

NAA: B2455, HARDY A B

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Number of pages: 29

Title: HARDY Alfred Burton: Service Number - 39072: Place of Birth - Adelaide SA: Place of Enlistment

- Adelaide SA: Next of Kin - (Wife) HARDY Adeline Anna

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Fact sheet 7 - Citing archival records

Fact sheet 8 - Copyright

MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD.

No. 340/2 Name 1141814	ALFRED BURTON
S11478 Unit	F.A. 33 Reinforcements CA
Joined on	wr i
Questions to be put to the Pers	son Enlisting before Attestation.
1. What is your name?	1. Alfred Burton Haray
0	2. In the Parish ofin or
2. In or near what Parish or Town were you born?	near the Town of Adelaide
	in the County of SOUTH AUSTRAL
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Natural Born
4. What is your age?	4. 40 % 21 fearo.
5. What is your trade or calling?	5. Palicila
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?	6
7. Are you married?	7. Yes.
(M)	Stufe HARDY HOELING WANNAW
8. Who is your next of kin? (Address to be stated) The answer to this question shall not be construed as in the nature of a Will.	MOUNT LOFTY.
9. Have you ever been convicted by the Civil Power?	9.
0. Have you ever been discharged from any part of His Majesty's Forces with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have	10
you been dismissed with disgrace from the Navy? 1. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not now serving, state cause of discharge.	11. No
2. Have you stated the whole, if any, of your previous service?	12. Yes,
3. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	13.
(For married men, widowers with children, and soldiers who are the sole support of widowed mother)— Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach 8/-per day?	14. Yes.
5. Are you prepared to undergo inoculation against smallpox and enteric fever?	15. Yes.
3. alfred Burton Hard	do solemnly declare that the above answers made dhereby voluntarily agree to serve in the Military Forces
the Commonwealth of Australia within or beyond the lin	mits of the Commonwealth.
And I further agree to allot not less than three-fifths-	of the pay payable to me from time to time during my
ervice for the support of my wife * † wife and children	MA. 1-1.
Date - / MAR 1918	/ Ylleloustand

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers and am of opinion that they are errect.

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 7 MAR 1917

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

Mar Burton Hardef swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME GOD.

Signature of Person Enli

Taken and subscribed at ADELAIDE. in

the State of OUTH AUSTRALIA.

7 MAR 1917 day of

______19 , before me-

Signature of Attesting Officer.

^{*}A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act and the above form must be amended accordingly. All amendments must be initialled by the Attesting Officer

Description of Alfred Bu	urton Harely on Enlistment.
Age 110 years 6. months Height 6 feet inches Weight 155. lbs. Chest Measurement 37½ 39½ inches Complexion Ray Eyes Brown Hair Dank, Religious Denomination baf &	DISTINCTIVE MARKS. Vis R 6/6 L 6/6 Vairb
CERTIFICATE OF ME	DICAL EXAMINATION.
I HAVE examined the above-named pers of the following conditions, viz.:—	on, and find that he does not present any
defects of vision, voice, or hearing; hermal a limited extent; marked varicocele with cutaneous disease; chronic ulcers; traces having been marked with the letters D. abnormal curvature of spine; or any other unfit him for the duties of a soldier. He can see the required distance whealthy; he has the free use of his joint.	ired constitution; defective intelligence; ia; hæmorrhoids; varicose veins, beyond h unusually pendent testicle; inveterate s of corporal punishment, or evidence of or B.C.; contracted or deformed chest; er disease or physical defect calculated to with either eye; his heart and lungs are ts and limbs; and he declares he is not
subject to fits of any description.	
I consider him fit for active servi	ce.
DateADELAIDE.	merforagel, app.
	Signature of Examining Medical Officer.
CERTIFICATE OF CO	MMANDING OFFICER.
I CERTIFY that this Attestation of that the required forms have been come appoint him to F.A. 33 Reinforcem	nents SA.
Date 2 6 OCT 1917	Mathink
Place Marilymong	Commanding F.A. 33 Reinforceme

Statement of Ser	vice No. 39072 Name	HARE	y alf.	red But	n
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Unit in which served	Promotions, Reductions, Casualties, &c.	From	То	Kemarks	
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I have examine	d the above details, and find then	correct in	every resp	ect.	

USTRALIAN



MILITARY FORCES.

ALISTRALIAN IMPERIAL

AUSTRALIAN IIVI	TERIAL PORCE.
ATTESTATION PAPER OF PERSONS	ENLISTED FOR SERVICE ABROAD.
No. 39072 Name HARDY.	ALFRED BURTON
S11478 Unit F.A.33	
7H. F. a Bde Joined on - 7 MAR 19	
Questions to be put to the Person	
1. What is your name? PAY BOOK No	1. Alfred Burton Hendy
	2. In the Parish ofin or
2. In or near what Parish or Town were you born?	near the Town of Adulande
	in the County of SOUTH AUSTRALI
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Natural Born
4. What is your age?	4. 40 le years.
5. What is your trade or calling?	5. Satistiton
6. Are you, or have you been, an Apprentice? If so, \	6.
where, to whom, and for what period? }	1/2
7. Are you married?	Will want sail
and to uprant remember in the part of the	& Wife HARDY BOELINE WANNAM
8. Who is your next of kin? (Address to be stated) The answer to this question shall not be construed as in the nature of a Will.	SOUTH AUSTRALIA.
9. Have you ever been convicted by the Civil Power?	9. 10
10. Have you ever been discharged from any part of His Majesty's Forces with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy?	10
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not now serving, state cause of discharge.	11. 1/6
12. Have you stated the whole, if any, of your previous service?	12. Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? }	13. No
4. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—	ALJARTOUA HTUDE
Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach 872 per day?	14. Yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever?	15. Yes
by me to the above questions are true, and I am willing and of the Commonwealth of Australia within or beyond the lin	nits of the Commonwealth.
three-fifths	of the pay payable to me from time to time during my
Date 7 MAR 1917	Mulouffaidy
* This clause should be struck out in the case of unmarried † Two-fifths must be allotted to the wife, and if there are c	

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers and am of opinion that they are

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date - 7 MAR 1917

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

3. Affred Burlon Hendly swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 7 MAR 1917 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME GOD.

Signature of Person Enlisted.

Taken and subscribed at ADELAIDE.

the State of SOUTH AUSTRALIA.

this -7 MAR 1917

dayof

.19 , before me-

Signature of Attesting Officer.

^{*}A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act and the above form must be amended accordingly. All amendments must be initialled by the Attesting Officer

3	
Description of Alfred Bur	ton Heady on Enlistment.
Age 40 years 6 months	DISTINCTIVE MARKS.
Height 6 feet inches	Vis Ref 6 Luf 6
Weight 155, lbs.	
Chest Measurement 372 392 inches	Vaca IL
Complexion Went	
Eyes Brown	TEMPORE DESCRIPTION
Hair Weux.	AFRIENDING MENTER
Religious Denomination baft	dnac2
CERTIFICATE OF MEI	DICAL EXAMINATION.
I HAVE examined the above-named person of the following conditions, viz.:—	on, and find that he does not present any
defects of vision, voice, or hearing; hernia limited extent; marked varicocele with cutaneous disease; chronic ulcers; traces having been marked with the letters D. abnormal curvature of spine; or any othe unfit him for the duties of a soldier. He can see the required distance w	of corporal punishment, or evidence of or B.C.; contracted or deformed chest;
healthy; he has the free use of his joint subject to fits of any description.	s and limbs; and he declares he is not
I consider him fit for active service	ce.
- 7 MAR 1917	
Place ADELAIDE.	Just Ray 8 000.
	AAMO
	Signature of Examining Medical Officer.
CERTIFICATE OF COL	MMANDING OFFICER.
that the required forms have been comp	
appoint him to F.A. 22 Reinforcem	nents 3/1.
Date 2 6 OCT 1917	Markinde
Place Marilymong	Commanding F.A. 33 Reinforcement

6

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Statement of Service N	300	79	Name.	HARDY	alfre	& Bu	itan
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I have examined the a	bove detail	ls, and fir	nd them	correct in	every resp	pect.	

870 10698 A.M. Form D. 1. #ARDY. CHRISTIAN NAME. #818 Vaccination Vision R.E.= Marks, Scars. Medical Officer . F INDING OF BOARD:teling gunke well. ycephing elight Cough fillfal Efector at an Chesh Suité clear - no nales Cango is due & tharynge al Somila han Refer & P.M. R.B. Sucap /4 6 mos. Mi Sung. acw-wall-nornga Addyrech. Imu Incup his. Phones May.

No. 7 A. G. HOSPITAL 4TH MILITARY DISTRICT
Station VICWICK 42 870 1069 A.M. Form D2.
AUSTRALIAN MILITARY FORCES (For use in Australia)
Date Revised 1-10.18.
MEDICAL REPORT ON AN INVALID.
1. Number 290/2 2. Rank In 3. Name Hardy Of Burth
4. Unit 7 + AB 5. Age #2 6. Trade or Occupation Buryles
7. Place of Enlistment Chelaide 74 Date of Enlistment 3/3/17
8. Disability in respect of which invaliding is proposed
Murumahru
9. Date and place of PAR SHALL Date of arrival) Date of arrival
from overseas (
10. Date and place where disability first caused man to become a Casualty.
11. Essential facts of Medical History (including causation)
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12. State whether disability was (a) Due to Military Service, (b) Aggravated by Military Service, or (c) Independent of
Military Service; (d) Due to, or aggravated by, want of proper care of many service, misconduct, &c. Aggravated by Want of Proper care of many service, misconduct, &c.
13. What is his present condition and progress
No Jam's in joints - feeling will
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our comp
Mine, - acid - hoart wenger
14. If the disability is an injury, state whether it was caused (a) in action, (b) on field service, (c) on duty, (d) off duty
15. If a Court of Inquiry was held, state place, date, and opinion
16. Was an operation advised and declined?
and operation and rectified t
18. In the case of loss or decay of teeth—Was it due to, aggravated by, or independent of Military Service ?
15. Give particulars of any other disaointies existing
20. Do you recommend discharge as permanently unfit for general service?
The office of the order of the
manual of man
Medical Officer in charge of case.
I, having satisfied myself of the general accuracy of this report, concur therewith, except
No. 7 A. G. HOSPITAI March // 19
O = D 10 th
Station KESWICK Date Officer in charge of Hospital.
11000

Entries will be made here when an invalid is brought before a Medical Board and deferred for treatment.

Date and Station	Date and Station	
Result	Result	
Signatures	Signatures	
OPINION OF MEDICAL	BOARD ON FINALIZAT	TION.
Note.—Clear and definite answers to the following que the man being invalided, it is essential that the Minister for P enable him to decide upon the man's claim for pension.	stions are to be carefully filled in ensions should be in possession of	by the Board, as, in the event of the most reliable information to
21. State whether the disability is clearly (a) Due to Military Military Service; (d) Due to, or aggravated by, we	ant of proper care on man's p	
	1	
22. Is the present degree of disability permanent?23. If not, at what rate and to what degree do you anticipate	0	
24. To what extent is his working capacity at present affected	by his disability? (a) In his p	re-enlistment trade or occupation?
(b) In the general labour market? (Estimate as a pe		
25. If an operation was advised and declined, was the refusal	unreasonable †	no
26. Do the Board recommend discharge as permanently unfit f	or General Service ?	Lys .
27. If discharge is recommended, it should be stated whether in Institution, (c) Convalescent Home, (d) Asylum, or	urther treatment is desirable in	a (a) Sanatorium, (b) Orthopædic
an in-patient or an out-patient, and for what period.	no	
28. Is any surgical appliance recommended ?	ho	
KESWICK	6. 311	
Station Sig	natures 10-6. 11 hey	went to President.
Date 0 MAN 1919	V. Mga-V	Westphenbers.
	CO	NFIRMED
		6 MAR1919
APPROVED. KESWICK	J. 31.8.	Russell Dol
Station		or General Medical Services.
Date 6 MAR 1919)Directi	A GOILLAN THE CONCORD ESTABLISHED .

Notes by S.O.I. and R.S.

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.

Single copies only need be forwarded to Head-Quarters.

For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S

AUSTRALIS ST	- ADINO	SCONOAL TO	SENIOR MEDICAL OFFICER, AUSTRALIAN AND LASEA DEMONS
			No
1			Date
Rog. No. Rank. H	a m o.	Unit.	Ago.
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7/11/18			
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WAR PENSIONS ACT 1914-1916.

Form Z.3.

DAILY STATEMENT (MILITARY)

Showing Grants, Alterations, and Cancellations of Pensions (together with date from which such action took effect); also Rejections of Claims and Deaths of Pensioners.

Statement No. 340

Containing 5 sheets.

Date 20/9/18

State	of Tasmania
Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed.	MUIR, James Nisbet (Incap) 2965, Pte, 52nd Battn
2. Full name and address of person for whom pension was claimed.	MUIR, James Nisbet - Wynyard
3. Relationship of such person to Member	Self
4. Result of Claim	Granted 20/- p f fr 28/9/18
5. Name and address of Trustee (if any)	
 Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed. 	MURRAY, Tertius Russell (Incap) 1438, Sapper, 3rd Tun Coy
2. Full name and address of person for whom pension was claimed.	MURRAY, Tertius Russell - Burnie
3. Relationship of such person to Member	Self
4. Result of Claim	Granted 20/+ p f fr 28/9/18
5. Name and address of Trustee (if any)	
 Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacify pension was claimed. 	(AS ABOVE) (Incap)
2. Full name and address of person for whom pension was claimed.	MURRAY, Ada Louise - Burnie
3. Relationship of such person to Member	Wife
4. Result of Claim	Granted 10/- p f fr 28/9/18
5. Name and address of Trustee (if any)	-1-
 Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed. 	STEPHENS, Ambrose Arthur (Incap) 1078, L/Cpl, 26th Battn
2. Full name and address of person for whom pension was claimed.	STEPHENS, Ambrose Arthur, Base Hospital, Lton
3. Relationship of such person to Member	Self
4. Result of Claim	Granted 60/- p f fr 28/9/18
5. Name and address of Trustee (if any)	
1. Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed	TAYLOR, Albert Ernest (Decdy) 2889, Pte, 40th Eattn
2 Full name and address of person for whom pension was claimed.	TAYLOR, Jane Louisa - Weldborough
3. Relationship of such person to Member	Mother
4. Result of Claim	Granted 40/- p f fr 28/9/18
5. Name and address of Trustee (if any)	
 Full name, number, rank, and unit of Member of Forces in respect of whose death or incapacity pension was claimed. 	TOWNSEID, Thomas (Incap)
2. Full name and address of person for whom pension was claimed.	TOWNSEND, Thomas - Whitemore
3. Relationship of such person to Member	Self
4. Result of Claim	Granted 15/6 p f fr 28/9/18
5. Name and Address of Trustee (if any)	

39072 Gnr HARDY, A.B. 04) 7th F A B Retd * Leicestershire* 22/1/19(MU) Disc 21/3/19 BRM 403/1173 SOLDIER'S Transferred to Ward No.

AUSTRALIAN



MILITARY FORCES.

Hospital.

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Diets and Extras to be filled in daily by the prescribing M.O. 24 hours in advance.

Under column "Substitutes" enter any item desired to replace an ordinary article of diet—see F. and A. Regs. 259.

AG 42 370 10698

AUSTRALIAN MILITARY FORCES, 4th Military District.

CONFIDENTIAL.

KESWICK BARRACKS.

Officer in Charge;
Base Records,
Victoria Barracks,
MELBOURNES.

3 APR 1919

The undermentioned soldier has been handed his Discharge. Medical Board Proceedings and other documents as followarded herewith: - B.179, D1, D2.

No. 39072. Rank. Gunr. Name. HARDY, Alfred Burton.

Unit. 25th Btty., 7th F. A.B.

Date of /ttestation. 7/3/17.

Date of Enbarkation, 26/11/17.

Date of Disembarkation. 22/1/19 Ex. "LEICESTERSHIRE",

Reason for Displand MEDICALLY UNFIT (NOT

Date of Discharge. 21/3/19,

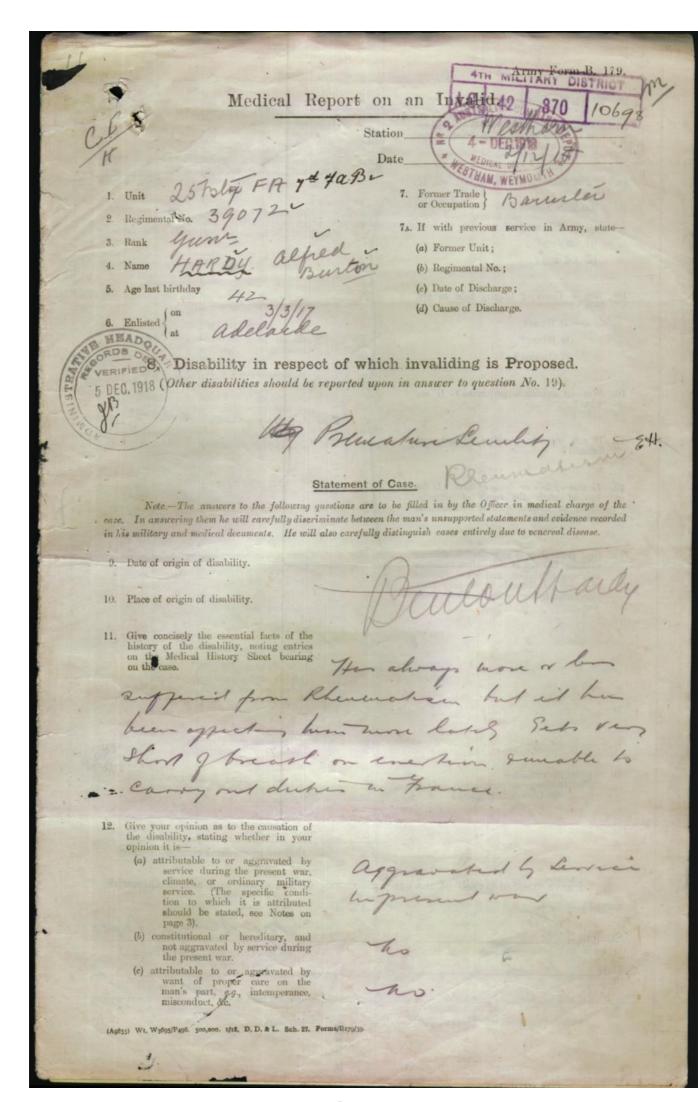
Total Service. 2 years, 15 days.

Service Abroad. 1 year, 58 days.

Account Adjusted in Part.

18 APR 9)

Staff Officer Invalids & Reld, Soldiers, 4th MILITARY DISTRICT.



13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it caused-(a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (e) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Station Officer in charge of Hospital. *Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause. † Delete this word if no exceptions are to be made.

Opinion of the Medical Board

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the man's claim to pension.

(it.) Expressions such as "may," "might," "probably," &c., should be avoided.

- (iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them
- (iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would nave been equally liable in civil life.

 (v.) A distribility is to be regarded as due to climate when it is caused by military service abroad in climates

where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend-
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?"
- 28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a-
 - (a) Sanatorium;
 - (b) Hospital;
 - (c) Convalescent home;
 - (d) Asylum; or
 - (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- With reference With reference to Army Council Instruction No. 1275 of 1917, is any surgical
- appliance recommended?

 30 Does the man require the constant attendance of another person?

Signatures :-

Station

Date.

Approved. Station.

Date

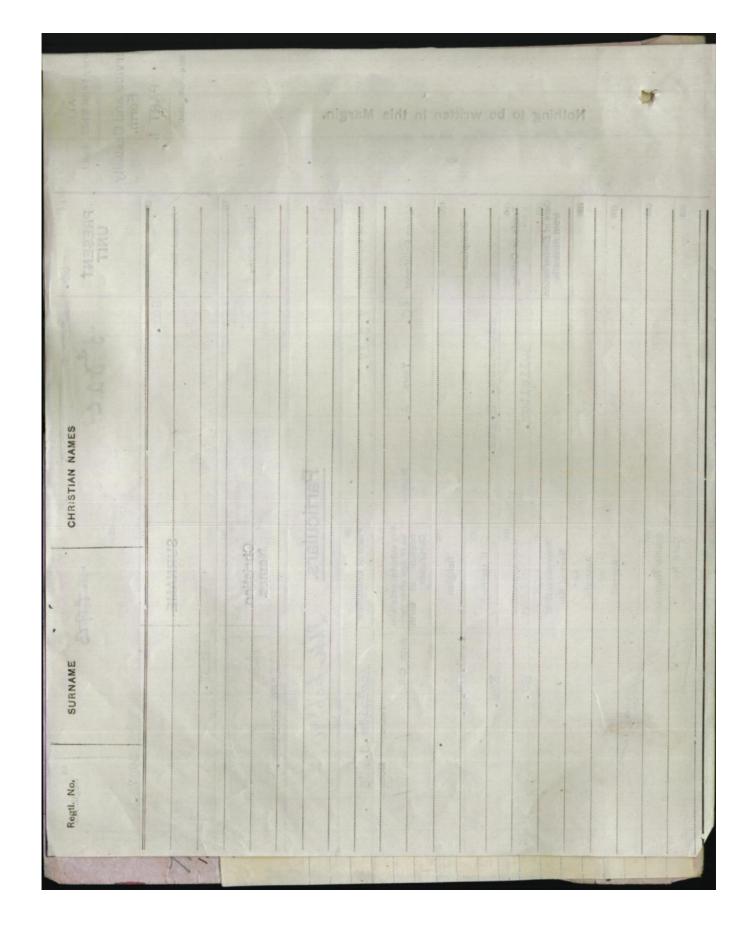
Members.

President.

Administrative Medical Officer.

Transfer Station Station Name of Off	ficer in P. 8 dilay 14
Re-transferred { Date	Officer in medical charge.
Hospital Arrived from Lecesters LES Wate K	6-2-19
Date From To Disease	How finally disposed of Dischurge, &c. Date of Dischurge, &c.
Detailed statement as to condition on discharge and whether to corps, to station, or to depôt. In cases of discharge from the whether the answers to questions 23, 24 and 25 and	ne service it should be stated
Name Haray A. B. Disability Recurrence A. B. Date A. Hospital or Station transferred to for final disposal MEDICALLY UNFIT (NOT disposed of) The original Report is invariably to accompany the discharge documents of Invalids. Forms E. 179. The original Report is invariably to accompany the discharge documents of Invalids.	MEDICAL REPORT ON AN INVALID. Station To 7 A & Morp Corps 25 Lh Bay 74 8 Regimental No. 39672.

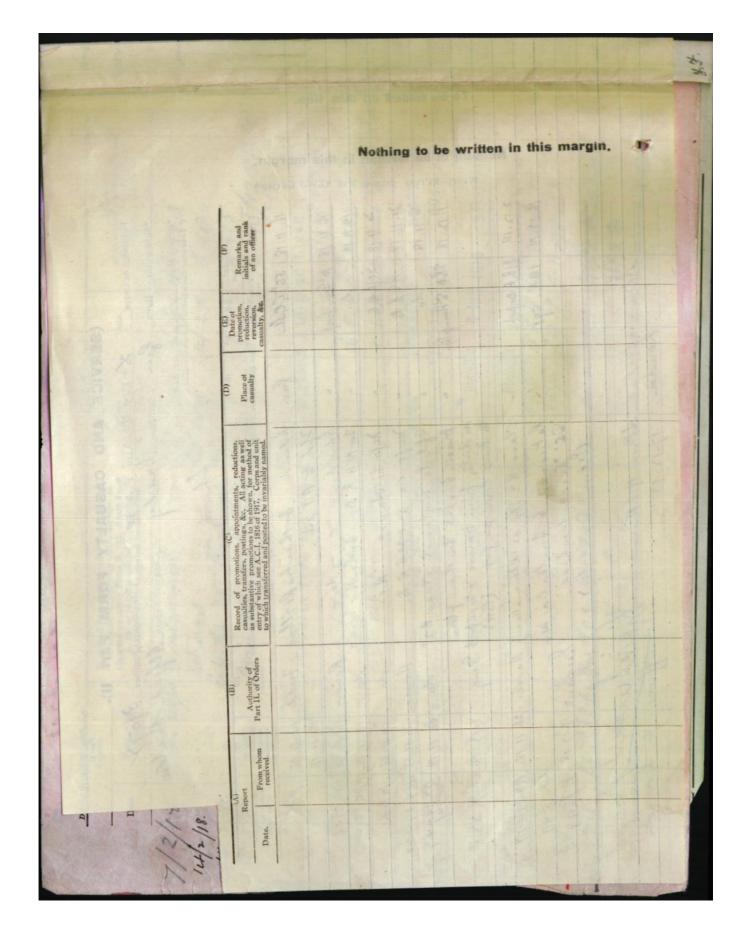
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39072 WILL.
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Trist Frell Artillery
My will is todged within.
Meesus Ferne 1 Caudy
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RULE OUT PORTION INAPPLICABLE.
Mulou Mandy Signature of Soldier.
Verified Wae/s/Bollman 111, Colonel C.O.
The Will Form provided in the soldier's pay-book may, if desired, be utilized.

	Transferred to
4	AUSTRALIAN IMPERIAL FORCE.
No. JG Rank	Name HARDY A.B.
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