



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5281 Name Wm J. Crews Corps With

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>Wm J. Crews</u> |
| 2. What is your full Address? | 2. <u>Allanville Bay, B.P.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Boatman</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, Wm J. Crews 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 J. Crews SIGNATURE OF RECRUIT.
W. W. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 21 day of May 1915

Signature of Attesting Officer W. W. ...

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1915

Place } Approving Officer.

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

* If so, 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

5281

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

Name William J. ~~Crews~~ Crewe
 Apparent age 24 years 0 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bernard ~~Crews~~ Crewe
Alexander Bay B.B. | 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 L'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Re-serve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|----------------|--|-----------|-------|--|------|---|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards <u>total</u> engagement reckons from <u>21-5-18</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>May 21-1918</u> | | | | | | | | | |
| <u>Discharged August 7-1919</u> | | | | | | | | | |
| <u>Embarked St. John's N.S. to Sambro to Halifax N.S. 22-7-18.</u> | | | | | | | | | |
| <u>To left for demobilization 24-6-1919.</u> | | | | | | | | | |
| <u>Arrived Vancouver B.C. 1-7-1919</u> | | | | | | | | | |
| Total Service forfeited as above <u>Demobilization St. John's 7-8-1919</u> | | | | | | | | | |
| Total Service towards Engagement to <u>7-8-1919</u> (date of discharge) <u>1</u> years <u>79</u> days | | | | | | | | | |
| Pensions " " " " " " | | | | | | | | | |

C.R. 5281

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt
St. John's ,Aug. 16th, 1919.

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

5281 Pte. W.J. Crewe.

C.R. 5281

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-7-19.

5281 Pte. W.J.Crewes.

C.R. 5281

Extract from Daily Orders Battalion Unit The Royal Field.
Regt. St. John's, July 3rd, 1919.

5281 Pte. W. Crewes.

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

C.R. 5281

Extract from Medical Record on July 7th. 1919.

The following were the findings.

5281 Pte. W. Crews.

Recommended discharge from the Army.

ADMISSION TO MILITARY HOSPITAL.

C.R. 5281

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Reg.t. St. John's, July 25, 1918.

The following man embarked for overseas on H.M.S.
"W.C. Columbella" July 22, 1918.

#5281 Pte. William Crewes.

C.R. 5281

Extract from Daily Orders part 11, from UnitnThe
Royal Hfld. Regt. St. John's, dated May 22, 1918.

#5281 Pte. William J. Carew.

Attested for, General Service with the Royal Hfld. Regt.
from 21.5.18

W. J. Brewer

C.R. 5281

1890

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 for 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 *Stoker*
2. Regtl. No. *2281* 3. Rank. *Capt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Crews* *W. J.*
(Surname) (Christian Names)
5. Age last birthday. *24!*
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
(b) Where (if any)
(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.

Handwritten signature and notes:
Handwritten signature
5/16/18
Trustee
Handwritten signature
or says

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 } *no*
 man's part. }
- 14 (a). If not due to any of these causes, to what } *no*
 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 positions 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.)

*acdragging pain in
 Linn area, since last
 Johnson 2/8/18*

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 ?

20. Do you recommend—
 (a) Discharge as permanently unfit ?
 (b) Change to United Kingdom ?

Repatriation

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

W. S. V. Werner. Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley Barr*

Date *1/4/19*

* 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.

FORM K

No. 4136 *A*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William J. L. Crewe, Regl. No. 5281

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 1, '18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------|------------------------|-------------------------------|
| 11614 | Father | Berenshaw Crewe | Alexander Bay B. B. | 60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Total Allotment, \$ <u>60</u> |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) H. G. James 2/18
 Officer Commanding
 Company

(Sig.) W. J. L. Crewe
 (Rank) Private

St. John's
June 12 1918

No. 4769/670

N.F.F./79.

FROM: NEWFOUNDLAND VICTORIA CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

*pp. 064966
26/3/19*
26th March 1919

March 29th 1919

5281 Pte. Crewe W.J.

With reference to the following telegram from the Minister of Militia / / (98)

"Pay to- 5281 Crewe

£4. 0. 0.

Cheque £4. 0. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

forwarded to
for
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

R. N. R.

Received the sum of *Four pounds*

_____ in respect of telegraphic remittance from the Minister of Militia.

W. L. L.

No. 5281 Rank Private

Witness *M. Rickett*

B

News. W. J.

5281

Hay Dept.

August 7th 1919.

#5281, Pte. W. J. Crews,
Alexander Bay.

Dear Sir:

Enclosed please find discharge certificate
3561.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 0281 Rank. Private Name. Cross W J
 Intended place of residence. Alexander Bay

2. Occupation Interim
 Classification of soldier. B Medical Category. C

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 10 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

[Signature]
 Signature of soldier

[Signature]
 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 10-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 21-6-18 No. of days on Military
 Discharged from service. 24-7-19 Plus 14 days Service. 444

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, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 24 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 7/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

19.
20
21
7
79

[Signature] 20791/250 7

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5281 ~~4159~~ Rank Pvt. Name Conroy, W. J.
 Date of Enlistment 2-1-18 Address Clascando, Bay District Concordia
 Occupation Tailor Classification for Discharge B Medical Category Hi
 Recommendation S.M.B. Physically unfit Disability Rating 100% Whole in Hoop
 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 | 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

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am W. J. Conroy in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 10-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600

(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. R2396 to his home at Alexander Bay and Release Certificate No. 3428 issued.

Date 10-7-19
J.A. Snowcroft
 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 7-5-19

Date 10-7-19
 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 |
| 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 | | |

2 Form B

Date 10-7-19
J.A. Snowcroft
 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 24 1919

Date
K.R. Coote 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,

W. Greue

Signature of Man.

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 3281

Place

St Johns

Date

10-7-19

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

MEDICAL HISTORY

Surname Crews OF Christian Name William J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Alex Bay P.B. County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|----------|------------------|--------|
| | on | day of | on | day of |
| Examined | 21 | May | | 191 |
| | at | S. Johns | at | |
| Declared Age | 34 | years | | days |
| Trade or Occupation | Fisherman | | | |
| Height | 5 | feet 7 | | inches |
| Weight | | 125 | | lbs. |
| Chest Measurement | Girth when fully expanded | 36 | | inches |
| | Range of Expansion | 3 | | inches |
| Physical Development | Right | Left | Right | Left |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/6 | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>James Paterson</u> | | | |
| (Rank) | Majr | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at | S. Johns | at | |
| | on | 21 | on | day of |
| | | May | | 191 |
| | Corps. | | Corps | |
| | Regtl. No. | | Regtl. No. | |
| Joined on Enlistment | The Royal 5281 | | | |
| | Nfld Regt | | | |
| Transferred to | | | | |
| Became non-effective by | on | day of | on | day of |
| (Signature) | | 191 | | 191 |
| (Rank) | | | | |

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.**..... 7. Former Trade }
or Occupation }
2. Regtl. No. **5281** 3. Rank... **Pte.**..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name **Crows Wm. J.**.....
(Surname) (Christian Names)
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
(b) Where (if any)
(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 venereal disease.

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

Jaundice

11. Date of origin of disability. **30/8/18.**
12. Place of origin of disability. **Treated in H. Down Hp. 34 days.**
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.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i) Service during the present war

Yes.

(ii) Previous active service.

(iii) Climate in pre-war service

(iv) Ordinary military service before the war

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

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

15. What is his present condition?

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

A dragging pain over Liver since had Jaundice 30/8/18.

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

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?

20. Do you recommend—

(a) Discharge as permanently unfit?

Repatriation.

(b) Change to United Kingdom?

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

(SGD) W. B. PROCUNIER.

Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **Jaundice.**

(b) The present condition thereof.

Pulse 76. Complains of pain & tenderness, about the stomach & bowels.

No Jaundice now.

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

| | | |
|---|---------------------|-------|
| (i) Service during the present war | Yes. .. .. . | ..... |
| (ii) Previous active service .. .. . | ..... | ..... |
| (iii) Climate in pre-war service .. .. . | ..... | ..... |
| (iv) Ordinary military service before the war .. .. . | ..... | ..... |
| (v) Serious negligence or misconduct on the part of the soldier | No. .. .. . | ..... |

Give details:

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

Infection.

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) (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).
- (i) 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?

100% while in Hp.

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

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

Yes.

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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?

ENTER MILITARY HOSPITAL

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:—

N.S. FRASER..... { President or Chairman.

Station ST. JOHN'S..... J.S. TAIT..... } Members.

Date JULY 5/19..... J. PATERSON, MAJOR..... }

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

Station DIRECTOR OF MEDICAL SERVICES..... (SGD) CLUNY MACPHERSON, MAJOR..... } Only applicable in cases of Patients in Hospitals.
 Date JUL 5 1919..... Officer in charge, Central Hospital.

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

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

Station

O.C. Discharge Centre.

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 5281

Name Crews William Rank Pte

Address Alexander Gray

Present Medical Category F

Recommended for:— (a) ~~Immediate discharge~~
(b) Standard Medical Board

Members of Board

R.H. East Major
O.C. Discharge Depot.

H. Atkinson
Senior Medical Officer

L. W. Burdett
M. O. Depot



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 *Crews, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5281*

Intended address *Alexander Bay, B.I.B.*

Height on discharge *5* Feet $\frac{1}{2}$

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar left leg.*

Figure on discharge *Medium*

Christian name of Father *Beraiak*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Alex. Bay, Jan. 16. 1894*

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) *William Crews* (Rank) *Pvt*

Station _____ Date *4-7-19*

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.

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

Station _____ Date _____

August 15, 1919.

Mr. William Crews,
Alexander 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 the 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.. *Brewer* ..
3. Rank.. *Pte* .. 4. Regtl. No. *5281* ..
5. Address in full to which future payments of gratuity are to be forwarded..... *Alexander Bay* ..
6. Date of enlistment in the Regiment..... *May 27/18* ..
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..... *No* ..
9. Address in full of such dependents..... *No* ..
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..... *England only* ..
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 yr 1 mo* ..

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

19. Are you now serving in the Post? If not give (a) date of discharge

..... *July 1919* (b) Reason for discharge..... *Discharged*

..... *Emp*

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.

..... *no England only*

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

..... *no*

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

7 *William Crowe*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

10th

day of

July 19*.19...*

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

John A. Cauley

POST DISCHARGE PAY.

| | | | | |
|-----------|----------|-----------|-------------|------------|
| Date paid | Paid | Paid | War Service | Net amount |
| | Soldier. | Dependent | Gratuity. | due |

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Certified correct.

Registrar

6650



Glover Town

Sept 26th 1919

Capt. Howley.

Dear sir

please oblige me by ^{will you} sending
 my badge which I applied
 for a while ago while in
 town if its ready, if
 not please see to it
 yours truly
 Wm Crewe

Glover town

Helander Bay

52 81

-B.B.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

5
Regiment of The Royal Afla

Number of Sheet one

Signature of O. C. Company C. J. ...

| Regimental Number and Name | |
|----------------------------|--------------------|
| No. <u>1281</u> | <u>Crews W. J.</u> |
| Joined _____ | Date _____ |
| Joined _____ | Date _____ |
| Joined _____ | Date _____ |

| Enlistment | | Trade |
|---|----------------------------------|-------------------------------------|
| Age on <u>21</u> years <u>0</u> months | | <u>Postman</u> |
| Place and Date of Enlistment <u>India</u> | | Religion <u>Meth</u> |
| Period of <u>19</u> years with Colours | <u>13 1/2</u> years with Reserve | Place of Birth <u>Uttar Pradesh</u> |

Good Conduct Badges, Service pay or proficiency pay

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--------------------|-------------------|--------------------|---|-----------------|---------|
| | | | | <u>Demobilized</u> | <u>St. John</u> | <u>7/19</u> | | | |

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

5281
Reg. No. ~~4189~~ Rank *Plt.* Name *Lawrence W.D.*
Date of Enlistment *21.10.18* Address *Alexander St. St. John's* District *St. John's*
Occupation *Subaltern* Classification for Discharge *B* Medical Category *Plt.*
Recommendation S.M.B. *Physically unfit* Disability Rating *100% Whole in Nap*
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*

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

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am *W. Lawrence* in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

10-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
(b) Clothing Supplied *Lawrence*

Date *10-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2396 to his home at Alexander Bay and Release Certificate No. 3428 issued.

Date 10-7-19 *J.A. Snowcroft*
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 7-17-19

Date 10-7-19 *J.A. Snowcroft*
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 | <input checked="" type="checkbox"/> | N.F. Med. | D.F. 1 | <input checked="" type="checkbox"/> |
| F 178 | W 3494 | B 122 | <input checked="" type="checkbox"/> | Board 1st | " 2 | <input checked="" type="checkbox"/> |
| B 178a | D 400A | B 1915 | <input checked="" type="checkbox"/> | do 2nd | " 3 | <input checked="" type="checkbox"/> |
| B 179 | D 400B | Form L | <input checked="" type="checkbox"/> | do 3rd | " 4 | <input checked="" type="checkbox"/> |
| B 179a | D 400C | Form K | <input checked="" type="checkbox"/> | do 4th | " 5 | <input checked="" type="checkbox"/> |
| B 179b | B 103 | ME 2 | <input checked="" type="checkbox"/> | | " 6 | <input checked="" type="checkbox"/> |
| B 179c | B 120 | M 93 | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> |

Date 10-7-19 *J.A. Snowcroft*
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 JUL 24 1919 *K.R. Coobee Capt.*
O. C. Discharge Depot.

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

Date July 20/19 *[Signature]*

Reg. No. 52 81 Rank Plt Name Crewe W.
Attested Address Alexander May Bk
Allotment: Allottee ..
Date of Allotment. Returned from Overseas JUN 4 1919
Returned on S S. Cassandra Cause Discharge

P. 7/19

Rec discharge from the Army.
Admission to Military Hosp

10-7-19

FORWARDED TO DEMOBILIZATION OFFICER

29-8-19

~~DISCHARGE ACCOUNT IN DISCHARGE~~

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 F. (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* } Former Trade or Occupation } *Johnstone*
2. Regtl. No. *5281* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cross* *Wm J* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *25*
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.
- Jaundice*
30/8/18
Treated in Hospital 34 days

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 } *na*
 man's part. }
- 14 (a). If not due to any of these causes, to what } *na*
 specific condition do you attribute it? }

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

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

for
a dragging over knee
since had jaundice
30/5/18

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 ?

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. Proctor *Capt-R.A.M.C.*
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *1/11/18*

* 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.

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

Shuntie

Alse 76. Complaints of pains & tenderness about the stomach & bowels. No pneumonia was

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

- | | | | |
|--|---------|------------|-------|
| (i) Service during the present war | .. .. . | <i>Yes</i> | ..... |
| (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 | .. .. . | <i>No</i> | ..... |
- Give details:

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

Infection

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) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

100% while in Hosp

(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?

Yes

OR

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

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

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

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

Yes

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

Enter Nil Hospital

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?

Signature

[Handwritten signatures]

President or Chairman.

Members.

Station *S. Johns*

Date *July 5/19*

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

Station *11111 5 1919*

Date *No.*

Clay Macpherson
Officer in charge, Central Hospital.

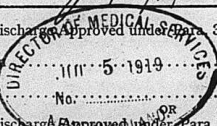
Only applicable in cases of Patients in Hospitals.

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 *O.C. Discharge Centre.*

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (xvi. or xvii.), 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 Regt.* 7. Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *5281* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Fitz Gerald James* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday. *22*
- 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?
- 9. If a Court of Inquiry was held on an injury state :—
 - (a) When (b) Date of Discharge ;
 - (b) Where (c) Cause of Discharge.
 - (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 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. *nil*
- 12. Place of origin of disability. *nil*
- 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*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

The Complaints of no Disability

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 ?

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.

Refratuation
W.S. Procuree. Capt. R.C.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

Date *13/4/19*

* 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.