



FIRST NEWFOUNDLAND REGIMENT

Weth.

ATTESTATION OF

No. *2943*

Name *Charley Felier*

Corps

Questions to be put to the Recruit before Enlistment.

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

FOR THE DURATION OF THE WAR

Charley Felier 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.

10. July 16/16 *Charley Felier* SIGNATURE OF RECRUIT.

Chas. A. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at *St. John's* on this *10* day of *July* 191*6*.

Chas. A. Aye Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 191*6* } 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).....



FIRST NEWFOUNDLAND REGIMENT

Weth.

ATTESTATION OF

No. 2943 Name Charley Felber Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Charley Felber
- 2. What is your full Address? 2. Clarke's Beach, CB
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 years 10 Months
- 5. What is your Trade or Calling? 5. Warrant
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corp
- 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, Charley Felber 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.

6. July 16/16. Charley Felber SIGNATURE OF RECRUIT. Chas. N. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns.

on this 6. July 1916. Chas. N. Aye Capt. Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1916 Place Approving Officer.

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

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

POST CARD

TO BE USED FOR WRITTEN OR
PRINTED MATTER

ONLY THE ADDRESS TO BE
WRITTEN HERE



847512 boy C. Gankrodger

D boy. 185 Bn. C. I

15th ban. Inf. Bde

Witley camp

Surrey

England



With reference to your enquiry dated 14/9/17 on the subject of Nos. 3913 *pt* L. Massey and 2943 *pt* C. Gillies, the latest information received at this office is that the former is at present serving with the 2nd Newfoundland Regt Barry Camp, Barry, Forfarshire Scotland, and the latter in Charingcross Hospital, Agar Street, Strand London W.C.

NEWFOUNDLAND CONTINGENT.

To the Re-established Committee Officer,
Military Dept,
St. John's.

Dear Sir,

The bearer of this note Mr. Gillier is
opening business here about the last of August or the
first part of September.

C. Williams

Clark's Beach
6-8-19.



Civil Re-Establishment Committee
 MILITIA BUILDING,
 St. John's, Newfoundland.

HON. MR. JUSTICE KENT,
 CHAIRMAN.

R. B. JOB, ESQ.,
 H. E. COWAN, ESQ. } VICE-CHAIRMEN

SIR P. T. McGRATH,
 SIR M. P. CASHIN,

J. G. STONE, ESQ.,
 DR. V. P. BURKE,
 REV. DR. L. CURTIS.

MAJOR MONTGOMERIE,
 MAJOR MACPHERSON, C.M.G.

MAJOR PARSONS, M.C.,
 MEDICAL OFFICER.

DR. W. W. BLACKALL,
 VOCATIONAL OFFICER & SECRETARY.

WWB/EJ

ADDRESS ALL COMMUNICATIONS TO
 VOCATIONAL OFFICER,
 MILITIA BUILDING ST. JOHN'S.

August 20, 1919.

The Hon. A. E. Hickman,
 Minister of Militia,

Ex-Pte. Chesley Fillier

A. C. S.

Dear Minister,

Encl. I attach hereto a recommendation concerning the man named in the margin; you will note that he bears an excellent record, and that the case appears to be a genuine one, and I recommend that in the circumstances his request be complied with.

Yours very faithfully,

W. W. Blackall
 Vocational Officer,

AM
 Minister authorized
 payment
 25/8/19

Hon. A. S. Hickman

WWB/ME

August 18. 1919.

To:- Vocational Officer.

From:- Captain Murphy.

Ex-Private Chesley Fillier

The above mentioned man is about to be discharged from Hospital and is anxious to take up general business at Clarke's Beach. The attached certificate is from the gentleman who will be his supplier and it states that he is opening business there in his own behalf. Fillier asks therefore that his War Gratuity, that is the remaining amount, be paid to him in bulk as it will be of great assistance to him in establishing him in Civil life. He is a young man of excellent character, splendid mind and appearance; stability apparently good.

L. C. Murphy
Captain
F

*ONE
924*

Act

F

Hon J. R. Bennett.
St. John's

Apr 10/7

Dear Sir;—

My son was removed to
"Charing Cross Hospital London", on the Apr 25th
wounded in two arms and leg.

And have been ever since living in suspense and
anxiously waiting every day ^{to hear} if he is improving
and the condition of wounds.

So am writing this note to ask you if you would
kindly find out for me.

If impossible to do so please let me know at
your earliest—

And oblige.

Yrs Truly

Mrs John Fullier
Clarke's Beach.

My sons address.

No 2943 Pte Chesley Fullier
Charing Cross Hospital
London.

C.R. 2943

Extract from Nominal Roll Draft (All Ranks) to 1st Bn.
B&E.F. Embarked Southampton.

2943 Pte. C. Pillier.

30-11-16.

C.R. 2943

Extract from Nominal Roll Embarked S^t. John's for Overseas,
28/8/16.

2943 Pte. C. Fillier.

C.R. 2943

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

YORK RECORD OFFICE

LIST NO.H.A.8799

34892 Pte. Jackson, T.	26/North'd Fts.	Debility.Slt.....Adm.26 Gen.H.Etaples 22 Apl.17.
34856 Pte. Smith, W.H.	26/ -do-	Nyalgia.Slt. -do-
17818 L/C. Rowson, V.E.	2/W.Rid.R.	ICT.Legs.Slt. -do-
1549 Pte. Anderson, A.	18Northd.Fus.	Impetigo Slt. -do-
24960 Pte. Brummit, S.	2/W.Rid.R.	PUO Slt. -do-
24228 Pte. Fademan, W.	2/W.Rid.R.	ICT.L.Leg.& Fngr.Slt. -do-
214 Pte. Smith, E.	12/K.O.Y.L.I.	Impetigo Slt. -do-
39381 Pte. Naughton, B.	7/York.R.	GSW.Face.Slt. -do-
16306 Pte. Warrilow, J.	2/W.Rid.R.	ICT.Legs.Slt. -do-
45635 Pte. Elgey, F.	15/D.L.I.	ICT.Thumb.Slt. -do-
53072 Pte. Foster, L.	15/D.L.I.	Osteo-myelitis Hand.Slt.Acc. -do-
27493 Pte. Crowther, R.S.	10/Yorks.R.	Boils.Slt. -do-
45368 Pte. Sinclair, J.T.	2/York.R.	GSW.Hands.Sev. -do-
9371 Pte. Pattison, P.	2/W.Rid.R.	Torn Lip Acc.Slt. -do-
24274 Pte. Storey, R.	2/W.Rid.R.	PUO Slt. -do-
33087 Pte. Parratt, G.	10/York.R.	Trench Feet Slt. -do-
28560 Ptel Holmes, B.	13/Northd.Fus.	GSW.Head Slt. -do-
10531 L/C. Moyle, H.	14/D.L.I.	GSW.L.Ankle Slt. Adm.5 E.R.C.H. Etaples 30th Apr.17.
19620 Cpl. Clark, T.B.	3/att.10/E.York.R.	PUO Trench Fever Slt. -do-
13/911 Pte. Duffill, F.H.	13/ -do-	Defective Hearing. -do-
40360 Pte. Hazeldine, H.W.	15/W.York.R.	ICT.Foot Slt. -do-
19663 Pte. Jameson, R.	15/att.18 Durh.L.I.	ICT.Foot Slt. -do-
40460 Pte. Codd, A.	18/W.York.R.late	Cystitis Slt. -do-
	1/4 Linc.R.	
36994 Pte. Stonehouse, R.	3/att.2/D.L.I.	Nyalgia Slt. -do-
26779 Pte. Ford, G.	3/att.14/D.L.I.	Nyalgia Slt. -do-

NEWFOUNDLAND CONTINGENT

2943 Pte. Filler, C.

1/Newfoundland Bn.

LIST NO.H.A.8799

GSW.Arms.& L.Leg.Sev....Adm.26 Gen.H.Etaples 22 Apl.17.



1241

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line
Number

Rcd

By

Sent

by

Check

Dated

28th April, 1917.

To

Mr. John Fillier,

Clarkes Beach, C.B.

Regret to inform you that Record Office,
London, officially reports No. 2943 Private
Chesley Fillier at twentysixth General Hospital
Etaples April twentysecond Gunshot Wounds Left
Leg and Arms severe.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2943

Extract of Casualty List received from Pay and Records
Office London Dated April 20th. 1917.

The following s/b O.C. Unit, 16.4.17. as "Wounded" 14.4.17.
No previous reports.

2943 Pte. C. Fillion.

1st Newfoundland Regiment.

NEWFOUNDLAND POSTAL TELEGRAPHS. ✓



Cable Connection with all the World

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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

Line
Number

Rcd

By

Sent

by

Check

Dated

May 2, 1917.

To

Mr. John Fillier,

Clarkes Beach.

Record Office, London, today reports No. 2943,
Private Chesley Fillier, has been admitted Charing
Cross Hospital, London, nature of wounds very severe.

J.R. BENNETT

Colonial Secretary.

C.R. 2943

Extract of Code Telegram from Major Timewell, received
2nd May 1917.

Charing Cross Hospital, London, very severe:

2943 Fillier.

N

May 12, 1917.

Dear Madam,

I am in receipt of your letter of the 10th instant and will make enquiry by telegraph as to your son's condition. As soon as a reply is received you will be informed.

Yours truly,

Colonial Secretary.

Mrs. John Fillier,
Clarke's Beach, C.B.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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.

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I request that the following *to Mr. John Fillier* be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

J. M. Stanley
J. M. Stanley

Address

Line Number	Recd	By	Sent	by	Check
-------------	------	----	------	----	-------

Dated 14th May, 1917.

To Mr. John Fillier,
Clarke's Beach.

Report received today states slight improvement
in condition of No. 2943, Private Chesley Fillier.

COLONIAL SECRETARY.

C.R. 2943

Extract from Daily Orders Part 11, from Unit The Royal
Hfld. Regt. St. John's, dated August 2, 1918.

#2943 Pte. C. Fillier.

Having been found Medically Unfit is discharged
from July 25, 1918.

C.R. 2943

Extract from Daily Orders part 11, from Unit The Royal
Wild. Regt. St. John's, dated August 2, 1918.

#2943 Pte. C. Fillion.

Having been found Medically Unfit is discharged
from July 23, 1918.

C.R. 2943

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates

2943 Pte. C.Fillier,

Discharged 23 - 7 - 18, Medically unfit

C.R.2943

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 9, 1918.

The following men returned from overseas and reported
at depot July 6, 1918.

#2943 Pte. C. Fillier.

C.R. 2943

Extract from Telegram received from London, dated
June 25, 1916.

The following men embarked June 25, per Government
transport to Halifax being repatriated:

#2943 Pte. Chesley Fillier.

C.R. 2943

Extract of Casualties from Pay and Record Office London dated 8th. June 1918.

2943 Pte. C. Fillier

The above-mentioned ex Srd. London General Hospital 6/6/18, is granted furlough to 10 a.m. 14/6/18, with orders to report at the P. & R.O. on latter date for disposal. To be repatriated.

Authority: A.Fs. B. 179.

C.R. 2943

Extract of Casualties received from Pay & Record Office,
London, dated February 11, 1918.

#2943 Pte. C. Fillier. ✓

Transferred to 3rd London General Hospital, 7/2/18
from Charing Cross Hospital.

Auth:- Memo from 3rd L.G.H.

No. _____

BINEFIELD AUXILIARY HOSPITAL,
OXFORD. N.F.P./45.

NEWFOUNDLAND CONTINGENT

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

THE QUEEN ALEXANDRA
MILITARY HOSPITAL.
Date 16.8.14
No. B1356
GROSVENOR ROAD
LONDON, S.W.

Handwritten:
OK.
£2.0.0
W/W

Please remit to Pte Chesley Fidler

3rd Batt: Newfoundland Regt.

the sum of Two pounds _____ shillings, on
account of any balance that may be due to me.

1ST NEWFOUNDLAND REGIMENT
PAY & RECORD OFFICE
Ref. No. 4528
Rec'd. 17/8/14
Ack'd. _____
Ans'd. 8/8/14 18/8/14
File No. _____

Regtl. No. 2943 Rank Private

Name F. M. Allen (for Pte. Fidler)

Approved [Signature]
Officer i/c.

Binefield Aux: Hospital Hospital.

Dated at August 13th

1917.

Countersigned
[Signature]
16.8.14

[Signature]
CAPT. FOR BT. COL. R.A.M.C.,
G. HQ. Q.A. MILITARY HOSPITAL

8439/1

18th, August

Binefiel Auxilliary

Oxted.

2943

Pte

O. Fillier

2. 0. 0.

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES
A.C.I. 1011 OF 1916, PARA. 2(ix.)



Guilough 10 am 14/6/18

R. Newfoundland (Regiment)

No. 2943., Rank Private, Name Lisher
is discharged from *3rd London General Hospital, Wandsworth
with orders to proceed to his home: the address below.

(Address 58. Victoria Street S.W.)

and there to await further instructions as to his discharge from the Service.

Place Wandsworth [Signature] Officer Commanding.

Date 6/6/18 [Signature] Registrar, R.A.M.C.H.

Here enter name of Hospital or Unit from which the Soldier is discharged.
3rd London General Hospital, Wandsworth, S.W.

C.R. 2943

Extract from Nominal Roll of RFLD, Regt. Draft No. 14
from 2nd Bn. Depot, to 1st Bn. Royal B.A.F. Embarked
Southampton, 30-11-16.

2943 Pte. C. Fillier.

D 2943

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 39 Sent by _____ Rec'd by _____ Class 1st No. _____

Please from Clarke's beach

To Capt J J Grady



please extend leave
from monday 22nd
to Thursday 30th

2943 pte C Fillion

[Signature]
Account July 27/18

ST JOHN'S, NFID.,

August 2nd, 1918

O.C.
Royal Nfld. Regt.
Headqtrs.

SIR:

The undermentioned men have been discharged
on the dates given.

Kindly note and post in Daily Orders Part II

I have the honour to be,

Sir,

Your obedient servant

(sgnd) J.M.HOWLEY

Capt. & Paymaster etc.

529	Pte. Moore, J.W.	July 9	Med. unfit
568	" Barron, T.F.	"	"
1420	" Sheppard, L.	"	"
2199	" Ball, H.	"	"
3222	" Upward, W.	July 23	"
3897	" Brushett, J.	"	"
2943	" Filliar, G.	"	"
350	Sgt. Luff, J.	"	"
1083	" Power, J.	"	"
2053	" Locke, S.	"	"
2264	" Chafe, J.	July 26	"
2489	" Mahon, J.	"	"
2742	" Vaughan, H.	"	"
2500	" Moss, E.	"	"
1754	" Taylor, A.H.	"	"
1987	" Brown, A.	"	"
3467	" Juke, P.	Aug. 1	"

~~XXXX~~

July 10th, 1918

From Officer Commanding,
Depot:

To Inspector and Officer i/c Records,
Militia Department

399 Sergt. J. Liff
3983 Pte. F. J. Jones
3982 " Wm. Upward
3997 " J. Bruchoff
3943 " G. Piller
3983 " H. Locke

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Tuesday, July 9th.

I am sending them herewith for your attention and necessary action, please.



to the chief Paymaster
c/o P. & R. Office
58. Victoria Street

*Alfred
Wright
my friend*

the General Hospital

*of
Cambridge*

Remit the sum
of one pound
per cent.



O.K. £1.0.0 h/c

16⁵/₈ Recd No 201

8th LONDON GENERAL HOSPITAL
No. 2943
LONDON, E.C. 18.

2943 Ple. C. Filled.

*3rd L. G. Hospital,
Wandswoth*



To The Chief Pay Master
Nfld's Pay & Record Office

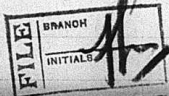
Approved
Wandsworth, 24/5/18

Please remit the

sum of One Pound (£1) to my credit

2943 Pte G. F. Nfld. Regt.

MB
£1-0-0
LAB
25/5/18
R. G. 7291





3rd London Genl Hospital
Wandsworth

To

May 27th 1918

the Chief Paymaster

Please permit from
my credit the sum of
One Pound (£1.)

#2943 Pte C Gilliam



OK
30/5/18

7472
Recd. 100

John
Capt. [unclear]

7472

C.N.

2943

Chesley Fillier was attested for General Service
with the NEWFOUNDLAND REGIMENT on July ²⁴~~24~~ 1916....

Regimental No. 2943 was allotted to Pte Ches. Fillier

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

473

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.

1. Christian name... *Bushby* 2. Surname... *Fillier*

3. Rank... *Private* 4. Regt. No. *2943*

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded... *Banked Beach* *B. B.*

6. Date of enlistment in the Regiment... *July 5th 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
None

8. Relationship of such dependents..... *None*

9. Address in full of such dependent... *None*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *None*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *None*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *July 5th 1916* *15*
July 23rd 1918

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

No

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

*The sum of Rs. 40
ex. p. D. Military Dept.*

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

Yes

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

No

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

No

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

No

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

No

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

July 23, 1918
on account of wounds

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

France 1916 & 1917

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

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

No

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

Signature of Applicant: *Whitley Fisher*
 Place of Residence: *Clarks Beach C. B.*
 Declared before me at: *A. John's Nfld*
 This *1st* day of *March 1919*
John M. Egan

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>11-12-18</i>	<i>100.10</i>		<i>5.00</i>	<i>3.50.00</i>
			<i>Less P.D.P.</i>	<i>1.00.10</i>
				<i>249.90</i>
	Certified Correct.			Paymaster:

Report of Medical Board.

Station **St. John's Mfld.** Date **July 9th., 1918**
 No. and Rank **2943 - Pte.** Age **21** Height **5'6"**
 Name **FILLIER CHESLEY** Complexion **Fair**
 Unit **Royal Mfld.** Eyes **Blue** Hair **Light Brown**
 Address **Clarkes Beach**
 Former Trade **Clerk**
 Enlisted at **St. John's** On **June 1916** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **G. S. W. LEFT ARM. COMPOUND FRACTURE OF ULNA & R. ARM SEVERE INJURY TO ULNAR NERVE. LEFT THIGH & BACK**

Subsequent

Present Condition (Compare with previous Board)

*4 large scars left fore arm some loss of bone.
 Can move hand & arm in every way but grasp is weak.
 Four scars over upper arm near shoulder right arm
 large skull-like scar near axilla large scar near elbow. Left hand wasted & paralyzed.
 Cannot rotate arm.
 Large skull-like scar over sacrum linear scar over buttock. Long scar over popliteal space.
 Walks well*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *Total six months*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *100% last month*

Recommendation of Medical Board

Discharge permanently unfit Members of Board

Clayton Macpherson
Major

H. A. ...
John ...
W. ...

Approving Medical Officer. D. H. S. NEWFOUNDLAND.



J.
Killic, Co.

2943

Ray sept

August 8th. 1918.

Private G. Filiar,
Clarke's Beach, C.B.

Dear Sir,-

I beg to enclose herewith cheque for \$60.80,
being the balance of pay due you to the date of dis-
charge, also a Certificate of Pay. I also enclose Cer-
tificate of Discharge and Character Certificate, together
with special form, which kindly sign and return to this
Office, at your convenience.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Encl. 5.

J/H.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service



No. 2942

Pillie

Rank _____

Name (surname first) _____

Regiment ROYAL NEWFOUNDLAND REGIMENT.

1. State what special qualifications you have for employment in civil life.

Clerk

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*L. Neworthy
Clarksbridge
for 1. Year*

3. What is the nature and locality of the employment you desire?

Unertain at present

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 22.5.18

Signature *Sgt C. Pillie*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

ORIGINALLAST 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:

Regtl No. 2943 Rank Pte Name C. Fillion Unit Royal Nfld. Regt who was Repatriated
to Newfoundland on 22/6/18 Authority A. F. B. 179 Cause Class ASTATEMENT OF ACCOUNT

DR.

	PARTICULARS					PARTICULARS					CR.				
	£	s	d	£	s	d	£	s	d	£	s	d			
PERIOD: From 22/12/17 To 22/6/18	Balance Dr. from					Balance Cr. from 21/12/17									
	Allotment 183 days @ 60	109	80	22	11	3	Pay 183 days @ \$1.00	183	00	26	1	0			
	Cash Payments: P. & R. O.			44	0	0	Field Allowance 183 days @ \$.10	18	30						
	Hospital Advances			1	0	0	Other Allowances days @ \$	201	30	41	7	3			
	Other Debits:						Other Credits:								
							Ration Allowance.								
							6/6/18-22/6/18, 17 days @ 2/1			1	15	5			
	Total Debits			67	11	3	Total Credits			69	3	8			
	Balance due by Paymaster			1	12	5	Balance due to Paymaster			69	3	8			
				69	3	8				69	3	8			

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

(Place)

. (Date)

191

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 21/6/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

21/6/18 191

Chief Paymaster & Officer i/c Records.



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 *Charles Filler*

aged *18 years* conducted at *62 B*

Date: *July 6th 1916* Recruiting Officer:

NO OF TEST FINDING

- 1 *No*
- 2 *No*
- 3 *No*
- 4 *No*
- 5 *No*
- 6 *No*
- 7 *No*
- 8 *Yes*
- 9 *No*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *1/6 both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *No*

{

29x13

34 *5 ft 5 in*
35 *119 lbs*
36 *5 ft 5 in 33. 37*

37 *\$4.00*
38 *Father John Filler 6 Lakes Beach*
39 *Nobody*

[Signature]

Signature of Medical Examiner:

[Signature] W. Burdick

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 179⁹⁰

Aug 25 1919

Received from the First Newfoundland Regiment
the sum of one hundred & seventy nine⁹⁰ Dollars.
~~on account~~ of Pay. W. H. G.
balance

W. H. G. Fuller

Ch. No. 8429	Initials. W. H. G.
Pay Ledger 80	Initials. W. H. G.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 2943

Rank Pt

Name C. Tillis

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁸⁰

July 28th 1918

Received from the First Newfoundland Regiment
the sum of Sixty ⁸⁰ Dollars.
~~an account~~
balance of Pay.

Ch. No. 372	Initials JH
Pay Ledger 26	Initials JH
Gen. Ledger RP	Initials JH

Regtl. No. Rank

J.P.H.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁸⁰

July 28th 1918

Received from the First Newfoundland Regiment
the sum of Sixty ⁸⁰ Dollars.

~~on account~~
balance of Pay.

Ch. No. 372	Initials J.S.
Pay Ledger 26	Initials J.S.
Gen. Ledger	Initials

Regtl. No. Rank

C.P.S.

No. 2943.

Rank

OC

Name

Fillis C.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰

July 8th 1918

Received from the First Newfoundland Regiment
the sum of fifteen Dollars.
on account of Pay.
balance

C. Filler.

Ch. No.	87	Initials	JH
Pay Ledger	26	Initials	RP
Gen. Ledger	RP	Initials	E

Regtl. No.

Rank

No.

2943

Rank

Pte.

Name

Chesley, Filled



3rd London Gen Hospital Wands -
Feb 11/18

Sir: - please grant me the sum of ~~2~~ one
pounds ~~1-0-0~~

your obedient
servant

2943 Pte C Fillion
Royal C.F.I.D Reg

JH
£ 1.0.0
11/2/18

Receipt No. 5660 one pound
J. H. [Signature]

3RD LONDON GENERAL HOSPITAL
No. _____
11 FEB 1918
WANDSWORTH, S.W. 18.

The Paymaster

M.F.I.D. pay & Record office
58 Victoria St



please grant me the sum of two pounds
(£20.0) from my credit: 8- MAR 1918

approved for (husband) your s

H. Winger

Capt. Cameron

2943 etc



O.K. £2 recd. 8/3/18 Receipt no 2995

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

Army Form W. 3016.
(In Books of 250.)

No. 1 Date 4. 2. 1918

(1) To the Officer i/c Records, 58 Victoria Street.
S.W.1 (Station).

(2) The Officer Commanding, Newfoundland Inf
Regt (Station).

(3) The Paymaster, 58 Victoria Street.
S.W.1 (Station).

Regimental No. 9913

Rank and Name Pvt Gillies C

Regiment or Corps 1st Newfoundland 2 Coy

has been granted a furlough from 4. 2. 18 to

His address while on leave will be: 3rd London General Hospital,
Wardsworth Common S.W.

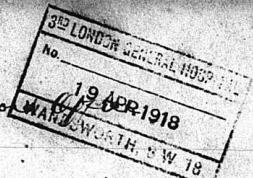
I consider he is fit for:
• Strike out that which is inapplicable.
i. Duty.
ii. Command Depot.
iii. Employment.

Officer in charge COLONEL, A.M.C.
101st Hospital,
1/6 QUEEN ALEXANDRA MILITARY HOSPITAL, (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.

To Chief Paymaster

N. F. L. D. Pay & Record



Please remit the sum of one pound
from my credit

M^o
£1.0.0

Yours obediently J. B. 19/4/18
Receipt No. 6663
2943 P. C. F. Miller



Approved.
W. J. G. [Signature]
R. M. [Signature]



To the Chief Paymaster
Newfoundland Pay & Record Office



Please grant me the sum
of one pound (£) from my
Credit.



O.S. £1 - Yours Obediently. *Approved
Wm. [unclear]
C. [unclear]*

A.P.P.
26/2/18

#- 2943 Pte. G. Tillier

Newfoundland Regt.

To the Chief Paymaster
of ex. f. I. W. pay & Record office.

360
LONDON GENERAL HOSPITAL
No. _____
6-MAY-1918
WALTON NORTH, S.W. 18.

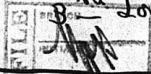
Sir: Please Remit ~~the~~ (£) pound from my a/c.



Yours obediently
C. Gillier.

6/5/18

£-1.00
JRS
Receipt No 2943
pc call
Capt



London general
hospital.

Rect no 6991

To Chief Paymaster

SL 4-0-0

Pay Record Office

Aug. 8. 4-18

58 Victoria St

Receipt no 6466



Please remit to me the sum of
One A.A.

~~Five~~ pounds of my credit.



Yours sincerely,

Approved
H. H. White Capt.
8/4/18

2943 The C. Gillies

27.4.18.

To the chief Pay master

c/o. L. D. Pay & Record office
58 Victoria Street

1/6

1.0.0

27/4/18

Receipt no 6899

Please Remit the sum of
one (£1) lb from my credit-
yours & obediently

Pte C. Filler

L. D. Reg.

*affirmed
in presence of
RM 294*



To the Chief Paymaster
The Pay & Record Office,
58 Victoria St.
London.

Q-60

Sir: Please forward at earliest convenience
a statement of my account as it
stands at present.

Yours Obediently,

2943 Rte. 6. Hillier.

Ward 3,
3rd

London S. Hospital,
Wandsworth,
London.

2/5/18.

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE,	
Ref. Pos. No.	✓ 4009
Rec'd	3 MAY 1918
Acc'd	Am'd
Ref. Nos. Old	
By	<i>ms</i>
Comd	
P & R	✓
R & C	
B & E	
P.S.	

6/5/18 *ms*
by Bal ~~for~~
L 31-1-3

No. 67/1

NEWFOUNDLAND CONTINGENT

N.F.P./48.

To: Officer in Charge,

Charing Cross Hospital,

Strand, W. C.

Pay & Record Office,
58, Victoria Street,
LONDON, S.W. 1,
LONDON, S.W.

2nd January 1918

9 JAN 1918

With reference to request of (No.) 2943 (Rank) Pte
(Name) G. Fillier Cheque No. 7346 for
£ 2:0:0 is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete Receipt Form on back of cheque before
presenting at a Bank.

Rec.
G. Ledy
Was Sec. for R. M. C.

A. A. [Signature]
Chief Paymaster & Officer i/c Records.

From, O. C.,
3rd, London General Hospital.

1575/18

To, The O.C.,
Records, Newfoundland 58 Victoria



In accordance with instructions contained in A.

2069 of 1916, I have to report that:-

No. 2943 Ste. C. Lillier ——— 1 R. Inf.

will shortly be brought before a Medical Board and will probably be discharged from the Army or re-classified.

Duplicate documents will not be required, please.

H. Jagger
Capt. R.A.M.C. (D)
Registrar, R.A.M.C.F.
3rd London General Hospital,
HAMPSHIRE ST. S. W.

Admitted 7-2-18

Army (In books of 100)

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 2943. Rank Pl
 Regtl. No. }
 Name Filmer
 (Surname first)
 Corps or Regiment } Rifles
 (also Unit if known) }
 To Officer i/c of Records 58 Victoria St-
 Regimental Paymaster do



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 22/5/18, has been sent to ~~his home~~ the address below to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~of his pay~~.

He proceeded on (date) 6/6/18
 to (full address) 58 Victoria St-

Date 6/6/18 G C Hall Officer
 Place Windsor 3rd London General Hospital Comm.
 Registrar, R.A.M.C.F.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

Admitted 7.2.16

(In books of 100.)

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's Regl. No. } 2943. Rank Private

Name Fildes (Surname first)

Corps or Regiment (also Unit if known) } 1st Bn. The Buffs

To Officer i/c of Records 58 Victoria St

Regimental Paymaster do



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 27/2/16, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 6/3/16

to (full address) 58 Victoria St

Date 6/3/16 g c hall { Officer

Place London Capt { Comm. Registrar, R.A.M.C.F. Hospital

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

The Chief Paymaster
H. H. Pay Record Off.

Sir:—

I wish to be credited at the
Office with my allotment
from the earliest date possible.
If it is not possible to put
the above into effect before the
15th of the present month, I
would like to be informed to
that effect, and leave my
allotment as it is at present.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Ref. Nos. W 4056

Rec'd 5 MAY 1948

Ack'd Ans'd

Ref. Nos. UUT

ACTED UPON

BRANCH	DATE
Comd.	4/5/48
P & A.	
R & C.	
B & E	
P.S.	

Obediently
Yours
2943 Rte. 6, Filler
Road 3,
2nd London Pen. Hoop.
Sandsworth
London S.W.

Wfd for Discharge

13/5/48

Since sent to nfld



4076

To: Charing Cross
Agar Street

Hospital.

Station Strand W.C.

Herewith Army Form B. 178 (Medical History Sheet)

in the case of

2943 Silbier C 1st Newfoundland Regt

NEWFOUNDLAND CONTINGENT.

Please acknowledge receipt hereon.

RECEIVED

5-5-17

Commanding

W. J. M. Wood
RMO.

Date

Signature

H. A. Munnell Maj.

PAYMASTER & OFFICER I/C RECORDS.

No. 2943 Rank

Pt

Name

Miller C.

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			20
Net Rate			90

N.F.P. 73

Net

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s d		
						From	To						
Balance					Balance						26	1	0
Acquittance Rolls					Pay @ Net Rate	21/7	6/8	167	50	835017	3	2	
Hospital Advances		1	0	0							18	9	
A.B. 64.					<i>9 days P.A. 2/1</i>								
P.&R.O. Payments		13	0	0		7/8	18/8	12	50	600	1	4	8
<i>Cash 76 15</i>	<i>5/6/18</i>	<i>30</i>	<i>0</i>	<i>0</i>									
					<i>30 2 11 ✓</i>								
					<i>1 = 7 = 7</i>								
					<i>Receipt No 7774</i>								
					<i>18/8</i>								

14-8 ✓
44-2-11 ✓
45-7-7

~~44-0-0~~
~~44-0-0~~

56/18

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

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

- No. _____ Date 4. 21 1918
- (1) To the Officer i/c Records, 58 Victoria Street -
S.W.1 (Station).
- (2) The Officer Commanding, Newfoundland Inf
Agz (Station).
- (3) The Paymaster, 58 Victoria Street -
S.W.1 (Station).

Regimental No. 2943

Rank and Name Pte Lillie C

Regiment or Corps 1st Newfoundland Coy

has been granted a leave from 4. 2. 18 to _____

His address, while on leave, will be: 3rd London General Hospital,
Wardsworth Common S.W.

I consider he is _____

i. Fit. _____

ii. Command Depot. _____

iii. Employment. _____

* Strike out that which is inapplicable.

Officer in charge _____ Officer
CAPT. & QM. MED. B. AM. Hospital,
1st QUEEN ALEXANDRA MILITARY HOSPITAL. (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.

1ST N. H. FOUNDLAND H. G. V. - 1917
 PAY & RECORD OFFICE
 Ref. No. **717**
 Rec'd. **3 NOV 1917**
 A.C.C.D.
[Signature]

Dear Sir

BRAN
 address credit £ 2-0-0 to
 ACTED BY
 BY *[Signature]*
 CASH *[Signature]*

[Signature] # case
 12/95/2

No 2943 Aux Hospital
 BINEFIELD
 BINEFIELD AUXILIARY HOSPITAL
 OXTED
 1 Newfoundlands
 Oxted.

Survey
 OK etc.
 £ 2-0-0
 23/11/17

2795/2

24th, November

Binfield Aux.

Oxted, Surrey.

2945 Pte. G. Filler

7102
22. 0. 0.

67/1

Charing Cross

2nd January 8

Strand, W. C.

2945

Pte

C. Fillioner

2:0:0

ok £2 = 0 = 0
AW 31-12-17

NEWFOUNDLAND & WESTERN ISLANDS
PAY & RECEIPT OFFICE.
Victoria Ward
Grand London.
DEC 1917
24th Dec. 17.

The Paymaster
of Nos
Newfoundland Record Office
58 Victoria St.

Would you kindly
forward to me the sum of
two pounds from my credit
balance.

Yours obediently,
2943 Pto. G. Fuller
1st Newfoundland Regt.

13 - C. Fillics
Charlton's Hospital
Agar St
Strand W.C.

3 L. Hussey
21 Nfld Reg
Barry Camp

Witley Camp
Surrey
Sept 14/17

1ST N. NEWFOUNDLAND REG'T
PAY & RECORD OFFICE
Ref. No. 5249
Date SEP 16 1917
Ack'd.
Ans'd.
File No.

Will you kindly
give me the addresses of
the two under mentioned
who are with the Newfound-
landers.

No 3913 Pte L. Hussey.
2413 Pte Chesley Fillics
I have enclosed a p.c. for
reply.

Trusting you can oblige
me in the above & thanking
you for same

Yours Respectfully
C. Gantwidge

P.S. The P.C. is addressed
877572 Corp. C. Gantwidge
D Coy 155th B. I. R. Coy. Inf. Regt.
Witley Camp Surrey

OFFICE COPY

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, 28/5/17.

Regtl No. 2945 Rank Pte Name G. Pillier Unit Royal Nfld. Regt who was Expatriated
 to Newfoundland on 22/6/18 Authority A. F. R. 178 Cause Class A

STATEMENT OF ACCOUNT

DR.

	PARTICULARS			£ s d			PARTICULARS			£ s d			CR.	
	£	s	d	£	s	d	£	s	d	£	s	d		
							Balance Dr. from							
							Balance Cr. from							
							21/12/17							
							Pay 185 days @ \$ 1.00	185	00		28	1	0	✓
							Field Allowance 185 days @ \$.10		18	30				
							Other Allowances days @ \$	201	30		41	7	3	✓
							Other Credits:							
							Ration Allowance.							
							6/6/18-22/6/18, 17 days @ 2/1				1	15	5	✓
							Total Credits							
							Balance due by Paymaster				69	5	8	✓
							Balance due to Paymaster							
								69	5	8				

PERIOD: From 22/12/17 To 22/6/18

CHECKED
J.P.S.
 21/6/18

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

(Place) _____ (Date) 191 O.C. " " Company.

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.

London to 21/6/18

Pay & Record Office, London,

21/6/18 191

Chief Paymaster & Officer i/c Records.

COPY.

Medical Report on an Invalid.

Station General Hospital
Woolwich

Date _____



- 1. Unit ROYAL NEWFOUNDLAND REGIMENT.
- 2. Regimental No. 2943
- 3. Rank Ser
- 4. Name Julius C.
- 5. Age last birthday 21
- 6. Enlisted { on June 1916.
at St John's

- 7. Former Trade } Clerk
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).
L. & R. Arm. Compound fracture of ulna & right arm
severe injury to ulnar nerve, left thigh & back.

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. 14th April 1917.
- 10. Place of origin of disability. France
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. in action at France 14.4.1917 was wounded by shell, sustaining a compound fracture of the left ulna & several wounds of the right upper arm muscles right ulnar nerve. He also received a severe wound in the back of thigh immediately above the popliteal space & another in front of the joint above the knee. Several operations have been performed, mostly for removal of sequestra from left forearm according to patient's statement. He was in Charing Cross Hospital when first sent to England & was subsequently transferred to the 3rd L.S.H. On 14.5.18. sequestra removed from left arm & in R. Arm ulnar nerve was exposed & freed from scar
- 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). Service during the present war
 - (b) constitutional or hereditary, and not aggravated by service during the present war. ✓
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. ✓

13. What is his present condition?

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

Wounds have all healed with the exception of one in the left forearm with a sinus. There is an extensive scar on the thigh. Complete absence nerve paralysis L. Arm.

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?

Surgical for removal of sequestra particulars of which are not available. In London General Hospital one for removal of sequestrum L. Arm & one on right arm (ulnar nerve freed from scar tissue.)

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?

Discharge as Permanently Unfit

Sgt. E. B. Dingley Capt. L. A. Hill

Officer in medical charge of case.

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

Station Woodswood L.V.

Col. Bruce Foster Col. A. Hill
Commander in charge of Hospital
London General Hospital

Date 21.5.18

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

† 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.

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

- (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
- (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.L.W.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which? *No*

23. Is the disability permanent? *Yes*

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. *100.*

26. If an operation was advised and declined, was the refusal unreasonable? *None No 16.*

27. Do the Board recommend—
(a) Discharge as permanently unfit, or
(b) Change to England? *Yes*

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.

Yes as O.P. for Massage & Electrical Treatment

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? *No*

London General Hospital
Station *Wandsworth Sw.*

See above Capt. H.A.A.C.
A. B. B. L. U.S.A.
President.
Members.

Date *22.5.18*

Approved.
Station *DR.*
Date

See above Capt. H.A.A.C.
Administrative Medical Officer.

Reg. No. 2943 Rank Pte Name Phillips G

Attested..... Address Clarks Beach

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 6-7-18

Embarked for Overseas..... Cause.....

8-7-18	Rec Discharge Per unfit
9-8-18	Sent to Paymaster for Personal Wanted Leave to July 30 th

DISCHARGED—MEDICALLY UNFIT JUL 20 1918

Casualty Form—Active Service.

Regimental Number **C.R. 2943**

Regiment or Corps **2/1 Newfoundlands Regt-**
 Rank **Pte** Surname **Fillier** Christian Name **E. Chesley**
 Religion **Methodist** Age on Enlistment **18** years **10** months.
 Enlisted (a) **St. John's** Terms of Service (a) **Duration** Service reckons from (a) **9/14/16**
 Date of promotion to present rank _____ Date of appointment to lance _____

Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate **2nd MAJ 1917**
 Signature of Officer in Charge _____



COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 Report No. **00213/1917**
 N.F.P.38. No. Date From Whom received
 DATED **22 JUN 1918**

Report No.	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	Shampton	30 NOV 1917
			Disembarked	Rouen	1-DEC 1916
	<i>Unit</i>	Joined Battalion	<i>France</i>	19/2/16	B213
			WILD BATT.	28. 1. 17	
15.4.17	<i>Unit</i>	Wounded in Action	<i>France</i>	14 APR 1917	B213
16.4.17	87 F.A.	Ad. Evans & W. Hon, Bomb <i>W do. multiple</i>	41 h. h. d.	14.4.17	W 3085
30.4.17	21 & Hoop <i>Newhaven</i>	Ad. G.W. Arms & L. leg <i>Invalided to England</i>	<i>Etaples</i>	22.4.17 27.4.17	H.A. 8799 W 3083

(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 on [P.T.O.]
 (b) Signaller, Shoeing-Smith, &c.
 (938). Wt. 15012/5156. 1,000,000. 1/16. P.P.Ltd. Forms/B.106/3.

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



MEDICAL HISTORY of

Surname Lidder Christian Name Charles

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined { on 6 day of July 1916
 at St John's Hospital

Declared Age 18 years 10 months

Trade or Occupation Merchant

Height 5 feet, 2 inches.

Weight 119 lbs.

Chest Measurement { Girth when fully Expanded. 37 inches.
 Range of Expansion 4 inches.

Physical Development

Vaccination Marks { Arm ... Right Left
 Number _____

When Vaccinated

Vision { R.E.—V= 6/6
 L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) James Peterson
 (Rank) Major Medical Officer.

Enlisted { at St John's Hospital
 on 6 day of July 1916

Joined on Enlistment ...	Corps.	Regt. No.
	ROYAL NEWFOUNDLAND REGIMENT.	<u>2942</u>
Transferred to ...		

Became non-effective by _____
 on _____ day of _____ 1916
 (Signature) _____
 (Rank) _____

Table III.—Boards; Courts of Inquiry, 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
28.7.16.	1 st inoculation <i>H.S.W.</i>
3.8.16.	2 nd do " "
9.8.16	3 rd do " "
30.8.16	Vacc " "
12.11.16	Lic. for Foreign Service <i>H.S.W.</i>
22.5.18	Board held Board finding. Permanently unfit Approved 22.5.18 <i>Geo. E. Dingley Capt. R.A.M.C.</i> <i>for London General Hospital</i> <i>Haulsworth Lt</i>

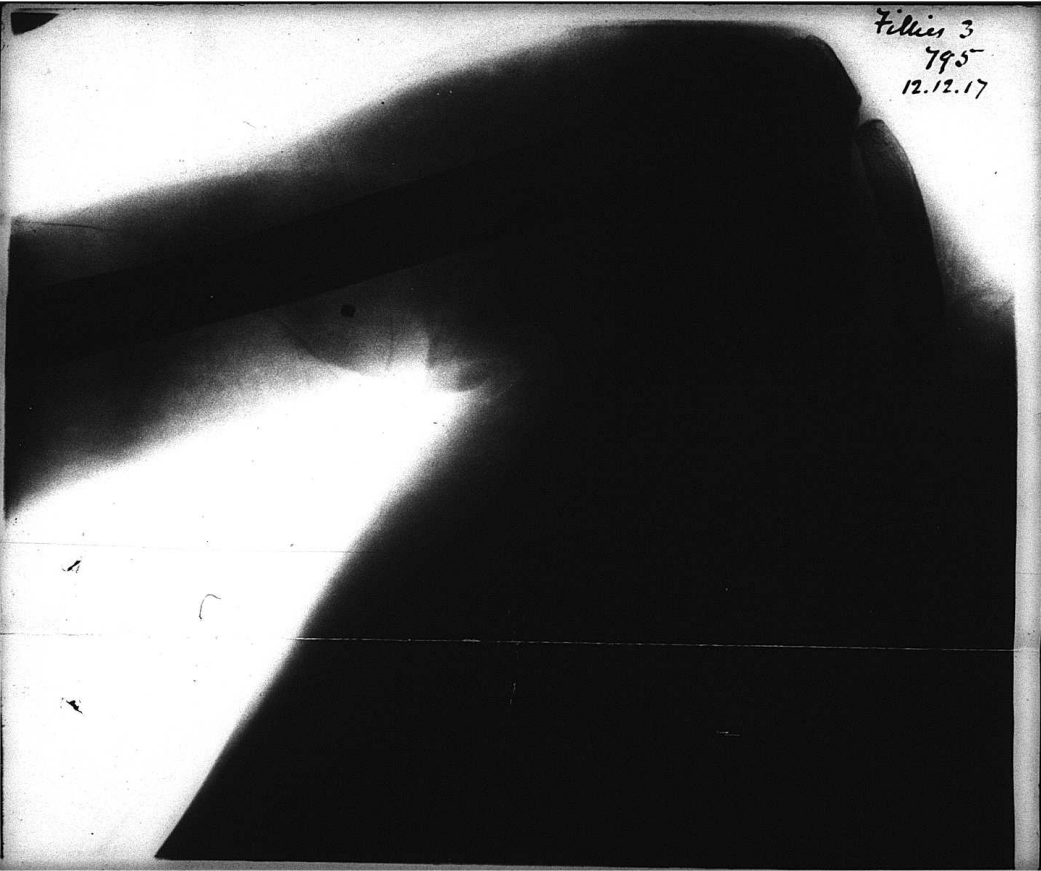
Table IV.—Service Table.

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

Filices 3
794
12.12.17

Fellier 3
794
12.12.17

Films 3
795
12.12.17



Filices 3
793
12.12.17



6 Fillier

C.R.

294-3

~~LRD~~

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 2943 Army Rank Platoon
 Name Willie Chesley
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age 21 years _____ months
 Height 5 feet 6 inches
 Chest measurement { girth when fully expanded _____ ins.
 range of expansion _____ ins.
 Complexion Fair
 Eyes Blue
 Hair Light Brown
 Trade Cook
 Intended place of residence { Charles Beach
 (To be given as fully as practicable) Newfoundland

Descriptive marks.
Shrapnel Wounds of Arm.

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No. 1213/80
 DATED 22 JUN 1919

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— _____

4. Character awarded in accordance with King's Regulations:— _____

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* _____

COPY.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.



(When forwarded for confirmation the document named on page 4 should be accompanied by a copy of the original.)

No. <u>2943</u>	Army/Rank <u>Private</u>	
Name <u>Fillie + Chesley</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps ROYAL NEWFOUNDLAND REGIMENT.		
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)		
Date of discharge <u>July 23rd 1918</u>		
Place of discharge <u>St. John's, Nfld.</u>		
1. Description at the time of discharge.		
Age <u>21</u> years _____ months	Descriptive marks. <u>Shrapnel Wounds of Arm.</u>	
Height <u>5</u> feet <u>6</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>fair</u>		
Eyes <u>Blue</u>		
Hair <u>Light Brown</u>		
Trade <u>Clark</u>		
Intended place of residence { <u>Clark's Road</u> (To be given as fully as practicable) <u>Newfoundland</u>		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service on account of wounds received in action</u>		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority the No. and date of the letter to be quoted.)		
3. Military character :- <u>Very good</u>		
4. Character awarded in accordance with King's Regulations :- _____ _____ _____ _____ _____		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
Initials of Commanding Officer. _____		
Army Form B. 2088 has been issued to* _____		

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. Johns _____ G. Fildier (Signature of Soldier.)

(Date) August 9th 1918 _____ W. Holland (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

(Date) _____

Signature _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Stationing Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Stationing Office, Chelsea, London, S.W.1.

Changes occurring in description subsequent to the date of admission to pension should be stated in Statement B.



A Name in full Lilliet Chesley
 Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT
 Regimental Number 2943
 Where born (Parish, Town and County) and when Clarks Beach Newfoundland
 Intended address Clarks Beach Newfoundland
 Height on discharge 5 Feet 6 Inches
 Colour of Hair on discharge Brown Colour of Eyes Blue
 Descriptive marks Shrapnel W. L. Arm Complexion Fair
 Figure on discharge Medium
 Christian name of Father John
 Christian name of Mother Elizabeth
 Wife's Maiden name in full _____
 Date and Place of Marriage _____
 Christian names of Children _____
 Nature and locality of civil employment desired Special Training

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) Lilliet Chesley
Station Woodworth S.W.

(Rank) _____
Date 13.5.18

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.

W. E. Dingley Medical Officer in Charge
Station Woodworth S.W. Date 13.5.18
Hospital.

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed ...					
Service towards Pension ...					
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }				
Sums due on account of public debts ...					

Rank on Discharge _____
 Character (as on Certificate of discharge) _____
 Where born, and on what date _____
 Date and Place of first Enlistment _____
 Trade on Enlistment _____
 Cause of Discharge _____
 Number of G.C. Badges _____ Medals _____
 Wounds, and Actions in which received _____

Other distinguishing marks _____

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____
Date _____

Officer in Charge _____
Records. _____

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Filmer Coleley
Regiment from which discharged 1st T.N.F.L.
Regimental Number 2943
Where born (Parish, Town, and County), and when Blaker Beach, Newfoundland
Intended address Blaker Beach Newfoundland

Height on discharge 5 Feet 6 Inches
Colour of Hair on discharge Light Brown **Colour of Eyes** Blue
Descriptive marks Shoulder Band R Am. **Complexion** Fair
Figure on discharge Medium
Christian name of Father John
Christian name of Mother Elizabeth
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired Special Reserve

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No. 9922/80
 DATED 22 JUN 1918

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)
Wanda Worth
Station WANDSWORTH

(Rank) Private
 Date 18.5.18

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.

3rd London General Hospital, WANDSWORTH, S.W. **Station**
18/5/18. **Date**
W. W. [Signature] **Medical Officer i/c Hospital.**

B Period of Service and in what Corps	Regiment	Years	Days	All Service Abroad with Stations		
				Years	Days	Days
				India		
				S. Africa		
Disallowed						
Service towards Pension						
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2942 ~~2934~~ Rank Pvt Regiment 1 R. Infld
 Name Fulmer, C.
 (Surname first)

1. State what special qualifications you have for employment in civil life.

blank

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.

N.F.P.38. No. 2913/1918

DATED 22 JUN 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*F. Rosenworthy.
 Clarkesbridge.
 Infld.
 for 1 yr.*

3. What is the nature and locality of the employment you desire?

Uncertain at present

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date

22/5/18

Signature

C. J. Miller

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Original

Medical Report on an Invalid.

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date _____

- 1. Unit 1st P.N.F.L. Co
- 2. Regimental No. 2932 2943
- 3. Rank Sgt
- 4. Name Lillies. C.
- 5. Age last birthday 21.
- 6. Enlisted { on June 1916
at St John.

7. Former Trade or Occupation } Black.

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

- (a) Former Unit:
- (b) Regimental No.
- (c) Date of Discharge: O.C. H.Q.
- (d) Cause of Discharge: ST. JOHNS, N.F.L.D.

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No. 9928/38
 DATED 22 JUN 1918

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.N. Left arm, ~~severe injury~~ compound fracture of Ulna, Right arm severe injury Ulnar nerve, & Left thigh & Back.

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. 14. April 1917.

10. Place of origin of disability. France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *In action at Monchy, 14th April 1917, was wounded by shell sustaining a compound fracture of the L. Ulna, & several wounds of the Right upper arm involving the Ulnar nerve. He also receives a severe wound on the back of thigh, immediately above the popliteal space & another in front of the knee above the knee. Several operations have been performed mostly for removal of sequestra from left forearm according to patient's statement. He was in charge of the hospital when first sent to England & was subsequently transferred to the 3rd R.G. H. On 11/3/18. Sequestra removed from left arm, & his R. arm ulnar nerve was exposed & freed from scars.*

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

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

Service during the present war
P.S.W.

13. What is his present condition?

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

wounds have all healed with the exception of one in the left fore arm with a sinus. There is an extensive scar on the L. thigh. Complete ulnar nerve paralysis R. arm -

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?

Several for removal of sequestra particulars of which are not available. In B⁴ London Gen Hosp: One for removal of sequestra L. arm & one on R. arm ulnar nerve freed from scar tissue)

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?

Discharge as permanently unfit

W. H. Single Captain

Officer in medical charge of case.

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

except †
3rd London General Hospital,
Station WANDSWORTH, S.W.

H. E. D. ...

Officer in charge of Hospital.

Col. A.M.S.

Date 21/5/18

Comd'g. 3rd. London Gen. Hospital.

*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.

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

(i.) Service during the present war; *4/2*

(ii.) Climate; *✓*

(iii.) Ordinary military service; *✓*

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or *✓*

(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? *B. S. W.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which? *No*

23. Is the disability permanent? *4/2*

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? *100*

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

26. If an operation was advised and declined, was the refusal unreasonable? *vide no 16.*

27. Do the Board recommend—

(a) Discharge as permanently unfit, or *4/2*

(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. *Yes as D.P. for manual electrical work*

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? *No*

Signatures:—

3rd London General Hospital,
Station WANDSWORTH, S.W.

W. S. B. [Signature] President.

Date *22/5/18*

J. J. B. [Signature] Members.

3rd London General Hospital,

Approved
Station WANDSWORTH, S.W.

W. S. B. [Signature]
Administrative Medical Officer.

Date *22/5/18*

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

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

To the Officer i/c Records _____

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

Soldier's surname _____

Christian names _____

(in full)

Regt. No. and Rank _____

Regt. or Corps _____

If T.F. this should be stated

His address on discharge will be _____

This information is for the Central Army Pension Issue Office only.

The Soldier states that* _____

allowance

is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

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

Station _____

3rd London General Hospital, S.W.

Date _____

President of Board

(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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

MEDICAL HISTORY

Surname Illier 1926 Christian Name Charles

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	6	July 1916		191
at	St Johns Rd.		at	
Declared Age	18	years 10		days
Trade or Occupation	merchant			
Height	5	feet 5		inches
Weight		119		lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V	4/6	R.E.—V	
	L.E.—V	6/6	L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)	<i>Lamont Paterson</i>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St Johns	at	
	on	6 day of July 1916	on	day of 191
	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	1st New Zealand Regiment			
Transferred to	New Zealand			
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
F.P.38. No. 9913
DATED 22 JUN 1916

3 MAY 1917
PAY & RECORD OFFICE

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

Date	Brief Details, and Signature																								
28-7-16	1st Inoculation	J.P.																							
3-5-16	2nd	J.P.																							
9-5-16	3rd	J.P.																							
30-8-16	Vacc.	J.P.																							
26-X-16	Report by Major J. Ferguson Same. Lt. Scob. Sen. Hosp.	J.P.																							
<table border="1"> <tr> <td colspan="2">RANK & NAME: P.A. Filleul</td> <td colspan="2">DATE OF EXAM: 27/11/16</td> </tr> <tr> <td colspan="2">CORPS: 8th Newfoundland</td> <td colspan="2">DATE OF ISSUE: 1.000</td> </tr> <tr> <td>VISION WITHOUT GLS</td> <td>SPH</td> <td>CYL</td> <td>AXIS</td> </tr> <tr> <td>R 6/8</td> <td>-</td> <td>+2.00</td> <td>90</td> </tr> <tr> <td>L 6/8</td> <td>+2.00</td> <td>+1</td> <td>90</td> </tr> <tr> <td colspan="2">SIGNATURE OF M.O.: J. Ferguson</td> <td colspan="2">OFFICER'S INITIALS: J.P.</td> </tr> </table>	RANK & NAME: P.A. Filleul		DATE OF EXAM: 27/11/16		CORPS: 8th Newfoundland		DATE OF ISSUE: 1.000		VISION WITHOUT GLS	SPH	CYL	AXIS	R 6/8	-	+2.00	90	L 6/8	+2.00	+1	90	SIGNATURE OF M.O.: J. Ferguson		OFFICER'S INITIALS: J.P.		<p>ophthalm. 2.500. Astigm. 10.000</p> <p>Further recommends that he be transferred from shooting unit. Lt. ac. 10000 for eyes J.P.W.</p>
RANK & NAME: P.A. Filleul		DATE OF EXAM: 27/11/16																							
CORPS: 8th Newfoundland		DATE OF ISSUE: 1.000																							
VISION WITHOUT GLS	SPH	CYL	AXIS																						
R 6/8	-	+2.00	90																						
L 6/8	+2.00	+1	90																						
SIGNATURE OF M.O.: J. Ferguson		OFFICER'S INITIALS: J.P.																							
13-11-16.	Fit for foreign service J.P.W.																								
22 MAY 1918	<p>Board held</p> <p>Board finding Permanently unfit</p> <p>Board approved 20/5/18</p> <p>Warrant Officer Captain</p> <p>3rd London General Hospital</p> <p>WANDSWORTH</p>																								

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [686] W:017/2121 1000m 6/15m 52 56

Forms
B. 121.
23.

Regiment of

Newfoundland

Number of Sheet

Sheet.

Signature of O. C. Company

J. S. [Signature]

Regimental Number and Name <i>2947 Gillies Co.</i>		Enlistment		Trade <i>Merchant</i>		Good Conduct Badges, Service Pay or Proficiency Pay	
No.		Age on	<i>18</i> years <i>10</i> months	Rank <i>Medic</i>			
Joined	<i>Sept</i>	Date	<i>5/9/16</i>	Place and Date of Enlistment <i>St John 7/2/16</i>			
Joined		Date		Period of { with Colours <i>2</i> years with Reserve <i>3</i> years		Place of Birth <i>Blacks Beach</i>	
Joined		Date					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order terminating punishment	By whom awarded	REMARKS
				<i>Medically unfit</i>	<i>St John 23 7/18</i>				

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
P.38. NO. *0013/18*
DATED **22 JUN 1918**

To be carried over

Army Form B. 121.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4, Ont.
Sept 30, 1969

Date

TO: Copy for HO file

À:

Attention of:
Compétence de:

NAME Service No. CPC No. 260029
NOM FILLIER Chesley Matricule N° 2943 WW1 CCGP N°
WVA No.
AAC N°

Information received from: FME CPC St John's Nfld Date Aug 25, 1969
Information reçue de:

Date of Death March 1, 1969
Date du Décès
Cause
Place St John's General Hospital
Endroit

Name and address of next-of-kin (if known)
Nom et adresse du plus proche parent connu

Distribution: WSR - VI - DO - HO
DASG - ASS - ~~BU~~ - BC

Pour le chef,
C.C. Richards
for Chief, Central Registry Division.
Dépôt central des dossiers.