



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2244 Name Samuel Blake Corps

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

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

FOR THE DURATION OF THE WAR

I, Samuel Blake 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.

Samuel Blake SIGNATURE OF RECRUIT.

8. Mar. 9th 1916 Garold W. Gyle Signature of Witness.

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

I, Samuel Blake 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 10th day of March 1916

Signature of Attesting Officer Garold W. Gyle

### †CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Blake  
 Apparent age 18 years ..... months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. George Blake, Swillingate  
 | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

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

2244



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2244 Name Samuel Blake Corps

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

1. What is your name? ..... 1. Samuel Blake
2. What is your full Address? ..... 2. ....
3. Are you a British Subject? ..... 3. Swilling etc
4. What is your age? ..... 4. 18 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, Samuel Blake 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.

Samuel Blake SIGNATURE OF RECRUIT.

8. Mar. 9th 1916 Carroll W. Price Signature of Witness.

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

I, Samuel Blake 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 10th day of March 1916

Signature of Attesting Officer Carroll W. Price

### †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..... } Approving Officer.  
Place.....

† 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

214

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

Name Samuel Blake  
 Apparent age 18 years ..... months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. George Blake, Swillingate  
 | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>9.3-16</u>									
Joined at <u>M. John's</u> on <u>March 9<sup>th</sup> 16</u>									
<u>Discharged Invalid Dec. 14/1918</u>									
Embarked <u>M. John's S.S. Section</u> for <u>Det. 19<sup>th</sup> Co</u> Embarked for <u>B.C.F. 5<sup>th</sup> Co</u>									
Joined <u>Bathurst</u> <u>14-10-16</u> Wounded <u>14<sup>th</sup></u> Submitted <u>5<sup>th</sup> Co</u> <u>Gen. Hosp. Boulogne</u>									
<u>PSN. Reg. Force</u> <u>16<sup>th</sup></u> Invalids to <u>England</u> <u>19<sup>th</sup></u> Submitted <u>5<sup>th</sup> Lt. W. Wandsworth</u> <u>20<sup>th</sup></u>									
Surgeon then attached <u>Sept 24<sup>th</sup></u> <u>Embarked</u> for <u>B.C.F. 7<sup>th</sup></u> <u>by</u> <u>John Barton</u> <u>18<sup>th</sup></u> <u>Wounded in Action</u>									
Submitted to <u>Gen. Hosp. Lower PSN Arm &amp; Reg. Dep. 6<sup>th</sup></u> Invalids to <u>England</u> <u>11-12-17</u> Submitted									
<u>Richmond Military Hosp.</u> <u>12<sup>th</sup></u> <u>transferred</u> to <u>Wandsworth</u> <u>21<sup>st</sup></u> <u>Surgeon</u> then posted to <u>May 13<sup>th</sup> 18.</u>									
So transferred for demobilization <u>12<sup>th</sup></u> Arrived <u>Wandsworth</u> <u>29. 11. 18.</u>									
<u>Discharged Medically Invalid 14-12-18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-12-18 (date of discharge) 2 years 281 days  
 Pension .....

C.R.

2244

Extract from Daily Orders part 11, Depot  
St. John's dated December 18th., 1918.

---

#2244 Pte. Samuel Blake

Having been found medically unfit is discharged  
from 14-12-18.

C.R. 2244

Extract from Medical Board held Saturday Nov. 30th, 1918.

2244 Pte. S. Blake.

Recommended Discharge - Permanently Unfit.

M.M.

C.R. 2244

Extract from Telegram from Synoptical, London  
dated November 13th, 1918.

2244 Blake.

The abovementioned having embarked by the Government  
transport for St. John' N. B. November 12th.,  
Documents with Carty. Being sent Home for Discharge.

BC.

C.R. 2244

Extract from Nominal Roll Embarked London, f of Overseas  
Nov. 18th, 1918 Major Garty, Conducting Officer.

BEING SENT HOME FOR DISCHARGE.

2244 Pte. S. Blake,

ML



C.R. 2244

Extract from Orders By. Lt. Col. Barton, B.J. D.S.O.  
Commanding 2nd Bn. Royal Nfld. Regt. 15-8-18.

The following having reported back from the 1st Battalion is  
posted to "H" Company;-

2244 Pte. S. Blake.

FC 2244

Extract from Despatches received from S & R office  
London, dated 1-8-18.

2244 Pte. S. Blake,

Ex Conval. Hesp Eastbourne, 1-8-18, is granted furlough to ~~start~~ 10-8-18. Fit for category B.iii,

C.R. 2244

Extract from Daily Orders, Part 11, UNIT: The Royal W.M. Regt.  
dated 29th. Dec. 1917.

~~SECRET~~

2244 Pte. S. Blake.

Invalided to U.K. 11/12/17.. Wted.

C.R. 2244

Extract of Casualties received from Pay & Record  
Office, London, dated December 18, 1917.

#2244 Pte. S. Elake. ✓

Gunshot wound right arm left leg severe.

Admitted 6th General Hospital, Rouen, 6th December  
1917.

C.R. 2244

Extract of Casualties received from Pay & Record  
Office, London, dated Decembe 16, 1917.

#2244 Pte. S. Blake. ✓

Wounded 4/12/17.

**'FOUNDLAND 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 \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated December 15, 1917.

To Mr. George Blake,

Twillingate.

Regret to inform you that Record Office, London, officially reports No. 2244, Private Samuel Blake, has been admitted to Richmond Military Hospital, suffering from gunshot wounds right arm, right foot and leg.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

R. A. SQUIRES,

Colonial Secretary.

**FOR TYPEWRITER**

C.R. 2244

Extract of Casualty list received December 15, 1917.

# 2244 Pte. Samuel Blake.  
-----

Gunshot wounds right arm right foot and leg.

At Richmond Military Hospital.

C.R. 2244

Extract of Casualty List received December 15, 1917.

Pte Samuel Blake.

At Richmond Military Hospital. Gunshot Wounds.



C.R. 2244

Extract from Casualties from Newfoundland Contingent  
admitted to various Hospitals 12/12/17.

TO RICHMOND MILITARY HOSPITAL  
RICHMOND, SURREY.

---

2224 Pte. S. Blake

C.R. 2244

Extract from Casualties List NO.H.A. 17347.

2255 Pte. S. Blake.

Lnfld. R. Adm. 6 Gen Hos. Rouen 6th Dec.17.  
GSW Arm R Leg L. Sev.

C.R. 2244

Extract from Nominal Roll of Draft No.29: 51 Other Ranks from 2/1st  
Newfoundland Regt., to 1/1st Newfoundland Regt., B.S.F. Embarked  
Southampton 7/9/17.

2244 Pte. Blake, S.

**NEWFOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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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

*Geo. M. Blake*

Address

Line Number

Rcd

By

Sent

by

Check

Dated

April 23, 1917.

To

Mr. George Blake,

Twillingate.

Record Office, London, today reports No. 2244,  
Private Samuel Blake, has now been admitted  
Wandsworth.

J.R. BENNETT

Colonial Secretary.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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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

*Frederick M. Sturley*

Address

Line Number

Rcd

*for Dept Sec*

Sent

by

Check

Dated

April 21, 1917.

To

Mr. George Blake,

Twillingate.

Regret to inform you that Record Office,

London, officially reports No. 2244, Private Samuel

Blake, was at Sixth Stationary Hospital, Freetown, and transferred to train ambulance April fifteenth, suffering from mild gunshot wound in left leg.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2244

Extract from Nominal Roll Embarked St. John's for Overseas.  
per S.S. "Sicilian" July 19, 1916.

2244 Pte. Blake S.

C.R. 2244

Extract from Nominal Roll of MFLA. Regt. Embarked South-  
ampton, 3-10-16. from 2nd Bn. Depot, to 1st Bn. B.M.F.  
draft No. 11.

2244 Pte. S. Blake.

C.R. 2244

Extract from Daily Orders part 11, Depot. St. Johns  
dated Nov.. 30th., 1918.

#3244 Pte. S. Blake.

*above*  
The ~~unders~~noted returned from Overseas and reported at  
Depot. 29-11-18.



D 2244

Dec. 2nd, 1918

From Asst. Adjutant,  
Discharge Depot

To Paymaster and Officer i/c Records,  
Militia Department

2244 Pte. S. Blake  
8220 " W. Crickard

The marginally noted men were recommended for discharge as permanently unfit by Medical Board held on Saturday, November 30th.

I am sending them herewith for your attention and necessary action, please.

COPY

St John's, Nfld.

Dec. 17th, 1918

Officer Commanding,  
Headquarters

Sir.

The unmentioned men have been discharged  
on the dates given. Kindly note and post in  
Daily Orders Part II.

I have etc.

(sgnd) J.M.HOWLEY

Capt etc.

4944	Pte.	Mugford, Jas.	Nov. 30th, 1918	Med. unfit
460	"	Butler, Alfred	Dec. 14th, 1918	do.
2244	"	Blake, Samuel	do.	do.

C.R. 2244

Saml. Blake was attested for General  
Service with the NEWFOUNDLAND REGIMENT ON March 9th 1916  
Regimental No. 2244 was allotted to Ptes Saml. Blake

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1914

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

Examination of *Samuel Blake*

aged *18* conducted at *Twillingate, Newfoundland*

Date: *Feb. 28th 1916.* Recruiting Officer: *W. J. Scott, M.D.*

NO. OF TEST

FINDING

1	<i>Yes.</i>	<i>✓</i>
2	<i>Yes.</i>	<i>✓</i>
3	<i>Yes.</i>	<i>✓</i>
4	<i>Yes.</i>	<i>✓</i>
5	<i>Yes.</i>	<i>✓</i>
6	<i>Yes.</i>	<i>✓</i>
7	<i>Yes.</i>	<i>✓</i>
8	<i>Yes.</i>	<i>✓</i>
9	<i>Yes.</i>	<i>✓</i>

*March 9/16*

10	<i>Negative</i>	<i>n</i>
11	<i>Foreign</i>	<i>n</i>
12	<i>Negative</i>	<i>n</i>
13	<i>Negative</i>	<i>n</i>
14	<i>Negative</i>	<i>n</i>
15	<i>Negative</i>	<i>n</i>
16	<i>Negative</i>	<i>n</i>
17	<i>Negative</i>	<i>n</i>
18	<i>Negative</i>	<i>n</i>

*No 2244*

19 *Sight good. Left Eye 6/9 Right Eye 6/6*

20	<i>Negative</i>	<i>n</i>
21	<i>Negative</i>	<i>n</i>
22	<i>Negative</i>	<i>n</i>
23	<i>Negative</i>	<i>n</i>
24	<i>Negative</i>	<i>n</i>
25	<i>Negative</i>	<i>n</i>
26	<i>Negative</i>	<i>n</i>
27	<i>Negative</i>	<i>n</i>
28	<i>Negative</i>	<i>n</i>
29	<i>Negative</i>	<i>n</i>
30	<i>Negative</i>	<i>n</i>
31	<i>Negative</i>	<i>n</i>
32	<i>Negative</i>	<i>n</i>

34 *Soft 5 1/2 in*

35 *About forty dollars per month 112 lbs*

36 *32 in. 32-35*

37 *About forty dollars per month.*

38 *Both parents living*

39 *No one.*

*7/1*

Signature of Medical Examiner: *E. V. Smith M.D.*  
*W. Burden*

S. Blake.

C.R.

2244

P.R.O

This space to be left blank for the Chelsea Number.



# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 2244 Army Rank Pls

Name Blake Samuel  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depôt, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age 22 years \_\_\_\_\_ months  
Height 5 feet 5 1/2 inches  
Chest measure { girth when fully expanded 35 ins.  
range of expansion 3 ins.  
Complexion Fair  
Eyes Grey  
Hair Blouse  
Trade Fisherman  
Intended place of residence { Willingale  
Newfoundland  
(To be given as fully as practicable)

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

COPIES SENT		
To	No.	DATE
M. of M.	18247/186	11/12
O.C. 1st. BN.		
" 2nd. BN.		

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to\*

\* Strike out if not applicable.

[OVER.]

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

# MEDICAL HISTORY

OF

Surname

*Pte Blake*

Christian Name



Table I.—GENERAL TABLE

Birthplace:—Parish

County

## SPECIAL RESERVE.

Examined ..... on *9* day of *March* 191*6* ..... day of ..... 191  
 at *St. John's, Nfld.* ..... at .....  
 Declared Age ..... *18* years ..... days ..... years ..... days  
 Trade or Occupation ..... *fisherman* .....  
 Height ..... *5* feet *5 1/2* inches ..... feet ..... inches  
 Weight ..... *112* lbs. ..... lbs.  
 Chest Measurement { Girth when fully expanded... *35* inches ..... inches  
 Range of expansion... *3* inches ..... inches  
 Physical Development... ..



Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number
When Vaccinated				

Vision ..... R.E.—V= *6/9* ..... R.E.—V= .....  
 L.E.—V= *6/6* ..... L.E.—V= .....



(a) Marks indicating congenital peculiarities or previous disease ..... (a) .....  
 (b) Slight defects but not sufficient to Cause Rejection ..... (b) .....



Approved by (Signature) *Lamon Peterson*  
 (Rank) *Capt* Medical Officer. Medical Officer.

Enlisted ..... at *St. John's* ..... at .....  
 on *4* day of *March* 191*6* on ..... day of ..... 191

Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
.....	<i>1st Nfld. Reg.</i>	<i>2244</i>		
Transferred to ..	<i>1st Newfoundland</i>			

Became non-effective by ..... on ..... day of ..... 191 ..... on ..... day of ..... 191  
 (Signature) .....  
 (Rank) .....

77/6

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 further 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				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	20	4	17	6	JUN	1917	G.S. W I 1 Slight	47	Wounded in France 14.4.17 To W.R. Mil. Hosp Mitchem	G. C. Hall Capt R.M.D.
							G.S.W IX 1 L leg slight			
HOLBORN MILITARY HOSPITAL DELINTON BARRACKS	6	6	17	13	6	17	G.S. 10 leg & foot R side of face	7	Healed in address in private. Discharged 6/17	Harold Bentley
Delinton Barracks	3	8	17	15	8	17	Soft Chancre	13	Wassermann blood test, negative. <del>Chanc</del> Is referred to 3rd Sec, Gen, P. Glasgow.	R Stewart. Capt, R.A.M.C.
3 <sup>RD</sup> Sec. Gen	15	8	17	28	8	17	Soft Chancre (736)	13	Wassermann = Negative - Chancre healed. R. T. 2nd Sec. Gen. Mitchem W.P. Corp.	
	12	12	17	21	1	18	G.I.W. VIII-1 IX-1 Rt arm Rt leg		29.12.17 Removal of piece of shrapnel, deepening Transferred 3 <sup>RD</sup> London General Hosp.	R. C. Munro Capt J.P. R. C. Munro Capt J.P.
3 <sup>RD</sup> London General Hospital Wandsworth	21	1	18	27	6	18	della Injury to Os Calcis	167	Wound healed	G. C. Hall Capt R.M.D.
Mil. Con. Hosp. Bathorne	27	6	18	31	7	18	G. W. Foot. R.	36	Convalescent Treatment Discharged to work recommended for employment	Chambers Capt. R.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,	A.F. W. 3961B has been sent to The Officer i/c Records,	A.F. W. 3961C has been sent to The Regimental Paymaster,
<i>Hazleydown</i>	<i>5 Victoria Road</i>	<i>58 Grosvenor St</i>
<i>Royal W. I. L. B.</i>	<i>London</i>	<i>Perth</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 *V.I.F.B.*

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 *France 9 March 1916* (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. *2544* Rank *Pte*

Name *Blake Samuel*  
(Surname) (Christian names in full)

Unit and Corps *Royal W. I. L. B.*

Authority *OB 179 d.*

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 *Hazleydown*

Date *5-12-18* 191\_\_ O.C. \_\_\_\_\_

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

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

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

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

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

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

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

Hazelton 5/8 Victoria 5/8 Victoria  
Royal 17th London London

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

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

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 U.K. (Country) London (Place)
- (ii) Date of arrival in United Kingdom 19th March 1918
- (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. 2744 Rank Pte  
Name Blake Samuel (Surname) (Christian names in full)  
Unit and Corps Royal 17th  
Authority 13179

Station Hazelton  
Date 5-11-18 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.

**PART II.**

Officer i/c Records

The soldier named in Part I. of this Army Form is:—

\* (a) { Married or a  
Widower }

*James G. [Signature]*

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Sex	Dates of Birth

\* (b) Unmarried or a widower } with the following dependants for  
without children } whom an allowance is being paid:—

\_\_\_\_\_

\* (c) Unmarried and without dependants

\* (d) The address of his family or dependants is

*Wethergate St. S. D.*

Station *Hazleburn*

Date *5-10-18* 191

Regimental Paymaster or  
Secretary T.F. Association.

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

\* Strike out whichever inapplicable.

**PART III.**

(For use when applicable.)

The Secretary,  
T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Regimental Paymaster.

Station \_\_\_\_\_

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

11 75149

**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,
--	--	---------------------------

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

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).

(e) † Claims repatriation to \_\_\_\_\_ (Country) \_\_\_\_\_ (Place)

(i) Where enlisted \_\_\_\_\_

(ii) Date of arrival in United Kingdom \_\_\_\_\_

(iii) Port of arrival \_\_\_\_\_

(iv) Ship on which arrived \_\_\_\_\_

(v) Name of Shipping Line or Agent \_\_\_\_\_

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

No. \_\_\_\_\_ Rank \_\_\_\_\_

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

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

Authority \_\_\_\_\_

Army Form O. 1809E 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 abroad 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.

P.T.O.

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

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

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

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

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

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

**PART A.** Soldier's Name Blake Samuel  
(Surname) (Christian names in full)

Unit from which discharged Royal N.F.L.

Regimental Number 2144 Rank on discharge Pvt Age on discharge 22

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 } Twillingate N.F.L.

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.F.L.</u>	<u>2</u>	<u>270</u>	<u>India</u> <u>South Africa</u> <u>Belgium</u> <u>France</u>	<u>2</u>	<u>240</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 Twillingate 13<sup>th</sup> Jan 1898

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

Christian name of father Geo Blake

Christian name of mother Annie Blake

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.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

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

(Signature in full) Samuel Blatts

Rank P. 16

Station Hazehy town Wickford

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 is 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 Blake Samuel  
(Surname) (Christian names in full)

A. Unit from which discharged Royal N. F. L. Co

Regimental Number 2244 Rank on discharge plie Age on discharge 22

Married, widower with children, or single \_\_\_\_\_

Occupation before enlistment \_\_\_\_\_

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

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

Full postal address to which }  
proceeding on discharge } Twillingate N. F. L. Co.

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

PART B. Nature of medical unfitness ly. S. W. Foot and chest

Service with Colours 2 years 270 days, of which 2 years

240 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge 6-11-18 191

Station Hazebury Street Windhoek

Date 5-11-18 Officer i/c Records \_\_\_\_\_

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

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



Admitted 21-1-18

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

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

No. \_\_\_\_\_ Date 27 June 1918  
\*(1) To the Officer i/c Records } 58 Victoria St  
\*(2) The Officer Commanding } R. P. W. Winchester  
\*(3) The Paymaster } 58 Victoria St Station.

\* Strike out that which is inapplicable.

Regimental No. 2244

Rank and Name Plt Blake S

Regiment or Corps 1 Roy. Inf.

has been granted leave from 27-6-18  
at ~~W. Hammeadown Genl Hosp.~~

His address while on leave will be Eastbourne

I consider he is fit for  
\* I. DUTY.  
\* II. COMMAND DEPOT  
\* III. EMPLOYMENT.

Officer in charge \_\_\_\_\_  
Registrar, R.A.M.C.T. Hospital

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

# 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 *Blake Samuel* ..... Regl. No. *2244* ..... Rank *Pls* ..... Unit and Corps *Royal N. F. H.*  
(Surname) (Christian Names)

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

*G S W Right foot and chest*

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 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.

- (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 ..... } Members.

Date ..... }

Approved.

Station .....

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

Date .....

(P.T.O.)

THE SECRETARY,

WAR PENSIONS LOCAL COMMITTEE,

.....

.....

Will you be good enough to make arrangements to provide the treatment recommended on the other side.

(Signed).....  
For D.M.S.

Date .....

---

LOCAL COMMITTEE NOTES.

(1) Arranged for patient to enter Hospital on  
the ..... for treatment.

(2) Pension Issue Office notified of suspension of pension.  
(Initials) (Date)

.....

(3) Report received from Hospital of discharge of patient and result of treatment.

(4) Pension Issue Office notified of resumption of pension.  
(Initials) (Date)

---

THE CONTROLLER,  
Ministry of Pensions,  
Burton Court,  
King's Road,  
S.W. 3.

The Hospital report on the treatment of this man is sent herewith for filing with this form with the man's discharge documents.

Signed.....  
Clerk or Secretary.

.....  
War Pensions Local Committee.

Date .....

# 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. 2744Rank. PvtName. Blake Samuel  
(Surname) (Christian Names)Unit and Corps Royal W.F.C.

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?

*Belgium  
France*

(b) In what capacity?

*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.)

*My SW right Foot  
in December 1917  
a shell burst about  
five yards from me  
wounding me in  
the right foot and  
chest.*

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

Richmond 60 days  
3<sup>rd</sup> London General 180 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.

no

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.

no

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?

Furnitureman

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

do

(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 Town.....

Signed (Soldier) Samuel Blatte.....

Date 5-11-18.....

Signed R. J. Melvick.....

Medical Report on an Invalid.

Station Highly Pm Camp  
 Date 5/7/18

1. Unit Rifes Regt.  
 2. Regimental No. 3244  
 3. Rank 1st Lt  
 4. Name BLAKE  
 5. Age last birthday 22 yrs.  
 6. Enlisted { on 9th March 186  
 at S. John Regt.

7. Former Trade } Ironman  
 or Occupation }  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.; Na.  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

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

Sw Right Foot.

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. 4 Dec. 1817  
 10. Place of origin of disability. Cambrai France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
He states that a shell, exploding just alongside him, sent a shrapnel ball through the substance of his right foot injuring the os calcis; with the force through skin & shell under the arm. He was in Richmond Park also London & late Eastbourne Convalesced. From which he has been discharged for employment duty. vide RF B 178.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

wounded in other service.

COPIES SENT		
TO	NO.	DATE //
M. of M.	<u>18247/186</u>	<u>11/18</u>
O.C. 1st Bn.		
" 2nd Bn.		
<u>Na.</u>		
<u>Na.</u>		

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.

There is a large scar 4" long on outer side of foot, foot and partly extending on to plantar aspect, involving os calcis. Has tendency walking painful. He is now unresponsive to walking requirements.

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

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

na.

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

- If so—(a) When?
- (b) Where?
- (c) Opinion?

na.

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

Yes - Cleaning up of foot.

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

na.

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?

na.

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.

na.

20. Do you recommend—

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

Discharge as unfit for further military service.

M. C. [Signature]  
Capt. [Signature]

Officer in medical charge of case.

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

Station Haylesdown Woodstock

Date 5-17-18

Officer in charge of Hospital.

\*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.

# OFFICE COPY.

## LAST PAY CERTIFICATE

COPIES	
TO	DATE
N. OF M.	18249/186
18249/186	11-11-18
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.

Regtl No. 2244 Rank Pte Name Blake S. Unit R.N. 1st Bn who was Repatriated  
 to H.F.D. on 9/11/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

### STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	
PERIOD: From <u>26.10.18</u> To <u>9.11.18</u>	Balance Dr. from <u>Terms Paper</u>			12	7	50	Balance Cr. from						
	Allotment 15 days @ <u>80</u>	19	00				Pay 15 days @ \$ <u>1.00</u>	15	00				
	Cash Payments:						Field Allce 15 days @ \$ <u>1.00</u>	15	50	3	7	10	
	<u>4-11-18</u> <u>Casualty</u>				12	6	Other Allces days @ \$						
	Other Debits:						Other Credits:						
							<u>Ration Allow.</u>				12	6	
	Total Debits						Total Credits						
	Balance due by Paymaster						Balance due to Paymaster			1	16	7	
					4	16	11			4	16	11	

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

Wendy 6/11/18 191  
 (Place) (Date)

H. J. Nugent Rpt  
 O.C. "A" Company.

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

Pay & Record Office, London,



Amended Statement

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.

Regtl No. 2244 Rank Pte. Name Blake S. Unit R. Gfld. Regt. who was Repatriated to Gfld. on 9/11/18 Authority Cause

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d			PARTICULARS	£ s d			CR.	
		£	s	d		£	s	d		
PERIOD: From 27.10.18 to 9.11.18.	Balance Dr. from Re P. Book		12	4	5	Balance Cr. from				
	Allotment 15 days @ 60¢	19	00			Pay 15 days @ \$1.00 \$15.00				
	Cash Payments:					Field Allow 15 days @ \$.10¢/1.50	11	50	13	
	4.11.18			1	12	6				
	9.11.18			1	0	0				
	Other Debits:					Other Allowes days @ \$				
						Other Credits:				
						Ration allow			12	6
	Total Debits			15	16	11			14	0
	Balance due by Paymaster:								11	16
			15	16	11			15	16	

12-11-18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of H. Coy. Winchester 9/11/18 191 (Sgd.) M. J. Ferguson P.C. "A" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, 191 Chief Paymaster & Officer i/c Records.

3/



### 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Samuel Blake , Regl. No. 2244

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 60 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 : May 1st  
Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2019	Father	George Blake Commencing 21/7/16	Durrells Arm Trullington	60
Total Allotment, \$				

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.) R.P. Holloway  
for lieut.  
Officer Commanding  
Company

(Sig.) Samuel Blake  
(Rank) Pte.

St. Johns  
April 19th  
1916.

No. \_\_\_\_\_

N.F.P./45.

NEWFOUNDLAND CONTINGENT



To: Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

Please remit to 2244 Pte S Blabe

St. Newfoundland Coy

4.0.0 the sum of 4 pounds            s. (£ )

account of any balance that may be due to me.

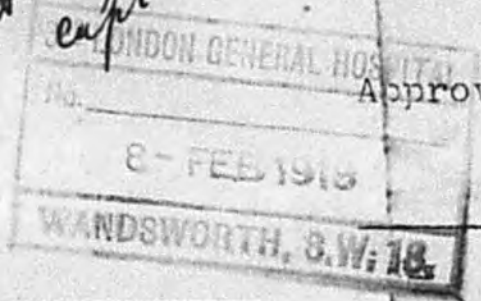
*J.K.*  
*J.R.B. 9/7/16*  
*Receipt no. 58773*

*Approved  
S. Blabe  
capt*

Regtl. No. 2244 Rank Pte

Name S. Blabe

Approved \_\_\_\_\_  
Officer I/C.,



Hospital.

Dated at \_\_\_\_\_



3<sup>RD</sup> LONDON GENERAL HOSPITAL  
No. \_\_\_\_\_  
6 - MAY 1918  
WANDSWORTH, S.W. 18.

May 6 1918

2244 Pto S Blabre  
Royal Newfoundland  
Regt



MK  
13.0.0  
JAB  
Receipt No.  
6963  
6964

4/5/18  
Please will you  
let me have two  
pounds and charge  
to my credit



58 Abchurch Street  
2244 Pto S Blabre  
Capt. Ramet



Chief Paymaster & Officer of Records  
Newfoundland Contingent  
58 Victoria St London SW.

Please remit to me, The Pound, the  
balance of Account due me.  
£1.0.0.

(#2244 The). S. Blake.

Bachman Lodge,  
Weybridge,  
May 10/18.

Approved Grace Henderson  
Nation

OK  
£ 1.0.0.  
RRR 11/5/18  
Receipt. No. 7067



Jan 28 2 1918  
2244 G. S. Blake

Dear Sir (1) Newfoundland

I am sending to see  
where you would  
send me \$19 and

Please I am in  
need of it -

and if you send it

will you send it right  
to me please

I have it safe of course  
but and I want to pay  
for it before he goes on  
leaf please will you

send it please  
Good boy

Woodsworth  
Woods

NEWFOUNDLAND CONTINGENT	
PAY & REGISTRY OFFICE	
Ref. Nos. IN	✓ 1920
Rec'd	29 MAR 1918
ck'd	Ans'd
Ref. Nos. OUT	4923
APPROVAL ON	
BRANCH	DATE BY
Comd.	
P. & A.	
R. & C.	
B. & E.	
P. S.	

4923/1

Not  
Approved by M.D.

~~MPA~~

*[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page]*

# WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES  
CABLEGRAM



Prefix		Code		SENT		FOR STAMPS	
WORDS	CHARGE	At	To		By		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
15		VIA WESTERN UNION					

18/5/18. TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

E.F.M.  
To MRS. GEO. BLAKE,  
TWILLINGATE ARM (Newfoundland)

PLEASE CABLE FIVE POUNDS THROUGH MINISTER MILITIA  
IMMEDIATELY.

2244 BLAKE.

CHECKED.  
SP  
17/6/18

Authorized:

pay  
change to

CHARGED  
PAY BOOK 1st Path  
Date 18/5/18 by [Signature]

15 2 1/2  
130 7 1/2  
37 1/2  
3/1 1/2

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_ Address 58, Victoria St., S.W.1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.



A.H.

Summer Down Camp  
East Town

Dear Sir

Please call your Right and  
let me know how much  
money is there in the  
Pay off Sir

Chief Pay Master

Samuel

2244 Pt Samuel Blake

1) royal of ftd

4 Hat

B Division

Summer down C

East Town

Sumner

NEW HAMPSHIRE CONTINGENT,  
PAY & RECORD OFFICE.

✓ 60%

JUL 1898

Comp	
P.A.C.	11/11
P.E.C.	11/11
B & F	11/11
P.S.	

the

Officer i/c. Records,  
Newfoundland Contingent,  
58, Victoria Street,  
LONDON, S.W.1.

-----

*Depot notified  
27/8/18  
J.S.D.*



The undermentioned man is being discharged Hospital on Thursday next, August 1st, Class III, Employment, and will be sent to report himself to you that day :

No. 2244, Pte. Blake, S. 2nd Newfoundland Regt. From France.

Transferred to this  
Hospital 27: 6: 1918.

Summer down,  
EASTBOURNE,  
27: 7: 1918.



*[Signature]*  
Col. R.A.M.C.  
B.C. Convalescent Hosp.  
Eastbourne.

No. 2244 Rank Pvt Name S. Blake

Pay	E.A.	W.R.	Total	Net Rate
100	10		110	
Less Allowment			50	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To							
Balance					Balance		21 <sup>12</sup> / <sub>17</sub>				4	5	11	
Acquittance Rolls					Pay @ Net Rate	22 <sup>12</sup> / <sub>17</sub>	1 <sup>8</sup> / <sub>18</sub>	222	50	111	50	22	18	3 ✓
Hospital Advances		5	3	6 ✓	<i>Ra. 1/8/18 to 10/18</i>			10	2/1		1	0	10 ✓	
A.B. 64.														
P.&.R.O. Payments		14	0	0 ✓										
<i>G.P.M.</i>				32 ✓										
<i>Mrs. Stokhara</i>				5 ✓										
Cash for 8390	6/16	8	15	1 ✓										

285-0 ✓

~~8-18-11~~

8 17 11

~~1971~~  
1971  
ARP

Ward. 1.



25.5.18

Barham Lodge  
Weybridge  
Surrey

Chief Pay Master  
Newfoundland Pay and Record Office  
58 Victoria St London S.W. 1

Dear Sir

Would you please oblige me  
by letting me have 1 £ one pound  
and charge it on my account.

P. S. Blake

2244  
1st Royal Newfoundland  
Regt

ok. £ 1.0.0.

Y.Y.R. 25/5/18

Receipt no. 7373

Sign. Grace Humberg  
Nation





Janu 24 1918  
2244 of to Samuel T. Laba

87 Newfoundlady

glass will

you front me

5-pound false

5384 approved for (one pound)

OK AC M. Hughes

£1-0-0

25/1/18

Capt. Rauer

36  
1-4

Registrar, R.A.M.C.I.

3rd London General H

WANDSWORTH

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No 2244 Rank Pte

Name Blake S

Pay	F. Allow	Working	Total
L	10		110
Less Allotment			60
Net Rate			50

Date 1917	DEBITS	£	s	d	CREDITS	£	s	d
	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64.							
	Acquittance Rolls	7	0	5	Pay @ Net Rate:	2	15	5
	Hospital Advances	1	10	6	<u>22/12/16</u> to <u>13/6/17</u> = 173 days.			
	STOPPAGES:				@ 50 = \$ 8650			
	Hospital dys @ =				<u>13/6/17</u> to <u>23/6/17</u> = 10 days.			
	Forfeited Pay dys @				@ 2/- = \$ Ration Accc	1	0	0
	Miscellaneous				1/1 to 1/1 = days			
	Cables				@ = \$	24	10	11
	P. & R.O. PAYMENTS:							
	Sundry Bills							
	Cash							
	<i>Cash 13/6/17</i>	8	10	11	<i>OK</i>			
	<i>15/10/0</i>							

Bathurst  
15/5/18



Paymaster  
Newfoundland  
Pay Office  
Sir

OK £1.0.0 wife  
17/5/18 Receipt No 7219

Kindly advise me the  
sum of £1.0.0 and charge  
the same to my account.

I remain  
Sir

Your Obedient Servant  
J.H.H. P.E. S. Blake

Approved  
Lieut. Vanden  
Nations





60/-

Ward 3 321.5.18

Barham Lodge  
Keybridge  
Durrey

Chief Pay Master  
of Newfoundland Pay & Record  
Office

Dear Sir

Please Remit the sum  
of 2£. two Pounds in any  
account Due to me

Capt. S. Blake

2244

1st Royal Newfoundland.

Recd  
K/S 3/5/18



Approved. M. L. - 0 - 0 h/c.

Grace Hawthery.  
Nahon.

31 5/8 Recpt No. 4985



Chief Paymaster & Officer in Charge,  
Newfoundland Postoffice  
58 Victoria St London SW.

FILE BRANCH  
K.B. 16/18

Please remit to me, The Pound SW  
Balance of Accounts due me,  
£ 100.0 / # 2244 (The) S. Blake.

Parham Lodge  
Weymouth  
June 12/18

Approved:  
/

Grace Newman  
Nation.

Chk £ 100.00  
Aut. 14-6-18  
Receipt no-9914

Blake, Saul.

2244

Gay Sept.

*Dated*

This space to be left blank for the Chelsea Number.

Army Form B. 268.



### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2244</u>	Army Rank <u>Private</u>
Name <u>Blair Samuel</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>December 14<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. Description at the time of discharge.	
Age <u>20</u> years _____ months Height <u>5</u> feet <u>5 1/2</u> inches Chest measurement { girth when fully expanded <u>35</u> ins. range of expansion <u>3</u> ins. Complexion <u>Fair</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Fisherman</u> Intended place of residence { <u>Swillingate</u> (To be given as fully as practicable) <u>Newfoundland</u>	Descriptive marks. <u>Wound scars on right foot</u>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service on account of wounds received in action</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

23  
20  
21  
20  
21  
21  
20  
21  
20  
114  
281

To be filled in on the soldier quitting the Colours.

# The Royal Newfoundland Regiment

## DEMOBILIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 2244 Rank. Pte. Name Samuel Blake

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

to the amount of \$ 60.00

Date Dec 2nd 18

Samuel Blake

Signature of Soldier

H. M. Marais Lt

Signature of Witness

# Civil Re-establishment Committee.



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

*I hope after a time to take up my old work of  
working.*

*Samuel Blake & His Male*  
*Samuel Blake*

Signature of Man.

Reg. No. *2244*

*W. Mechall*

Signature of the Vocational Officer or his Representative.

Place *M. J. A's*

Date *Dec. 2* 191 *F*

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

1. Unit **ROYAL NEWFOUNDLAND REGIMENT**
2. Regimental No. **2244**
3. Rank **PTE**
4. Name **BLAKE, SAMUEL**
5. Age last birthday **22 years**
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  **March 9th 1916**  
**St. John's, Nfld.**
7. Former Trade } **FISHERMAN**  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).***G. S. W. RIGHT FOOT.**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. **D ec. 4th 1917.**
10. Place of origin of disability. **Cambrai, France.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that a shell exploding just alongside of him, sent a shrapnell ball through the outside of his right foot, injuring the os calcis. Another one passed through the skin of chest under right arm. He was in Richmond Hospital, also 3rd London, and later Eastbourne Convalescent from which he has been discharged for employment duty. Vide A.F.B. 178.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— **Wounded on active service.**
- (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). **N.A.**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **N.A.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **N.A.**

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.*

There is a long scar four inches long on outer side of right foot, and partly extending on to plantar aspect involving os calcis, thus rendering walking painful. He is now superfluous to military requirements.

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

(a) In action?

N.A.

(b) On field service?

(c) On duty?

(d) Off duty?

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

N.A.

If so—(a) When?

(b) Where?

(c) Opinion?

Yes, cleaning up operation.

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

N.A.

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.

20. Do you recommend—

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

Discharge as Permanently Unfit for 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 HAZELEY DOWN CAMP,  
WINCHESTER.

Date 5-11-18

Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pro-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.

**Also small scar at posterior boundary right axilla - No disability.**

21. (a.) State whether the disability is clearly attributable to—

- (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? **G. S. W.**

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

23. Is the disability permanent? **No**

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.* **20%**

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

27. Do the Board recommend—  
(a) Discharge as permanently unfit, or **Yes**  
(b) Change to England?

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

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home; **No**
- (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. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

(Sgd) N. S. FRASER President.

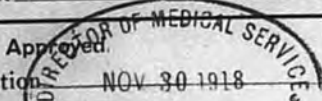
Station St. John's, Nfld.,

J. SINCLAIR TAIT

Date November 30th., 1918

L. PATERSON, Major

} Members.



Station NOV 30 1918

(Sgd) CLUNY MACPHERSON, Major  
Administrative Medical Officer.

Date \_\_\_\_\_

D. M. S. NEWFOUNDLAND.



*copy*  
**COPY.**

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

### MEDICAL HISTORY of

Surname Bleke Christian Name Samuel.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on 9<sup>th</sup> day of March 1916.  
at St Johns R'ld.

Declared Age ... 18 years ... days.

Trade or Occupation ... Fisherman

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

Weight ... 112 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.

{ Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left  
Number

When Vaccinated ...

Vision ... { R.E.—V = 4/6  
L.E.—V = 6/6

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

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

Approved by (Signature) Lt. Leonard Peterson  
(Rank) Capt. Medical Officer.

Enlisted ... { at St Johns  
on 9<sup>th</sup> day of March 1916.

Corps.	Regtl. No.
	<u>2244</u>

Became non-effective by

on \_\_\_\_\_ day of \_\_\_\_\_ 191

(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 case 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				
3 London Gen Wandsworth.	20	14	17	6	6	17	U.S.W. II. 1 Slight Geo. IX. 1 L. leg Slight	47	Wounded in France 14.11.17 To Balhorn. M. Hosp. Mitcham	Sgt. W.C. Hall Capt L.M.S.
Kalhorn Mil Hosp. Mitcham	6	6	17	13	6	17	U.S.W. 2. Leg & foot & R. side of face	7	Healed on Admission quite fit Discharged to duty	Sgt. Harold Bentley.
Detention Barracks Sterling	3	8	17	15	8	17	Syph Chancres	13	Wassermann blood test, negative trans. to 3 <sup>rd</sup> Gen. Hosp. Weymouth	Sgt. R. Stewart. Applave
3 Gen. Hosp.	15	8	17	28	8	17	Syph Chancres (936)	13	Wassermann - negative - Chancres healed - R. to duty.	Sgt. J. Hutchinson Fyfe Capt.
Richmond Mil Richmond	12	12	17	21	1	18	U.S.W. VIII - IX - 1 R. arm to leg.		29.12.17 Removal of piece of shrapnel, Improving Transferred 3 <sup>rd</sup> Gen. Hosp.	Sgt. B. Ammission Capt 70 G.S. Richmond Hosp.
3 Lon Gen. Hosp.	21	1	18	27	6	18	ditto Luxury to Osseles	167	Wound healed	Sgt. W.C. Hall Capt. S.M.S.
Mil Co. Hosp. Eastbourne.	27	6	18	31	7	18	U.S.W. 2 <sup>nd</sup> R.	36	Convalescent Treatment Discharged to Gurbough recommended for Employment	Sgt. C. Brokes Capt R.M.S.

**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
30. 6. 16	1 <sup>st</sup> Inoculation L.P.
10. 7. 16	2 <sup>nd</sup> " " L.P.
8. 8. 16	Successful Vaccination A.F.W.
29. 8. 16	Dental Treatment Complete A.F.W.
13. 8. 18	Boarded Hazelton Camp. B.H. (two) J.S.P. Knight
5. 11. 18.	Boarded - do - Posted "E" Category. G.S.W. H. Post (Auth. Troop letter) Sgd J.S.P. Knight Capt R. L. R. R. R.

**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

**COPIED**

Army Form B. 103.

Regimental Number *2244*

**Casualty Form—Active Service.**

Regiment or Corps..... **ROYAL NEWFOUNDLAND REGIMENT.**

Rank *Private* Surname *Blake* Christian Name *Samuel*

Religion *Methodist* Age on Enlistment *18* years *—* months

Enlisted (a) *St. Johns* Terms of Service (a) *duration of War* Service reckons from (date of enlistment)

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

Extended { } Re-engaged { } Qualification (b).....  
or Corps Trade and rate.....

Occupation *Fisherman* *Sgt. A. Riley Capt.* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 56, or other official documents.
Date	From whom received				
			Embarked ... <i>Southampton</i>	<i>7-9-17</i>	
			Disembarked... <i>Rouen</i>	<i>9-9-17</i>	
		<i>4th Div. Battalion</i>		<i>18 Sep 1917</i>	<i>B. 213</i>
<i>9/12/17</i>	<i>D.C.</i>	<i>Wounded in action</i>	<i>France</i>	<i>4/12/17</i>	<i>B. 213</i>
<i>6/12/17</i>	<i>21 CCS.</i>	<i>Ad. 4 1/2 W. Thigh &amp; foot</i>		<i>5/12/17</i>	<i>6. 10 4596</i>
<i>"Laustone Castle"</i>	<i>Castle</i>	<i>Transferred to England</i>		<i>11/12/17</i>	<i>W. 3083</i>

*Sgt. J. Murray*  
*Major*  
*O/C No 1 Inf. Section*  
*3 Echelon*

**COPY** Army Form B. 103.

Regimental Number *2244*

**Casualty Form—Active Service.**

Regiment or Corps... **ROYAL NEWFOUNDLAND REGIMENT**

Rank *Pvt* Surname *Blake* Christian Name *Samuel*

Religion *Meth* Age on Enlistment... *18* years ... months

Enlisted (a) *9-3-16* Terms of Service (a) *Duration of War* Service reckons from (a)

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

Extended { } Re-engaged { } Qualification (b) or Corps Trade and rate

Occupation Signature of Officer

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 33, or other official documents.
		From whom received			
			Embarked ... <i>Southampton</i>		<i>3-10-16</i>
			Disembarked... <i>Rouen</i>		<i>4-10-16</i>
			<i>Genid Battalion</i>	<i>14 Oct 1916</i>	
			<i>with Batt.</i>	<i>23-1-17</i>	
<i>15-4-17</i>	<i>O.C. Unit</i>	<i>Wounded in Action</i>	<i>France</i>	<i>14 Apr 17</i>	<i>15 21 3</i>
<i>28-4-17</i>	<i>Major G. Hoop</i>	<i>Ad. P.S.M. (reg. Facy + Foot)</i>	<i>Boulogne</i>	<i>16-4-17</i>	<i>H.A. 95 94</i>
	<i>"Grantully Co"</i>	<i>Invalided to England</i>		<i>19-4-17</i>	<i>W 30 8 3</i>
			<i>Sgt F. Louis H. Hoop</i> <i>D/O Not in Section</i> <i>2nd Echelon</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

*Copy*  
*COPY*

# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

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

Regimental No. *2244*

Rank. *Pte.*

Name. *Blake Samuel*  
(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?

*Belgium*  
*France*  
*Suzantry*

(b) In what capacity?

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.)

*U.S.W. at Post.*  
*In December 1917 a shell burst about five yards from me wounding me in the right foot and chest.*

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

Richmond 60 days.  
3rd hon Gen. 180 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.

No.

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.

No

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?

Fisherman

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

- do -

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

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

Station Hayley Down

Signed (Soldier)

Sgt. Samuel Blake

Date

5.11.18

Signed

Sgt. Rf. Woods

Witness.

Copy

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, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name Blake Samuel Regl. No. 2244 Rank. Plt. Unit and Corps. R. Field Regt.

1. State the nature of the disability or disabilities from which this man is suffering. G.S.W. Rt. foot and chest.
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: (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

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.

Signature ..... President.

Station ..... Date ..... Members.

Approved. Station ..... Date ..... Officer in charge, Central Hospital.



**THE SECRETARY,**

**WAR PENSIONS LOCAL COMMITTEE,**

.....

.....

Will you be good enough to make arrangements to provide the treatment recommended on the other side.

(Signed).....  
For D.M.S.

Date .....

---

**LOCAL COMMITTEE NOTES.**

(1) Arranged for patient to enter the ..... Hospital on  
the ..... for treatment.

(2) Pension Issue Office notified of suspension of pension.  
(Initials) ..... (Date) .....

.....

(3) Report received from Hospital of discharge of patient and result of treatment.  
(4) Pension Issue Office notified of resumption of pension.  
(Initials) ..... (Date) .....

---

**THE CONTROLLER,**  
Ministry of Pensions,  
Burton Court,  
King's Road,  
S.W. 3.

The Hospital report on the treatment of this man is sent herewith for filing with this form with the man's discharge documents.

Signed.....  
Clerk or Secretary.

.....  
War Pensions Local Committee.

Date .....

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

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

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

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

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

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

**PART A.** Soldier's Name Blake Samuel (Surname) (Christian names in full)

Unit from which discharged Royal Newfoundland Regt.

Regimental Number 2244 Rank on discharge Pte. Age on discharge 22

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 } Twillington Rfd.  
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
<u>Royal Newfoundland Regt.</u>	<u>2</u>	<u>270</u>	<u>India</u> <u>South Africa</u>	<u>2</u>	<u>240</u>
<u>Disallowed</u>			<u>Belgium</u> <u>France</u>		
<u>Service towards pension</u>					

Number of G.C. badges \_\_\_\_\_ medals \_\_\_\_\_

**PART C.** Wounds and actions in which received \_\_\_\_\_

**PART D.** Where born (parish, town and county), and date Twillington 13 June 1897

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

Christian name of father George

Christian name of mother Arline

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.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names  
of children and  
dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

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

(Signature in full) *Sgd Daniel Blake*

Station *Hazley Down, Winchester*

Rank *Plc.*

Date *5.11.18*

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

(Rank)

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

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out  
whichever  
inapplicable.

Military character

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

Officer i/c Records.

Station

Date *191*

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

**CONFIDENTIAL.**

Army Form W. 3463B.

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

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

**PART** Soldier's Name Blake Small (Surname) (Christian names in full)

**A.** Unit from which discharged Royal Newfoundland Regt.

Regimental Number 2244 Rank on discharge PLC. Age on discharge 22

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 } Twillingate Nfld.

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 \_\_\_\_\_

**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.

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 A.** Soldier's Name Blake, Samuel (Surname) (Christian names in full)

Unit from which discharged Royal Newfoundland Regt

Regimental Number 2244 Rank on discharge Pte Age on discharge 22

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 } Twillingate Nfld.

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

**PART B.** Nature of medical unfitness \_\_\_\_\_

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

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191 \_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

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

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

LAST PAY CERTIFICATE

DUPLICATE  
MAIL 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.

Regtl No 2244 Rank Private, Name Blake, S. Unit Royal Nfld Regt. who was Repatriated  
to Newfoundland. on 9/11/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.				
		£	s	d	£	s	d		
PERIOD: From 26/10/18 to 9/11/18	Balance Dr. from prev. Pay Book		2	7	5				
	Allotment 15 days @ 60	9	00	1	17	0			
	Cash Payments: 4/11/18				12	6			
	Other Debits:								
	Total Debits			4	16	11			
	Balance due by Paymaster								
				4	16	11			
	Balance Cr. from								
	Pay 15 days @ \$ 1.00	15	00						
	Field Allowance 15 days @ \$ .10	1	50		3	7	10		
Other Allowances days @ \$									
Other Credits:									
Ration Allowances						12	6		
Total Credits						4	0	4	
Balance due to Paymaster							16	7	
						4	16	11	

CHECKED  
*E.P. for*  
*S.P.*

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

Winchester 6/11/18 (Date) 191 (Sgd) M.J. NUGENT, 2/Lieut.  
(Place) \_\_\_\_\_ O.C. "6" Company.

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

Pay & Record Office, London, \_\_\_\_\_  
191 Chief Paymaster & Officer i/c Records.

Amended Statement

LAST PAY CERTIFICATE

DUPLICATE  
MAIL COPY



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. 2144 Rank Pte. Name Blake S. Unit 5th Field Reg. who was PAID OFF  
to Nfld. on 9/11/18 Authority \_\_\_\_\_ Posted \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS	\$			£			PARTICULARS	\$			£			
	s	d		s	d			s	d		s	d		
Balance Dr. from <u>Prov. P. Book</u>				1	2	7	5	Balance Cr. from						
Allotment 15 days @ 60¢	19	00		1	1	7	0	Pay 15 days @ \$ 1.00						
Cash Payments:								Field Allow 15 days @ \$ 1.01	115	00				
<u>4/11/18</u>						1	12	6	<u>11</u> <u>59</u>					
<u>9/11/18</u>						1	0	0	Other Allowces days @ \$	116	50	1	3	7
Other Debits:								Other Credits:						
								<u>Ration Allow.</u>					12	6
Total Debits				15	16	11		Total Credits				14	0	4
Balance due by Paymaster								Balance due to Paymaster				1	16	7
				15	16	11						15	16	11

PERIOD: FROM 27/10/18 TO 9/11/18

CHECKED  
EL  
12.11.18

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

W. Winchester 9/11/18 1918  
(Place) (Date)

W. P. Russell  
O.C. "A" Company.

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

Pay & Record Office, London,

13 NOV 1918 191

J. H. Marshall  
Chief Paymaster & Officer i/c Records.

13 NOV 1918

**ORIGINAL**  
LAST PAY CERTIFICATE

N.F.P./94

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

Regtl No. 2244 Rank Pvt. Name Blake S. Unit R. 1st Bn. C. Coy. who was Representative  
to W.D. on 9/11/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	s	d	CR.	£	s	d	
PERIOD: From 26.10.18 To 9.11.18	Balance Dr. from <u>Pay Book</u>		2	7	5	Balance Cr. from			
	Allotment <u>15</u> days @ <u>680</u>	19	00	1	17	0	15	00	
	Cash Payments:								
	<u>4/11/18</u>			12	6	Field Allow <u>15</u> days @ <u>£ 10/</u>	1	50	
	Other Debits:					Other Allowances days @ <u>£</u>	1	6	13
						Other Credits:			
						<u>Ranker Allow.</u>			12
	Total Debits					Total Credits			
	Balance due by Paymaster					Balance due to Paymaster			
				14	16	11			1
								16	
								7	
								14	
								16	
								11	

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

Wm. J. Nugent 2nd Lt. (Date) 191

W. J. Nugent 2nd Lt.  
O.C. "A" Company.

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

A. J. ...  
Chief Paymaster & Officer i/c Records.



Amended Statement

LAST PAY CERTIFICATE **ORIGINAL**



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.  
 Regtl No. 2244 Rank Pte Name Blake S Unit R. Mtd. Regt. who was repatriated  
 to Mtd. on 9/11/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT

PARTICULARS					\$	¢	£	s	d	PARTICULARS					\$	¢	£	s	d	CR.	
Balance Dr. from										Balance Cr. from											
Allotment 15 days @ 60¢							12	7	5	Pay 15 days @ \$ 15 <sup>00</sup>					115	00					
Cash Payments:					19	00	11	47	0	Mtd Allow 15 days @ \$ 10 <sup>00</sup>					11	50					
4/11/18							1	12	6	Other Allowes      days @ \$					116	50	13	7	10		
9/11/18										Other Credits:											
Other Debits:										Ration allow.									12	6	
Total Debits							15	16	11	Total Credits									14	0	4
Balance due by Paymaster										Balance due to Paymaster									11	16	7
							15	16	11										15	16	11

From 37/11/18 To 9/11/18

CHECKED: EP  
 PERIOD: 12. 11. 18

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

A. C. Winstanley (Place) 9/11/18 1918. (Date)

is therefore subject to amendment if and as may be found necessary. O.C. "A" Company. 15 NOV 1918

13 NOV 1918 191

F. J. Marshall  
 Chief Paymaster & Officer i/c Records.

Twillingate  
Aug 24

6212

Dear Sir

I'm writing you those  
few lines to ask you about  
my Pay I have only got  
to now pay since March  
I have done true work  
and have got no Pay yet  
could you tell me the  
reason Please

2244 Pte Samuel Blake  
Twillingate arm

could you send it along  
Please

June 19 etc

1595  
6844  
12250

mailed 4/10/19  
completing payment  
JTB

6624

Tulligate

arm

Sep 16 1919

Dear Sir

I am writing for my money again will you  
tell me ~~the~~ what is the reason please  
and will you send it or to me please  
what is the reason reason you dont send  
it - if your home tree mount and have not  
recied none of my money yet please will  
you send it or to me

3244 P. Samuel Blake  
Tulligate arm

Mar 1  
June 19

Ans

Jan 11	Hay	33.00	✓
Mar 1		70.00	✓
Apr 19		70.00	✓
July 19	M. to Kurlingate	70.00	✓
Aug 19	" "	70.00	✓
Sept 19	" "	37.00	✓
		<hr/>	
		350.00	✓



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name *Samuel* 2. Surname *Blake*

3. Rank *Private* 4. Regt. No. *2244*

5. Address in full to which future payments of gratuity are to fax be forwarded *Dwillingate*

6. Date of enlistment in the Regiment *9<sup>th</sup> March 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*

8. Relationship of such dependents *Not applicable*

9. Address in full of such dependent *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. if so, give dates, and particulars of such service *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From March 9<sup>th</sup> 1916 to December 14<sup>th</sup> 1918*

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.....

*\$33 Post Discharge Pay  
Captain McHawley*

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

*Yes*

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

*No*

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

*None*

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

*No*

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

*Not applicable*

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

*December 14<sup>th</sup> 1918*

*Physical disability caused by wounds*

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

*France from about October 15<sup>th</sup> 1916 to March 16<sup>th</sup> 1917; and from about October 1<sup>st</sup> 1918 to Oct. 9<sup>th</sup> 1918.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

*No*

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

Signature of Applicant:

*Samuel Blake*

Place of Residence:

*Swillinggate*

Declared before me at:

*Count Sobin's*

This *eighteenth* day of *March* 19*48*

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

*John Jewell  
Barrister-at-law  
and  
Notary Public*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Not amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.

Signature of Applicant:

Place of Residence:

Declared before me at:

This



3

2.

**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Samuel Blake, Regl. No. 2244

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 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 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2019	Father	George Blake	Durrells Arms Twillingate	60
Total Allotment, \$				

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.) R.P. Hallaway  
 Lt. Lieut.  
 Officer Commanding  
4 Company  
St. Johns.  
April 19<sup>th</sup> 1916.

Sig.) Samuel Blake  
 (Rank) Pte.



5892

Tullingsdi

16 1969

Dear Sir

I am writing you those  
 few lines to ask you  
 about my creditde money  
 I been home to want  
 and I haven't recived  
 any of it yet Please  
 would forward it on to  
 me Please see the reason  
 I don't get it please

2244 Pl. S. Blotie

July 11 to pay

33 00

Mar 1

7000

~~Apr 1~~~~7000~~~~May 1~~~~7000~~

June 19

7000

July 19

7000

Aug 19

7000

January 9th.1918.

Private Samuel Blake,  
Twillingate,  
Newfoundland.

Dear Sir,-

I beg to enclose herewith cheque for  
Seventy Nine Cents (79¢), being the balance of  
pay due you to the date of discharge.

I also enclose Certificate of Discharge,  
dated December 14th.1918, together with special  
form, which kindly sign and return to this Office.

Yours faithfully,

Capt. & Paymaster &  
Officer i/c Records.

Encl. 3.

J/H.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 33 <sup>00</sup>/<sub>100</sub>

Jan 11 1919

Received from the First Newfoundland Regiment

the sum of Thirty Three Dollars.

on account of Pay. P.D.P.

Samuel Blake

Ch. No. <u>8039</u>	Initials... <u>EW</u>
Pay Ledger... <u>403</u>	Initials... <u>AWL</u>
Gen. Ledger.....	Initials.....

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

Frederick Jones

No. 2244

Rank

R-

Name

Blake G

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60<sup>00</sup>-

Dec 2<sup>nd</sup> 1915

Received from the First Newfoundland Regiment  
the sum of Sixty Dollars.  
on account of Pay. Cw. Clothing  
~~because~~ Samuel Blake

Ch. No. 6228	Initials EW
Pay Ledger 414	Initials WM
Gen. Ledger	Initials

Regtl. No. 2244

Rank Plt

2244

No. 2244  
~~4222~~

Rank Pt-1

Name Blake S

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 79

Dec 16 <sup>th</sup> 19 18

Received from the First Newfoundland Regiment  
the sum of Seventy Nine Cents only Dollars.  
~~on account~~ balance of Pay.



Ch. No. <u>7149</u>	Initials <u>Ew</u>
Pay Ledger <u>414</u>	Initials <u>awz</u>
Gen. Ledger.....	Initials.....

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

No. 2244

Rank

Pl-

Name

Blake S

---



Reg. No. 3314 Rank Plt Name Blake, S

Attested ..... Address 9 Field St Twillingate

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

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

Embarked for Overseas ..... Cause Discharge

30-11-18 Recommended discharge Permanently unfit.

14-12-18 DISCHARGED—MEDICALLY UNFIT

**Casualty Form Active Service.**

Regiment or Corps *1st Newfoundland*  
 Rank *Private* Surname *Blake* Christian Name *Samuel*  
 Religion *Methodist* Age on Enlistment *18* years *—* months  
 Enlisted (a) *H. Johns* Terms of Service *(duration of war)* Service reckons from *(date of enlistment)*  
 Date of promotion to present rank *9/2/16* Date of appointment to lance rank *—*  
 Extended  Re-engaged  Qualification (b) *—*  
 or Corps Trade and Rate *—*  
 Occupation *Fisherman* Signature of Officer *A. Riley Capt*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <i>Stampton</i>	<i>7.9.17</i>	
			Disembarked <i>Lower</i>	<i>9.9.17</i>	
			Joined Battalion	<i>18 SEP 1917</i>	<i>B 213</i>
<i>9/12/17</i>	<i>O.C.</i>	<b>WOUNDED IN ACTION</b>	<i>France</i>	<i>4/12/17</i>	<i>B 213</i>
<i>6/2/17</i>	<i>21 CCS</i>	<i>Ad G. SW Highfoot</i>		<i>5/10/17</i>	<i>6.D.4596</i>
	<i>Handwritten best</i>	Transferred to England		<i>11/12/17</i>	<i>W 3083</i>

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O.C. 1ST. BN.		
2ND. BN.		



*J. Henry* 21- for  
 MAJOR  
 O. I/c No. 1 Infantry Section  
 G.H.O. 3rd Echelon

**Casualty Form - Active Service.**

Regiment or Corps 1<sup>st</sup> Newfoundland

Rank Pte Surname Blake Christian Name Samuel

Religion meth. Age on Enlistment 18 years 1540 months.

Enlisted (a) 9-3-16 Terms of Service (a) Duration of war Service reckons from (a)

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

Extended { } Re-engaged { } Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate \_\_\_\_\_



Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents																					
		Embarked ...	<u>Southampton</u>	<u>3.10.16</u>																						
		Disembarked...	<u>Rever</u>	<u>4.10.16</u>																						
		Joined Battalion	<u>14 OCT 1916</u>																							
			<u>With BATT</u>	<u>28. I. 17</u>																						
<u>15.4.17</u>	<u>OC. Unit</u>	<u>Wounded in Action</u>	<u>France</u>	<u>14 APR 1917</u>	<u>B 213</u>																					
<u>18.4.17</u>	<u>3 ban &amp; Hosp. Ad. E.S.W. leg, Face &amp; Foot</u>	<u>Invalided to England</u>	<u>Boulogne</u>	<u>16.4.17</u>	<u>HA 8594</u>																					
	<u>"Grantully, etc"</u>			<u>19.4.17</u>	<u>W 3083</u>																					
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*Forwards*  
O. i/c No. 1 Reg. Infantry Section  
G.H.Q., 3rd Echelon

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-smith, &c.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffin & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (568) W0017/2121 1000m 6/15ss 93 58

Forms  
B. 121  
29.

Regiment of *1<sup>st</sup> Newfoundland*

Number of Sheets *Two*

Signature of O. C. Company *J. H. Kenyon*  
Major

Regimental Number and Name <i>5244 Blake Sam</i>		Enlistment Age on <i>18</i> years - months		Trade <i>Fisherman</i>		Good Conduct Badges, Service Pay or Proficiency Pay	
No. <i>5244</i>		Place and Date of Enlistment <i>St. Johns 19-3-16</i>		Religion <i>Meth.</i>			
Joined _____ Date _____	Joined _____ Date _____	Period of { with Colours <i>22 1/2</i> years. with Reserve <i>3 1/2</i> years.		Place of Birth <i>Twillingate</i>			
Joined _____ Date _____	Joined _____ Date _____						

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>Barry Camp</i>	<i>21/7/17</i>	<i>Pvt.</i>		<i>1</i> <i>Absent from draft when warned</i>	<i>Pvt. Burns</i>	<i>28 days detention</i>	<i>23/7/17</i>	<i>Lt. Col. Whitaker</i>	<i>M.</i>
<i>Hayley Down</i>	<i>10/9/18</i>	<i>Pvt.</i>		<i>Absent from galleon mail escorted at</i> <i>Compuke at 8.40 pm.</i> <i>Absent off mess platform</i> <i>under sentry by the</i> <i>Military Police at 11.15</i> <i>when taken about 11.45 pm</i> <i>12-9-18 sent to mess 7</i>	<i>Sgt. Lewis</i> <i>Pvt. Roberts</i> <i>Documetary</i>	<i>9 days P.M.</i>	<i>10/9/18</i>	<i>Lt. Col. A. I. Bunter</i>	<i>P.S.</i>
				<i>Medically Unfit</i>	<i>14 12/18</i>				

To be carried over

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