



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *S 484* Name *Walter Gattwood* *Ed J*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <i>Walter Gattwood</i> |
| 2. What is your full Address? | 2. <i>Safe St. Br. B.</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>21</i> years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Fisherman</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
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, *Walter Gattwood* 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.

Walter Gattwood SIGNATURE OF RECRUIT.
James P. Mann Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Walter Gattwood* 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 stated 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 *17* day of *May* 191*5*.

Signature of Attesting Officer *Edwards*

† 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*5* }
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)

DESCRIPTIVE REPORT ON ENLISTMENT

5484

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

Name Walter Attwood
 Apparent age 21 years months. Height 5' feet 5 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alma Attwood
Safe No. P.S. | 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'opot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-5-18</u>									
Joined at <u>Alma's</u> on <u>Monday 27-19-18</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked Alma's SS Lusitania to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-19</u>									
<u>Arrived to England 1-7-1919</u>									
<u>Demobilization Alma's 7-8-1919</u>									
Total Service forfeited as above <u> </u>									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge)					<u>1</u> years	<u>73</u> days			
Pensions <u> </u>									

C.R. 5484

extract from daily orders part II Royal Newfoundland Regt.
depot St. John's dated August 18th 1919.

The discharge of the undemoted on mobilization has been
CONFIRMED by officer i/c records from noted date
7-8-19.

5484, Pte. W. Attwood.

C.R. 5484

Extract from Daily Orders Part 11 unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 24-7-19.

5484 Pte. W. Atwood.

C.R. 5484

Extract from Daily Orders Part III Unit The Royal Rifle Regt.
St. John's, July 2nd 1919.

5484 Ptel W. Atwood.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R.

5484

Extract from Medical Board held on July 7th. 1919.

The following were the findings.

#5884 Pte. WQ Attwood.

Recommended discharge from the Army.

ADMISSING TO N.&.M. CONVALESCENT HOME.

C.R. 5484

**Extract from Daily Orders By Major H.S. Sullivan,
Commanding Newfoundland Forestry Companies. 6-12-18.**

**The undermentioned having reported for duty
from 2nd Bn. Royal Nfld. Regt. is attached to the
strength for rations from this date, and posted to
"D" Company.**

5484 Pte. W. Atwood.

C.R. 5484

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

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

#5484 Pte. Walter Atwood..

C.R.5484

Extract from Daily Orders part 11, from Unit
The Royal Nfld. Regt. St. Johns dated May 29, 1918

#5484 Pte. W. Atwood.

Attested for General Service with the Royal Nfd
Regt. from May 27, 1918

W Attwood

C.R.

5484

~~PRD~~

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 Dr. Transport Coy* } Former Trade } *Lithuanian*
or Occupation
2. Regtl. No. *84 B.4* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Admasood* *Walker* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos. .
5. Age last birthday *29*.....
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
(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. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (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 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.)

The complainant of no disability

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 ?

Repatriation

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

W. P. Proemier Capt. Rame
 Medical Officer in charge of case.

Station *Wagley Barr*

Date *17/19*

* 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



THE ROYAL NEWFOUNDLAND REGIMENT

I, Walter Attwood ALLOTMENTS Regl. No. 5484
5484

hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
concerned, viz.:

Allotment begins August 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4500</u>	<u>Father</u>	<u>Elias Attwood</u>	<u>Safs. Str. Bonavista</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

(Sig.) Swatson Lieut
Officer Commanding
E Company
St. John's
July 8 1918

(Sig.) Walter Attwood
(Rank) Plt



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Attwood, Regl. No. 5454

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

Allotment begins August 1st 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4500	Father	Eliaz Attwood	Saifs, St. J. Bonavista	60
Total Allotment, \$				60

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.) Crawson
Officer Commanding
Company

(Sig.) Walter Attwood
(Rank) Plt

St. Johns
July 8 1918

No. 18600/2067

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

18th November 1918

Nov. 20th 1918

Subject: 5484, Pte. W.G. Atwood,

With reference to the following telegram (9869) from the Hon. Minister of Militia, received

pay to 5484 Attwood £3:2:0

Draft £3:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minshall Maj.
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Chas. J. F. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Three pounds two shillings on account of cable remittance from Newfoundland.

W. G. Atwood
No. 5484 Rank Pte.
Witness A. L. Carter, Pte.

157
No. 6167/897

N.W.F. 100.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment,
Winchester.

22nd April 1919

April 28th 1919

5484 Pte Attwood W.G.

With reference to the following telegram from the Minister of Militia / / (146)

"Pay to- ~~5484~~ W.G. Attwood
£4. 0. 0.

Cheque £ 4. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. [Signature]
OFFICER COMMANDING
2ND BATT. RYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL.

Received the sum of £4. 0. 0

Four pounds in respect of telegraphic remittance from the Minister of Militia.

W. Attwood
No. 5484 Rank Pte.

Witness Geo. Perry

No. 2240/332.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

*P.D. 06710
2/19*

10th February 1919

Feb. 13/ 1919

5484. Pte Attwood. W.

Receipt hereunder.

C. Kanit

With reference to the following telegram from the Minister of Militia / / (7)

LIEUT. COLONEL.
OFFICER COMMANDING
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5484. Attwood.

£8.0.0.

Received the sum of £8.0.0.

Cheque £8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Eight Pounds in respect of telegraphic remittance from the Minister of Militia.

A. D. [Signature]

Chief Paymaster & O. i/c Records.

W. Attwood

No. 5484 Rank Pte

Witness

Geo. [Signature]

C

Attwood, W

5484

Ag Sept.

August 7th 1919.

#5484, Pte. W. Attwood,

Safe Hr. B.B.

Dear Sir :

Enclosed please find Discharge Certificate
3550.

Yours truly,

RS.

Capt. &
Officer i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5484 Rank Pfc Name Atwood W.
 Intended place of residence Safe H²

2. Occupation Fisherman
 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, ST. JOHN'S

Date JUL 10 1919

[Signature]
 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, ST. JOHN'S

Date JUL 10 1919

W. Atwood
 Signature of soldier

J. A. Howley
 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, ST. JOHN'S

Date JUL 10 1919

W. Atwood
 Signature of soldier

James O'Brien
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 27-5-18 No. of days on Military
 Discharged from service... 24-7-19 Plus 14 days Service... 438

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 JUL 24 1919

R. Cooper 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 August 7/1919

M. Howley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

AD B 2079/3550

5
20
31
7
73

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5484 Rank Plt Name Attwood W.
 Date of Enlistment 27-5-18 Address Pajo #1 District Bonaville
 Occupation Postman Classification for Discharge F-B Medical Category E1
 Recommendation S.M.B. physically fit Disability Rating 100% While in Hosp.
 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 10-7-19O. C. Discharge Depot W. H. #1

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am..... 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

(b) ~~Clothing Supplied~~

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 10004 to his home at 25 Johns and Release Certificate No. 34230 issued.

Date 10-7-19

J.A. Snowcliff
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 7-8-19

Date 11-7-19

J.P. [Signature]
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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 10-7-19

J.A. Snowcliff
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

JUL 24 1919

Date

N.P. Cooper Capt
O. C. Discharge Depot.

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

Date

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. Atwood
Signature of Man.

Reg. No. 3284

J. H. Snowdust
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

10-7-19

191

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

MEDICAL HISTORY

Surname Attwaaa OF Christian Name Walker J

Table I.—GENERAL TABLE.

Birthplace:—Parish Sable St. B.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	day of	191
Examined	27	St Johns		
Declared Age	21	years		
Trade or Occupation	Fisherman			
Height	5	feet		
Weight	127	lbs.		
Chest Measurement	Girth when fully expanded	36	inches	
	Range of Expansion	4	inches	
Physical Development				

Vaccination Marks	Right	Left	Right	Left
	Arm	/		
Number	15			

When Vaccinated	10 Nov 1910			
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) L. Amant Peterson
 (Rank) _____ Medical Officer.

Enlisted	at	St. Johns	at	
	on	27 day of May 1911	on	day of 191
		Corps		Regtl. No.

Joined on Enlistment... The Royal Nfld Regt
Nfld Regt


Transferred to... _____

Became non-effective by _____

(Signature) _____ on _____ day of 191 _____ on _____ day of 191 _____

(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 readmissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	21	MAR	1919	23	3	19	German Measles	2	Transferred to Isolation hut in Reg ^l lines.	65 th Mivian Capt R. M. M.



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 *Attwood. Walter*

Regiment from which discharged *Royal Newfoundland*

Regimental number *51184*

Intended address *Capt. A. B. B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black.*

Complexion *Fair.*

Color of eyes *Brown.*

Descriptive Marks *Birthmark upper lip*

Figure on discharge *Med.*

Christian name of Father *Alas.*

Christian name of Mother *Caroline.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Capt. A. 30 Nov. 1896.*

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) *Attwood Walter*

(Rank) *[Signature]*

Station *St. John's*

Date *4-7-19*

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

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 Newfoundland**,.....
2. Regt. No. **5484**. 3. Rank.... **Pte.**.....
4. Name **Attwood Walter J.**.....
(Surname) (Christian Names)
5. Age last birthday.....
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 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
(b) Where (if any)
(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."

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.

H I L .

14. State whether the disabilities are

(a) attributable to (b) aggravated by

- (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 man's part. }

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

15. What is his present condition? **He complains**
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

of his disability.
July 4. He now complains that as seen as he gets a cold. He has a pain in his chest. Cough Expansion good.

(J. ST. P. KNIGHT)

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.

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— **REPATRIATION.**

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

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

(SGD) W.E. PROCUNIER, CAPT.

Medical Officer in charge of case.

Station

Date

* 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.

(b) The present condition thereof.

Weight 146½ Lbs. Pulse 80. Temp. 99. 5 Months ago began to feel pain in chest & cough. Dullness Right lower Lobe. Accompaniments over lower Lobe Right Lung.

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

Yes.

(b) Aggravated by

No.

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

Infection.

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).

100% while in Hp.

(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?

N. & M. CONVALESCENT HOSPITAL

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 ... **JULY 5/19**.....

L. PATERSON, MAJOR.....

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

Station ... **JUL 5 1919**.....

(SGD) CLIFFY MACPHERSON, MAJOR,
 Officer in charge, Central Hospital.

{ Only applicable in cases of Patients in Hospitals.

Date ... No.

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.

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. *5484*.....

Name *A. Howard* *Walter*.....

Address *St. John's*.....

Present Medical Category..... *E*

Recommended for:— { (a) Immediate discharge

(b) Standing Medical Board.....

Members of Board {

R. H. East Major
O.C. Discharge Depot.

L. Peterson
Senior Medical Officer

Geo. Burden
M. O. Depot

Atwood.

How let - up for
Thompson Sea Cruise.
Report by for office.
Rec. letter to Mr. Br.

done

Cap. W.

Grant Aug
✓

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.

- 1. Christian name..... *Walter*..... 2. Surname..... *Atwood*
- 3. Rank..... *Pte*..... 4. Regtl. No..... *5484*
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Safe No 13B*
- 6. Date of enlistment in the Regiment..... *May 27/18*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
- 8. Relationship of such dependents..... *no*
- 9. Address in full of such dependents..... *no*
- 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 Hfld. If so, give dates and particulars of such service..... *England only*
- 12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 yr 1 mo*

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

..... *No*

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.

..... *No*

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

..... *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*

16. 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? (.) Date of discharge.

..... *July 10, 1919*

(b) Reason for discharge.

..... *Discharged*

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.

..... *England only*

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.

Walter Atwood

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Safe No B B
10th day of *July* 19...*19*...

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

John M. Caithy
J. P.

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct.

Paymaster

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.

Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to

No.

St. John's,

November 15th., 1919

To: - 1/17/19 The Paymaster.

5484, Ex-Pte. W. Attwood.

Please note that the marginally noted man was
DISCHARGED from the Naval & Military Convalescent
Hospital November 15th., 1919.

AJB

Qm A.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Attwood, Regl. No 3484 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins August 18/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4500	Father	Elias Attwood	Safe Mr. Bonavista	60
Total Allotment, \$				60

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.) Quartermaster
 Officer Commanding
 E Company

(Sig.) Walter Attwood
 (Rank) Plt

St. Johns
July 8 1918

5484

Feb. 20 20

~~XXXXXXXXXXXX~~ W.G. Attwood.
Safe Hr.

Dear Sir:

With reference to
your letter of recent date, balance of
War Service Gratuity was forwarded to you
on 9/2/20, please.

Yours truly,

Lieut.
For Paymaster

LM-


Safe Harbour

Jan 13/20

Minister Militia

Dear Sir:—

I am sending to you to see what about my Gratuity money which as been due to me two months ago I have only received one month out of four yet and that was the 15 of November would you kindly forward it by return mail by so doing you will kindly oblige me. 5484 Expts

Walter G. Attwood
Safe Harbour
Bonavista Bay
P. F. L. D.,


202⁴⁰ ba

mt day

9/2/20

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of The Royal Newfoundland Signature of O. C. Company C. S. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1484</u> <u>Attwood Walker</u>	Age on	<u>21</u> years <u>8</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>S. Johns</u> <u>27-5-18</u>	Religion	
Joined	Date	Period of } with Colours / <u>13</u> years. with Reserve / <u>3 1/2</u> years.	Place of Birth	<u>C. S. D.</u>	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>S. Johns</u>				<u>7-19</u>

To be carried over.

Army Form B. 121.

D 1484
Demobilization

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *5484* Rank *Pvt.* Name *Attwood W.*
 Date of Enlistment *22-5-18* Address *Cap St* District *Dominion*
 Occupation *Postman* Classification for Discharge *B* Medical Category *F*
 Recommendation S.M.B. *Physically unfit* Disability Rating *100%* *White & Hop*
 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 *10-7-19* O. C. Discharge Depot *R. H. News*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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

Date *10-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 23061A to his home at St Johns and Release Certificate No. 34230 issued.

Date 10-7-19

J.A. Smuleoff
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 7-8-19

Date 11-7-19

J.P. Miller
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
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 10-7-19

J.A. Smuleoff
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

N.P. Cooper Capt
O. C. Discharge Depot.

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

Date July 31 1919

Reg. No. *5484* Rank *Ho* Name *Alwards*

Attested Address *Bay - 4.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *Jul 1* 1919

Returned on S S *Cassandra* Cause *breach*

10 7 19
24 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

P. O. Box 262.

Pa'd Oct 2/19 Lewis Mumby
334 WATER STREET,

St. John's, N. F.,

Sept. 27, 1919

M. r. Walter Atwood

To D. GALWAY, Tailor.

The sum to order

\$70-00

8484 Reg No
1934 PV

Certified correct Paid
Cheque No 5824

Walter Atwood

100.
334 WATER STREET,

St. John's, N. F., Sept. 27th/19 191

M.

To D. GALWAY, Tailor.

Kindly supply Ex-Pte. Attwood with one suit of clothes, and sent bill certified by him to this Dept.

W. H. Bosson
Secretary.

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 Newfound Land* }
 2. Regtl. No. *5484* Rank. *Pl.* } Former Trade or Occupation } *Indo-China*
 3. Name *Arthur* *Waller J.* }
 (Surname) (Christian Names) }
 4. Age last birthday. *23*
 5. Posted for duty on at.....
 in category (or grade).....
 6. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
 7. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 8. 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 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. *2nd*
 12. Place of origin of disability. *1st*
 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. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (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 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.)

The complainant of no disability.

has of late no complaint that as soon as he gets a cold he has a pain in his chest. Comp - respiratory part.

W.P.

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?

Repatriation

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.

W.P. Proenier *Capt R.A.M.C.*

Station *Wazeley Barr*

Medical Officer in charge of case.

Date *6/1/19*

* 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.—(1) 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.
- (b) The present condition thereof.

*Weight 146 1/2 lbs 80 temp 99
Five months ago began to feel pains in chest &
Cough. Dulness right lower lobe, accompaniments
over lower lobe right lung*

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

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

Give details :

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

Infectious

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).

100% while in Hosp

(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?

how long Hosp

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 *Selby*

Date *July 5, 1919*

Station

Date

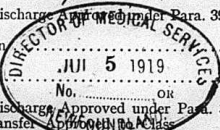
Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved under Class of the Reserve.

(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.



W. A. ... } President or Chairman.
W. A. ... } Members.
W. A. ... } Only applicable in cases of Patients in Hospitals.