

NEW ZEALAND DEFENCE FORCE PERSONNEL RECORDS

PRESERVED BY ARCHIVES NEW ZEALAND

Record Title: Vesey FLEMING

Archives Reference: AABK 18805 W5537 0040679

THIS DIGITAL SURROGATE WAS PRODUCED BY ARCHIVES NEW ZEALAND ON Monday, 9 August 2010

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Decorations:

Christian Names

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The foregoing particulars are correct.

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Signature :

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

BRITISH WAR INEDAL

VICTORY MEDAL

NEW ZEALAND EXPEDITIONARY FORCE.

4/4/16 Flory

MILITARY HISTORY SHEET.

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

New Jealand

Intended place of residence on discharge :

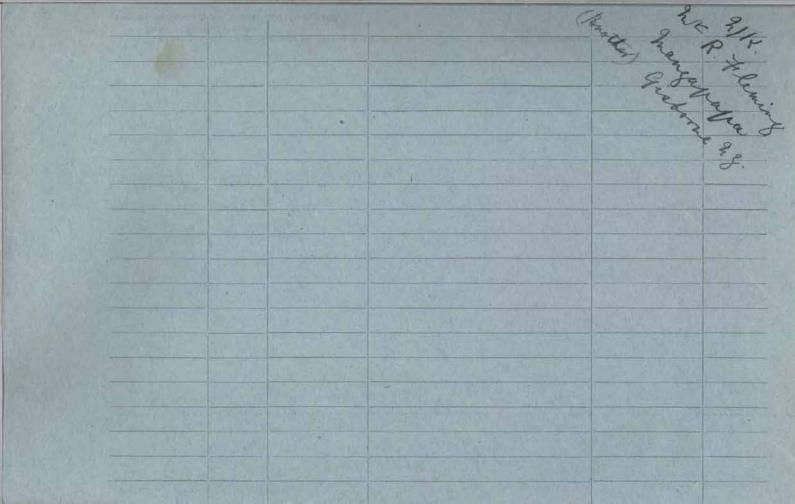
STATEMENT OF THE SERVICES OF No. 1814 2 NAME : Fleming Very Signature of Officer certifying Correctness of Entries. Promotions, Reductions, Casualties, &o. Rank. Dates. Regiment or Corps. 2. boy 15th Dosted To R.O. /479 Ple 2/4/16 all. Soundy 12/5/16 Changer I Fransforred 5TR. 0. 5 AF Delailo 3 . 6.16. D.G. Homas ht - - 559 Details 72tu -- - 559 Sh.R.o. 243, 6. b. 16 Algun ph Floyish Ens: "bailematar. 26. 7. 16 Albouris 3. 10.16 10 Disend: Devouport. Basher 13. R. B. Sooted. (Sering. 0. 191/16) 3.10.16 140 NZTETB. PErca Co. 4/11/10 COMOnec

Army Form B. 103. Regimental Number **Casualty Form**—Active Service. Regiment Corps_ emanSurname Slemina Rank lese Christian Name Religion Age on Enlistment vears. months. end of war Service reckons from (a Enlisted (a) Terms of Service (20 Date of promotion to present rank Date of appointment to lance rank Qualification (b) Extended Re-engaged or Corps Trade and Rate Signature of Officer i/c Records. Report Remarks Record of promotions, reductions, transfers, casualties, Taken from Army Form R. 213, Army Form A, 36, or other official Sr., 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 Casualty From whom received Unaton 25. 9.16 Embarked Disembarked ... evonport 3.10.16 3. 10 16 9cst. Res Bin Marche 10.16 20.10 .16 Peo Group a out for drance 20-10.16 21-10.16 10 112 19 Bace uto 21.10.10 213 11.11.16% Bto posted to D los 4.11.16 15213 France 30.12.16 20 Dounded in action 25.12.16 10213 30-12-16 63 - Alla adurta Nº 1 N Z Fa able 25-12-16 436 4 666 lind both 13 16% 1 Aust 668. adunta 12 Just 66 Stor 25 12.16 A36 46595 6 . 1 . 14 Died of worm Jeath 1 shell wound both be (6) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or calisiment will be entered.

[P.T.O.

(b) Signaller, Shoeing Smith, &c.

(088). Wt. 15012/5156. 1,000,000, 1/16, P.P.Ltd. Forms/B.105/51





9th REINFORCEMEN	ND EXPEDITIONARY	-, 26 JUL 1916 FORCE.
PERSONAL RECORD of		Ist NZEF Army No stration No/8644 22 2nd NZEF
REGIMENT: PCon GROUP: NUMB	npany. / 5th Reinforcements	RF- TF

PAPERS

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ELIGIBLE FOR MEMORIAL PLAQUE.

18642 Regimental Number Army Form B. 103. **Casualty Form_Active Service.** BRIGADE Regiment of Corps_ leser man Sumame Sleming Christian Name nonths. Age on Enlistment Veners Religion Terms of Service 100 end of war Service reckons from ta Enlisted (a)_ 2/4/16 Date of appointment to lance rank Date of promotion to present rank Qualification (b) Extended Re-engaged or Corps Trade and Rate Signature of Officer i/c Records Remarka Report Record of presencions, respections, resustors, correlation, Taken from Army Torre I. 208, Arms Form A. 36, Re, during active service, as reported on Active Form, R. 128, Army Form A. 36, or in other official documenta. The antiporty to be quarted in each start. Place of Cusualty Chanalty From whom received 25 1.10 Embarked hort 3-10 16 Disembarked ... 3 10 16 %st Res Bin barched who 10 16 har 20. 10 16 the Group Marched out for France 20.10.16 10min Ctaples Carched with Base 21.10.1670-42199 21-10 D213 44 4 11 16 13213 11.11.16% 13% B found Stor Gosted to D & Trance 251216 18213 0 30.12.16 Wounded in action 251216 A36 U 666 4 30 12 16 70 18: 16 3 + Alla aduta 10 1 1 2 Fa able Shelling both feet 20 12 16 % 1 dust bbs adunta 12 Just bb Stor 25 12 16 136 46595 Died of wounds Death Report Shell wound both feel (w) In the case of a man who has re-engaged for, or estimed into Section D, Army Reserve, particulars of auch eringegements or estimates will be entered [P.T.O. (0) Signaller, Shooing Smith, Ac.

CON. W. ISUIZISS (, SOLORS 1/16 P.P.Ltd Formats tone) To State The Sole Part State Fr

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

Ist. Battal: REGIMENT OR CORPS 3rd. N.Z.(R) New Zealand Regimental No. 18642	IFIE) BRIGADE Squadron, Troop, _	"D" Company.
Surname_FLEMING	Christian Names VOBOU	
Died Gause of Death* DIED F		ty Clearing Station
Burial Place	1	Date
State whether he leaves) (a) in Pay	Book (Army Book 64) (b) in arate document	Small Book (if at Base) Not issued

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Dishursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the atter). If the deceated's Small Wook is at the Base, it should be forwarded to the War Office with this Report.

Station and Date | ROUEN, FRANCE Signature of Officer in charge of Section | February 10th. 121

Capt.

of Echelon, B.E.F.

(1532) WE/SfloyM745 400,000 8/16 JFW [E328] Forms/B2090a/2

	1 27
-	Form No. 2.
NEW ZEALAND EX	PEDITIONARY FORCE
No. 18442 Name 7 Lerning	FATION OF 9476
1. What is your name ?	to the Recruit before collisiment.
2. When were you born ?	Desactionantia Luclung
3. Are you a British subject ?	3
4. What is the date of your birth ?	1 121 Dec 1894
5.* What is your trade or calling ?	5. Jeanster
6. Are you an indentured apprentice ? If so, whe and to whom ?	re, 6
7. What was the address at which you last resides	1º T. Jungapage
8. Have you passed the Fourth Educational Stands or its equivalent ?	1111
9. What is the name and address of your present or h	and 9 Notrie Percy. Mungapage
employer ?	10 <i>Ho</i>
10. Are you married ? 11. Have you ever been sentenced to imprisonment	A ME THEFT A DESCRIPTION OF A DESCRIPTIO
the Civil Power ? If so, when and where ?	oy 11
12. Do you now belong to any military or naval force	o F 12. Les
If so, to what corps ?	
13. Have you ever served in any military or naval fore	ef 1
If so, state which and cause of discharge.	
14. Have you truly stated the whole (if any) of yo	mr 14
previous service ?	and an and a second sec
15. Have you been registered for compulsory milita training under the Defence Act, 1909 ? If a where ?	
16. Have you ever been rejected as unfit for the milita or naval forces of the Crown ? If so, on wh grounds ?	
17. Are you willing to be vaccinated or revaccinated	
18. Are you willing to Maket Hat A poliitic Tary For in or beyond the Dominion of New Zealand und the following conditions, provided your servic should so long be required : For the term of t present European war and for such further peri- as is necessary to bring the Expeditionary For back to New Zealand and to disband it ?	he of the B. F. Coming (Brothes)
	the state of the
obtained from the G.O.C. the New Zealand Expeditionary for	
to the above questions are true, and that I am willing	do solemnly declare that the above answers made by me g to fulfil the engagement made Signature of Recruit :
	Signature of Witness : Many allering
Oath to be taken t	by Recruit on attestation.
in the New Zeakand Military Force, according to my	do sincerely promise and swear that I will be faithful and bis Heirs and Successors, and that I will faithfully serve y liability under the Defence Act, and that I will observe cessors, and of the Generals and Officers set over me, until
The above questions were read to the above-name	ate or Attesting Officer.
inderstands each question and that his answer to ca	ch question has been duly entered as replied thereto, and
on this to day of CAhard	and taken the oath before me at. I renth arm N.Z.
on this 4 day of CA/1721	Signature of Attesting Officer. Hard grad and her
If any alteration is required Attestation, th	the Attesting Officer should be requested to make it and initial the teration.

Description of Flemming Perey

on Enlista

Apparent age: 2/ years J months. Distinctive marks, and marks indicating congenital peculiarities or previous disease. To be determined according to the instructions given in the Regulations for Army Medical Service.) Height: 5 feet 9 inches. Weight: 11/2 b Minimum, JJ- inches. Chestmeasurement : Maximum, 37% inches. Complexion : 7 an Blue Color of eyes: 1 moun Color of hair: Presty Terean Religious profession: Medical Examination. Sight: Right eye, Is he free from hernia ? Left eye. Is he free from varicocele ? Hearing: Right ear, Is he free from varicose veins ? hornul Left ear. Is he free from haemorrhoids ? hornal Color-vision : Is he free from inveterate or contagious skin-disease ? Are his limbs well formed ? au 444 Is there a distinct mark of vaccination ? Are the movements of all his joints full and perfect? Is he in good bodily and mental health and free from any Is his chest well formed ? physical defect likely to interfere with the efficient Is his heart normal ? performance of his duties ? 944 300 Are his lungs normal ? Are there any slight defects, but not sufficient to cause 740 What is the condition of the teeth ? rejection ? Les. Have you had any illness? no Have you ever had a fil? no serior Remarks.

Certificate of Medical Examination.

udene

I have examined the above-named, and find he does not present any of the causes of rejection specified it. the Regulations for Army Medical Services.

I consider him fit for service in the New Zealand Expeditionary For

apr

Contract of the owner of the

			Int	of Fleming
-	A	23-	and	Form _s No. 2.
NEW ZEALAND	EXPE	EDITI	ONARY	FORCE
	TTESTAT			4416
No. Name 7 Lennes	1	cay	Regiment or Un	ii 100y 15 -
	e put to the	Recruit b	efore collistment.	NG: .
1. What is your name ?		1 7	attanty.	i deg
2. Where were you born ?		2. 0	es timarte	the she had
 Are you a British subject ? What is the date of your birth ? 		a	12 12.	21 1804
5. What is your trade or calling ?		1	Zean	ter
 Are you an indentured apprentice ? If and to whom ? 	so, where,	6	hee	
7. What was the address at which you last	resided ?	7	mangan	autou.
8. Have you passed the Fourth Educational or its equivalent ?		8,	Types	
9. What is the name and address of your pres- employer ?	ent or last	9. 2.20	ber Vere	- mangapy
10. Are you married ?	1		lu	
11. Have you ever been sentenced to impriso the Civil Power ? If so, when and w		1	ho	******
12. Do you now belong to any military or nav If so, to what corps ?				
13. Have you ever served in any military or na	val farme 1			***************************************
If so, state which and cause of dischar				
14. Have you truly stated the whole (if any			and the second second	
previous service ?	a ca gana			
15. Have you been registered for compulsory training under the Defence Act, 1909 where ?		ða	le	
 Have you ever been rejected as unfit for the or naval forces of the Crown ? If so, grounds ? 	e military 1 on what		ho	
17. Are you willing to be vaccinated on revar	cinated ? 1	7		
18. Are you willing to serve in the Expeditional in or beyond the Dominion of New Zeals the following conditions, provided you should so long be required: For the ter present European war and for such furth as is necessary to bring the Expeditional back to New Zealand and to disband it	ary Force 1 and under r services rm of the her period ary Force			
NOTE Your discharge will not be granted befor obtained from the G.O.C. the New Zealand Expeditio	onary force.			
1. Veren Fleming	di	solemnly d	eclare that the above	answers made he me
1, Yester Fleming to the above questions are true, and that Vam	willing to 1 Sig Sig	ulfil the en gnature of gnature of	Recruit : V.ca. Witness : March	y Fliming
Oath to be t				
I. VIACY Flemming Lord the bear true allegiance to our Sovereign Lord the in the New Zealland Military Forces, according and obey all orders of His Majesty, his Heirs i I shall be lawfully discharged. So help me	do si e King, his g to my liab and Successo	ncerely pron Heirs and S ility under	nise and swear that] uccessors, and that]	I will be faithful and will faithfully serve d that I will observe ers set over me, until
Certificate of A The above questions were read to the above understands each question, and that his anawo	ve-usmod re-	cruit in my	Dimension I Law	taken care that he
and that his answe	r to each qu	uestion bas	been duly entered as	replied thereto, and
the said recruit has made and signed the decla on this. 4	ration and th	1 G	ttesting Officer (Sernals 12
If any alteration is required on this page of the Attests	ation, the Atte	sting Officer	should be requested to	make it and initial the

Description of Flemmy Pesey



Apparent age: 2 / years **3** months. To be determined according to the instructions given in the Regulations for Army Medical Service. Height: **5** feet **6** inches.

Alue

1 Brown

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

Height: J Weight: 11 Minimum, Jo inches. Chestmeasurement: Maximum 37/2 inches. Fair Complexion:

Compression .

Color of eyes: Color of hair:

Religious profession:

Medical Examination.

Is he free from hernia ? Sight: Right eye, Left eye. 3 6/6 Is he free from varicocele ? Is he free from varicose veins ? Hearing : Right ear. Is he free from haemorrhoids ? Left ear 440 Is he free from inveterate or contagious skin-disease ? Color-vision : hand 420 Are his limbs well formed ? Is there a distinct mark of vaccination ? Are the movements of all his joints full and perfect? Is he in good bodily and mental health and free from any Is his chest well formed ? physical defect likely to interfere with the efficient Is his heart normal ? performance of his duties ? 420 Are his lungs normal ? Are there any slight defects, b i not sufficient to cause What is the condition of the teeth rejection ? 21 lu no Have you ever had a fit? Have you had any illness?

Remarks. hoserie auchenc

Certificate of Medical Examination.

I have examined the above-named, and find he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

I consider him fit for service in the New Zealand Espeditionary Force

1 and , 1916

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Medical Offices

NEW ZEALAND EXPEDITIONARY FORCE.



4/4/16 Ploy MILITARY HISTORY SHEET.

No. 1. 1.14	Name : 9	From	To	Tears.	Days.	Initials of making B
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	Foreign	2.6.101 191	26JUL 1910	C	116.	4/0
	Engelar	26JUL 191	a.			po-
I. Service record	•		a de series		1.17	1.20
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		-	La seconda	-	1	
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instruction This includes any authorize as of instruction.						
Active service						1.20
5. Wounded	+					
5. Effects of wounds	1 Same					172.
7. Special instances o	Accession					1.00
gallant or meritori ous conduct			2.2.2	-	Date of Grant.	1.5
	Name of N	lettal.	Ciasps.		Date at Grant	
8. Medals and decora						
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9. Injuries in or by the	•	Broth	2 Heminangapap	the is		12-5-1
Service	1	erer n	Tancabah	2		12.24
0. Name and address o	4		Giobour	ne		1276
next-of-kin			9			
(a.) Christian an	d Surname of Woman to wi	om married, and whether ame of Officiating Minde	er or Registrar.	b.) Place and Dab	e of Marriage.	
(1.)	(b.)	228	(c.)		1
inge	S. A SAVE					
Marriage			Sill 2			
	stian Names.	Date at	id Place of Birth	Wh	ere registered.	
				74		
Children						
Ch				H.		
			1 - C. 1 - C. 1	- 18 S.J.		achier.

Intended place of residence on discharge :

STATEMENT OF THE SERVICES OF No. 199 NAME Flemening Tevery Dates. Signature of Officer carfitying Correctness of Entries. Promotions, Reductions, Casualties, &c. Rank Regiment or Corps. 2. 604 15" Dosted To R.O. /479 910 2/4/16 a.W. Soundy 13/5/10 20 2 Delailo Francford & R. O. SA Actailo 72tr - - 559 -Gloryst "Shako 243. Euro: "baitematar. . 3 . 6.16 Dy. Homas hr. 6. b. 16 Altader by 26. 7. 16 Albourn Disente Devouport. 3. 10. 16 10. . Barn n.g.R. B. footed (Sering 0. 171/16) 3. 10. 16 .140 PENATOTA PETENCE 4/11/10 Dillonela

NEW ZEALAND EX	XPEDITIONARY	FORCE.
MEDICA	L HISTORY	r
Surname: Henning	or Christian Name:	Very
Kamided: 00 1 day of Spl . 191 AL Chaborn (Town Desert marten	6 Approved by	
eclared age: 21 3/12 4/19. rade or occupation: Learnstan eight: 5 ft 9 in. eight: 1 M lb.	Examined for re-engage	
hest-measurement: Minimum, 35 in. Maximum expansion, 375	*Considered in	cal Officer,
hysical development:	*If unfit, state disability.	Can Omcer,
accination marks: Arm, Presents-	Re-vaccinated on	day of, 19. Number :
le.ks indicating congenital peculiarities or previous disease :	Result :	
	Međi	cal Officer,
Enlisted on 2 day of	ape . 1916.	at Irenthow
Conned on enlistment	orpa. Regu 7 15 2 18 R/0.514 ta ~ 2/6/5?	nental No. Date. 642 2/4/11 13.5.16. 3.6.16. 3.6.16.
PROPOSED FOR DISCHAI	RGE BY A MEDI	CAL BOARD.
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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.

120,000/3/18-3718

Hemin Cary Christian Name: Surname: 9 224 Station or Troopship 57 257-16 alala 6 at the Station or of Embarkation. Data of Arrival ; į. 9 9 16 18 9 16 Meades Day. Mon. Year. Admission into Hospital. -16 DATES OF Day. Mon. Year. Discharge from Hospital. Abscess on face Disease Number of Days in Hospital 10 anaxas os Narras or Dunass: How induced, if mild or severe, if completely recovered from, whether any particular treatments was adopted. In veneraal disase, sinte matters of primary disease and whether marcury has been given. If an accident state whether it occurred on duty and whether a court of INOCULATED 19/7/16 inquiry was held. à Tet 0 Č, .8 mi 21-1-15 A Flowth Signature of Medical Officer. of mely 141 www Sauge Real Property

NEW ZEALAND EXPEDITIONARY FORCE.

[Form No. 4.

7	MEDICAL	HISTO	ORY	
Surname: He	ming	or Christian Na	me: le	sey -
aramised : At	opape . 1916 prome	Approved by	l. 7.	Scott.
Sirthplace: Country.	weland		Medical Officer,	patorne
Declared age _ 21 3/12-	ups. amster.	Examined for r	e-engagement :	
Crade or occupation: VL leight: 5 ft 9 .n.	amply		day of	, 191
Veight 11 St. ib.		* Considered :		
Sheat-measurement: Maximum, 3	<u>15 in</u> nation, 37% in			
Physical development :			Medical Officer,	
Small-pox marks:		* If unfit, state di	ability.	
Infactor .	Prescub	Re-vaccinated	onday	of, 191
When vaccinated:		Arm :		Number :
Marks indicating congenital peculiarit	ies or previous disease :	Result:		
			Medical Officer.	
Enlisted on	V day of	pe . 19	016. at TRE	ENTHAM
	Corp		Regimental No.	Date.
Joined on enlistment	F boy	1 15. Ch.	1884.2	2/4/16
Transferred to		- 559		3/6/16
PROPOSED	FOR DISCHARC	E BY A M	MEDICAL BO	DARD.
Station.	Date.	Disease.		Result.
				The state of the s
	Part State			

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.

(20,000/3/15-37+8

He Christian Name: Surname: Station or Troopship THAM Date of Arrival at the Station or of Embackation. 4/4/16 -Day, Mon. Year. Admission into Hospital. CR 16 DATES OF Day. Mon. Year. Discharge from Hospital. Abscoss on Disease THOO Number of Days In Hospital. Inoculated cases on Nature or Dusase: How induced, if mild or severe, if completely recovered from, whether any particular treatments was adopted. In venereal disease, state nature of primary disease and whether inscrury has been given. If an accident state whether it occurred on duty and whether a court of inquiry was held. 10.7 1.16 Signature of Medical Officer. Un acri U