

**FIRST NEWFOUNDLAND REGIMENT.****ATTESTATION OF**No. 1954 Name Walter Cairnes Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Walter Cairnes</u> |
| 2. What is your full Address? | 2. <u>Fort Saunders, St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>18</u> Years <u>7</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Teacher</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, Walter Cairnes do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Walter Cairnes SIGNATURE OF RECRUIT.

8 Oct. 25th 1915

Donald W. Payne Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Cairnes 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 25th

on this 25th day of October 1915
Signature of the Attesting Officer. Donald W. Payne

† 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

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, the 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.

1954

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

Name Walter Conis

Apparent age 18 years 7 months. Height 5 feet 9 1/2 inches.

Chest measurement { Girth when fully expanded 37 inches.
Range of expansion 5 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Michael Conis, Post Sanders, St. Paul, Minn.

| 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	Promotions, 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 _____									<div style="font-size: small;"> Signature of Officers certifying correctness of entries </div>
Joined at _____ on _____									
<u>Discharge</u>		<u>As follows</u>		<u>9/15/17</u>					
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1954 Name Walter Cairns Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Walter Cairns</u> |
| 2. What is your full Address?..... | 2. <u>St. John's, Nfld., Nfld. Prov.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>18</u> Years <u>7</u> Months. |
| 5. What is your Trade or Calling?..... | 5. <u>Labourer</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 |
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8 Oct. 25th 1915 Donald W. Cairns Signature of Witness.

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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, Nfld.

on this 25th day of October 1915 Donald W. Cairns Signature of the 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 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 _____ Place _____ } Approving Officer.

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‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, the 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) _____

REGIMENTAL NUMBER 1954

COMPANY 9

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions .

For the duration of the present war, or until my
discharge.

Subject to the Army Act. the Kings Regulation s.
and so such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.
5 George V. ? Chapter IV?.

Signed Walter Cairnes

Witness James G. H. H.

Dated at Asp

19 June 1916.

C.R. 195-4

Walter Gaines was attested for General Service with
the NEWFOUNDLAND CONTINGENT on October 25th 1915
Regimental No. 1954 was allowed to Pte Walter Gaines

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R. 1954

Extract from Nominal Roll of ~~the~~ Mfld. Regt. Draft No.7.
from 2nd Bn., Depot to, 1st Bn., B.E.F. Embarked
Southampton 25-6-16.

1954 Pte. W.Caines.

C.R. 1954

Extract from roll of Officers
N. C. O's and men of the
DISCHARGED from the Royal
Newfoundland Regiment.

Regtl. #	rank	name	date	reason
1954	Pte.	Gained Walter	9/5/17.	MED. UNFIT.

1954

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Apl. 24th, 1917.

1954 Pte. W. Gaines.

Attached to the Strength from April 23rd, 1917.

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)

Lucy M. Shirley

Signature of Sender

Address

Line Number	Rcd	By	Sent by	Check
			<i>for Miss Shirley</i>	

Dated February 23, 1917.

To Mr. Michael Caines,

Port Saunders.

Record Office, London, today reports
No. 1954, Private Walter Caines, is at
Wandsworth dangerously ill of tubercle lung.

J.R. BENNETT

Colonial Secretary.

C.R. 1954



SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

TERRITORIAL FORCE - WARWICK RECORD OFFICE.

LIST NO. H. A. 4951.

5102	Pte. Hyde, P.	1/7-R. War Rgt.	Deafness Sgt.	Dis. to Con. Dep. ex 12	Gen. Hos. Rouen 9th Dec '16.
20717	" Stimpson, H.	1-Bk. O & B L I.	Influenza. Sgt	do.	do.
20248	" King, R.F.	1/5-Glos: Regt.	GSW. Upper Lip. Sgt.	Trans. to anor Hos. ex 12	Gen. Hos. Rouen 9th Dec '16.
20510	" Blunt, W.	2/1-O & B L I. Bucks	Trench Feet	do.	do.
		Battn.			
6272	" Bail, R.	1/8-R. War Regt.	do.	Sev.	do.
5845	" Stokes, G.	1/8. do.	G.S.W. Legs & Thigh.	Sev.	do.
1621	L/C. Homer, F.	7-Worc: Regt.	V. D. H. Sgt.	do.	do.
4983	Pte. Gardner, S.A	1/8. do.	Synov: Knee R. Sgt.	do.	do.
3626	" Turner, A.J.	2/8 do.	G.S.W. R Arm.	do.	do.
3249	" Niblett, R.E	2/5-Glouc: Regt.	Diarrhosa.	Adm. 12 Gen. Hos. Rouen	9th Dec '16.
5960	" Hill, W:	2/5. do att 61/	P. U. O.	do.	do.
		G.H.Q.			
492	" Hughes, H.	2/4 R. Berk Rgt.	Influenza.	do.	do.
6288	" Scott, W.C.	2/4-R. Wark. Regt.	D. A. H.	Adm. 12 Gen. Hos. Rouen	9th Dec '16.
20267	" Bennett, F.	2/8 do.	N. Y. D.	do.	do.
5545	" Ley, E.J.	2/8-Worc Regt.	Trench Feet	do.	do.
6094	" Millard, W.G.	1/4-R. Berks.	Influenza.	Trans. to 6 Con Dep. Etaples ex 20	Gen. Hos. 6th Dec '16.
20248	" Shill, W.	2/4-R. Berks.	G.S.W. Rt. Shldr.	To Eng. ex 20 Gen. Hos.	6th Dec '16.
20479	" Jackson, J.P.	2/4. do.	G.S.W. Rt. Hand	do.	do.
5964	" Clarke, E.	2/5-Glos. Rgt.	G.S.W. Rt. F'arm. Sgt.	do.	do.
5974	L/C. Jones, A.G.	2/5. do.	GSW. Leg & Rt. Buttock.	do.	do.
			Slt.		
3907	Pte. George, R.H.	2/8-Worcesters.	Synovitis Lt. Knee Sgt.	do.	do.
46696	" Creswell, E.H	M.G.C. Late 5/1st	Hydrocele & Rt. Ing.	do.	do.
		Bucks Regt.	Hernia Sgt.		
4039	" Albert, H.	1/6-Gloster Regt	Scabies . Sgt.	Adm. 20 Gen. Hos. Dannes Camiers ex 16	Gen. Hos. 6th Dec
				Dec '16.	

NEW FOUNDLAND CONTINGENT.

LIST NO. H. A. 4951.

1954 Pte. Caines, W. 1-Newfoundland Rgt Broncho Pneumonia. Sev . Trans. to anor Hos. ex 12 Gen. Hos. Rouen 9th Dec '16.

3794

J

C.P. 1954

Extract of Cablegram received from London, dated
December 13, 1916.

1954 Pte. Gaines.

Bronchitis. at Wardsworth. ✓

140

Counter No. ✓

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 13 December 1915.

To Mr. Michael Caines,
Port Saunders.

Request to inform you No. 1954 Private Walter Caines reported Wandsworth Hospital with Bronchitis.

J. R. BENNETT,
Colonial Secretary.

140

Counter No. _____ ✓

NEWFOUNDLAND POSTAL TELEGRAPHS.



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J. R. BENNETT,
Colonial Secretary.

C.R. 1954

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE-FRANCE.CANADIAN E.F. RECORD OFFICE.

LIST NO.H.A.4716.

41346 Gnr. Boucher, A. CFA.2/Bde.48/ Lymphangitis.Slt...Adm.22 Gen.H.Dannes Camiers,30th Nov.16.
 How.Bty.
 90281 Cpl. Churchill, W.L. CFA.28/6 Bde. Influenza.....Dis.to Con.Dep.ex 12 Gen.H.Rouen,1st Dec.16.
 412560 Pte. Allen, J. 14/Canadian R.2/ GSW.VIII.I.R.Arm...Trans.to Hos.Ship.ex 22 Gen.H.Dannes Camiers,
 30th Nov.16.
 Coy.
 21 Cpl. Marcus, J. CFA.2/Can.T.M.Bty. Piles Slt.....Trans.to 6 Con.Dep.Etaples,ex 22 Gen.H.
 30th Nov.16.

NEWFOUNDLAND CONTINGENT.

LIST NO.H.A.4716.

1954 Pte. Caines, W. 1/Newflnd R. NYD.....Adm.12 Gen.H.Rouen,1st Dec.16.

FOOT GUARDS RECORD OFFICE.

LIST NO.H.A.4716.

17719 Pte. Lambert, J. 1/Cold.Gds. GSW.Arm.L.Leg Sev...Trans.to Ano.H.ex 12 Gen.H.Rouen,1st Dec.16.
 15352 Pte. Bill, L. 1/Cold.Gds. GSW.Thigh L.Slt. -do-
 8453 Pte. Heydon, A. 2/Ir.Gds. GSW.Wrist,L.Trench -do-
 Feet,Sev.
 1788 Cpl. Bowen, H.C. 1/W.Gds. Shell Shock,W.Slt. -do-
 10578 Pte. Cavanagh, J. 2/Ir.Gds. GSW.R.Arm.....Dis.to Base Dep.ex 12 Gen.H.Rouen,1st Dec.16.

EXETER RECORD OFFICE.

LIST NO.H.A.4716.

22359 Pte. Buby, R. 12/Devon.R. Br.Pneumonia.Sev....Trans.to Ano.Hos.ex 12 Gen.H.Rouen 1st Dec.16
 23597 Pte. Curnock, T. 1/Gr.En.Hants.R. Bronchitis.....Dis.to 1 Mil.Prison,ex 12 Gen.H.Rouen,
 Prisoner. 1st Dec.16.
 24764 Pte. Hatcher, E. 10/DCLI. GSW.IX.4 R.Leg,Frac.Trans.to Hos.Ship,ex 12 Gen.H.Dannes Camiers,
 Tibia. 30th Nov.16.



5694



~~SECRET~~

C.R. 1954 ✓

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

ARMY SERVICE CORPS

LIST No. H.A. 4512

M2/032937	Cpl. Cloves, W.	ASC MT 3 Army Sigs		Dis. to Base Dep. Rouen Class A ex 2 Con. Dep.
				22nd Nov '16
S4/036192	" Grove, J.	ASC MT 175 Co.		do.
MS/939	Pte. Divane, A.	ASC MT 349 Co.		do.
MS/3401	" Waltham, W.	ASC MT Spec. Works		do.
MS/4893	" Miller, D.	ASC MT 1 Base		do.
M2/082551	Cpl. Wood, J.	ASC MT 350 Co.		do.
M2/047534	Pte. Lewis, H.	ASC MT 9 A.S.P.		do.
M2/227893	" Denton, S.	ASC MT 1 Base		do.
DM2/190240	" Russell, A.	ASC MT 1 Base		do.
S2/14763	" Hollingsworth, S.	ASC 3 ASC Echelon		do.
T/30812	" Poole, A.	ASC HT att 21 Cheshires		Dis. to Base Dep. Harfleur Class A ex 2 Con. Dep.
				22nd Nov '16
T/28681	Dvr. Heath, J.	ASC HT att 125 Co.		do.
MS/2793	Pte. McKay, T.	ASC MT	V.D.G.	Trans to 1 Sty H. Rouen ex 2 Con. Dep.
				22nd Nov '16
M2/149507	" Young, F.	ASC MT	do.	do.
187962	" Dunnell, A.	ASC MT	do.	do.
MM2/051215	L.C. Roberts, E.	ASC MT 134 Co.	Pains Lungs & Kidneys	Trans to 6 Gen. H. Rouen ex 2 Con. Dep.
				22nd Nov '16
M2/264385	Pte. Edwards, H.	ASC MT	Acne	do.
T1/SR	Dvr. Hudson, W.	ASC MT	Dysentery	Trans to 9 Gen. H. Rouen ex 2 Con. Dep.
				22nd Nov '16

SOUTH AFRICAN RECORD OFFICE

LIST No. H.A. 4512

2454	Pte. Maytham, W.	2nd S.A.I.		Dis. to Base Dep. Rouen Class A ex 2 Con. Dep.
				22nd Nov '16
4151	" Gilliers, J.	1st S.A.I.	V.D.G.	Trans to 1 Sty H. Rouen ex 2 Con. Dep.
				22nd Nov '16

NEWFOUNDLAND CONTINGENT

LIST No. H.A. 4512

1954	Pte. Caines, W.	2/1st Newfoundland		Dis. to Base Dep. Rouen Class A ex 2 Con. Dep.
				22nd Nov '16

C.R. 1954

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCEWARWICK RECORD OFFICENo.H.A.3862

7291	L/C.Plumb G.	16/R.War. R.	GSW L.Knee.....	Adm. 2 Can Sty.H.Autreau. 3. Nov. '16.
17986	Pte.Lodge I.H.	13.Glos. R.	GSW L.Thigh.	do.
3261	Sgt.Sigton R.	10/R.War. R.	Shell. Gas.	do.
12356	Pte.Reefes W.J.	10Worcesters.	GSW L.Arm.	do.
26114	Sgt.Cratchley J.T.	14 do	Influenza.	do.
17296	Pte.Seeley W.	2/R.War.R.	Synovitis Knee R.....	Adm 3 Sty.H. Rouen. 30.Oct '16.
9898	" Mason C.	2/R Berks. R.	Shell Shock.....	Trans to Con Dep.ex 3 Sty H.Rouen. 30.Oct '16.
24026	" Davis H.	5/ do	Myalgia.....	Adm 3 Sty.H. Rouen. 1st. Nov. '16.
16578	" Foster H.	1/Worc. R.	Trench Feet.	do.
30489	" Layton G.	1/ do	Spr.Ankle.R.	do.
17850	" Willoughby J.	25/MGC.(2.R.Berks.R)	Trench Foot.	do.

TERRITORIAL FORCE WARWICK RECORD OFFICENo.H.A.3862

2967	Pte.Hart J.	1/6 R.War.R.	ICT Elbow. L.....	Adm 3 Sty. H. Rouen. 30. Oct '16.
20258	" Percival W.	6/ do	D.A.H.	do.
2967	" Hart J.	1/6 do	ICT Elbow. L.....	Trans to Con.Dep.ex 3 Sty.H. Rouen. 31.Oct '16.
20258	" Percival W.	6/ do	D.A.H..	do.
5628	" Welsh R.	1/4 R.Berks. R.	ICT. Ankles.....	Adm 3 Sty. H. Rouen. 1st. Nov. '16.
5628	" Welsh R.	1/4 do	ICT. Ankles.....	Trans to Con Dep.ex 3 Sty.H. Rouen.1st.Nov.'16.
22952	" Young E.	145.MGC.(4.R.Berks R)	Myalgia.....	Adm 3 Sty H. Rouen. 30 Oct '16.

CAVALRY RECORD OFFICE YORKNo.H.A.3862

1432	Cpl.Grey S.	1/Ir. Horse.	Ulcer Leg.....	Adm 2 Can Sty.H. Outreau. 3. Nov. '16.
17248	Pte.Mason V.	20/Hussars.	N.Y.D.....	Adm 3 Sty.H. Rouen. 1st. Nov. '16.
14080	" Stewart A.	15/ do	Bursitis Elbow R.	do.
17248	" Mason V.	20/ do	Deafness.....	Trans to Con Dep.ex 3 Sty.H.Rouen. 1st.Nov.'16.
14080	" Stewart A.	15/ do	Bursitis Elbow R.	do.

NEWFOUNDLAND CONTINGENTNo.H.A.3862

1954	Pte.Caines W.	2/1 Newfoundland Bn.	P.U.O.....	Adm 3 Sty H. Rouen. 1st Nov '16.
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C.R. 1954

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R.O. Nov 16th 1916.

1954, Pte W. Caines.

2/1 Newfoundland P.U.O. Trans.to Con. Dep. ex 3 Sty. Hos. Rouen
5th November 1916.

C.R. 1954

NO. 1954 PTE. CAINES W.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY & RECORD OFFICE
LONDON DATED NOVEMBER 14, 1916.

P³/₄ O. U. O.

"ADM. 2 CON. DEP. ROUEN EX 2 STY. H. 5 NOV'16."

C.R. 1954

Extract from Nominal Roll Entrained St. John's for Overseas,
Dec.18.1915."H"

1954 Pte. Caines Walter.

Confidential Copy
ASB



Medical Report on an Invalid.

3rd London General Hospital
Station *Wandsworth SW.*
Date *18 Jan'y 1917*

1. Unit *5th Newfoundland*
2. Regimental No. *1954*
3. Rank *Pte.*
4. Name *Caines M.*

5. Age last birthday *19*
6. Enlisted { on *25 Oct. 1915*
 { at *St John's Nfld.*
7. Former Trade {
 or Occupation {

8. Disability.

Pulmonary Tuberculosis

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. *Oct. 25. 1916*
10. Place of origin of disability. *France*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *Reported sick with cough & hoarseness*
Had Haemoptysis 8.12.16. Moist sounds Rhonchi & rales at
right apex, and as far down as the 4th intercostal space.
Had Haemoptysis here on 2.1.17.
Tubercle Bacilli in Sputum, 2.1.17 & 5.1.17

12. (a) Give your opinion as to the causation of the disability.
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Active Service
G. D. W. Exposure

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.

This patient is suffering from early tuberculosis of the Lung. He is unfit for military service of any kind. Sanatorium treatment is strongly recommended

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

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

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

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

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

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

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?

19. Do you recommend

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

Yes

Age
L. Clebute, Capt. R.A.M.C.
Officer in charge of case.

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

Station Wandsworth Hd *Age* K. B. Bruce, Surgeon
Date 20.1.1917 *Age* Wandsworth Hd
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. Wandsworth Hd
† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTE.—(1) 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

Active Service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Straw exposure to inspection

21. Has the disability been aggravated by

- (a) Intemperance? *No*
- (b) Misconduct? *No*

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

26. Do the Board recommend

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

Yes

Signatures:—

3rd London General Hospital

W. Edgates, Maj. R.S.M.C. President.
F. J. C. ... Capt. R.S.M.C.
A. B. ... Col. Members.

Station *Wandsworth Sd.*

Date *22.1.17*

3rd London General Hospital

W. Edgates, Maj. R.S.M.C.
 Administrative Medical Officer.

Station *Wandsworth Sd.*

Date *22.1.17*

(On leaving Corps or Station where invalided.)

Transfer { Date _____
Station _____ } Conveyance _____
or { _____ } Name of Vessel _____
Embark- { Date _____ } of Officer in }
ation { Port _____ } medical charge } _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or } _____
Station } _____ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer. _____

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station *4th*
Corps *1st*
Regimental No. *1904*
Rank *Plt.*
Name *James M.*
Disability *Shrapnel Wound*
Date *22.1.19*

Hospital or Station transferred to for final disposal }
Date of final disposal }
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
xi. 88579. W. N. 1286 470M 5.15 W. B. S. L.
Forms B. 179. 24

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

MEDICAL HISTORY

Surname Caines

OF
Christian Name Walker



Table I.—GENERAL TABLE.

Birthplace:—Parish

County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on 25	day of Oct 1915	on	day of
	at	St. John's, Nfld.	at	
Declared age	18	years	years	days
Trade or occupation				
Height	5	feet 9 1/2 inches	feet	inches
Weight		140 lbs.		lbs.
Chest Measure- ment {	Girth when fully expan- ded	37	inches	inches
		5	inches	inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm ...			
Number				
When vaccinated				
Vision	R.E.—V =	6/6	R.E.—V =	
	L.E.—V =	6/6	L.E.—V =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Sgt. Jamont-Palason</u>			
(Rank)	Capt. Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	25 day of Oct 1914	on	day of 191
Joined on enlistment	Corps		Corps	
		Regtl. No.		Regtl. No.
Transferred to	<u>R. Nfld. Regt 1914</u>			
Became non-effective by				
	on	day of 191	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 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 rd London General Hospital Wandsworth, W.	11	12	16				Pulmonary tuberculosis		Board held - see coverleaf. Disability - Pulmonary tuberculosis. Sanitary treatment strongly recommended. Cause - Strain & exposure to infection on active service. Total: Inability to earn a livelihood.	H. Zagen Capt. R.A.M.C.D. 3 rd London General Hospital Wandsworth.

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date DECEMBER 7th., 1917
 No. 1954 Age 19 Height 5'9"
 Rank PRIVATE Complexion FRESH
 Name CAINES, WALTER Eyes BLUE Hair FAIR
 Unit 1ST NEWFOUNDLAND
 Address PORT SAUNDERS Former Trade FISHERMAN
 Enlisted at ST. JOHN'S NFLD. on OCTOBER 25th., 1915
 Disease or disability PULMONARY TUBERCULOSIS

Present condition *Feels better. Cough better. Weight 166 1/2
 in pants & boots. Temp. 98.4 - pulse 100. Latent scales
 at right apex particularly above clavicle.*

Estimated disability

Total for six months

Recommendation of Medical Board

To continue treatment at home

Class

Members of Board

*J. S. [Signature]
 J. S. [Signature]
 J. S. [Signature]*

Approving Medical Officer.

Clay Macpherson



NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date APRIL 25th., 1917
No. 1954 Age 19 Height 5ft9"
Rank PRIVATE Complexion FRESH
Name CAINES WALTER Eyes BLUE Hair FAIR
Unit 1st NFLD.
Address PORT SAUNDERS Former Trade FISHERMAN
STS. OF BELL ISLE
Enlisted at ST. JOHN'S NFLD. on OCTOBER 25th., 1915
Disease or disability PULMONARY TUBERCULOSIS.
Present condition

Active disease right lung

Estimated disability

*total at present
with admission to Juven Camp.*

Recommendation of Medical Board

Discharge

Class



Members of Board

*W. L. Grant
Dr. W. Burden
Dr. R. L. D. J. B. S. Galt*

Approving Medical Officer.

Clay Macpherson, Major.

Nov 24 1917

Mr. W. C. Cames

requires clothing

as per request

\$45.00

J. J. Tat

W. C. Cames
115
116
117

W. C. Cames

W. Cairnes.

C.R.

1904

P.L.O.

Proceedings on Discharge.

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

No. <u>1954</u>	Army Rank <u>Private</u>	
Name <u>Caines Walter</u>		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps <u>Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &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 _____		COPY SENT TO G. C. H. O. ST. JOHNS N.F.L.D. N.F.P.36. NO. <u>11854</u> DATED <u>Feb 9 - 1917</u>
Place of discharge _____		
1. <u>Description at the time of discharge.</u>		
Age <u>19</u> years _____ months Height <u>5</u> feet <u>9</u> inches Chest measurement (girth when fully expanded) _____ ins. range of expansion _____ ins. Complexion <u>Flesh</u> Eyes <u>Blue</u> Hair <u>Bair</u> Trade <u>Fisherman</u> Intended place of residence <u>Port Saunders, Straits of Belle Isle Newfoundland</u> (To be given as fully as practicable)	Descriptive marks. <u>Mole A. Arm</u>	
(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 <u>Pulmonary Tuberculosis</u>		
(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.)		
To be filled in on the soldier quitting the Colours.	3. Military character:—	
	4. Character awarded in accordance with King's Regulations:—	
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°		

Original

Medical Report on an Invalid



3rd London General Station WANDSWORTH, S.W.

Date 18th Jan: 1917

1. Unit 2/1st Newfoundland
2. Regimental No. 1954
3. Rank Private
4. Name Barnes W.

5. Age last birthday 19
6. Enlisted { on 25th Oct 1915
at St. John's 2nd
7. Former Trade { Fishing
or Occupation { (Longshore)

8. Disability.

Pulmonary Tuberculosis.

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. October 25. 1916.

10. Place of origin of disability. France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Reported sick with cough, and hoarseness. Had haemoptysis 8/12/16. Moist sounds, rhuchi & rales, at right apex, and as far down as the 4th intercostal space. Had haemoptysis here 21/1/17. Tubercle bacilli in sputum 2/1/17 & 5/1/17.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.R. 58. No. 118574
DATED FEB 9 - 1917

(a) Give your opinion as to the causation of the disability.

Active Service.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Exposure.

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.

This patient is suffering from early tuberculous of the lungs. He is unfit for military service of any kind. Sanatorium treatment is always recommended.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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?

19. Do you recommend

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

yes

ST JOHN'S HOSPITAL
 GUY'S CLIFF ROAD
 LONDON, E.C. 4

L. R. COLLIER CAP RNCO
Officer in medical charge of case.

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

except
3rd London General Hospital
WANDSWORTH, S.W.
Station _____

H. E. Domett

Officer in charge of Hospital.

Date 20/1/17

Comdg. 3rd London Genl Hospital
Lt. Col. R.A.M.C.T.

* 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.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 or Station _____
 Embark- { Date _____
 ation { Port _____

Name of { Conveyance _____
 Vessel _____
 Officer in }
 medical charge } _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____
 Station } _____

Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }
 Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station

Depôt

Corps *21st New Zealand*

Regimental No. *1984*

Rank

Pte.

Name

Carnie W.

Disability *Subchronic Tuberculosis*

Date

22/1/17

Hospital or Station
transferred to for
final disposal

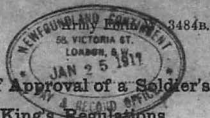
Date of final
disposal

How finally
disposed of

The original Report is invariably to accompany the
discharge documents of Invalids.
(4726.) W. 8530/2774. 500K. 9/18. C. P. 144.

Forms
7/19
44

52/110



Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St
Westminster S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹ ~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Carnes, Christian names Walter
(in full)

Regt. No. and Rank 1954 Fte. Regt. or Corps 2/1st Newfoundland
(If T.F. this should be stated)

His address on discharge will be Port Saunders, Straits of Belleisle
Newfoundland

The Soldier states that* no allowance is being issued in respect of him.
*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,
Station WANDSWORTH, S.W.

Date 22/1/17

Walter Guy Ramet
President of Board
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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

MEDICAL HISTORY

OF

Surname CaineChristian Name Walter

Table I.—GENERAL TABLE.

Birthplace:—Parish

County St. John's

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>Oct</u> 191 <u>5</u>		on day of 191	
	at <u>St. John's St. John's</u>		at	
Declared Age	<u>15</u> years		years	days
Trade or Occupation				
Height	<u>5</u> feet	<u>9½</u> inches		inches
Weight	<u>140</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches		inches	
	Range of expansion... <u>5</u> inches		inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>6/2</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Edmond Paterson</u>			
(Rank)	<u>Capt.</u>		Medical Officer.	
Enlisted	at <u>St. John's</u>		at	
	on <u>25</u> day of <u>Oct.</u> 191 <u>5</u>		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Newfoundland Regt.</u>	<u>1954</u>		
Transferred to				
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				

COPY SENT TO

O.C. HQ.

ST. JOHN'S, N.F.L.D.

M.F.S. No. 11857

DATED FEB. 9 - 1917

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				
3rd London General Hospital, WANDSWORTH, S.W.	11	12	16				Pulmonary tuberculosis		Bond held - see overleaf Disability - Pulmonary tuberculosis. Secondary treatment strongly recommended. Cause - Strain & exposure to infection on active service Total - inability to earn a livelihood	H. J. [Signature] 3rd London General Hospital, WANDSWORTH, S.W.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issue of Surgical appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
Nov. 8 th /16	1 st Inoculation
" 20 th /16	2 nd "
Dec. 24 th /16	Vacc.
19.6.16	Fit for Foreign Service <i>J. G. L.</i>
22/1/17	Board held - 22/1/17 Found - permanently unfit Board - approved. <i>H. Fagan Capt Rancett</i> 3rd London General Hospital, WANDSWORTH, S.W.

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
<i>St Johns Relief</i>					

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, so, 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, to be completed by the Office in Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the ~~Chelsea~~ Hospital, Chelsea, London, S.W.

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

A Name in full Caines - Walter RECORDED AND RETURNED
22 VICTORIA ST.
LONDON, S.W.
JAN 25 1917
PAY & RECORDS OFFICE

Regiment from which discharged 24th Newfound

Regimental Number 1954

Where born (Parish, Town and County), and when Port Saunders, Straits of Belleisle, Newfoundland

Intended address Port Saunders, Straits of Belleisle, Newfoundland 13/3/1897

Height on discharge 5 Feet 9 Inches

Colour of Hair on discharge Fair

Descriptive marks None R. arm

Figure on discharge Medium

Christian name of Father Michael

Christian name of Mother Mary

Wife's Maiden name in full _____

Date and Place of Marriage _____

Christian names of Children _____

Nature and locality of civil employment desired Fishing or alone

COPY SENT TO
O. C. H. Q.
ST. JOHNS, N.F.L.D.
N.F.P. 38, No. 118/16
DATED FEB. 9 - 1917

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) Walter Caines (Rank) Pte.

Station Wandsworth Date 10-1-17

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.

L. C. Clarke Medical Officer i/c
3rd Lond. General Hospital Hospital.
Date 18/1/17

Station WANDSWORTH, S.W.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
				India		
				S. Africa		
Disallowed						
Service towards Pension						
Date inclusive to which pay has been issued				Sum due on account } of advance of pension }		
Sums due on account of public debts ...						

Rank on Discharge _____

Character (as on Certificate of discharge) _____

Where born, and on what date _____

Date and Place of first Enlistment _____

Trade on Enlistment _____

Cause of Discharge _____

Number of G.C. Badges _____

Wounds, and Actions in which received _____

Medals

Other distinguishing marks _____

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

Station _____ Officer in Charge _____
Date _____ Records _____

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 1954

Rank Private

Name (surname first) Caines Walter

Regiment 21st Newfoundlands

1. State what special qualifications you have for employment in civil life.

Long shore fishermen

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 118576
DATED FEB 9 - 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

On our account with partners (brothers)
for seven years.

3. What is the nature and locality of the employment you desire?

Hope to return to same work

4. What is the name of your Approved Society? No

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 18/1/17

Signature Walter Caines

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Admitted
11-12-16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.1st Infld

Regiment.

18.4.17

*The Officer Commanding

Infld Contingent

31st

The Officer in Charge of Records

58 Victoria St

31st

The Regimental Paymaster

58 Victoria St.

31st

With reference to No. 1954 Pte Cairnes W.
of the above Regiment, who appeared before a Medical Board and was approved bythe D.D.M.S. Command, on the 2-1-17
for discharge from the Service as permanently unfit, please note that this man has
been sent to his home ~~with~~ with orders to await instructions as to his final
discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded to

58 Victoria St.31st

on [date]

April 9th 1917A. Jagan

Officer Commanding

Capt. R.A.M.C.

Hospital.

Place

Wandsworth

Registrar, R.A.M.C.

Date

9.4.17.London General Hospital,
WANDSWORTH. S.W.

Admitted
11-12-16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Infld

Regiment.



*The Officer Commanding

Infld Contingent 10. 11. 17

The Officer in Charge of Records

58 Victoria St. S.W.

The Regimental Paymaster

58 Victoria St. S.W.

With reference to No. 1954 Pte Cairnes W of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S. Command, on the 2.1.17 for discharge from the Service as permanently unfit, please note that this man has been sent to his home ~~on furlough~~ with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded to 58 Victoria St. S.W.

on [date]

April 9th 1917
H. Tazan

Officer Commanding

Capt. R. A. C. O. 1.
Registrar, H.K.M.C. 1.

Hospital.

Place

Wandsworth and London General Hospital,
WANDSWORTH, S.W.

Date

9-4-17

* In case of Territorial Force "Officer Commanding the Administrative Centre."

From

Officer Commanding
3rd London General Hospital
Wandsworth.

To

Officer I/C Records.
N.F.L.D. 58 Victoria Street S. W.

1954 Pte Cains W. 2/1st N.F.L.D.

The above-named man was found permanently unfit for further service by a Medical Board approved on January 22nd last; his disability being Tubercle of Lung. There appears to be no vacancy at Pinewood Sanatorium, nor any prospects of one. I should be glad to receive instructions as to his disposal. He is fit to travel.

Wandsworth S. W.

April 2nd 1917.

1st N. W. F. O. R. I. A. D. S. S. S.	
PAY & RECORDS OFFICE	
Ref. No.	4566
Rec'd.	APR - 3 1917
Ack'd.	
Ans'd.	
File No.	

Edmundley - Capt.

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

Report to be rendered under paragraph 205, Regulations for
the Army Medical Service.

Regtl. No. 1954

Rank Pte

Name Garnet, W.

Troop, Battery, or Company } D. Coy

Corps N.F.L.D.

Location in Hospital.

Division _____

Ward 613

Bed _____

MILITARY HOSPITAL,
3RD LONDON GENERAL HOSPITAL
WANDSWORTH.

Feb 22nd 1914.

I regret to report that the soldier named in the margin is
suffering from Tubercle of Lung
and is* seriously ill

W. Ramsey - Capt Rames

In charge, Military Hospital
H.Q. General, N.F.M.C.T.

3rd London General Hospital,
WANDSWORTH, S. W.

Tot of Records
N.F.L.D. Contingent
(Address) 58 Victoria St. Sw.

* Seriously ill. Insane. About to be invalided.
† Officer Commanding or Chaplain.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 3024/45

From

PAY & RECORD OFFICE.

55, VICTORIA STREET,

LONDON, S.W.

4th April, 1917.

To Officer Commanding,

3rd London General Hospital,

Wandsworth,

S. W.

HA/NV

SUBJECT:

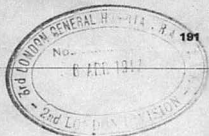
No. 1954, PTE. W. CAINES,

~~1st NEWFOUNDLAND REGT&~~

Reference Nos.

REPLY

Dated



With reference to your minute of 2/4/17 and to telephonic communication of to-day: it is understood that the above man, who is suffering from tubercle of the lung is fit to travel, and that he will report at this office on Monday morning 9/4/17 next, not later than 11 o'clock. *Heav*

A. C. Munn
Major,

Paymaster & O. i/c Records.

11

In accordance with Minute 1 this man is now instructed to report to you please

Wandsworth

9-4-17

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

NO. 1954	NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE	
Ref. No.	1686
Date	APR 10 1917
Asst.	
Sgt'd.	
File No.	

No. 1954 Name *Caines, Walter* Sqn., Batty., } *G.* Corps *2/1 Nfld. Regt* Date of enlistment } *Oct 25/15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature D.C. } Company, etc. } Character }

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>In the Field</i>	<i>13/7/16</i>	<i>Pte</i>		<i>Deficient of kit on active service</i>	<i>C. 2. 2nd S. Mess</i>	<i>Fined 10.</i>	<i>13/7/16</i>	<i>Lt Col A. J. Hadow</i>	<i>for 1st</i>
<i>do</i>	<i>29/7/16</i>	<i>..</i>		<i>found cap & boots, water bottle, gaiters & girth</i>	<i>G. 9. 7th S. Mess</i>	<i>pay for same.</i>	<i>29/7/16</i>	<i>Lt Col A. J. Hadow</i>	<i>for 2nd</i>
<i>I^o</i>	<i>Oct. 20</i>	<i>.</i>		<i>Refusing to attend 5 am parade when ordered</i>	<i>Sergeant Smallwood</i> <i>Sergeant McHenry</i>		<i>23-10-16</i>	<i>Lt Col. Jaffeita</i> <i>Major Long</i>	<i>Days' pay</i> <i>Remuneration 2/6</i>
				<i>Invalided to England</i>	<i>12-16 H. G. P.</i>				

Army Form B. 122

NEWFOUNDLAND CONTINGENT

STATEMENT OF ACCOUNT of No. 1054, Pte. Gaines, W
 Company. From 23/12/16 To 10/4/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Scottian
 From Liverpool Date 10/4/17
 Draft No. 33 CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay							
	0	Allotments	.50	109	54	50			2	Field Allowances	1.00	109	109	00			
	10								3	Other Allowances	.10	"	10	90			
	11/12	Total Stoppages							4/5	Total @ 4.85 2/3							
					54	50	11	4	0				11	90	24	12	9 1/2
	13	Fines							6a								
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments															
9/4/17	20	1st Payment Advances Hospital			2	8	0										
	21	2nd " P & R. O.			5	0	0										
9/4/17	22	3rd " "			25	7	9										
	23	Final " Acquittance Rolls			5	7	7										
	24	Balance Debit Last Period															
	28	" Due by Paymaster							27	Balance Due to Paymaster							
					42	3	4						42	3	4		

NEWFOUNDLAND CONTINGENT
 CERTIFIED CORRECT.
 Sgd. F. W. Marshall, Lieut.,

PUB. PAYMASTER & OFFICER IN CHARGE
 O.C. " " Company.



191

CHECKED.
[Signature]

Caines, W.

1954

May & Sept

No 1954

Name Gaines W.

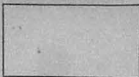
10/4/17

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
1917					
Apr 22	Pay Pay 13 day @ 1.25			14 30	14 30
30	" " 7 " 1.25			12 95	27 25
May 9	" " 9 do			16 65	43 90
	Bonus			12 95	56 85
	Clathing			25 00	81 85
	Levance 1.7			48	92 33
Apr 24	To Pay		15 00		77 33
30	" Allotment 20 day @ 50¢		10 00		67 33
May 2	To Pay		56 85		48
	To Pay	2302	18		
	War Service Gratuity 4 Mos @ 70.00			280 00	280 00
	Bonus		12 95		267 05
	"		13 70		253 35
Mar 1	To Pay	10512	70 00		183 35
Apr 1	" "	13471	70 00		113 35
May 1	" "	17551	70 00		43 35
July 1	" "	61	43 35		
			36 21 33	392 33	

PAY LEDGER R 38
 Date 24/10/17 by [Signature]

W. J. Looney

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.	<i>1954</i>	Army Rank	<i>Private</i>	
Name	<i>Caines Walter</i>			
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)				
Corps	<i>1st Newfoundland Regiment</i>			
Battalion, Battery, Company, Depot, &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	<i>May 9th 1917</i>			
Place of discharge	<i>St John's Nfld</i>			
1.	Description at the time of discharge.			
Age	20 <i>20</i> years	<i>2</i> months	Descriptive marks. <i>Mole L. Arm</i>	
Height	feet	<i>9</i> inches		
Chest measure-ment	girth when fully expanded			ins.
	range of expansion			ins.
Complexion	<i>Flesh</i>			
Eyes	<i>Blue</i>			
Hair	<i>Fair</i>			
Trade	<i>Fisherman</i>			
Intended place of residence	<i>Post Saunders Strait of Belle Isle Newfoundland</i>			
(To be given as fully as practicable)				
(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 <i>Pulmonary Tuberculosis</i>			
(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 :—			
Certified that the above is an accurate copy of the character given by me off 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*				

To be filled in on the soldier quitting the Colours.

DEPARTMENT OF MILITARY
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. 1918.

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 PAYMENTS, PAY & RECORD OFFICES, ST. JOHN'S.

- Christian name *W. J. Coates* *James*
1. Rank. *Plt* 4. Regtl. No. *1954*
2. Address in full to which future payments of gratuity are to be forwarded. *Jensen Camp, St. John's West*
3. Date of enlistment in the Regiment. *Oct. 25/15*
4. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
5. Relationship of such dependents.
6. Address in full of such dependents.
7. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
8. Were you on active service only in Mfld., if so, give dates and particulars of such service. *Overseas*
9. Give total length of time which you served on active service, whether in Mfld. or Overseas. *From Oct. 25/15 to May 1917* 1. *1*

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

No

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

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.

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.? If not give? - (a) Date of discharge. *May 19.17* (b) Reason for discharge.

No

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 July 1916 to Oct 1916

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: *Walter Haines*
 Place of Residence: *Jensen Camp, St. John's Isd.*
 Declared before me at: *St. John's, N. P. I.*
 This *15th* day of *Sept* 19*19*.

Signature of Berrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.
John W. Carthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	<i>4 mos</i>	<i>280 50</i>
.....
.....

Certified correct.

Paymaster

paid 27

N.F.P./54

No. 51

From Pay & Record Office, London

To Minister of Militia, St. John's, Nfld.

#1954 Pte. W. Caines

Advance 3rd L.G.H. per A.F.O. 1823a/1294 12-4-17 3-6-

DUPLICATE
MAIL COPY

NEWFOUNDLAND CONTINGENT

Posted STATEMENT OF ACCOUNT of No. 1054, Pte. Gaines, V
Company: From 25/10/16 To 10/4/17 (Dates inclusive)

(Substituting A.F.O.-1625) N.F.P/36.

Embarked per S. S.

From Scotian Date

Draft No. Liverpool 33

10/4/17 CR.

DR. Classification (See procedure) ✓

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	8	Forfeited Pay									1	Pay								
	9	Allotments	.50	109	54	50				2	Field Allowances	1.00	109	10900						
	10									3	Other Allowances	.10	"	1090						
	11/12	Total Stoppages								4/5	Total @ 4.88 2/3									
					54	50	11	4	0								11900	04	12	9½
	13	Fines								6a										
	14	Clothing and Necessaries																		
	15	Arms & Accoutrements																		
	16	Barrack Damages																		
	17	Hospital Stoppages																		
	17a	Miscellaneous Stoppages																		
	19	Casual Payments																		
9/4/17	20	1st Payment Advances Hospital			2	8	0													
	21	2nd " P & R. O.			5	0	0													
	22	3rd "			25	7	9													
9/4/17	23	Final " Acquittance Rolls				5	7													
	24	Balance Debit Last Period																		
	28	" Due by Paymaster								27		Balance Due to Paymaster								
					42	5	4													

NEWFOUNDLAND CONTINGENT
CERTIFIED CORRECT.
Sgd F. W. Marshall, Lieut.,

FOR PAYMASTER & OFFICER IN CHARGE RECORDS

O.C. " " Company.



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CHECKED

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1954, Pte. Gaines, W
 Company. From 23/12/16 To 10/4/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P./36.
 Embarked per S. S. Scotian
 From Liverpool Date 10/4/17
 Draft No. 33 CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	109		109	00		
	9	Allotments	.50	109	54	50					2	Field Allowances	.10	"		1090			
	10										3	Other Allowances							
	11/12	Total Stoppages									4/5	Total @ 4.88 2/3							
						54	50	11	4	0						1190	24	12	9 1/2
	13	Fines									6a								
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
9/4/17	20	1st Payment Advances Hospital			2	8	0												
	21	2nd " P & R. O.			5	0	0												
9/4/17	22	3rd " " "			23	7	9												
	23	Final " Acquittance Rolls				3	7												
	24	Balance Debit Last Period																	
	28	" Due by Paymaster									27								
					42	3	4												

This account is in accordance with information received at the Pay & Record Office to 9/4/17 and is therefore subject to amendment if, and as may be found necessary.



CERTIFIED CORRECT CONTINGENT

H. Marshall
 MASTER & OFFICE COMPANY, LTD.

CHECKED.
[Signature]

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances
(including clothing allowance), and all just demands up to the
present date.

Place Post Saunders Walter Gaines (Sig. of Soldier)

Date May 20th _____ (Sig. of Witness)

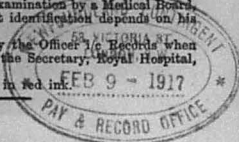
Descriptive Return of a Soldier discharged on account of Disability.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



A Name in full Caines - Walker
 Regiment from which discharged 2/1st Newfoundland
 Regimental Number 904
 Intended address where born (based on County) and when Part Saunders, Straits of Bell Isle, Nfld. 13/3/1897
Port Saunders, Straits of Bell Isle, Newfoundland

Height on discharge 5 Feet 9 Inches
 Colour of Hair on discharge Fair Colour of Eyes Blue
 Figure on discharge more R. arm
 Christian name of Father Michael medium Complexion. Fresh
 Christian name of Mother Mary
 Wife's Maiden name in full —
 Date and Place of Marriage —
 Christian names of Children —
 Nature & locality of Civil employment desired Fishing as above

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)
2nd Walter Caines

(Rank) Pte.
 Date 10/1/17

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.

L. C. Celeste Cast for Medical Officer i/c
3rd London General Hospital.
 Date 18/1/17

Station Wandsworth, S.W.

B	Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days	
					India			
					S. Africa			
	Disallowed							
	Service towards Pension							
	Date inclusive to which pay has been issued	Sum due on account of advance of Pension }						
	Sums due on account of public debts ...							

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 1954

Rank Private

Name (surname first) Caines, Walter

Regiment 2/1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Longshore fisherman

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

On own account with partner (brother) for seven years.

3. What is the nature and locality of the employment you desire?

Hope to return to same work.

4. What is the name of your Approved Society? *NO*

5. Have you been employed whilst with the Colours? If so, in what capacity?

NO

Date 18/1/17

Signature *Sgd* Walter Caines.

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

May 11th, 7.

Pte. Walter Gaines,
Fort Saunders,
Sts. Bell Isle.

Dear Sir,-

I enclose herewith cheque for \$56.85, being the amount due you as follows:-

Balance of pay	\$18.90
Bonus 1 week @ \$1.85	12.95
Civilian clothing	25.
	<hr/>
	\$56.85
	<hr/>

I also enclose certificate of discharge, dated May 9th, 1917, together with special form, which kindly sign, and return.

Yours truly,

1954
Lieut.
Officer i/c Records.

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1954 Pte. Walter Gaines Voucher No. 30338. Cheque No. 30338.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entries include: May 9 371 Balance of pay \$18 90, Bonus 1 week @ \$1.85 12 95, Clothing 25, Total 56 85.

CERTIFICATION

Dissect Sheet No.

Recap. Sheet No. 371.

Checked by [Signature]

[Signature] PAYMASTER

RECEIPT

May 9th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Fifty Six Dollars and Eighty Five Cents in Payment as above stated.

May 1917.

\$56.85

[Sig.] Cheque mailed

Sept. 25th, 1918.

Pte. A. J. Wagg,
Change Islands.

Dear Sir,-

I enclose cheque for \$68.08, being balance of pay due you at date of discharge, also certificate of pay.

I also enclose certificate of Discharge, dated Sept. 14th, 1918, together with special form which kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & O.i/c records.

108 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15.50

Sept 2nd 1919

Received from the First Newfoundland Regiment
the sum of 15 Dollars.
on account of Pay.
~~balance~~

A. Hagg

Ch. No.	2013	Initials	EW
Pay Ledger	193	Initials	WU
Gen. Ledger		Initials	I

Regtl. No. Rank

No. 1957 Rank PV

Name Waggoner

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

June 27th., 1921.1919.

The accompanying King's Certificate, on his discharge,

(No. 712), is forwarded herewith toPrivate Walter Cainesin respect of his service as No. 1954 Rank Pvte.Name Walter Caines Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

July 24/21

Signature

Walter Caines

Date

August 6th/21

Address

Port Saunders
Sr Barbies Det



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ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

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SEP 16 1921

1921.

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

Walter Caines

in respect of his service as No. **1954** Rank **Pte.**

Name

W. Caines

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Victory Medal & British War Medal

Signature

Walter Caines

Date

Oct 14th 1921

Address

*The Sanatorium
Sopsail Road
St. Johns*

[P.T.O.]

Casualty Form—Active Service.

1174

CR. 19524

Regiment or Corps 2/1 Inf Regt Regimental Number 19524
 Rank Pvt Surname Baines Christian Name Walter
 Religion Ch of England Age on Enlistment 18 years 7 months.
 Enlisted (a) Oct 25/15 Terms of Service (a) Duration Service reckons from (a) June 19/16
 Date of promotion to present rank _____ Date of appointment to lance rank _____

COPY SENT: Extended _____ Re-engaged June 19/16 Qualification (b) _____
 O.C. H.Q. _____ or Corps Trade and Rate _____
 ST. JOHNS N.F.L.D. _____ Signature of Officer i/c Records. _____

Report From whom received	Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B. 103, 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. 103, Army Form A. 56, or other official documents
	Embarked ...	<u>Southampton</u>	<u>25.6.16</u>	
	Disembarked...	<u>Rouen</u>	<u>26.6.16</u>	
	Joined Battalion	<u>12 JUL 1916</u>		
<u>25/10/16.</u>	<u>21. C.B.S. Adm. P.M.O.</u>	<u>France</u>	<u>28/10/16</u>	<u>LD 5329</u>
	<u>3rdly Hosp Adm. P.M.O</u>	<u>Rouen</u>	<u>1/11/16</u>	<u>HA. 3862</u>
	<u>Com Dep Adm. D. as 3rdly Hosp</u>	<u>Gouen</u>	<u>5/11/16</u>	<u>HA. 3987</u>
	<u>29 I.B.D. Joined Base Dept.</u>	<u>Rouen</u>	<u>22/11/16</u>	<u>Com Pall</u>
	<u>12 Gen Hosp Adm. N.V.D.</u>	<u>Rouen</u>	<u>1/12/16</u>	<u>HA 4716</u>
<u>HA.</u>	<u>Warilda Invalided to England</u>		<u>18/12/16</u>	<u>W 3085</u>
				<u>W. Burchell</u>

Am

(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.
 (D. 103) W 15012-5126 J. P. & Co., Ltd. Forms, E1024. General Headquarters, 3rd Division. (P.T.O.)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of *2/1st Newfoundland.*

Number of Sheet 1

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-a.

Signature of O. C. Company *J. Maclean*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>1954</i>	<i>W. Cairnes</i>		Age on	<i>18</i>	years
					<i>7</i>	months
Joined	Date	Date of Enlistment		<i>Fisherman</i>		
Joined	Date	<i>Oct. 25. 1915</i>				
Joined	Date	Period of				
Joined	Date	with Reserve				
		with Colours		<i>Boat</i>		
		years.				
		with Reserve				
		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>Placentia</i>	<i>6. 1910.</i>	<i>PLC.</i>		<i>absent for Tutton until 10.45 AM.</i>	<i>Sgt. Rackwell.</i>	<i>3 days CB</i>	<i>5.6.16.</i>	<i>Ah Summers.</i>	<i>present</i>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. W.F.P.38. No. <i>11857</i> DATED FEB 9 - 1917 </div>									
To be carried over									