Responsibility for Notification

It is notified for information that the responsibility for notifying casualties affecting other ranks to their next-of-kin rests on the Officer i/c Records of the men concerned, and not on any department or branch of the War Office. All enquiries from next-of-kin or from any organization, etc., regarding casualties of other ranks should be addressed direct to Officers i/c Records, who will immediately take steps to furnish the required information.

The addresses of Record Offices and the units administered by them can be obtained at any Police Station.

Soldiers are, therefore, advised to notify their next-of-kin accordingly. There is no objection to this notice being handed to the next-of-kin.

Wt. 43845/1941 W. S. Ltd. (Y.R.W.) 3/41 51-8785
### ALL RANKS

**REMEMBER**—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

**BE ON YOUR GUARD** and report any suspicious individual.

<table>
<thead>
<tr>
<th>Item</th>
<th>Size No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anklets, Web</td>
<td></td>
</tr>
<tr>
<td>Blouse, B.D., or Jackets, K.D. or S.D.</td>
<td></td>
</tr>
<tr>
<td>Boots, ankle</td>
<td></td>
</tr>
<tr>
<td>Cap, Bonnet or Helmet</td>
<td></td>
</tr>
<tr>
<td>Drawers, cellular or woollen</td>
<td></td>
</tr>
<tr>
<td>Gloves, knitted</td>
<td></td>
</tr>
<tr>
<td>Greatcoat</td>
<td></td>
</tr>
<tr>
<td>Jersey, pullover</td>
<td></td>
</tr>
<tr>
<td>Overalls</td>
<td></td>
</tr>
<tr>
<td>Shirts</td>
<td></td>
</tr>
<tr>
<td>Shoes, canvas</td>
<td></td>
</tr>
<tr>
<td>Socks, worsted</td>
<td></td>
</tr>
<tr>
<td>Trousers, B.D., S.D. or Shorts, K.D.</td>
<td></td>
</tr>
<tr>
<td>Vests, woollen</td>
<td></td>
</tr>
</tbody>
</table>
MEDICAL CARD
ISSUED BY THE
LONDON INSURANCE COMMITTEE,
Insurance House, Insurance Street, W.C.1.

To
(Full Name) Mr. J. Lindsey
(Address) 14, Wellington Rd.

For Use of Insurance Committee only.
The above-named is on the list of:

[Dr.]
INSTRUCTIONS. — Please read carefully.

1. (a) On receipt of this card if you have not chosen a doctor you should at once choose a doctor. You should fill up Part A opposite, and take the card to any insurance doctor you wish to choose.

(b) If you remove permanently to a new address where you cannot get treatment from the doctor you have chosen, you may change to another doctor. You should at once fill up Part B opposite, and take the card to any insurance doctor you wish to choose.

(c) If you are temporarily away from your usual address you can get treatment by taking your card to any insurance doctor, with Part D on page 4 filled in.

(d) If you have not removed permanently or temporarily and wish to change your doctor, either (i) you may transfer immediately with the consent of your present doctor, and of the new doctor. In this case Part C should be signed by you and by both doctors.

Or (ii) you may transfer at the end of March, June, September or December if you have first given notice that you wish to change your doctor to the Insurance Committee not later than the last day of February, May, August or November as the case may be. This card should be sent with such notice. The card will be returned to you with the necessary instructions.

2. A list of insurance doctors can be seen at local Post Offices. If you have difficulty in getting accepted write to the Insurance Committee at the address on the front page, enclosing this card.

3. If you do not produce this card, the doctor may charge a deposit for which he must give you a receipt on a form which will enable you to apply to the Insurance Committee for the return of the money.

4. Application for treatment should always be made to your own doctor, or to his deputy. If, in case of accident or other emergency, neither of these doctors is available, you can get necessary immediate treatment from any insurance doctor who is available.

5. Any enquiry or complaint with regard to your medical benefit should be addressed to the Clerk to the Insurance Committee at the address on the front page. A complaint should, whenever possible, be made within six weeks of the incident complained of.

6. Postage must be prepaid on all letters to Insurance Committees.

This Card is the property of the Minister of Health, and must not be used by anyone other than the lawful holder, or by anyone not entitled to medical benefit. Misuse of the card may entail serious penalties.

44/214 P. 595 8/42 250m. Elp.
NOTICE.

The Committee require an insured person in receipt of Medical Benefit to comply with the following Rules as to conduct:—
(a) He shall, when applying to a practitioner for treatment, produce his medical card if required by the practitioner to do so;
(b) He shall obey the instructions of the practitioner attending him;
(c) He shall not conduct himself in a manner which is likely to retard his recovery;
(d) He shall not make unreasonable demands upon the professional services of the practitioner attending him;
(e) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner;
(f) He shall not summon the practitioner to visit him between the hours of 8 p.m. and 9 a.m. except in cases of urgency.
(g) He shall, when his condition requires a home visit, give notice to the practitioner, if the circumstances of the case permit, before 10 a.m. on the day on which the visit is required.

The rules of the Committee also provide that any complaint by an insured person which is adjudged by them to be frivolous or vexatious, shall be regarded as a breach of their Rules.

Any insured person who is guilty of a breach of any of the Committee's rules is liable to a fine not exceeding 10/-, or in the case of repeated breaches 20/-, or to be suspended from Medical Benefit for a period not exceeding one year.

These Rules are liable to alteration, due notice of which will be given in the public Press.

Part D. — FOR USE, IF DESIRED, DURING TEMPORARY RESIDENCE.

I hereby declare that I am only temporarily residing in the locality of the address which I have given below, and that I do not intend or expect to remain in the locality for as long as 3 months from the date of my arrival.

(Signature) ..........................................................

(Temporary Address) ...................................................

........................................ (Date) ......................

Signature of doctor accepting.

This Card can only be used for obtaining treatment during one period of absence from home not exceeding 3 months. When the above space has been used the Card should be forwarded by the insured person to the Insurance Committee at the address shown on the first page and a fresh Card applied for.
NOTICE.

The Committee require an insured person in receipt of Medical Benefits to comply with the following Rules as to conduct:
(a) He shall, when applying to a practitioner for treatment, produce his medical card if required by the practitioner to do so;
(b) He shall obey the instructions of the practitioner attending him;
(c) He shall not conduct himself in a manner which is likely to retard his recovery;
(d) He shall not make unreasonable demands upon the professional services of the practitioner attending him;
(e) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner;
(f) He shall not summon the practitioner to visit him between the hours of 8 p.m. and 8 a.m. except in cases of urgency;
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Part D. — FOR USE, IF DESIRED, DURING TEMPORARY RESIDENCE.

I hereby declare that I am only temporarily residing below, and that I do not intend or expect to remain in the locality for so long as 3 months from the date of my arrival.

(Signature) (Temporary Address) (Date)

Signature of doctor accepting. Committee’s Stamp.

This Card can only be used for obtaining treatment during one period of absence from home not exceeding 3 months. When the above space has been used by the insured person he should be forwarded by the insured person to the Insurance Committee at the address shown on the first page and a fresh Card applied for.

Notes.

1. Dye—Disinfectant—a 1 in 1,000 solution of cresol used with aniseed oil. Disinfectant—to wash the hands with soap and water. Ointment—Wipe your hands with dry cloths, then apply ointment to both sides where contaminated. You can then wear it again.

2. Eyewashes—If necessary, use cold water. Ointment—Rub ointment in both hands. Protect the eyes from water. Detectors—Detect contaminated skin in these parts. Remove the contaminated clothing. Ensure that both hands are thoroughly rubbed with soap and water. Rub ointment in both hands.
Personal Decontamination

1. Immediate action—can be done on the move.

2. Cotton waste—Remove free liquid on exposed skin.

3. Eyes, cheeks—Rub vigorously into exposed skin for at least 1 minute—using both hands.

4. Cotton waste—Remove free liquid on exposed skin.

5. Stop signs—If contaminatedq, remove and renew.

6. Eyewash sink—If contaminated, remove and renew.

7. If possible to be done under cover or on „clean“ ground.

8. If necessary for a few small drops.

9. Swab of free liquid on cape.

10. Remove or cut away contaminated clothing.

11. Rub antiment—Wipe hands with clean swab.

12. Notes—

1. Don't put your rifle and equipment down on contaminated ground.

2. Swab free liquid off web equipment—Apply antiment to both sides where contaminated.

You can then wear it again.
II. Gas Alarm System

For United Kingdom and other places where syren cannot be used:

1. ONE ALARM—Gas rattle.
2. ONE WARNING—“Spray”—by word of mouth.
3. RATTLE—means Gas—other than air spray.
   \[ \text{Action. HOLD BREATH.} \]
   \[ \text{Adjust facepiece.} \]
   \[ \text{If blister gas—contaminated mask also carry out personal decontamination (see over) at first opportunity.} \]
4. “GAS CLEAR”
   \[ \text{Action. TEST FOR GAS.} \]
   \[ \text{Remove facepiece.} \]
5. SENTRYs—Provided with gas rattle. Must know location of detectors.

Wt. 42011/15119 3,500,000 2/41 D.P.W. 91-8720.

---

Instructions to Soldier.

1. You are held personally responsible for the safe custody of this book.
2. You will always carry this book on your person.
3. You must produce the book whenever called upon to do so by a competent military authority, viz., Officer, Warrant Officer, N.C.O. or Military Policeman.
4. You must not alter or make any entry in this book (except as regards your next-of-kin on pages 10 and 11 or your Will on pages 15 to 20).
5. Should you lose the book, you will report the matter to your immediate military superior.
6. On your transfer to the Army Reserve this book will be handed into your Orderly Room for transmission, through the O. i/c Records, to place of rejoining on mobilization.
7. You will be permitted to retain this book after discharge, but should you lose the book after discharge it cannot be replaced.
8. If you are discharged from the Army Reserve, this book will be forwarded to you by the O. i/c Records.
(I) **SOLDIER'S NAME and DESCRIPTION on ATTESTATION.**

Army Number ........................................... 2372216
Surname (in capitals) ................................ LINDSAY
Christian Names (in full) ............................. Jack
Date of Birth ........................................... 28-10-1900
Place of Birth ................................. In or near the town of
.......................................................... Anston
In the county of ...................................................... Ann
Trade on Enlistment .............................................. None
Nationality of Father at birth ......................... None
Nationality of Mother at birth ......................... None
Religious Denomination .............................. None
Approved Society .............................................. None
Membership No .............................................. None
Enlisted at ..................................................... Yarmouth
On ............................................................. 11-9-1941

For the :-
* Regular Army
* Supplementary Reserve
* Territorial Army (Strike out those inapplicable.

Date with the Colours and years in the Reserve ............................................. 21
Signature of Soldier ............................................ LINDSAY

Date .......................................................... 11-9-1941

signature of M.O. i/c ............................................

---

**DESCRIPTION ON ENLISTMENT.**

Height ........................................... 5 ft. 3 ins. Weight .................. 140 lbs.
Maximum Chest ..................................... 37 ins. Complexion .................. Fresh
Eyes ..................................................... Blue Hair ..................................................

Distinctive Marks and Minor Defects

---

**CONDITION ON TRANSFER TO RESERVE.**

Found fit for .............................................

Defects or History of past illness which should be
enquired into if called up for Service

---
**PARTICULARS OF TRAINING.**

Courses and Schools.
Specialist Qualifications,
showing result.

<table>
<thead>
<tr>
<th>Date</th>
<th>Initials of Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

American Muskeg West, Dec 20

Attended W.A. Education
Courses, 18 of Bengal from
8-12, 30th Apr. 1943, confirmed.

**RECORD OF EMPLOYMENT AS AN ARMY TRADESMAN.**

Trade, Class.

Remarls. edn. on enlistment. Reclassified.

<table>
<thead>
<tr>
<th>Group</th>
<th>Class</th>
<th>Trade</th>
<th>Remarks</th>
<th>On enlistment.</th>
<th>Reclassified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.</td>
<td>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For men in receipt of tradesmen's rates of pay only.

Clk.

1943.
### MEDICAL CLASSIFICATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Category or Grade</th>
<th>Medical Examiner of Recruits, or other Medical Authority</th>
<th>Initials of Medical Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.4.42</td>
<td>A (X)</td>
<td>No. 2 No. 40 d/29/4/42</td>
<td>desri. lannon.</td>
</tr>
<tr>
<td>AFW 3.4.43</td>
<td>completed 26 x 45</td>
<td>PCB</td>
<td>caution.</td>
</tr>
</tbody>
</table>

### PRESCRIPTION FOR GLASSES

<table>
<thead>
<tr>
<th>Vision without Glasses</th>
<th>SPH</th>
<th>CYL</th>
<th>Axis Standard Notation</th>
<th>Vision with Glasses</th>
<th>Ophth. Centre</th>
<th>Frame No. (or measurements)</th>
<th>Date of Exam.</th>
<th>Date of Issue</th>
<th>Optician's Initials</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Signature of M.O.

### VACCINATION

<table>
<thead>
<tr>
<th>Date Vaccinated</th>
<th>Initials of Medical Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7.8.41</td>
<td></td>
</tr>
</tbody>
</table>

### PROTECTIVE INOCULATIONS

<table>
<thead>
<tr>
<th>Nature of Vaccine, &quot;T.A.B.&quot; Cholera, Plague, etc.</th>
<th>Date</th>
<th>Initials of Medical Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PARTICULARS OF NEW ARTIFICIAL DENTURES SUPPLIED

<table>
<thead>
<tr>
<th>Particulars.</th>
<th>Dental Centre.</th>
<th>Date.</th>
<th>Initials of Dental Officer.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>


## NEXT OF KIN

Any change becoming known is to be duly noted with date of

**NOTE.**—No entry in these pages has any legal effect as a WILL (see

<table>
<thead>
<tr>
<th>Nearest degree of relationship</th>
<th>Names</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife</td>
<td>Mary Smith</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Landy</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Brothers and Sisters.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(stating relationship)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* State whether brothers are older or younger.

## NOW LIVING.

such change and reported by O.C. Unit to the Officer i/c Records, pages 12 to 14.

Latest known Address in full.

590, Rochester Road
Broadway
Nebraska
SOLDIERS' WILLS.

1. The soldier should always be careful to insert particulars of his relatives on pages 10 and 11 but it must be clearly understood that the entry of a name on those pages has not the legal effect of a Will and does not have any influence on the distribution of a soldier's estate. Unless a soldier duly makes a Will, his estate has to be distributed in accordance with the laws of Intestacy and the person whom he might intend to benefit may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on the separate Form provided for that purpose, or on one of the Forms contained in this Book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years, with the exception that a Scotsman can always dispose of movable property (as distinguished from heritable property—see paragraph 10) when of the age of 14 years or over.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation and the general outline of the Will, as shown in the following Forms, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together; and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In English law a Will may be revoked by the marriage of the testator, and therefore a new Will ought to be made after marriage if desired. By the law of Scotland, the Channel Islands and the Isle of Man, the rights of the widow or children to some part of the estate cannot be defeated by a Will.

7. If any alteration is made in the writing of a Will, the signatures of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a Codicil (that is to say, by an addition to the Will), executed and witnessed in the same way as the Will.

9. When on active service in the field, or when he has been placed under orders for active service, a soldier of English, Guernsey or Manx domicile is privileged to make his Will in writing without the attesting witnesses (see pages 19 and 20), or to declare the same by word of mouth in the presence of witnesses, and if the testator is of English domicile he can dispose of all his property, of whatever kind.

10. A soldier of Scottish, Jersey or Guernsey domicile can make a written Will without witnesses at any time, provided that it is entirely in his own handwriting and
dated and signed by him at the foot of the document. A soldier of Scottish domicile can dispose by Will of movable property, at any time, when of the age of 14 years or over, but heritable property situated in Scotland cannot be disposed of by Will by a soldier under 21 years of age, unless he is at time on active service in the field or under orders for active service. Heritable property includes land and houses and rights in and to the same; movable property includes money, stocks, shares and certificates of money value, jewellery and other personal articles.

11. When any of the forms of Will on pages 15 to 20 have been completed by the soldier, it is in his interests to have the Will placed in safe custody, and Officers i/c Records have special facilities for doing this. The soldier should, therefore, on completing either of the Will forms, ask the Officer Commanding the Company, etc., to extract the Will from Army Book 61, and to arrange its despatch to the Officer i/c Records concerned, the counterfoil slip being completed by the Officer who extracts the Will.

______

15

Army Form B. 2089.

ON COMPLETION TO BE DESPATCHED TO OFFICER IN CHARGE RECORDS BY O.C. UNIT.

FORM OF WILL to be used by a soldier desirous of leaving the whole of his Property and Effects to one person. (See page 17 for Form of Will leaving legacies to more than one person.)

(a) Signature of soldier in full. I, (a) ____________________________

(b) Rank and army number.

(c) Regiment, (c) ____________________________

hereby revoke all Wills heretofore made by me at any time, and declare this to be my last Will and Testament.

(d) Name and address of Executor.

I appoint (d) ____________________________

to be the Executor of this my Will.

After payment of my just Debts and Funeral Expenses, I give all my Estate and Effects, and everything that I can give or dispose of to my (e)

(e) Insert “friend,” “or, if a relative, in what degree.

(f) Full name (f) and address of person.
(g) Date. Signed this (g)..............day of.........19......

(h) Signature of soldier. (h)

(i) Insert full name of soldier making Will. Signed and acknowledged by the said (i)

the same having been previously read over to him as and for his last will, in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereunto subscribed our names as Witnesses.*

(j) Witnesses (j) to sign here.

(k) Add addresses in full.

(k)

* N.B.—Witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons.
Signed this (a)........day of......

(h) Signature of soldier.

(i) Insert full name of soldier making Will.

Signed and acknowledged by the same having been previously read to him as and for his last will, in the presence of us, present at the same time, who, in the presence, at his request, and in the presence of each other, have hereunto subscribed names as Witnesses.*

(j) Witnesses (j) to sign here.

(k) Add addresses in full.

* N.B.—Witnesses must NOT be persons intended to benefit under the Will, husbands or wives of such persons.

(See page 15 for Form of Will leaving everything to one person.)

Signature of soldier (a) .

Rank and number.

Regiment (c) hereby revoke all Wills heretofore made by me at any time, and declare this to be my last Will and Testament.

I appoint (d) ............... to be the Executor of this my Will.

After payment of my just Debts and Funeral Expenses I give to my (e) ...........

...
SOLELY FOR USE ON ACTIVE SERVICE. The Will on page 20 must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL.

(Write Will on next page.)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on the next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intending legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person:

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999, High Street, Aldershot.

(Signature) GEORGE BULL,
Fusilier, No. 1973, Royal Fusiliers.

Date 5th August, 1914.

The following is a specimen of a Will leaving legacies to more than one person:

In the event of my death I give £10 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give £5 to my sister, Miss Maud Bull, 999, High Street, Aldershot, and I give the remaining part of my property to my mother. Mrs. Mary Bull, 999, High Street, Aldershot.

(Signature) GEORGE BULL,
Fusilier, No. 1973, Royal Fusiliers.

Date 5th August, 1914.

Soldiers are, however, recommended to make a formal Will before embarkation on A.F. B. 2089, or one of the forms of formal Will provided on p. 16 and p. 17, and to hand it to their Commanding Officer for transmission to the Record Office for safe-keeping.

* See footnote, page 16.
SOLELY FOR USE ON ACTIVE SERVICE. This Will page must NOT be used until you have been placed under orders for Active Service

WILL.

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on previous page.)

ON COMPLETION TO BE DESPATCHED TO OFFICER IN CHARGE RECORDS BY O.C. UNIT.

Signature

Rank and Regiment

Army Number

Date
SOLELY FOR USE ON ACTIVE SERVICE. This page must
NOT be used until you have been placed under orders for
Active Service

WILL.
(For use if the soldier has not already made a Will or wishes to
alter one already made. See instructions on previous page)

ON COMPLETION TO BE DESPATCHED TO OFFICER IN
CHARGE RECORDS BY O.C. EXIT.

Signature

Rank and Regimen

Army Number

Date

Hynish L., 1st Div. 27th Regt.

Hynish L., 1st Regt. 5th Div.

McPhee M. B., 2nd Div. 5th Regt.

McKenzie M. B., 2nd Div. 5th Regt.

McLennan M. B., 5th Div. 2nd Regt.

McLennan M. B., 2nd Div. 5th Regt.

McLennan M. B., 2nd Div. 5th Regt.

McLennan M. B., 2nd Div. 5th Regt.
Mark Hr., 1 Doughty St. WC. HOL. 0894
Marshall Ht., 24 Feges, 5 Keppel Place, W. BAY. 3214
Meyer E., 52 Parlour, Hse, NW3. HAM. 1246
Murray J., 81 Campden, Hse, NW6.
Murray E., Edith Cottages, Blackfriars, Bermondsey.
Miners
Methuen, 36 Essex St. WC. (JA. white) CEN. 1525
Mackenzie N., 87 Fitzjohn's Ave. NW3.
Morgan, M., 106 Boddam, 8 Gunstall St. WC.

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Newcastle. 10 Clarendon St. H. 11 Millen W. E. 3216.


Newton, R. T. Rye Hill. Newcastle.


NBL.


Naylor, Harry. 25. Heberden Avenue. NW11. ABB. 4631.


Pbeck J. 17. Titcham Lodge, Rechna Rd, SW 20. W11
PEN (one) Porch. Tram. Hart.
Potts Paul (Robert Phillips, PFA)
Potter S. Bethesda St. W1
PAD 4710
Penny, Bert Rd., Harrow/Swmt. Middlesex 2466
Parks
Perry, Dr. Albany REC 0150
Patel F. J. 25 Cockspur St. SW1
Pilot Runs
MV 2639
G. Palagi, Harrow, 7 Lansdowne Rd. W11 H\Man Park
Pallis, Vewkato 94, Nepier in Rd
Pallis
Ravens 9 Eglet Sunday, 4th March 1921.

24 St. Ives Ave.


24 St. Ives Ave. E. Havenfield Club, Abingdon 4th of May
Ralph.  2 Bloor St. E.  HOC 72528
Rutler, Marian.  27 Beverley St. O.B. 2.
Riddell, E.  73. Eustice St. Beulah.
Lawrence, J.
Rien, E.V.  30, Stephens Hill, Hypegate Nb.  NOV 4178
Robins, R.W.  7, Parkhurst Rd.  P-1122. NW3
Rotten, P.  25, Catherine St. W.E.  TEM 5116
Riverman, S.  5, Park St. W1.  MAY 3173.
Reaver, G.  43, Vicarage Court. Chart Sq. W8
  EVS 1200. 137.
Irish, P.  119, Kentford Trowbridge.
Scott, Stella knew, 5/9, Hollow Rd. E3 4GH. SW15
FLA. 1139
10. Connaught Mansions

Symonds, Helen 16, St. John's Plk. SE3, Greenwich
1558

Green, Tizi 55, Baring Grove Pk. E2. 23

Stead, P. 17, Draycote Avenue, SW3, 0428

Sellar, Gena, 1/121, Carnaby Place

Sorensen, Carl 62 Rev. Gambetta, Sec. Scine

St. Mary, Hulme Estate, St. Chad's

St. Peter's

Small
Segu 3886, 23, Norwich

21. Langland Gardens, NW3
HAN 6268
Selby, R. / Fed. Building W 75, Hamilton M.

1. Albany Drive

Burrows

Rutten/Glen - Larkins

Shell, E. / Renfrew H. R. - Sheffield

Shepherd M. B. / 7 Belsize Pk. Lane, W. 3.

St. John's R. / 3 Spencer Pl. Lambeth Gdns. Wandsworth, S.W. 4

Shearman, W. R. / 12 Ridgmount Gdns. Cheyne St. W. 1

SCR. 98 Grosvenor, W. 1. Bus 6272

Samuel D. / 22 Queen Anne Grove, S. E. 2


R. D. / 132

Selby, M. / 2 Ken Trecar W. 1.

Somerset / 18 Belsize Cres.

Silver, R. / 29 Foreword, Rogers Gdns. W. 1. Long Acre

Sims, R. / Ted Anley 15 Half Moon St.

Peggy Inn

Stafford est. 29 Summerfield. Cafe. W. E. Kirby, W. E.

St. Paul's Law 0 1/2 Albert St. W.

Win. Brown

A. Schwab 4-20-70
Tweedale, C.E. Theatre
291, Wellesley Grove W11.

Twyford Hall
Bis. 5946

Tots & Tots. 32. Bloomsbury St. WC1

Tribune. 222. Strand WC2
Cen. 2572

Trich T. 37. Wilton Place, Hyde Park
Sec. 4424

Thomas, G. 84. Oakfields Bt. 29. Birmingham
Sec. 1091

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The New Theatre. 20. Burlington St. WC2

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David C. Williams
WAT. 4022.

Raymond Le Vergeur, 40 avc. des Parc. Montsoulin. 6083. 22. 74

Veray Alain, 38. Leconte St. W2. BAY. 0258

Van Prasj Pepp, 11A. Bordes St. NW3.

Van Bake D. Casa Voel, Port-en-Moune, France.
Wright, Andrew
12 Brook Avenue, Edgemere

6 Hartford St., W. 11
Dear Sirs,

Yours sincerely,

J. Lindsey Esq.

21. 6. 31

Hove. 36261

S. J. Harrison,

Noel Nursing Home,

24, York Avenue,

Hove. 3,

Sussex.
with you for her arrangements

Thank you for a reply.

Yours truly,

[Signature]
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Fyne, T. A.


Fulham, My. 16 St. John's Pk. S.E.3.

F.C.L.C.

Fib, Center, 34 Soho Sqa. W.1

Fouet, P. Britley and Co., 24 Tadlong Coor, Britil St, E.

Fried, 64 B. Belgrave Pk. S.E.1.

7, Hill NW, NW.8. C.O. 0.941.

Freeman, Clar., 7 Wild Hated, NW 11.

Fischer, H. Witellichestr, 60, Zollikon, Zürich.
1. Gruenberg, 36, Fitzjohn Av., NW3.
361, Rue de Haneau, HAM 2163
Bellevue Semi., St-Obis

Greenwood, J. (of aw)

8, Bury Place, w111

Hôtel Corbillion, 4, Rue de Gr.-Pavillon, 6, R. de Vienne, 67

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Cornet & i, vi.
Quire 1
All Year Row, 1570.

Shape 3, 4.

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Tom Wadsworth
Langham 4411
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Dante - Teable, Purg & Par.

Ulysses (W.C.) men + 2.12.

Dun. II

Thucy. B/N, ii

Platon. B/N, ii

Dyer (Bv.1)

Caesar, Smith, D. Buckel, Hervey, W.H.;

Weyg. Eng., i, ii, iv.

Livy (Mac.), i, ii, iii.

Russian: Stone, P. Scree; 7 ladies; Poems.

Diaries: amanita, ii (start Pella Opinion).

Normandy

Rome: B/N, i

Hailey: 1795, ii, ii, iv

C. Bell: Letter, 2

Hadley

Time: 2, 3, 4

C. North Mem. (8.1.); 1st 4 Poles.

Day: 6

2, 3, 6, 8, 11, 12, 13. 5

Skelagh; Monk, Hunt; Poles, Hole.

Hailey (20th 21st) about Bk. 5.

D. Leith: Expression (7.1) 21.

Farrington: Bk. 3. in.

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De la Mare, W. The Old Park. Penn.

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Dow, A. 42, St. Paul Rd. WC2. TEL 7424.

Donald L. 83, Trinity Court. Gray's Inn. WC1.

Dolman. 12, Park Place. St. James, St. SW1. REH 6144.

Duthoit (George) 96, rue de l'Université, Paris IV.

Dampert, J. 4, Rossetti Hse. Plosz St. SW3. La Grisette, Vermont.

PLA 0787
Evans 141. PIA 6530.

64. aline A. W. Williams B. West

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KEN 49 49
KENGELLE F. 75 Downham Hill New York 20 1141 2034
Kirsch Richard Amt. Graduates Pox. 85 Fleet St.
KLEHR H. Bruce Court Ottawa Kanada
EASTLING 2123 (Can. Adv. Box)
KALMER Josef
K. Kueh
Kello amw. 36. hove Road Camden 6
Les Vergnes, 26 40 Avenue des Palmiers
14th Paris
GDB: 22-24

Lilo Linke, Dr. Seraf MARGO 19 Avenue Kleber
Paris 16e

Lambert Heli, Ph.D.
12A Laforet Rd. W11

BRITISH NATIONALITY ACT, 1948

Form R.1: Amendment to Instructions

Paragraph 11 (2) Both copies of the form should be signed by the applicant, but only the first copy need be witnessed by the Justice of the Peace, Commissioner for Oaths or other authorized person.

HOME OFFICE.

June, 1950.

LONDON: HIS MAJESTY'S STATIONERY OFFICE

1950
Autriche: W. Hollitzer.

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Stefan Lawandowski

Warsaw = Warsaw

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Czytelnik

Prezes Borjasza

Bar. 438 Polski Land
F. M. Will 47 und 50

in L. H. Schulz
apotheke, Görlitz, Altenburg, Zwickau, Leipzig

 Magnus P. der Arzt 4, 5, 1911
 F. Will 1912

das W. und 7. Mai 1915

T. Schlieber, 14. Mai 1915

D. Berent

Traumkraeudi

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S. T. McClory 1933

D. Stewart

Die Unionsverband in China

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