.

Less leave deferred and since received for these periods.. .. days at _____ S.A.

Less adjustment of twenty-eight-day scale of rehabilitation leave
 to fourteen days days at _____ S.A. 28 days.

Balance of leave due: From _____ to _____ days.

Grading on final posting: 3 Computed by W
 Checked by _____

Due to Serviceman:—

Adjustment of S.A.	<u>28</u> days at 2s. 0d. =	£ <u>2</u> s. <u>16</u> d. ..
	days at 1s. 6d. =	
	days at 4s. 6d. =	
Gross pay	days at _____ =	
Gratuity	days at 8d. =	
		£ <u>2</u> s. <u>16</u> d. ..

Schedule No. D/3043

Due to Dependant:—

(Name) Mrs. _____
 Miss _____

Schedule No. _____

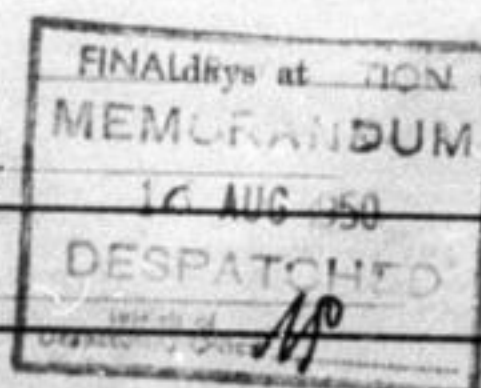
Computed by _____

Checked by _____

Noted on History-sheet.

Initials: E.H.M.

Date: 14.4.48



TO BE COMPLETED
IN DUPLICATE.

RECORD OF MEDICAL BOARD. LIEUT. N.Z.T.S

Surname: DALE (In block letters) Christian names: GEORGE MELVILLE

EXAMINED on 5 day of January, 1941, at AUCKLAND
DECLARED AGE: 34 years 90 days. HEIGHT: 5 feet 7½ inches. WEIGHT: 9 st. 12 lb.
CHEST MEASUREMENT—GIRTH WHEN FULLY EXPANDED: 37 inches. COMPLEXION: _____ EYES: _____
RANGE OF EXPANSION: 5 inches. HAIR: _____
PHYSICAL DEVELOPMENT: good TRADE OR OCCUPATION: _____
VACCINATION-MARKS—ARM: RIGHT, _____ LEFT, 3 NUMBER: 3 WHEN VACCINATED: child

Medical Statement.

(Questions to be addressed to the Candidate by the Examining Officer.)

1. Have you ever suffered from fits, convulsions, or nervous breakdown? no
2. Have you ever had any illness, accident, or operation? If so, give particulars Herniatomi 4 yrs ago
3. Who is your usual family doctor? none
Have you consulted a doctor in the last five years? If so, give particulars no
4. Have you ever suffered from any discharge or other affection of the ears? no

I declare my answers to the above questions to be true and complete.

Date: 5.1.40 Signature of Candidate: G.M. DALE

Without Glasses.	With Glasses.	Pulse rate, sitting: <u>84</u>
Vision—Right eye: <u>6/6</u>		Cardiac efficiency test (not required for home defence unless considered necessary)—Pulse standing: <u>96</u> XX ;
Left eye: <u>6/15</u>		after exercise: <u>126</u> 96 ; two minutes later: <u>84</u>
Colour-vision: <u>normal</u>		What is his blood-pressure? <u>130/85</u>
Hearing—Right ear: <u>normal</u> Left ear: <u>normal</u>		Is his heart normal? <u>yes</u>
What is the condition of the (1) tongue, (2) fauces?— (1) <u>clean</u> (2) <u>normal</u>		Urine: <u>normal</u>
Are his limbs well formed? <u>yes</u>		Is he free from hernia? <u>yes</u>
Are the movements of all his joints full and perfect? <u>yes</u>		Is he free from varicocele? <u>yes</u>
Is his chest well formed? <u>yes</u>		Is he free from varicose veins? <u>yes</u>
Are his lungs normal? <u>yes</u>		Is he free from hæmorrhoids? <u>yes</u>
		Is he free from inveterate or contagious skin-disease? <u>normal</u>
		What is the condition of the nervous system? <u>normal</u>

Remarks.

(Should include reference to congenital peculiarities, previous disease (especially otitis media) and slight defects. Also reasons why candidate is deferred or rejected.)

Certificate of Medical Examination.

Examined and placed in Grade: I Dental Classification: T.
(Form N.Z.—360.)

* Therefore—

Fit	} For Home Defence.
Temporarily Unfit	
Permanently Unfit	
Fit	} For Active Service in any part of the World.
Temporarily Unfit	
Permanently Unfit	
Fit	} For Garrison Duty in Tropics.
Unfit	
Fit for Temporary Service in New Zealand.	

* Strike out all lines that do not apply.

Is there any evidence of such infective condition in the mouth or gums as Vincent's Disease, Ulceration, Stomatitis or Pyorrhoea of severe degree? _____

A. MOIR _____, President.

W. PEZARO. _____, Member.

**CERTIFIED TRUE & CORRECT COPY
NEW ZEALAND MILITARY FORCES.**

WAR.
[Form N.Z.—367.
(In pads of 100.)]

ATTESTATION FOR SERVICE IN TIME OF WAR, WITHIN AND BEYOND NEW ZEALAND. LIEUT. NZTS

Questions to be put to the Recruit.

		DALE
1. What is your name? <small>(Christian names and surname to be written in block letters.)</small>	1. Surname: _____ Christian names: _____	GEORGE MELVILLE
2. Where were you born?	2.	N.Z.
3. What is the date of your birth?	3.	9.10.05
4. Are you a British subject? If naturalized, state where and when	4.	YES
5. What are your parents' names?	5. Father: _____ Mother: _____ Maiden surname of mother: _____	ENGLAND (Christian names.) (Surname.) (Christian names.)
6. Where were your parents born?	6. Father: _____ Mother: _____	ENGLAND N.Z.
7. If your parents were of alien birth, state when and where they were naturalized	7. Father: _____ Mother: _____	
8. What is your trade or calling?	8.	DRAPER
9. What is your address in New Zealand?	9.	51 Arthur St. Onehunga
10. Who is your next-of-kin? (state relationship) WIFE ..	10. Name: _____ Address: _____	MRS. ELSIE ISABEL DALE 31 Arthur St. Onehunga
11. What is the name and address of your present or last employer?	11.	Henry Hosking Dale Onehunga
12. What are your educational qualifications?	12.	6th Stand. Prof. married
13. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?	13.	british
14. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?	14.	2
15. If single with dependants, state who they are	15.	nil
16. Have you ever served in any naval, military, or air force? .. If so, state which, length of service, last rank held, and cause of discharge	16.	1 yr territorials inf.
17. Have you ever been medically examined for service with the armed forces? If so:— (a) When? (b) Where? (c) Were you found fit or unfit?	17.	yes (a) 5.1.40 (b) AKLD (c) I
18. Are you willing to be inoculated or vaccinated if required? ..	18.	YES
19. Are you willing to serve within and beyond New Zealand in the New Zealand Military Forces for the duration of the war, and twelve months thereafter, or until lawfully discharged?	19.	YES
20. What arm of service do you prefer?	20.	
21. What is your religious denomination?	21.	R.C.

I do solemnly declare that the answers made by me to the above questions are true; and that I am willing to fulfil the engagement made.

Signature of Recruit: _____

Oath to be taken by Recruit on Attestation.

I, GEORGE MELVILLE DALE
do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, and that I will faithfully serve in the New Zealand Military Forces against His Majesty's enemies, and that I will loyally observe and obey all orders of the Generals and Officers set over me, until I shall be lawfully discharged. So help me God.

Certificate of Attesting Officer.

The above questions were read to the above-named recruit in my presence. I have taken care that he understands these questions, and that his answer to each question has been duly entered. The said recruit has made and signed the declaration, and taken the oath of allegiance before me at AUCKLAND, New Zealand, on this 5 day of JANUARY, 1940

Signature of Attesting Officer: C.R. NATHAN.

NOTE 1.—If any alteration is required in the attestation, the Attesting Officer will make it and initial the alteration.
NOTE 2.—Before a soldier signs his attestation form he will be asked by the Attesting Officer to verify the entry showing his full surname and Christian names and to state if the spelling is correct.
NOTE 3.—To be prepared in duplicate and dealt with as laid down in Mobilization Regulations.
NOTE 4.—Your discharge will not be granted before you return to New Zealand unless permission for discharge elsewhere be obtained from the General Officer Commanding the Forces.

CASUALTY FORM—ACTIVE SERVICE.

Regiment or Corps: _____ Name: Dale George Melville
 Regimental No. 56264 Rank: _____ Service reckons from* 15/2/17
 Enlisted*: 15/2/17 Terms of Service*: Duration of War
 Date of promotion to present rank: _____ Date of appointment to lance rank: _____ Numerical position on roll of N.C.O.s.: _____
 Re-engaged: Farmer Qualification†: _____

Service.		Record of Promotions, Reductions, Transfers, Casualties, &c., during Active Service, as reported on Army Form B. 213, Army Form A. 56, or in other Official Documents. The Authority to be quoted in Each Case.	Place.	Date.	Remarks taken from Army Form B. 213, Army Form A. 56, or other Official Documents.
Date.	From whom received.				
		Embarked No. 91	Wellington	13/5/17	Embark Roll
		Disembarked T.S. 91	Glasgow	2.10.17	Disembark Roll
		MARCHED IN & POSTED. a.s.d.	Long	3.10.17	PT II No. 31
		Classified as per 1st class	London	11.8.18	Hom. Roll
		Marched in	Long	11.8.18	Hom. Roll
		Embarked for N.Z. Ashire	Rymouth.	6.11.18	Hom. Roll

* 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 entered.
 † E.g., Signaller, Shoemaker, &c., also special qualifications in technical Corps duties.

56264
 Dale
 Geo Melville

AYRSHIRE

PART 2 ORDERS.—OFFENCE RETURN, ETC.

(EXTRACTS FROM HISTORY SHEETS.)

Regt. No. 56264 Rank: Dr Name: Dale, George E.Unit: A. Y Reg

Promotions (Date and Particulars):

Date:

Authority:

Reversions (Date and particulars):

Mentioned in Despatches, general conduct, &c.:

PUNISHMENTS.

DATE.	PLACE.	OFFENCE.	PUNISHMENT.
11 5 18	<u>Shing</u>	<u>abs 24 / 2 pm m/n 11.5.18</u> <u>to 7.30 pm 12.5.18</u>	<u>10 days to B</u> <u>2 wks 4 days pay</u> <u>1 day pay R W</u>
<u>Noted</u>	<u>60aw 6/10/18</u>	<u>No host left</u> <u>0 + 103 not rec</u>	

13 12 18

13.8.17

Ayshe.
24.12.18

[B.R. Form No. 10]

No.

17673

20-1-19

ib.

NEW ZEALAND EXPEDITIONARY FORCE.

SHOULD THIS CERTIFICATE BE LOST OR MISLAID NO DUPLICATE OF IT CAN BE OBTAINED.

Certificate of Discharge of No. 56264 Rank: Private.

Name: George Melville Hale

Unit: Auckland Infantry Regiment

Born at Christchurch

Attested at Auckland on the 15th February 1917

Duty with the Forces commenced on the 31st May 1917

He is discharged in consequence of NO LONGER PHYSICALLY FIT FOR WAR SERVICE.

Home service: years 102 days.

Active service: 1 years 134 days.

Total service: 1 years 236 days.

Non-effective periods:
(Not included in above total.)

Place: WELLINGTON.

Signature: *Cz*

Date: 21st January 1918

For Major-General,
Commanding New Zealand Military Forces.

Certificate of Character

on Discharge from the Expeditionary Force.

NOTE.—To qualify for a very good character the soldier must perform not less than two and a half years' full service.

The conduct and character of the soldier named on the front hereof while with the Expeditionary Force have been, according to the records:—

Good
155

discharge and award

Date: 22.1.19 Initials: *rw*

NO MEDAL ISSUED AT DATE OF DISCHARGE.

Medals
and
decorations:

Commanding Officer

DESCRIPTION OF THE SOLDIER ON ENLISTMENT.

Age: 26 $\frac{4}{12}$ years.Height: 5 feet 8 $\frac{1}{2}$ inches

Complexion: Fair

Eyes: Blue

Hair: Black

Trade or occupation: Farmer

Marks or scars (whether on face or other parts of body):

N.B.—(1.) This Certificate is issued without alteration or erasure of any kind.
(2.) Any person finding this Certificate is requested to forward it to Headquarters, N.Z. Military Forces, Wellington, N.Z.ENTERED IN HISTORY SHEET
1727-19

ABRIDGED MEDICAL BOARD ON NON COMMISSIONED OFFICERS AND MEN N.Z.E.F.

- Dale G M
- 56264
- Station Slings Camp
Date 23-11-17
1. Unit 6 Coy. Buck. Regt.
 2. Regimental No. 56264
 3. Rank Pte
 4. Name Dale G.M.
 5. Age last birthday 27
 6. Enlisted (on 21st May 1917
(at Buckland)
 7. Former trade or occupation Farmer
 8. Disability Deafness.
Reinf. 29th
 9. Place and date of origin of disability:-
1914. New Zealand
 10. Essential facts in the history of the disability:-
He states that he has suffered with a discharge from the ears for three years.

11. Causation of the disability:- nerve infection

12. Present condition of the patient:- (Specialist Report)
Hearing voice with difficulty
Normal 2 feet & 1/2 inches R. 3 ft. & 6 inches.
Chronic suppurative otitis media

13. Recommendation of the Medical Officer:- Recommend for military duties
(Sig.) J. Stuart Moore.

OPINION OF THE MEDICAL BOARD.

Capt., N.Z. M.C.

14. (a) State whether disability result of
(1) active service, (2) climate, or
(3) ordinary military service.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- (c) Is the disability constitutional or hereditary?

Not so caused
Not applicable
No

15. Note if aggravated by intemperance, misconduct, or the conditions mentioned in Section 14(a).

No

16. Is the disability permanent? If not, state probable minimum duration:-

Yes

17. State the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present.

Nil

Express in percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil

18. Recommendation of the Board:- That he be returned to N.Z. for discharge as P.V.

Signatures:-

H. S. D. ...
G. S. ...

Station
Date



HEADQUARTERS, N.Z.E.F.,
8, SOUTHAMPTON ROW, W.O.

30 NOV. 1917

A.D.M.S.

APPROVED.

Bernard Myles
Administrative Medical Officer.
Lieut.-Col., N.Z.M.C.
A.D.M.S.

CONFIDENTIAL.

This Board is assembled by the Officer Commanding District concerned, under instructions from the Director of Base Records, to which the Medical Officer in charge of the patient or hospital should communicate when he wishes the Board assembled.

The Board should ordinarily consist of three members, but should they not be available two will be sufficient. The President should be an officer of the New Zealand Medical Corps, and the member or members also if possible.

The President of the Board has the power to call in the advice of a specialist if it is required.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at S. S. Ayrshire, on the 10 Dec., 1918
by the order of the Director of Base Records, for the purpose of examining and reporting upon the present state of health of—

No. 56264, Rank: Pte. Name: Dale Gm.

Unit: Auch. Lgt.

President: Rhwithers Major NZMB

Members: Thitchie Major NZMB

ELIGIBLE FOR S.B. ~~AD 103~~

1. The Board, having assembled pursuant to order, proceed to examine the above-named soldier, and find that he has been suffering from:—

Disability.
Careful consideration to be paid to this.

(a.) Original disability

(b.) Was the original disability, in the opinion of the Board, due to causes existing prior to enlistment?

(c.) Specific cause

(d.) Consequent disabilities

Optic media (left).
Deafness.

Yes.

Infection

Deafness.

Nil

Progress.
Report fully.

2. Progress

Medical Papers.

3. Copies of previous Medical Board reports have been submitted:—

Rule out reports which have not been submitted.

(a.) Overseas. (b.) ~~New Zealand Board.~~ (c.) ~~Army Form B. 103.~~ (d.) Report of medical officer of hospital where soldier has been undergoing treatment.

Negligence.

Answer "Yes" or "No" to each question.

4. Is it the opinion of the Board that the soldier—

(a.) Is suffering from disease contracted by his own actions?

(b.) Having previously been passed as fit for sick-leave now requires further treatment by reason of his own actions or neglect?

(c.) Is by neglect or his mode of life in any way impeding his recovery?

no

no

no

no

Active Service.

Answer should be "Permanently," or period of months or weeks.

5. Is the soldier fit for Active Service?

6. If not fit, how long is disability likely to be continued?

Permanently

Yes

Territorial Service.

7. Is the soldier fit for Territorial Service?

8. If not fit, how long is disability likely to be continued?

Yes.

Civil Employment.

Answer "Yes" or "No" to each question.

9. Is the soldier fit for Civil Employment?

10. If not fit, how long is disability likely to be continued?

no

11. Was the disability contracted in the service?

no

12. Was it caused by military duty?

13. If disability is not contracted in service nor caused by military duties, was it aggravated by them?

no

14. If replies to 11, 12, and 13 are all in the negative, give reasons for so finding ...

Pre-war condition

15. Was it contracted under circumstances over which he had no control? ...

Recommendation
must ~~never~~ be made under more than one heading in p. 16, 17, 18, 19. Name of hospital, i.e., to be filled in.

16. The Board recommends that the soldier receives further treatment—

(a.) AS IN-PATIENT OF HOSPITAL at ...

(b.) AS HOSPITAL OUT-PATIENT at ...

(c.) In CONVALESCENT HOME at ...

(d.) Under PRIVATE ARRANGEMENTS at own request at ...

Sick-leave.

(a) and (b) will be answered only when sick-leave is granted, and only one must be answered in affirmative.

17. The Board recommends that the soldier be granted sick-leave for (period not to exceed twenty-eight days)...

(a.) Is it the opinion of the Board that the soldier should rest quietly in his home in order to expedite his recovery? ...

(b.) Is there any objection to the soldier, while on sick-leave, being given a pass to visit friends at ...

Return to Duty.

18. The Board recommends that the soldier returns to duty at (name of camp) ...

NOTE.—All officers when fit for duty will report to Adjutant-General, Buckle Street, Wellington.

Discharge.

19. The Board recommends that the soldier be discharged from the Expeditionary Force.

NOTE.—Twenty-one days' leave will be granted by the Defence Department representative attending the Board if recommendation 18 or 19 is made.

Pension.

PENSION.

(Questions 20, 21, 22, and 23 will be answered only in case of discharge.)

20. Does the Board recommend that the soldier be considered for a pension? ...

Answer to 21 must be one of the following—

(a.) Not lessened;
(b.) "Quarter";
(c.) "Half";
(d.) "Three-quarters";
(e.) "Total incapacity."

21. In the opinion of the Board the soldier's capacity for earning a full livelihood in the general labour market is lessened at present by ...

22. The Board is of the opinion that the disability will continue in the degree noted—

(a.) Permanently ...

(b.) For an estimated period of _____ months, when the scale of pension (if granted) should come up for revision ...

23. Does the Board consider the soldier requires the services of an attendant? ...

(a.) Permanently ...

(b.) For an estimated period of (months) ...

(c.) Reasons for this recommendation, and nature of attendant required ...

Questions (a), (b), (c) will not be answered unless an attendant is required.

Place:

N.Z. Airshire

Date:

10 Dec 1918

Approved.

Place: WELLINGTON.

Date:

3/1/19

R. L. Withers Major, President.

W. R. Kitchin Major, Members.

Philip ..., for Surgeon-General,
Director-General of Medical Services.

NEW ZEALAND

ATTESTATION FOR GENERAL SERVICE.

QUESTIONS TO BE PUT TO THE RECRUIT.

1. What is your name? ... George Melville Dale
2. Where were you born? ... Christ Church N.Z.
3. Are you a British subject? ... Yes
4. What is the date of your birth? ... 7th Oct 1890
5. What are the names of your parents? ...
 - Father: George Dale
 - Mother: Feresa Dale
6. Where were your parents born? ...
 - Father: England
 - Mother: Auckland N.Z.
7. If your parents are of alien origin, when and where were they naturalized?
8. How long have you been resident in New Zealand? ... Since Birth
9. How long have your parents been resident in New Zealand? ...
 - Father: 45 years
 - Mother: Since Birth
10. What is your trade or calling? ... Farmer
11. Are you an indentured apprentice? If so, where, and to whom? ... No
12. What was the address at which you last resided? ... Waimanuku Auckland
13. Have you passed the Fourth Educational Standard or its equivalent? ... Yes
14. What is the name and address of your present or last employer? ... Father Colombo U. Ch. Church N.Z.
15. Are you single, married, widower, divorced, or legally separated from your wife? ... Single
16. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?
17. If single, how many persons are absolutely dependent on you? ... None
18. Have you ever been sentenced to imprisonment by the Civil power? If so, when and where? ... No
19. Do you now belong to any Military or Naval Force? If so, to what corps? ... No
20. Have you ever served in any Military or Naval Force? If so, state which and cause of discharge. ... No
21. Have you truly stated the whole (if any) of your previous service? ... Yes
22. Have you ever been medically examined for service with the New Zealand Expeditionary Force? If so, when and where? ... Yes - 15th Nov. 1916 C.E.F. Recruiting the Auckland
23. Have you been registered for compulsory military training under the Defence Act, 1909? If so, where? ... No
24. Have you ever been rejected as unfit for the Military or Naval Forces of the Crown? If so, on what grounds? ... Yes. Ear trouble
25. Are you willing to be vaccinated or revaccinated and inoculated? ... Yes
26. Are you willing to serve in the New Zealand Expeditionary Force in or beyond the Dominion of New Zealand for the duration of the present war with Germany and six months thereafter, if your service is so long required? ... Both
27. For which Reinforcement draft do you volunteer? ...

NOTE.—Your discharge will not be granted before your return to New Zealand unless permission for discharge elsewhere be obtained from the G.O.C. the New Zealand Expeditionary Force.

I, George Melville Dale, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagement made.

Signature of Recruit: George Melville Dale

Signature of Witness: W. E. Stanley R.M.

Oath to be taken by Recruit on attestation.

I, George Melville Dale, do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, and that I will faithfully serve in the New Zealand Expeditionary Forces against His Majesty's enemies, and that I will loyally observe and obey all orders of the Generals and Officers set over me, until I shall be lawfully discharged. So help me, God.

Certificate of Attesting Officer.

The above questions were read to the above-named recruit in my presence. I have taken care that he understands these questions, and that his answer to each question has been duly entered. The said recruit has made and signed the declaration and taken the oath of allegiance before me, at Auckland, N.Z., on this Fifteenth day of February, 1917.

Signature of Attesting Officer: W. G. Wake Lt.

NOTE 1.—If any alteration is required on this page of the attestation, the Attesting Officer should be requested to make it and initial the alteration.

NOTE 2.—The recruit expresses his preference to enlist for

(Branch of service)

Apparent age: 27 years 0 months.

(To be determined according to the instructions given in the Regulations for Army Medical Service.)

Height: 5 feet 8 1/2 inches.

Weight: 137 lb.

Chest-measurement: { Minimum, 33 inches.
Maximum, 37 1/2 inches.

Complexion: Fair

Colour of eyes: Blue

Colour of hair: Black

Religious profession: R.C.

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Tattoo R forearm star
hands & forearm anchors
Sole. Slight flat feet

Medical Examination. Pulse 76

Sight: Right eye, OK

Left eye, OK

Hearing: Right ear, Normal

Left ear, Normal

Colour-vision: Normal

Are his limbs well formed? Yes

Are the movements of all his joints full and perfect? Yes

Is his chest well formed? Yes

Is his heart normal? Yes

Are his lungs normal? Yes

What is the condition of the teeth? FOR TREATMENT

Have you had any illnesses? NO

Is he free from hernia? Yes

Is he free from varicocele? No (Left)

Is he free from varicose veins? Yes

Is he free from hæmorrhoids? Yes

Is he free from inveterate or contagious skin-disease? Yes

Is there a distinct mark of vaccination? Yes (Left)

Is he in good bodily and mental health and free from any physical defect likely to interfere with the efficient performance of his duties? Yes

Are there any slight defects, but not sufficient to cause rejection? Yes

Have you ever had a fit? NO

Absent from work etc.

Remarks. NO

Good arch to feet - on tip toes

Certificate of Medical Examination.

I HAVE examined this recruit and find that he does not present any of the ~~present~~ causes of rejection specified in the Regulations for Army Medical Services.

I consider him ^{fit} ~~able~~ for service in the New Zealand Expeditionary Force in and beyond New Zealand.

Examined by Medical Board No. 2

Auckland, Feb 15th 1917

Address: Whitby

Medical Officer.

B.R.282

NEW ZEALAND MILITARY FORCES,
BASE RECORDS,
P.O. BOX 3044,
WELLINGTON, C.1.

Mr. G. M. Hale
2 Harapaki Road
Remuera, Auckland

194 .

6 APR 1948



21356

(Service No.)

George Melville

(Christian Names)

Hale

(Surname)

Dear Sir/Madam,

Re: PAYMENT IN LIEU OF LEAVE.

On and after the 19th April, 1944 an alteration in the leave conditions and monetary entitlements for personnel returned from overseas service came into operation but did not apply to those members of the Armed Forces who returned before and who had proceeded on leave or were discharged at the date named.

In November, 1946 the Government decided to make the leave provisions retrospective and to grant a monetary equivalent for any additional days that may now be due.

Although wide publicity was given to this matter, it is noticed that you have not applied for the benefits. Please complete the enclosed application form and return it to this office.

Yours faithfully,

R. S. Wogan
(R. S. WOGAN)
Director
R.S.W.

Encl:

FILE.

14 APR 1948

INITIALS *W.M.*

WAR SERVICES GRATUITY ASSESSMENT

[Form G.-1a.]

Service No.—ARMY: 21356

Name of Serviceman: DALE

(Surname.)

AIR: _____

George McMillan
(Christian names.)

NAVY: _____

Arm of Service.	From	To	Assessable Service.		N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debits.	Net Gratuity.	Certified correct.	Date.	THIS SPACE RESERVED FOR BASE RECORDS USE ONLY		
			N.Z.	O'roa.										
Navy ..												R.-3. History Sheets. (For comparison service and completing dates on N.Z.-397 where necessary.) <u>60</u> (Initials.) <u>63/4</u> (Date.) G.-8. Gratuity. File. _____		
Air Force ..														
Army (2 N.Z.E.F.)	12.1.40	27.5.41	138	36	112	45 10	50 2		50 2		31/1/46			
Army (Acet., A.H.Q.)														
Army (N.M.D.)	1.9.41	22.10.45	119	18			119 18		119 18		27 MAY 1945			
Army (C.M.D.)														
Army (S.M.D.)														
Supplementary Gratuity payable in respect of Disabled Serviceman														
Circulation: <input checked="" type="checkbox"/> TOTAL												£100 = -	£100 = -	Post-office Schedule No. <u>293</u>

(1) Accountant, N.M.D., Auckland.	(2) Accountant, S.M.D., Christchurch.	(3) Accountant, C.M.D., Wellington.	(4) Accountant, Air Department.
(5) Accountant, Navy Office.	(6) Accountant, Army H.Q.	(7) Accountant, Base Records (2 N.Z.E.F.)	(8) Accountant, Base Records.

Date of Entitlement: _____

[Base Records will delete paying authorities not applicable and forward to first paying authority remaining in panel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

In Lieu of 291
No. 19954

[Form B.R.—204A.]



FACSIMILE

NEW ZEALAND MILITARY FORCES

Certificate of Discharge

No. 21356

Rank: PRIVATE

Name (in full): DALE George Melville

Pursuant to Regulation 40 (1a) of the National Service Emergency Regulations 1940, the above-named, having served outside New Zealand during the present war and having been found to be medically unfit for active service in New Zealand or elsewhere, and is unlikely to become fit for active service, is discharged from the armed forces.

The above-named, by reason of being discharged as aforesaid, is deemed to be transferred to the Third Division of the General Reserve constituted by the National Service Emergency Regulations 1940, and is therefore not liable, and should not apply, for enrolment in any class of such Reserve.

SERVICE

In New Zealand: FOUR years 174 days Overseas: years 364 days

DESCRIPTION OF THE ABOVE-NAMED ON ENLISTMENT

Age: 34 years 88 days Height: 5'9" ✓
Complexion: FAIR ✓ Eyes: BLUE ✓
Hair: BLACK ✓ Trade or occupation: DRAPER ✓

WELLINGTON, 13 DEC 1945, 194

Signature: G. E. Pollock Major
Adjutant-General, New Zealand Military Forces.

Additional information required for B.R. 83 Cards and National Service Department:—

Date of birth: 9/10/05

Date of enlistment: 5/1/40

Registration No.

SERVICE—

New Zealand: From 12/1/40 to 30/4/40
From 30/4/41 to 27/5/41
From 17/9/41 to 22/10/45

Abroad: From 1/5/40 to 29/4/41
From / / to / /
From / / to / /

Certificate prepared ..

Initials Date
LH 4.12.45
OS 5.12.45

Certificate despatched to soldier (registered post) 936

Initials Date
3 DEC 1945
13 DEC 1945

Certificate checked with facsimile ..

Certificate dispatched for signature under cover of Schedule No. P495

6 7 DEC 1945 WITNESS

1. R. 3. History Sheet noted that Discharge Certificate has been issued (quote Schedule and Certificate Nos.)

2. R. 14. B.R. 83 Card noted (if required) ..

3. R. 8. Noted in Numerical Register ..

4. Action Complete ..

FILE
18 DEC 1945
INITIALS LH

ORIGINAL—(Base Records Copy)

Initials Date
17.12.45
18 DEC 1945

D. 201
9016

		Ledger noted
		Card noted
Children's Allowance	Separation Allowance	—

[FOR OFFICE USE ONLY.]

Postmaster.

I certify that marriage-certificate and birth-certificate have been produced to me for children numbered above, and that the entries on this form have been compared therewith and found correct.

[If any certificates (marriage or birth) are available, they should be produced to the local Postmaster, who will check the entries therein with the particulars given in the form and certify to their correctness. If no certificates can be produced, the form should be sent to Headquarters without them. Applications where marriages or births have taken place outside New Zealand, and no certificates can be produced, should be supported by a separate statutory declaration stating the facts and circumstances.]

Minister, or Postmaster, Address:

New Zealand Military Forces.—X-ray Record of Chest

WAR.
[Form N.Z.—733.
(In pack of 100.)

Large Film

PART A Date: 20.9.45.

Surname: DALE Christian names: G M

No. 21356. Rank: Pte. Unit: NZTS Narrow Neck Occupation (Civil): Draper.

Where born: NZ Age: 31 yrs. 11 mths. M. Marital state: 1/9/41

PART B

- (1) Abnormality detected: ☒ Yes. ☐ No. REPORT No. 5/6176
Signature of Radiologist: *[Signature]* Date: 12.10.45
- (2) Evidence or suspicion of pulmonary tuberculosis: Past. Present. Yes. No.
- (3) Evidence of any other abnormality (brief report of condition).
- (4) Should case be referred for boarding: Yes. No.
- Signature of Radiologist: Signature of Tuberculosis Officer: Date:
- (5) If the answer to (4) above is "Yes," the Area Officer will arrange with the Regional Deputy for a Specialist Medical Board to medically examine this case and report hereunder.

(P.T.O.)

13. If the children are not under your care and guardianship, state full particulars of the parties responsible for their maintenance. (If individual children are under the care of different persons or societies, full particulars must be given.)



PROCEEDINGS OF MEDICAL BOARD

PART I

Place of Board: DRILL HALL, AUCKLAND

Camp, Unit, &c.: N.M.D.S.I. N.Z.T.S.

SECTION 1.

No.: 21356. Rank: PTE Name: DALE, GEORGE MELVILLE. (Surname in block letters.) (Christian names.) EAME

Age: 54 Civil Occupation: DRAPER. Married: Two Children: ~~None~~

Race: BRITISH. Address: 2 HARAPAKI RD. REMUERA AK

Grading on entry to service: ONE Grading by last Medical Board: THREE.P.

SECTION 2. Statement of Serviceman. ("Serviceman" in this form includes "Servicewoman.")

(1) I am suffering from NIL
 which began or occurred at N.A. on (or about) N.A.
 the cause being N.A.
 and for which I was treated at N.A.
 Hospital(s) during the period(s) N.A.

To BASE
RECORDS

(2) I have suffered from the following diseases, wounds, or injuries:

(a) pre-service: Humorously(b) during service: Humorously left Influenza: Pneumonia: Exfoliative Yell.

(3) The menses are/are not normal (Servicewoman). (4) I have/have not served overseas in this war.

I declare that this statement is true to the best of my belief.

Date: 22 SEP 1945

Serviceman's signature: G. M. Dale

SECTION 3. Physical Examination.

Physique: Good Is there any evidence of—
 Weight: 12 st. - lbs. Hernia: No
 Pulse (sitting): 75 Hemorrhoids: No
 B.P.: 150/100 Varicose Veins: No
 Hearing (R): To DRUM Skin disease: No
 " (L): To DRUM Endocrine imbalance: No
 Urinalysis—
 Sugar: Nil Alb.: Nil

Is there any abnormality of—
 Heart: No
 Lungs: No
 Alimentary system: No
 C.N.S. (a) Organic: No
 (b) Functional: No
 Genito-urinary system: No
 Bones and joints: No

Remarks. (Amplify any physical or mental abnormality detected) EXAMINED STRIPPED

S.D.

Healed humorously soon. LXX. N.D.
Graded THREE P on history of recurrent bronchitis.

S.W. RECORDS

26 SEP 1945

(Continue on Part II if Board considers that health has deteriorated since last boarding.)

To what extent is the serviceman disabled? (Express as percentage): NILEstimated duration of disablement at this percentage: N.A.

SECTION 4. Board's Conclusions.

We assess the medical grading as (Army): Grade THREE P (Air Force): Grade N.A.

(Army): If Grade Two—Fit/Unfit for garrison duty in Tropics. If Grade Three—Fit/Unfit to live in Camp.

Is he fit for civil employment? Yes - all typesIf not, when is he likely to be fit? N.A.Treatment required (specify in detail): N.A.Date: 22 SEP 1945 President: W. Bouchard Members: H. G. Reid

SECTION 5. DECISION (signed and dated) of D.G.M.S. or Regional Deputy.

GRADING CONFIRMED.

Regional Deputy, Areas I and NI

22 SEP 1945

Reference: Army H.Q. Memorandum D 359/2/1/SW, dated 5th April, 1945.

[illegible]

NEW ZEALAND FORCES

Record of Visual Examination

VISUAL GRADING

ARMY : Deferre
AIR : _____
NAVY : _____

WAR.
[Form N.Z.—778.]

24430-1
24429-30

21356	Pte.	DALE George M.	54
(No.)	(Rank.)	(Name.)	(Age.)
N. Z. T. S.	N. M. D. S. I.	Auckland	19.4.45
(Trade.)	(Unit.)	(Camp or Station.)	(Date.)

PRESENT SPECTACLES: R. L. Dist. P.D.: 63

SYMPTOMS AND HISTORY: C/o blurred distance vision becoming noticeable over last 6 months and also increasing disability with close work.

RETINOSCOPY : R. _____ L. _____

VISUAL ACUITY AND PRESCRIPTION :		Vision without Glasses.	Sph.	Cyl.	Axis.	Vision with Glasses	Addition.
R.		6/15	-1.25			6/6	+2.25
L.		6/18	-1.25			6/9	near vision

PHORIAS WITH RX. (Near) — Horiz. Ortho . . . Vert. Ortho | AMP. ACC.: R. Presbyopia.
(Dist.)

Binocular Functions.		Colour Vision.	External Exam. and Ophthalmoscopy.
Fusion :	Normal binocular	Normal	Fundi -- comment see over
Stereo :	capacity		

REMARKS: Myopic refraction (distance vision) and presbyopia (near vision) for which separate visual corrections are required.

Frame Type.	Centres.	PD	Bdge.	Temples.	Eye.	Lenses.
		(a)	40 x	24 6	(Distance)	
		(b)	40 x	24 6	(Near)	

Receipt for Spectacles.

RECEIVED Two pair(s) of Spectacles.
Date: 14 MAY 1945

No. 12 Optician Unit.

G. M. Dale (Signature).

RECEIPTS.		ISSUES.	
Number of Form N.Z. 148.		Date.	
		Anklets, web, pairs. Bags, kit. Boots, ankle, pairs. Cap, F.S., khaki.	

Name: _____

SUMMARY OF TRANSACTIONS IN CLOTHING, ARMS, AND EQUIPMENT.

NEW ZEALAND MILITARY FORCES.

(Form N.Z.—26. (In pads of 100.)

FILING
 Received stamps
 9/14/6

N.Z. MILITARY FORCES.

PRELIMINARY MEDICAL REPORT FOR PROCEEDINGS OF A MEDICAL BOARD.

(This report must be filled in by the Medical Officer in charge of the case, or when the case has not been in charge of a Medical Officer, by the Medical Board.)

Unit: Q.W.H.R. Regimental No. 21356 Rank: Private
Name: Dale, G.M. Address (if applicable): Catherine St, Onehunga, AUCKLAND.
Enlisted on Jan 1940 at Auckland Former occupation: Dairy farmer

1. DISABILITY (if more than one disability enumerate them under (a), (b), &c.):

(a) Hernia Inguinal Left.

(b) ~~Emphysema~~ Emphysema

(c) Over age.

2. Soldier's statement of date and place of origin of disability: Oct 1940 - hernia following attack
of bronchitis.

3. Age: 50 Weight: 168 Pulse rate: 92 B.P.: 104 Urine:

4. Describe in detail the present condition of the disability mentioned above, giving (a) the statement of the disability in the soldier's own words, and (b) clinical findings, including any medical reports such as X-ray, &c.:

During coughing bout felt pain & "something go"
in left inguinal region & lump appeared some
hours later. Is afflicted with spasms of
productive coughing, shortness of breath on moderate
exertion & swelling of feet on walking. Gets
bronchitis each winter. Moderate atherosclerosis
arteries. Surgical specialist's report (Capt D.D. McKenzie,
N.Z.M.B.) "Operation advised as soon as possible. Hernia
getting larger."
Decided to fit with truss pending return to N.Z.
No operation overseas.

5. What treatment, if any, has been carried out, or is recommended? Repair of hernia.

6. If the disability is an injury, was a Court of inquiry held? N.A.

If so, (a) when: ; (b) where: ; (c) opinion:

7. Has an operation been recommended and refused? N.A.

8. Taking his former occupation into consideration, would he be suitable for any other arm of the service, or for base duties? No.

Place: H.L. "Home at home"

Date: 26/11/41

(Signed) Roland G. Wilson
Major N.Z.A.C.

PROCEEDINGS OF A MEDICAL BOARD.

DISABILITY:

Left Inguinal Hernia, Erythema over age

1. Does the Medical Board agree with the diagnosis as stated by the Medical Officer in charge of the case? yes

If not, the Board will describe the disability:

Blood pressure 168/104
age 50 yrs - returned soldier no pension - age 35
was 34 yrs. not complaining of symptoms
of Hypertension.

2. In the case of disabilities existing prior to enlistment and noted on N.Z.-355, or disabilities existing but not discovered at enlistment, does the Board consider:—

(a) That the disability has been aggravated by service after enlistment? Yes (2) K.A. (3) no.(b) If aggravated, is such aggravation temporary or permanent? yes (2) K.A. (3) —(c) Will such aggravation cease after the return of the soldier to civil occupation? no (2) K.A.3. (a) Is the disability attributable to, or was it aggravated by, active service? aggravated (2) attributable(b) Is the disability attributable to, or was it aggravated by, ordinary military service? no(c) Is the disability attributable to, or aggravated by, intemperance, misconduct, venereal disease, &c.? no4. Is the disability constitutional or hereditary? constitutional5. To what specific conditions does the Board attribute it? While fighting in 1914 coughing felt under
pain & a lump developed in left inguinal region. (2) Following
influenza in Oct 1940 developed bronchitis & erythema.
Has had the condition since. Still present & not cured.6. Is the disability permanent? yes. Signs present in chest & present.7. If not permanent, what is its probable duration? K.A.

8. As a basis for the assessment of pension and compensation, where such is applicable, what is the degree of disablement?

(Degree to be expressed in words in the following percentages: 100, 80, 70, 60, 50, 40, 30, 20, less than 20, nil):

100% till
disability ceased. (2) 20% as a chest specialist
report.9. If an operation was advised and declined, was the refusal unreasonable? yes & declined because
was disabled for 12 months following previous injury & in
civil life.

10. (a) Is the patient medically fit, temporarily unfit, or permanently unfit for active service in any part of the world?

Permanently unfit.

(b) Is the patient medically fit, temporarily unfit, or permanently unfit for home service in New Zealand?

Permanently unfit home defence. Fit for Army
Service!(c) In what grade do you place him? III

11. Subject to further medical treatment being authorized as a charge against the State, what further treatment do you recommend?

(1) Left Hernia to be treated (2) Investigation of chest condition
at nearest Public Hospital.

12. If the disability is not permanent, do you consider a further Medical Board is required; if so, when?

K.A.Place: Wellington

Signatures:

Date: 29.4.41Approved: K. T.

, D.G.M.S.

Date: _____

George M. Paterson

President.

Lamin S. B. O. K.

Member.