



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1528

Name in full Gideon Ellsworth Age 23
 Address Barnanville, Pogo Dist.
~~Married~~ Height 5ft 7in Weight 135
 Single
 Color Fresh Hair Brown Eyes Grey
 Other distinguishing marks Scars between eyes & forehead.
 Nearest relative Mother Julia
 Address Barnanville.
 Dependents
 Occupation Fisherman Present Wage \$300⁰⁰ a year.
 Previous service
 Decorations
 General Remarks
 Date of Enlistment April 20th 1915

I, Gideon Ellsworth, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Gideon Ellsworth

Declared before me this 12 day

of May 1915

J. J. ...
...

Medical Officer's Report

Form A 1918

FINAL EXAMINATION

United States Army

ATTENTION PAPER

Discharged Dec. 22/1916

Medically unfit

M. Howley 2/17
O. J. Records

Name in full

Address

Weight

Height

Eyes

Color

Other distinguishing marks

Medical Officer

Address

Medical Officer.

Signature

Printed name

Rank

Grade

Post

Date

Place

Signature

Printed name



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1528

Name in full Gideon Ellsworth Age 23

Address Barnanville, Fogo Dist.

~~Married~~ Single Height 5 ft 7 in Weight 136

Color Freckle Hair Brown Eyes Grey

Other distinguishing marks Scars between eyes & forehead.

Nearest relative Mother Julia

Address Barnanville

Dependents 6

Occupation Fisherman Present Wage \$300.00

Previous service

Decorations

General Remarks

Date of Enlistment April 20th 1915.

I, Gideon Ellsworth, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Gideon Ellsworth

before me this 12 day

May 1915
J. Hanna
Lieut.

See over
E

Medical Officer's Report

Entered 20-4-1915

FINAL EXAMINATION

Admitted General Hospital St John's

Appendicitis 18 ⁶/₁₅

Discharged from Hospital 15 ⁸/₁₅

Service 1 year 247 days

Medical Officer.

256
356
617
367
247

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

MEDICAL HISTORY

OF

Surname Ellsworth Christian Name Gidson

Table 1.—GENERAL TABLE.

Birthplace:—Parish Normanville County R.F.L.D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <u>21st</u>	day of <u>April</u>	on	day of
	at <u>St. John</u>		at	
Declared Age	<u>23</u>	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet	<u>7</u>	inches
Weight			<u>136</u>	lbs.
Chest Measurement	Girth when fully expanded...		<u>35½</u>	inches
	Range of expansion...		<u>3</u>	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated	<u>Never</u>			
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Frederic Burden</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John</u>		at	
	on <u>20th</u>	day of <u>April</u>	on	day of
		191 <u>5</u>		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st R.F.L.D. Regmt.</u>	<u>1528.</u>		
Transferred to..				
Became non-effective by.				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
<i>St. John General.</i>	<i>18</i>	<i>6</i>	<i>1915</i>	<i>15</i>	<i>8</i>	<i>1915</i>	<i>Appendicitis.</i>		

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
May 25 February 9/16	First Inoculation 500 Gellies 2 nd Inoculation TAB 25.5-15 2 / 9-2-16

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
Dr. Johns rifle					



1631

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 Gideon Elewirth
aged 23 conducted at C. L. B.
Date: April 21st Recruiting Officer:

NO OF TEST	FINDING
1	No
2	No
3	No
4	No
5	No
6	No
7	Yes
8	Yes
9	No
10	N.
11	N
12	N
13	only three good teeth on top. I repeat later 1.9.16. OK
14	N
15	N
16	No
17	No
18	No
19	N
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
33	No
34	5'7"
35	13'6 Cev
36	32 1/2, 36 1/2
37	24 ⁰⁰ amount
38	Father - George - Carmichael S. B.
39	none.

1528

his name has been checked under
for active service by Capt. Patson & myself.

Signature of Medical Examiner:

Fred W. Borden

Medical Report on an Invalid.

Station St. Johns Hfd.
 Date Dec. 8/16.

1. Unit 1st Hfd Rgt.
 2. Regimental No. 1528
 3. Rank Pte.
 4. Name Ellsworth Gideon.
 5. Age last birthday 25
 6. Enlisted { on 20 April 1915
 at Sanit John Hfd
 7. Former Trade {
 or Occupation {

8. Disability.

Appendicitis - Volvulus Ileum.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 18 June 1915
 10. Place of origin of disability. St. Johns Hfd.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Was taken suddenly ill in bilik with severe pain in abdomen, distension, elevated temperature, frequent pulse, vomiting & localized tenderness & increased resistance over appendix region, was sent to St. Johns General Hospital where appendectomy was done. Appendix found inflamed, some fluid in cavity. Symptoms were somewhat relieved after operation, but pain & vomiting recurred with great severity a fortnight later. a laparotomy was performed and a volvulus of ileum was found, this was relieved; and short time after symptoms subsided. and patient was discharged from hospital on August 15, 1915
 12. (a) Give your opinion as to the causation of the disability.
 (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Not due to active service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General Condition poor. Has not been able to do full duty since discharged from hospital. Periodically (about once in two months) he suffers from attacks with following symptoms: Pain over abdomen, distension, tenderness vomiting Constipation. elevated temp. frequent pulse. slight jaundice. This usually lasts about 3 or 4 days.

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

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

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

If so—(a) When? ✓

(b) Where?

(c) Opinion?

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

Appendectomy. Laparotomy two weeks later.

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? ✓

19. Do you recommend

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

Geo. Burden Lieut.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

no

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

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

22. Is the disability permanent?

yes

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

—

To be stated in months.

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

—

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

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

—

26. Do the Board recommend

(a) Discharge as permanently unfit, or

yes

(b) Change to England?

Signatures:—

Ad. Fraser President.

Station

St. John's

L. P. Atkinson, Major

Date

Dec 8th 1916

Finlayson, Capt

Members.

Approved.

Station

Administrative Medical Officer.

Date

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

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

*-----

To the Officer i/c Records _____

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

Soldier's surname Ellsworth, Christian Names Eiden
 (in full)

Regt No and Rank 15287A Regt or Corps 1st Bde

His address on discharge will be Carmarville, Yago

The Soldier states that ^{an} ~~no~~ allotment is being issued in
 respect of him.

Army Form D 400A and Army Form B 179 for the above-named Soldier are
 forwarded herewith. *also B 178-a*

Station A. J. W. H.
 Date Nov 8/16

Chas. Macpherson Major
 President of Board
 (Approving Officer)





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 *Gideon Ellsworth.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1528.*
 Intended address *Cornamsville Tops.*
 Height on discharge *5' Feet 7"*
 Color of hair on discharge *Dark brown.*
 Complexion *Sallow.*
 Color of eyes *Greenish brown.*
 Figure on discharge *Medium.*
 Christian name of Father *George.*
 Christian name of Mother *Julia.*
 Wife's maiden name in full *Abribe Saeid.*
 Date and place of marriage *7 Oct. 1915. St. John's Nfld.*
 Christian names of children *None.*
 Place and date of soldier's birth. *Cornamsville. July 1. 1891.*
 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) *Gideon Ellsworth* (Rank) *Private*
 Station *St John's* Date *Dec 8th 1916*

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.

St. John's Nfld.
St. Burden Lieut.
 Medical Officer i/c Hospital.
 Unit, or Command Depot.
 Station _____ Date *Dec. 8/16*

Ellsworth, Cedar

1528

Ray Sept

MEMORANDUM

FROM 1ST NEWFOUNDLAND REGIMENT

TO

A. G.
Headquarters

~~HEADQUARTERS~~

1-22 ST. JOHN'S, NFLD.

Discharge of *Co* *Pte* Gideon Ellsworth
confirmed for Dec. 16th 1916.

Kindly give me statement of date to which
he has been paid.

He has no claim for pension

J. M. Bowley
O. i/c Record

Disch'd
22/12/16
[Signature]

Paid up to the last
November \$ 15⁰⁰ Casual
payment on December month



MEMORANDUM

FROM 1ST NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, NFLD.

TO

Gideon Ellsworth No 1528

A.F.P. 179.

PJM
Dec 26/16

Certificate to be signed by a Soldier on discharge.

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

PLACE St. Johns Afd., J. Stewart Signature of Soldier
DATE Dec 22nd 1916. G. F. Shea Sig. of Witness.

Eager to get
out to go to
work

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

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

To the Secretary.-
Pensions & Disabilities Board,
St. John's.

The Soldier named below has appeared before an Army Medical Board at
this station and his discharge from the Service as "no longer physically fit
for War Service" has THIS DAY been approved. (The discharge will be con-
-firmed for a date 14 days after the date on this notification, See A C I
1623 of 1916.

Soldier's surname Ellsworth, Christian Names Gidem
(in full)

Regt No and Rank 15287th Regt or Corps 1st 96th
(If T.F. this should be stated)

His Address on discharge will be Carranville 7890

The Soldier states that* an allotment is being issued in
respect of him. ~~no~~

Station St John's
Date Dec 9/16

Chung Macpherson Major
~~President of Board~~
(Approving Officer)





1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gideon Elsworth, Regl. No. 1528
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
40 Dollars and 40 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	father	Mr George Elsworth	Carmarville	40
0		Elsworth	to go (dist)	
4				
1				
<p>Command cancelled June 12</p>				
Total Allotment, \$				<u>40</u>

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

(Sig.)

Officer Commanding
 Company

St Johns
June 15 1915

(Sig.) Gideon Elsworth

(Rank) Pvt

