



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3647 Name Ed Scorer Corps Co of 6

Questions to be put to the Recruit before Enlistment

1. What is your name? ..... 1. Ed Scorer
2. What is your full Address? ..... 2. San Falls
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 Years 2 Months
5. What is your Trade or Calling? ..... 5. No
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. Yes
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 ..... Co of 6
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, Ed Scorer, 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.

19-4-17 Ed Scorer SIGNATURE OF RECRUIT.  
Ed Scorer Signature of Witness.

OATH TAKEN BY RECRUIT ON ATTESTATION.

I, Ed Scorer, 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 truly entered as replied to, and the said recruit read and signed the declaration and taken the oath before me at.....  
on this..... day of..... 1917

Signature of Attesting Officer Ed Scorer

†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..... 1917 } Approving Officer.  
Place.....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward Weaver  
 Apparent age 18 years 2 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 { Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr John (Marion) Weaver  
Sam Salk | Relationship Mother

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>19-4-17</u>									
Joined at <u>H. Salk's</u> on <u>April 19</u> 17									
<u>Embarked at S. S. Royal to Halifax N.S. 19-4-17</u>									
<u>for B.C. 6-11-17. Embarked Southampton 6-11-17. Disembarked Dover 17-11-17</u>									
<u>Joined Salk in the field 14-11-17. Admitted 6<sup>th</sup> Coy. Hosp. Recvt. 19-11-17</u>									
<u>Invalided to England 15-11-18. Admitted 3<sup>rd</sup> Lt. H. Wandsworth H.Q. 16-11-18</u>									
<u>Transferred to H.Q. 10<sup>th</sup> Coy. Hosp. Recvt. 19-11-18</u>									
<u>And posted to H.Q. Winchester 13-4-18</u>									
<u>Embarked for B.C. 25-7-18</u>									
<u>November 14-10-18. Admitted 56<sup>th</sup> Coy. S.M. Hosp. 12-10-18. Invalided to England 28-10-18</u>									
<u>Admitted H.Q. and H.Q. Hosp. S.M. Hosp. 28-10-18</u>									
<u>Transferred to 3<sup>rd</sup> Lt. H. Wandsworth 31-10-18</u>									
<u>Posted to H.Q. Winchester 10-12-18</u>									
<u>to H.Q. for demobilization 12-12-18. Arrived Southampton 21-12-18</u>									
Total Service forfeited as above..... <u>10 months</u>									
Total Service towards Engagement to <u>4-3-19</u> [date of discharge] <u>1</u> years <u>319</u> days									

Pensions \_\_\_\_\_

No. 3647

Name

Fearer Edward H

Sgt., Battery,  
or Company

"A" Corps

Royal Newfoundland

Date of enlistment

20/10/17

G.C. Badge

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

3/5/18

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
									100/14/10/18

Army Form B. 193

28 10/18

C.R. 3647

Extract from Orders by Major G.T. Mathias, D.S.O. Comdg.  
1st Bn. Royal Newfoundland Regiment, 5-7-18.

The following arrived yesterday and is posted to D.Coy.

3647 Pte. E. Feaver.

C.R. 3647

Extract from Daily Orders part II, Depot St. John's  
dated Mar. 6th., 1919.

The discharge of the undernoted on demobilization has been

*Confirmed* ~~APPROVED~~ by Officer i/c Records on noted date.

3647 Pte. Edward Fever.

C.R. 3647

Extract from Daily Orders part II, Depot St. John's  
dated March 6th., 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records on 4-3-19.

#3647 Pte. Edward Feaver.

C.R. 3647

Extract from Daily Orders part II, Depot St. John's dated Feb. 21/19

The Discharges of the undernoted on demobilization have been  
APPROVED by O. C. Discharge Depot on noted dates.

#3647 Pte. Edward Fever

18-2-19.

C.R. 3647

Extract from Medical Board held Jan. 14th, 1919.

3647 Pts. E. Newer.

Did not present himself.



C.R. 3647

Extract from Daily Orders part 11, Depot St. John's dated Dec. 21-18

The u/a returned from Overseas and reported at Depot 21-12-18.

~~#3647~~ 3647 Pte. E. Feaver .

C.R. 3647

Extract from Nominal Roll of repatriation draft No. 79  
from the 2nd., Battalion of the Royal Newfoundland  
Regiment per P.O. CORICAN, which embarked at  
Tilbury Dock: 12/12/18.

#3647 Pte. E. Feaver.

C.R. 3647

Extract from Daily Orders part II, Depot St. John's

dated 10-12-18.

by Lt. Col. B. J. BARTON D.S.O. ~~Squad~~ Officer Commanding  
2nd., Battalion of the Royal Newfoundland Regiment,

The un/m having reported back from the 1st. Battalion is  
taken on the strength and posted to "H" CO. DEC-27

#3647 Pte, E. Feaver.

C.R. 3647

Extract from Nominal Roll discharged from 3rd London Gen.  
Hospital, ~~xxxx~~ on 7-12-18 and sent to 2nd Batta. Winchester  
for immediate repatriation, in accordance with arrangements  
by Major Timewell. 17 Dec. 1918.

3647 Pte. E. Feaver.

C.R. 3647

Nov.13th, 18.

Mrs. John Feaver,  
Grand Falls,

Dear Madam:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that your son N. 3647, Pte. Edward Feaver, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.

C.R. 3647

Extract of Casualties from Pay & Record Office  
London. dated Nov. 8/11/18.

Undermentioned man was admitted 3rd London Gen.  
Hospital 31/10/18. Transferred from Mile End Hospital.

#3647 PTE.E. FEAVER.

Memo from 3rd L.G.H. 1/11/18.

## NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 3647

**Cable Connection with all the World**

**All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address **Dept of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated

**Nov. 4th, 1918**

To

**Mrs. John Feever, Grand Falls**

Regret to inform you that Record Office, London, officially reports **No. 3647, Private Edward Feever at 3rd London General Hospital, Wandsworth suffering from suffering fro, G.S.W. left knee and left shoulder**

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

**J.R. Bennett**

Minister of Militia.

Chge Dept of Militia

ON TYPEWRITER

Count No. 3647

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender

Address

Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated

11th Nov. 1st, 1918

To

Mrs. John Weaver, Grand Falls

Regret to inform you that Record Office, London, officially reports No. 3647, Private Edward Weaver at 32nd Stationary Hospital Wimereux Oct. 23rd suffering from G.S.W. left knee.

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

J.R Barnett

Minister of Militia.

Chge Dept of Militia. FOR TYPEWRITER



C.R. 3647

extract from War Office List No. C 1733 dated 1. 11. 18.

43647 Pte. E. Fever.

WOUNDED 14. 10. 18.

BC.

C.R. 3647

Extract from Cominal Roll of Sick and Wounded from France  
admitted to Mile End Military Hospital 28~~7~~10/18.

*FEVER*  
#3647 Pte. E<sup>2</sup>/<sub>4</sub> *Fever.*

S.W. L. KNEE AND R. SHOULDER.

C.R. 3647

Extract from Casualties List No. H.A. 30749.

3647 Pte. E. Peaver.

L/REIA. R. 1st. 32 Sty. Hos. Wincereux 23rd, Oct'18.

S.W. *W* Knee.

M.M.

The Rectory **GR 3647**  
Grand Falls

ANSWERED  
Oct: 26<sup>th</sup> 1918.  
1918.  
Hon. J. P. Bennett  
Minister of Militia

Dear Sir: Mr. Johns,  
The Mother of Private  
Edward Fever No 3647 has not  
received a letter from him since  
June or heard anything of him  
in any way. Will you kindly ask of  
The Pay and Record Office, London,  
particulars concerning him and  
address same to Mrs Maria Fever,  
Grand Falls?

I have the honour to be, Sir,

Your obedient servant  
J. E. Loder.

C.R. 3647

Extract from Nominal Roll from 2nd Battalion to B. E. F.,  
embarked at Southampton 25/7/18.

#3647 Pte. Feaver E.

C.R. 3647

May 1<sup>st</sup>, 1918

Mr. John Feaver,  
Grand Falls.

Dear Sir:-

With further reference to your wire of  
9th inst. and our reply of 10th inst., reply has been  
received from the Record Office, London stating that  
No. 3647, Private Edward Feaver was at the Depot,  
Winchester classed 3 employment. This means that he is  
employed on light duty

Yours faithfully

Major,

Chief Staff Officer.

C.R. 3647

Extract from Telegram received from London, dated May  
11, 1918.

In answer to your telegram of May 10th, 3647 Weaver  
Depot Classe~~d~~ 3 Employment

## NEWFOUNDLAND POSTAL TELEGRAPHS.


 ANSWERED  
 CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 30

Sent by

MAY 10 1918

Rec'd by

Check

No.

Place from Grand Falls

To J. A. Bennett Esq.  
Actg. Secy of India

Please report condition  
 3647 ple Edward Heaver  
 refer your telegram  
 to me March 19th

Mrs John Heaver



C.R. 3647

May 10th, 1918

Mrs. John Feaver,  
Grand Falls,

Dear Mrs. Feaver:-

I am directed to acknowledge receipt of your wire of 9th inst and to inform you that we have forwarded enquiry to the Record Office, London concerning No. 3647, Private Edward Feaver, and when reply has been received you will be notified.

Yours faithfully,

*C.C.B.*

Lieut.,

For Chief Staff Officer.

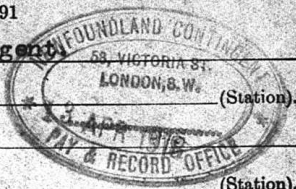
C.R. 3647

Extract from Telegram Respat ched to Synoptical,  
London, dated May 9th, 1918.

Pleas inform condition 3647 Feaver.

No. \_\_\_\_\_ Date 11/4/18 191

- (1) To the Officer i/c Records, Newfoundland Contingent \_\_\_\_\_ (Station).  
(2) The Officer Commanding, \_\_\_\_\_ (Station).  
(3) The Paymaster, \_\_\_\_\_ (Station).



Regimental No. 3647

Rank and Name Pte. Fever

Regiment or Corps R. Newfoundland R.

has been granted a furlough from to report to 2nd Bn. to-night 13/4/18.

His address while on leave will be: { The above man will be discharged Hosp. 13/4/18.  
To be posted to a Unit so that he can attend a special Medical Hosp.

I consider he is fit for\* { (a) Duty. Fit for III Employment.  
(b) Light Duty, and likely to be fit for Service Overseas within three months.  
(c) Light Duty, and not likely to be fit for Service Overseas within three months or requiring special medical treatment.  
(d) Service at home, but unlikely ever to be fit for Service Overseas.

\* Strike out that which is inapplicable.

(Sd) G. ARMSTRONG, Capt. R.A.M.C.,  
for Officer in charge Military Hospital,  
Rochester Row, S.W. (Station).

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

C.R. 3647

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. G.H.Q. 3rd Echelon, March 31, 1918.

#3647 Pte. E. Feaver.

Invalided to England (Sick) March 15 1918

I.C.R. 3647

Extract from Casualties received from Pay & Record  
Office, London, dated March 28, 1918.

#3647 Pte. E. Feaver

Admitted 3rd London General Hospital 16-5-18

I.C.F.

C.R. 3647

Copy of telegram despatched to Synoptical, London,  
dated March 27, 1918.

Is 3647 Fewer seriously wounded.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 23 Sent by Maria R. Gwynne Rate per word 26

Place from Grand Falls

MAR 26 1918  
y  
Fever

To 3647 St Edward  
Mfld Regt  
Wandsworth Hospital  
London Eo Min Militia  
Johns

Reply if your wound  
is serious  
Maria Fever

487

C.R. 3647



NEWFOUNDLAND CONTINGENT

CASUALTIES

1. Copy of telegram received 20/3/18:

"Synoptical- London-

"19th- aaa- Notify- relatives- 3995-

"Miller- seriously- ill- at- Mil'y-

"Hosp- Hazeley- Down- Camp- suffering-

"from- beoptysis-

"Newfoundland- Hazeley- Camp-"

---

2. O.C., 3rd London General Hospital, S.W. 18,  
Reports, 19/3/18,

TRANSFERRED 19/3/18 to MILITARY HOSPITAL,  
Rochester Row,

3647, Pte. E. Feaver.

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Authorities:-

1. Telegram (as above).
2. A.F. W.3016 from 3rd L.G.H.



C.R. 3647  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Mar. 19, 1918.

Mrs. John Feaver, Grand Falls.

Regret to inform you that Record Office, London,  
officially reports **No. 3647, Private Edward Feaver**  
at Wandsworth suffering from G.S.W. Head

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

J.R. Bennett  
Actg. Minister of Militia.  
MINISTER OF MILITIA

**FOR TYPEWRITER**

C.R. 3647

WOUNDED & SICK N.C.O.s. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.INFANTRY RECORDS - L I C H F I E L D. (PART 1).

LIST NO. H.A. 18650

406557 Pte. Highfield, F. 2/4 Linc.R. ICT, Legs Mild, ... Adm. 2 Sty. H. Abbeville 18 Jan. 18.  
 35412 Pte. Brindley, W.H. 2/6 N. & D.R. GSW. Neck. .... Trans. to 42 A.T. ex 3 Aus. Gen. H. Abbeville 16 Jan. 18.  
 Involving Larynx.

INFANTRY RECORDS - L I C H F I E L D. (PART 2).

LIST NO. H.A. 18650.

48572 Pte. Chapman, W. 2/6 N. Staff. R. DAH. Mild. .... Adm. 2 Sty. H. Abbeville 18 Jan. 18.  
 12234 Pte. Seddons, E. 2/6 -do- NYD. Pyrexia. .... Adm. 2 Sty. H. Abbeville 18 Jan. 18.  
 42385 Pte. Webster, S. 2/6 S. Staff. R. ICT, Foot R. Mild. Adm. 2 Sty. H. Abbeville 18 Jan. 18.  
 45508 Pte. Eddington, G. 4/S. Staff. R. PUC. Mild. .... Adm. 39 Sty. H. Aire 17 Jan. 18.  
 att. RE 24/Misc.  
 Trades Co.  
 20214 Pte. Hurst, P. 2/6 N. Staff. R. NYD. G. Mild. .... Adm. 3 Aus. Gen. H. Abbeville 17 Jan. 18.  
 241561 Pte. Gee, S. 2/6 -do- -do- .... Adm. 3 Aus. Gen. H. Abbeville 17 Jan. 18.  
 3386 Pte. Adams, A. 2/6 -do- -do- .... Adm. 3 Aus. Gen. H. Abbeville 17 Jan. 18.  
 241748 Pte. Mountford, D.H. 2/6 -do- -do- .... Adm. 3 Aus. Gen. H. Abbeville 17 Jan. 18.

No. 1. RECORD OFFICE - HAMILTON.

LIST NO. H.A. 18650.

42057 Pte. Mitchell, G. 2/R. Scots. R. Glycosuria ..... Trans. to 42 A.T. ex 3 Aus. Gen. H. Abbeville 16 Jan. 18.  
 300521 Pte. Smith, B.H. 1/9 R. Scots. R. Gastritis ..... Trans. to 42 A.T. ex 3 Aus. Gen. H. Abbeville 16 Jan. 18.

No. TWO RECORD OFFICE - HAMILTON.

LIST NO. H.A. 18650.

25783 Pte. McKinley, J.M. 9/Sc. Rif. att. Burns Face Neck. Dis. to Duty ex 39 Sty. H. Aire 17 Jan. 18.  
 First Army & Hand L. Mild.  
 Musketry Camp.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 18650.

3647 Pte. Fever, E. 1/N'foundland. R. Balanitis Mild. ... Adm. 2 Sty. H. Abbeville 18 Jan. 18.



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C.R. 3647

WOUNDED & SICK N C O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

No. 1 RECORD OFFICE - P R E S T O N

1100 Pte. Pezz, T. 6/Border. R.

321917 Pte. Crofts.H. 78/E.Lancs.  
20156 Pte. Grundy.J. \* 1/Borderers  
260233 Pte. Limbert.H. 88/Bord.R.

40656 Pte. Saunders.R.H. 10/Lanc.Fus.  
41004 Pte. Goode, G.A 9/Lanc.Fus.

\* ? Border Rgt.

LIST NO.H.A.18237.

PHO ..... Adm.5 Conv.Dep.Cayeux ex 1 S.Afr.Gen.H.3 Jan.18.  
GSW.Heel.R.....Adm.5 Con.Dep.Cayeux ex 3 Aus.Gen.H.3 Jan.18.  
ICT.Heel.....Adm.5 Con.Dep.Cayeux ex 3 Aus.Gen.H.3 Jan.18.  
Old.Ing.FB.Arm. Adm.4 Con.Dep.Havre ex 2 Gen.H.6 Jan.18.  
It.  
Debility..... Adm.4 Con.Dep.Havre ex 39 Gen.H.6 Jan.18.  
Bronchitis..... Adm.4 Con.Dep.Havre ex ? Gen.H.6 Jan.18.

No. 1 RECORD OFFICE - S H R E W S B U R Y

20156 Pte. Grundy.J. 1/Borderers.  
? S.W.Borderers.

LIST NO.H.A.18237.

ICT.Heel..... Adm.3 Con.Dep.Cayeux ex 3 Aus.Gen.H.3 Jan.18.

No. TWO RECORD OFFICE - S H R E W S B U R Y

2060 Pte. Dixon.H. 14/R.W.Fus.  
28933 Pte. Andrews,T. 19/R.Wel.Fus.

LIST NO.H.A.18237.

Cont.Side.L.....Adm.5 Con.Dep.Cayeux ex 1 S.Afr.Gen.H.3 Jan.18.  
GSW.Thigh L. ....Adm.5 Con.Dep.Cayeux ex 2 Sty.H.3 Jan.18.

A U S T R A L I A N I M P E R I A L F O R C E

2107 Cpl. Ansell.R.J. 24/AIF.2 Dv.  
2414 Pte. Granger.H.S. 55/-do- 5 Dv.  
1455 Pte. Barnes,G. Aus.FA.37/10 Bde.  
737 Pte. Denkel.H. 7/Aus.  
2845 Sig. Lucke,F. 44/-do-

6337 Pte. Tuff,J. 27/-do-  
4306 Pte. Hartley,W.C. 32/A.I.F.

LIST NO.H.S.18237.

ICT.Leg.L..... Adm.4 Con.Dep.Havre ex 40 Gen.H.6 Jan.18.  
Old GSW.Back....Adm.4 Con.Dep.Havre ex 40 Gen.H.6 Jan.18.  
Aus. Scabies.....Adm.5 Con.Dep.Cayeux ex 2 Sty.H.3 Jan.18.  
Syno.Knee.....Adm.5 Con.Dep.Cayeux ex 3 Aus.Gen.H.3 Jan.18.  
Myalgia.....Adm.5 Con.Dep.Cayeux ex 3 Aus.Gen.H.3 Jan.18.  
GSW.Arm.L. ....Adm.5 Con.Dep.Cayeux ex 3 Aus.Gen.H.3 Jan.18.  
Diphtheria Sev.,Adm.14 Sty.H.Brulogne 6 Jan.18.

N E W F O U N D L A N D E X P E D I T I O N A R Y F O R C E

3647 Pte. Fever.E 1/Newfld.

LIST NO.H.A.18237.

PUO.....Adm.4 Con.Dep.Cayeux ex 2 Sty.H.3 Jan.18.

WOUNDED & SICK N.C.Os. & MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3647

ARMY SERVICE CORPS

LIST NO. H.A. 17818

141470	Pte. Gibley, H.	ASC. MT. 29/DSC.	FUO. Sev. ....	Adm. 2	Sty. H. Abbeville	23 Dec. 17.
M2/081395	S/S. Cranwell, W.	ASC. MT. 17/Corps Ege Pk.	Paratyphoid "B" 1..	Adm. 2	Sty. H. Abbeville	23 Dec. 17.
045992	Pte. Gaut, J.	ASC. MT. "R" Corps Supply Col.	? Para "A" Sev....	Adm. 2	Sty. H. Abbeville	23 Dec. 17.
18/1621	Sjt. Taylor, R.W.	47/Aux. Am. Co. ASC. MT.	Orchitis Mild....	Adm. 2	Sty. H. Abbeville	23 Dec. 17.
31671	S/SM. Brownridge, C.	ASC. 1/AHTD.	Tonsillitis.....	Dis. to Unit	ex 2 Sty. H. Abbeville	23 Dec. 17.
M/318737	Pte. Bryan, J.	79/Co. ASC. MT.	? Measles Mild....	Adm. 2	Sty. H. Abbeville	24 Dec. 17.
M2/077528	Pte. Iliffe, J.	79/Co. ASC. GHQ. Res. Pk.	ICT. Arm Mt.....	Dis. to Unit	ex 2 Sty. H. Abbeville	24 Dec. 17.
181619	Pte. Braidman, J.C.	ASC. DAD., ronds 1/ Area.	Influenza Mild....	Adm. 2	Sty. H. Abbeville	25 Dec. 17.
109809	Pte. Burns, A.J.	718/Lab Co. ASC.	Bronchitis Mild...	Adm. 2	Sty. H. Abbeville	25 Dec. 17.
278386	Dvr. Hawkins, J.A.	ASC. 21/R. Pk.	Burns Face & Hand.	Adm. 7	Sty. H. Boulogne	25 Dec. 17.
			Acc. Mild.			
81/2478	Pte. Hole, G.	ASC. MT. 8/Dv. S. Col.	Scabies.....	Adm. 4	Sty. H. Arques St Omer	25 Dec. 17.
12695	Pte. Rebertsen, J.	1/Oam. Hrs. att Exp. Force Gant. Abbeville.	Influenza Mild..	Adm. 2	Sty. H. Abbeville	23 Dec. 17.

WOMEN'S ARMY AUXILIARY CORPS

LIST NO. H.A. 17818

5751	Worker. Dobson, J.C.	WAAC. Dieppe Sec.	Fr. Tib & Fib Mild.	....	Adm. 2	Sty. H. Abbeville	23 Dec. 17.
6209	,, King, F.A.	WAAC. Camp 3/ Abbeville.	Appendicitis.....	Dis. to Unit	ex 2 Sty. H. Abbeville	23 Dec. 17.	
13730	,, Roberts, E.	WAAC. Camp 3/ Abbeville.	Sciatica Mild....	Adm. 2	Sty. H. Abbeville	24 Dec. 17.	
1383	,, Harris, M.H.	WAAC. 2/Ech Hesden. NYD.	Mild.	....	Adm. 2	Sty. H. Abbeville	24 Dec. 17.
14571	,, Wilson, R.	WAAC. Camp 3/ Abbeville.	-do-	....	Adm. 2	Sty. H. Abbeville	24 Dec. 17.
	Administrator. Kitney, M.	WAAC. Camp 3/ Abbeville.	-do-	....	Adm. 2	Sty. H. Abbeville	24 Dec. 17.
2437	Worker. Lowden, J.	WAAC. Camp 1/ Abbeville.	Amenorrhoea Mild..	Dis. to Unit	ex 2 Sty. H. Abbeville	24 Dec. 17.	

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H.A. 17818

3647	Pte. Fever, E.	1/Newf.	FUO. Mild.	.....	Adm. 2	Sty. H. Abbeville	23 Dec. 17.
------	----------------	---------	------------	-------	--------	-------------------	-------------



33/5

V

C.R. 3647

Extract of Casualties received from Pay & Record Office,  
London, dated December 31, 1917.

#3647 Pte. E. Fever. ✓

F. U. O. mild.

Trans. to 29th A. T. ex 6th Stationary Hospital, Prevent  
December 23, 1917.

C.R. 3647

Extract of Casualties received from Pay & Record  
Office, London dated December 29, 1917

#3647 Pte. E. Fever. ✓

P. U. O. Mild.

Admitted 6th Stationary Hospital, Frevent, 19  
December 1917.

C.R. 3645

Excerpt from War Office List No. H.A. 17798

#3647 Pte. E. Fever

Trans. to 29 A. T. EX 6 STY. H. PREVENT 23rd., DEC. 1914.

PUO MILD.

C.R. 3647

extract from War Office List. NO. H.A. 17654.

#3647 pte. E. Fever

PUO. ADMITTED 6 STY. H. FREVENT 19 DEC. 1917.

PUO MILD.

BO?



CR 3647

Extract from Nominal Roll Draft No.32: 111 Other Ranks from 2/1st  
Newfoundland Regt., Apr, to 1/1st Hfld.Regt., B.E.F. Embarked  
Southampton 6/11/17.

3647 Pte.Feaver, E.

C.R. 3647

Extract from Nominal Roll, embarked St. John's for Overseas 1<sup>5</sup>-X-17

~~1917~~ Pte. E/ Feaver

3647

C.R.

3645

Extract from Daily Orders Part II Unit The Royal Wfld.  
Regt., St. Johns, Apl. 19th, 1917.

3647 Pte. E. Weaver.

Attached to the strength from April 19th, 1917.

E. Seaver

C.R.

3647

~~SRD~~

# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3647 Rank Private Name Fewer G  
 Former Occupation Paper Finisher Address Grand Falls District Luigate  
 Class B Medical Category 6 Disability Rating Less 20%  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Log school. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 17-2-19

To be forwarded Orderly Room in Duplicate.

Asst. Quarters Capt  
 Demobilization Officer



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 *Edward Geaver*  
aged *18 years* conducted at *Hingham*  
Date: *April 19<sup>th</sup> /17* Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	no
8	no
9	no - no
10	no
11	no
12	no
13	no
14	no
15	no
16	no
17	no
18	no
19	no both
20	no
21	no
22	no
23	no
24	no
25	no
26	no
27	no
28	no
29	no
30	no
31	no
32	no
33	no
34	5ft4
35	131 lbs.
36	33.37
37	\$52.00 per month
38	mother Muriel Grand Falls
39	no Parents

3647

7/1

Signature of Medical Examiner: *Geo. Burdett*

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3647 Rank Private Name Feaver E. Unit Royal Mfld. Regt. who was repatriated to Newfoundland on 12/12/18 Authority Draft 79 Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT CR.

PERIOD: FROM 8/12/18 To 12/12/18

PARTICULARS				\$	¢	£	s	d	PARTICULARS				\$	¢	£	s	d
Balance Dr. from 7/12/18						3	5	1	Balance Cr. from								
Allotment 5 days @ 60				3	00		12	4	Pay 5 days @ \$ 1.00				5	00			
Cash Payments:									Field Allow 5 days @ \$ .10					50			
Depot payments 9/12/18						1	0	0	Other Allowes days @ \$				5	50	1	2	7
Hospital Advance V.7099							3	6	Other Credits:								
Other Debits									<p><i>copy sent to mfm N 55. 59/3 3-1-19</i></p>								
Total Debits						5	0	11					Total Credits				
Balance due by Paymaster									Balance due to Paymaster						3	18	4
						5	0	11							5	0	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

CHECKED  
*[Signature]*  
31-12-18

(Place) \_\_\_\_\_ (Date) 1918  
 Made up/checked in accordance with information received in the Pay & Record Office London O.C. " " Company. to 31/12/18  
 and is therefore subject to amendment if and as may be found necessary.  
 Pay & Record Office, London,  
31 / 12 / 1918 Chief Paymaster & O. 1/c Records.

No. *3647* Name *Leaver, Edward* Sq. or Batty. } *52* Corps *3d Newfoundland* Date of enlistment } *6. 6. 1917* G.C. Badges } Service or Proficiency Pay }  
 or Company }  
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. *1* Signature O.C. } Character *Fair*  
 Company Conduct Sheet } *24/5/17* of last drunk } freedom from extra fine } Company, etc. } *H. Knight r/ks.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>600</i>									

*5*  
*CC*

ARMY FORM B. 122





4/ 1st. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, Edward Fever, Regl. No. 3647

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 <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 June 1st/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3350</u>	<u>Wife</u>	<u>Mrs John (Marie) Fever</u>	<u>Grand Falls</u>	<u>60</u>
			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.) Char R. Ayres  
 Officer Commanding  
St. John's, Wt. Company  
May 4th 1917

(Sig.) Edward H. Fever  
 Rank Pvt



No. 3647 Rank *1<sup>st</sup> Lt*

Name *Leaver, E.*

Pay	F.A.	Wkg	Total	N.F.D/73
100	10		110	
Less Allotment			60	<i>w.f.c</i>
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s d			
						From	To							
Balance						21 <sup>17</sup> / <sub>7</sub>				8	14	31		
Acquittance Rolls		14	8		Pay @ Net Rate	22 <sup>17</sup> / <sub>7</sub>	13 <sup>11</sup> / <sub>18</sub>	113	50	56	50	11	12	22
Hospital Advances		4	0											
A.B. 64.														
P.&.R.O. Payments														
<i>Car 5468</i>	13 <sup>11</sup> / <sub>18</sub>	12	0	0	<i>114.7.9</i>									

*15.6.52*

*18.8*

*W.F.C.*  
*13<sup>11</sup>/<sub>18</sub>*

*Pay 12*

To Ofc 1<sup>st</sup> Newfoundland Regt.

58 Victoria Street. S.W. 1.

Herewith Medical <sup>Case</sup> History Sheet re 3647 Pte.

James C, Discharged from the Hospital

13. 4. 18.

**MILITARY HOSPITAL,  
ROCHESTER ROW, S.W.**

10. 6. 18

*Armstrong*

Major, R.A.M.C.

for Ofc

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3647	Pl.	Ferris	C.
Year	Unit.	Age.	Service.	
	1st Inf.	18 <sup>3</sup> / <sub>12</sub>	1 <sup>1</sup> / <sub>12</sub>	
Station and Date.	Disease	Balanitis - P.O.O. - Specific.		
	Wounded	at		
	Reported sick	at Cambrai		
	on	24-12-17.	while on duty	yes
	Pl. was being treated at No. 2 Stationary Hospital for French Rev. when the Balanitis developed (he was operated and circumcised) about middle of January.			
	No history of Ven. D.			
	Pl. has a sore on his penis; a bad ulcer face & many papules scattered over his testicles, trunk, arms & face. Some of the papules are covered with scales.			
	of the penis - H.B.F.S. 9th. on testicles on papules - 3rd Regt. Hospital & Rev.			
	Hair change on penis & scrotum: General enlargement of glands. & Wassermann & false Rastmann Ricketts test W.F.			

1st London General Hospital & Station

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 Wt. W 6604/M 2370 - 1,500,000 - 9/17 - H. & 3r. (10938). Forms/I. 1237/12. (2339)

No.

106

*Pay*

# ANGLO-AMERICAN

WESTERN UNION  DIRECT UNITED STATES  
CABLEGRAM

Prefix _____ Code _____		At _____		FOR STAMPS	
WORDS <i>11</i>	CHARGE <i>-</i>	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
<b>VIA ANGLO.</b>					

11/11/18

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **MRS. FEAVER**  
**GRAND FALLS (NEWFOUNDLAND)**

PLEASE CABLE SIX POUNDS THROUGH MINISTER MILITIA

FEAVER

*Charge*  
*3/4 of Feaver*  
*Expenses*

*11-*

CHECKED.  
*[Signature]*  
19/11/18

CHARGED  
PAY BOOK *18/11/18*  
*19/11/18* *[Signature]*

NOT TO BE  
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_

Address **68 Victoria St. S.W. 11.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

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

Army Form W. 3016.  
(In Books of 200.)

No. \_\_\_\_\_ Date March 19<sup>th</sup> 1918 Admitted 16-3-18.

- (1) To the Officer i/c Records, 58 Victoria Street  
S.W. (Station).
- (2) The Officer Commanding, R. 2<sup>nd</sup> Coy Contingent  
Windsor (Station).
- (3) The Paymaster, 58 Victoria Street  
S.W. (Station).

Regimental No. 3647

Rank and Name Pte. Lever E.

Regiment or Corps 1<sup>st</sup> R. 2<sup>nd</sup> Coy

has been ~~granted a furlough from~~ transferred on March 19<sup>th</sup> to

His address while  
on leave will be:

Military Hospital  
Rochester Row S.W.

I consider he is  
fit for\*

\* Strike out that  
which is inapplicable.

- i. Duty.  
ii. Command Depot.  
iii. Employment

Officer in charge

Morgan Cuff  
Registrar, R.A.M.C.F.

3<sup>rd</sup> London General Hospital Hospital,  
WANDSWORTH, S.W. (Station).

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

687  
Only for use with Men returned from an Expeditionary Force or from  
Garrisons Abroad.

Army Form W. 3016.  
(Use Books of 200.)

No. \_\_\_\_\_ Date 11/4/18 191

(1) To the Officer i/c Records, Newfoundland Contingent.

\_\_\_\_\_  
(Station).

(2) The Officer Commanding, \_\_\_\_\_

\_\_\_\_\_  
(Station).

(3) The Paymaster, \_\_\_\_\_

\_\_\_\_\_  
(Station).

Regimental No. 3647

Rank and Name Pte. Fever

Regiment or Corps R. Newfoundland R.

has been granted a furlough from \_\_\_\_\_ to report to 2nd Bn. to-night 13/4/18.  
to \_\_\_\_\_

His address while on leave will be: The above man will be discharged Hosp. 13/4/18.  
To be posted to a Unit so that he can attend a  
special Medical Hosp.

I consider he is fit for\* Fit for III Employment.

- (a) Duty.
- (b) Light Duty, and likely to be fit for Service Overseas within three months.
- (c) Light Duty, and not likely to be fit for Service Overseas within three months or requiring special medical treatment.
- (d) Service at home, but unlikely ever to be fit for Service Overseas.

\* Strike out that which is inapplicable.

(Sd) G. ARMSTRONG, Capt. R.A.M.C.,  
for Officer in charge Military Hospital,

Rochester Row, S.W. (Station).

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



1926/573

3rd London Gen. Hospital  
Wandsworth,

25th November 8

✓  
3647, Pte. E. Feaver

11  
10049

pay to 3647 Feaver £2:0:0

PAID  
P.L.H.

Capt Marshall.

Pay 3647 ~~feaver~~ ~~(feaver)~~  
as much money as your  
discretion will allow, please.  
He has been in Rochester Row  
since 19/3/18. He reports at Winchester  
tonight before tattoo. He ~~is~~ was  
Adm. hosp. from the B.S.F. <sup>16/3/18</sup> His  
Case is not necessarily venereal,  
According to the medical dictionary;

13/4/18

J.S.D.

Forms  
C. 318  
63

MEMORANDUM.

From *m.c. Rochester*  
*O.C. Rochester Row* From

*Westminster*

To *O.C. Newfoundland*  
*55 Victoria St*

To

ANSWER.

*3647 Pte Fever Newfoundland.*

*April 16 1918.*

191

*will you please detail*

*one above named to.*

*attend here at 11. am on*

*~~Tuesday~~ Monday*

*22. 4. 18*

*C.K. Valade*

NEWFOUNDLAND GOVERNMENT  
PAY & RECORD OFFICE.

Ref. Nos. *13899 for O.C.*

Rec'd *21 APR 1918*

Ack'd Ans'd

ref. Nos. OUT

*T 108, 21 1/2*

ACTED UPON

SEARCHED	DATE	BY
Comd		
P & V.		
R. & C.		
B & E		
P. S.		

Harvey.

Ref. attached.

Keep this until Francis  
M.H.S. has been sent to Dept, then  
file.

File

J.H.S.

174/8

as it

5802/424/R. & C. <sup>Forms</sup> <sub>U. 348</sub>

*Enclosure*

CHIEF PAYMASTER & OFFICER IN CHARGE  
NEWFOUNDLAND CONTINGENT

From  
10, VICTORIA STREET,  
LONDON, S.W. 1  
ENGLAND.

MEMORANDUM.  
From Officer Commanding  
2nd Bn. Royal Newfoundland Regt.  
To The Chief Paymaster  
Royal Newfoundland Regiment  
London, S.W.  
ANSWER.

To  
Officer Commanding,  
2/Bn. Royal Nfld Regt.,  
Hazeley Down Camp,  
Winchester, Hants.

Pay & Record Office,

Hazeley Down Camp, Winchester

13th April, 1918<sup>B</sup>

April 16th 1918. 191

3647, PTE. E. FEAVER.

This man has to-day been discharged from the Military Hospital, Rochester Row, classified III Employment. I understand he is to attend the nearest Military Hospital as an out-patient. His M.H.S. will be forwarded to you when received, please. He has not been granted furlough by this Office. He was admitted to the 3rd L.G.H. from the B.E.F. 16/3/18 when it was stated he had I.C.T. He was transferred to Rochester Row 19/3/18, and hospital stoppages have since been made against him. Copy of A.F.W. 3016 is enclosed.

NOTED.

NEWFOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE.

Ref. 105 IN 3480 ✓

Rec'd 17 APR 1918

Acc'd [Signature]

By [Signature] LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

BRANCH	DATE	BY
Comd		
P & C		
R & C ✓		
B & E		
P.S.		

*J. B. Anderson Lieut*

for Chief Paymaster & O.i/c Records.

HA/JC

"A" Form.  
MESSAGES AND SIGNALS.

Army Form C.2121  
(in pads of 100).  
No. of Message \_\_\_\_\_

Prefix .....	Code .....	m.	Words	Charge	<i>This message is on a/c of:</i>	Recd. at .....
Office of Origin and Service Instructions			Sent			Service.
.....			At .....			From .....
.....			To .....			By .....
.....			By .....		(Signature of "Franking Officer.")	

TO	NEWFOUND	HAZELEY	DOWN	WINCHESTER
----	----------	---------	------	------------

Sender's Number.	Day of Month.	In reply to Number.	A A A
* 108	21/4/18		

3647	FEVER	TO	REPORT	ROCHESTER
ROW	HOSPITAL	LONDON	11	A.M.
MONDAY	22nd			
			SYNOPTICAL	



From	Place	Time
	58, Victoria Street, S.W. 1.	NEWFOUNDLAND CONTINGENT.

*The above may be forwarded as now corrected.*

Censor. (Z) *Edward Ross*

Signature of Addressee or person authorized to telegraph in his name.



.....  
Officer in Charge Records/Commanding, .....

*Newfoundlands 58 Victoria St S.W.*

Please note that the undermentioned ~~sergeant~~ man has this day been

transferred to *3<sup>rd</sup> Lon. Genl.* Hospital. *Wandsworth Common*  
S.W.

No.	Rank.	Name.	Regiment.
<i>3647</i>	<i>Pte</i>	<i>Heaper</i>	<i>1<sup>st</sup> Newfoundland</i>

*A*

*Arthur [unclear]*

Major, R.A.M.C.  
Registrar for Officer i/c.

Mile End Military Hospital,  
Bancroft Road, E.1.

Corps. *Newfoundland Rgt* No. *3647* Rank. *Pte*



has been discharged Hospital to-day, the *13<sup>th</sup>* inst., and is proceeding to *58 Victoria St SW!*

*for instructions*  
~~to report to Unit~~ *where to report.*

*Go attend nearest mil Hpl.  
to complete course of special treatment.*

*Armstrong*

Capt., R.A.M.C.,  
for O.C. Military Hospital.



5802/424/R. G.

Officer Commanding,  
2/Bn. Royal Nfld Regt.,  
Hazeley Down Camp,  
Winchester, Hants.

Pay & Record Office,

13th April, 8

3647, PTE. E. FEAVER.

This man has to-day been discharged from the Military Hospital, Rochester Row, classified III Employment. I understand he is to attend the nearest Military Hospital as an out-patient. His M.H.S. will be forwarded to you when received, please. He has not been granted furlough by this Office. He was admitted to the 3rd L.G.H. from the B.E.F. 16/3/18 when it was stated he had I.C.T. He was transferred to Rochester Row 19/3/18, and hospital stoppages have since been made against him. Copy of A.F.W. 3016 is enclosed.

for Chief Paymaster & O.I/c Records.

HA/JC

19418/122

Red Cross  
Egher, Surrey.

27th November 8

3647 Pte.

E. Feaver

3:0:0

*Charge No 11114  
27/11/58*

Esher Red + Hospital  
Esher  
Surrey.

25-11-18.

The Chief Paymaster  
Royal Wfld Regt.

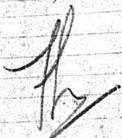
Please pay # 3647 Pte E. Feaver  
the sum of £ 3.0.0 (three pounds)

approved  
Hil G.

O.K. £ 3-0-0

M.R. 24/11/18

1918/122

NEWFOUNDLAND CONTINGENT PAY & RECORD OFFICE.
Ref. Nos. 10181
20 NOV 1918
1918/122
27/11/18


No. 3647 Rank Pte Name Feaver J.

Pay	F.A.	Wkg	Total	N.F.P/33
100	10		110	
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d		
						From	To							
Balance					Balance	6	7							
Acquittance Rolls		4	4	5	Pay @ Net Rate	3	18	129	50	64	50	13	5	1
Hospital Advances			10	0										
<i>Report Payments</i> A.B. 64.			10	0										
P.&.R.O. Payments		2	0	0	<del>2 0 6 4</del>									
<i>6106.</i>			11	0										
<i>Cash 102 57</i>	<i>9 12 18</i>	5	6	4										

*13-12-3*

*8-5-11*

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
3647	C/2	Fleming	2.50	E. J.

I have the honour to be, Sir,

~~Edward Fleming~~,  
Your obedient servant.

Date 13-7-18

Edward Fleming

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street, London S.W. 1.

Please remit to <sup>3647</sup> St. E. Feaver

Royal Newfoundland Regiment

the sum of ~~two~~ <sup>two</sup> pounds shillings (£2..0..0)

on account of any balance that may be due to me.

Regtl No. 3647 Rank Plt.

Name E. Feaver

Approved H. Dalbot

Officer i/c.,

Dated at

Receipt No  
9664

Charles Cross

Hospital.

OK HC  
£ 2-0-0  
11/11

P.P. 27

Sever, Edward

3647

Ray sept.

BB/EJ

November 11, 1919.

To:- Major Howley.

From:- Major Butler.

3647 E. Feaver.

The above named man has completed his course under  
the Civil Re-establishment Committee.

A handwritten signature in cursive script, appearing to read "Butler", written over a horizontal line.

Major  
for V O.

A handwritten mark on the left side of the page, consisting of a large, stylized letter 'O' with a diagonal slash through it, and some other scribbled lines below it.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 36447 Rank Private Name Fever, E.  
 Intended place of residence Grand Falls

2. Occupation Paper Finisher  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of..... **DEMOBILIZATION;**

## Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ..... St. John's ..... W. M. Capt  
 Date 17-2-19 ..... J. M. Capt  
 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 and date St. John's ..... E. M. Fever  
17-2-19 ..... W. J. Capt  
 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 ..... E. M. Fever  
17-2-19 ..... W. J. Capt  
 Signature of soldier  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 20-11-17 ..... No of days on Military  
 Discharged from service 17-2-19 taken 14 DAYS ..... Service 688 Days

## 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 ..... R. H. Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date 18-2-19 .....

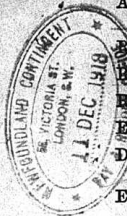
## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's ..... W. M. Capt  
 Date March 4, 1919 ..... W. J. Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

27  
 31  
 30  
 31  
 31  
 30  
 31  
 31  
 28  
 4  
 335

Casualty Form—Active Service.



Regiment or Corps Royal Newfoundland Regimental Number 3647.  
 Rank Pte Surname Fewer Christian Name Edward.  
 Religion Ch of England Age on Enlistment 18 years 2 months.  
 Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) 20/4/17  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended ( ) Re-engaged ( ) Qualification (b) \_\_\_\_\_  
 Occupation. Paper Finisher Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records. [Signature]

Date	Report From whom received.	Record of promotions, reductions, transfers, casualties, etc., 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
			Embarked .. <u>Southampton</u>	<u>15.7.18</u>	
			Disembarked... <u>France.</u>	<u>26.7.18</u>	
	<u>D I B D</u>	<u>Joined</u>	<u>Reuen.</u>	<u>27.7.18</u>	<u>Roll</u>
		<u>Joined Battalion</u>		<u>81 JUL 1918</u>	
		<u>Wounded in Action</u>		<u>14/10/18</u>	
	<u>36ces</u>	<u>to Gao Luce (2)</u>		<u>14/10/18</u>	<u>BA 30232/10/18</u>
	<u>32 Stannup</u>		<u>Wanener</u>	<u>27/10/18</u>	<u>KA 30748</u>
	<u>Pieder De</u>	<u>Transferred to England</u>		<u>28/10/18</u>	<u>at 30-83</u>
	<u>Coninck</u>				
			<u>Edward Cap</u>		
			<u>For Officer i/c No 1 Infantry Section</u>		
			<u>3rd Echelon General Headquarters</u>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoemaker, Smith, etc.  
 (Reg 120) W & A G. P. & Co., Ltd. London, E.C. 4.

Next of kin. Mrs John Gaud halls. Mill

March 4th., 1919

#3647 Pto. Edward Pever,  
Grand Falls,

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 1089."

Yours truly,

Paymaster & Officer i/c Records Capt.

Enc'l 1.

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

# MEDICAL HISTORY

Surname Faver

Christian Name Edward

Table I.—GENERAL TABLE.



Birthplace:—Parish Grand Falls County \_\_\_\_\_

**SPECIAL RESERVE.**

Examined ..... on 29<sup>th</sup> day of April 1917 on \_\_\_\_\_ day of \_\_\_\_\_ 1911  
 at Headquarters at \_\_\_\_\_  
 Declared Age ..... 18 years 2 months days years days  
 Trade or Occupation ..... Paper Finisher  
 Height ..... 5 feet 4 inches feet inches  
 Weight ..... 131 lbs. lbs.  
 Chest Measurement { Girth when fully expanded ..... 37 inches inches  
 Range of Expansion ..... 4 inches inches

Physical Development	Right	Left	Right	Left
Vaccination Marks { Arm				
{ Number				

When Vaccinated .....  
 Vision ..... R.E.—V=4/6 R.E.—V=\_\_\_\_\_  
 L.E.—V=4/6 L.E.—V=\_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease (a)  
 (b) Slight defects but not sufficient to Cause rejection (b)

Approved by (Signature) W. P. Proemier Medical Officer.  
 (Rank) \_\_\_\_\_ Medical Officer.

Enlisted ..... at St Johns at \_\_\_\_\_  
 on 19 day of April 1917 on \_\_\_\_\_ day of \_\_\_\_\_ 1911  
 Corps. Regtl. No. Corps. Regtl. No.

Joined on Enlistment .....  
3647  
 Transferred to .....  
 ROYAL NEWFOUNDLAND REGIMENT

Became non-effective by ..... on \_\_\_\_\_ day of \_\_\_\_\_ 1911 on \_\_\_\_\_ day of \_\_\_\_\_ 1911  
 (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

Table II.—Only for admission to hospital or to the sick quarters in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	31	10	18	7	12	18	Wound of right shoulder.	37	Knee wound healed. Can flex it to 110°. Shoulder wound healed with good movement. Knee improving.	W. J. R. [Signature]



## 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 attend school to improve  
education.

Witness *W. M. Matthews*, <sup>his</sup> *Edward S. Zever*  
Mark Signature of Man.

Reg. No. 3647

*S. A. Butler*  
Signature of the Vocational Officer or his Representative.

Place *St Johns nfd*

Date *Feb 4 17th* 191*9*



## 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 *Edward Tever.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3647*

Intended address *Grand Falls.*

Height on discharge *5* Feet *4.*

Color of hair on discharge *Light*

Complexion *Fair.*

Color of eyes *Grey.*

Descriptive Marks *Short.*

Figure on discharge *John.*

Christian name of Father *John.*

Christian name of Mother *Maria.*

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

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

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

Place and date of soldier's birth *Hermitage Bay. 1899.*

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) *Edward Tever*  
*March.*

Witness *W. D. ...*

Station *A. John*

Date *13.1.19*

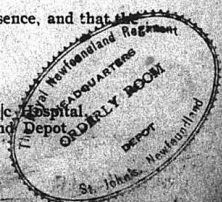
(Rank) *Pte.*

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 Officer i/c Hospital,  
Unit, or Command Depot





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. *8677* Rank *Pvt* Name *Wood, Ed*  
 Date of Enlistment *20.11.19* Address *Grand Falls* District *St. John's*  
 Occupation *Paper Finisher* Classification for Discharge *B* Medical Category *E*  
 Recommendation S.M.B. *Remains with unit* Disability Rating *Less than 20%*  
 Passed to Demobilization Officer with following documents:—

N.F. P38	2	B 268		B 121	1	N.F. Med.		D.F. 1				
B 176	2	W 3494		B 122		Board 1st		" 2				
B 178a	1	D 400A	1	B 1915		do 2nd		" 3				
B 179	1	D 400B		Form L		do 3rd		" 4				
B 179a	1	D 400C		Form K		do 4th		" 5				
B 179b		B 103	1	ME 2	1258	1		" 6				
B 179c		B 120		M 93								

Date *12.2.19*

*W. C. Discharge Depot*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am *not* in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date *17.2.19*

*W. C. Discharge Depot*

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1084* to his home at *Chand Falls* and Release Certificate No. *1084* issued.

Date *17-2-19* ..... *Chand Falls*  
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 *4-8-19*

Date *17-2-19* ..... *Money Capt*  
Depot Paymaster.

Discharge approved for *18 2 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	1	<i>Sum B</i>	
B 178a	D 400A	B 1915	do 2nd	" 3	2		
B 179	D 400B	Form L	do 3rd	" 4			
B 179a	D 400C	Form K	do 4th	" 5			
B 179b	B 103	ME 2	<i>1238</i>	" 6			
B 179c	B 120	M 93					

Date *17 2 19* ..... *Chand Falls*  
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 *18-2-19* ..... *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

If a general mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

**The Royal Newfoundland Regiment**

DEPOT—ST. JOHN'S, N.F.

HEADQUARTERS  
ORDERLY ROOM

**PASS**

No. 3647 (Rank) Pte (Name) St John's

*has permission to be absent from his quarters, from*

*\_\_\_\_\_ to \_\_\_\_\_ 6-1-19*

*for the purpose of proceeding to \_\_\_\_\_ Grand Falls*

*\_\_\_\_\_ St John's \_\_\_\_\_*

(Date) 6-1-19

*R. B. Butler*

Commanding

LAST PAY CERTIFICATE

**ORIGINAL.**

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 3647 Rank Private Name Feaver E. Unit Royal Nfld. Regt. who was repatriated to Newfoundland on 12/12/18 Authority Draft 79 Cause \_\_\_\_\_

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS	\$			£			PARTICULARS			\$			£		
	d	s	c	d	s	c	d	s	c	d	s	c	d	s	c
Balance Dr. from 7/12/18				3	5	1	Balance Cr. from								
Allotment 5 days @ 60	3	00			12	4	Pay 5 days @ \$ 1.00	5	00						
Cash Payments:							Field Allow 5 days @ \$.10		50						
Depot payments 9/12/18				1	0	0	Other Allowes days @ \$	5	50	1	2	7			
Hospital Advance V.7099					3	6	Other Credits:								
Other Debits															
Total Debits					5	0	11	Total Credits			1	2	7		
Balance due by Paymaster								Balance due to Paymaster			3	18	4		
				5	0	11					5	0	11		

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of \_\_\_\_\_

(Place)

(Date)

191

Made up/checked in accordance with information received in the Pay & Record Office London 31/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
31 / 12 / 1918

Chief Paymaster & O. i/c Records.

CHECKED.

*[Signature]*  
31-12-18

PERIOD: From 8/12/18 To 12/12/18

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 3647 Rank Pvt. Name Fraser E. Unit 2<sup>nd</sup> Bn ROYAL NEWFOUNDLAND REGT. who was Repatriated to Newfoundland on 11/12/18 Authority D.O. Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

NR.	PARTICULARS					CR.				
	£	s	d	£	s		d			
PERIOD: From 23/11/18. To 20/12/18.	Balance Dr. from					Balance Cr. from				
	Allotment days @					Pay days @				
	Cash Payments:					Field Allowance days @				
	Dec. 9/18.					Other Allowances days @				
	Other Debits					Other Credits:				
	Total Debits					Total Credits				
	Balance due by Paymaster					Balance due to Paymaster				
	1 0 0					1 0 0				
	1 0 0					1 0 0				
	1 0 0					1 0 0				

*No Statement from P.R.O.*

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

H. Coy.  
Hazley Down Camp, Dec 11 1918.  
(Place) (Date)

Made up, checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
191

Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE

N.F.P./94.

DUPLICATE  
MAIL COPY  
Posted

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3647 Rank Private Name Feaver E. Unit Royal Nfld. Regt. who was repatriated  
to Newfoundland on 12/12/18 Authority RMK 79 Cause Posted

DR.

STATEMENT OF ACCOUNT

CR.

PERIOD: From 8/12/18 To 12/12/18

PARTICULARS				\$	¢	£	s	d	PARTICULARS				\$	¢	£	s	d	
Balance Dr. from 7/12/18						3	5	1	Balance Cr. from									
Allotment 5 days @ 60				3	00		12	4	Pay 5 days @ \$ 1.00				5	00				
Cash Payments:									Field Alice 5 days @ \$ .10					50				
Depot payments 9/12/18						1	0	0	Other Allces days @ \$				5	50	1	2	7	
Hospital Advance V.7099							3	6	Other Credits:									
Other Debits									Total Credits						1	2	7	
Total Debits							5	0	11	Balance due to Paymaster						3	18	4
Balance due by Paymaster							5	0	11	Total Credits						5	0	11

CHECKED  
31-12-18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

Made up/Checked in accordance with information received in the Pay & Record Office London O.C. " " Company to 31/12/18  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
31 / 12 / 1918

Chief Paymaster & O. i/c Records.

**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. *3047* 3. Rank *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *F. EVER.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

*S. S. W. left knee joint and Right Shoulder.*

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.

*Admitted 22<sup>nd</sup> Feb. H. 16-3-18  
V. D. S. ~~discharged~~ 19. 3. 18.  
to mil. Hos. Rochester Row*

*Discharged 13 - 4-18. Returned to Depot. Dept. to France June. ON 28-10-18. S. S. W. left knee joint and Right Shoulder  
Discharged for 855H for ref. treatment.*

14. State whether the disabilities are
- |   |                     |                   |
|---|---------------------|-------------------|
|   | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war                     | Yes                 |                   |
| (ii.) Previous active service                           | No                  |                   |
| (iii.) Climate in pre-war service                       | No                  |                   |
| (iv.) Ordinary military service before the war          | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part | N.D.S. cured        |                   |

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

In all cases such as facial injuries, eye disease and throat, 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? *Scar on right shoulder about 1/2 inches long, not attached to underlying tissues, slightly tender. Operation and bullet removed. Operation scar. left knee joint one anterior 2 1/2 ins long one posterior 13 ins long, bullet removed. Flexion of knee movements at knee joint limited. movements shoulder joint good. complains of pain knee joint on walking*

16. Was an operation performed? If so, when and what was its nature? *limited. movements shoulder joint good.*
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? *complains of pain knee joint on walking*
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.

*Repatination*

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

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

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

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *G.S.W. knee & shoulder*
- (b) The present condition thereof. *Wounds soundly healed both joints free movable. Complains of weakness in knee*

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? *G.S.W.*

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).
- (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?

less than 20%

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

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)?

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?

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

*[Signature]*

President or Chairman.

Station *S. Albury*

Members.

Date *Jan 29/19*

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

Station *JAN 29 1919*

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

**Casualty Form—Active Service.**

Regiment or Corps Newfoundland

Rank pte Surname Heaver Christian Name Edward

Religion Church - of - England Age on Enlistment 18 years 7 months.

Enlisted (a) 20/4/17 Terms of Service (a) Duration, Service reckons from (a) 20/4/17

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate \_\_\_\_\_

Occupation: paper-maker Knowledge 2/5 Signature of Officer.



Report From whom received	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
		Embarked <u>Saundershampton</u>		<u>6/11/17</u>
		Disembarked... <u>Race</u>		<u>7/11/17</u>
		<u>Joined Battalion</u>	<u>14-11-17</u>	
<u>6 Mty. Corp</u>	<u>Ass: P.U.O. Mills</u>	<u>Ypres</u>	<u>11-12-17</u>	<u>MA17654</u>
<u>2 Platy Hq</u>	<u>" P.U.O. m</u>	<u>France</u>	<u>23/1/17</u>	<u>W 3034 JMA DRE</u>
<u>4 CO.</u>	<u>" "</u>	<u>Compux</u>	<u>5.1.18</u>	<u>Stg 18237</u>
<u>2 Platy Hq</u>	<u>" Balquhites</u>	<u>Alberole</u>	<u>18-1-18</u>	<u>Stg 28650</u>
<u>" "</u>	<u>" England of</u>		<u>15-3-18</u>	<u>W3003</u>

*[Handwritten signature/initials]*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

*Temporary*

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY** of

Surname **FEVER**

Christian Name **F**

**TABLE I.—General Table.**

Birthplace { Parish \_\_\_\_\_  
                  County \_\_\_\_\_

Examined { on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_  
                  at \_\_\_\_\_

Declared Age \_\_\_\_\_ years \_\_\_\_\_ days.

Trade or Occupation \_\_\_\_\_

Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Weight \_\_\_\_\_ lbs.

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

Physical Development \_\_\_\_\_

Vaccination Marks { Arm \_\_\_\_\_ RIGHT | \_\_\_\_\_ LEFT  
                          Number \_\_\_\_\_

When Vaccinated \_\_\_\_\_

Vision { R.E.—V = \_\_\_\_\_  
          L.E.—V = \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease—  
\_\_\_\_\_  
\_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection—  
\_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_  
Rank \_\_\_\_\_  
  Medical Officer.

Enlisted { at \_\_\_\_\_  
          on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

	Corps	Regtl. No.
Joined on enlistment	A. I. F.	3647
Transferred to	_____	_____

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

**TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and Signature

**TABLE IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> Lt. General Hosp. Loundsworth	16	3	18	19	3	18	Syphilis	3	Transferred to Rochester Row and stop.	W. J. ... Cap. Rame
	19	3	18	13	4	18	Syphilis (42B)	25	Admitted with Syphilis of - 4215/late neumonia. Spall present. Commenced anti- syphilitic treatment 20/3/18. Received 1.55 gm. Mercury per IV Wassermann. 5/4/18 = positive. In hospital further treated.	C. F. ... Lt. Col. Lanka







## SYPHILIS CASE-SHEET.

Regtl. No. 3647 Rank and Name P. e. Fever: E. Corps Ryl. Newfoundland. "B" Coy.  
 Placed on Syphilis Register at on No. in Register  
 Disease contracted at Ayre Primary sore appeared on (date) 7 months ago.

## CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Two partially healed indurated chancres on penis, small ditto on glans penis.  
 Lymphatic glands Inguinal and general adenitis.  
 Skin (nature and distribution of rash) Faint pigmentation of previous macular syphilide detected over shoulders. Papular syphilide over nape of neck.  
 Mucous membranes Multiple moist papules on scrotum. Fauces extensively ulcerated.  
 Other symptoms No Romberg. Pupils equal and react to light and accomodation. No Babinski.

Examination of exudate from sore—Spirochaeta Pallida (present or absent) Present.  
 Examination of blood serum—Method employed (original or modification) Original.  
 Wassermann reaction Result (positive or negative) ~~Non-tubercular.~~  
 Strong Positive.

Station Date Signature of M.O. C. K. Balakrishnan

Struck off Syphilis Register at on  
 Cause of being struck off Register (a) Recovered  
 (b) Transferred to Army Reserve  
 (c) Discharged from Army  
 Station Date Signature of M.O.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14"  
 The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight aloofed, without boots—lbs.	Urine		Wassermann Reaction					Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)	
				Normal (N)	Albumin (Alb.)	Arsenical	Mercurial	Other Methods	Intravenous Injection. Dose in grammes		Intramuscular Injection. Dose of Metallic Mercury in grains	Injections or Oral (Preparation and dose)			
									Original (O) Method	Modification (M) Result			Positive (+)		Negative (-)
	Mar 20				N						i				
	~ 27				N						i				
	April 2				N						i				
	10				N						i				
	22				N						i				
REQUIRES FURTHER TREATMENT AS BELOW.															
Hillsa M. H.		To attend													
	1.5.18				N	O					20i				6
	8.5.18										20i				6
	15.5.18				N						20i				6
	22.5.18				N						20i				75
						O									
27.5.18	WASSERMANN TEST RESULT Neg.														

C.K. Valada  
H.M.O.R.C.

Kali

*Handwritten signature*



MORNING SICK REPORT

Army Form B 255

MEDICAL INSPECTION REPORT

Unit 2nd Batt Royal Newfoundland  
 Squadron, battery, or company

Station and date Hazley-Down Camp May 21 1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
		Age	Service.							
8547	Pte Jones Edward									At present no treatment Herein AF 178. for suitable entry. please acknowledge. NPK Ambrose

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.  
 \* Strike out whichever is not applicable.

Orderly  
 N.O.O.

Forms  
O 348  
1660

MEMORANDUM.

From *MOR [unclear]*

From *O.P.*



To *OC. Hilsea*

To *M.O. H. W. [unclear]*  
*2903/11*



ANSWER. *W. Clements*

191

*13. 6. 1918*

1918

Ref No 3647 H. Fear

Who had a Wasserman  
(final) on 22-5-18.

Can you give me  
report please

*M.P.*  
*Col. [unclear]*

The Wasserman  
Test of this man  
gave a Negative  
result, please.

*W. Clements*  
Lieut. Colonel, R.A.M.C.  
Officer in Charge.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
<i>Ryl Newfoundland</i>		<i>3647</i>	<i>PC Fever E</i>	<i>30.3.18</i>
				REMARKS
<p>The Syphilis Case-sheet <del>and Treatment Card</del> in respect of the above-named are sent you herewith. Please acknowledge receipt.</p> <p>In order that this man may complete the course of treatment scheduled for him, he should now receive that which is shewn beneath the red line on the card. Will you therefore arrange for this to be carried out, advising me as to the result of the blood test on completion of the course.</p> <p><i>He should be sent to the nearest venereal Hospital, taking these papers with him please.</i></p>				

To *OC Ryl Newfoundland and Winkster*

From Station and date Rochester Row, S.W. 1.

Captain, R.A.M.C., for O.C. Military Hospital.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

\*When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

✓  
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 question 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 *Edward* 2. Surname *Leaver*

3. Rank *Private* 4. Regt. No. *3647*

5. Address in full to which future payments of gratuity are to be forwarded.....

*Edward Leaver Grand Falls*

6. Date of enlistment in the Regiment *March 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

*Maria Leaver*

8. Relationship of such dependents *Mother*

9. Address in full of such dependent.....

*Maria Leaver Grand Falls*

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 Nfld. If so, give dates, and particulars of such service.....

*only in Nfld Reg*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

*one year & ten months*

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

*enlisted only once*

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.....

*received from*

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.....

*entitled to none*

*none*

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 Regt.? *yes* If not give:- (a) Date of discharge..... (b) Reason for discharge.....

*4/24/19*

*breakdown*

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.....

*at Cambrai and Ypres*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

*No waiting*

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

Signature of Applicant:  
Place of Residence:  
Declared before me at:  
This 12<sup>th</sup> day of

*his*  
*Edward Weaver*  
*Granville Falls*  
*St. Johns*  
*March 1919*

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

*William Quinn Jr.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	4 604	280 00
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Pryster.

Place of Residence:  
Declared before me at:  
This

SEPARATION ALLOWANCE.

Claimant. *Myria Seaver* (Mother).....

On account of *Edward Seaver* No. *3647* Rank. *Pvt*.....

Decision..... *approved*  
.....  
.....  
.....

Date..... *Dec. 10/1919* *W. P. Kendall Lieut. Col*  
*W. M. Rowley Major*

Instructions.....  
.....  
.....  
.....

3570 Allotment of *60<sup>4</sup>* per day payable to *Mrs John Seaver*  
*his mother* from *1/6/19* to *4/3/19*

Discontinued on account of *being discharged*

..... *A. K. D. Lytle*

*# 422.67*

## NOTICE.

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
Edward Feaver Private Royal N.F.L.D. 3647
2. Age of soldier. Married or Single.  
19 Single
3. Name in full of mother. Age. Occupation. Permanent Address.  
Myria Feaver 41 Grand Falls
4. Give name of your husband. Age. Occupation Where Employed.  
John Feaver? (Dead)
5. If your husband is not supporting you state the reason.  
Deceased
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband had been totally incapacitated, and for how long incapacity is likely to continue.)  
Dead
7. If you are a widow, state date and place of death of your husband.  
St. John's Nfld.  
July 17/1914
8. Have you married again since death of above mentioned husband?  
No
9. Names of your other children. Address in full. Age. Occupation Married or Single.  
19.11.13
- | Names of your other children. | Address in full.    | Age.      | Occupation     | Married or Single. |
|-------------------------------|---------------------|-----------|----------------|--------------------|
| <u>Robert Feaver</u>          | <u>Grand Falls</u>  | <u>29</u> | <u>married</u> | <u>d</u>           |
| <u>Martin Belle</u>           | <u>Macellan</u>     | <u>24</u> | <u>do.</u>     | <u>do.</u>         |
| <u>Mattie Feaver</u>          | <u>Grand Falls</u>  | <u>22</u> | <u>Single</u>  | <u>bs</u>          |
| <u>John Feaver</u>            | <u>Bay St. East</u> | <u>12</u> |                | <u>~</u>           |
| <u>James Feaver</u>           | <u>Grand Falls</u>  | <u>9</u>  |                | <u>~</u>           |



- 10. State amount earned by (a) Yourself *nothing*  
(b) Your husband.

---

- 11. State amount and source of any other income. *\$5m came 12<sup>th</sup> Month*

---

- 12. State value of real property belonging to you and your husband. *none*

---

- 13. State value of personal property belonging to you and your husband. *none*

---

- 14. If husband is dead state value of real and personal property left by him. *none*

---

- 15. Actual amount contributed by soldier during the year prior to enlistment. *300<sup>00</sup> per year*

---

- 16. Was this amount contributed weekly or monthly. ~~Every fortnight~~  
*Every two weeks*

---

- 17. Did this amount include payment of son's board, etc. ~~Every fortnight~~  
*Yes*

---

- 18. State your son's trade or occupation prior to enlistment. *Paper maker Finisher*

---

- 19. State amount of his wages per week. *\$12.<sup>50</sup>*

---

- 20. State name and address of his last employer. *Mr Jay Foreman  
Grand Falls  
Anglov. N. H.*

---

- 21. State amount of monthly support from son since enlistment. *\$15.00*

---

- 22. State amount of allotment received by you from son since enlistment. *\$15.00*

---

- 23. State from what date did you receive allotment? *July 1916*

---

- 24. Actual amount contributed by other children. Weekly Monthly.  
*none*

---

- 25. Are any of these children in the employ of you or your husband? *no*

married children unable to support me:  
 eldest daughter is in domestic service. my only support  
 is \$12 per month from William aged 14 1/2.

26. If not receiving support from other children, state cause. Explain fully. *Grand*
27. With whom are you residing at present? *Mrs. Williams*  
*In a rented A N D Co house.*
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.  
*although in need I was told it was no use to apply*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *no*
31. Was the soldier at the time of his enlistment an employee of the H.M.I. Government. *Anglo v. 10. C. 1*  
*no*
32. In what capacity and in what place?  
*Grand Falls, Finishing room*
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.  
*yes. \$8 per month until date of discharge.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant... *Edgar Loder*  
 Place of Residence... *Grand Falls*  
 Declared and subscribed before me at... *Grand Falls*  
 this... *Ninth* day of... *August* 191*8*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *John E. Bator, J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *Edgar Loder (C of E Clergyman)*  
 Signature of member of the Patriotic Fund Committee...  
*Arthur Pike J.P.*  
*D. C.*

Nov. 18, 1919

Mrs. Myria Peaver,  
Grand Falls.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly furnish me with Marriage Certificate of your son Robert, or else a certified extract from your Parish Register showing date of his marriage.

Yours truly

Major  
Paymaster.

Marriage Solemnized at Grand Falls in the Parish of Grand Falls in the Diocese of Newfoundland.

No.	When Married	Name and Surname	Age	Condition	Rank or Profession	Residence at the time of Marriage.	Father's Name and Surname	Rank or Profes' of Father
29	June 11 <sup>th</sup> 1913	Robert Fever	22	Bachelor	mill-hand	Grand Falls	John Fever	Fisher
		Fanny Morris	24	Spinster	—	Grand Falls	Arthur Morris	carpenter

Married in the Church of the Holy Trinity according to the Rites and Ceremonies of the Church of England.

By me J Edgar Joder

This Marriage was solemnized between us

{ Robert Fever  
Fanny Morris }

In the presence of us,

{ Arthur Morris  
Minnie Penney }

I Certify the foregoing is a true Extract from the Register of Marriages belonging to

Holy Trinity Church in the Parish of Grand Falls

Witness my hand this

Twenty fifth day of November 1913

Designation

J Edgar Joder  
Rector

Dec.17,1919

Mrs.Myria Beaver,  
Grand Falls.

Dear Madam:-

Referring to your  
application for Separation Allowance, I  
beg to state that same has been approved,  
and I enclose cheque for four hundred and  
twenty two dollars and sixty seven cents  
(\$422.67), in payment of same.

Yours truly

Major

Paymaster.



April 19th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mrs. Maria Feaver (Grand Falls) on account of Mr. E. Feaver, No 3647, the sum of thirty one dollar and seventy four cents in payment of allowance to April 19th, 1919, and charge same to Civil Re-establishment Committee

\$31.74

RECEIVED	<i>C. R. b</i>
DATE	<i>16578</i>
ISSUED TO	<i>Ew</i>
ISSUED FOR	
ISSUED BY	
ISSUED AT	

*W. W. Beckell*  
Vocational Officer

Recd. Mrs. M. Feaver  
Per *Storrey*  
April 19th, 1919

Telephone 403.

Accounts Rendered Quarterly.

281 AND 283 DUCKWORTH STREET

ST. JOHN'S, Nfld.

1919

*July 25*

*M. Edward Seaver*



FOLIO

*To John Maunder*

TAILOR AND CLOTHIER

*To 1 Suit \$65.00*

*J. E. Seaver*  
*John Maunder*  
*July 10/19*

*Please pay John Maunde 65.00 from*

*Gratuity Fund*

*J. Seaver 3649*

THE BEST  
AND MOST  
MODERN  
SYSTEM  
OF CUTTING  
ADOPTED  
  
GOOD FIT AND  
SATISFACTION  
GUARANTEED



August 11th 1919

Capt. Howley  
O. I. C. Records

*A. C. R.*

Please pay to E. Feaver, 3647  
the sum of twenty five dollars  
in payment of arrears in allowance for July  
and charge same to Civil Re-establishment Committee.

\$25.00

ACCOUNT	<i>C. R. Co.</i>		
CH. NO.	<i>4684</i>	INITIALS	<i>J. H.</i>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GEN. LEDGER	---	INITIALS	---

*E. Feaver*

*B. W. Shehall*  
Vocational Officer

Oct 3rd 1919

Major Howley  
O. I. C. Records

Please pay to E. Feaver, 3647  
the sum of twenty dollars  
in payment of arrears of allowance to date  
and charge same to the Civil Re-establishment Committee

\$20.00

Pension

Nil

*A. C. J.*  
*W. W. Mitchell.*

ACCOUNT	<i>4199</i>	<i>Feaver</i>
CH. NO.	<i>4199</i>	<i>Feaver</i>
IND. LEDGER		
PAY LEDGER		
GEN. LEDGER		

Vocational Officer

*to Feaver*

March 15th, 1919

Capt. Howley,  
O. I. U. Records.

Please pay to Mr. Edward Feaver, No 3647  
the sum of **eleven dollars and sixty six cents**  
in payment of allowance for week ended this date  
in connection with re-education.

*[Handwritten signature]*  
\$11.66

Pension Nil  
Allowance 50

*C. R. [unclear]*  
Occupational Officer.

ACCOUNT	
CH. NO.	12760
DATE	
AMOUNT	
REMARKS	

*[Handwritten signature]*  
Paid by  
Edward Feaver  
mark  
with Holland

March 8th, 1919

Capt. Howley,  
O. I. W. Records.

Please pay to Mr. Edward Feaver, No 3647,  
the sum of **eleven dollars and sixty six cents**  
in payment of allowance for week ended this date  
in connection with re-education.

*[Handwritten signature]*  
\$11.66

Pension Nil  
Allowance \$50

*[Handwritten signature]*  
Vocational officer.  
*[Handwritten signature]*

MAY 3 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr. E. Feaver, No 3647**  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Pension            25.00

*Edward Feaver*

*W. W. Mitchell*  
Vocational Officer.

MAY 8 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mrs. Maria Feaver, a/c E. Feaver, No 3647**  
the sum of **six dollars and fifty four cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance	2.34
Dependent	4.20

*W. H. Kell*  
Vocational Officer.

Recd Maria Feaver  
Per *J. J. J. J.*

MAY 8 1919

MAY 10 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr E. Feaver No. 3647**  
the sum of three dollars and fifty cents.  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Gratuity	\$25.00
Allowance	3.50

*E. Feaver*

*W. A. McCall*  
Vocational Officer

*E. Feaver*

MAY 10 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs Maria Feaver, Grand Falls. a/c E. Feaver 3647  
the sum of six dollars and fifty four cents.  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance	\$2.34
Dependents	4.20

*Low Mitchell*  
Vocational Officer

Recd. H. Batten,  
per *[Signature]*  
May 10th, 1919



MAY 17 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. E. Feaver, No 3647  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

~~Quantity~~ \$25

& Jew

*W. B. Keckell*  
Vocational Officer.

MAY 17 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver, M/c E. Feaver, No 3647  
the sum of **six dollars and fifty four cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance \$2.34  
Dependent 4.20

*G. W. Nicholl*  
Vocational Officer.

Recd. Mrs. Feaver,  
Per *J. J. [unclear]*  
May 19th, 1919

MAY 24 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **E. Feaver, No 3647**  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50  
Gratuity \$25

*E. David Greaves*

*G. W. Nicholl*  
Vocational Officer

MAY 24 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver, Grand Falls, a/c E. Feaver, No 3647  
the sum of **six dollars and fifty four cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance \$2.34  
Dependent 4.20

*B. Butler*  
Vocational Officer

*JW*  
Recd. Maria Feaver  
Per *[Signature]*  
May 30th, 1919

MAY 31 1919

Capt. Howley,  
O. I. C. Records.

Please pay to E. Feaver, No 3647  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Pension \$25

*W. M. McCall*  
Vocational Officer

*Edward Feaver*

MAY 31 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver, Gr. Falls., ~~and~~ E. Feaver, No 3647  
the sum of six dollars and fifty four cents-  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance	\$2.34
Dependent	4.20

*W. S. Nicholl*  
Vocational Officer

Recd. Maria Feaver,  
Per *J. J. [unclear]*

June 7th, 1919

JUN 28 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **E. Fever 3647**  
the sum of **five dollars and eighty three cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$5.83

Pension \$25.00  
Allowance 5.83

*W. M. Keckell*  
Vocational Officer

*E. Fever*

JUN 21 1919

Capt. Howley,  
O. I. C. Records.

Please pay to E. Feaver, 3647,  
the sum of five dollars and eighty three cents.  
in payment of allowance for week ended this date  
in connection with re-education.

\$5.83

Pension \$25.00

*E. Feaver*

*Low McCall*  
Vocational Officer.



JUN 7 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver (Grand Falls) a/c E. Feaver, No 3647  
the sum of six dollars and fifty four cents  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance \$2.34  
Dependent 4.20

*W. W. Mackell*  
Vocational Officer.

Recd. Maria Feaver  
Per *J. J. [unclear]*  
June 18th 1919

JUN 28 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Fever, Grand Falls on account of E. Fever  
the sum of **six dollars and fifty four cents** (#3647)  
in payment of allowance for week ended this date  
in connection with re-education.

**\$6.54**

Allowance	\$2.34
Dependent	4.20

*W. H. Nicholls*  
Vocational Officer

JUL 8 Recd.

*John J. [Signature]*

JUN 21 1919

3647

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver, (Grand Falls)  
the sum of ~~six~~ dollars and fifty four cents.  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

*W. W. McNeill*  
Vocational Officer.

JUL 3

Rec'd  
*[Signature]*

JUN 14 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver, Grand Falls, a/c E. Feaver, No 3647  
the sum of **six dollars and fifty four cents**  
in payment of allowance for week ended this date  
in connection with re-education.

**\$6.54**

Allowance	2.34
Dependent	4.20

*Rec'd.  
by Mrs. Maria Feaver*

*W. S. McCall*  
Vocational Officer

JUN 7 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **E. Feaver, No 3647**  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Gratuity \$25

*E. Feaver*

*W. H. Mitchell*  
Vocational Officer.

JUN 14 1919

Capt. Howley,  
O. I. C. Records.

Please pay to E. Feaver, No 3647  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Pension \$25

*W. S. Schell*  
Vocational Officer

*E. Feaver*

APR 26 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mrs. Maria Feaver, a/c E. Feaver, No 3647  
the sum of **six dollars and fifty four cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$6.54

Allowance	2.34
Dependents <sup>4</sup>	4.20
Total	6.54

*B. W. Marshall*  
Vocational Officer.

Recd. Maria Feaver,  
Per *J. J. [unclear]*  
April 26th, 1919

April 19th, 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr. E. Feaver, No 3647**  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Gratuity	\$25
Allowance	15
Total	40

*W. W. Mitchell*  
Vocational Officer

*his*  
*E. Feaver*  
*mail*  
*lieut Holland*



April 19th, 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mrs. Maria Feaver, Grand Falls, a/c E. Feaver, No 3647**  
the sum of **six dollars and fifty four cents**  
in payment of allowance for week ended this date  
in connection with re-education.

**\$6.54**

Allowance	\$2.34
Dependence	4.20
Total	6.54

*W. W. Mitchell*  
Vocational Officer.

Recd. Maria Feaver,  
Per *Howley*  
April 26th, 1919

April 5, 1919.

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr. Edward Fever #3647**  
the sum of **eleven dollars and sixty six cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.66

Pension	Nil
Allowance	50

*B. W. McCall*  
Vocational Officer

*to dead Fever.*

April 12th, 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr. E. Feaver, No 3647**  
the sum of **eleven dollars and sixty six cents**  
in payment of allowance for week ended this date  
in connection with re-education.

**\$11.66**

**Pension Nil**  
**Allowance 50**

*E. Feaver*  
*E. W. Nicholls*  
Vocational Officer

APR 26 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. E. Feaver, No 3647  
the sum of **three dollars and fifty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$3.50

Bratuity \$25

*W. A. McNeill*  
Vocational Officer.

*J. W. & Co*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

Nov 11 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.

on account  
balance

of Pay. W. E. J. Lever

Ch. No. 19551 Initials EW

Pay Ledger 475 Initials WR

Gen. Ledger..... Initials.....

Regtl. No. .... Rank.....

*Handwritten signature/initials*

No. 3647 Rank Pt.

Name E. J. J. J.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 3 <sup>79</sup>/<sub>100</sub>

Nov 12 1919

Received from the First Newfoundland Regiment  
the sum of three <sup>79</sup>/<sub>100</sub> Dollars.

on account  
balance of Pay. W. L. G.

Ch. No. 19565	Initials <i>W L G</i>
Pay Ledger 475	Initials <i>W L G</i>
Gen. Ledger	Initials

Regtl. No. Rank

*E. Yeoman*

No. 3647 Rank P6

Name E. Fever



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 65<sup>00</sup>

July 29 19 19

Received from the First Newfoundland Regiment  
the sum of Sixty five  
on account of Pay. Wly  
balance Dollars

*John W. [Signature]*

Ch. No. 4384	Initials... <i>Wly</i>
Pay Ledger... 474	Initials... <i>WR</i>
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

*A.C.H.*

Aug 18 19

*P. [Signature]*

No. 3647

Rank Pt

Name

E Lewis

W. J. Mander



August 11/19

Capt. Butler,  
c/o C. R. Committee,  
City.

3647 Pte. E. Feaver.

Dear Sir:-

The above mentioned man was boarded by the Standing Medical Board on Jany. 29th/19 and discharged from the Army with a Gratuity of less than 30%.

He has received three monthly instalments of \$25.00 each and has now come in to us stating that he has attended the Civil Re-establishment school for the past four months and is entitled to another \$50.00.

Kindly give his case your attention, please.

Yours faithfully,

1390

Asst. Secy.

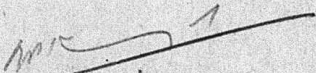
JBO'R/LED.

**Royal Newfoundland Regiment**  
**EMPIRE BARRACKS HOSPITAL**

Sept 12 1915

To B.P.C.

3647 Pte E Jevs  
The marginally noted man, was admitted  
to hospital 10.8.14 by Capt Kern from Sick  
Parade with Impetigo.  
His disability is not due to service.  
Please

  
\_\_\_\_\_  
Major

Medical Officer



DEPARTMENT OF MILITIA

ST. JOHN'S Sept. 23rd. 1919.  
NEWFOUNDLAND

To:- B. P. C.

<sup>4</sup>  
3637, Ex-Pte. Edward Fever.

Please note that the marginally noted man was  
discharged from the Empire Hospital Sept. 23'1919.

1398

A. M. B.

T. H.  
note  
WTP.

4.2



**DEPARTMENT OF MILITIA**

**ST. JOHN'S, NEWFOUNDLAND**

**August 16th., 1919/**

**From:- D M. S.  
To :- B. P. C.**

1390

*Noted  
G & B.*

**3647, Pte. Feaver, E.**

**Please note that the marginally noted man was  
admitted to the Empire Hospital August 11'1919.**

*Cluny Macpherson*

**AMB.**

**Major, D. M. S.**

Sept. 5th/19

To :- Major Knight, M. C. Empire Hospital.  
From:- The B. P. C.

3647 Pte. E. Fever.

Would you kindly advise what the above mentioned man is in Hospital for, and whether his disability is due to service or not, please.

Captain.  
For Secretary.

JBO'R/LBD.





**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

..... 191

3647. Fevre. E.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1396

Regtl. No. 347 Rank Pte. Name E. Power

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan. 29<sup>th</sup> 1919

Pensionable disability Less than 2000 <sup>1st</sup> months *paralysis*

Pension granted:  
\$ \_\_\_\_\_ per month for \_\_\_\_\_ months

or Gratuity granted:  
\$ 75 payable in 3 equal monthly insts.

Granted to:

Name E. Power *OR*

Address Grand Falls *SMR*

W. P. Power

Date case disposed of MAR 14 1919

Approved by:

Members of Board

[Signature] (Chairman)  
[Signature]  
W. M. Parsons.

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Report on an Invalid.**

Station 3rd. L.G.H. WANDSWORTH.

Date \_\_\_\_\_

1. Unit **ROYAL NEWFOUNDLAND**

2. Regimental No. **3647.**

3. Rank **PTB.**

4. Name **FEVER.**

5. Age last birthday \_\_\_\_\_

6. Enlisted { on \_\_\_\_\_  
at \_\_\_\_\_

7. Former Trade }  
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).

**G.S.W. LEFT KNEE JOINT & RIGHT SHOULDER.**

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.

**ADMITTED TO 3RD. L.G.H. V.D.S. 16-3-18.  
TRANSFERRED 19-3-18. TO MIL. HOSP. ROCHESTER  
ROW. DISCHARGED 18-4-18. RETURNED TO DEPOT. SENT TO FRANCE  
JUNE. ON 28-10-18. G.S.W. LEFT KNEE JOINT & RIGHT SHOULDER.**

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). **YES**

(b) constitutional or hereditary, and not aggravated by service during the present war. **NO**

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

13. What is his present condition? **SCAR ON RIGHT SHOULDER ABOUT 1 1/2 IN. LONG NOT ATTACHED TO UNDERLYING TISSUES. SLIGHTLY TENDER. OPERATION PERFORMED & BULLET REMOVED. OPERATION SCARS LEFT KNEE JOINT ONE ANTERIOR 2 1/2" LONG: POSTERIOR 2in. LONG. BULLETT REMOVED MOVEMENTS AT KNEE JOINT LIMITED. MOVEMENTS SHOULDER JOINT GOOD. COMPLAINS OF PAIN IN KNEE JOINT WHEN WALKING.**

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?

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. 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.

20. Do you recommend—

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

**REPATRIATION.**

\_\_\_\_\_  
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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 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. **G.S.W. KNEE & SHOULDER. WOUNDS SOUNDLY HEAL**

**BOTH JOINTS FREELY MOVEABLE. COMPLAINS OF WEAKNESS**

1. (a.) State whether the disability is clearly attributable to— **IN KNEE.**

(i.) Service during the present war; **YES**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or **NO**

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **G.S.W.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. **LESS THAN 20%**

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **YES.**

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N.S. FRASER.

President.

Station ST. JOHN'S.

J.S. TAIT.

Date JAN. 29th. 1919.

L. PATERSON. MAJOR.

Members.

Approved

Station

JAN 29 1919

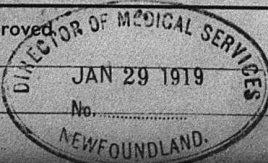
(SGD) CLUNY MACPHERSON.

MAJOR.

Date

No.

Administrative Medical Officer.



**COPY**

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. **2647** Rank **Pte.** Name **Fever, E.**

Intended place of residence... **Grand Falls**

2. Occupation **Paper Finisher**

Classification of soldier **B.** Medical Category **B.**

3. The above named man is discharged in consequence of.....

**DEMobilIZATION**  
**ELIGIBLE for POST DISCHARGE PA**

4. His accounts are correctly balanced and I have impartially inquired *[Signature]* all matters brought before me, in accordance with Regulations.

Place **ST. JOHN'S.**

Date **17-2-19** 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 and date **ST. JOHN'S.** **his**  
**(sgd) Edward I Fever**  
Signature of soldier

**17-2-19** " **G.B. Dicks Capt.**  
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.** **his**  
**(sgd) E. I Fever**  
Signature of soldier

**17-2-19** " **W.J. Eaton, RQMS**  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service **20-4-17** No of days on Military

Discharged from service... **18-2-19. Plus 14 days** Service **684**

### 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.** *[Signature]*  
Officer Commanding Discharge Depot

The Royal Newfoundland Regiment.

Date **18-2-19**

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....

Date ..... Officer i/c Records  
The Royal Newfoundland Regiment

1390

SUPPLIES FURNISHED:-

3647 E. PEPPER.



Sept. 19, 1923: 1 Silk Elastic Knee-Cap . . . . . \$2.14

Fold Here

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ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

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Fold Here





July 7th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1240), is forwarded herewith to

Edward Feaver,

in respect of his service as No. 3647 Rank Pvt.

Name Edward Feaver, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received

*Kings Certificate*  
July 13<sup>th</sup> 1921

Signature

Francis Edward Feaver

Date

July 13/21

Address

7 3rd Ave Grand Falls

*Mfd*  
P.T.O.

No. .... *3647* Name *Edward Feaver* .....

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

*3647* *expte* *Edward Feaver*  
Name .....

Date *aug 4<sup>th</sup> 1920* .....

Place *Grand Falls* .....

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

Receipt for Army Book 64

No. .... *3647* Name *Edward Feaver* .....

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B, 121.

Forms  
R. 121  
39.

Number of Sheet *First*

Regiment of *1st Newfoundland*

Signature of O. C. Company *Thos R. Dwyer Capt*

Regimental Number and Name		Enlistment		Trade	
No.	<i>3647</i>	Age on	<i>18</i>	years	<i>2 months</i>
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined	Date			<i>C of E.</i>	
Joined	Date	Period of	with Colours		Place of Birth
Joined	Date				
			<i>319</i>	years.	
			<i>365</i>	years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Bay</i>	<i>26/7</i>	<i>Pte.</i>		<i>Absent from orderly office</i>	<i>C of E.</i>	<i>3 days C.B.</i>	<i>28/7</i>	<i>Capt. Robertson</i>	<i>St</i>
<i>Barry</i>	<i>4-8-17</i>	<i>"</i>		<i>Absent from later</i>	<i>Inspection C of E.</i>				
				<i>until 10-30 P.M. 4-8-17</i>	<i>C of E.</i>				
<i>Barry</i>	<i>23-8-17</i>	<i>"</i>		<i>Breaking benches up in</i>	<i>Teasie</i>	<i>5 days C.B.</i>	<i>8-9/7</i>	<i>Capt. S. Robertson</i>	<i>St</i>
<i>"</i>	<i>26-8-17</i>	<i>"</i>		<i>Absent from bathing parade</i>	<i>C of E.</i>	<i>2 days C.B.</i>	<i>25/7</i>	<i>Lt. C. Frost</i>	<i>St</i>
				<i>Absent from defaulters calls</i>	<i>L. C of E.</i>				
				<i>from 2 P.M. to 9-30 P.M.</i>	<i>Roberts</i>	<i>72 hrs. Det.</i>	<i>27/7</i>	<i>Major Rendell</i>	<i>Forfeit 1 day's pay by R. W.</i>
<i>Hazelton Down</i>	<i>3-5-18</i>	<i>"</i>		<i>Absent from all parades</i>	<i>Sgt. Davis</i>	<i>2 days C.B.</i>	<i>6-5-18</i>	<i>Capt. V. V. V.</i>	
<i>Demobilized St. John's, 4/19</i>									
To be carried over									

Army Form B, 121.

**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. *Regt. 4th L.I.*.....
2. Regtl. No. *1443*. 3. Rank. *Pvt.*.....
4. Name *F. S. V. E. R.*.....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.  
(b) Date of Discharge;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Continuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
(a) When  
(b) Where  
(c) Opinion of Court

**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."

*F. S. V. E. R. Left knee joint and Right Shoulder.*

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.

*Admitted 3.2.18 to 1603-13  
W.D. & discharged transferred  
1803 18. to military hospital  
Rochester Row, discharged 13-4-18  
and returned to depot and sent to France June  
28-10-18 received G. S. V. E. R. left knee joint and shoulder.  
Discharged for G. S. V. E. R. for repatriation*

14. State whether the disabilities are
- |   | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war .. .. .                        | Yes                 |                   |
| (ii) Previous active service .. .. .                              | No                  |                   |
| (iii) Climate in pre-war service .. .. .                          | No                  |                   |
| (iv) Ordinary military service before the war .. .. .             | No                  |                   |
| (v) Serious negligence or misconduct on the man's part. } .. .. . | No. Due to cause.   |                   |

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

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

15. What is his present condition? *Scar on right shoulder about 1 1/2 long. not attached to underlying tissues slightly tender. Operations performed and bullet removed. Operation scars left knee joint anterior 1/2 in long. One posterior bullet removed. Impediments of knee movements of knee joint limited. Movement of shoulder joint good. Complaints of pain in knee joint when walking.*

(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?

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*

Station .....

Medical Officer in charge of case.

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.

D-3647

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3647 Rank Plt Name Fever, E

Date of Enlistment 20.4.17 Address Grand Falls District Inverburgh

Occupation Plt. S. mounted Classification for Discharge B Medical Category EJ

Recommendation S.M.B. permanent unfit Disability Rating Less than 20%

Passed to Demobilization Officer with following documents—

N.F. P 3647	2	B 268	B 121	1	N.F. Med.	D.F. 1	
B 178	2	W 3494	B 122		Board 1st	" 2	
B 178a	1	D 400A	B 1915		do 2nd	" 3	23
B 179	1	D 400B	Form L		do 3rd	" 4	
B 179a	1	D 400C	Form K		do 4th	" 5	
B 179b		B 103	ME 2	1238	1	" 6	
B 179c		B 120	M 93				

Date 12.2.19

W. H. Capt  
O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

E. Mark  
Fever

Particulars passed to Vocational Officer for information and action.

Date 17.2.19

W. H. Capt

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$6.50
- (b) Clothing Supplied Joseph A. ...

Date .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1084 <sup>mi</sup> to his home at Green Falls and Release Certificate No. 10 issued.

Date 17-2-19 *C. A. D. Wicks Capt*  
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 4-8-19

Date 17-2-19 *W. S. Kelly Capt*  
Depot Paymaster.

Discharge approved for 18-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	2	B 268	B 121	N.F. Med.	D.F. 1		
B 178	2	W 3494	B 122	Board 1st	" 2	1	for med
B 178a	1	D 400A	B 1915	do 2nd	" 3	2	
B 179	1	D 400B	Form L	do 3rd	" 4		
B 179a	1	D 400C	Form K	do 4th	" 5		
B 179b	1	B 103	ME 2	1238	" 6		
B 179c	1	B 120	M 93				

Date 17-2-19 *C. A. D. Wicks Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

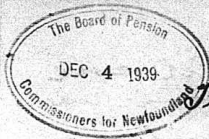
with following additional documents.

**Eligible for War Service Gratuity**

Date 18-2-19 *R. H. S. J. Capt*  
O. C. Discharge Depot.

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

Date Feb 21 1919 *J. M. L. H. Capt*  
for O.C. Records



656 Vaughan Rd.  
Toronto 10, Canada.  
Nov. 29, 1939.

Dept. of Pensions  
Nfld.

Dear Sirs-

I am writing  
to you to see if anything  
can be done as regards  
my war disability. I have  
been greatly troubled with  
my wounds, and every day  
they seem to be getting worse.  
After all I was discharged

2/2  
A



medically unfit and the time has come when I feel that something will have to be done for me, as I am unable to follow my trade as a painter.

I have been down to Christie St. Hospital several times and they have given me treatment, but what they gave me didn't seem to do <sup>me</sup> any good. I would like you to let me have a medical ~~board~~ examination

as I feel sure I should be getting a pension. Will you kindly let me know when I can have a medical board? I will be waiting to hear from you.

Yours truly

(Ex) Pte. E. Fleaver  
Regt. # 3647

656 Vaughan Rd  
Toronto 10. Canada  
July 8. /30.

Dept of Militia  
St. Johns. Nfld.

Dear Sir,-  
Would you please  
send me a copy of my dis-  
charge papers. I had the misfortune  
to loose mine, also my discharge  
badge. I would be very glad  
if you would forward same to  
me to above address on return  
mail. and oblige

I am Yours Truly  
Ex. Pte. C. Fever

No. 3647  
19-4-17 to 4/3/19

Office of the Archivist for Militia Records.,

P.O.Box 671

October 8th-1930

*Feaver*  
Mr. E. Feaver,  
656 Vaughan Road,

Toronto, 10, Ont.,

Dear Sir:-

Referring to your letter of July 8th., I beg to advise that duplicate discharge certificate cannot be issued to you, and that the issue of discharge badges has been discontinued.

I am enclosing a certificate of your service, which should be sufficient for your requirements.

Yours truly,

Archivist.

December 19, 1939.

Director of Medical Services,  
DEPT., PENSIONS & NATIONAL HEALTH,  
Foreign Relations' Section,  
OTTAWA, Ont.

Re - 3647, Edward Feaver: 656, Vaughan Road, Toronto, 10, Ont:  
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Dear Sir:-

I am forwarding herewith Medical Form for completion in respect of the marginally named, and would be glad if you would kindly arrange same.

Mr. Feaver has been instructed to report on your notification.

Yours very truly,

J. ST. P. KNIGHT, M.B.,  
Medical Adviser.

BT:

MP3647

December 19, 1939.

Mr. Edward Feaver,  
656, Vaughan Road,  
Toronto, Ont. (10)

Dear Sir:-

In reply to your letter of November 28th.,  
I beg to advise you that we are arranging to have  
you examined in respect of your Service Disability  
through the Department of Pensions & National  
Health, Ottawa, who will advise you in due course  
just where and when to report for this examination.

On receipt of the report at this Office your  
case will be given consideration.

Yours very truly,

J.A. McGRATH,  
Clerk, War Pensions.

BT