

100 54)

SEE NAMES.

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. Give up military subjects in slightly dangerous to the country, whereas secrecy leads to disaster.

1918-1919

ROYAL AIR FORCE
AIRMAN'S SERVICE BOOK

Instructions to Airman.

1. You will be held personally responsible for the safe custody of this book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in the book, and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in Royal Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.
6. If an Airman wishes to make a short Will (the provisions are p. 8) he should do so on p. 16. It must be signed by him in the presence of two witnesses, both of whom must sign it in his book in one another's presence; but if the will is made by an Airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

It is also desirable that he should name a person to act as executor.

5123 WL 4793 5000 G-11 E. & W. 148. AD 2000

Original No. 106 8510 ² SERVICE CAMPBELL

Christian Name in full James Kenneth

Date of Birth 6-2-1871 Religion C. of A.

Occupation in Civil Life Account Clerk

Industrial Group _____

Occupational Sub-Classification _____

Married or Widower (M), or Single (S) S.

Date of (a) Attestation 28th August 1918

(b) Calling Up, Mobilisation, or Embarkment _____

Terms of Service D. R. P. E.

Signature of Airman [Signature]

Name, Address, and Relationship of Person to be Informed of Casualty

23 St. Campbell

61 Ascot Court, West Park

Widow, Luton

Signature and Rank of Officer at time of making entries [Signature] P.O.

Date of making Entries 28-1-18

RANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority	Signature and Rank of the Officer making the Entry
BC2	20-8-40	Enlistment	ardenside PO
LAC	20-3-42	POB 50/42	H.F. Pain PO
PLT	16-8-42	POB 172/42	H.F. Pain PO

Trade	Date of Effect	Authority	Signature & Rank of the Officer making the Entry
W/Op 4/c 17/42	2-11-41	Colours POB 298/41	ardenside PO
W/Op 4/c 17/42	20-3-42	POB 50/42	H.F. Pain PO
W/Op 4/c 17/42	16-8-42	POB 172/42	H.F. Pain PO

Medal, Clasp, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer

Leave granted with Free Railway Warrant

From (date)	To (date)	Signature of Officer
29-1-41	4-2-41	ardenside PO.
22-5-41	14-6-41	
6-2-42	12-2-42	H.F. Pain PO.
21-3-42	27-3-42	

5
MEDICAL CLASSIFICATION.

Date	Category	Medical Board or Medical Board.	Signature and Rank of M.O.
19-5-40	f/20/ds	} 657	R Cunningham F/10
	4/100/100		
3-4-42	f/10/ds	} 42	F W Laurie F/10
	1/100/100		

NIGHT VISUAL CAPACITY.

- * Exceptional.
- * Above the average.
- * Average.
- * Below the average.

R Cunningham F/10
Signature and Rank of M.O.

Date 9/10/40

* Delete these not applicable.

6
PROTECTIVE INOCULATION.

Date	Nature of Vaccine	Signature and Rank of M.O.
6-9-40	TAB Complete	} R Cunningham F/10
	5/10 ATT Complete	

VACCINATION.

Date	Result	Signature and Rank of M.O.
26-9-40	1	R Cunningham F/10

PREScription FOR SPECTACLES.

Vision without Glasses	S.P.H.	CYL.	Axis Standard Notation	Vision with Glasses	Optical Center	Date of Exam.
					Frame No. for Reference	Date of Issue
Signature of M.O.						Optician's Initials

PARTICULARS OF ARTIFICIAL DENTURES.

Particulars	Dental Centre	Date	Signature and Rank of D.O.

BLOOD GROUP.

Mass and International	Date	Signature and Rank of M.O.
2 A	9/7/42	Channingham F/O

IDENTITY CARD AND PERMITS ISSUED

Date of Issue	Form No.	Serial No.	Signature and Rank of Officer making Entry	Disposal
J. 9. 40. 9. 5. 42.	1250 6673.	578502 -	O.A. D... Richardson F. H. 2	

9
Short Form of Will.

(See instruction 8 on page 1.)

An airman may make his will on the next page. He must sign it in the presence of two witnesses, both of whom must sign it in his and in one another's presence, unless he is on active service or under orders for active service, in which case, provided the will is in his own handwriting and signed by him and dated, it requires no witnesses. 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 intended 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:—

This is the last will and testament of Thomas Brown, A.C. 1, No. 1798, R.A.F. In the event of my death I give the whole of my property and effects to my mother, Mrs. M. W. Brown, 999, High Street, Aldershot, and I appoint my father, Mr. W. Brown, as my executor. Dated this 1st day of August, 1918.

(Signed) THOMAS BROWN,

A.C. 1, No. 1798,
20th Squadron, Royal Air Force.

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

This is the last will and testament of Thomas Brown, A.C. 1, No. 1798, R.A.F. 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 Sarah Brown, 999, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 999, High Street, Aldershot; and I appoint my father, Mr. W. Brown, as my executor. Dated this 1st day of August, 1918.

(Signature) THOMAS BROWN,

A.C. 1, No. 1798,
20th Squadron, Royal Air Force.

WILL.

This is the last will and testament of

JAMES KENNETH CAMPBELL, SGT.

No. 1065510, R.A.F. IN THE EVENT OF

MY DEATH I LEAVE THE WHOLE OF

MY PROPERTY AND EFFECTS TO MY MOTHER

MRS. MARIA CAMPBELL, 62 SEAMONT STREET

WIDNES, AND I APPOINT MY FATHER MR.

J. CAMPBELL AS MY EXECUTOR.

Dated this 13 day of FEBRUARY 1942.

Signed by the above named ~~SGT.~~
JAMES K. CAMPBELL
as his last will and in the presence of
us both being present at the same
time, who in his presence and in the
presence of each other have hereunto
subscribed our names as witnesses.

James Kenneth Campbell

J.K. No. 1065510

(Airmen making Wills
to sign here.) R.A.F.

Name

Address

Name

Address

Witnesses.

SICKNESS WHILST ON LEAVE

1. If when on leave or pass you are a contact of an infectious disease, you will notify your C.O. forthwith, and send a medical certificate showing the date of last exposure to infection.
2. An individual on leave or pass, who requires medical aid, must if practicable, report to the nearest Naval, Military or Air Force Hospital or Sick Quarters, or other establishment where a Service Medical Officer is employed, or a Civil Hospital included under the Ministry of Health Emergency Scheme. If you should reside more than 2 miles from a Service Medical Establishment, and are unable, owing to your condition, to visit an Emergency Medical Service Hospital, although this may be within 2 miles, application may be made to a Civilian Medical Practitioner, to whom you will show this form; fees will then be allowed in accordance with the following scale.

VISIT, MEDICINE AND CERTIFICATES.

Visit to Surgery	At Patient's Residence,		Greater Distances.
	If not more than 2 miles away		
	s. d.	s. d.	
Day	3 0	4 6	For each additional mile or part of a mile (in one direction only) night or day 6d. with a limit of £1 a visit.
Night 22.00	
to 07.00	6 0	

3. The "Distance Fee" is payable in one direction only and in respect only of the first case visited when more than one patient is attended in the neighbourhood on the same occasion. The fee shown in the third column will be allowable for each patient after the first, subject to the maximum limit of £1 17s. 6d. a day for all services.
4. You will report the employment of a Civilian Medical Practitioner at once to your C.O. enclosing the Practitioner's certificate. Claims for medical attendance will be submitted by the Medical Practitioner on form 1067 to your C.O.
5. In all cases where a Civilian Medical Practitioner does not certify that you are unfit to travel, you should return to your unit on the expiry of your leave, or report to the nearest Service Hospital.
6. The Civilian Medical Practitioner should in all certificates state whether or not the individual is fit to travel.
7. If you are unfit on account of sickness, to return to your unit, and are receiving treatment from a Service Medical Establishment, the C.O. of such Establishment will immediately communicate the fact to the C.O. of your unit.
8. You are warned that you are liable to make good the extra expense incurred by engaging the services of a Civilian Medical Practitioner at a distance from your residence, without reasonable cause.

(*3739) WL 37315-2415 500M 12/41 T.S. 700

SIGNATURE NO. 7
 COMPUTED
 WEIGHT 51,260
 4500 FT

SIGHTING HD: 7.
COMPUTER 8 1/2
WEIGHT. 51,260.
4500 FT
J.

