



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *2063* Name *Arthur B Anderson* Corps *Meth*

### Questions to be put to the Recruit before Enlistment

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <i>Arthur B Anderson</i>              |
| 2. What is your full Address? .....  | 2. <i>College Point<br/>Harbour Road</i> |
| 3. Are you a British Subject? .....  | 3. <i>Yes</i>                            |
| 4. What is your age? .....   | 4. <i>22</i> Years, ..... Months         |
| 5. What is your Trade or Calling? .....  | 5. <i>Farmer</i>                         |
| 6. Are you Married? .....  | 6. <i>no</i>                             |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>no</i>                             |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>Yes</i>                            |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>Yes</i>                            |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>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. <i>Yes</i>                           |

I, *Arthur B Anderson* 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.

*Arthur B Anderson* SIGNATURE OF RECRUIT.  
*John W. Pittman* Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Arthur B Anderson* 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 *10* day of *May* 191*5*

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 compiled with. I accordingly approve, and appoint him to the .....

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

Date ..... 191*5*

Place .....

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) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5063 Name Arthur B Anderson Met

### Questions to be put to the Recruit before Enlistment

1. What is your name? ..... 1. Arthur B Anderson
2. What is your full Address? ..... 2. Ottawa Point  
Storges Rapids
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 27 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
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. yes

I, Arthur B Anderson 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.

Arthur B Anderson SIGNATURE OF RECRUIT.  
James W. Pittman Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur B Anderson 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 fully and as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at.....

on this 15 day of May 1915  
Signature of Attesting Officer S. Lewis Liberty

### †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, vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5063

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

Name Arthur Anderson  
 Apparent age 22 years ..... months. Height 5 feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded: 34 inches  
 Range of expansion: 3 inches  
 Distinctive marks .....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Anderson  
Others Post Office, ... 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 L'epot	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 British engagement reckons from <u>15-5-18</u>									
Joined at <u>St John's</u> on <u>Monday 15-1-1918</u>									
<u>Discharged. St John's, Jan. 10/1919</u>									
<u>Embarked St John's S. S. Columbus to Halifax N.S. 22-7-18</u>									
<u>Boarded at Manchester 5-11-1918</u>									
<u>To be employed last for demobilization 12-11-1918</u>									
<u>Arrived home on last 29-11-1918</u>									
Total Service forfeited as above: <u>Demobilization St John's 10-1-1919</u>									
Total Service towards Engagement to <u>10-1-1919</u> (date of discharge) <u>  </u> years <u>241</u> days									
" " Pensions " " " " " " " " " " " "									

C.R.

5063

Extract from Daily Orders part 11, Depot St. John's dated Jan. 17/1919.

Having been found medically unfit is discharged from

#5063 Pte. A.B. Anderson

10-1-19.

C.R. 5-063

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

5063 Pte. A.B. Anderson,

Recommended Discharge as permanently Unfit admission to

M.H. JENSEN CAMP.

C.R. 5063

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

The undersigned <sup>returned</sup> ~~processed~~ from Overseas and reported  
at Headquarters 29-11-18

#5063 Pte. A. B. Anderson.

C.R. 5063

Extract of Telegram from Synoptical London dated November 28th 1918.

---

In answer your telegram Nov. 24th #5063 Anderson suspect Tuberculosis .  
Instructions noted.



C.R. 5063

Extract from Telegram from Synoptical, London  
dated November 15th., 1918.

#5063 Anderson.

The above-mentioned being embarked by the Government  
transport for St. John's N. B. November 12th.,  
Documents with Carty. Being sent Home for Discharge.

BC.

C.R. 5-063

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

BEING SENT HOME FOR DISCHARGE.

5063 Pte. A. Anderson.

ML.

C.R. 5063

Extract from Casualties received from P.S.R. Office Sept. 3, 1918.

Admitted from Draft No. 21, From Newfoundland.

5063 Pte. Anderson.

Discharged Fort Pitt Hospital Chatham, 3-9-18. Sent direct to depot, Hazley Down Camp, Winchester.

C.R. 5063

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

The following ~~85518~~ man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5063 Pte. Arthur Anderson.

Extract from Daily Orders part 11, from Unit The Royal  
Rifles, St. John's, dated May 16, 1918.

#5063 Ptel A. Anderson.

Attested for General Service with the Royal Rifles,  
from 15.5.18



D5063

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

COPY

*St. John's, Newfoundland,*

.....191.....  
Jan. 16th, 1919

Officer Commanding,  
Headquarters

SIR:

The undermentioned men have been discharged  
on the dates given. Kindly note and post in D.O.  
Pt. II.

I have etc.

(sgnd) J. M. Howley

Capt. etc.

5246	Pte.	Murphy, John	Dec. 19th, 1918	Med. unfit
4702	"	Fynn, Jos.	Jan. 10th, 1919	do.
5063	"	Anderson, AB.	do.	do.

Dec. 3rd, 1918

From Asst. Adjutant,  
Depot

To Registrar and Officer i/c Records,  
Militia Department

5282 Pte. H. Veil  
8063 " A.S. Anderson  
8008 " S. Norman

The marginally noted men have been recommended for discharge as permanently unfit and admission to the Jensen Camp by Medical Board held on Monday, Dec. 3rd.

I am sending them herewith for your attention and necessary action, please, and have given the, verbal instructions to report to D.M.S. after they have finished their business with you.

Copy to D.M.S.

A Anderson

C.R. 5063

1110





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. *10th Gen.*
2. Regt. No. *5063* 3. Rank. *Plt*
4. Name *ANDERSON Arthur D.*  
(Surname) (Christian Names)
5. Age last birthday. *24 yrs.*
6. Posted for duty on *15th May 1915* at *S. I. H. No. 160.*  
in category (or grade).....
7. Former Trade or Occupation } *Ironman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. 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 (if any)  
(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 by the soldier in question No. 19). If disability enter "nil."

11. Date of origin of disability.

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.

*During voyage across he contracted Mumps and was admitted to 3rd Pitt Hospital Chatham, on joining depot he was very debilitated and was kept under observation for 12 days, then sent to hospital where he was for 16 days. Since then he has been on light duty on fresh air and tonics three times a day. He is unfit for any military duty.*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i) Service during the present war

Yes

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?

na.

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.)

He is thin, pale, & debilitated. Not checked, easily fatigued. Has a hard under very slight exertion. Shattered coccyx. Negative. Looking compl. Ruptured remaining pulae.

16. Was an operation performed? If so, when and what was its nature?

na

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

na

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?

na.

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?

na.

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 permanently unfit for any military service. [Signature]

Station

Nagasaki General Hospital

Medical Officer in charge of case.

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

Surname Anderson OF Christian Name Arthur P.

Table I.—GENERAL TABLE.

Birthplace:—Parish Ottens Point St. John's County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	16 May 1918	at	191
Declared Age	years	22	years	days
Trade or Occupation	Fisherman			
Height	feet	5 1/2	feet	inches
Weight	lbs.	111	lbs.	
Chest Measurement	Girth when fully expanded	34	inches	inches
	Range of Expansion	3	inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	18 carb.		
	Number			
When Vaccinated	8 yrs ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	<u>Samuel Paterson</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	18 day of May 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal	Corps	Regtl. No.
		1063		
Transferred to	Nfld Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 case of syphilis, admissions and re-admissions to hospital, will be shown. The subsequent progress, including particulars of treatment out of hospital, transfer, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Fort Pitt Chatham	8	8	18				Parotitis		Admitted suffering from Parotitis. Ran a high fever for few days. one evening 104°. Developed orchitis. Has now recovered. (re-admitted) to Camp	<i>John Law Capt. M.C.</i>
Wazley Down	16	9	18	2	10	18	D. Q. 46	16	Improved Discharged to duty.	<i>C. S. Miran</i> CAPT., R. A. M. C.









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, <i>Sergeant A F L L D</i> <i>Wazleydown</i>	A.F. W. 3961b has been sent to The Officer i/c Records, <i>58 Victoria Road</i> <i>London</i>	A.F. W. 3961c has been sent to The Regimental Paymaster, <i>58 Victoria Road</i> <i>London</i>
--	--	---

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

- (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 *N F L L D*

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 (a).

- (i) Where enlisted *London* (Country) *May 15/18* (Place)  
(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

No. *5063* Rank *Plt*  
Name *Anderson Arthur*  
(Surname) (Christian names in full)  
Unit and Corps *Regt. N F L L D*  
Authority *B 179*

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 *Wazleydown*  
Date *5-2-18* 191*8* 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.

PART II

**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,
<i>Regimental Paymaster</i>	<i>38 [unclear]</i>	<i>38 [unclear]</i>

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 \_\_\_\_\_
- (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. \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ (Surname) \_\_\_\_\_ (Christian names in full)

Unit and Corps \_\_\_\_\_

Authority \_\_\_\_\_

Army Form O. 1804E 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 \_\_\_\_\_

Date \_\_\_\_\_ 191\_\_ 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.

**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 A.F.W. 58 Victoria Road 58 Victoria Road 58 Victoria Road  
Wagleyburn London London

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

- (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 N.F.Z.L.

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 Agonaus New 15/18
- (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

No. 5063 Rank Pte

Name anderson arthur  
(Surname) (Christian names in full)

Unit and Corps Royal A.F.W.

Authority B. 179

Station Wagleyburn

Date 5-2-18 1918 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.



**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 *Anderson, Arthur* (Surname) *Arthur* (Christian Name) Regt. No. *2763* Rank *2/Lt.* Unit and Corps *Regt. W.D.*

1. State the nature of the disability or disabilities from which this man is suffering. . . . .

*Irregularity of J. 18*

2. What is the present condition of such disability or disabilities? . . . . .

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

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 existing 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.

- (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?

4. With reference to Army Council Instructions, is any surgical appliance recommended? . . . . .

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 . . . . .

Signature . . . . . President.

Station *Hazley Down* . . . . .

Date *5-11-18* . . . . .

Members.

Approved:

Station . . . . .

Date . . . . .

Officer in charge, Central Hospital.

# 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. 5063Rank. PrivateName Anderson ArthurUnit and Corps Regt. N.F.C.

(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?
- (b) In what capacity?

*England*

*Infantry*

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.)

*the complaint from which I suffer from to my knowledge I had it before joining the army but since it have been getting far worse*

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

Hazleydown Hosp 16 days  
Sickbeds  
Chotain 30 days mumps

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?

- (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 Hazleydown

Signed (Soldier)

Arthur A. Anderson

Date 6-11-18

Signed

R. G. Woods

Witness

## 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 admitted 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 Anderson Arthur (Surname) (Christian names in full)

Unit from which discharged Royal N. Field

Regimental Number 5062 Rank on discharge Plt Age on discharge 24

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life }  
 Nature and locality of employment desired }

Full postal address to which proceeding on discharge }

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
Disallowed	<u>Royal N. Field</u>	<u>2</u>	<u>10</u>	<u>India</u> <u>South Africa</u> <u>England</u>	<u>—</u>	<u>90</u>
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 St. Albans, Herts. 13th Jan 1874

Colour of hair on discharge Brown Colour of eyes Brown Complexion Pale

Christian name of father Thomas

Christian name of mother Mary

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 Form 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

15 May 1918 St Johns Nfld

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) Arthur B Anderson

Rank \_\_\_\_\_

Date \_\_\_\_\_

Pte 3-11-18

Station Hazelton

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 Anderson Arthur  
(Surname) (Christian names in full)

**A.** Unit from which discharged Regal N. 75th

Regimental Number 5063 Rank on discharge Pvt Age on discharge 24

Married, widower with children, or single single

Occupation before enlistment Fisherwoman

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

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
 proceeding on discharge } Officer Point N. 75th

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness Jeckelby, J.B.

**B.** Service with Colours \_\_\_\_\_ years 210 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 1918.

Station Hazley Lines

Date 2-11-18 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. 3463n 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.



**LAST PAY CERTIFICATE**

OFFICE COPY

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. 5068 Rank Private Name Anderson A Unit ROYAL NEWFOUNDLAND REGT who was Transferred  
to Newfoundland on 12/11/18 Authority 601 Cause Repatriation

**STATEMENT OF ACCOUNT**

	PARTICULARS	£	s	d		PARTICULARS	£	s	d	OR.	
PERIOD: From 26/10/18 To 22/11/18	Balance Dr. from 26/10/18 - 11/11/18					Balance Cr. from 26/10/18 - 11-11-18					
	Allotment 17 days @ 70	111	90	12	8	11					
	Cash Payments: 2/11/18				10	0	117	00			
	9/11/18				15	0	11	70			
	Other Debits: Barrack Damages					6	118	70	13	16	10
	Household Expenses										
	Book				2	5					
	Banker										
	Total Debits	4	90	13	16	10	18	70	13	16	10
	Balance due by Paymaster						Balance due to Paymaster				
				13	16	10					

Copies sent to Mr G M H. G. H. Ld. 11/11/18

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

26/10/18 - 27/11/18 191  
(Place) HAZELEY DOWN CAMP. (Date) 11/11/18

Harold Stanger 9/18  
O.C. "9" Company.

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

Pay & Record Office, London,

RECEIVED  
17 SEP. 1918  
COUNTY LAB

Outfit Number..... 5-

Result of the examination of the specimen of..... sputum..... taken from

Reg. No. 5063..... Rank..... Pte..... Name Anderson..... Arthur.....

Corps..... 211 Reg. Chef.....

Result..... Tubercle bacilli not found.....

SPECIALIST SANITARY OFFICER

17 SEP. 1918

THE CASTLE, WINCHESTER..... 191.....

R. A. Hyatt

Specialist Sanitary Officer.

TO BE LEFT BLANK.

Anderson, A.B.

5063

Ray Dept.



## Medical Report on an Invalid.

Station HAZELBY DOWNS, WINCHESTERDate 5 - 11 - 18

- |   |   |
|---|---|
| 1. Unit <b>ROYAL NEWFOUNDLAND REGIMENT</b><br>2. Regimental No. <b>5063</b><br>3. Rank <b>PTE</b><br>4. Name <b>ANDERSON, ARTHUR B.</b><br>5. Age last birthday <b>24 years</b><br>6. Enlisted <span style="font-size: 2em; vertical-align: middle;">{</span> on <b>May 15th '18.</b><br>at <b>St. John's</b> | 7. Former Trade }<br>or Occupation } <b>Fisherman</b><br>7A. If with previous service in Army, state—<br>(a) Former Unit;<br>(b) Regimental No.;<br>(c) Date of Discharge;<br>(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).*

**DEBILITY (?) T.B.**

#### 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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- During voyage across, he contracted mumps, and was admitted Fort Pitt Hospital, Chatham; on joining Depot he was very debilitated, and was kept under observation for 12 days, then sent to Hospital where he was for 16 days. Since then he has been on light duty in fresh air, and tonics 3 times a day. He is unfit for any military duty.**
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).
- Attributable to, and aggravated by, service during the present war.**
- (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.



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.*

**He is thin, pale, and debilitated. Flat-chested, easily fatigues under very slight exertion. Has a hard hacking cough. Sputum copious and negative, rapid running.**

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?

**N.A.**

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 any 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 **HAZELBY DOWN, 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 year, (B) due to causes not connected with present year, 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 **aggravated by**

- (i.) Service during the present war; **Yes**
- (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.

(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?

**6 to 9 months or more**

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

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.

**100% while in hospital**

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; **----- Jensen Camp**
- (b.) Hospital;
- (c.) Convalescent home;
- (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**

**E. PATERSON, Major**

Members.



Station **DEC 2 1918**

**(Sgd) CLUNY MACPHERSON, Major** D. M. S. NEWFOUNDLAND.

Date No. ....

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), E., or E.(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. of Army Form W, 3463A and W, 3463B are to be completed by the soldier or by a next of kin.

Part A. of Army Form W, 3463A and W, 3463B are to be completed by the Officer i/c Records.

Soldier's Name Anderson Arthur (Surname) Royal T.F.L.D. (Christian names in full)

Unit from which discharged Royal T.F.L.D.

Regimental Number 5662 Rank on discharge PLD Age on discharge 34

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life }  
 Nature and locality of employment desired }

Full postal address to which proceeding on discharge }

Name of Approved Society (if any)

Part B. and C. are to be completed by the Officer i/c Records.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
Disallowed	<u>Royal T.F.L.D.</u>		<u>210</u>	<u>India</u> <u>South Africa</u> <u>England</u>		<u>90</u>
Service towards pension						

Number of G.C. badges medals

Wounds and actions in which received

Part D. of Army Form W, 3463A and W, 3463B are to be completed by the Officer i/c Records.

Part D. of Army Form W, 3463A and W, 3463B 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.

Part D. Where born (parish, town and county), and date Offen St. field 13 Jan 1894

Part D. Colour of hair on discharge Brown Colour of eyes Brown Complexion Light

Christian name of father Thomas

Christian name of mother Mary

**NOTE.**—Army Forms D. 400 and W. 3463A and B are issued in sets of 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 to be filled in and sent 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 Form 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.

Who's maiden name in full \_\_\_\_\_  
Date and place of marriage \_\_\_\_\_  
Descriptive features of a Soldier medically certified  
Transfer to the Reserve

Christian names of children and dates of birth \_\_\_\_\_  
Date and place of 1st enlistment 15 May 1916 Stephens W. F. 40

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) Arthur B Anderson Rank Pvt  
Station Haybury Wood 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.

Station \_\_\_\_\_  
Date 191 \_\_\_\_\_  
Insert P. or F.(T) \_\_\_\_\_  
Officer i/c Records \_\_\_\_\_

## 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 Anderson Arthur (Surname) (Christian names in full)

**A.** Unit from which discharged Royal Tank Bn

Regimental Number 5074 Rank on discharge Pvt Age on discharge 24

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life \_\_\_\_\_

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which 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.—Part B. of this Army Form and Army Form W. 3463a 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 (xviA), King's Regulations.

**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 Anderson Arthur  
 (Surname) (Christian names in full)

**A.** Unit from which discharged Royal W. F. L. B.

Regimental Number 5062 Rank on discharge Plt. Age on discharge 24

Married, widower with children, or single Single

Occupation before enlistment Fitter (mechanic)

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

Nature and locality of employment desired \_\_\_\_\_

Full postal address to which }  
 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.

*Officer i/c Records filled 13 January 1919*

COPY.

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

MEDICAL HISTORY of

Surname Anderson Christian Name Arthur B.

TABLE I—GENERAL TABLE.

Birthplace ... Parish Ottens Point Driffield County Yfild

Examined ... { on 15<sup>th</sup> day of May 1918.  
at St. John's

Declared Age ... 22 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 4 1/2 inches.

Weight ... 111 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.  
Range of Expansion 3 inches.

Physical Development ...

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

When Vaccinated ... 9 years ago

Vision ... R.E.—V— 6/6  
L.E.—V— 6/6  
(a) ...

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

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

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

Enlisted ... at St. John's  
on 15<sup>th</sup> day of May 1918

Corps.	Regtl. No.
<u>The Royal Yfild</u>	<u>5063</u>
<u>Regt</u>	

Became non-effective by

on ... day of ... 1918

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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, 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
	Day	Month	Year	Day	Month	Year				
Fort Detrick, Chatham	9	9	18				Prostatitis		Admitted suffering from Prostatitis. Had a high temp for few days, and wearing 100° Developed Orchitis. Has recovered. Transferred to camp.	G. L. Shaw Capt. U. S. A. No. C
Wagley Barracks	16	9	18	2	10	18	D. O. H.	16	Improved. Discharged to duty	A. S. A. Leonard Capt. U. S. A. No. C



**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
16-5-18	Vacc IP.
25-5-18	Inoc IP.
20-7-18	I.A.B. IP.
5-11-18	<p>Boarded Hazelby Woodcamp Posted F. Category                      Ability? I.B. (Authority No. of the Letter)                      J. St. P. Knight                      Capt. Royal Telford Regt.</p>

**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

COPY

**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, BERTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Anderson Arthur B.* Regl. No. *5863* Rank *Plt* Unit and Corps *P.B. Field*  
 (Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering.

*Ability? F. 15*

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopedic 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?

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.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

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

Signature .. .. . President.

Station *Stagley Wood* .. .. .

Date *5.11.18* .. .. .

} Members.

Approved

Station .. .. .

Date .. .. .

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

**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. 5063

Rank Plt

Name Anderson Arthur B.  
(Surname) (Christian Names)

Unit and Corps } .....

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?  
  
 (b) In what capacity?

England  
  
Infantry

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.)

3rd complaints from which I suffer from <sup>to</sup> my knowledge I had it before joining the army but since it has been getting far worse.

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

Hazley Wood Hosp 16 days  
Debility  
Chatham Camps 30 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?

- (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 Hazley Wood.....

Signed (Soldier) Arthur B. Anderson

Date 5-11-18.....

Signed F. J. Woods.....

Witness.

**NEWFOUNDLAND POSTAL TELEGRAPHS.****CABLE CONNECTION WITH ALL THE WORLD.****ALL MESSAGES SENT ARE SUBJECT TO THE FOLLOWING CONDITIONS:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED.)**Signature of Sender \_\_\_\_\_ Address **Militia Department**

Line Number	Rcd	By	Sent	By	Check

Dated December 9th., 1918.To #5063 Pte Anderson, Port au Basque.

**Am sending order for return passage Will arrange  
pay when account received from London**

*Paymaster*  
~~Assistant Secretary~~

~~Patriotic Fund.~~



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. WS Sent by W.S. Rec'd by W.S. Check 26 Coed

Place from St John's  
 To St John's Registrar



Arrived here by express  
 from St John's last night  
 enroute others present have  
 no money pay board and  
 did not get an order for  
 ticket back to St John's when  
 I return to enter hospital  
 advise private a anderson  
 number 5063

Ain sending order for  
return passage. Will arrange  
pay when account received from  
London.







COPY.

July 8th., 1919.

From:- D. H. S.  
To :- W. P. C.

5063, Pte. Anderson, A. B.

Please note that the marginally noted  
man was discharged from Jenson Camp  
July 8th., 1919.



*Cluny Macpherson*

AMB.

Major, D. H. S.

C/o Murray Anderson, Esq.  
62 East 34 Street.  
New York City.  
18 Oct. 1919.

The Hon. Minister of Militia  
St. John's, Nfld.  
Sir.

I acknowledge with  
thanks, receipt of cheque  
no. 14212, dated Oct. 4. 1919,  
for \$112.00 from your  
Department.

I am,

Sir

Your obedient servant,

File H. B. Anderson. Capt.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$70<sup>00</sup><sub>00</sub>

July 8 1919

Received from the First Newfoundland Regiment  
the sum of seventy Dollars.  
on account of Pay. W. H. Anderson  
balance

Ch. No. <u>2505</u>	Initials. <u>EW</u>
Pay Ledger <u>410</u>	Initials. <u>W</u>
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

No. 5063

Rank Pfc

Name A Anderson

5063 Pte. A. B. Andrews  
Clothing

\$60.<sup>00</sup>/<sub>100</sub>

Ch. No. 8404

Frederic Jones

Reg. No. *1063* Rank *Pfc* Name *Anderson, A*

Attested ..... Address *Others Pt Surin*

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

Date of Allotment ..... Returned from Overseas *28-11-18*

Embarked for Overseas ..... Cause *Discharge*

*2-12-18* *Lee fits - Apparently unfit & Admission to Jones Camp*

*10-1-19*

DISCHARGED - MEDICALLY UNFIT





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
55.

Regiment of *Royal Newfoundlands*

Number of Sheet *one*

Signature of O. C. Company *W. Dicks Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<i>5063 Anders A. B.</i>	Age on	<i>22</i> years <i>12</i> months	<i>Fisherman</i>				
Joined		Date of Enlistment						Religion
Joined		<i>15 5 18</i>		<i>Method</i>				
Joined		Period of	with Colours <i>2 1/2</i> years.					Place of Birth
Joined			with Reserve <i>3 1/2</i> years.					<i>Atter Point</i>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Regularly Drunk</i>	<i>St Johns</i>	<i>10 1/9</i>			

To be carried over

COPIES SENT		
To	No.	DATE
M. of M.	<i>182.47/186</i>	<i>11 18</i>
O.C. 1st. Bn.		
" 2nd. Bn.		

Army Form B. 121.

**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 Nflds. Regt.*
2. Regtl. No. *5063* 3. Rank. *Pte.*
4. Name *ANDERSON Arthur B.*  
(Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on *15 May 1919* at *St John's*  
in category (or grade).....
7. Former Trade or Occupation *Fisherman*
- 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 (b) Where (d) Particulars of Pension or Gratuity (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."  
*Debility? 9.13*

11. Date of origin of disability.

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.

*During voyage across the Contracted, mumps and was admitted Fort Pitt hospital Chatham on joining depot he was very debilitated and was kept under observation for 12 days then sent to hospital where he was for 16 days since then he has been on light duty in fresh air and horrid 3 times a day. He is unfit for any military duty*

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

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.)
- He is thin, pale and debilitated. Flat chested easily fatigued under very slight exertion has a hard hacking cough, Sputum copious and negative, rapid running pulse,*

16. Was an operation performed? If so, when and what was its nature? *No.*
17. If not, was an operation advised and declined? *na.*
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? *na.*
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? *na.*

20. Do you recommend—
- (a) Discharge as permanently unfit? *Discharged as permanently unfit for any military service.*
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station *Hazley Court Wincobster*

Date *3-10-18*

*Mr. C. H. M. R. G. D. 1*  
Medical Officer in charge of case.

\* 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.

*Debilty*

(b) The present condition thereof.

*Weight 117 1/2 lbs Temp. normal pulse 80  
Accompaniments - at left apex - front & back  
Fell overboard last winter - has had a cough  
off & on ever since - Mother died of T. B.*

22. State whether the disabilities are:—

- (i) Service during the present war .. .. .
  - (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 .. .. .
- Give details:

(a) Attributable to

(b) Aggravated by

*Yes* .. .. .  
.....  
.....  
.....  
.....

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

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

(a) How long is the present degree of disability likely to last?

*6 to 9 months or more*

(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).
- (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?

*100% while in hospital*

*20%*

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?
- 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)?

*Yes*

Opinion of Military Member in case of disagreement.

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?

*Admission to Reservoir Camp*

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

Station

Date

*St. John's*  
*Dec 7/18*

*H. H. ...*  
*F. ...*  
*L. B. ...*

President or Chairman.  
Members.

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

Station

Date

Officer in charge, Central Hospital.

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

Date



O.C. Discharge Centre.

D. M. S. NEWFOUNDLAND.

Not applicable in case of Patients in Hospital.