

Surname

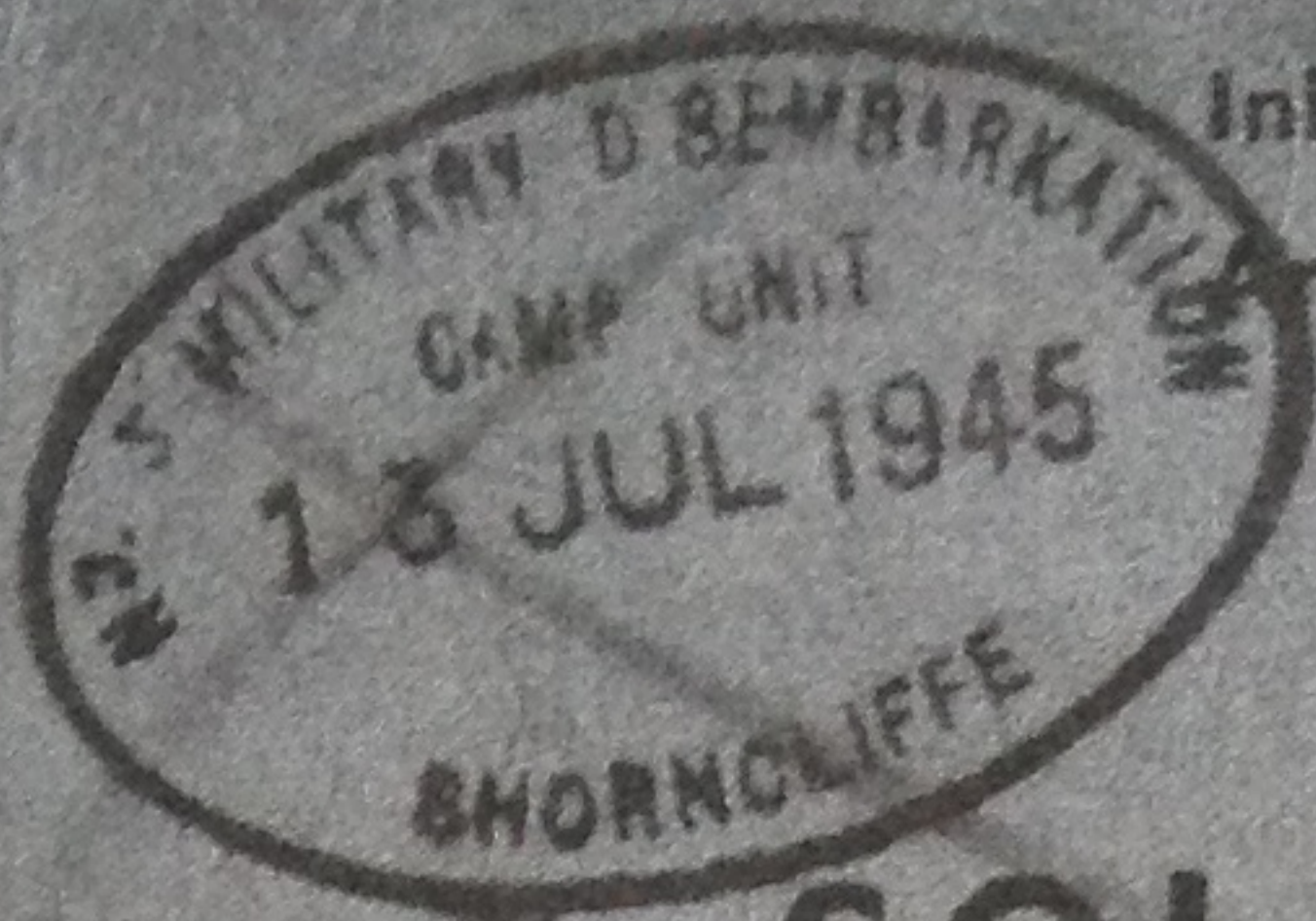
HOWLEY

Initials

J.J.

Army No.

7605448



SOLDIER'S RELEASE BOOK

CLASS "A"

Any person finding this Book is requested to hand it in to any Barracks, Post Office, or Police Station, for transmission to the Under Secretary of State, The War Office, London, S.W.1.

This book must be presented at the Post Office whenever you cash a postal draft or one of the drafts in your payment book, to enable the Post Office official to record the date of payment on the inside page of the front cover.

POST OFFICE STAMP SHOWING DATE OF PAYMENT

War Gratuity and Post War Credits deposited
in Post Office Savings Bank.....



PAGE TWELVE

Army Form X 402

RELEASED PERSON

MILITARY DISPERSAL UNIT

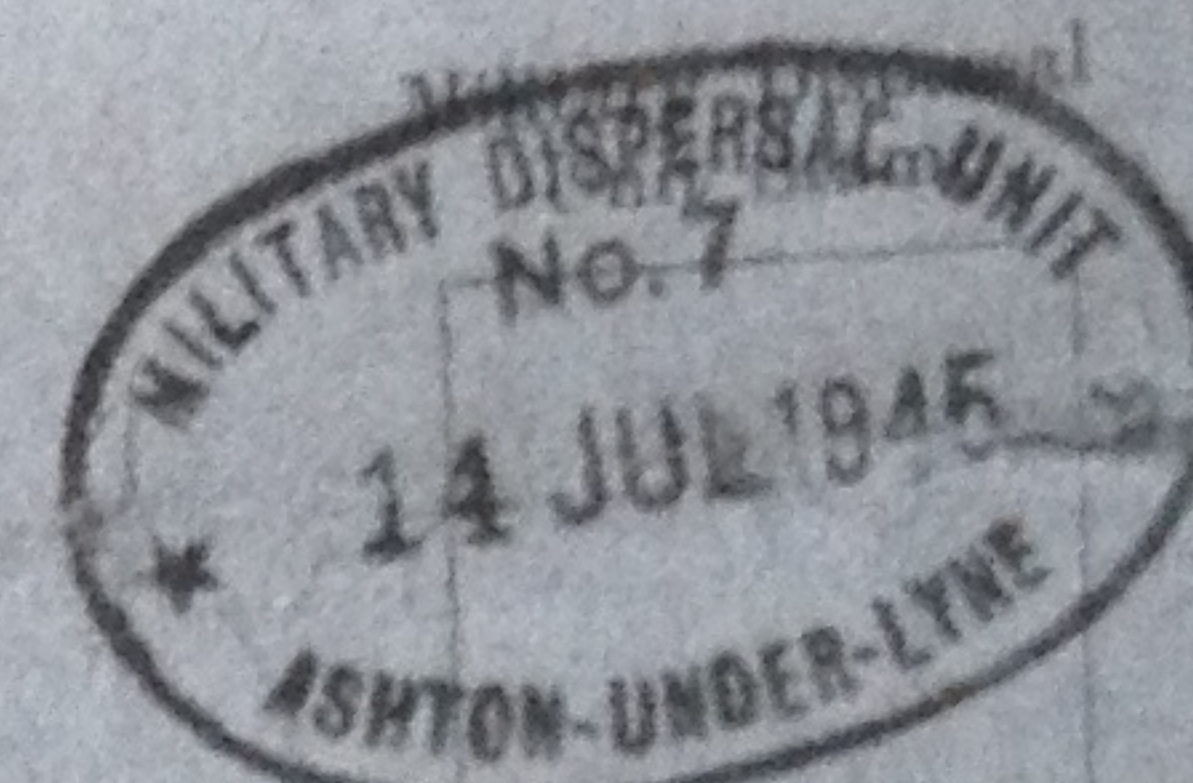
and a medical card telling you how to get treatment will be sent to

if your condition requires it, at your home, and free medicine,

and up you will be restored to his list if he is still in practice himself or

this book to your previous insurance doctor (or, if absent, his deputy).
Other part of the country, apply to any insurance doctor. You can see

Form Med. 50A.



RELEASED IN UNIT

on the date in the stamp opposite.

ing Military Dispersal Unit.

al treatment before a medical card is received.

by apply for a medical card to be issued to me.

I was mobilised or called up for service.

ire to be placed on the list of.....
(Insert name of doctor or approved institution.)

proof? If so when?.....

(Signature of released individual.)

Date.....
up for service, or if you joined an Approved Society during service, your
(See also overleaf.)

HOSPITAL TREATMENT

If you need hospital treatment before the end of your release is necessary he will advise you as to the steps to be taken to obtain treatment admitted to or attending hospital for treatment.

For the information of the doctor.

In-patient treatment would normally be given at the nearest military hospital. If you are in doubt as to the location of the nearest suitable hospital required information and he will also be in a position to advise as to the out-patient treatment can be obtained.

Dental Treatment. If you need dental treatment of an emergency nature nearest Army Dental Centre or military hospital. If you live over two miles from whom you will show this Book and whose attention will be drawn to it. NOT be met by W.D. unless prior sanction has been given by the War Office.

For the information of Practitioner. A soldier, or member (other than a soldier) as above at Army expense up to the end of his leave. Cost of treatment is

The practitioner should claim for payment on Army Form O. 1667 when patient is living. Payment will be made for emergency treatment only, and

TO BE COMPLETED BY DOCTOR PROVIDING TREATMENT
INSURANCE COMMITTEE (IN NORTHERN IRELAND TO
IRELAND) FOR THE AREA

* The individual named overleaf who was not on my list in the district as a permanent* resident.

* The individual named overleaf who states that he was on my list in the district as a permanent* resident.

* Delete where not applicable.

INSTRUCTIONS

MEDICAL TREATMENT AFTER LEAVING THE DISTRICT

You are now entitled to medical benefit under the National Health Insurance Act as soon as possible.

Medical benefit includes free treatment from an insurance doctor at his own expense.

If you go back to live in your old district and had an insurance doctor before you left, you should go to him by deputy.

If you fall ill before the medical card comes, fill in the application form. If you did not have an insurance doctor before you joined up or if you have not a list of insurance doctors at the local Post Office.

Do not detach the form from the book. The doctor will do this.

PART II - THE MEDICAL CARD

Rank W.S./CPL Number 7605448
S. Name T. J. (If a married man, state maiden name)
Date of Birth 28 MAY 1896 Sex MALE

The above-named individual left this Military District on 10 MAY 1918

Available for three months from date of release.
To be completed by released person ONLY if not immediately available for three months from date of release.
I have NOT received a medical card since leaving the Military Dispersal Unit and

Delete as may be necessary { I was on the list of Dr.
I was not on the list of a doctor in the district where I am now, and
My present address is

Do you intend to leave this district within three months from the date of release? Yes

Name of Approved Society* (if any)
(If a deposit contributor write "D.C.")
Name of Branch (if any) of Society
Membership number.....

* If you were a member of an Approved Society before you were mobilised or called up, your membership is still effective.

DURING FURLOUGH

ould show this book to your doctor and if he is of opinion that such treatment ent. You should show this Release Book to the hospital authorities when

civil Emergency Medical Scheme hospital where the treatment required can be Hospital Officer for the district in which the patient resides can give you the military or H.M.S. hospital where any massage, X-ray examination or other

for relief of pain or acute infection, during your leave, you should report to the such institution you may obtain such treatment from a civilian dental practitioner as below. The cost of any other form of treatment or of supply of dentures will e Deputy Director of Dental Service of the Command in which you live.

of the A.T.S. or of a V.A.D. may be given treatment of an emergency nature r leave expires will not be met by W.D. but will be the patient's liability.

l be sent to the Asst. Director of Medical Services of the area in which the rates admissible under the N.H. Ins. Act (Dental Benefit Regulations).

IV

SHOULD ALSO DETACH THE FORM AND SEND IT TO THE CSTRY OF LABOUR, PALACE GROUNDS, ARMAGH, NORTHERN THE INSURED PERSON IS STAYING.

before serving in H.M. Forces is accepted as from to-day as a temp

mediately before serving in H.M. Forces has to-day applied to me for treatment.

Date..... Signature.....

If doctor is to supply drugs he should enter DR here

If doctor claims mileage he should enter mileage distance here

Note. If there is insufficient space on the form for a full answer to any of the questions, you should write PAGE THIRTEEN answer on the back of the form and state the number A.F. X 201/3 of the question to which it relates.

M.P.B. 281/3

CLAIM FOR DISABILITY PENSION—OTHER RANKS—MEN

This Form is to be used only if you claim to be suffering from a disability attributable to or aggravated by War Service. You may complete it any time WITHIN SIX MONTHS after the date you ceased to draw service pay.*

When completed, the Form should be sent to the Officer-in-Charge Records, whose address is shown on your Reserve Certificate.

Any pension granted on this application will commence on the day following the date of Release.

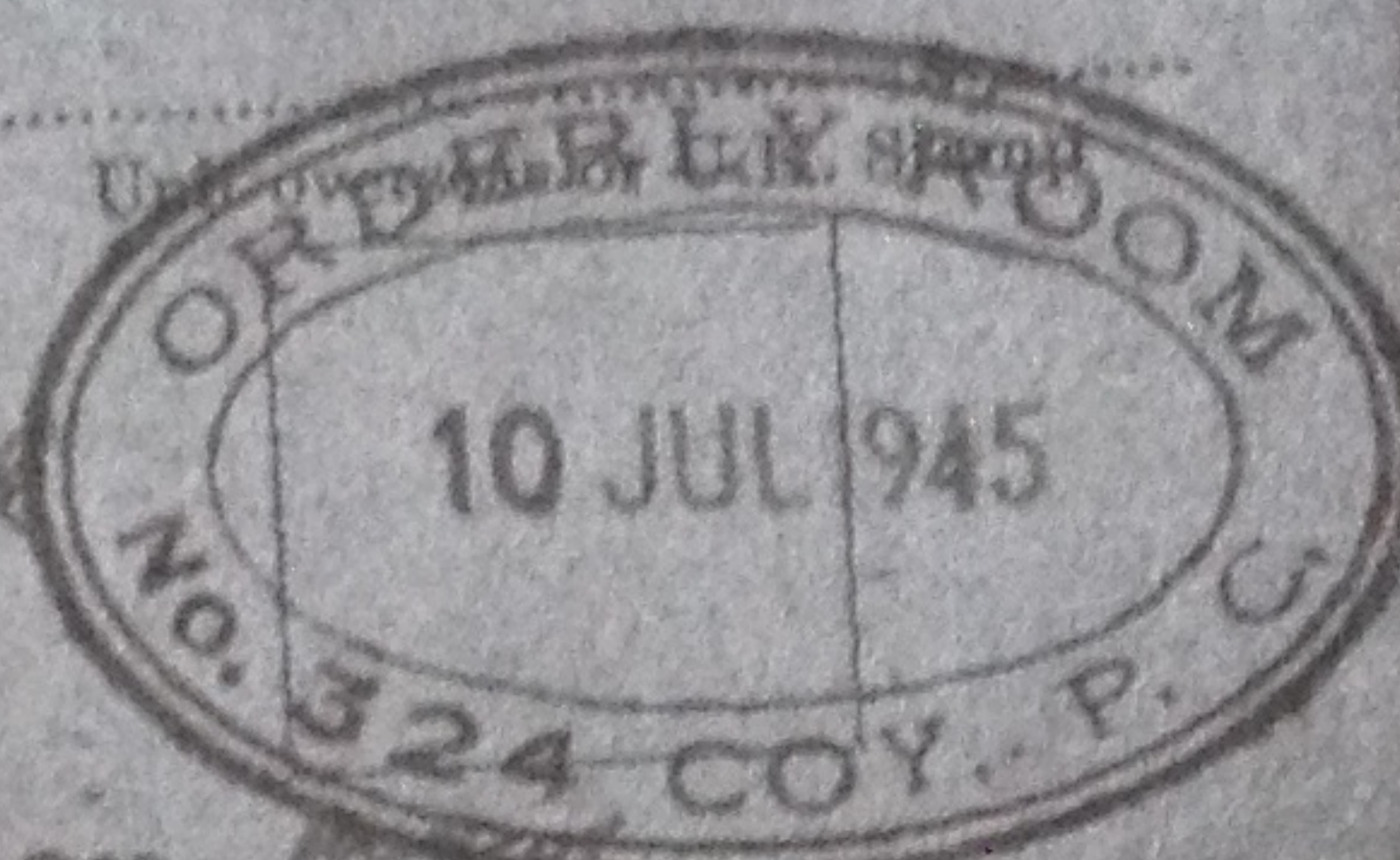
* After six months from the cessation of service pay, any claim to pension must be made on a different form, to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which can be obtained at the local Post Office.

1. Surname (Block Letters)
2. Army No.
3. Christian Name/s
5. Regt. or Corps.....
4. Present Rank
6. Have you served in the Armed Forces before the present War and been discharged? ("Yes" or "No").....
If "Yes," give particulars below:—

Former Regt., Corps or Ship, etc.	Army or Official Number	Date of Discharge	Cause of Discharge	Particulars of Pension (if any) for Disablement or Service

(a) Service Trade..... *NIL*
 (b) Any other qualification for civilian employment.....

*good worker, able to
 jobs, and a useful sub-
 ray with men both in work*



Signature..... *for Hargrehan*
 of Soldier.....

of further War Office Instructions.
 of Instruction. (d) Record of achievement.

record refers to courses in which they have acted as Instructors.

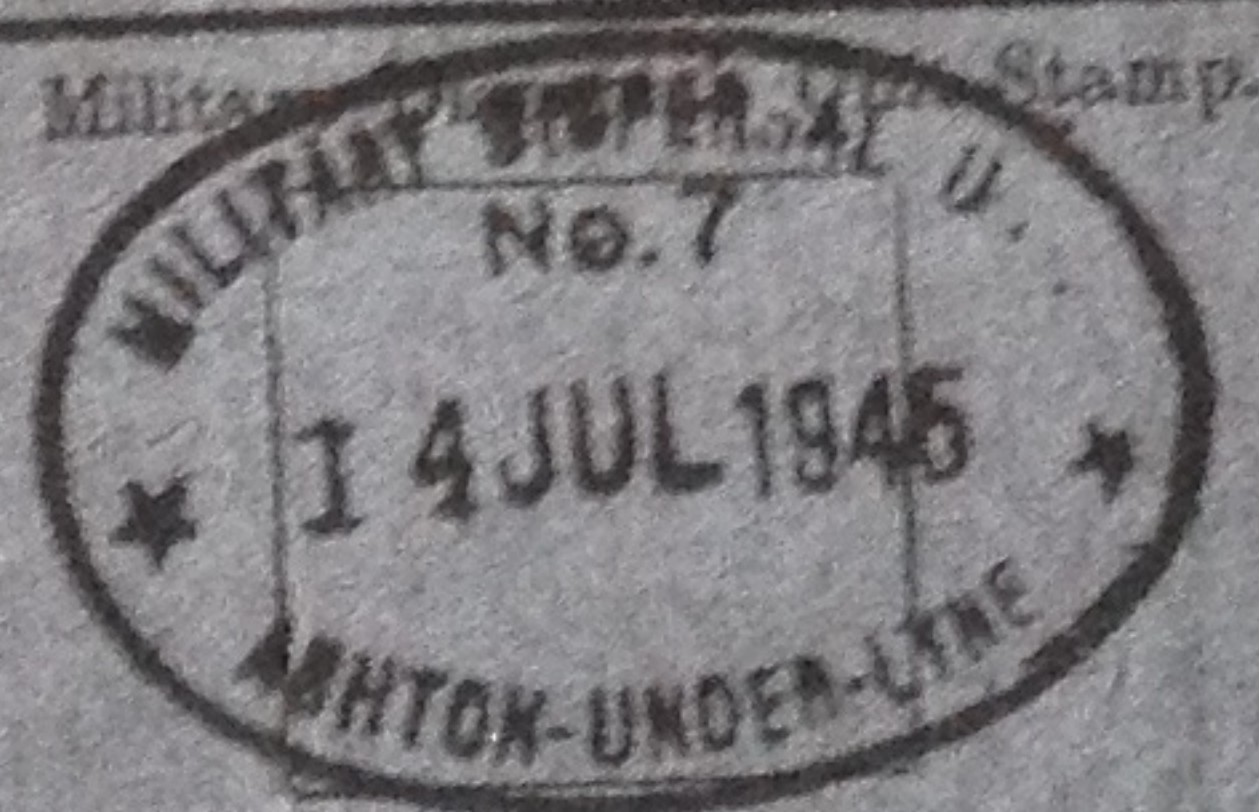
RELEASE LEAVE
 will receive Reserve pay until his period of Reserve service has been completed. If on that date the
 Reserve Class "Z" (unpaid).
 Reserve Class "Z" (unpaid).

ending period of the Emergency.
 Records, accompanied by the applicant's A.B.44, Part I.

tion under the Seamen's and Soldiers' False Characters Act, 1908.

IVE ON THE DATE SHOWN
 ITE.

any Reserve (A.F. X 202/B) will



RELEASE 100

Army No. *7605448* Present Rank..... *W3/CPL*
 Surname (Block Letters)..... *HOWLEY*
 Christian Name/s..... *JOHN JOSEPH*
 Unit, Regt. or Corps..... *224 COMPANY, PIONEER CORPS*
 Date of: *Last enlistment..... *11 SEPT. 1939*

*Calling up for military service.....
 *Strike out whichever is inapplicable.
 (a) Trade on enlistment..... *L. ABOURIER*
 (b) Trade courses and trade tests passed..... *NIL*

Military Conduct: *VERY GOOD*

Testimonial: *A dependable and willing N.C.O.,
 turn his hand successfully to various
 leader showing an understanding
 and training.*

Place..... *BELGIUM* Date..... *10*

Army Education Record (including particulars under (a), (b), (c) and (d) below).
 This section will not be filled in until the

(a) Type of course.	(b) Length.	(c) Total
(i)*		
(ii)*		
(iii)*		
(iv)*		

* Instructors will insert the letter "I" here to indicate that in their case

Signature of Unit Education Officer.....

Position of Soldier on Transfer
 Soldier whose Reserve service to complete will be transferred to the Royal Army Reserve. He
 will receive Reserve pay until his period of Reserve service has been completed. If on that date the
 Reserve Class "Z" (unpaid).
 Reserve Class "Z" (unpaid).
 ending period of the Emergency.
 Records, accompanied by the applicant's A.B.44, Part I.
 tion under the Seamen's and Soldiers' False Characters Act, 1908.

THE ABOVE-NAMED MAN PROCEEDED ON RELEASE 1
 IN THE MILITARY DISPERSAL UNIT STAMP OFF

N.B.—A certificate showing the date of transfer to the appropriate
 be issued by the Officer i/c Record Office.