



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5523 Name William Ennis Corps R.B.

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

1. What is your name? ..... 1. William Ennis
2. What is your full Address? ..... 2. Menapheen P.P.B.
3. Are you a British Subject? ..... 3. Yes.
4. What is your age? ..... 4. 22 Years          Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes.
9. Are you willing to be enlisted for General Service?.. 9. Yes.
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. Yes.

I, William Ennis ..... 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.

Wm Ennis ..... SIGNATURE OF RECRUIT.  
Pte Power ..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Ennis ..... 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 30 day of May ..... 1918  
Signature of Attesting Officer Chas Dicko Rent

### †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 ..... 1918 .....  
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

5523

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

Name ~~William Ennis~~ **William Ennis**

Apparent age **22** years **0** months. Height **5** feet **5 1/2** inches

Chest Measurement { Girth when fully expanded **34 1/2** inches  
Range of expansion **4** inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin **Patrick Ennis**  
**Merrasheen** | Relationship **Father**

**PPS** | 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 <b>30-5-18</b>   |               |  |           |       |  |      |  |      |   |
| Joined at <b>Meath</b> on <b>May 30-1918</b>   |               |  |           |       |  |      |  |      |   |
| Discharged <b>July 7-1919</b>  |               |  |           |       |  |      |  |      |   |
| Embarked <b>St John's S. C. Colombo to Halifax N.S.</b> <b>22-7-18</b>   |               |  |           |       |  |      |  |      |   |
| Embarked for <b>B.C.S. 23-11-18</b> Re-embarked <b>France</b> <b>28-11-18</b>                                    |               |  |           |       |  |      |  |      |   |
| Joined <b>head depot Rouen</b> <b>28-11-18</b> Admitted <b>11th Regt Royal Fusiliers</b> <b>28-11-18</b>         |               |  |           |       |  |      |  |      |   |
| Went to <b>head depot</b> <b>23-12-18</b> Joined unit <b>5-1-19</b> Transferred from <b>Rouen</b> <b>22-7-19</b> |               |  |           |       |  |      |  |      |   |
| Ordered <b>home</b> <b>23-7-19</b>   |               |  |           |       |  |      |  |      |   |
| To <b>headquarters</b> for demobilization <b>22-7-19</b> Received <b>Wtd</b> <b>1-6-1919</b>                     |               |  |           |       |  |      |  |      |   |
| Demobilization <b>St John's</b> <b>7-7-1919</b>  |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....  |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to **7-7-1919** (date of discharge) **1** years **39** days

" " Pensions " " " " " " " " " " " "



C.R. 5523

Extract from Daily Orders Part 11 Unit the Royal Nfld. Regt.  
St. John's, July 10th, 1919.

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

5523 Pte. Wm. Ennis.

C.R. 5523

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. Depot St. John's, June 15th, 1919.

The discharge of the Undersigned on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 25-6-19.

5523 Pte. Wm. Ennis.

C.R. 5523

Extract from Daily Orders Part 21 Depot, St. John's,

Date 12-6-19.

5523 Pte. Wm. Ennis.

Reported at Headquarters 1-6-19.  
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 5523

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Roux Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5523 Pte. W. Ennis.

C.R.

5523

Extract from Casualties List No. H.A. 33180.

5523 Pte, W. Ennis.

Adm. 11 Sty. H. Rouen, 16 Dec. 18. Scabies.



C.R. 5523

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

ROYAL ARMY SERVICE CORPS.

MS/1517 Pte Curwell W. RASC.MT. a/RGA 4 Ops.  
 LS/050403 " Rennie C. RASC.MT. a/55 Aux.Pet.Co.  
 H/164250 " Gabb W. RASC.MT. D.S.Park.  
 T4/041155 Whlr. Lindsay W. RASC.HT.255 Co.8 Aux.HT.  
 275570 Dvr Wray W. RASC.MT.a/42 Div.MT.Coy.  
 5/359668 Pte Mayoh J. RASC. 2 Fld.Coy.  
 M2/074867 L.C Miles G. RASC.MT.Anti A'oft.Sty.

LIST No. H. A. 37444  
 Dis. to Base Dep. Rouen Class A ex 2 Con. Dep. 23rd Dec'18.  
 Dis. to Base Dep. Rouen Class A ex 2 Con. Dep. 25rd Dec'18.  
 Dis. to Base Dep. Rouen Class A ex 2 Con. Dep. 23rd Dec'18.  
 Dis. to Unit Rouen Class A ex 2 Con Dep. 28th Dec'18.  
 Adm. 2. Con. Dep. Rouen 23rd Dec'18.  
 Adm. 2. Con. Dep. Rouen 23rd Dec'18.  
 Adm. 2. Con. Dep. Rouen 23rd Dec'18.

Eczema. . . .  
 V. D. H.  
 Influenza.

No. T W O. - RECORD OFFICE - WARLEY.

43851 Pte Pattemore L. 1- Bedfords.  
 40199 " Bond F. 1- do.

LIST No. H. A. 35444  
 Inf: Lymph Glands Adm. 2. Con. Dep. Rouen 23rd Dec'18.  
 Wd: Cornea Sev. Adm. 2. Con. Dep. Rouen 23rd Dec'18.

3

NEWFOUNDLAND CONTINGENT.

5523 Pte Ennis W. 1- N'foundland Infy.

LIST No. H. A. 35444  
 Dis. to Base Dep Rouen ex 2 Con Dep 23rd Dec'18.  
 Class "A".

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

ROYAL ARMY SERVICE CORPS.

LIST NO. H.A. 33338

ADMITTED 2 CON DEP ROUEN 18TH DEC 1918.

|                             |                           |                   |
|-----------------------------|---------------------------|-------------------|
| M2/34945 Pte. Clark H.      | RASC. MT. 2/Army Tps. MT. | Inf. & Pharynx.   |
| T/436760 Pte. Middleton J.  | RASC. Supp. 23/RSD.       | Influenza.        |
| T2/016289 Cpl. Kay W.       | RASC. BR. 17/Div. Trn.    | Lumbago.          |
| DM2/168453 Pte. Milne J..   | RASC. MT. 986/Wtr.        | Influenza.        |
|                             | Ink. Coy.                 |                   |
| M/286415 Dvr. Bowers A.     | RASC. MT. 20/GHQ. Res.    | Dental Treatment. |
|                             | 1118/Coy.                 |                   |
| T/356224 Dvr. Stephenson C. | RASC. MT. 281/Co. French  | Influenza.        |
|                             | Army.                     |                   |
| M2/267181 Cpl. Parker d.    | RASC. MT. 3/Wat. Tk. Co.  | Eczema.           |

MILITARY POLICE.

LIST NO. H.A. 33338.

|                        |               |                |        |                             |
|------------------------|---------------|----------------|--------|-----------------------------|
| P/8182 Cpl. Hemming A. | MMP. 4/Trfc.  | Influenza..... | Adm. 2 | Con. Dep. Rouen 18 Dec. 18. |
|                        | Contr. 1/Sqd. |                |        |                             |

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 33338.

|                    |                     |                 |        |                             |
|--------------------|---------------------|-----------------|--------|-----------------------------|
| 5523 Pte. Ennis W. | 1/Newfoundland Inf. | Pediculosis.... | Adm. 2 | Con. Dep. Rouen 18 Dec. 18. |
|--------------------|---------------------|-----------------|--------|-----------------------------|

BRITISH WEST INDIES SECTION.- LONDON RECORD OFFICE.

LIST NO. H.A. 33338.

|                         |               |                |        |                             |
|-------------------------|---------------|----------------|--------|-----------------------------|
| 10102 Pte. Hutchison J. | 7/BW. Indies. | Abscess Hip... | Adm. 2 | Con. Dep. Rouen 18 Dec. 18. |
|-------------------------|---------------|----------------|--------|-----------------------------|

TANK CORPS.

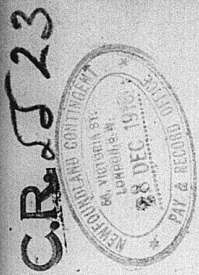
LIST NO. H.A. 33338.

|                        |               |          |        |                             |
|------------------------|---------------|----------|--------|-----------------------------|
| 76911 Gnr. Matthews F. | Tanks 10/Btn. | VDS..... | Adm. 2 | Con. Dep. Rouen 18 Dec. 18. |
|------------------------|---------------|----------|--------|-----------------------------|

CAVALRY - CANTERBURY.

LIST NO. H.A. 33338.

|                       |               |                |        |                             |
|-----------------------|---------------|----------------|--------|-----------------------------|
| 16457 Pte. Clapson E. | 7/Drag. Lds.. | Diarrhoea..... | Adm. 2 | Con. Dep. Rouen 18 Dec. 18. |
|-----------------------|---------------|----------------|--------|-----------------------------|



2750

C.R.

523

Extract from Daily Orders part II, from Unit The Royal  
Nfld. Reg. St. John's, dated July 25, 1918.

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

#5523 Pte. William Ennis.

C.R. 5523

Extract from Daily Orders part 11 from Unit The Royal  
Nfld. Regt. St. John's, dated May 31, 1918

#5523 Pte. W. Ellis

Attested for General Service with the Royal Nfld. Regt.  
from May 30, 1918

W. Ennis

C.R.

5523

1  
7  
L.H.C.

Medical Report on an Invalid.Station Magdeley D. CampDate 1. 05. 191. Unit Royal Newfld2. Regimental No. 50233. Rank Pte4. Name Ennis, W.5. Age last birthday 236. Enlisted { on May 27 1918  
at Magdeley7. Former Trade or Occupation } Forkman

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil

nil

nil

nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

} na.

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.*

*He complains of no disability.*

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?

*na.*

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

*na.*

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?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatriation*

20. Do you recommend—

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

*W. P. Procunier*

*Capt. R. M. B.*  
*Major G. W. S. P.*

Officer in medical charge of case.

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

Station *The A. Camp*

Officer in charge of Hospital.

Date *1. 5. 19*

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Ennis, Regl. No. 5523

hereby agree, until further notification by me, and in similar official form to make an Allotment of 7/47 Dollars and 747 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins August 1 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS        | AMOUNT (each person) |
|--------------------------|---|----------------|----------------|----------------------|
| 4401                     | Father  | Patrick Ennis  | Merabeen P Bay | 50                   |
| Total Allotment, \$      |   |                |                | 50                   |

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.) Quaterson Lieut.  
 Officer Commanding  
6 Company  
St John  
June 29 1918

(Sig.) W. P. Ennis  
 (Rank) Pte



**THE ROYAL NEWFOUNDLAND REGIMENT****ALLOTMENTS**I, *William Ennis*, Regl. No. *5523*

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and *74/100* ..... Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins *August 1 1918*

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)       | ADDRESS                | AMOUNT (each person) |
|--------------------------|---|----------------------|------------------------|----------------------|
| 4401                     | Father  | <i>Patrick Ennis</i> | <i>Marathon P. Bay</i> | 50                   |
|                          |   |                      |                        |                      |
|                          |   |                      |                        |                      |
|                          |   |                      |                        |                      |
|                          |   |                      |                        |                      |
|                          |   |                      |                        |                      |
|                          |   |                      |                        |                      |
|                          |   |                      |                        |                      |
| Total Allotment, \$      |   |                      |                        | 50                   |

**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.) *Watson Leint*Officer Commanding  
E Company(Sig.) *William Ennis*(Rank) *Pvt**St John**June 29 1918*

049945  
NB

No. 17783/1922



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

1st November 1918

Subject: 5523, Pte. W. Ennis

With reference to the following telegram (9443 ) from the Hon. Minister of Militia, received

Pay to 5523 Ennis £6:0:0

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

*A. D. Guinness Maj.*  
Chief Paymaster & O. i/c Records.

Nov 6 1918

Receipt hereunder

*Charles J. Ennis*  
LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. ~~2nd~~ Batt'n,  
Royal Newfoundland Regiment.

Received the sum of six pounds on account of cable remittance from Newfoundland.

W. Ennis  
No. 5523 Rank Private

Witness A. L. Carter, Pte.

Ennis, A

5523

Ray Sept

July 7, 1919

#5523 Pte. William Kinnis,

Merashoon, P.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2703.

Yours truly

Captain  
Paymaster & Officer i/c records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5523 Rank \_\_\_\_\_

Name Ennis W \_\_\_\_\_

Warned for demobilization on

~~JUN~~ 8 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5523 Rank Pvt Name Ennis William  
 Intended place of residence Truro
2. Occupation Tradesman  
 Classification of soldier E Medical Category A
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 JUN 9 1919 .....  
 Comanding 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 and date ST. JOHN'S .....  
JUN 9 1919 .....  
 Signature of soldier  
 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 and Date ST. JOHN'S .....  
JUN 9 1919 .....  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20.3.18 ..... No of days on Military  
 Discharged from service 23-6-19 ..... Service 404

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S .....  
JUN 23 1919 .....  
 Date 23-6-19 .....  
 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 .....  
July 7 1919 .....  
 Date .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

a 782019/2703

# The Royal Newfoundland Regiment

Class for Demobilization: 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 7.6.19

Regimental No. 5523

Name ..... E. M. M. W. M. S. K.

Address ..... M. M. M. M.

Present Medical Category ..... A. I.

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

Members of Board { ..... R. H. J. Capt.  
O.C. Discharge Depot.

..... H. P. M. M.  
Senior Medical Officer

..... M. O. M. M.  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 553 Rank Pvt Name Ernie William  
 Date of Enlistment 30-5-18 Address Merakap District Placentia  
 Occupation Fisherman Classification for Discharge F Medical Category H.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

|           |        |        |           |        |   |
|-----------|--------|--------|-----------|--------|---|
| N.F. Pj36 | 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 7-6-19 O. C. Discharge Depot. H. M. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

William X Ernie  
Ernie

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied William X Ernie

Date 9-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P 1682 to his home  
 at Merasteen and Release Certificate No. 2498 issued

Date 9-6-19  
 Demobilization Officer

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

Date 9-6-19  
 Depot Paymaster.

Discharge approved for

Forwarded with following documents to O.C Discharge Depot.

|           |         |         |            |         |
|-----------|---------|---------|------------|---------|
| N.F. P 36 | B 268.  | B 121.  | N.F. Med.  | D.F. 1. |
| F 178.    | W 3494  | B 122.  | Board 1st. | " 2.    |
| F 178a.   | D 400A. | B 1915. | do 2nd.    | " 3.    |
| B 179.    | D 400B. | Form L. | do 3rd.    | " 4.    |
| B 179a.   | D 400C. | Form K. | do 4th.    | " 5.    |
| B 179b.   | B 403.  | ME 2.   |            | " 6.    |
| B 179c.   | B 120.  | M 98.   |            |         |

Date 9-6-19  
 Demobilization Officer.

APPROVED

Documents as above forwarded to—  
 Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date .....  
 O. C. Discharge Depot.

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

Date .....  
 P-1-D-P

## 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*

*E. W.*

Signature of Man.

Reg. No. *5523*

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *JUN 9* 1919

191

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

# MEDICAL HISTORY

Surname Euris OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Mercham, P.B. County Hes.

|   | SPECIAL RESERVE             |                     | REGULAR ARMY       |            |
|---|-----------------------------|---------------------|--------------------|------------|
|   | on                          | at                  | on                 | at         |
| Examined  | 30th day of <u>May</u> 1918 | <u>Sejouis</u>      | day of             | 191        |
| Declared Age  | 22 years                    | days                | years              | days       |
| Trade or Occupation   | <u>Fisherman.</u>           |                     |                    |            |
| Height  | 5 feet 5 1/2 inches         |                     | feet               | inches     |
| Weight  | 121 lbs.                    |                     | lbs.               | lbs.       |
| Chest Measurement   | Girth when fully expanded   | 34 1/2 inches       | inches             | inches     |
|   | Range of Expansion          | <u>1 1/2</u> inches | inches             | inches     |
| Physical Development  |                             |                     |                    |            |
| Vaccination Marks   | Right                       | Left                | Right              | Left       |
|   | Number                      |                     |                    |            |
| When Vaccinated   |                             |                     |                    |            |
| Vision  | R.E.—V=<br>L.E.—V=          | <u>6/6 6/6</u>      | R.E.—V=<br>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>Samuel Palmer</u>        |                     |                    |            |
| (Rank)  | <u>Major</u>                |                     |                    |            |
|   | Medical Officer.            |                     | Medical Officer.   |            |
| Enlisted  | at <u>Sejouis</u>           | at                  |                    |            |
|   | on day of <u>May</u> 1918   | on day of           | 191                |            |
|   | Corps.                      | Regtl. No.          | Corps              | Regtl. No. |
| Joined on Enlistment  | <u>Royal New</u>            | <u>5523</u>         |                    |            |
|   | <u>Regiment.</u>            |                     |                    |            |
| Transferred to  |                             |                     |                    |            |
| Became non-effective by   | on day of 191               | on day of 191       |                    |            |
| (Signature)   |                             |                     |                    |            |
| (Rank)  |                             |                     |                    |            |





## 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

*Corrie William*

Regiment from which discharged

**Royal Newfoundland**

Regimental number

*5523*

Intended address

*Merabon I.S.*

Height on discharge

*5* Feet

Color of hair on discharge

*Light brown*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medic*  
*Private*

Christian name of Father

*Ellen*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*Merabon I.S. 23 6 1895*

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 X Corrie*  
*med*

(Rank)

Station **ST. JOHN'S.**

Date

*5-6-19*

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



Station

Date

Medical Report on an Invalid.Station HazeltonDate 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 5523
3. Rank Plt
4. Name Ennis W.
5. Age last birthday 23
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  May 24 1918  
St John's
7. Former Trade } Fisherman  
or Occupation }
- 7a. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

*He complains of no disability*

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

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?

*na*

*na*

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?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—

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

*Repatriation*

*W. E. Proctor, Capt. R.A.M.C.*  
*Sgt. K. M. A.*

Officer in medical charge of case.

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

Station *Hazley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1-5-19.*

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

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

## Casualty Form - Active Service.

Regiment or Corps *P. Newfoundland*

Rank *Pte* Surname *Ennis* Christian Name *W.*

Religion *R. C.* Age on Enlistment *22* years *—* months

Enlisted (a) *30/5/18* Terms of Service (a) *Duration* Service reckons from (a) *30/5/18*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended (.....) Re-engaged (.....) Qualification (b).....  
or Corps Trade and Rate .....

Occupation *Fisherman* *77 Long Capt* Signature of Officer.

| Report        |                                  | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty  | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents |
|---------------|----------------------------------|---|-------------------|-------------------|---|
| Date          | From whom received               |   |                   |                   |   |
|               |                                  | Embarked ...  |                   |                   |   |
|               |                                  | Disembarked...  | <i>28 NOV 18</i>  |                   |   |
| <i>4.1.19</i> | <i>J. J. P. D.</i><br><i>Co.</i> | <i>2nd Statey Hq</i><br><i>Adm. H. L. H.</i>  | <i>Race</i>       | <i>17/12/18</i>   | <i>Ked</i>  |
|               | <i>J. J. P. D.</i>               | <i>Arrived</i>  | "                 | <i>23/12/18</i>   | <i>Ked</i>  |
|               |                                  | Joined Barr   |                   | <i>5 JAN 1919</i> |   |
|               |                                  | <i>Arrived with</i>   |                   | <i>23/4/19</i>    |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |
|               |                                  |   |                   |                   |   |

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c (17991.) Wt. W 1887-P 1124. 1,000,000. 0/18. D & S. Form B/103. (E. 1254.)

Next of Kin: *Father: Patrick Ennis; Morasheen; Placentia Bay; J. P. L. D.*



July 8, 1919

#5523 Pte. William Smith,  
Merasheen, P.B.

Dear Sir:-

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

Yours truly

Paymaster & U.i/c Records.      Captain

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 *Ennis*  
3. Rank *Pte* 4. Regtl. No. *5523*  
5. Address in full to which future payments of gratuity are to be forwarded *Merasheen, P. B.*  
6. Date of enlistment in the Regiment *May 28/18*  
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?.....  
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas*  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *From May 28/18 to June 9/19*

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?..... *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?.....

19. Are you now serving in the Regt.?<sup>*No*</sup>..... If not give:- (a) Date of discharge..... *June 9/19* (b) Reason for discharge.....

..... *Temporary Demobilization* .....

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

*France, Belgium + Germany - From November 1918 to April 1919*

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.

*his*  
*William X Emmi*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*9th*

day of

*June*

19*.19*....

*Meashen, Wash. D.C.,  
St. Johns, Nfld.*

*John M. Carthy*

Signature of Barrister of the  
Supreme Court, Stipendiary Legis-  
tate, Notary Public, Practice of the  
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct.

Paymaster



THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, William Emin, Regl. No. 5523  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Fifty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
concerned, viz.:  
Allotment begins August 1<sup>st</sup> 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS         | AMOUNT (each person) |
|--------------------------|---|----------------|-----------------|----------------------|
| 4401                     | Father  | Patrick Emin   | Miramheen P Bay | 50                   |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
|                          |   |                |                 |                      |
| Total Allotment, \$      |   |                |                 | 50                   |

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.) Swatson Lieut  
Officer Commanding  
E Company  
St John  
June 29 1918

(Sig.) Will Emin  
(Rank) Pte

|             |                  |          |             |
|-------------|------------------|----------|-------------|
| ACCOUNT     | <i>H. Masson</i> | INITIALS | <i>H.M.</i> |
| CH NO       | <i>11</i>        | INITIALS | <i>H.M.</i> |
| IND LEDGER  |                  | INITIALS | <i>H.M.</i> |
| PAY LEDGER  | <i>H.M.</i>      | INITIALS | <i>H.M.</i> |
| GEN. LEDGER |                  | INITIALS | <i>H.M.</i> |

June 3rd. 1918.

The Royal Newfoundland Regiment,

To 5523 Pte. Wm. Ennis.

*P. Prince*  
*R. King*

may 29th. /18 To board and lodgings while waiting passage

to St. John's.

\$0.80.

*OK J.W.S.*



*J.P.H.*

*Correct for Eighty Cents*  
*C.B. Dicks*  
*lieut*

*3/6/18*

*C.A.R.*

Wm. Ennis, 5523,

To Board  
Holdings . . . 50¢

Part  
Mrs. Dupuy

→ May 24/18 Placentia

June 13th. 1918.

Pte. Wm. Bennis,  
Frances Rink.

Dear Sir,-

I enclose herewith cheque for Eighty Cents,  
being the amount due you for Board and Lodging while waiting  
passage.

Yours faithfully,

Capt. & Esymster. *J.P.B.*

J/H.





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One.  
Signature of O. C. Company W. Dicks

| Regimental Number and Name |                           |
|----------------------------|---------------------------|
| No.                        | <u>5523 William Ennis</u> |
| Joined                     | Date                      |
| Joined                     | Date                      |
| Joined                     | Date                      |
| Joined                     | Date                      |

| Enlistment                   |                                    | Trade                                   |
|------------------------------|------------------------------------|---|
| Age on                       | <u>22</u> years <u></u> months     | <u>Fisherman</u>                        |
| Place and Date of Enlistment | <u>St John's</u><br><u>30-3-18</u> | Religion<br><u>R.C.</u>                 |
| Period of                    | with Colours <u>39</u> years.      | Place of Birth<br><u>Merasheen P.B.</u> |
|                              | with Reserve <u>36</u> years.      |   |

Good Conduct Badges, Service pay or proficiency pay

| Place | Date of Offence | Rank | Case 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>John's</u>     | <u>7/79</u>        |   |                 |         |

To be carried over.

D 1123

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 555 Rank Plt Name Ennis William  
 Date of Enlistment 30-5-18 Address Menasha District Parson's  
 Occupation fisherman Classification for Discharge E Medical Category Hi  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 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 7-6-19 O. C. Discharge Depot [Signature]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation. William Ennis  
Mr Newman <sup>his</sup> <sub>maid.</sub>

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied [Signature]

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 111188 to his home at Merasteen and Release Certificate No. 2498 issued.

Date 9-6-19 *J.A. Snowlett*  
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 7-1-19

Date 9-6-19 *J.A. Snowlett*  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

|          |        |        |   |           |        |          |
|----------|--------|--------|---|-----------|--------|----------|
| N.F. P36 | B 268  | B 121  | 1 | N.F. Med. | D.F. 1 | 1        |
| B 178    | W 3494 | B 122  | 1 | Board 1st | " 2    | 1        |
| B 178a   | D 400A | B 1915 | 1 | do 2nd    | " 3    | 2 Form B |
| 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 9-6-19 *J.A. Snowlett*  
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 JUN 23 1919

*R.H. Sait*  
O. C. Discharge Depot.

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

Date June 19/19 *James Buchanan*  
*Records*

Reg. No. *1023* Rank *Pte* Name *Ernie Tom*  
Attested ..... Address *Merabeen*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.5.19.*  
Returned on S.S. *Lionel* Cause *Discharge*

*7-6-19*  
*23-6-19*

**PASSED TO DEMOBILIZATION OFFICER**  
APPROVED ON [illegible]

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 Artillery (found dead) } Former Trade or Occupation } Fisher
- 2. Regt. No. 5533 3. Rank... Plt 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Lepward Nunneth (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regt. Nos.
- 5. Age last birthday... 20
- 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 to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

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

*nil*  
*nil*  
*nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | <i>✓</i>            |                   |
| (ii.) Previous active service. . . . .                             | <i>✓</i>            |                   |
| (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? }

*All Complaints of no disability*

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.)*

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.?

*Repatriation*

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

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

*W.E. Proemier, Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazelton*

Date *3/4/19*

\* 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