



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5157 Name Wm Carter Corps Cofk.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Wm Carter</u>                |
| 2. What is your full Address? .....  | 2. <u>210 New town St</u>          |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. 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, William Carter 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.

William Carter SIGNATURE OF RECRUIT.

Frank C. G. [unclear] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION

I, William Carter 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 on this 18 day of May 1918.

Signature of Attesting Officer W. Dicks Lieut

### †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 .....

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

Date May 18 1918  
 Place St John } Approving Officer.

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

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



C.R. 5157

December 16th 1919.

5157, Ex. Pte. W. Carter,  
NEWTOWN, B.B.

Dear Sir:-

Enclosed herewith is  
"Shooting Medal" awarded to you and your Squad  
as winners of the Bennett Challenge Cup, 1918,  
for the best shooting during the competition  
held at Winchester, July, 1918. Congratulations.

Kindly sign the enclosed  
receipt and return to this Office, please.

Yours faithfully,

Lieut.  
CASUALTY OFFICER.

C.R. 5157

Extract from Daily Orders Part II Royal Newfoundland Regiment

Depot St. John's

dated August 18th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
7-8-19.

5157, Pte. W. Carter.

C.R. 5157

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. 3<sup>d</sup>. John's, July 15-~~8~~-19.

The discharge of the undernoted on demobilization has been  
APPROVED by C.G. Discharge Depot with effect from 25-7-19.

5157 Pte. W.Carter.

C.R. 5157

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

5157 Pte. W. Carter.

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

C.R. 5157

Extract from Medical Board held on July 5th.  
1919. The following were the findings.

5157 Pt.e W. Carter.

RECOMMENDED DISCHARGE FROM THE ARMY.  
REQUIRES TREATMENT( EMPIRE )

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated May 20, 1918.

#5157 Ptel William Carter.

Attested for General Service with the Royal Wfld. Regt.  
from 18.5.18



W Carter

C.R. 5157

1870

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

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

1. Unit and Corps *Royal Fusiliers* 7. Former Trade or Occupation } *Fishermill*  
2. Regtl. No. *5167* 3. Rank *PL* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Carter W* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)  
5. Age last birthday *22*  
6. Posted for duty on *May 18/18* at *St. John's* in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.  
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability.  
12. Place of origin of disability.  
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Nil*  
*Nil*  
*Sold. states that for the last three months found his back weak.*  
*and no history of any injury to back.*

**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.

(4) 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.

14. State whether the disabilities are
- |  |     |                     |                   |
|--|-----|---------------------|-------------------|
| (i.) Service during the present war                      | Yes | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service                            | No  |                     |                   |
| (iii.) Climate in pre-war service                        |     |                     |                   |
| (iv.) Ordinary military service before the war           | No  |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. | No  |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as facial nerve, 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.)

*Complete of weakness of back on exertion*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*No*  
*no*  
*Recommend new dentures*

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.

*Repatriation*

*W. B. Procuimer. Capt. R. D. Rame*  
Medical Officer in charge of case.

Station *F. D. Camp*  
Date *26/8/19*

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

22. 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 part of the soldier | .. .. .             | .. .. .           |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do 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 24.

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).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?
25. If an operation was advised and declined, was the refusal unreasonable?

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

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

Opinion of Military Member in case of disagreement.

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?

29. Does the soldier require :—

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

Signatures :—

Station Harzley, D. Camp ..... } President or Chairman.  
 Date 26/5/19 ..... } Members.

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

Station ..... } Only applicable in cases of Patients in Hospital.  
 Date ..... } Officer in charge, Central Hospital.

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.







No. 10/5

066493

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

*[Handwritten initials]*

Officer Commanding,  
2nd. Bn R. Newfoundland Regt.  
Hazeley Down Camp,  
Near Winchester.  
Hants.

*[Handwritten signature]*

2nd. January, 1919

Subject: 5157. Pte. W. Carter.

With reference to the following telegram (11364) from the Hon. Minister of Militia, received

Pay to 5157 Carter - £6:0:0

Draft £6:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*[Handwritten signature]*  
Chief Paymaster & O. i/c Records.

*[Handwritten mark]*

Jan 19. 1919

Receipt hereunder.

*[Handwritten signature]*  
Officer Commanding  
Royal Newfoundland Regiment

Received the sum of Six

Pounds on account of

cable remittance from Newfoundland.

W. Carter

No. 5157 Rank Private

No. 6803/1122.

*PT. 099801*



From: NEWFOUNDLAND CONTINGENT

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

To: ~~Officer Commanding~~  
2nd Bn Royal Newfoundland Regiment.  
Winchester.

10th May 1919

5157 Pte Carter W.

*May 16<sup>th</sup>* 1919

With reference to the following  
telegram from the Minister of  
Militia / / 19 (178) :

Receipt hereunder.  
*J. Seymour*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding

"Pay to-5157 Carter.  
£6:0:0:

Cheque £6:0:0: is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Received the sum of £6.0.0  
Six pounds in respect of  
telegraphic remittance from the  
Minister of Militia.

*A. J. ...*  
Chief Paymaster & O. i/c Records.

*W Carter*  
No. 5157 Rank Pte.  
Witness: Geo. Perry.



Carter, W

5157

Ray Joseph



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

June 11, 1919

Mrs. Edward Sainsbury,  
Newtown.

Dear Madam:

With reference to your telegram of May 8th. I beg to advise you that I have cabled £6 to No. 5157 Carter, made up as follows:

£6 - \$29.20  
Cost of message .50  
\$29.70

Will you therefore remit 50¢ to cover cost of message, at your earliest convenience.

Yours truly,

*J. M. ...*

Lieut.  
For Paymaster.

*Clap*

June 11, 1919

Mrs. Edward Sainsbury,  
Newtown.

Dear Madam:

With reference to your telegram of May 8th. I beg to advise you that I have cabled £6 to No. 5157 Carter, made up as follows:

£6	-	\$29.20
Cost of message		<u>.50</u>
		\$29.70

Will you therefore remit 50¢ to cover cost of message, at your earliest convenience.

Yours truly,

Lieut.  
For Paymaster.



## NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 61 Sent by Ro Rec'd by J Check 10p No. \_\_\_\_\_  
 Place from Newtown 8  
 To Min Militia



Cable no 5157 Carter  
 Hazeley down Camp  
 Winchester Six pounds  
 money wired.

Mrs Edward Sainsbury

£6  
 remit 50<sup>d</sup>



August 8th 1919.

#5157, Pte. W. Carter;  
Newtown.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3590.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5157 Rank PL Name Carter W.  
 Intended place of residence Newtown

2. Occupation Intermar  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of  
**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S  
 Date JUL 11 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 11 1919  
 Signature of soldier Carter William  
 Signature of witness [Signature]

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date 10.7-19  
 Signature of soldier Carter William  
 Signature of witness [Signature]

### STATEMENT OF SERVICE

7. Enlisted for service 18.5.18 No. of days on Military  
 Discharged from service 24.7.19 Plus 14 days Service 447

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, 14 days from date.  
 Place, ST. JOHN'S  
 Date JUL 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date August 7/1919  
 Officer in Records  
 The Royal Newfoundland Regiment

OSB 2079/3590

14  
22  
37  
7  
8



THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

Aug. 6th, 1919

From Asst. Adjutant,  
 Discharge Depot

To Paymaster and Officer i/c Records,  
 Militia Department

5157 Pte. Wm. Carter

Above man was discharged on 13-7-19 and has  
 been recalled for treatment at Empire Hospital.  
 Could we have his A.F. B178 and 179, in order that  
 Major Knight can learn all particulars of his case.

*Wm. Carter*

OK - ar  
 MGRM/C

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2157 Rank Pvt Name Coarted W  
 Date of Enlistment 18-5-18 Address Newtown District Bonaville  
 Occupation Shoemaker Classification for Discharge B Medical Category E  
 Recommendation S.M.B. physically fit Disability Rating 20902 Mos + Treatment

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 O. C. Discharge Depot Mos H

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Coarted Williams*

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..... Amble

Date 10-7-19 O i/c. Re-clothing.....



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>2415</sup> ..... to his home  
 at Arentwoude ..... and Release Certificate No. 3432 ..... issued.

Date 11-7-19 .....

*J.A. Snowcraft*  
 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 1-8-19 .....

Date 11-7-19 .....

*K. M. M. M.*  
 Depot Paymaster.

Discharge approved for 24-1-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
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 11-7-19 .....

*J.A. Snowcraft*  
 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**

Date .....

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

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*William Carter*

Signature of Man.

Reg. No. 3157

*J. H. Snowloff*

Signature of the Vocational Officer or his Representative.

Place

*at Johns*

Date

*October 19.*

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# 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 *Carter William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5157*

Intended address *Newtown B.B.*

Height on discharge *2* Feet *2*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Short*

Christian name of Father *James*

Christian name of Mother *Annie*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Greenspond 5 Sept. 1896*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *Carter William*

(Rank) *Plt.*

Station *St. John's*

Date *11-7-19*

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



Station

Date

August 16, 1919

Mr. Wm. Carter,  
Newtown, B. B.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of War Service Gratuity.

Yours truly

Captain & Paymaster.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *William* ..... 2. Surname..... *Currier* .....
3. Rank..... *S757* ..... 4. Regtl. No..... *Pke* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Newtown* ..... *B.B.* .....
6. Date of enlistment in the Regiment..... *Mar. 1916* .....
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?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months* .....
- ..... 1. *2* .....

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

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

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

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

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

(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..... (b) Reason for discharge.....

*July 25/15*

*no*  
*General*

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

*Eng. land*

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.....  
.....

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: - *William Carter*  
 Place of Residence: *Newtown, B.P.*  
 Declared before me at: *St John*  
 This *11* day of *July* 19*19*....

Signature of Barrister of the *John M. Clarsby*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	.....

5157. Wm Carter,

This man is receiving

treatment at the Imperial

Hospital as an outpatient.

Examiner therefore might be

paid him

W.T.P.

OK. C.B.A.

1269

12-3-21





June 30, 1919

Mrs. Edward Sainsbury,  
Newtown.

Dear Madam:

I beg to acknowledge receipt  
of your letter of recent date, enclosing 50¢ in  
payment for the cost of cable for remittance to  
5157, Carter, for which I thank you.

Yours truly,

Lieut.  
For Paymaster.

1919  
W. Carter 5157.

from Princeton, B.B. to ~~J.C.R.~~ St Johns

\$5.38<sup>4</sup>

W Carter

ACCOUNT	<u>Trans.</u>	INITIALS	
CH. NO.	<u>8669</u>	INITIALS	<u>P.B.</u>
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

The Department of Militia:

#5157

The sum of.....

Five & thirty eight cent

Dollars

Aug 18/19

Mr.....

W. Carter

for.....

*[Handwritten signature]*



Reg. No.....

Rank.....

Name.....

from.....

Princeliv 123

to.....

*[Handwritten signature]*

Certified correct for \$5.38

*[Handwritten signature]* Lt Col  
for

Demobilization Officer  
Discharge Depot - New Zealand

5157

Newtown

Light

20/1/19

H M Maddick

Dept of militia

O John's

Dear Sir:

Enclosed find  
fifty cents to cover  
cost of message to  
Mr Wm Carter as per  
your letter of the 7<sup>th</sup> inst.

Yours truly  
Mrs E W Samsbury

ST. JOHN'S, *July 12<sup>th</sup> 1919*

# Royal Newfoundland Regiment.

Billeting Account,

To *M<sup>rs</sup>. Bailey*

*Duckworth St.*

Billeting Soldiers as undermentioned

from *July 1<sup>st</sup> 1919* to *July 12<sup>th</sup> 1919*

*5157 Pte. J. J. Carter* 12 70

*B. M.*

ACCOUNT	<i>2920</i>	INITIALS	<i>EW</i>
CH. NO.			
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for

*J. A. [Signature]*  
Billeting Officer.

*Mrs. Bailey*  
*EW*



C.R.I. 5179

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.

Name.. *Lewis Samson*..

Date.. *Nov. 19~~7~~ 19*

Place.. *Flat... Island... Bonavista Bay*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company A. D. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months	<u>Fisherman</u>	
<u>5157</u>	<u>Carter, William</u>	21			
Joined	Date	Place and Date of Enlistment		Religion	
		<u>1818</u>		<u>C. of E.</u>	
Joined	Date	Period of } with Colours <u>18</u> years. with Reserve <u>18</u> years.		Place of Birth	
Joined	Date			<u>Newtown, B. B.</u>	

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
				<u>Demobilized</u>	<u>St John's</u>	<u>7</u>	<u>8</u>		<u>19</u>

To be carried over

Army Form B. 121.



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

Army Form B. 121.

Forms  
B. 121.  
32Number of Sheet *one*

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*R. S. Dicks Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5157 Carter William</i>	Age on	<i>21</i> years <i>0</i> months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>18.8.18</i>	<i>C. of E.</i>	
Joined		Date	Period of } with Colours <i>1876</i> years. with Reserve <i>1878</i> years.	Place of Birth	
Joined		Date		<i>Newtown, B. B.</i>	

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
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*Demobilized 7/8/19*

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

9/1/19

## DEMOBILIZATION OF

Reg. No. 5157 Rank Plt Name Charles W. Murtough  
 Date of Enlistment 18-5-18 Address Murtoughs District Paranquet  
 Occupation Taskman Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. Physically fit Disability Rating 20% of 2 Mos + Treatment  
 Passed to Demobilization Officer with following documents:—

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

Date 10-7-19

O. C. Discharge Depot J. M. H.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Charles Williams

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied .....

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2415 to his home at Aerthorpe and Release Certificate No. 3432 issued.

Date 11-7-19

*J.A. Howcroft*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-8-19

Date 11-7-19

*R. M. Smith*  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	/
F 178a	D 400A	B 1915		do 2nd	" 3	<i>2 Form B</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 11-7-19

*J.A. Howcroft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 25 1919**

Date .....

*D.R. Cooper Capt*  
O. C. Discharge Depot.

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

Date Aug 7/19

*D. H.*

Reg. No. *5157* Rank. *PL* Name. *Lat. W.*  
Attested .. Address. *Newman*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas... *JUL 1 1919*  
Returned on S S. *Cassandra* Cause. *Discharge*

*8.7.19.* *Rec Discharge from the Army*  
*Requires Treatment (Empire).*

*11 7 19* **PASSED TO DEMOBILIZATION OFFICER**

*24 7 19*  
**DISCHARGE APPROVED ON DEMOBILISATION.**

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. (I), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps *Royal W. Lth.*
2. Regt. No. *1757* 3. Rank *Pte*
4. Name *Carter* *William*  
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *May 18/1918* at *St. John's*  
in category (or grade) .....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*no history of any injury to back*

*He states that for the last 9 months his back is weak,*

14. State whether the disabilities are
- |   |                     |                   |
|---|---------------------|-------------------|
|   | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war                     | Yes                 |                   |
| (ii.) Previous active service                           | na                  |                   |
| (iii.) Climate in pre-war service                       | na                  |                   |
| (iv.) Ordinary military service before the war          | na                  |                   |
| (v.) Serious negligence or misconduct on the man's part | na                  |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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.)*

Complains of weakness of back on Exertion.

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? Recommend new dentures
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? na.

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.

Repatriation

W. E. Procmier, Capt. R.A.M.C.

Medical Officer in charge of case.

Station F. D. Camp

Date 28-5-19

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(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. *Lumbago*  
 (b) The present condition thereof.

*Relax 68*  
*Wings very thick at times. Bends the back freely*  
*but tender over the lumbar muscles*

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
.....	..... <i>Yes</i> .....
.....	.....
.....	.....
.....	.....
..... <i>No</i> .....	.....

Give details:—

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

*Constitutional*

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

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



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Wide 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).
- (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?

20% 2 months treatment  
10%

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

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

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

Yes  
Opinion of Military Member in case of disagreement.

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

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

Yes

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

Yes (Empire)

29. Does the soldier require:—

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

Signatures:

B. Johns  
Station Hazelton A. Camp  
Date July 1919

W. H. Adams } President or Chairman.  
W. D. D. D. D. } Members.  
W. H. H. H. H.

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

Station NEWFOUNDLAND  
Date 1111 5 1919  
No. NEWFOUNDLAND

Cherry Macpherson Major  
Officer in charge, Central Hospital.

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 .....  
Date .....  
O.C. Discharge Centre.