

*Deleared
20-461*

1914-1918

ROYAL NEWFOUNDLAND REGT.

4037

484574



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4030 Name Edward Dudgeon Corps 1st

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edward Dudgeon
2. What is your full Address? } 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 0 Months
5. What is your Trade or Calling? 5. None
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, Edward Dudgeon 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.

Edward Dudgeon SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Dudgeon 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..... on this..... day of..... 1915

Signature of Attesting Officer W. H. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the..... If enlisted by special authority, such will be attached to the original attestation.

Date..... 1915 } 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).....

4037



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4037 Name Hayward Budgett Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Hayward Budgett</u> |
| 2. What is your full Address? | 2. <u>Pully's Island N-D Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Land Surveyor</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Hayward Budgett 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.

Hayward Budgett SIGNATURE OF RECRUIT.
Robert Ouel Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hayward Budgett 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 31st day of Oct. 1917

Hayward Budgett Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the 7th

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

Date Oct. 31st 1917 } Approving Officer.
 Place St. John's

† 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).....

C.R. 4037

Extract from Daily Orders part II, Depot St. John's dated April 19th. 19

The discharge of the/a on demobilization has been CONFIRMED by
Officer i/c Records on 17-4-19.

#4037 Pte. Hayward Budgell.

C.R. 4037

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, April 10th, 1919.

The discharge of the Undernoted on demobilisation
has been APPROVED by C.C. Discharge Depot from 3-4-19.

3-4-19

4037 Pte. Hayward Budgell

C.R. 4037

Extract from Medical Board held on FRIDAY AFTERNOON MARCH 28th. /19.
the following was the finding.

Recommended discharge from the Army.

4037, Pte. ^H R. Budgell.

C.R. 4037

Extract from Daily Orders West 22 Unit The Royal WFLC.
11-2-19
Regt. St. John's, 11-9-19.

returned
The undisturbed returned from overseas and reported to
7-2-19
Regt. 7-15-19.

Reprinted on I.P. 3179.

4037 Pte. Hayward Budgett.

C.R. 4037

Extract from Nominal Roll of the Royal Nfld. Regt,
Embarked S.S. Corsican" Jan. 30th, 1919.

4037 Budgell.

C.R. 4037

Extract from Daily Orders Part 11 Unit The Royal NCM.
Regt. Headquarters By Lt. Col., B.J. Barton, D.S.O. Commanding
2nd Bn., 20-1-19.

The following having reported back from the 1st Bn. is
taken on the strength and posted to H. Co. 21-1-19.

4037 Pte. ~~M~~ Bugden.

C.R. 4037

Extract of Casualties from Pay & Record Office, London, dated Jan.
14/1/19.

The undermentioned, ex 3rd London G. Hospital, 14/1/19, is granted
furlough to 21/1/19, with orders to report at the P. & R.O. on the
latter date for disposal. To be repatriated.

4037 PTE. H. Budgett.

A.Fs. W.3201 from 3rd L.G.H.

C.R. 4037

Oct. 31, 1918.

Mr. Wm. Budgell,
Pilleys Island, N.D.B.

Dear Sir:

I beg to inform you that additional information has been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4037 Pte. Hayward Budgell is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

NEWFOUNDLAND POSTAL TELEGRAPHS.
Cable Connection with all the World
C.R. 4037
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 _____ **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

 Dated **Oct 19th, 1918**

 To **William Budgett Pilley's Island, N.D.B**

Regret to inform you that Record Office, London,
officially reports **No. 4087, Private Hayward Budgett**
at 3rd London General Hospital Wandsworth suffering from
B.S.W. right buttock

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

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 4037

**Extract from Casualties received from Pay & Record
Office, London, Oct. 19th, 1918.**

Admitted 3rd London General Hospital.

4037 Pte. H. Budgell

G.S.W. R. Buttock.

C.R. 4037

Extract from Nominal Roll of Draft 46 Nfld. Regt. from
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone,
25-5-18.

4037 Pte. H. Budgell.

C.R. 4037

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 2

4037 Pte. Budgell.

25-5-18.

C.R. 4037

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46, -120 Other Ranks from 2nd.
Bn., Depot, Winchester, to 1st. Bttn., The Royal Newfoundland Regiment,
B.E.F. Embarked Folkestone, 25/5/18.

4037 Pte. H. Budgell.

A.Ps. B. 103 (one for
each soldier) sent to
3rd. Echelon, B.E.F.

Extract from Nominal Roll embarked St. John's for Overseas
Dec. 11th 1917 per S.S. FLORIZEL.

4037, Pte. Hayward Budgell.

C.R. 4037

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, ~~Mar.~~ Oct. 31st, 1917.

4037 Pte. H. Budgell.

Attested for General Service with the Nfld. Regt., with
effect from Oct. 31st, 1917.

Budgett, H.

C.R. 4037

P. F. A. O.

No. 6912/548

038391/2

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

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

To:

Officer Commanding,
2/Bn Royal Newfoundland Regt.

Winchester.

Subject: 4th May 1918

May 8th 1918

Subject: 4037, Pte. H. Budgell,

Receipt hereunder.

With reference to the following telegram (³⁹⁸⁸~~2888~~) from the Hon. Minister of Militia, received

Chambers
LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

2/5/18

Pay to 4037 Budgell £10:5:0

received the sum of ten

Draft £ 10:5:0 is enclosed for payment to this Soldier.

Ten on account of cable remittance from Newfoundland.

Kindly obtain his receipt hereon.

J. S. Anderson Lieut
for Chief Paymaster & O. i/c Records.

Hayward J Budgell
No. 4037 Rank Rli

3rd London General Hospital
Dec 28th 18.

Dear Sir,

Please pay bearer
the sum of two £s. & charge
same to a/c.

4037 Hayward Budget
Royal N.F.S.D. Reg.

Dec 28th - 18.

J. M. Carlson Esq.
of. Partner

£ 2-0-0
Receipt 110
12/28/18

Registrar, R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S.W.

3rd London General Hospital
Dec 28th 18.

Dear Sir,

Please pay Bearer
The Sum of two £. & charge
same to acc.

4037 Hayward Buryell
Royal N.F.S.D. Reg.

Dec 28th 18.

J. M. Carlson Esq.
of. Berlin

£ 2-0-0
Receipt 110
12/28/18

Registrar, R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S.W.

Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is 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 despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

Part I.

A.F.W. 3977a has been sent to O.O.	A.F.W. 3977a has been sent to The Officer i/c Records,	The Regimental Paymaster,
	58 Victoria St London	58 Victoria St London

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 4037 Rank Plt
 Name Budgell Hayward
 (Surname) (Christian names in full).
 Unit and Corps 1 R G 4
 Station 800 LONDON GENERAL HOSPITAL
 Date MEDICAL BOARD. 19
8 JAN 1919
 Officer i/c Hospital J. B. C. [Signature]

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to provide such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier 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 _____

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977a whether the claim is substantiated or not.

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 _____
 Officer i/c Hospital.

admitted 16.10.18

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } H037. Rank Pte
Regtl. No. }

Name Budgell. H
(Surname first)

Corps or Regiment } Royal Wiltshire
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster " 15/1/19

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 11. 1. 19, has been sent to the canteen below on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 14 1 19

to (full address) 58 Victoria St

S.W.

Date 14 1 19 S.W. } Officer
Comm.

Place Wandsworth Registrar, R.A.M.C.I. General Hospital

Three copies to be made; one sent to each Officer above-mentioned, and one sent to the Office.

Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE—On receipt of this notification the Officer i/c Records is 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 absence or loss of the originals.

Army Form W. 3977c 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 for whom separation allowance is being paid, on receipt of which the Army Form 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. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form 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.

Part I.

A.F. W. 3977a has been sent to
O.O.

The Officer i/c Records,

A.F. W. 3977c has been sent to
The Regimental Paymaster,

58 Victoria St
London

58 Victoria St
London

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.*

No. 4037 Rank Pte

Name Budgell (Surname). Hayward (Christian names in full).

Unit and Corps 1 R G. F. Coy

Station 8RD LONDON GENERAL HOSPITAL
MEDICAL BOARD. H. B. Carlson Capt. Officer i/c Hospital.

Date 8 JAN 1919 191 Strike out if inapplicable.

NOTE—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records—

The soldier 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 _____

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report on Part II. of this Form whether the claim is substantiated or not.

Part II.

Officer i/c Hospital,

The soldier's claim to be repatriated abroad* _____ accepted. { Insert "is" or "is not."
On termination of his leave he is to report to the Officer Commanding, _____ at _____ (Station) } Strike out if inapplicable.

Station _____
Date _____ 191 _____
Officer i/c _____ Records.

admitted 16.10.18

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

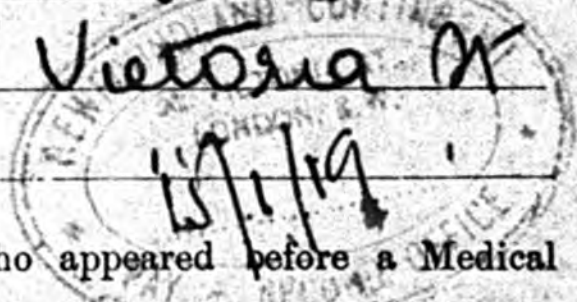
Soldier's } 4037. Rank Plé
Regtl. No. }

Name Budgell. H
(Surname first)

Corps or Regiment } Royal Wiltshire
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster "



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 11 1 19, has been sent to the address below on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 14 1 19

to (full address) 58 Victoria St

Date 14.1.19 S. W. Smith { Officer
Comm. }

Place Wandsworth Registrar, R.A.M.C.I. Hospital,

Three copies to be made; one copy sent to each Officer above-mentioned, and the copy filed in the Office.

Copy 4/19/17

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P.; or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... 1st. R. Newfoundland.
2. Regtl. No. 4037... 3. Rank. Private.
4. Name BUDGELL Hayward.
(Surname) (Christian Names)
5. Age last birthday... 22 yrs.
6. Posted for duty on Oct. 1917 at St. John's
in category (or grade)... A. 1.
7. Former Trade or Occupation } Lumbering
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action yes (b) on field service yes
(c) on duty yes (d) off duty? no.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
G.S.W. Rt. Buttock
11. Date of origin of disability. 14/10/18
12. Place of origin of disability. Belgium
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Was advancing to attack when hit by shrapnel shell. Went. to Base Hospital then to 3rd. London General Hospital.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes. | |
| (ii.) Previous active service.. .. . | - | |
| (iii.) Climate in pre-war service | - | |
| (iv.) Ordinary military service before the war .. | NO. | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

Wounds are healed. Has some difficulty in going up hill. Can sit fairly well.

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

Skin-grafting.

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

N/A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

None.

20. Do you recommend—

(a) Discharge as permanently unfit?

YES.

(b) Change to United Kingdom?

-

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

Signed.

H.S.B. Carlyon Capt. R.A.M.C.

Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

**Some discomfort in sitting.
Walks on flat but with difficulty
going up hill or stairs.**

22. State whether the disabilities are:—

- (i) Service during the present war
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier

(a) Attributable to

(b) Aggravated by

Yes.

Give details :

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

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

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

Six months.

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

100. as a soldier.
40. as a Civilian

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

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

2. operations

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

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

Yes.

Opinion of Military Member in case of disagreement.

OR

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

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

—

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

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

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

No

29. Does the soldier require:—

(a) An attendant for his journey home?

(b) Transport from railway station to his home?

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

No

Signatures:—

Sgd. G. Gore-Gillon Lt. COL. } President or
R.A.M.C. } Chairman.

Station Wandsworth S.W. , W.E. Wynter MAJOR. }
Date 11.1.19. R.A.M.C.T. } Members.

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

Station Wandsworth }
Date 14.1.19. }
OR
Sgd. H.S. Bruce }
Officer in charge, Central Hospital. }
Coe. AMB }
Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve. (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.
Date

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

No. 4037 Rank R Med Name Budgett (Regiment) 1-19
Plé 1-19
is discharged from* 3RD LONDON GENERAL HOSPITAL

with orders to proceed to his home WANDSWORTH
(Address 58 Victoria)



and there to await further instructions as to his discharge from the Service.

Place Wandsworth Officer Commanding [Signature]
Call Name

Date 14-1-19 Registrar, R.A.M.C.F.
3rd London General Hospital,
WANDSWORTH, S. W.

*Here enter name of Hospital or Unit from which the Soldier is discharged.

Budgell, H

4037

Hay Sept

✓
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 20th, 1919.

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

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

Christian name, *Rayward* 2. Surname, *Rudgell*.....

3. Rank, *Pte*..... 4. Regal. No. *4837*.....

5. Address in full to which future payments of gratuity are to be forwarded,.....
Colley B. N.S.B.

6. Date of enlistment in the Regiment,..... *Oct. 1917*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge,.....
No

8. Relationship of such dependents,.....

9. Address in full of such dependents,.....

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas,.....
From Oct. 1917 to

Apr. 11/19 date of temporary discharge

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.

Clothing allowance 60
P.D.P. 27.46
Board allowance 311

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

No

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

No

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

No

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

No

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

19. Are you now serving in the Regt.?

No

If not give:- (a) Date of discharge

Apr. 1/19
Temporary

(b) Reason for discharge

Demobilization

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

France + Belgium - From May 1918 to Oct. 1918.
Cyprus, Rodgham.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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

Signature of Applicant: *Hayward Budgetell*
 Place of Residence: *Pileys Is. N.S.B.*
 Declared before me at: *St Johns, Nfld*
 This *3rd* day of *April* 19*.19.*
John McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mes.</i>	<i>28.00</i>
.....
.....
Certified Correct.			Byraster. <i>[Signature]</i>	

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 037 Rank Pte Name Budgell Hayward
 Date of Enlistment 3-1-10 Address Pillys Rd District St. John's
 Occupation Hammer Forgers Classification for Discharge B Medical Category E
 Recommendation S.M. permanently unfit Disability Rating 40%
 Passed to Demobilization Officer with following documents:—

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

Date... 1-4-19.....

.....
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

A. P. Budgell

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00.....

(b) Clothing Supplied..... *Ambleton*

Date... 1-4-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 1138* to his home at *Palmyra, Ind* and Release Certificate No. *1933* issued.

Date *1-4-19* *J.A. Crawford*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *17-4-19*

Date *1-4-19* *H. W. H.*
Depot Paymaster.

Discharge approved for *3-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *1-4-19* *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 3 1919

Date *R.H. Suit Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4037 Rank Pte Name Budgell Hayward
 Intended place of residence Pilley's Island, Twillingate
 2. Occupation Lumber Surveyor
 Classification of soldier T.B. Medical Category E.

3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date APR. 1 1919
 for Mr's [Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
1-4-19
Hayward Budgell
 Signature of soldier
J.A. Snowfoot
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
1-4-19
Hayward Budgell
 Signature of soldier
E. Wilson Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 31-10-17 No of days on Military
 Discharged from service 3-4-19 plus 14 days Service 534

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
APR 3 1919
R.H. [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld
 Date April 17/1919
[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

A.F.B. 2079/1959

10
30
31
31
28
31
17
178

April 17th., 1919

#4037 Pte. Hayward Budgell,

Pilley's Island.

Dear Sir;

Please find enclosed "Discharge Certificate

No.1959."

Yours truly

Captain
Paymaster & O.i/c Records

Civil Re-establishment Committee



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

To resume former occupation
(Lumbering)

Hayward Budgett
Signature of Man.

Reg. No. *4037*

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

Place *ST. JOHN'S.*

Date *APR - 1 1919* 191

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

MEDICAL HISTORY

OF

Surname

Burgess

Christian Name

Hayward.

Table I.—GENERAL TABLE.

IT.

Birthplace:—Parish

Pillsbury Island

County

Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	<i>21st</i>	<i>Oct</i>		<i>1917</i>
at	<i>St Johns</i>			
Declared Age	<i>21</i>	<i>2</i>		
Trade or Occupation	<i>Lumber Sawyer</i>			
Height	<i>5</i>	<i>7</i>		
Weight		<i>127</i>		
Chest Measurement	Girth when fully expanded	<i>36 1/2</i>		
	Range of Expansion	<i>4 1/2</i>		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	<i>1 Scar</i>		
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. M. Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>St. Johns</i>	at	
	on	<i>21</i>	on	<i>1917</i>
	day of	<i>Oct</i>	day of	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>1st Nfld Regt</i>	<i>4037</i>		
Transferred to	<i>ROYAL NEWFOUNDLAND REGIMENT.</i>			
Became non-effective by	on	day of	on	day of
		<i>1917</i>		<i>1917</i>
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
16-10-18 3rd London General Hospital WANDSWORTH, S. W.	16	10	18				G.S.W. Rt. buttock		Board held 11-1-19 (see overleaf) Disability: G.S.W. Rt. buttock Cause: Shrapnel shell wound in action Capacity for earning a livelihood lessened by 40% S.W. Wright, Captain	

Report of Medical Board.

Station St. John's, Nfld

Date March 28/19

No. and Rank 4034 Private

Age 22 yrs

Height 5'7 1/2"

Name Wadgell Hayward

Complexion Ruddy

Unit Royal Newfoundland Sillup Island Eyes Blue Hair Black

Address (Boston Hill City)

Former Trade Lumberman

Enlisted at St John On 31 Oct 17 (The Board will please note how the soldier's appearance corresponds with above description.)

Disease or Disability Original

G.S.M. Buttock

Subsequent

Present Condition (Compare with previous Board)

Very large scar over right buttock about
8 inches by 2. Weak scar - skin grafted.
Pain on walking & tender when sitting,
or lifting

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? 40%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? 40%

Recommendation of Medical Board

Members of Board

Clayton Macpherson
Majr.

R. H. ...
James ...
H. ...

Approving Medical Officer.



Original

5400

12

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *1. P. No. 7. I. D.*
- 2. Regtl. No. *4037* 3. Rank. *Pvt.*
- 4. Name *Bridgell* *Hayward*
(Surname) (Christian Names)
- 5. Age last birthday *22*
- 6. Posted for duty on *Oct. 1917* at *St. Johns*
in category (or grade) *A.1.*
- 7. Former Trade or Occupation } *Lumbering*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action *yes* (b) on field service *yes*
(c) on duty *yes* (d) off duty? *no*
- 9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. *Oct 14th 1918.*
- 12. Place of origin of disability. *Belgium*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Was advancing to attack when hit by sharp shell. Went to Base Hospital. Then to 3. Lon St. Hosp.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service.. .. .

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part. }

Yes

No

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

G.S.W.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Wounds are healed. Has some difficulty in going up hill, but his family well.

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

Shin Profiting.

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

Not applicable

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

None.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Yes

W. B. Carbyon Capt
Medical Officer in charge of case.

Station

Date

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

14 State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part

Yes.

No

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

G.S.W.

15 What is his present condition?

A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the condition.

Wounds are healed. Has some difficulty in going up hill. See his family well.

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

Chin getting.

17 If not, was an operation advised and declined?

18 *In the case of loss or decay of teeth, if the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable

Not applicable

19 Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to war, and if so, to what or by what specific military conditions?

None.

20 Do you recommend -

(a) Discharge as permanently unfit

(b) Change to United Kingdom

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

[Signature]
[Signature]
[Signature]
Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

*Some discomfort in sitting
walks on flat - but in
difficulty going uphill
or stairs*

22. State whether the disabilities are:—

- (i) Service during the present war
 - (ii) Previous active service
 - (iii) Climate in pre-war service
 - (iv) Ordinary military service before the war
 - (v) Serious negligence or misconduct on the part of the soldier
- Give details:

(a) Attributable to

(b) Aggravated by

.....	<i>Yes</i>
.....	
.....	
.....	
.....	

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

..... ✓

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

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

Six months (uncertain)

✓

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

100% as a Soldier
40% as Civilian

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

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

2 Oper ✓

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

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

Yes

Opinion of Military Member in case of disagreement.

OR

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

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

✓

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

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

✓

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

No

29. Does the soldier require:—

- (a) An attendant for his journey home?
(b) Transport from railway station to his home?
(c) The constant attendance of another person in his own home?

No

Signatures:—

Station ... Wandsworth

Date ... 10-1-19

G. E. Allen ^{name} President or Chairman.
W. E. D. Yates Major Members.

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

Station ... Wandsworth

Date ... 14-7-19

A. E. Preece ^{name} Officer in-charge, Central Hospital.

Only applicable in case of Patients in Hospitals.

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

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

Station

Date

O.C. Discharge Centre.

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 Soldier's Name Budgett Nayward
(Surname) (Christian names in full)

A. Unit from which discharged 19th M.F.L.D.
Regimental Number 4037 Rank on discharge Pte Age on discharge 22
Married, widower with children, or single Single
Occupation before enlistment Labouring
Special qualifications (if any) for employment in civil life } "
Nature and locality of employment desired as above
Full postal address to which proceeding on discharge } Pilleys Island. M. D. B.
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
			India		
			South Africa		

Disallowed

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 Pilleys Island

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

Christian name of father William

Christian name of mother Sarah deceased

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 Forms 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)

Rank

Station

Date

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).

Casualty Form - Active Service

Regiment or Corps 24th Royal Newfoundland

Rank Pte Surname Budgell Christian Name Hayward

Religion Methodist Age on Enlistment 21 years 2 months

Enlisted (a) 30.10.17 Terms of Service (a) Duration Service reckons from (a) 30.10.17

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

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

Occupation Lumber Surveyor J. M. Currier



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... <u>25-5-18</u>		
			Disembarked ... <u>27-5-18</u>		
			Joined Battalion <u>31-5-18</u>		
<u>16/10/18</u>	<u>144 CES</u>	<u>Mr Gsw Butsch</u>	<u>14/10/18</u>		<u>80006</u>
	<u>14 Gene Sg</u>	<u>Mr B W Buttock</u>	<u>15/10/18</u>		<u>W 3024</u>
	<u>Mr Denis</u>	<u>Transferred to England</u>	<u>16/10/18</u>		<u>W 3023</u>
		<u>for O/S No 1 Infantry Section,</u>			
		<u>STP Euston, G.H.Q., B.E.F.</u>			<u>✓</u>

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





Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Hayward Budgell*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4037*

Intended address *Pillay's Island*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Pillay's Island, Aug 1st, 1897*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Hayward Budgell*

Pte
(Rank)

Station *St Johns*

Date *28-3-19*

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

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

Station

Date

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. *4037*Rank *OK*Name. *Flayward* *Budger*

(Surname)

(Christian Names)

Unit and
Corps } *Royal W.I.S.*

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?

France & Belgium 7 months

(b) In what capacity?

~~Soldier~~ 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.)

*Wounded Oct. 14th
by shrapnel Right Buttock
Skin Drafting*

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

3rd London General Hospital

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.

No.

7. What is the name and address of your last employer before joining the Army?

Mr. Budgett, Pillsbury Ltd
Solihull Bank, Bury, A.F.B.D.

8. (a) What was your occupation before joining the Army?

Lumbering

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

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

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

Station 3rd London General

Signed (Soldier)

Hayward Budgett

Date January 9th - 19

Signed

Thalman

Witness

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *28.5.19*

Regimental No. *4037*

Name *Pte Hayward Russell*

Address *Silby's Island*

Present Medical Category *E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

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

.....
Senior Medical Officer

Geo Burden
.....
M. O. Depot


WWB/ME

July 5. 1919.

To:- Captain Howley,
O. I. C. Pay and Records.

From:- V. O.

Hayward Budgell 4037 --



The man named in the margin has completed
his course under the Civil Re-establishment
Committee .

W. S. Mackall
Vocational Officer.

No 3760



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, W. J. Budgetell, Regl. No. 4037, hereby agree, until further notification by me, and in similar official form to make an Allotment of £ Dollars and 54 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz. :

Allotment begins 1-11-17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3079	Father	W. Budgetell	Pelles Island	60
Total Allotment, £			60	

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.) W. J. Budgetell
 Officer Commanding
Company
9-11-1917

(Sig.) W. J. Budgetell
 (Rank) Pvt

7414

Grand Falls
Nov 12th - 19

To Paymaster & Officer
Ml Records Department
of Militia St Johns.

Dear Sirs
Would you be kind to advise me
by setting me know whether there is any
militia gratuity money due me or not &
I received 3 months pay while at St
Johns. Understood that I was getting
paid. Maybe it was sent to my
old address Gatten's Bill.

Yours Truly
Bayward Russell
Grand Falls

4037

December 4, 1919

H. Budgell,
GRAND FALLS.

Dear Sir:

I enclose cheque for
\$70.00, balance of War Service Gratuity, due
you, please.

Yours truly,

Major

PAYMASTER

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Nov 18 19 19

Received from the First Newfoundland Regiment
the sum of Twenty Dollars.
~~an account~~ of Pay. to B.Y.
balance

Ch. No. 20037	Initials... <u>Jed</u>
Pay Ledger... 708	Initials... <u>W</u>
Gen. Ledger.....	Initials.....


Regtl. No. Rank

No.

14037

Rank

1st

Name

H. Badger

April 26th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. H. Budgell, No 4037**
the sum of **eleven dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension Nil

ACCOUNT	<i>B. R. B</i>	INITIALS	
CH. NO.	<i>17156</i>	INITIALS	<i>EW</i>
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

W. J. Mitchell
Vocational Officer.

H. Budgell

MAY 3 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. H. Budgell, No 4037
the sum of eleven dollars and sixty six cents
in payment of allowance for week ended this date
in connection with re-education.

\$11.66
Pension

Nil

W. W. Mitchell
Vocational Officer.

H. Budgell

MAY 10 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. H. Budgell No. 4037
the sum of eleven dollars and sixty six cents.
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Allowance \$11.66

W. W. Metcalf
Vocational Officer

Hayward Budgell

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to H. Budgell, No. 4037
the sum of **seven dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$7.00

Pension \$20

W. B. Ketchell
Vocational Officer

H. A. Budgell

MAY 31 1919

Capt. Howley,
O. I. C. Records.

Please pay to H. Budgell, No 4037
the sum of **seven dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$7.00

Pension \$20

W. W. Mitchell
Vocational Officer

H. Budgell

JUN 14 1919

Capt. Howley,
O. I. C. Records.

Please pay to H. Budgell, No 4037
the sum of **seven dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$7.00

Pension \$20

H. Budgell
Vocational Officer

H. Budgell

JUN 7 1919

Capt. Howley,
O. I. C. Records.

Please pay to H. Budgell, No 4037
the sum of **seven dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$7.00

Pension \$20

B. W. Mitchell
Vocational Officer.

H. Budgell

JUN 27 1919

Capt. Howley,
O. I. C. Records.

Please pay to H. Budgell, 4037.
the sum ~~nine~~ **nine** dollars and thirty three cents,
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension 20.00
Allowance 9.33

W. H. Muckell
Vocational Officer.

H. Budgell

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to H. Budgell 4037
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$20
Allowance 9.33

W. W. Mitchell
Vocational Officer

H. J. Budgell

ST. JOHN'S, APR 1 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Lt. H. Budgell

Billeting Soldiers as undermentioned

from Feb 23rd /19 to Mar 25th /19

4037 - Lt. H. Budgell	31	00
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APPROVED BY	<u>B.H.M.</u>
GR. NO.	<u>14994</u>
ISS. DATE	<u>EW</u>
PAY PERIOD	
AMOUNT	<u>50</u>

Certified correct for \$

Lieut
W. G. Louster
Billeting Officer.

R.J.
Rayward Budgell

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



SEP 14 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Hayward Budgell

in respect of his service as No. 4037 Rank Pte.

Name H. Budgell

Royal Nfld. Regt.
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received

*Victory medal & British war medal.
Pellys Island May ✓*

Signature

Hayward Budgell

Date

June 17th 21

Address

Grand Falls. N.B.

[P.T.O.]

C.R. 4037

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Date.....

Dec 3/19

Place.....

Lucy Hard

Name.....

Raymond Bridgell

C.R. 4037

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO 4037... NAME *Raymond G. Gell*

DATE *March 8th 20*

PLACE *Grand Falls.....*

Bold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Bold Here



July 9th., 1921

The accompanying King's Certificate, on his discharge,
(No. 1325), is forwarded herewith to

~~Private Hayward Budgell~~

in respect of his service as No. 4037 Rank Pvte.

Name H. Budgell Corps Royal Nfld. R egt

Receipt of the same should be acknowledged hereon.

Received Kings Certificate

Signature Hayward Budgell

Date Aug 21st - 21 Hof

Address Grand Falls

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Number of Sheets

ONE

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Budgell Hayward</i>	Age on	<i>21 years 2 months</i>	<i>Quartermaster Sergeant</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St. Johns</i>	<i>Method.</i>	
Joined		Date	<i>31-10-17</i>	Place of Birth	
Joined	Date	Period of } with Colours <i>169</i> years. with Reserve <i>365</i> years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
	<i>✓</i>								<i>Demobilized St. Johns, 17/19</i>

To be carried over

14037

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4037 Rank Pte Name Budgell Hayward
 Date of Enlistment 31-10-17 Address Pillys Rd District Cherry Pt
 Occupation Timber Sawyer Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating 40%
 Passed to Demobilization Officer with following documents:—

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

Date 1-4-19 for H. Mars H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

A. Budgell

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing Supplied~~ Amblouston Lieut.

Date 1-4-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11138 to his home at Myrtle Beach and Release Certificate No. 1933 issued.

Date 1-4-19 *J.A. Crawford*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 17-4-19

Date 1-4-19 *J.A. Crawford*
Deputy Paymaster

Discharge approved for 3-4-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 1-4-19 *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 3 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date 12/4/19 *J.P. Hunt*
for Officer in Charge Records

Reg. No. 4037 Rank Pl Name Sudell, H.
Attested Address Phillips Island.
Allotment Allottee
Date of Allotment Returned from Overseas 7.2.19
Returned on S.S. Wasean Cause Discharge

1.4.19
3.4.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.