



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5712 Name Frank Adams Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>Frank Adams</u> |
| 2. What is your full Address? | 2. <u>Portland</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Enlist</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. } Name |
| | } Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Frank Adams do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Frank Adams SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Adams do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Portland on this 21 day of Jan 1915

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the Inf

If enlisted by special authority, such will be attached to the original attestation.

Date 21st Jan 1915

Place Portland

} Approving Officer. [Signature]

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 † Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Frank Adams
 Apparent age 19 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Adams
Boston | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									1
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " [" "] " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5712 Name Frank Adams Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Frank Adam</u> |
| 2. What is your full Address? | 2. <u>Botwood</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Chk.</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

Frank Adams do solemnly declare that the above answers made by me to the above questions are true and that I am willing to fulfil the engagements made.

Frank Adams SIGNATURE OF RECRUIT.

Wm Raymond Signature of Witness.

24/6/15

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Adams do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly given as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 21 day of June 1915.

Signature of Attesting Officer W B Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, His Certificates of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

E. Adams

C.R.

5712

~~1890~~

C.R.

5712

Extract from Daily Orders part 11, from Unit The Royal
Rifle Reg. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5712 Pte. Frank Adams.

CR 5712

Extracted from Daily Orders part 11, from Unit The Royal
Rifles, Regt. St. John's dated June 22, 1918.

#5712 Pte. Frank Adams.

Attested to General Service with the Royal Rifles, Regt.
from 21-6-18

C.R. 5712

Extract from Nominal Roll Embarked London For Overseas,
Nov. 12th, 1918. Major Carty, Conducting Officer.

Being sent home for discharge.

5712 Pte. F. Adams F.

MI.

C.R. 5712

Extract from Telegram from Synoptical, dated Nov. 13th., 1918

~~o/s~~ 5712 Adams.

Ten above mentioned embarked by Government Transport
Nov. 13th., for St. John N.B.

DOCUMENTS BY CARTY. BEING SENT HOME FOR DISCHARGE?

Bg

C.R. 5712

Extract from Daily Orders part 11, Depot. St. John's
dated ~~23~~ Nov. 30th., 1918.

The undernoted returned from Overseas and reported at
depot. 29-11-18.

#5712 Pte. F. Adams.

C.R. ⁵⁷¹²
~~5713~~

Extract from Medical Board held on Monday Dec. 2nd, 1918.

5712 Pte. F. Adams.

Recommended Discharge as permanently Unfit admission to
N.&M. Convalescent Hospital.

M.M.

5712
C.R.

Extract from Casualties received from Pay and Record Office
London dated 13th., Nov. 1918.

Nominal Roll of repatriation draft No. 77 which embarked
at Tilbury Docks, London 12/11/18.

#5712 Pte. F. Adams/

C.R. 5712

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Jan. 30th, 1919.

Correction.

5712 Pts. Frank Adams.

App. in D.O. Pt. 11 #17, 1919 as "Discharged" approved on
demobilization 19-12-18" Should read having been found
medically unfit is discharged from 19-12-18."

C.R. 5712

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Jan. 29th, 1919.

The discharge of the undernoted on Demobilization has been
confirmed by Officer i/c Records from noted date.

5712 Pte. Frank Adams.

19-12-18.

Reg. No. 5712 Rank Pte Name Adams, Frank
Attested 21 6/18 Address Boston
Allotment 50 Allottee Mr. W. Adams holder A Co
Date of Allotment 15-7-18 Returned from Overseas
Embarked for Overseas IIII 22 1918 Cause

Vacc 24-6-18 15th June 20-7-18

H.L. 2 7/18 - 9 7/18
8-7-18 advised by Dr O.V. Smith, severe cold
unfit to travel.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Rmpes Rpt.*
2. Regtl. No. *5712* 3. Rank..... *Pte*
4. Name *ADAMS* *Frank*
 (Surname) (Christian Names)
5. Age last birthday... *20 yrs.*
6. Posted for duty on... *21 June 1918* at... *S. John's New*
 in category (or grade).....
7. Former Trade or Occupation } *Cook.*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Where (c) Opinion of Court
 (d) Date of Discharge ; (e) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *Sept 1918.*
12. Place of origin of disability. *Stydy Don Camp Winchester.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Since joining the depot he has carried on with the training exercises, till about Sept. he noticed that he was getting out of breath very easily and reported such, under observation for a few days, and his pulse rate did not go below 100. even when at rest. He was sent to hospital from where he was discharged for repetition.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | yes |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } Disability existing prior to enlistment.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
bradycardia & irregularity of heart's action. Slight dilatation. Pulse rate 100 even at rest. Dyspnoea in very slight exertion. unfit for active service abroad; and superfluous to requirements at home.

16. Was an operation performed? If so, when and what was its nature? *no.*
17. If not, was an operation advised and declined? *no.*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *no.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *no.*

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Discharge as unfit for further military service

 Medical Officer in charge of case.
Captain P. J. [Signature]

Station *Hazleydown, W. Micklesley*
 Date *5-11-18*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname

Adams

Christian Name

Frank

Table I.—GENERAL TABLE

Birthplace :—Parish

St. John's

County

Newfoundland.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>27th</i> day of <i>June</i> 191 <i>8</i> .	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Relax.</i>			
Height	<i>5</i> feet <i>7</i> inches		feet	inches
Weight	<i>136</i> lbs.			ll s.
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches

Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>1 Scar.</i>		

When Vaccinated *8 years ago.*

Vision	R.E.—V= <i>6/6</i>	L.E.—V= <i>6/6</i>	R.E.—V=	L.E.—V=
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(a) Marks indicating congenital peculiarities or previous disease.....

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *L. M. Patterson*

(Rank) *Major* Medical Officer

Enlisted at *St. John's* on *27th* day of *June* 191*8*.

Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to	<i>Royal Nfld Regiment</i>	<i>5712.</i>		

Became non-effective by.....

on day of 191 on day of 191

(Signature)

(Rank)

hospital or to the sick list in case of Warrant Officers treated in quarters

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of Syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Tachycardia & irregularity of heart's action.
Slight dilatation. Dyspnoea on least
exertion. Discharged to unit for repatriation

B. S. A. V. S. I. A. W. Capt. R. A. N. D. E.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name... *Adams Frank* ... Regl. No. *5712* Rank *R/Lt* Unit and Corps *Royal Fld*
(Surname) (Christian Names)

<p>1. State the nature of the disability or disabilities from which this man is suffering.. ..</p>	<p style="font-size: 2em; text-align: center;"><i>D. A. H.</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :—</p> <p>(a) Sanatorium or other institution for tuberculosis</p> <p>(b) Hospital, and if so, what class?</p> <p>(c) Convalescent Home</p> <p>(d) Asylum, or</p> <p>(e) Other institution</p> <p>(f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p><small>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</small></p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended? ..</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature

President.

Station *Hazley Loan*

Date *2-11-18*

} *Members.*

Approved.

Station

Date

.....
Officer in charge, Central Hospital.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Adams Frank (Surname) (Christian names in full)

Unit from which discharged Regt N F L B

Regimental Number 5712 Rank on discharge Plt Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment clerk

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired

Full postal address to which proceeding on discharge } Bahwood N F L B

Name of Approved Society (if any)

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>Regt N F L B</u>	<u>—</u>	<u>150</u>	<u>India</u> <u>South Africa</u> <u>England</u>	<u>—</u>	<u>90</u>
Disallowed			
Service towards pension			

PART C. Number of G.C. badges medals

Wounds and actions in which received

PART D. Where born (parish, and county), and date Full bore N F L B 26th July 1898

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father Wm

Christian name of mother Eusebia

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full _____

Date and place of marriage _____

Christian names
of children and
dates of birth _____

Date and place of 1st enlistment _____

Figure on discharge _____

Descriptive and other distinguishing marks _____

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Frank Adams

Station Hazley Down

Rank PLS

Date 5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank) _____

O.C. unit or Officer i/c Hospital. _____

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character _____

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records. _____

Station _____

Date _____ 191 _____

* Insert P., or P.(T).

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Adams Frank
(Surname) (Christian names in full)

A. Unit from which discharged Royal N FLS
Regimental Number Bank on discharge PLB Age on discharge 20
Married, widower with children, or single single
Occupation before enlistment black
Special qualifications (if any) for }
employment in civil life }
Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } Bohwood N FLS

Name of Approved Society (if any) _____

PART Nature of medical unfitness D. A. H.
B.

Service with Colours _____ years 150 days, of which 90 years
90 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 191__

Station Hazleydown

Date 5-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Note.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre,	A.F. W. 3961B has been sent to The Officer i/c Records,	A.F. W. 3961C has been sent to The Regimental Paymaster,
------------------------	--	---

*Royal 1st Div 57 Victoria
New Zealand Force* *57 Victoria
Force*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted _____ (Country) _____ (Place)
- (ii) Date of arrival in United Kingdom *21 Jan 18*
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____
- (vi) Names and addresses of two references who can verify the above particulars _____

No. *5712* Rank *Pte*

Name *Delams Frank*
(Surname) (Christian names in full)

Unit and Corps *Royal 1st Div*

Authority *B 179a*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *New Zealand Force*

Date *21-1-18* 191__ O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to
O.C. Discharge Centre,

The Officer i/c Records,

A.F. W. 3961c has been sent to
The Regimental Paymaster,

Royal W. 5712
Regimental Paymaster

58 Victoria
London

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

(a) Discharge as no longer physically fit for war service

(b) Discharge as surplus to military requirements

(c) Discharge as*

(d) Transfer to the Reserve

(e)† Claims repatriation to:

(Country)

(Place)

(i) Where enlisted

(ii) Date of arrival in United Kingdom

(iii) Port of arrival

(iv) Ship on which arrived

(v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

No. *5712* Rank *Pte*

Name

(Surname)

(Christian names in full)

Unit and Corps

Authority

Station

Date

191

O.C.

* Insert cause other than under (a) or (b) above.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 TR44

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

Royal W. 3961A 51/1/10/10 50/1/10/10

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as* _____
- (d) Transfer to the Reserve
- (e) † Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country) India (Place) _____

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom 21 June 18

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars _____

No. 5712 Rank Plt

Name Chatterjee (Surname) Sankar (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809 for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records.

Station Patna

Date 15-11-18 1918 O.C. _____

Insert cause other than under (a) or (b) above _____

NOTE.—In cases where a soldier claims to be repatriated and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179a, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *5712*Rank *Pvt*Name *Adams Frank*Unit and Corps *Regt 246*

(Surname)

(Christian Names)

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
 (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

England

(b) In what capacity?

Infantry Soldier

2. If you are suffering from any disease; wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that my complaint was caused by hard training since I joined the army

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Hazleydown 9 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

none.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer, before joining the Army?

8. (a) What was your occupation before joining the Army?

black

(b) What was your trade before joining the Army?

do

(To be checked by A.F.B.34 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazleydown*

Signed (Soldier) *Frank Adams*

Date *5-11-18*

Signed *R. J. Woods*
Witness.

No. 16254/1750

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From: 1

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: 1
Officer Commanding,
2nd Bn. Royal Nfld. Regt.,
Winchester.

October 10th, 1918

Subject: 5712, Pte. F. Adams; A

With reference to the following telegram (8664) from the Hon. Minister of Militia, received

"Pay to 5712, Pte. F. Adams, £10.5.6.

Draft £10.5.6. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. A. Munnell Maj.

Chief Paymaster & O. i/c Records.

October 13 1918

Receipt hereunder:

B. J. Baston LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £10

5/6 pounds on account of cable remittance from Newfoundland.

F Adams

No. P 5712 Rank Pte

OFFICE COPY

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 212 Rank 1st Lt Name Adams T Unit R.F.C. & Rep. who was Repatriated
to W.I.T. on 9/11/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PERIOD: From 26/10/18 To 9/11/18

PARTICULARS					\$	£	s	d	PARTICULARS					\$	£	s	d			
Balance Dr. from									Balance Cr. from											
Allotment 15 days @ 50					7	50		10	10	Pay 15 days @ \$ 1.00					15	00				
Cash Payments:										Field Allowance 15 days @ \$ 1.00					1	50		3	7	10
4-11-18										Other Allowances days @ \$										
Casual 4/11/18								1	7	0	Other Credits:									
Other Debits:																				
Total Debits										Total Credits										
Balance due by Paymaster										Balance due to Paymaster										
								3	7	10										

COPIES SENT
 11/13/18 11-11-18
 18249/186

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

W. W. W. W. 6-11-18 (Date) 191
 (Place)

W. W. W. W.
 O.C. "A" Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 6 Sent by u

Rec'd by

Check

12 OctPlace from BotwoodTo Capt. O. Grady

No 5712 adams has
 severe cold unfit
 to travel at present.

Dr. O. V. Smith

Y'c
 H
 /

Adams, Frank

5712

Receipt

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 5712 Rank PT Name Adams F

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00

Date 6/2/19

St. John's

F Adams
Signature of Soldier

W. Weerburg Sgt
Signature of Witness

Civil Re-establishment Committee.



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

I hope to be able to take up my work as clerk again in my father's employ.

Frank Adams

Signature of Man.

W. W. Beckhall

Signature of the Vocational Officer or his Representative.

Reg. No. 15712

Place

M. J. P. S.

Date

Dec. 5

191

F

January 28th., 1919

#5712 Pte. Frank Adams,
Botwood.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.132."

Yours faithfully,

Captain,
Paymaster & O.i/c Records

Enc' 1 1.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5712 Rank Private Name Adams, F. Unit Nfld Regiment who was Repatriated
to Newfoundland on 12/11/18 Authority _____ Cause _____

DUPLICATE
MAIL COPY

STATEMENT OF ACCOUNT

DR.	PARTICULARS					PARTICULARS					CR.									
	£	s	d	£	s	d	£	s	d											
PERIOD: from 27/10/18 to 9/11/18	Balance Dr. from					Balance Cr. from														
		7	50	1	10	10	Pay 15 days @ \$ 1.00					15	00							
	Allotment 15 days @ 50																			
	Cash Payments: 4/11/18																			
	Casual 6/11/18							1	7	0	Field Allowance 15 days @ \$.10					1	50	3	7	10
	Other Debits:										Other Allowances days @ \$									
	Total Debits							3	7	10	Total Credits							3	7	10
	Balance due by Paymaster										Balance due to Paymaster									
								3	7	10								3	7	10

CHECKED.
E.P.H.
C.C.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of
Winchester
(Place) 6/11/18 (Date) 191 (Signed) M.J. NUGENT, 2/Lieut.

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, v

A.O. Munnell Maj.
Chief Paymaster & Officer i/c Records.

Medical Report on an Invalid.Station HAZELEY DOWN, WINCHESTER.Date 5 - 11 - 18.

1. Unit **ROYAL NEWFOUNDLAND REGIMENT**
2. Regimental No. **5712**
3. Rank **PRIVATE**
4. Name **ADAMS, FRANK**
5. Age last birthday **20 years**
6. Enlisted { on **21/6/18**
at **St. John's, Nfld.**
7. Former Trade (or Occupation) **Clerk**
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

D. A. H.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **Sept. 1918.**
10. Place of origin of disability. **Hazeley Down Camp, Winchester.**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Since joining the Depot, he has carried on with the training syllabus, till about September he noticed that he was getting out of breath very easily, and reported sick. Under observation for a few days, and his pulse rate did not go below 100 even when at rest; was sent to Hospital from which he was discharged for repatriation. Vide A.F.B. 178.**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Aggravated by service during present war.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Tachycardia and irregularity of heart's action. Slight dilatation. Pulse rate 100 even at rest. Dyspnoea on very slight exertion. Unfit for active service abroad, and supernumary to requirements at home.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

NO

17. If not, was an operation advised and declined?

NO

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT, Capt. M.O. R.N.R.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station **HAZELY DOWN CAMP, WINCHESTER**

Officer in charge of Hospital.

Date **5 - 11 - 18.**

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly ~~attributable to~~ **Aggravated by**

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes

Tachycardia. Pulse now 140. No valvular lesion. Always felt short of breath on exertion and a rapid action of heart

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

Six months

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

**Total Disability 80% 6 months
Pensionable Disability 20%**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home; **advise treatment, rest at N. & M. Con. Hospital**
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(Sgd) N. S. FRASER

President.

Station **St. John's,**

J. SINCLAIR TAIT

Date **Dec. 2nd., 1918**

L. PATERSON, Major

Members.

Approved.

Station **DEC 2 1918**

(Sgd) CLUNY MACPHERSON, Major

M. S. NEWFOUNDLAND.

Date

Administrative Medical Officer.



Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Adams Frank (Surname) (Christian names in full)

Unit from which discharged _____

Regimental Number 5712 Rank on discharge Pte Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Clerk

Special qualifications (if any) for employment in civil life } _____

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Batwood Nfld.

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges _____ medals

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Tilt Cove, Nfld 26.7.98

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father William

Christian name of mother Yessie

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full _____
Date and place of marriage _____
Christian names of children and dates of birth _____
Date and place of 1st enlistment St John's 21 June 18
Figure on discharge _____
Descriptive and other distinguishing marks _____

I certify that I am the soldier referred to, and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Sgt. Frank Adams Rank PLC
Station Rozely Down. Date 3.11.18

I certify that the above-named soldier signed the foregoing declaration in my presence
(Rank) _____
O.C. unit or Officer i/c Hospital. _____

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

The soldier named overleaf was
Discharged under para. _____ King's Regulations
or
Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character _____
I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Station _____
Date _____ 191 _____
Officer i/e Records, _____
Insert P., or P.(T).

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvii.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name Adams Frank (Christian names in full)

Unit from which discharged _____

Regimental Number 5712 Rank on discharge Plt. Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment Clerk.

Special qualifications (if any) for employment in civil life _____

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Batwood Rd.

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191____.

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463b can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvii.a), King's Regulations.

CONFIDENTIAL.**COPY.**

Army Form W. 3463B.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART Soldier's Name Adams Frank
(Surname) (Christian names in full)

A. Unit from which discharged _____
 Regimental Number 5712 Rank on discharge Pte. Age on discharge 20
 Married, widower with children, or single Single
 Occupation before enlistment Clerk.
 Special qualifications (if any) for }
 employment in civil life } _____
 Nature and locality of employment desired _____

Full postal address to which } Batwood Rd.
 proceeding on discharge } _____
 Name of Approved Society (if any) _____

PART Nature of medical unfitness _____

B. _____

Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____
 Anything against the soldier to render his recommendation undesirable _____
 Date of discharge _____ 191____.
 Station _____
 Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

COPY.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 57121.....

Rank Pvt.....

Name Adams Frank.....
(Surname) (Christian Names)

Unit and Corps } Royal W. F. A.

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

England

(b) In what capacity?

Infantry Soldier

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that my complaint was caused by harding training since I joined the army.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Hayley House 9 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

None

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

*clerk
D.*

8. (a) What was your occupation before joining the Army?

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it; and have nothing further to add.

Station *Hayley House*

Signed (Soldier)

Frank Adams

Date

5-11-18

Signed

P. J. Woods

Witness.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 8.

Name Adams, Frank Regtl. No. 5712 Rank Pte Unit and Corps Royal Field
(Surname) (Christian Names)

<p>1. State the nature of the disability or disabilities from which this man is suffering.</p>	<p style="font-size: 2em; text-align: center;">D. A. H</p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p><small>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity mutually certified as in consequence of that disability.</small></p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended?</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature President.

Station Hampsey Howard }
 Date 5.11.18 } Members.

Approved.

Station
 Date
Officer in charge, Central Hospital.

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

MEDICAL HISTORY of

Surname Adams Christian Name Frank

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Botwood County Westmorland

Examined ... (on 21st day of June 1918
 at St. John's)

Declared Age ... 19 years ... days.

Trade or Occupation ... Clerk

Height ... 5 feet, 7 inches.

Weight ... 136 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.

{ Range of Expansion 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number 1 Scar

When Vaccinated ... 8 years ago

Vision ... { R.E.—V= 6/6
 L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Larson Patterson
 (Rank) Major Medical Officer.

Enlisted ... (at ... on ... day of ... 191 ...)

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>Royal W. F. L. A.</u>	<u>5712</u>
Transferred to ...	<u>Regiment</u>	

Became non-effective by ... on ... day of ... 191 ...

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing use of subsequent given
	Day	Month	Year	Day	Month	Year			
<i>Hamley House</i>	<i>27</i>	<i>9</i>	<i>18</i>	<i>5</i>	<i>10</i>	<i>18</i>	<i>H.A.A.</i>	<i>8</i>	<i>Tachy Slight rarr rpa</i>

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Tachy cardiac & irregularity of heart's action.
Slight dilatation. Dyspnoea on least
exertion. Discharged to unit for
repatriation*

*C. St. Vincent
Capt. R. A. McC.*

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
24-6-18	Vacc IP.
20-7-18	I.A.B. IP.
5-11-18	Boarded Hayley Wood Camp Posted E Category (Authority Troop HQ Letter) J. St. P. Knight Capt. Royal Field Regt.
	D.A.H

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

August 22, 1919

Mr. Frank Adams,
Betwood.

Dear Sir:-

Referring to your application I enclose cheque
for Seventy dollars (\$70.00), being amount of first payment
due you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name. *Frank W.* 2. Surname. *Adams*
3. Rank. *Private* 4. Regt. No. *57 1/2*
5. Address in full to which future payments of gratuity are to be forwarded. *Frank W. Adams*
Bethwood Nfld.
6. Date of enlistment in the Regiment. *June 21. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Non applicable*
8. Relationship of such dependents. *non applicable*
9. Address in full of such dependent. *non applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *non applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *served in England*
from August 15th 1918 till November 12th 1918
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *182 days*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

..... *only one enlistment*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *Received from Postal discharge or War Service Gratuity*

15. Have you been issued with a War Service Badge?.....

..... *Yes*

16. Have you, during the present war, served in the Imperial Forces?

..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

..... *No*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

..... *not applicable*

19. Are you now serving in the Regt.?..... If not give: - (a) Date of discharge.....

..... *Dec Jan 19 1918*

..... (b) Reason for discharge.....

..... *Disability*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

..... *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? (b) If so, are you in receipt of full pay and allowances from that Committee?.....

..... *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Frank W. Adams*

Place of Residence: *Botwood*

Declared before me at: *Botwood*

This *22nd* day of *July* 191*9*.

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits. *Harry Paul. Esq. Commissioner.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

Signature of Applicant:

Place of Residence:

Declared before me at:

This day of 19..

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

Signature of Applicant:

Place of Residence:

Declared before me at:

This day of 19..

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Dec. 3rd, 1918 191

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5712 Pte. T. Adams

} *Repatriation*

The marginally noted was recommended for discharge as permanently unfit and admission to Naval & Military Con. Hospital, by Medical Board held on Monday, Dec. 2nd.

I am sending him herewith for your attention and necessary action, please, and have given him verbal instructions to report to D.M.S. after he has finished his business with you.

Copy to DMS.

W. H. C. C. C.
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

Bolwood

March 11/19.

4304

Capt. Hawley,
Military Building
St. John.

Dear Sir:

On being discharged
Dec 19/18. I received \$60.00
clothes allowance + \$7.33 that
was due me in wages. a
total of \$67.33. I did not
receive the 28 days pay that
I now understand I should have
received.

I would be very grateful
if you would send along
what money is due me.

Respectfully Yours

5712 Ex Pte Frank Adams

7 months — 2 days

Botwood

Dec 26 / 19.

Lieut Maddock.

7 Melles Buildings

5712

Dear Sir:-

When my discharged
badge is finished please
send it out.

+ Obleg.

Frank Adams



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 11

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal
is/are forwarded herewith to

Frank Adams

in respect of his service as No. 5712 Rank Pte.

Name F. Adams

Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

November 8/21

Signature

Frank Adams

Date

Address

Bobwood

C.R. 5712

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name.....

^{5712 Rec. 1} F. Adams

Date.....

Nov. 17.

Place.....

Bohwood

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form B 121.
39.

Number of Sheet One
Signature of O. C. Company W. Dicks Lieut.

Regiment of Royal Newfoundland

Regimental Number and Name		Enlistment		Trade
No.	<u>5712</u>	<u>Frank Adams</u>	Age on <u>19</u> years <u> </u> months	<u>Clerk</u>
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<u>St John's</u> <u>21-6-18</u>		<u>Meth.</u>
Joined	Date	Period of } with Colours <u>182</u> years. } with Reserve <u>365</u> years.	Place of Birth	
Joined	Date		<u>Botwood</u>	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medially unfit</u>	<u>St John's 19/18</u>				

COPIES SENT		
To	No.	DATE //
M. of M.	<u>1824</u>	<u>11/18</u>
O.C. 1st Bn.		
" 2nd Bn.		

Army Form B. 121

To be carried over.

COPY

Δ5712

January 27th, 1919

Officer Commanding,
Royal Field. Regt.

SIR:

The undermentioned men have been discharged
on the dates given, as medically unfit.

Kindly note and post in D.O. Pt.II.

I have etc.

(sgnd) J. M. Howloy, Capt. etc.

4391	Pte.	H. Phillips	Nov. 5/18
3173	"	A. Miller	Nov. 26/18
5612	"	M. Walsh	Jan. 14/19
8418	"	A. G. Hillier	Jan. 14/19
5712	"	F. Adams	Dec. 19/18
8064	"	S. Ivany	Dec. 31/18
3208	"	M. P. Martret	Jan. 11/19
8160	"	D. Powell	Dec. 27/18
2530	"	E. Courtney	Jan. 10/19
3690	"	J. Little	Jan. 22/19
2439	"	A. Oxford	Jan. 28/19
2106	"	B. Young	Jan. 28/19
5282	"	H. Vail	Dec. 20/18

Dec. 3rd, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5712 Pte. T. Adams

The marginally noted was recommended for discharge as permanently unfit and admission to Naval & Military Con. Hospital, by Medical Board held on Monday, Dec. 2nd.

I am sending him herewith for your attention and necessary action, please, and have given him verbal instructions to report to D.M.S. after he has finished his business with you.

Copy to DMS.

DEPARTMENT OF VETERANS AFFAIRS

484614

To ● Copy for H.O. File

Ottawa, Ont.
Date April 25, 1967

Attention of

NAME ADAMS, Frank

SERVICE 5712 WW1

C.P.C. No. 261209

NAVY

NUMBER ROY.NFLD.REGT. W.V.A. No. 234746

ARMY X

R.C.A.F.

The DEPARTMENT has received information from

S.P.M.E. C.P.C. St. John's, Nfld. April 18, 1967

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 10, 1967

Cause of Death

Place of Death Botwood Cottage Hospital

Name and Address of next of kin (if known)

Copies to: W.S.R.

V. I.

~~W.S.R.~~~~W.S.R.~~

H.O.

} Destroy form if advice of death already received.

J. J. Incehan

for

Chief, Central Registry