Parish or Township of	1 . 1 10	T-0	City	or Borou	th of	Town of	Viilage of	94
Name of Street, Place, or Road, and Name or No. of House	2.00	Relation to Head of Family	Condition	Age of	iles	Rank, Profession, or Occupation	Where Born	Whether Blind, or Deaf-and Dumb
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CERTIFIED COPY OF AN ENTRY OF MARRIAGE

GIVEN AT THE GENERAL REGISTER OFFICE

Application Number COL762949

	ge solemnized at han I			in the Paus L			- કું માત્ર માના ઉત્તરમાં મુખ્યત્વે મુખ્યત્વે છે.	lai,4
No. When Married.	Name and Surname.	Ago.	Condition.	Rank or Profession.	Residence at the time of Marriage.		Rank or Profession of Father,	
04 July	Thomas Habield	24	Backdon	Jergeautin H. M. 2200	Sarracks Rewarth m Take	Tophen Habila	Staskrin	
THE RESERVE OF THE PARTY OF THE	0 0	ENERALIES	Thinker	_	Shank Hard	John Matthews	Coal miner	
Married in the Pa		ording to	the Rites and Ce		ablished Church, by-	er after buna	by me,	
This Marriage S. O. was solemnized &	San & Inatthew	2 Ru	g/-	in the Presence	White Col!	Eng: 22 e Rig lean Xhir M.	nd, Inc	

CERTIFIED to be a true copy of an entry in the certified copy of a register of Marr	iages in the Re	egistration District	of Tynemouth	GENERAL REGISTERS
Given at the GENERAL REGISTER OFFICE, under the Seal of the said Office, the	7th	day of	June	2005

MXC131465

This certificate is issued in pursuance of section 65 of the Marriage Act 1949. Sub-section 3 of that section provides that any certified copy of an entry purporting to be sealed or stamped with the seal of the General Register Office shall be received as evidence of the marriage to which it relates without any further or other proof of the entry, and no certified copy purporting to have been given in the said Office shall be of any force or effect unless it is sealed or stamped as aforesaid.

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT

WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.



CERTIFIED COPY OF AN ENTRY OF BIRTH



GIVEN AT THE GENERAL REGISTER OFFICE

Application Number COL 801026

1868		TION DISTRIC				nemouth the County	of Northumberland				
Columns:-	1	2	3	4	5	6	7	8	9	10	
No.	When and where born	Name, if any	Sex	Name and surname of father	Name, surname and maiden surname of mother	Occupation of father	Signature, description and residence of informant	When registered	Signature of registrar	Name entered after registration	
350	Thirteenthe Stogach 1868 Themthe Horn muching to	blizaheta ve	Girk	Thomas oldfields	Many Oldfice forwardy Mattheway	Soldier	Hang Oldfield Many Oldfield Charles House Charles House Charles glove	Tigth Deptions 1868	filbrir 19 u Pegis h	indi indi	

CERTIFIED to be a true copy of an entry in the certified copy of a Register of Births in the District above mentioned.

Given at the GENERAL REGISTER OFFICE, under the Seal of the said Office, the

23rd

day of

February

2008

BXCD 032266

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE ©CROWN COPYRIGHT

WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.



PUBLIC 1 2

Reference

NAME and SURNAME	(1) RELATION to Head of Family—or (2) Position	CONDITION		GE thday] of Females	RANK, PROFESSION, or OCCUPATION	WHERE BORN	If (1) Deaf-and-Dumb (2) Blind (3) Imbecile or Idiot (4) Lunatio
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Pub Inst - Sheet

		City-or icipal Boro	ough_of	Municipal Ward of	Parliamentar		ATTENDED	hin the Bound	Village or Hamlet, &c., of	Local Board, or [Improvement Commissioners District] of Crambington	
	ROAD, STREET, &c., and No. or NAME of HOUSE	HOUSE In- habit- od live	S NA	ME and Surname of each Person	RELATION to Head of Family	CON- DITION	AGE of	Rank, Profe	ession, or OCCUPATION	WHERE BORN	Whether 1. Deaf-and-Dumb 2. Blind 3. Imbecile or Idio 4. Lunatic
	00-1	ed Bu	1 //	00011	1		Males Females	Sci	holar	Northumberland fra	mlington)
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^{*} Draw the pen through such of the words as are inappropriate.

HER) 2 REGT.	
MAJESTY'S OF FOR	
Whereof Leveral Sir Frevor Chato Ket is Colonel.	
[Place and Date] accapabas q & cb 1880.	
PROCEEDINGS OF A REGIMENTAL BOARD, held this day, in conformity to the	
Articles of War, for the purpose of verifying and recording the Services, Conduct, Character, and cause of Discharge of No. 1194, Color Jer & howar Cafeed	
of the Regiment above mentioned.	
Majir 7.91 18 Pary /22 Ly Members. Capt M. B. Butter 1/29 Ty	
Maint. 18 13 Pany /22 hop Members. Capt M. B. Butlen /29 Ty	5
THE BOARD having examined and compared the Regimental Records, the Soldier's Book, and such other Documents as appeared to them to be necessary, report that after	1
making every deduction required by Her Majesty's Regulations, the Service up to this day.	41.
which he is entitled to reckon, amounts to years days, as shewn by the detailed Statement on the 2nd page; during which period he served abroad years, viz. :	1/s
in Martin 231 years,	1-/
and further, that his DISCHARGE is proposed in consequence of Subscriber Rection	
[Here state whether—Completion of) he is knowing blacked in consequence of	
period, at his own request, or as unfit for	;)
With regard to the CHARACTER and CONDUCT of Cher Jerg Thomas	
the Board have to report that upon reference to the De-	
[Insert opposite—the man's Charac- Character and Conclust Laws been	
Badges in his possession, and all	
Badges of Merit, or gallant Conduction badder and would had he med been the Field, conferred upon him; and if	
in possession of a School Certificate, re- from led have been now in possession	
[Insert the number of times his in Jourses of the Gredal for South	
Name appears in the Regimental De- Conclust and lengt formie with a Fratuit	
tried by Court Martial. Strong Certification once in the Regimente	
on each occasion, is to be recorded on a Chartest of a Court	
separate sheet, which is to accompany the Discharge Documents.	
If never tried or entered in the Defaulter's Book, state so.]	
[If this man received Wounds, &c., He has never been in action or received	
in action, or other Injuries in or by the Service, although not invalided on ac-	
the Wound, or Injuries, and when and	
where he received the same, and if any Court of Enquiry was held (as is	
required) state or annex the result.]	

I have carefully examined the Proceedings of this Board in all its details, and I find them in every respect correct.

Commanding 22 Regt. of food

As the object of these questions is to put the Commissioners of Chelca Hospital in possession of THE MOST RELIABLE ORMATION, grounded on the opinion of those best capable of judging, to guide them in deciding upon the man's claim to sion, full and decisive answers must in all cases be given. Opinion of the Inspecting Medical Officer. I hereby declare that I have read the Medical Records of the case of No	Medical Report on the case of is recommended for discharge, to be filled up by the Sung at Home, or by the Staff Surgeons of Divisions at Abroad.	regeons of Regiments and Corps Netley in the cases of Invalids
2. How and when incurred, and, if not extirely so, how far, in the opinion of the Surgeon, the disability is considered to have been caused or aggravated by climate or exposure in and by the Service, or by the performance of any Military duty on which the Soldier mak have been employed. 3. If the disability be incurred directly by the Service, stake its nature, and if a wound or injury by what weapon inflicted, or by what specific act of duty incurred. 4. If the disability be attributable to malarious or climatic or other influences, state whether prevalent in the Regiment at the time or if the man was by any act of Milhary duty exposed to such influences, or other cause from which it may have resulted. 5. Describe the man's present state, whether the disability is likely to be permanent or only temporary, stating in the latter case its probable duration, and in all cases how far it will probably affect his future power of contributing to his own support. 6. State how far the disability has been caused or aggravated by intemperance or other vices. **The Place** **Opinion of the Inspecting Medical Officer** I hereby declare that I have read the Medical Records of the case of No. ment, and have carefully examined the man himself, and have verified the answers of (name the Medical Officer) to the above questions, and I am of opinion that the Regiment is fully and accurately described, and that it permanently acitates him for the active duties of a Soldier. **Mature of Principal** Medical Officer** **Date** **The Discharge of the above-named Van is proposed by His Reyal Highness the Field** The Discharge of the above-named Van is proposed by His Reyal Highness the Field**	QUESTIONS.	ANSWERS.
2. How and when incurred, and, if not chirely so, how far, in the opinion of the Surgeon, the disability is considered to have been caused or aggravated by climate or exposure in and by the Service, or by the performance of any Military duty on which the Soldier mak have been employed. 3. If the disability be incurred directly by the Service, state its nature, and if a wound or injury by what weapon inflicted, or by what specific act of duty incurred. 4. If the disability be attributable to malarious or climatic or other influences, state whether revalent in the Regiment at the time or if the man was by any act of Milhary duty exposed to such influences, a other cause from which it may have resulted. 5. Describe the man's present state, whether the disability is likely to be permanent or only temporary, stating in the latter case its probable duration, and in all cases how far it will probably affect his future power of contributing to his own support. 6. State how far the disability has been caused or aggravated by intemperance or other vices. **Place** **Opinion of the Inspecting Medical Officer** I hereby declare that I have read the Medical Records of the case of No. ment, and have carefully examined the man himself, and have verified the answers of (name the Medical Officer) to the above questions, and I am of opinion that the lity of No. Regiment is fully and accurately described, and that it permanently actiates him for the active duties of a Soldier. **Matter of Principal Place** **Date** **	1. Name the Disability.	
chirely so, how far, in the opinion of the Surgeon, the disability is considered to have been caused or aggravated by climate or exposure in and by the Service, or by the performance of any Military duty on which the Soldier may have been employed. 3. If the disability be incurred directly by the Service, state its nature, and if a wound or injury by what weapon inflicted, or by what specific act of duty incurred. 4. If the disability be attributable to malarious or climatic or other influences, state whether revealent in the Regiment at the time, or if the man was by any act of Military duty exposed to such influences, at other causes from which it may have resulted. 5. Describe the man's present state, whether the disability is likely to be permanent or only temporary, stating in the latter case its probable duration, and in all cases how far it will probably affect his fluture power of contributing to his own support. 6. State how far the disability has been caused or aggravated by intemperance or other vices. Fure As the object of these questions is to put the Commissioners of Charge Hospital in possession of THE MOST ERLIADER ORBANION, grounded on the opinion of those best capable of judging, to guide them in deciding upon the man's claim to sion, full and decisive answers must in all cases be given. Opinion of the Inspecting Medical Officer. I hereby declare that I have read the Medical Records of the case of No. nent, and have carefully examined the man himself, and have verified the answers of (name the Medical Officer) to the above questions, and I am of opinion that the lifty of No. Regiment is fully and accurately described, and that it permanently acitates him for the active duties of a Soldier. Regiment is fully and accurately described, and that it permanently medical Officer. Conceur in the opinion as to this man's unfitness for further Service. Signature of the Inspecting General Officer The Discharge of the above-named Yan is grouved by His Royal Highmess the Field.		
the Surgeon, the disability is considered to have been caused or aggravated by climate or exposure in and by the Service, or by the performance of any Military duty on which the Soldier may have been employed. 3. If the disability be incurred directly by the Service, state its nature, and if a wound or injury by what weapon inflicted, or by what specific act of duty incurred. 4. If the disability be attributable to malarious or climatic for other influences, state whether nevalent in the Regiment at the time, or if the man was by any act of Military duty exposed to such influences, a other cause from which it may have resulted. 5. Describe the man's present state, whether the disability is likely to be permanent or only temporary, stating in the latter case its probable duration, and in all cases how far it will probably affect his future power of contributing to his own support. 6. State how far the disability has been caused or aggravated by intemperance or other vices. **Place** **Place** **Place** **As the object of these questions is to put the Commissioners of Chapea Hospital in possession of FIRE MOOT RELIGIBLE NAME TOWN, in the property of the support of th		
vated by climate or exposure in and by the Service, or by the performance of any Military duty on which the Soldier may have been employed. 3. If the disability be incurred directly by the Service, state its nature, and if a wound or injury by what weapon inflicted, or by what specific act of duty incurred. 4. If the disability be attributable to malarious or climatic or other influences, state whether prevalent in the Regiment at the time, or if the man was by any act of Military duty exposed to such influences, to other cause from which it may have resulted. 5. Describe the man's present sate, whether the disability is likely to be permanent or only temporary, stating in the latter case its probable duration, and in all cases how farit will probably affect his future power of contributing to his own support. 6. State how far the disability has been caused or aggravated by intemperance or other vices. Place Place As the object of these questions is to put the Commissioners of Chebra Hospital in possession of the man's claim to lone, full and decisive answers main all cases be given. Opinion of the Inspecting Medical Officer. I hereby declare that I have read the Medical Records of the case of Noment, and have carefully examined the man himself, and have verified the answers of (name the Medical Officer) to the above questions, and I am of opinion that the Regiment is fully and accurately described, and that it permanently actitates him for the active duties of a Soldier. Regiment is fully and accurately described, and that it permanently actitates him for the active duties of a Soldier. Place Date The Discharge of the above-named tran is propoved by His Reyal Highmess the Frield. The Discharge of the above-named tran is propoved by His Reyal Highmess the Frield.	the Surgeon, the disability is con-	
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* Here insert the word "claim" or "request." hereby declare that I do of my own free will * to be discharge from Her Majesty's service; and that the conditions on which I can re-enter the service, or join the Army Reserve, have been fully explained to me.
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MEDICAL HISTORY.

Regiment 7 or Corps 3/22/9 Regimental Number Name Thomas c GENERAL REMARKS On his Habits and Conduct in the Service, Temperance, &c. Parish County Age (last Birthday) Former Trade or Occupation Mule Percer 10 chas 18 Height ... The results of each subsequent Examination to be recorded in all cases of transfer to other Regiments. Circumference of Chest (over the Nipple) inches. Rank and Dates of Promo-Dates of Punishment; and Spirometer tion; also Dates of Transwhether Corporal or by inches. fer to other Regiments. Imprisonment. Weight ... lbs. Dynamometer lbs. Small Pox Marks Vaccination Marks When Vaccinated Hair Pulse (regular) ... Respiration 19 inspirations. Muscular Development Medenn 44 The above was his state when examined on 5th August 1859 (Signature) Station, No. in Date of Duration of OBSERVATIONS. Garrison, Diseases. Treatment. Admission Completed Barrack, Diseases. General Circumstances Attack. and Recovery. Years of Class Hospital, in or (a) Primary. Discharge &c., with by which (b) Secondary. Date of Year. Mo. Day. Year. Mo. Day. Disease was Book. Remedies. Arrival. induced.

In addition to the record of sickness, the date of the following events should be recorded:—(1) Death and Cause of Death in the Service. (2) Discharge on Pension or Temporary Allowance for Life or for a Term of Years. (3) Discharge by Purchase or other cause of the kind. (4) Promotion to the rank of Commissioned Officer. (5) Capture, Desertion, &c. This column should be filled up in all cases when the Soldier remains any length of time at the Station, even if he has no attack of Sickness while there.

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(Form F.)-continued. MEDICAL HISTORY—continued. Name Jumas Reflield Regimental Number 1194 Station, No. in Date of OBSERVATIONS. Treatment. Garrison, Completed Admission Barrack, Diseases. Circumstances and General Years of Class in or Attack. Recovery. Hospital, (a) Primary. by which &c., with Discharge of (b) Secondary. Disease was Date Book. Remedies. induced. of Arrival. Year. Mo. Day. Year. Mo. Day. Days. Age. Service. Malla 821 1860 9 4 1800 11 10 Feb: Cent. 65 19 1 12 Salines Climates May 258 1863 8 20 1863 9 2 Dysent: (2 13 22 4 1/2 Specie Blimate Mauritius 1: Cov 1812-43 800/0 20 1860 11/3 Eczema 24 25 7 alteration Murastle 1.9.6% 45 1867 10 10 186710 21 Preumonia 12 26 8 Blestein Capos 9 1858 1 14 1868 1 37 Bubo 14 27 9 Blisless Cyphillis Sheffield 28.4.69 aldershot Renaccinated 19-12-46 Result lafect Allahatad 4.3. 1848

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							Page 120			2 - 2
roles	May be different.			. 1			000	of 6 Paul Ho	in the County	of Maddless
	100	/ Marriage	solemnize	ed at / /au	400	i i	n the laters	_U1_/2	ge. Father's Name and Surname.	Rank or Profession of Father
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18 47	. Marriage	solemnized at AL /2	Age.	Condition.	Rank or Profession.	Residence at the time of Marriage	Yather's Name and Surname.	Rank or Profession of Father
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Administrative County of Middlesex The undermentioned Houses are situate within the Boundaries of the Page 22 Civil Parish Urban Sanitary District Town or Village or Hamlet Pural Sanitary District Parliamentary Borough or Division Ecclesiastical Parish or of Heston of Heston of Hounslow of Brentford Cols. 1 HOUSES. CON-ROAD, STREET, &c., and AGE last Inhabited
habit(U.), or
Building
(B.) RELATION NAME and Surname of DITION Birthday Schedule No. or NAME of HOUSE (1) Deaf-and-Dumb (2) Blind (3) Lunatic, Imbecile or Idiot PROFESSION or OCCUPATION each Person as to Head of Family WHERE BORN Marriage Hounstoul Total of Houses and of) Tenements with less Total of Males and Females... 15 13 than Five Rooms ... Note.—Draw the pen through such of the words of the headings as are inappropriate. PUBLIC RECORD OFFICE

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RG12/1025

					Page 110			
		solemnized at h			0 . 1	osh 1 hom	the County	of Millian
10 06	Marriage	solemnized at ha	1.0	hand	in the land	UI /L the time of Marriage	Pather's Name and Surname.	Rank or Profession of Father
18.40		Name and Surname.	Ago.	Condition.	Rank or Profession.	Residence at the time of	She Faily	a ho keyest
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229	Timber				airi.	Stania Rosa	from Jern	Capit
	18 96	Mary Dran	22	mic	· · · · · · · · · · · · · · · · · · ·		orafter Be	by me,
Marri	ied in the	and class ac	cording to	the Rites and	Ceremonies of the	Established Church, by	afecto	IT Bula
This Ma	erriage H & C	inley (in the Presence of us,	Emma	mith		
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This Marriage was solemnized between us, Rank or Profession of Fat Father's Name and Surname. Residence at the time of Marriage. Rank or Profession. Condition. Age. Name and Surname. Columns When Married. No. 12 18 9 according to the Rites and Ceremonies of the This Marriago was solemnized

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of sule	ROAD, STREET, &c., and No. or NAME of HOUSE	In-	HOUSES Uninhabite In Not it	-	Number of Rooms occupied if less than 6ve	Name and Surn each Perso	ame of	RELATION to Head of Family	Condition as to Marriage	Age Birth	1	PROFESSION OR OCCUPATION	Employer, Worker, or Own account	Working at Home	WHERE	BORN	(1) Deaf a (2) Blind (3) Lunat (4) Imber miss	nd Dum ile, feeb ded
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PUBLIC RECORD OFFICE

RG 13/1185

CERTIFIED COPY OF AN ENTRY OF DEATH



GIVEN AT THE GENERAL REGISTER OFFICE

Application Number COL801026

	ATION DISTRICT the Sub-district of Is	sleworth		Brentford in the Con	unty of Middlesex		
Columns:- 1 No. When and	2 Name and surname	3 Sex	4 5	6 Course of death	7	· 8	9
where died	rame and surname	SEX	Age Occupation	Cause of death	Signature, description and residence of informant	When registered	Signature of registrar
beighth January	not Momas		1 Army	Shock from	Certificate received from W.B. Gordon's Stogg Coroner for	bleven th	
118 Anchor Hor Samlo Roa Houndow Parish of Her	use Shoobold Mahield	Male	Mass and Jurniture tealer	belf Inflicted whole of tensound mind	Hogg Coroner for Middlewac Inquest held 111K January 1905	January 1	Registrar /

CERTIFIED to be a true copy of an entry in the certified copy of a Register of Deaths in the District above mentioned.

Given at the GENERAL REGISTER OFFICE, under the Seal of the said Office, the 23rd day of February 2008

DYB 754174

See note overleaf



