

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.Number of Sheet *First*Regiment of *Newfoundland Forestry Company* Signature of O. C. Company *Hugh H. King*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. <i>8018</i>	<i>R. H. Andrews</i>	Age on	<i>25</i> years <i>7</i> months	<i>Drafter</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date	Period of	<i>17-4-17</i>	<i>b. of. c.</i>	
Joined	Date	with Colours	<i>197</i> years.	Place of Birth	
Joined	Date	with Reserve	<i>305</i> years.		

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>St. John's</i>	<i>5/6/18</i>	<i>Private</i>		<i>Absent from Tattoo Roll Co. 4/18 with same 6/5/18</i>	<i>C. S. Taylor, J. Miller</i>	<i>10 days extra work</i>	<i>4/5/18</i>	<i>Hugh H. King</i>	<i>for 10 days extra work</i>
<i>Demobilized St. John's 19<sup>3</sup> 19</i>									
<i>To be carried over</i>									

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8018 Rank Pte Name John Andrews  
 Intended place of residence St. John's
2. Occupation Draper  
 Classification of soldier A Medical Category HT
3. The above named man is discharged in consequence of DEMobilIZATION
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place St. John's  
 Date MAR 3 1919
- H. News H.  
 J. Comanding 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 ST. JOHN'S  
3-3-19
- R. Andrews  
 Signature of soldier  
E. Dicks Caph.  
 Signature of witness

## 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 ST. JOHN'S  
3-3-19
- R. Andrews  
 Signature of soldier  
E. Dicks Caph.  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 17. 11. 17 No of days on Military  
 Discharged from service 3 3 19 Service 714

## 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  
 Date MAR 3 1919
- R. H. Jait Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's  
 Date March 19/1919
- W. Bowley Capt.  
 Officer in Charge  
 The Royal Newfoundland Regiment

DOB 2079/1103

14  
31  
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37

ST. JOHN'S, FEB 7 - 1919

# Newfoundland Forestry Companies

Billeting Account,

To Mr. R. Andrews

Billeting Soldiers as undermentioned

from Dec 23<sup>rd</sup> / 18 to Feb 4<sup>th</sup> / 19

*[Handwritten initials]*

2018 - Mr. R. Andrews 45 40

ACCOUNT	<u>B &amp; M</u>	INITIALS	<u>EW</u>
GN NO.	<u>415</u>	INITIALS	
IND. LEDG. NO.		INITIALS	
PAY LEDG. NO.		INITIALS	
EMP. LEDG. NO.		INITIALS	

Certified correct for \$ 45.40

*R.J.* Joseph H. Snow  
for Billeting Officer.  
R. A. Andrews



**Department of Militia, Newfoundland**  
**Medical Department**

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***Medical Report on an Invalid***

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

**STATEMENT OF CASE**

Station .... **ST. JOHN'S.** .....

Date .... **FEB. 20TH. 1919.** .....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <b>Royal Newfoundland</b> | 5. Age last birthday <b>27</b>               |
| 2. Regimental No. <b>8018.</b>    | 6. Enlisted on <b>17TH. APRIL. 1918.</b>     |
| 3. Rank <b>PTE.</b>               | at <b>ST. JOHN'S.</b>                        |
| 4. Name <b>ANDREWS ROBERT</b>     | 7. Former trade or occupation <b>DRAPER.</b> |
| 8. Disability <b>INFLUENZA.</b>   |  |

9. History **SINCE RETURNING HOME ILL FOR 3 WEEKS. INFLUENZA AT HIS HOME.**

10. What is his present condition? **HAS RECOVERED FROM INFLUENZA NO SPECIAL DISABILITY**

**TO REPORT.**

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused? **NO.**  
operation

12. Do you recommend discharge as **YES.**  
permanently unfit?

Signature **ARCH. C. TAIT.**

Rank or Qualification **FOR. M.O. DEPOT.**

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes ~~the~~ <sup>NO</sup> disability x be considered as aggravated by:—  
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. **YES.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **NIL.**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **NIL.**
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to 

}	General Hospital,
	Naval and Military Con-
	valescent Hospital,
	Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:— **A1**

..... **N. S. FRASER.** .....  
President

Signatures..... **F. S. TAIT.** .....

..... **L. PATERSON. MAJOR.** .....

Place **ST. JOHN'S.** .....

Date **FEB. 22ND. 1919.** .....

APPROVED  
Station .....  
Date .....  
**NEWFOUNDLAND**

(SGD) **CLUNY MACPHERSON. MAJOR.** ...  
Administrative Medical Officer



## 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           **ANDREWS    ROBERT.**

Regiment from which discharged   *Royal Newfoundland*

Regimental number           **8018.**

Intended address           **37 MERRYMEETING.**

Height on discharge           **5 Feet    10½**

Color of hair on discharge       **BLACK**

Complexion                   **FAIR**

Color of eyes                 **BLUE**

Descriptive Marks           **SCAR LEFT JAW.**

Figure on discharge           **MEDIUM**

Christian name of Father       **ROBERT**

Christian name of Mother       **MARY**

Wife's maiden name in full   **MINNIE L. BOWDEN.**

Date and place of marriage   **SEPT 12TH. 1911.    ST. JOHN'S.**

Christian names of children   **WINNIE.    HERBERT.**

Place and date of soldier's birth   **PORT DE GRAVE. 12TH SEPT. 1891.**

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)   **HERBERT L. ANDREWS.**

(Rank)   **PTE.**

Station   **ST. JOHN'S.**

Date   **20/2/19.**

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.

Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

Date

N<sup>o</sup> 412



# Newfoundland Forestry Companies.

I, Robert H. Andrews, Regl. No. 8018

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seven @ half Dollars and half Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins May 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
200	Friend	Herbert Jeaus	Cabot Bldg Water St	7 1/2 Cents
This allotment begins <u>May 1<sup>st</sup> 1917</u> until <u>Sept 24. 1919 inclusive</u>				<u>666 days</u>
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) M. A. Baird  
Officer Commanding  
Company  
St. Johns  
May 15<sup>th</sup> 1917

(Sig.) R. H. Andrews  
etc.  
(Rank) \_\_\_\_\_