

NAME
3369 Pte W. W. Alcock

No

3369

ROY ALNEWFOUNDLAND REGT.

Received 23-6-35

1914-1918

64
180
5
3
67



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

With

No. 3369 Name Wm D. Alcock Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Wm D. Alcock</u> |
| 2. What is your full Address? | 2. <u>206 Leinster Rd</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>02</u> Months |
| 5. What is your Trade or Calling? | 5. <u>clerk</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, William D. Alcock 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.

William D. Alcock SIGNATURE OF RECRUIT.
Harold Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William D. Alcock 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 St. John's on this 2 day of January 1915
Strong Signature of Attesting Officer

†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 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).....



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of William Aleoch
aged 18 yrs. 1 month conducted at Ch B.
Date: Dec 18/14. Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 eyes
- 9 no - no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 y/6 Both
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

Report Jan 1/15
3369

14 years. left no scars.

5'7"

119 lbs.

32" 35"

\$400.00 per year

Parents Arthur A. Aleoch 206 LeMarchant St

none

JW Burden

Signature of Medical Examiner:

C.R. 3369

Nov. 6th., 1918.

Mr. Arthur A. Alcock,
206 LeMarchant Rd.,
City.

Dear Sir:-

I beg to inform you that Additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3369 Private William D. Alcock, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

Oct 22n

18

Dear

Mr. Alcock: *I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that*

your son, No. 3369, Private William D. Alcock is now at Military Hospital Endell Street, London suffering from G.S.W. right shoulder severe trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. A. Alcock

209 LeMarchant Rd

6

Minister of Militia.

C.R. 3369

Extract from Casualties C. 1725 25/10/18, Royal Newfoundland Regt.
dated 25th. Oct. 1918.

3369 Pte. W. Alcock

Wounded 6/10/18.....Authority: O.C. 36/205 -8/10/18.

C.R. 3369

Extract from Nominal Roll of Sick and wounded
to the Military Hospital Endell Street, 18/10/18.

3369 PTE. W. ALCOCK.

G.S.W. R. SHLDR. SHRAP SEVERE.

C.R. 3369

Oct. 1.

Dear

Mr. Alcock:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

your son, No. 3369, Private William D. Alcock is at 25th General Hospital Hardelet since October 7th suffering from G.S.W. upper extremities mild.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Arthur Alcock

206 LeMarchant Rd

Minister of Militia.

C.R. 3369

Extract from War Office List No. H.A. 29977.

ADMITTED 25th GEN. H. HARDELOT 5 OCT. 1916.

#3369 Pte. A. Alcock.

G.S.W. UPPER EXTREMITIES.

EC.

C 3369

Extract from Nominal Roll of Draft No. 23: from 2/1st Newfoundland Regiment, Ayr, to 1/1st Newfoundland Regiment, B.C.F. Embarked Southampton, 16/11/17.

3369 Pte. Alcock, W.D.

C.R. 3369

Extract from Officers and men embarked St. John's 31-7-17

Sailed Halifax NS. s. "NORFOLK" 17-6-17.

4

#3369 Pte. W . Alcock.

C.R.

3369

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Jan.2nd,1917.

3369 Pte. W.Alcock.

Attested this day posted to "E.Co'y" and assigned number
as shown.

C.R. 3369

Extract from Daily Orders Part 11 By B.J.Barton, D.S.O.
Commanding 2nd Battalion Royal HflA. Regt. 28-2-19.

The following having reported back from the
1st Battn. is taken on the strength and posted to "H" Coy.

3369 Pte. W.Alcock.

25-2-19.

C.R. 3369

Extract from Casualties received from Pay & Record
Office, 11-2-19.

3369 Pte. W. Alcock.

Ex Endell Street Military Hospital 10-2-19, reported
at the P.&.R. Office, and was granted furlough to 19-
2-19. He is marked fit for 1 Duty.

C.R! 3369

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 14-6-19.

3369 Pte. WM. Alcock.

Reported at Headquarter 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 3369

Extract from Daily Orders Part 11 Unit The Royal Hfld.

Regt. St. John's, June 29-6-19. 30-6-19

The discharge of the undernoted on ~~final~~ demobilisation has
been CONFIRMED by Officer i/c Records from 29-6-19.

3369 Pte. Wm. Alcock.

C.R. 3369

Extract from ~~Ex~~ Preliminary Report of a Medical Board held
on Monday Afternoon June 9th the following was the finding.

Recommended Discharge from the Army.

3369m Pte. W. Alcock.

C.R. 3369

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

3369 Pte. Wm. Alcock.

W. Alcock

C.R. 3369

1880

Adm. 18-10-78

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. 579 Date 10-2- 1919

- * (1) To the Officer i/c Records 58 Victoria St., S. W. 1
 - * (2) The Officer Commanding Waverley Barracks Camp, Winchester
58 Victoria St., S. W. 1 Station.
 - * (3) The Paymaster
- Strike out that which is inapplicable.

Regimental No. ~~3367~~ 3369

Rank and Name Pte Alcock, W.

Regiment or Corps 1 Newfoundland Regt., B. Coy

has been granted a furlough from ~~1-2-19~~ to ~~1-2-19~~

His address while on leave will be Reporting to H. Q.
according to instructions

- I consider he is fit for
- * I. ~~DUTY.~~
 - * II. ~~COMMAND DEPOT.~~
 - * III. ~~EMPLOYMENT.~~
- * Strike out that which is inapplicable.

Officer in charge MILITARY HOSPITAL Hospital.
ENDELL STREET, W.C.
Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

To Paymaster
Newfoundland Contgt
Victoria St
London S.W.

3369

The W. Alcock, Royal N.F.L.P.
Right has permission to
draw on his account the
sum of £5 (five pounds)

O.K.

£ 5-0-0
M.R. 9/2/18

Receipt no.

10238.

G. Withers
Sis. in. Ch. d.



Alcock W

3369

Sept.

June 29, 1919

#3369 Pte. William D. Alcock,

#206 Patrick St.,

City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2449.

Yours truly

Captain,
Quartermaster & C. I. / c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3369 Rank _____

Name Stoock W

Warned for demobilization on

JUN 12 1919

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:

To resume former occupation

W. Beesck

Signature of Man.

J. A. Snowlapt.

Signature of the Vocational Officer or his Representative.

Reg. No. *3349*

Place

St Johns

Date

12-6-19

191

ST. JOHN'S, June 12th 1919

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} - A. Alcock
206 Patrick Street

Billeting Soldiers as undermentioned

from June 1st 1919 to June 15th 1919

3369 Mr. H. Alcock 15 50

ACCOUNT	<u>B. G. M.</u>
CH. NO.	<u>23313</u>
IND. LEDGER	INITIALS <u>EA</u>
PAY LEDGER	INITIALS
GEN. LEDGER	<u>50</u> INITIALS

Certified correct for \$

W. Bennett
R.J.

Ambleton
Billeting Officer.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here



~~July 6th. 1921.~~ 1917.

The accompanying King's Certificate, on his discharge,

(No. 1159), is forwarded herewith to

William Alcock,

in respect of his service as No. 3369 Rank Pyte,

Name Wm. Alcock, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received

W. Alcock

Signature

Date

July 22/21

Address

119 Patrick St

(New Extension)
(P.T.O.)

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3369 Rank Pvt Name Alcock, William
 Date of Enlistment 18-12-16 Address 206 Patrick St District St Johns
 Occupation Clerk Classification for Discharge B Medical Category 11
 Recommendation S.M.B. Physically Unfit Disability Rating 10%
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 O. C. Discharge Depot. W. Alcock

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am W. Alcock in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 12-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied W. Alcock

Date 12-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 201. Farmers A and Release Certificate No. 2678 issued.

Date 12-6-19

J.A. Snowball
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 29-6-19

Date 12-1-19

J. H. Smith
 Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	/
E 178	W 3494	B 122		Board 1st	" 2	2 Form B
F 178a	/ D 400A	/ B 1915		do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	/ ME 2			" 6	
B 179c	B 120	M 93				

Date 12-6-19

J.A. Snowball
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 15 1919

R.H. Sait Capt.

Date

O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

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

MEDICAL HISTORY

OF

Surname Alcock

Christian Name William



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 18 day of Dec 1916	at St Johns N.S.	on _____ day of _____ 191	at _____
Declared Age	18 years 2 months		years _____	days _____
Trade or Occupation	Clerk			
Height	5 feet 7 inches		feet _____	inches _____
Weight	119 lbs.			lbs. _____
Chest Measurement	Grith when fully expanded	35 inches		inches _____
	Range of Expansion	3 inches		inches _____
Physical Development				
Vaccination Marks	Arm			
	Number	no scars		
When Vaccinated	14 years ago			
Vision	R.E.—V=	5/6	R.E.—V=	
	L.E.—V=	5/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Samuel Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns N.S.	at _____	on _____ day of _____ 191	on _____ day of _____ 191
Joined on Enlistment	First Newfoundland Regiment 3369		Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

8.11.17

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use.—In cases of syphilis, admission and re-admissions to hospital 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
	Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL, ENDELL STREET, W.C.	18	10	18	10	2	18	<p>VIII. n. Severe.</p> <p>1. G. s. w. R. Shoulder.</p> <p>2. G. s. w. R. Foot.</p> <p>Fractured Scapula</p>	89	<p>Wounded by shell. Shoulder wd. swabs + cleaned + equine wound.</p> <p>Massage electricity + exercises to arm + shoulder.</p> <p>Wound practically healed. Movements of arm good.</p>	<p>W. S. G. M. B. S.</p>

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

Date	Brief Details, and Signature	
5-1-17	Vaccination 20	
10-1-17	T.A.B. <hr/> 3 <hr/>	20
17-1-17		20
24-1-17		20
It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>12</u> for discharge on Demobilisation. Medical category		
9.6.19 <small>Date of S.M.B.</small>		
[Signature] <small>Discharge</small>		

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
S/d Gloazil Windsor	31-1-17	3-2-17			
	3-2-17				

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. *Royal N. F. F. B.*
2. Regtl. No. *2364* 3. Rank. *Pvt.*
4. Name *Alcock W. J.*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
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? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *G.S.W. Shoulder 4-Oct/18*
12. Place of origin of disability. *Passchendale*
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.
G.S.W. Right Shoulder with fracture of scapulae. It was treated 89 days ended in mid. Hosp. Discharged cured.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *Yes*
- (ii.) Previous active service.. .. . *No*
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the }
man's part. }
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)

Several scars across right scapulas.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

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.

Repatriation

W. E. Proctor

W. E. Proctor

Station *H. S. P. 1000*

Medical Officer in charge of case.

Date *2. 5. 19*

* 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

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.

ROYAL WILD. REGIMENT

1. Unit and Corps..... **3369** **PRIVATE** 7. Former Trade or Occupation }
2. Regtl. No. **ALCOCK** 3. Rank..... **WILLIAM** 7a. If the soldier claims previous service in Army, he should state—
4. Name (Surname) **20** (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused (a) in action (b) on field service (b) Date of Discharge ; (c) on duty (d) off duty ? (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :— (d) Particulars of Pension or Gratuity (if any)
(a) When
(b) Where
(c) Opinion of Court

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."

G.S.W. RIGHT SHOULDER WITH FRACTURE OF SCAPULA

4/10/18

11. Date of origin of disability.

PASSCHENDALE

12. Place of origin of disability.

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.

G.S.W. RIGHT SHOULDER WITH FRACTURE OF SCAPULA. TREATED AT MILITARY HOSPITAL 88 DAYS. DISCHARGED CURED

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war **YES**
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the }
man's part. }
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

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.)

BROAD SCAR ACROSS RIGHT SCAPULA

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

20. Do you recommend—

- (a) Discharge as permanently unfit? **REPATRIATION**
- (b) Change to United Kingdom?

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

(SGDP W.E. PROCUNIER. CAPT. R.A.M.C.)

Station **HAZELEY DOWN CAMP**

Medical Officer in charge of case.

Date **25/3/19**

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **G.S.W.**
- (b) The present condition thereof.

LARGE SCAR BELOW SPINE OF SCAPULA WITH LOSS OF MUSCULAR TISSUES. GOOD MOVEMENT AT SHOULDER JOINT EXCEPT FORWARD MOVEMENT. SOME WEAKNESS FROM LOSS OF MUSCLE

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	YES
(ii.) Previous active service..
(iii.) Climate in pre-war service
(iv.) Ordinary military service before the war
(v.) Serious negligence or misconduct on the part of the soldier	NO

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

G.S.W.

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

105

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

YES

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

(a) An attendant for his journey home?

(b) Transport from railway station to his home?

(c) The constant attendance of another person in his own home?

Signatures:—

(SGD) N. S. FRASER

{ President or Chairman.

Station ST. JOHN'S

J. S. TAIT

{ Members.

Date JUNE 9th., 1919

J. B. O'REILLY

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station

(SGD) L. PATERSON, MAJOR

{ Only applicable in cases of Patients in Hospitals.

Date

JUN 9 1919

Officer in charge, Central Hospital.

No. OR

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3369 Rank PR Name Alcock W
 Intended place of residence... 206 Patrick Street St John's

2. Occupation Clerk
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of..... **DEMOBILIZATION.**
 **Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place JUN 12 1919
 Date ST. JOHN'S
 *Jr* *H. M. St. J.*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date JUN 13 1919
 Alcock
 Signature of soldier
 Ambroster
 Signature of witness
ST. JOHN'S

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date JUN 13 1919
 Alcock
 Signature of soldier
 W. J. Gator
 Signature of witness
ST. JOHN'S

STATEMENT OF SERVICE

7. Enlisted for service 18-12-16. No of days on Military
 Discharged from service 15-6-19 Plus 14 days. Service 924

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 *R. H. Lait Major*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
 Date June 29/1919
 *M. Bowley Capt*
 Officer in Charge
 The Royal Newfoundland Regiment

30
28
31
30
31
29
79

22 Bro 791 449

The Royal Newfoundland Regiment

Class for Demobilization:—

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No 3369

Name Alcock Hm 73 Rank PL

Address 206 Le Marchant Rd

Present Medical Category F

Recommended for:— (a) ~~Immediate discharge~~
(b) Standard Medical Board

Members of Board

R.H. Last Capt
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

G. O. Burden
M.O. Depot.

No. 3369 Rank Pte Name Block W. D.

Pay	F.A.	Wkg	Total	N.F.P.
100	10		110	
Less Allotment			10	
Net Rate			100	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s d		
						From	To						
Balance					Balance		10/1/8				15	4	5
Acquittance Rolls					Pay @ Net Rate	2/1/8	10/1/9	82	50	26	00	5	6
Hospital Advances				1 0 0	R.A.	17/1/9	17/2/9	10	2 1/2			1	0
A.B. 64.													
P.&R.O. Payments												22	2
<i>Cash</i> 12 60	10/2/9	21	0	0	<i>brat Paid</i>								

F 1-0-0
W.D. 10/2/19

F 26-7-1

MEMORANDUM CONTINGENT

3369

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. *3369* Rank *Pte* Name *Alcock, William*
 Date of Enlistment *18-12-16* Address *206 Patrick St* District *St. Johns*
 Occupation *Clerk* Classification for Discharge *B* Medical Category *1*
 Recommendation S.M.B. *Physically Unfit* Disability Rating *10%*
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *12-6-19* for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am *W. Alcock* in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. *\$60.00*
- (b) Clothing Supplied *[Signature]*

Date *12-6-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at St. James St. Halifax and Release Certificate No. 2578 issued.

Date 12-6-19 J.A. Snow Capt.
Demobilization Officer

Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to _____

Date 12-1-19 19-1-19
Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st.	" 2	1
B 178a	D 400A	B 1915	do 2nd.	" 3	2 Form B
B 179	D 400B	Form L	do 3rd.	" 4	
B 179a	D 400C	Form K	do 4th.	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 12-6-19 J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 R.H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date June 20, 1919 As ordered
Recd. Records

Reg. No. 3369. Rank Plt Name Alcock, W.

Attested Address.....

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas 11.19

Returned on S.S. Crossman Cause Discharge.

9.6.19
12.6.19
15-6-19

See list from the Army
PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

Casualty Form - Active Service.

Regiment or Corps 1st Newfound Land

Rank Private Surname Alcock Christian Name William

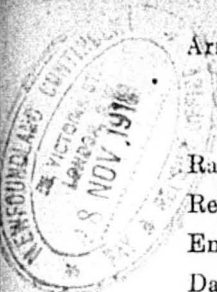
Religion Methodist Age on Enlistment 18 years 2 months

Enlisted (a) 2-1-17 Terms of Service (a) Duration of War Service reckons from (a) 2-1-17

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) Signaller 1st Class
or Corps Trade and Rate

Occupation Clerk J. E. Fox Captain Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ... <u>Leamington</u>		<u>10/1/17</u>	
		Disembarked... <u>Rowen</u>		<u>21/1/17</u>	
<u>29th Oct</u>	<u>on board</u>	<u>Joined on</u>		<u>8.12.17</u>	<u>B213</u>
		<u>WITH Bn. 30-12-17.</u>			
	<u>36 CCL</u>	<u>No New Shoes on foot</u>		<u>5/10/18</u>	
	<u>25 Gun Stp</u>			<u>5/10/18</u>	<u>CO 7747</u>
<u>J. S. Davis</u>		<u>England</u>	<u>Signaller</u>	<u>18/10/17</u>	<u>W.A. 29977</u>
			<u>Off'lt. Sub Section</u>		<u>W 3083</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 (6228) W. 13863/31477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856) [P.T.O.]

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 questions 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..... *William* 2. Surname..... *Alcock*

3. Rank..... *Able* 4. Regt. No..... *3369*

5. Address in full to which future payments of gratuity are to be forwarded..... *206 Robinson Street, St. John's*

6. Date of enlistment in the Regiment..... *December 18/16*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Not applicable*

8. Relationship of such dependents..... *do*

9. Address in full of such dependents..... *do*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Two years Six Months and Eight days*

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

..... *not applicable*

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.....

..... *\$ 71.71 Clothing Etc*

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

..... *no*

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?.....

..... *no*

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

..... *June 26/19. Demobilization*

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....

..... *France & Belgium*

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: *Low Alcock*
 Place of Residence: *206. Palmer Street City*
 Declared before me at: *St. John Nod*
 This *12th* day of *July* 19*22*

John M. McCarthy
 Signature of Berrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.					
Date paid	Paid	Paid	War Service	Net amount	
	Soldier.	Dependent.	Gratuity.	due	
			<i>5 mes</i>	<i>350 00</i>	
Certified correct.			Paymaster <i>al</i>		



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *William Alcock*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3369*

Intended address *206 Patrick St.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *scar left above right shoulder*

Figure on discharge *medium*

Christian name of Father *Arthur*

Christian name of Mother *Phoebe*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Leading Licks, April 24th, 1899*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *William Alcock*

Pte

(Rank)

Station *ST. JOHN'S*

Date *9-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date

