



FIRST NEWFOUNDLAND REGIMENT

CYE

ATTESTATION OF

No. *3015*

Name *Edgar David Chaffey* Corps

Questions to be put to the Recruit before Enlistment.

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

I, *Edgar David Chaffey* 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.

Edgar David Chaffey SIGNATURE OF RECRUIT.
S. Green Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Edgar David Chaffey* 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.

on this *7th* day of *August* 191*5*
 Signature of Attesting Officer *Chas. A. Coye*

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191*5* } Approving Officer.
 Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edgar David Chaffey
 Apparent age 18 years 8 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 6 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jeffrey S. Chaffey
Bay St George | Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3015 Name Edgar David Chaffey Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Edgar David Chaffey</u> |
| 2. What is your full Address? | 2. <u>Bay St George</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>18</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Salvage 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 assigned by you if you are accepted? | 11. <u>Yes</u> |

I, Edgar David Chaffey 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.

Edgar David Chaffey SIGNATURE OF RECRUIT.
G. Green Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edgar David Chaffey do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 16 day of August 1915
Chas. A. Coy. Capt. Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915 } Approving Officer.
 Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward David Chaffey

Apparent age 18 years 8 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 6 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Chaffey
Jeffrey's | Relationship Father
Bay St George Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>7-8-16</u>									
Joined at <u>St John's</u> on <u>August 7th 16</u>									
<u>Discharged August 15 1919</u>									
<u>Embarked St John's St George to Windsor 31-7-17</u>					<u>Embarked for Cork 11-6-17. Disembarked 12-6-17</u>				
<u>Joined 13th in the field 27-7-17</u>					<u>Admitted to Coy Land 20-9-17</u>				
<u>Admitted Bandwork Henry 20-9-17</u>					<u>Admitted to Coy Land 20-9-17</u>				
<u>Wounded 21-2-18</u>					<u>Admitted military Hosp. Windsor 27-5-18</u>				
<u>Wounded for amputation 22-5-19</u>					<u>Wounded for amputation 1-6-19</u>				
<u>Demobilization St John's 15-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>15-8-19</u> [date of discharge]					<u>3</u> years <u>9</u> days				
Pension " " " " " " " "					" " " " " " " "				



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

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

Examination of E. David Chaffey

aged 18 conducted at E. L. B.

Date: Aug 7/16 Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no - no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 no Both
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

30/15

33 no
34 5'4"
35 113 lbs
36 50 - 36"
37 \$4.00 - 00
38 parents Mr George Chaffey Jeffreys. Bay St. Gen
39 none

Geo Burden

Signature of Medical Examiner:

Ju

E. D. Chaffey

3015

PRD

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation }
2. Regt. No. *3015* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Chappay E.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (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.

*Went to France June 1917
Reports sent 12-19-19 with
Pain & Dyspnoea. Admitted
to Hospital Pleurisy. Right side
discharged 26-11-19 37 Lt. H. on 27-5-18
Admitted to Hospital A.N.C. Suffering from tubercle
of lung T.B.C. Bacteri in Sputum transferred
to Brompton Hospital 10-7-18 Remain there
from chronic Pulmonary tuberculosis
to be sent to Newfoundland*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. *Yes*
- (ii.) Previous active service .. *No*
- (iii.) Climate in pre-war service .. *No*
- (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 injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputations the exact position should be stated.

15. What is his present condition? *Anemia suffers from Cough Complaint*
(A note should be made as to Weight in all cases of Dyspnoea on exertion when it is likely to afford evidence of the progress of the disability.)
Chest on examination
Resonance on Percussion over both apices
and Breath sounds over left chest
Expiratory & fine Rales heard at
height expiration few Rales heard
over Right Apices
16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined? *Expectation enlarged at*
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? *Harsh Character T.B.C.*
Bacilli found in Sputum
(See attached form)
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— *Discharged as Permanently unfit for further*
 (a) Discharge as permanently unfit? *medical service*
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Product of 4th

 Medical Officer in charge of case.

Station *Azorey, Azores Camp*

Date

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—
 (a) Any disability claimed or discovered.
 (b) The present condition thereof.

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 the Board attribute it?

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

* 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

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
83, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

21359

From
O.P. & O. i/c Records,
Newfoundland Contingent.
To
The Secretary,
Hospital for Consumption.

RECEIVED
27 DEC 1918
Ans:.....

Herewith please, for your kind completion.

J. B. Macdonald
Chief Paymaster & O.i/c records.

Pay & Record Office.
24/12/18

[Handwritten signature]

W. H. ...

No. 3015 Rank Plt Name Chaffey E. D.

Pay	F.A.	Weg	Total
100	10		110
Less: Allotment			60
Net Rate			50

N. M. P. 133.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d	a
						From	To						
Balance					Balance								66 ✓
Acquittance Rolls		5	10	0	Pay @ Net Rate	8/6/17							
Hospital Advances		1	10	0	Ration allowances	9/16/17	26/11/17	171	50	87	50	17	19 7/8 ✓
A.B. 34					10 days @ 2/-	26/11	5/12/17	10	2				1 0 0 ✓
P. & R.O. Payments													
7-0-6 ✓													
Receipt No. 3015	26/11/17	12	0	0	12-5-7 ✓								

CHECKED.
J. O. D.
 26 11/17

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

Army Form W. 3016.
(In Books of 20.)

No. _____ Date 26 Nov 1917 Admitted

(1) To the Officer i/c Records, 58 Victoria St 20/9/17

_____ SW (Station).

(2) The Officer Commanding, Field Command Depot

Ripon North (Station)

(3) The Paymaster, 58 Victoria St

_____ SW (Station)

Regimental No. 3015

Rank and Name Pte Chaffey E. D.

Regiment or Corps 1st Field

has been granted a furlough from 26 Nov to 5 Dec.

His address while on leave will be: 58 Victoria St

_____ SW.

I consider he is fit for* Duty

ii. Command Depot. II.

iii. Employment.

Officer in charge _____ Registrar, R.A.M.C. Hospital,

3rd London General Hospital (Station).
WANDSWORTH,

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

1. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

[MT2635] W13581/AF1452 12m bks. 1/17er G & S E. 842

This form has been furnished in accordance with the provisions of the Army Act, 1905, and is to be returned to the War Office in advance of £1. (one pound).

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

2nd Copy
Army Form W. 3016
(In Books of 200.)

No. _____ Date 26 Nov 1917 Admitted

(1) To the Officer in Charge Records, 58 Victoria St 20/9/17
SW (Station).

(2) The Officer Commanding, Field Command Depot
Ripon North (Station)

(3) The Paymaster, 58 Victoria St
SW (Station)

Regimental No. 3015

Rank and Name Pte Chaffery E. D.

Regiment or Corps 1st Field

has been granted a furlough from 26 Nov to 5 Decr.

His address while on leave will be: 58 Victoria St
SW.

I consider he is fit for*
* Strike out that which is inapplicable.
 Duty
 ii. Command Depot. II.
 Employment.

Officer in charge _____ Registrar, P.A. Hospital,
3rd London General Hospital (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. 1. in the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer in Charge Records, the Paymaster, and O.C. shown in the Schedule.

This man has been furnished with a passport to Victoria and is in an advance of £1. (one pound).

g c hall
capt med

Forms

20955/2569/R. & C. 148

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE Army Form C. 548.

1-05 1918 ✓ 1114
21 DEC 1918

MEMORANDUM

From C.P. & O.1/c Records,
Newfoundland Contingent.

To O.C. 2/Bn. Royal NFD Regt.,
Winchester.

To Officer Commanding,
2nd Bn.,
R. Newfoundland Regt.,
Winchester.

To Chief Paymaster,
Royal NFD Regiment,
58 Victoria Street,
London.

Comd
P. & R.
W. & C.
B. & E.
P. S.
ANSWER

Pay & Record Office

17th December, 1918.
3015 PTE. E. D. CHAFFEY.

December 20th 1918.

I enclose letter from
The Secretary, Hospital for
Consumption, Brompton dated
16/12/18 (10962) together
with enclosures, for your
information and necessary
action, please.

These papers now make
this man's Medical History
complete.

As he is Tuber cular
I do not recommend his repat-
-riation till the springz

W. D. Minors Major,
Chief Paymaster & O.1/c Records.

HA/NV *K. J. State* when
this man returned
to you Station.

Extracted
21/12/18

This man was taken on the
strength of this Battalion
on 23/2/18.

J. F. Barber LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

20955/2569/R.&.C.

C.P. & O.i/c Records,
Newfoundland Contingent.

Officer Commanding,
2nd Bn.,
R. Newfoundland Regt.,
Winchester.

Pay & Record Office

17th December, 18.
3015 PTE. E. D. CHAFFEY.

I enclose letter from
The Secretary, Hospital for
Consumption, Brompton dated
16/12/18 (10982) together
with enclosures, for your
information and necessary
action, please.

Major,

Chief Paymaster & O.i/c Records.

HA/NV

*Will you kindly say
when this is returned
to your station?*

B. Case

C.R. 3015'

Extract from Medical Board held on Thursday July 24th, 1919.

3015 Pte. E. Shaffey

Recommended discharge from the Army.

REMAIN IN ESCASONI HOSPITAL

C.R. 3015

Extract from Daily Orders Part I¹ Royal Newfoundland Regt.
Depot St. John's dated 22nd 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 15-8-19.

3015, rte. Edgar Chaffey,

C.R. 3015-

extract from daily orders Part II Royal New Zealand Regt.
Depot St. John's dated Aug. 9th 1919.

The discharge of the undernated on demobilization has been
APPROVED by C.C. Discharge Dept from noted date
1-8-19.

~~222~~

3015, Pte. Chaffey, E.

C.R. 3015

Extract from Daily Orders Part II Royal Newfoundland
Regiment dated June 18th 1919.. Depot St. John's.

Admitted to Escaconi Hospital 1/6/19.

3015, Pte. E.D. Chaffey.

C.R. 3015

Extract from Daily Orders Part XI Depot, Sjt. Johns,

Date June 18th 1919.

3015, Pte. E.D. Chaffey.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 3015

Extract of Casualties received from the Pay & Record Office London
dated Dec.16th 1919

3015 Pte. E.^D.Chaffey

was discharged ex Brompton Hospital Fulham Road on 22/1/18

22-11-18

Authority:

A.F.B. from O.C. Brompton Hospital.

C.R. 3015'

Extract from Casualties received from Pay and Record Office,
London, dated December 11th., 1918.

3015 PTE. E. D. CHAFFEY, ex Brompton Hospital, Fulham Road, S.W., suffering
from T .B. is now at Depot H. D. Camp, Winchester, As he is tubercular
his repatriation is recommended in Spring.

AUTHORITY. O. C. 2nd., Bn. reply 16-12-18P.&.R.O. No. 20955/2569.

C.R. 3015

Extract from Casualties received from P.&.R.O. London,
Sept. 17, 1918.

Association Visiting Committee reports Improving.

3015 Chaffey.

C.R. 3015

Extract of Casualties from Pay and Record Office, London dated
11th July 1918.

2ND BATTALION.

3015 PTE. E. CHAFFEY

was transferred from Military Hospital, Hazeley Down Camp, to
Brompton Hospital, Fulham Road, S.W. 3, on 10/7/18, suffering from
tubercle of lung.

Authority: O.C. Mil. Hospital H.D. Camp.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Edgar D. Chaffey Address _____

Line Number	Recd	By	Sent	by	Check

Dated September 24, 1917.

To Mr. George Chaffey,
Jeffreys,
Bay St. George.

Regret to inform you that Record Office
London, officially reports No. 3015, Private
Edgar D. Chaffey, has been admitted to
Wandsworth suffering from pleurisy.

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

~~JOHN R. BENNETT.~~ R.A. SQUIRES

Colonial Secretary.

C.R. 3747

3015, Pte. Edgar D. Chaffey ✓

Ext. of Casualty list received Sept 24, 1917.

Pleurisy, admitted Wandsworth.

C.R. 3015-

Extract from Nominal Roll of Draft No. 25 Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

3015 Chaffey, E.D.

MP.

C.R. 3015

Extract from Officers and men embarked St. John's 31-1-17

Sailed Halifax "S. S. NORTHLAND 17-~~6~~-17.

4

#3015 PTE. E. D. CHAFFEY.

C.R. 3015'

E.D.Chaffey was attested for General Service with
the NEWFOUNDLAND CONTINGENT on August 7th 1916
Regimental No. 3015 was allotted to Pte E.D.Chaffey

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

Chaffey, E. D.

3015

Ray Dept

August 18, 1919

#3015 Pte. Edgar Chaffey,
St. George's.

Dear Sir:-

Please find enclosed Discharge Certificate #3789.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3015 Rank Private Name Chaffey, Ed
 Intended place of residence St. George's
 2. Occupation School Teacher
 Classification of soldier B Medical Category 8

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 1-8-19

Miss Leat
 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 1-8-19

Ed Chaffey
 Signature of soldier

J. A. [unclear]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 28-7-19

Ed Chaffey
 Signature of soldier

W. J. [unclear]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-8-16 No. of days on Military
 Discharged from service 28-7-19 Plus 14 days Service 1104

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 14 days from date.

Place, ST. JOHN'S

Date 1919

R. R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 15/1919

J. M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

UNB 20 791 2789

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at M. Young and Release Certificate No. 3481 issued.

Date 1-8-19 J. H. Knowlton
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 15-8-19

Date 1-8-19 J. H. Knowlton
Depot Paymaster.

Discharge approved for 1-8-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 1-8-19 J. H. Knowlton
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 AUG 1 1919 L. R. 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 interview Vocational officer
on discharge from hospital.

E. D. Shaffer.

Signature of Man.

Reg. No. 3015

J. J. Newell
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

28-7-19.

191

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

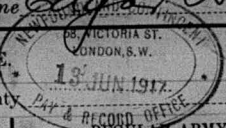
MEDICAL HISTORY

OF

Surname *Chaffey*

Christian Name *Edgar*

Table I.—GENERAL TABLE.



Birthplace:—Parish _____

County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 7 day of August 1916	at <i>St. John's</i>	on _____ day of _____ 191	at _____
Declared Age	_____ years _____ days	_____ years _____ days	_____ years _____ days	_____ years _____ days
Trade or Occupation	<i>School teacher</i>			
Height	5 feet 4 inches		_____ feet _____ inches	
Weight	_____ lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ...	_____ inches	_____ inches	
	Range of Expansion ...	_____ inches	_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V = <i>6/6</i>		R.E.—V = _____	
	L.E.—V = <i>6/6</i>		L.E.—V = _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
Enlisted	at <i>St. John's</i>	Medical Officer, _____	at _____	Medical Officer, _____
Joined on Enlistment	on 7 day of August 1916	Corps. _____ Regtl. No. _____	on _____ day of _____ 191	Corps. _____ Regtl. No. _____
Transferred to	<i>Newfoundland</i> ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				



71 bn 22 3 18

[P.T.O.]

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

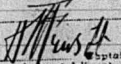
Date	Brief Details, and Signature
18-8-16	<u>TAB</u>
21-8-16	
9/1/19	<p>Wounded by enemy in forward trench <i>Wounded by enemy in forward trench</i></p>
<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>32719</u></p> <p style="text-align: right;">  <small>Captain Assistant Surgeon</small> <small>Discharge Certificate</small> </p> <p style="text-align: left;"> <small>32719</small> <small>Date of S.M.B.</small> </p>	

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
S.S. Hanzel Windsor B	May 31	Feb 3/17			



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 *Chaffey Edgar*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3013*

Intended address *St. George's*

Height on discharge *5* Feet *5*"

Color of hair on discharge *Fair*

Complexion *Fair*

Color of eyes *Green*

Descriptive Marks

Figure on discharge *Small*

Christian name of Father *George*

Christian name of Mother *Mary*

Wife's maiden name in full

Date and place of marriage *Crabbs, Jan 19th 1898*

Christian names of children

Place and date of soldier's birth

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)

E. B. Chaffey

(Rank)

Rh

Station

St John's

Date

1-8-19

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

Medical Officer of Hospital.
Unit, or Command Depot.

Station

Date



Department of Militia, Newfoundland
 Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... **ST. JOHN'S**

Date..... **JULY 21st., 1919.**

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 21 |
| 2. Regimental No. 3015 | 6. Enlisted on AUGUST 1916 |
| 3. Rank PRIVATE | at ST. JOHN'S |
| 4. Name CHAFFEY EDGAR | 7. Former trade or occupation SCHOOL TEACHER |

8. Disability

PULMONARY TUBERCULOSIS

9. History

FIRST COMPLAINED COUGH AND GENERAL DEBILITY JUNE 1918. REPORTED TO R.M.C. HAD SPUTUM EXAMINED AND FOUND POSITIVE T. B. SENT TO BROMPTON HOSPITAL THREE THREE MONTHS. FROM THERE WAS TO WINCHESTER AND CAME HOME JUNE 18th., 1919.

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

MEDIUM SIZE PHYSIQUE. FAIRLY WELL NOURISHED. COMPLAINS COUGH AND EXPECTORATION PUNULENT. HAS HAD NIGHT SWEATS NOT NOW CEASED. HAS BEEN RUNNING NORMAL TEMPERATURE SINCE ADMISSION TELL LAST FEW DAYS (TOMBILITIS) FAMILY HISTORY NEGATIVE. EXAMINATION LUNGS SHOW EXPANSION ABOUT EQUAL ON BOTH SIDES. DULNESS IN LEFT APEX. R.P. INCREASED LEFT APEX. MOIST RALES ALL OVER LEFT LUNG. MOST PROMOUNCED IN APEX. SINCE ADMISSION HE HAS BEEN LOSING WEIGHT. HEART NORMAL.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit ?

YES

Signature (Sgd) **S. G. KRAH**

Rank or Qualification **CAPT.**

Remarks if any by Officer i | c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13. the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

YES

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
- (State in percentage.)

TOTAL WHILE IN HOSPITAL

Remarks if any:—

16. Is the disability permanent? **YES**
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to {
General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
retention in

Remarks if any:— **RECOMMEND REMAIN IN SANATORIUM.**

(SGD) **L. PATERSON, MAJOR** President

Signatures..... **J. SINCLAIR TAIT**

..... **J. R. O'REILLY**

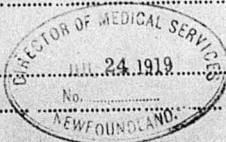
Place **ST. JOHN'S**

Date **JULY 24th. 1919.**

APPROVED

Station

Date



(SGD) **CLYDE MACHERSON, MAJOR**
Administrative Medical Officer.

Temporary

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

MEDICAL HISTORY of

Surname *Chaffey* Christian Name *Edgar David*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191
at _____

Declared Age ... *18* years *8* months *15* days

Trade or Occupation _____

Height ... _____ feet, _____ inches.

Weight ... _____ lbs.

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... _____ Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

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

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

Approved by (Signature) *[Signature]* for _____
(Rank) _____ Medical Officer.

Enlisted ... { at *St John's Newfoundland*
on *7th* day of *August* 191*6*

Joined on Enlistment ... {

Corps.	Regtl. No.
<u><i>1st Royal Newfoundland Regt.</i></u>	<u><i>3015</i></u>

Transferred to ... _____

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



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In 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				
Brompton Hosp.	10 th	VII	18	22	XI	18	Chronic Pulmonary Tuberculosis	130	During this period he has had haemoptoe as the only complication with exception of scabies & constipation. The treatment for haemoptoe was absolute Rest. otherwise of no symptoms	W. J. H. [Signature]

To those concerned
I do take all risks
and responsibility
if anything should
happen to me on
going home, as I
have been advised
by Capt Knight
and Capt O'Reilly
not to go home
until this spring

Signed
5015 Pte Shaffey. E.
Witness
10-1-19 P. Plebards
Capt.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *2015* 3. Rank *Cte.*
4. Name *HATFEY, E.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Where (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to 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.
Went to France June 1917. Reported sick 12/11/17 with pain & dyspnoea admitted hospital pharynx left Right side. Discharged on the 26/11/17 3rd Lt. R.F.C. On 27/5/18. Admitted Hospital Hazely Down, suffering from Tubercle. of Lung. T.B.C. Bacillus in sputum, transferred to Brompton Hospital 10/7/18. Diagnosed then. Discharged 22/11/18. Suffering from Chronic Pulmonary Tuberculosis. to be sent to Newfoundland

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

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

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

Anemic. Suffers from continuous cough. and Complaint of Dyspnea exertion.

Chest on examination Dullness on percussion over both apexes. Breath sounds over left chest expiration prolonged and fine rales. heard at height at expiration. Few rales heard over right apex behind at height of inspiration

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?

*expiration prolonged in flowing at harsh character
 J. B. C. Bacillia found in sputum (see attached form).*

20. Do you recommend— *Discharged permanently unfit for further military service.*
- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Johns C. King
 Medical Officer in charge of case.

Station *Hazeley Down Camp.*
 Date *10/1/18.*

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

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 24/19

Regimental No.

8115

Name

Chaffey Edgar

Address

Bay St George

Present Medical Category

E

Recommended for:—

{ (a) Immediate discharge

{ (b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

H. H. H.

Senior Medical Officer

M.O. Depot

TO BE LEFT BLANK.

Outfit Number..... 48

Result of the examination of the specimen of *Tubercle bacilli* taken from

Reg. No. 3015 Rank *Plt* Name *Chaffey Edgar*

Corps *2nd Newfoundland Regt*

Result. *Tubercle bacilli. Found*

(but very few present).

June 20th 1918

R. A. Hyatt
Specialist Sanitary Officer.

No. _____ Date 26 Nov 1917 Admitted

(1) To the Officer i/c Records, 58 Victoria St 20/9/17
SW (Station).

(2) The Officer Commanding, Infld Command Depot
Ripon North (Station).

(3) The Paymaster, 58 Victoria St
SW (Station).

Regimental No. 3015

Rank and Name. Pte Chaffery E. D.

Regiment or Corps. 1st Infld

has been granted a furlough from 26 Nov to 5 Decr.

His address while on leave will be: 58 Victoria St
SW.

I consider he is fit for*
• Strike out that which is inapplicable. ii. Command Depot. II.
~~iii. Employment.~~

Officer in charge _____ Registrar, R.A.M.P. Hospital,

3rd London General Hospital, (Station).

WANDSWORTH

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

This man has been furnished with a warrant to Victoria and given an advance of £1. (one pound).

August 19, 1919

Mr. Edgar Chaffey,
Jeffers S.,
St. George's Bay.

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

- Christian name..... *Chaffey*..... 2. Surname..... *Edgar*.....
3. Rank..... *Plt*..... 4. Regtl. No. *3015*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Jeffries St Georges Bay*.....
6. Date of enlistment in the Regiment..... *Aug 7/16*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*.....
11. Were you on active service only in Hfld, if so, give dates and particulars of such service..... *Overseas*.....
.....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *from Aug 7/16 to Aug 7/19*..... 1. $\frac{3}{4}$

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 Post?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

..... *Aug 2/19* *Re-mobilization*

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

France Belgium - From June 1/17 to
Sept. 2/17 - Ypres

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.

ST. JOHN'S, Aug 6th 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. E. Chaffey

Billeting Soldiers as undermentioned

from June 8th 1919 to July 5th 1919

3015 - Mr. E. Chaffey 28 80

B & M

ACCOUNT	
CH. NO.	4340
DATE	
AMOUNT	
GEN. LEDGER	28 80

Certified correct for \$ 28 80

E. Chaffey
P. J. M. Blouster
Billeting Officer.

Receipt for Army Book 64

No. *3015* Name *E. B. Claffey E.D.*

To Certify that I have received the AB 64 of the above
named Soldier.

Date. *Sept. 5th 1920*
Place. *Jeffries*

Name *E. B. Claffey*

H.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

AS

1961



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

SEP 16 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Edgar D. Chaffey

in respect of his service as No. **3015** Rank **Pte.**

Name **E.D. Chaffey**

Royal Nfld. Regt.

~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

The Above named medals

Signature

E.D. Chaffey

Date

Oct. 1st. 1921.

Address

The Sanitarium, Box 25, Topsail Rd

St. Johns:

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
R 121.
309.

Number of Sheet First
Signature of O. C. Company Frank Aye Capt.

Regiment of 1st Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3075 Chaffey G.D.</u>	Age on	<u>18</u> years <u>8</u> months	<u>School Teacher</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's N.F.</u> <u>7-8-16</u>	Religion	
Joined	Date	Period of	<u>3 ²/₃₆₅</u> years.	Place of Birth	
Joined	Date	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
HAZELEY DOWN CAMP.	6-1-19	Plt		Absent from Midsink 6-1-19 until 7-00-7-1-19	Plt Oxford	Admonished	7-1-19	<u>W. H. C. Capt.</u>	<u>2 weeks 1 day</u>
				Demobilized St. John's 15.8.19					

To be carried over

Army Form B. 121.

Δ 3015

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3015 Rank Plt Name Chaffey E D
 Date of Enlistment 28-16 Address St. John's District St. George
 Occupation Schoolteacher Classification for Discharge B Medical Category Eq
 Recommendation S.M.B. permitted to Disability Rating Obtain W. habe. no. 100

Passed to Demobilization Officer with following documents:-

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 27-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am [initials] in a position to resume civilian occupation.

E. D. Chaffey

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with -

(a) Clothing Allowance payable \$600.00

(b) Clothing Supplied [Signature]

Date 29-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at M. Geary and Release Certificate No. 3791 issued.

Date 1-8-19

J. H. 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 15-8-19

Date 1-8-19

J. H. Howcroft
Depot Paymaster.

Discharge approved for 1-8-19

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
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 1-8-19

J. H. 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

Date AUG 1 1919

L. R. COOPER, CAPT,

O. C. Discharge Depot.

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

Date Aug 15/19

B. H.