

Regt. No. H. 576, 938 Rank Corporal
Name Arthur David Alexander Deans
Branch ROYAL ENGINEERS
Date of

Discharge
Disability
Transfer to the Reserve

 191 1917

19 Blausch St.
Car diff

COVER FOR DISCHARGE DOCUMENTS.

NOTE.—In every case where A. P. Z. 22 is included among the documents the letter Z is to be stamped in the space provided below.

Z



Award Sheet.—First Award.

Code Number: 2 RE 16203

Surname Peaus Christian Name Arthur Daniel Alon

Regiment RE Rank Cpl. Regt. No. 454938

Date of Discharge 13-2-19

Cause of Discharge: Reserve Disemb.
See Army Form 1-214
Disemb 20.4.13.

SERVICE.

FOREIGN SERVICE.

No.	Date	Particulars	Amount	Remarks
AWARD.				
1		Final award under Army Act (5)		Number of Children and Allowance Granted
2		Muscular Rheumatism attack less than 20%		4/10 for five
3		5/6 - 7 for 14.2.19		
4		Proposer's Signature and Date		26.5.19
5		Approver's Signature and Date		
6		Approver's Instructions		Initials and Date when signed.
7		Payday large date after after certified by surgeon on B 103		
8		Verify children - Sub. Rank.		
9		Particulars of any Pension or Gratuity awarded in respect of previous service.		So to be kept for award of Service Gratuity by the Census Department.

Married
 Catherine Maud 30.4.04 ✓
 Violet Mary 18.8.06 ✓
 Lilian 2.11.09 ✓
 Eileen 19.12.11 ✓
 Army Burial Form No. 27.12.14 ✓

Pension Expires: 19.8.19

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps Glamorgan (7) R.E. Regimental Number 582
 Rank SN Surname Deans Christian Name A. A.
 Religion Church of England Age on Enlistment 20^{1/2} years _____ months.
 Enlisted (a) 30-4-18 Terms of Service (a) 4 years Service reckons from (a) 30-4-18
 Date of promotion to present rank Sub Sapper Date of appointment to lance rank _____

Extended _____ Re-engaged _____ Qualification (b) Fingering Training
Group 32 (Transport) or Corps Trade and Rate 1/14
Group 26 (Hydrographic Dept) M. Code No. 202 (200)

Signature of Officer i/c Records.

AF E 301.
Road Cardiff

Alice Deans
& Helen St.
Wife

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 103, Army Form A. 46, 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. 103, Army Form A. 46, or other official documents
Date	From whom received				
		Category B 2. Authority 1/27/18			A. A. Deans
		Embarked ...			
		Disembarked...			
1-7-17	O.C. 1st Glamorgan	appointed a. Lance.	<u>Pembroke Dock</u>	1-7-17	1-7-18 1810
17-10-17	" " " "	<u>appointed</u> promoted to Cpl.	" " "	17-10-17	A 2. O. 1810
		<u>Occupation Cards Attached</u>	PENMAR BARRACKS, PENBROKE DOCK.	13 ^{1/4}	
		appointed a/cpl.	" " "	29 ^{1/2} /19	A 20 1810 d. 13 ^{1/2}
15/19.	O.C. 610 th Lt	Proceeded to Germany	PENMAR BARRACKS, PENBROKE DOCK.	15/19.	
		<u>Disposal Area 4 B.</u>			

Wife of James Deans & Helen Street Road Cardiff
 Capt. R. H. (T)
 O.C. 610th (Milford Haven) Fortress Coy. R.E.

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Z/RG/16203

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 103, Army Form A. 46, 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. 103, Army Form A. 46, or other official documents
Date	From whom received				
		Disembodied on Demobilization.			
		Date <u>15/11/19</u>			
		Signature <u>A. A. Deans</u>			
		Place <u>Cardiff</u>			
		Home Address <u>19, ...</u>			

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2/RE/16205

ARMY FORM 10

STATEMENT AS TO DISABILITY

This form must be filled out by the member of the service who is the subject of the statement.

The Department Army Office and Office, whether working with the member or not, will be given an opportunity of filing in this form. It will be sent with the form forward any claim in respect of a disability due to military service to the nearest War Department Office, or the nearest office of the Secretary of War. Whether a claim is made or not, this form will be returned to the War Department on the case of every Officer, Chief or the Secretary, War Office, and in the case of every Soldier, to the nearest Office of the War.

6104 Halford Street, Cardiff

Impaired by Injury: None

Date: 25/10/1918 Rank: Capt.

NAME: DEANS

REGIMENT: ARTILLERY

REGIMENTAL OFFICER: ARTHUR DAVID ALEXANDER

REGIMENTAL ADDRESS: 19, BLANCHE ST. CARDIFF

Age last birthday: 31

Year of entry into service: 30.4.12 at Cardiff

Medical Chapter or Number, with date: A.1.

Signature of member: [Signature]

Signature of Regt. Officer: [Signature]

When the member is not present, the following should be filled in by the member:

"This statement will be used by the War Office in connection with the member's claim for a disability pension, and it is the member's duty to fill it in as accurately as possible."

The War Office will not be responsible for the member's claim if the member does not fill it in as accurately as possible.

1. Do you hold any other position during the war or at any other time?

2. If you are suffering from any disease, wound, or injury, state what it is, the date when it occurred, and when it was ascertained that you were suffering from it.

3. Do you hold any other position during the war or at any other time?

4. Do you hold any other position during the war or at any other time?

5. Do you hold any other position during the war or at any other time?

6. Do you hold any other position during the war or at any other time?

7. Do you hold any other position during the war or at any other time?

8. Do you hold any other position during the war or at any other time?

9. Do you hold any other position during the war or at any other time?

10. Do you hold any other position during the war or at any other time?

Check for any indication of possible physical injury during the exam

*Carroll Railway Company
Coal Dock, Carroll*

8. Medical History
a) past history of injury, disease or other conditions?
b) past history of other conditions?
c) present history of any conditions?
d) present history of any other conditions?

*Good
Good*

To be filled out by the examining medical officer
Name of Employer: *Carroll Railway Company*
Name of Applicant: *W. H. ...*
Address: *...*

OPINION OF THE EXAMINING MEDICAL OFFICER.

1. This man is fit for service in the grade of *...*
2. The man is fit for service in the grade of *...*
3. The man is fit for service in the grade of *...*
4. The man is fit for service in the grade of *...*

2. Other Physical and Personal

a) Has the applicant been injured or diseased? *Yes*
Approx 12 months ago he noticed pain in his right shoulder & could not raise his arm. He was admitted to hospital for 3 days. He has suffered no other injury.
b) Has the applicant been injured or diseased?
He states that he noticed pain about 12 months ago in the right shoulder. The cause of the pain is not known. He has suffered no other injury.

FOR THE PURPOSES OF THIS FORM TO BE COMPLETED BY A GRADE OF NOT LOWER THAN

11. a) Has the applicant been injured or diseased? b) Has the applicant been injured or diseased? c) Has the applicant been injured or diseased? d) Has the applicant been injured or diseased? e) Has the applicant been injured or diseased? f) Has the applicant been injured or diseased?	12. a) Has the applicant been injured or diseased? b) Has the applicant been injured or diseased? c) Has the applicant been injured or diseased? d) Has the applicant been injured or diseased? e) Has the applicant been injured or diseased? f) Has the applicant been injured or diseased?	13. a) Has the applicant been injured or diseased? b) Has the applicant been injured or diseased? c) Has the applicant been injured or diseased? d) Has the applicant been injured or diseased? e) Has the applicant been injured or diseased? f) Has the applicant been injured or diseased?
14. a) What is the nature of the injury or disease? b) How long has the injury or disease lasted? c) How long has the injury or disease lasted? d) How long has the injury or disease lasted? e) How long has the injury or disease lasted? f) How long has the injury or disease lasted?		<i>Less than 12 months or less</i>

Signature of Applicant: *W. H. ...*
Date of Examination: *...*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

U. S. GOVERNMENT PRINTING OFFICE: 1918
 (REVISED 1918) 214 10 12

Register of No. 3

Number of Sheet

Signature of U. S. Officer

Regimental District Unit 572 - 2nd Div. 229		SERVICE No. 11 25 years 1 month		Name of Soldier Hydrogen H. H.	
Grade Private		Place of Birth Cardiff		Date of Birth 30.6.18	
Race White		Religion Protestant		Height 5 ft 11 in	
Eyes Blue		Complexion Fair		Hair Brown	



Date	Date of Offense	Place	Character of Offense	Name of Witness	Particulars of Offense	By whom reported	REMARKS
			DISOBEDIENCE				
1918		Base	Drunk		Found drinking beer in the canteen during prohibited hours, about 12.30 pm on the 14th.	C. J. Conway	Admonished
					Verified to 15.1.1919.		
					209501 1918		
					209501 1918		

Army Form B. 121.

To O.C. E.L. & D.
Chapel Bay

From

M.D. 1/6 troops
Chapel Bay.

I have today examined Sap. Deaus A. no 582.
I find him suffering in rd. vicinity of right side
from operation for Empyema. In my opinion
should be discharged as unfit for further service

R. H. Speltt

Capt R.A.M.C.

Chapel Bay

16-3-15

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178' to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Deans Christian Name A. D. A.

Form I - GENERAL TABLE

Birthplace ... Parish North Cardiff County Glamorgan

Enlisted ... on ... day of ... 1911

Declared Age ... 28 1/2 years ... days

Trade or Occupation ... Hydraulic Engineer

Height ... 5 feet, 6 inches

Weight ... lbs

Chest Measurement (Chest) 33" inches

Physical Development ... Good inches Pulse rate 72 inches

Vaccination Marks ... 5

When Vaccinated ... Infancy

Visits ... R.E. V-2 L.E. V-2

(a) Marks indicating vaccinated vaccinations in previous disease ... 7 white circular scars left scapula.

(b) Signs of fever, but not sufficient to cause admission ... 60 suppurative abscess (top) right back scapula. Tip of 4th finger right hand amputated.

Approved by (Signature) W. H. ... 10/1/11

Enlisted ... at Cardiff on 28 day of 1- 1912

Service on Enlistment ... Glamorgan 552

Transferred to ... Cardiff R. Co.

Reason transferred by ...

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

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(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

(Signature) (Rank)

Christian Names of Children under 16 years of age at date of discharge	Date of Birth.	Place of Birth. (Full address, if recent.)	Whether alive on date of your discharge from Army, and whether still living. If dead, give date of death.	Apart from separation allowance, please state whether maintained by yourself or at the Government expense in a military school, or in Industrial School or Union. If in one of the latter, give full address.
Katherine Mary Deans ✓	30-6-04	Port Lathol.	Yes.	None "Self"
Violet Mary Jane Deans ✓	15. 8. 06	Roath B'diff.	"	" "
Lily Mary Deans ✓	3-11-09	" "	"	" "
Eileen Deans ✓	29-12-01	" "	"	" "
William Bernard ✓	27-12-14	" "	"	" "

Dates of Birth verified from Birth Certificates at Chelsea
1.7.19 J.C.

Five Birth Certs. returned 1.7.19 J.C.

11 Bonds (Army) Cards

I declare that the particulars furnished by me in the above statement are correct.

Arthur David Alexander Deans
and
Alice Maude Donaghue.
12. 3. 04

Soldier's Signature Arthur David Alex Deans
Date June 3rd 19.
Address 19. Blanch Street,
Roath,
B'diff

Sec. M.

Reference No. Z/R 8/16203

11146 86801/1717 30rc (9) 19/18 J.P. Gp. 158
12668 877/2166 800m (8) 4/19

Any further correspondence on this subject should be addressed to—
THE CONTROLLER,
and the above Number quoted.

MINISTRY OF PENSIONS,
BURTON COURT,
KING'S ROAD,
LONDON, S.W. 3.

27 MAY 1919

SIR,

With a view to the consideration of your claim to allowances for children, I am directed by the Minister of Pensions to request that you will be good enough to enter on the back of this form the names of the children dependent upon you and for whom separation allowance was paid while you were in the Army, or born within 9 months after your discharge, together with the other information asked for.

I am, Sir,

Your obedient Servant,

William Sanger

Controller,
Soldiers' Awards Branch.

Birth certificate will be sent with you if available please state place of Birth & maiden name of Mother.

Mr. Ed. W. Ed. Heavis

late of R. Co.

A. 25
3

[P.T.O.]

U.S. GOVERNMENT PRINTING OFFICE: 1917
 (REVISED 1915)

REGIMENTAL CONDUCT SHEET.

Army Form B. 150.

Regimental Number: *A 8938* *Deans* *A. D.* *30-4-1913.* *1st Lt.*
 Name: *Deans* *A. D.* *30-4-1913.* *1st Lt.*
 Number of sheets: *One*
 Signature of C.O. or Adjutant: _____
 Regiment: _____

Place	Date of Offense	Rank	Grade	OFFENSE	Name of Witnesses	PUNISHMENT awarded	Days of actual confinement	By whom	Class of Offense	Date of Discharge	REMARKS
				<i>Violation of Art. 15, U.S.A.</i>	<i>1st Lt. Deans</i>	<i>30 days</i>					
				<i>Failure to report for duty</i>	<i>1st Lt. Deans</i>	<i>30 days</i>					

To be signed over

552 Cass Disease, A. D. F. [unclear] [unclear] [unclear]		[unclear]		[unclear]		[unclear]	
Date	Dis. Station	Rank	No. of Cases	Name of Station	Remarks	Name of Station	Remarks
Sept 1910	Shallan	1st Lt	2	[unclear]	[unclear]	[unclear]	[unclear]
[unclear]	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]
[unclear]	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]
[unclear]				[unclear]			

Amy Train 8