

0 Coy. **1124**
 R. Z. Mach. Gun Corp
 A Coy. **Pvt.** Rank: **Pvt.** Surname: **Munro** Christian Name: **William Robert** No. **26/1653**
 Advice despatch: **5-9-21** Authority to Headquarters: **26/1653**

Occupation: **Labourer.** Religion: **Presb.** Last New Zealand address: **Chakane.**
 Last employer: **Chakane Boro Council** **20 5 '88**

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):
M^r A. Munro (Mother)
C/o P. Anderson
Penfold. Rd.
Woodville

DISCHARGE

No. **26/1653** Rank: **Pte**
 Name: **Wm Robert MUNRO** **1000 388 issued 1/12/21**
 Address: **Ngapuna Rd. Woodville Oturohanga**

Initials of Officer making Entry.	Home Service.	
	Years.	Days.
		188
	Foreign Service:	
	2	106
	Total Service:	
	2	294

Periods of Service.	Theatres of Operation.
In New Zealand: <u> </u> years <u>188</u> days.	Australasian <u> </u>
Overseas ... <u> 2 </u> years <u>106</u> days.	Egyptian <u> </u>
Total service ... <u> 2 </u> years <u>294</u> days.	Egyptian E.F. <u>1916</u>
Date commenced duty: <u> 8 </u> <u> 1 </u> <u> 16 </u>	Balkan <u> </u>
Date finally discharged: <u> 18 </u> <u> 11 </u> <u> 18 </u>	Western European } <u>1916-17</u>
	Asiatic <u> </u>

and Remarks.
 at. 24th
 es May 23rd March Shrop. and by slight
 at. St. Church. 8-5-14.

Decorations:
BRITISH WAR MEDAL
VICTORY MEDAL
 The foregoing particulars are correct.
 Signature: _____

MEDAL ACTION COMPLETE.
 5 3 24
 120.

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

1,000 pads/8/20—12058]

Total service ... **2** years **294** days.
 Date commenced duty: **8. 1. 16**
 Date finally discharged: **18. 11. 18**
 Theatres of Operation: **Egyptian E.F. 1916**
Balkan
Western European } 1916. 1917. 15/18.
Asiatic
 Decorations: **Has never received anything so far**
BRITISH WAR MEDAL 20 SEP 1921
VICTORY MEDAL 13 MAR 1922
 The foregoing particulars are correct. **yes**
 Signature: **W.R. Munro**

Discharge ...
 Prov
 Fina
N.B.—Do not omit to advise this office of any future change of address.
 1,000 pads/8/20—12058]
 (Date.)

Pension ...
T

17 SEP 1942 1 4 JUL 1942

6" Coy. **Plt.** Rank: **Plt.** Surname: **Munro** Advice despa: Christian Name: **William Robert** No. **26/1653**
 F. Z. Mach. Gun Corp. **A Coy.** Authority to Headquarters: **5-9-21**

Occupation: **Labourer.** Religion: **Presb.** Last New Zealand address: **Chakane**
 Last employer: **Chakane Boro Council**

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):
M^r A. Munro (Mother)
C/o P. Anderson
Penfold. Rd.
Woodville

Country or Troopship.	Date from	Date to	Total.		Initials of Officer making Entry.	Home Service.	
			Years.	Days.		Years.	Days.
7th Coy.	8.1.16	31-3-16		94			
7th Coy.	1-4-16	15.4.18	2	106			188
Ret "Mokoiia"	15.4.18						
h.g.	16.4.18	5.8.18		21			2 106
h.g.	6.8.18	20.8.18			Leave w/o Pay		
h.g.	21.8.18	11.11.18		83			Total Service:
h.g.	12.11.18	18.11.18			Leave w/o Pay		2 294

CABLE No.	Date.	Where Soldier located.	Message and Remarks.
2957	3.4.17	"	Adm. Walter in Thames Hay 23rd March 1917, had leg slight
3229	11.5.17	"	Trans. to Comd. Dep't. W. Church. 8.5.17.

No. 26/1653 Rank: Private
Name: William Robert Munro.
Address: Otorohanga

Periods of Service.	Theatres of Operation.
In New Zealand: 188 days.	Australasian
Overseas: 2 years 106 days.	Egyptian
Total service: 2 years 294 days.	Egyptian E.F. 1916
Date commenced duty: 8.1.16	Balkan
Date finally discharged: 18.11.18	Western } 1916-1917, 5/18
	European }
	Asiatic

Killed in action ...
Died of wounds* sickness* ...
Missing ...
Prisoner ...
Injuries in or by the Service ...
Discharge ...
Pension ...

Decorations: **Has never received anything so far**

BRITISH WAR MEDAL 20 SEP 1921
 The foregoing particulars are correct. **yes**
VICTORY MEDAL 13 MAR 1922
 Signature: **W.R. Munro**

N.B.—Do not omit to advise this office of any future change of address.
 1,000 pads/8/20—120581
 (Date.)

7 SEP 1942 1 4 JUL 1942

Casualty Form Active Service.

Regiment or Corps *N. Zealand Battⁿ 18th Coy.*
 Rank *Pte* Surname *Munro* Christian Name *Mr Robert*
 Religion Age on Enlistment years months
 Enlisted (a) *8.1.16* Terms of Service (a) *dur. of war* Service reckons from (a) *8.1.16*
 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

RECEIVED
 31 JUL 1918
 ED.

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	<i>Wigton</i>	<i>1.4.16</i>	<i>Emb Roll</i>
		Disembarked	<i>Suez</i>	<i>2.8.16</i>	<i>Sig Roll</i>
		<i>Embkd for France</i>	<i>Nezard</i>	<i>20.8.16</i>	<i>Emb Roll</i>
<i>2.6.16</i>	<i>9th Coy. 1st Bn</i>	<i>Marched in</i>	<i>Chaples</i>	<i>28.5.16</i>	<i>B313</i>
<i>5.8.16</i>	<i>" 3rd Coy 1st Bn</i>	<i>Posted to strength</i>	<i>In the field</i>	<i>5.8.16</i>	<i>B313 (12.16/80)</i>
<i>12.8.16</i>	<i>" Do</i>	<i>Yfd to 3rd Coy 1st Bn</i>	<i>Do</i>	<i>10.8.16</i>	<i>B313 (12.16/83)</i>
<i>10.2.17</i>	<i>" No 2 Coy</i>	<i>To Hosp. Sick</i>	<i>Do</i>	<i>10.12.16</i>	<i>B313</i>
<i>16.12.16</i>	<i>" 3rd Coy 1st Bn</i>	<i>Admd (Yonsillitis)</i>	<i>Do</i>	<i>10.12.16</i>	<i>A36 46389</i>
<i>10.2.17</i>	<i>" No 2 Coy</i>	<i>Rejd unit</i>	<i>Do</i>	<i>13.12.16</i>	<i>B313 (12.7/85)</i>
<i>24.3.17</i>	<i>" Do</i>	<i>Wounded in action</i>	<i>Do</i>	<i>24.3.17</i>	<i>B313 FC 338</i>
<i>"</i>	<i>" 1st Coy 1st Bn</i>	<i>Admd. (1st Lt. both legs)</i>	<i>Do</i>	<i>24.3.17</i>	<i>A36 48274</i>
<i>"</i>	<i>" 4th Coy C.S.</i>	<i>Do Do</i>	<i>Do</i>	<i>24.3.17</i>	<i>" 48276 (13/62)</i>
<i>26.3.17</i>	<i>" 8th Coy 1st Bn</i>	<i>Do Do</i>	<i>Wimereu</i>	<i>26.3.17</i>	<i>A36 48231</i>

Ledger 168 noted 2/8/18

(a) 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.
 (b) Signaller, Shoeing-Smith, &c.
 W. 8635-12733 2000m 9/17 (35-11), C. P. & S., Ltd., Form B.103 E/1607. P.T.O.

**NEW FILE
BEGINS**

NEW ZEALAND EXPEDITIONARY FORCE.

PERSONAL RECORD of

(Surname.)

M U N R O

Registration No.

(Christian name.)

WILLIAM ROBERT

1st NZEF

Army No

26/1653

2nd NZEF

RF - TF

REGIMENT:

GROUP:

NUMBER:

PREVIOUS PAPERS:

SUBSEQUENT PAPERS:

Coy. Rm. Rank.

"B"	43rd	P'te
Left Wing		
Specs	43rd	P'te

✓ SERVICE CARD PREPARED

✓

2nd Reinforce NZEF
4th Batt. 1.11.16.

Mokoia

15.7.18 No.

15193

4/12/18
T.P.

NEW ZEALAND EXPEDITIONARY FORCE.

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

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.

Certificate of Discharge of No. <u>26/1653</u> Rank: <u>Private</u>	
Name: <u>William Robert Munro</u>	
Unit: <u>New Zealand Machine Gun Corps</u>	
Born at <u>Pailding</u>	
Attested at <u>Trentham</u>	on the <u>9th January</u> 19 <u>16</u>
Duty with the Forces commenced on the <u>8th January</u> 19 <u>16</u>	
He is discharged in consequence of <u>Engagement</u> on termination of period of <u>3</u> years	
Home service: <u>187</u> years <u>188</u> days	Total service: <u>9</u> years <u>294</u> days
Active service: <u>2</u> years <u>106</u> days	
Non-effective periods: <u>the W. R. Munro performed no Military Duty during the periods 6.8.18 to 20.8.18 27.11.18 to 18.11.18.</u>	
Place: <u>WELLINGTON.</u>	Signature: <u>[Signature]</u>
Date: <u>18 November, 1918.</u>	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:—

[Handwritten notes]

PARCHMENT DISCHARGE POSTED
Date 5.12.18 Initials [Signature]

Medals and decorations: NO MEDAL ISSUED AT DATE OF DISCHARGE.

[Signature]
Commanding Officer.

DESCRIPTION OF THE SOLDIER ON ENLISTMENT.

Age: 24 1/2 years Height: 5 feet 10 inches

Complexion: Medium Eyes: Grey

Hair: Light Brown Trade or occupation: Labourer

Mark: or scars (whether on face or other parts of body): [Blank]

ENTERED IN HISTORY BOOK
11.12.18

1315

[B.R. 5.]

NEW ZEALAND EXPEDITIONARY FORCE.

Continuous Service

MILITARY HISTORY SHEET.

No. *56/1653* Name: *Norman William Robert*

	Country.	From	To	Years	Days	Initials of Officer making Entry.
1. Service record ...		<i>Report for duty</i> <i>20/8/18</i>				<i>M. Abercrombie</i> <i>W.D.</i>
2. Certificates ...						
3. Passed classes of instruction * <small>* This includes any authorized class of instruction.</small>						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
8. Medals and decorations	Name of Medal.	Clasps.		Date of Grant.		
9. Injuries in or by the Service						
10. Name and address of next-of-kin	<i>Mr M. Norman (Brother)</i> <i>Maple Road</i> <i>Woodville</i>					
11. Particulars as to marriage.	(a.) Christian and Surname of Woman to whom married, and whether Spinster or Widow. (b.) Place and Date of Marriage. (c.) Name of Officiating Minister or Registrar.					
	(a.)	(b.)	(c.)			
12. Particulars as to children.	Christian Names.		Date and Place of Birth.		Where registered.	

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Intended place of residence on discharge: _____

NEW ZEALAND EXPEDITIONARY FORCE.

Will.

Number, Christian name and Surname in full.

I, No. 26/1653 William Robert Munro

formerly of Woodville

Previous occupation.

in New Zealand Labourer but now

Rank, Unit.

a Private in the M G Corps of the New

Zealand Expeditionary Force on actual military service do hereby revoke

all Wills heretofore made by me and declare this to be my last Will

I give devise and bequeath all my Estate both Real and Personal unto

Name, Address and Occupation of Legatee.

I certify that I have already made a Will which is in the custody of my mother Mrs Annie Munro Napier Road Woodville N.Z. and I do not wish to make another

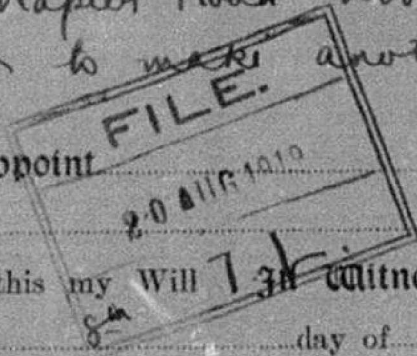
Full names of Executor and Address and Occupation.

And I appoint

of

Executor of this my Will I witness whereof I have hereunto set

my hand this 8th day of April 1918



Signature W. R. Munro

Signed by the testator as and for his last Will and Testament in the presence of us both present at the same time who at his request and in his presence and in the sight and presence of each other have hereunto subscribed our names as witnesses—

1st Witness.

Occupation and Address.

2nd Witness.

Occupation and Address.

NEW ZEALAND EXPEDITIONARY FORCE.

RECORD OF SERVICE.

No. 76/1653 Name: Munnis William Robert.

[5,000/2/18—2515]

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
	N.Z.	8: 1: 16	31: 3: 16		84	/
	Tot.	1: 4: 16	15: 4: 18	2.	106.	/
	N.Z.	16: 4: 18	5: 8: 18.		91.	/
1. Service record ...	N.Z.	6: 8: 18	20: 8: 18.			Leave without Pay
	N.Z.	21: 8: 18.	11: 11: 18		83.	
	N.Z.	17: 11: 18.	18: 11: 18.			Leave without Pay
	by Discharge	18: 11: 18		2	294	Ear

CONFIDENTIAL.

PROCEEDINGS OF A PROVISIONAL MEDICAL BOARD

Assembled on board the Troopship "*Mokoia*" at the Port of *Wellington*, by order of Commandant, New Zealand Military Forces, for the purpose of examining and recommending treatment for—

No. *26/1653* Rank: *Pte* Name: *Munro William Robert*
Unit: _____

*Only Furlough
Zurks P/L Post
report Dunbar
Camp*

Lt Col Christie, President
Lt Col Colmes, Members

1. The Board, having assembled to receive from the medical officer in charge of the above soldier his report on the case, together with previous medical papers, examine and attach same to the proceedings.

2. The Board finds that the soldier is suffering from the following disability:

3. The Board finds that the soldier is still requiring treatment, and recommends he receive treatment—

(a.) As an in-patient of hospital, convalescent home, or sanatorium at _____

(b.) As an out-patient of hospital at _____
whilst residing at _____

(c.) Under private arrangements, at his own request, which is in writing attached, whilst residing at _____

4. The Board finds the soldier is no longer requiring treatment, and recommends

Dentally boarded. No Treatment authorised.
Janice Edmonstone
Captain, D.A.D.S.

(Signatures)

Lt Col Christie, President
Lt Col Colmes, Members

Date: _____

Approved.

Wellington,

Date: _____

For Surgeon-General,
Director-General Medical Services.

NEW ZEALAND EXPEDITIONARY FORCES.

13/11/16

Trentham. Camp.

Date admitted Hospital: 24th January, 1916 Time:

(4,000/11/15-18827)

No. and rank: Private
 Name (in full): Munro, William
 Unit: "H" Coy "11" Bn.
 Age: 27
 Service:
 Religion: Presbyterian
 Married or single: Single
 Disease: Influenza
 Hospital admitted: "Wairarapa" Ward.

Hospital transferred:
 Doctor:

Name and address to advise case of necessity: Mr A. Munro,
 c/o P. Anderson,
 Pinfold Road,
 Woodville

Date, time, and how advised:
 Sick-leave (duration):
 Destination and address:

Discharge: 28/1/16

REMARKS.



NEW ZEALAND EXPEDITIONARY FORCE

ATTESTATION FOR GENERAL SERVICE.

QUESTIONS TO BE PUT TO THE RECRUIT.

1. What is your name? ... William Robert Munro
2. Where were you born? ... Feilding
3. Are you a British subject? ... Yes
4. What is the date of your birth? ... May 30th, 1898
5. What are the names of your parents? ...
 5. { Father: _____
 Mother: _____
6. Where were your parents born? ...
 6. { Father: _____
 Mother: _____
7. If they are of alien origin, when and where were they naturalized? ...
 7. { Father: _____
 Mother: _____
8. How long have you been resident in New Zealand? ... 8. _____
9. How long have your parents been resident in New Zealand? ...
 9. { Father: _____
 Mother: _____
10. What is your trade or calling? ... Labourer
11. Are you an indentured apprentice? If so, where, and to whom? ... NO
12. What was the address at which you last resided? ... C/o Fire Office Otago
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? ... Ohakune Borough Council
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? ...
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. ... Waikato (td Rifles (left))
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? ...
23. Have you ever been registered for compulsory military training under the Defence Act, 1909? If so, where? ...
24. Have you ever been rejected as unfit for the Military or Naval Forces of the Crown? If so, on what grounds? ... NO
25. 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? ... YES
26. For which Reinforcement draft do you volunteer? ...

Handwritten signature and notes on the right side of the form.

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

I, William Robert Munro, 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: W.R. Munro
Signature of Witness: H.W. Bennett Cpl.

Oath to be taken by Recruit on attestation.

I, William Robert Munro, 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 Feilding, N.Z., on this 6th day of

JANUARY, 1918

Signature of Attesting Officer A.G. Nimmo Lieut

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

NOTE 2.—The recruit expresses a preference to enlist for _____ (Branch of service.)

Apparent age: 27 years months
 (To be determined according to the instructions given in the Regulations for Army Medical Service.)

Height: 5 feet 10 inches.

Weight: 144 lb.

Chest-measurement: { Minimum, 34 inches.
 Maximum, 36½ inches.

Complexion: Medium

Colour of eyes: Grey

Colour of hair: Light brown

Religious profession: Presbyterian

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

Medical Examination.

Sight: Right eye, <u>normal</u>	Is he free from hernia? <u>YES</u>
Left eye, <u>normal</u>	Is he free from varicocele? <u>YES</u>
Hearing: Right ear, <u>normal</u>	Is he free from varicose veins? <u>YES</u>
Left ear, <u>normal</u>	Is he free from hæmorrhoids? <u>YES</u>
Colour-vision: <u>normal</u>	Is he free from inveterate or contagious skin-disease? <u>YES</u>
Are his limbs well formed? <u>YES</u>	Is there a distinct mark of vaccination? <u>NO</u>
Are the movements of all his joints full and perfect? <u>YES</u>	Is he in good bodily and mental health and free from any physical defect likely to interfere with the efficient performance of his duties? <u>YES</u>
Is his chest well formed? <u>YES</u>	Are there any slight defects, but not sufficient to cause rejection? <u>NO</u>
Is his heart normal? <u>YES</u>	Have you ever had a fit? <u>NO</u>
Are his lungs normal? <u>YES</u>	
What is the condition of the teeth? <u>FAIR</u>	
Have you had any illnesses? <u>NO</u>	

Remarks.

Teeth to be attended to at one.

Certificate of Medical Examination.

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

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

Dec. 20th 1913

W.J. Feltham, Medical Officer.

Aid-staff: Ohakune

MILITARY HISTORY SHEET.

No. 26/1653 Name: Munro, William Robert

	Country.	From	To	Years.	Days.	Initials of Officer making Entry.
1. Service record ...	NZ.	8/1/16				
2. Certificates ...						
3. Passed classes of instruction <small>† This includes any authorized class of instruction.</small>						
4. Active service ...						
5. Wounded ...						
6. Effects of wounds ...						
7. Special instances of gallant or meritorious conduct						
8. Medals and decorations						
9. Injuries in or by the Service	(Mother) Mrs A. Munro c/o P. Anderson Rinfold Road Woodville					
10. Name and address of next-of-kin						
11. Particulars as to Marriage.	(a.) Christian and Surname of Woman to whom married, and whether Spinster or Widow. (b.) Place and Date of Marriage. (c.) Name of Officiating Minister or Registrar.					
	(a.)	(b.)	(c.)			
12. Particulars as to Children.	Christian Names.		Date and Place of Birth.		Where registered.	

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Intended place of residence on discharge: NZ.

STATEMENT OF THE SERVICES OF No. ²⁶/₁₆₅₃ NAME William Robert Myers

Regiment or Corps	Promotions, Reductions, Casualties, &c.	Rank	Dates	Signature of Officer certifying Correctness of Entries.
1st Coy. 11th	Promoted R/o 399/12	Pvt.	8-1-16	<i>[Signature]</i>
3rd Reserves	Transferred R/o 171/2	Pvt.	9-3-16	
1st Coy IV	Transferred R/o 175	Pvt.	15-3-16	
1st Machine Gun Coy.	Returned from 1st Coy. Bn & 1st Coy. Co. (Dec 1916 - Dec 1916 = 1916)		5/8/16	<i>[Signature]</i>
	Transfd from 1st Coy Bn (Dec 1916 - Dec 1916)		10-8-16	<i>[Signature]</i>

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
NEW ZEALAND CONVALESCENT HOSPITAL	8	5	17	15	6	17	G.S.W. Both legs	38	Wound on 24/2/17 10/3/17 Wound on both legs on ambulance for Wolfram light. 7/6/17 Wd healed 10/6/17 Wound had healed 14/6/17 Wound good. No pain Is able to do physical work wants transfer. Remains B.I.	<i>H. Smith</i> Capt. N. Z. M. C.

MEDICAL HISTORY

Surname: Munro Christian Name: William Robert

Examined: { On <u>9</u> day of <u>Jan</u> , 191 <u>6</u> At <u>Leitham</u>	Approved by <u>W. Hulham</u> Medical Officer, <u>Ohaione</u>
Birthplace: { Town, <u>Leitham</u> Country, <u>N.Z.</u>	Examined for re-engagement: _____ day of _____, 191____
Declared age: <u>27 yrs.</u>	* Considered: _____
Trade or occupation: <u>Laborer</u>	Medical Officer, _____
Height: <u>5</u> ft., <u>10</u> in.	* If unfit, state disability.
Weight: <u>144</u> lb.	Re-vaccinated on _____ day of _____, 191____
Chest-measurement: { Minimum, <u>34</u> in. Maximum expansion, <u>36 1/2</u> in.	Arm: _____ Number: _____
Physical development: _____	Result: _____
Small-pox marks: _____	Medical Officer, _____
Vaccination marks: { Right. _____ Left. _____ Arm, _____ Number, _____	
When vaccinated: _____	
Marks indicating congenital peculiarities or previous disease: _____ _____	

Enlisted on 20 day of Dec, 1915, at Leitham

	Corps.	Regimental No.	Date.
Joined on enlistment	<u>Infantry</u>	<u>26/1653</u>	<u>20. 12. 15</u>
	<u>3rd Reserve</u>	"	<u>9. 3. 16</u>
Transferred to	<u>4 Coy II</u>	"	<u>15. 3. 16</u>
	<u>10 Coy & 1530 Machine Gun Coy.</u>	"	<u>5. 5. 16</u>

PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Services on the man becoming non-effective, the date and cause being stated at the foot of next page.

Surname:

Munro

Christian Name:

William Robert

Station or Troopship.	Date of Arrival at the Station or of Embarkation.	DATE OF						Disease.	Number of Days in Hospital.	REMARKS ON NATURE OF DISEASE: How induced, if mild or severe. If completely recovered from, whether any particular treatment was adopted. In recurrent disease state nature of primary dis- ease and whether mercury has been given. If an accident state whether it occurred on duty and whether a court of inquiry was held.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day.	Mon.	Year.	Day.	Mon.	Year.				
Dunsham Keatherton	8/1/16 4/2/15	23	July	1916	28	July	1916	Sci her's adu'ct 5		W. H. Robertson R.	

MEDICAL HISTORY

OF

Surname: MUNRO

Christian Name: WILLIAM ROBERT

Examined: (On _____ day of _____, 191____)
 (At _____)

Birthplace: (Town, Feilding)
 (Country, N.Z.)

Declared age: 5th May 1888

Trade or occupation: Laborer

Height: _____ ft. _____ in.

Weight: _____ lb.

Chest-measurement: (Minimum, _____ in.)
 (Maximum expansion, _____ in.)

Physical development: _____

Small-pox marks: _____
 Right. Left.

Vaccination marks: (Arm, _____)
 (Number, _____)

When vaccinated: _____

Marks indicating congenital peculiarities or previous disease: _____

Approved by _____

 Medical Officer,

Examined for re-engagement: _____
 _____ day of _____, 191____

* Considered: _____

 Medical Officer,

* If unfit, state disability: _____

Re-vaccinated on _____ day of _____, 191____

Arm: _____ Number: _____

Result: _____

 Medical Officer,

Enlisted on ninth day of January, 1915, at TRENTHAM

	Corps.	Regimental No.	Date.
Joined on enlistment	<u>N.Z.M.G.C.</u>	<u>26/1653</u>	<u>8.1.16</u>
Transferred to	<u>Details</u> <u>43 Spec (Left Wing)</u>		<u>28.8.18</u> <u>10.12.18</u>

PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, when becoming non-effective, the date and cause being stated at the foot of next page.

Reinforcement: 11th

HISTORY - SHEET.

SB Form No. 3A

U.K.	Rank.	Surname.	Christian Name.	No.
		COE	William Robert	26/1653

Occupation: Labourer Religion: Pres v. Last New Zealand address: Whakarae

Last employer: Whakarae Boarding

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):

Mrs W. Munro (m.)
c/o P. Anderson
Pingold Rd
Woodville

Service	Country or Troopship.	Date from	Date to	Total.		Initials of Officer making Entry.	Home Service.	
				Years.	Days.		Years.	Days.
...	<u>N.Z.</u>	<u>7-1-16</u>	<u>1-4-16</u>					
	<u>Tahiti</u>	<u>2-4-16</u>						
	<u>Ret "Mokoiia"</u>	<u>15-7-18</u>						

Wounds	CABLE.		Where Soldier located.	Message and Remarks.
	No.	Date.		
...	<u>2440</u>	<u>2-4-17</u>	<u>Edw</u>	<u>Rpt und march 24th</u>
	<u>2957</u>	<u>2-4-17</u>	<u>"</u>	<u>adm W on 26 Hosp Mar 28th - Chrapundka</u>
	<u>3229</u>	<u>11-5-17</u>	<u>"</u>	<u>245 to Convalesc Dept Hk 8-5-17.</u>

Sick ...

Killed in action ...

Died of wounds* sickness*

Missing ...

Prisoner ...

Injuries in or by the Service ...

COPY FOR CAMP.

Discharge ...

Provisional: _____ (Date.)

Final: _____ (Date.)

Intended address: _____

Pension ...

Reinforcement _____

HISTORY-SHEET.

[B.F. -7.]

Unit	Rank.	Surname.	Christian Name.	No.
		M U N R O	WILLIAM ROBERT	26/1653

Occupation :	Religion :	Last New Zealand address:
Last employer :		

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) :

OF ATTESTATION :	Country or Troopship.	Date from	Date to	Total.		Initials of Officer making Entry.	Home Service.	
				Years.	Days.		Years.	Days.
DATE OF COMMENCEMENT OF ACTIVE SERVICE :	N.Z.	20.8.18						

26/1653

Casualty Form Active Service.

Rank *Pte* Surname *Munro* Christian Name *John Robert*
 Regiment or Corps *N.Z. No. 9. Battalion 'B' Coy.*
 Religion Age on Enlistment years months
 Enlisted (a) *8.1.16* Terms of Service (*adult of war*) service reckons from (a) *8.1.16*
 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

Ledger 168 noted 2/8/18

Report		Record of promotions, reductions, transfers, casualties, etc. 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 of Casualty	Date of Casualty	Remarks <small>Taken from Army Form B.213, Army Form A.36, or other official documents.</small>
Date	From whom received				
		Embarked	<i>Wilton</i>	<i>1.4.16</i>	<i>Emb Roll</i>
		Disembarked	<i>Suez</i>	<i>2.5.16</i>	<i>Sig Roll</i>
		<i>Embkd for France</i>	<i>Alexandre</i>	<i>20.5.16</i>	<i>Emb Roll</i>
<i>2.6.16</i>	<i>9th Coy. 1st Bn</i>	<i>Marched in</i>	<i>Chaples</i>	<i>28.5.16</i>	<i>B513</i>
<i>5.8.16</i>	<i>" 3rd Coy 1st Bn</i>	<i>Posted to strength</i>	<i>Sheffield</i>	<i>5.8.16</i>	<i>B513 (12.16/80)</i>
<i>12.8.16</i>	<i>" Do</i>	<i>Yfd to 2nd Coy 1st Bn</i>	<i>Do</i>	<i>10.8.16</i>	<i>B513 (12.16/83)</i>
<i>10.2.17</i>	<i>" No 2 Coy</i>	<i>To Hoop. Sick</i>	<i>Do</i>	<i>10.12.16</i>	<i>B513</i>
<i>16.12.16</i>	<i>" 3rd Coy 1st Bn</i>	<i>Wound (Tonsillitis)</i>	<i>Do</i>	<i>10.12.16</i>	<i>A36 46389</i>
<i>10.2.17</i>	<i>" No 2 Coy</i>	<i>Rejd unit</i>	<i>Do</i>	<i>13.12.16</i>	<i>B513 (12.7/25)</i>
<i>24.3.17</i>	<i>" Do</i>	<i>Wounded in action</i>	<i>Do</i>	<i>24.3.17</i>	<i>B513 7C 331</i>
<i>"</i>	<i>" 1st Coy 1st Bn</i>	<i>Wound. (1st W. both legs)</i>	<i>Do</i>	<i>24.3.17</i>	<i>A36 48274</i>
<i>"</i>	<i>" 1st Coy 1st Bn</i>	<i>Do</i>	<i>Do</i>	<i>24.3.17</i>	<i>" 48276</i>
<i>26.3.17</i>	<i>" 8th Coy 1st Bn</i>	<i>Do</i>	<i>Wimereu</i>	<i>26.3.17</i>	<i>A36 48251</i>

(a) 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.
 (b) Signaller, Gbeeing South, A.C.
 W. 1639-212732 220000 9/17 (25/11) C. F. & S., Ltd., Form B.103 E/1027. P.T.O.

1740

23. Casualties, Army Form
24. Army Form
25. Other official documents.
The authority to be quoted in each case.

Date	From whom received	Place of Casualty	Date of Casualty	Remarks Taken from Army Form R. 213, Army Form A. 26 or other official documents.
28.5.17	of 861st Hq.	Comd Hdq for England	Wimereux 28.5.17	513083/28576
2.24.17	2nd Lt G. H. (UK)	Adm 2nd Lt Gen Hpl	Waller 28.5.17	2nd Lt 302/28533
11.5.17	Do	Infantry 2nd Lt Gen Hpl	Heck 8.5.17	" 334/49320
24.6.17	Do	Disch on leave - to report Grantham 27.7	Do 16.6.17	" 2684/10563
7.8.17	Do	Disch to No. 4 Depot ex 10th Hosp.	Grantham 31.7.17	" 30820/1395
26.3.18	Do	Placed on Duty - Furlough waiting list	Do 22.3.18	54/roll 17/15/15701.
24/5/8	King London	Marched in Ditch Depot	Injury 18/5/8	12-21
20/5/8	Do 2nd Lt G. H.	EMBARKED FOR N.Z. Mohaka	Plymouth 20/5/8	NOM ROLL

EXTENDED ON HISTORY SHEET
To 12.5.19.