



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4010 Name Thomas Jones Corps C.I.E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Jones
2. What is your full Address? } 2. Hopedale, Labrador
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years 0 Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Thomas Jones 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.

Thomas Jones THE SIGNATURE OF RECRUIT.
W. J. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Jones 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.....
 on this 24th day of April, 1915
 Signature of Attesting Officer W. J. [Signature]

†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 24th April 1915 }
 Place [Signature] } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Thomas

Apparent age 19 years — months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Thomas
Bedford Square | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] _____ " _____

4019



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4019 Name Thomas Flowers Corps C.O.F.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Flowers
2. What is your full Address? } 2. Hopedale Labrador
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years — Months
5. What is your Trade or Calling? 5. Postman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Thomas Flowers 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.

Thomas X Flowers SIGNATURE OF RECRUIT.
Robert Bell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Flowers 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.....
on this 24 day of Oct. 1917

Signature of Attesting Officer W. J. [Signature]

†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 Oct. 24 1917 }
Place [Signature] } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Flowers
 Apparent age 19 years — months. Height 5' feet 6 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frances Flowers
Ropedale Labrador | 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 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>24-10-17</u>									
Joined at <u>St John's</u> on <u>October 24th 17</u>									
<u>Discharged July 14. 1919</u>									
<u>Embarked St John's S.S. Hozeel to Halifax 10. 29th 18</u>									<u>Embarked H.M.S. 27th 18</u>
<u>Admitted 3 Co. 4th Hosp. Boulogne Madonia 13-7-18</u>									<u>Discharged to</u>
<u>5 Res. Camp Martin 30-8-18</u>									<u>Admitted</u>
<u>14th Hosp. Boulogne 9-10-18</u>									<u>3-11-18</u>
<u>Transferred to Winchester 18-11-18</u>									<u>to 14th for discharge 30th 19</u>
<u>Admitted 16th Hosp. Winchester 16-2-18</u>									
<u>Arrived to Newfoundland 7-2-1919</u>									
<u>Demobilization St John's 14-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-7-19 (date of discharge) 1 years 264 days
 " " Pensions " " " " " " " "

C.R. 4019

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 8/9/19.

Discharged Hospital.

The undermentioned is discharged for duty.

4019, Pte. Flowers, C. Coy.

C.R. 4019

extract from Daily Orders Part II Royal Newfoundland Regiment
Depot sq. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
14-7-19.

4019, Pte. Thos. Flowers.

C.R. 4019

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the under noted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
following date
30-6-19.

4019, Pte. Thos. Flowers.

C.R. 4019

Extract of Preliminary Report of a Medical Board held on
Thursday Afternoon April 10th/19. The following was the find-
ing.

RECOMMENDED DISCHARGE FROM THE ARMY.

4019, Pte. T. Flowers.

C.R.

4019.

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated April 1st 1919.

Admitted to Barracks Hospital 31/3/19.

4019 Pte. T. Flowere.

C.R. 4019

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, 11-2-19.

The undernoted returned from Overseas and reported to
Depot 7-24-19.

Repatriated on A.F. 3179.

4019 Pte. Thos. Flowers.

C.R. 4019

Extract from Nominal Roll of the Royal Nfld. Regt
Embarked S.S. Corsican, Jan. 30, 1919.

4019 Flowers.

C.R. 4019

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 21/11/18.

To England.

#4019 Pte. T. Flowers.

3/11/18.

C.R. 4019

Extract from Casualties received from Pay & Record
Office, London, Nov. 18th, 1918.

4019 Pte. T. Flowers.

Was discharged from Bermondsey Mil Hospital 18-11-18
and proceeded to 2/Bn. Winchester, without furlough
at own request. Fit for 1. duty.

C.R. 4019

EXTRACT FROM TELEGRAM FROM SYNOPTICAL DATED NOV. 9th., 1918.

With reference to my telegram Nov. 7th.,

4019 Flowers suffering from Diptheria.

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

Nov. 9th, 1918

To

Francis Flowers, Hopedale, Labrador.

Regret to inform you that Record Office, London,
officially reports **No. 4019, Private Thomas Flowers**
previously reported suffering from dysentery Nov. 7th
now reported suffering from diphtheria.

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

J.R. Bennett

Chge Dept of Militia

Minister of Militia.

FOR TYPEWRITER

- C. R. 4019
Quarter No. 19

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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Nov 8th, 1918**

To **Francis Flowers, Hopedale, Labrador.**

Regret to inform you that Record Office, London, officially reports **No. 4019, Private Thomas Flowers at Bermondsey Military Hospital suffering from dysentery**

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

J.R. Bennett

Chgo Dept of Militia.

Minister of Militia.

FOR TYPEWRITER



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by M. J. Bennett Read by _____ Check ✓

Place from R. Bennett

To _____



How is my son 4019
John E Green please
reply.

Mrs Mary King

C.R.

~~15~~
m 37-3

Extract from Telegram to Military St. John's from Synoptical, London
dated November 5th. 1918.

Following has received decoration:

1376 Corpl. Joy

Military Medal.

C.R. 4019

Extract from Nominal Roll of Sick and Wounded from the France

Expeditionary Force to the Bermondsey Hospital, admitted
M i l i t a r y 3-11-18

#4019 Pte. T. Flowers

DYPHTHERIA.

C.R. 4219

Extract from War Office List No. H.A. 31195

DIS. TO 5 REST CAMP ST. MARTINS DTLS. EX 10 CON. DEP. 30 OCT. 1918.

4219
~~4219~~ Pte.

D. Campbell.

S.W. FACE.

C.R. 4019

Extract of Orders by Lt.Col.H.J.Barton D.S.O.Commanding
2nd Battalion Royal Newfoundland Regiment.

The following reported back from the 1st Batta, is
taken on the strength and posted to "H" Company

4019 Pte.F.Flowers as from 26/10/18.

E.R. 4019

Extract from Casualties List No.H.A. 30160

4019 Pte. T. Flowers.

Adm. 14 Sty H. Boulogne, 9th Oct'18 Diphtheria M¹ld.

L/Nfld. Regt.

C.R. 4019

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

No. H.A. 29873

A.D.M.I.R.A.L.T.Y.

Dis. ex 1 Rest Camp, Cherbourg 5 Oct '18

J/28144 A.B. Hull H..... R.N. H.M.S. 'Yeronica'.. Influenza.
Civilian Steward Elias A. M.M. S.S. "Arun" Scabies.

No. H.A. 29873

G.O.V.E.R.N.M.E.N.T. CONTRACTORS

Dis. ex 1 Rest Camp, Cherbourg 5 Oct '18

Civilian Steward Elias A..... M.M. S.S. "Arun"..... Scabies.

No. H.A. 29873

NEWFOUNDLAND EXPEDITIONARY FORCE

Adm. N.Z. Stv. H. Wisques 4 Oct '18

4019 Pte Flowers T..... 1 Newfoundland..... ? Diphtheria.



1924

R.R. 4019

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

LIST NO.H.A.28366.

NO. TWO. RECORD OFFICE - PRESTON.

ADMITTED 10 CON. DEP. ECAULT 30 AUG. 1918.

306398 L/C. Walker E. 1/5 K.L.R. GSW. Leg Rt.
DIS. TO 5 REST CAMP ST MARTINS BOULOGNE CLASS "A" EX 10 CON. DEP. 30 AUG. 1918.

95564 Pte. Beresford H. 4 K.L'pools. D.A.H.
34580 Pte. Fishenden J.G. 9 L.N.Lancs. Debility.
26863 Pte. Butler G. 8 K.O.R.L. GSW. Arm L.
244950 Pte. King E.K. 2/5 L.N.Lancs. Boils Neck.
265799 Cpl. Chappel T. 1/12 L.N.Lancs. GSW. Upper Arm R.

201938 L/C. Bailey A. 1/K.L'pools. Quinsey.
41642 Pte. Faragher W. 1/4 L.N.Lancs. Wd. Gassed.
41650 Pte. Hall A.H.D. "C". 1/4 -do- GSW. Thigh Acc.
41380 Pte. Bilkoliff J. 2/5 K.O.R.L. ICT. Ankle L.
50884 Pte. Hague B. 1/K.L.R. Wd. Gas Shell.

DIS. TO 5 REST CAMP ST MARTINS BOULOGNE EX 10 CON. DEP. 30 AUG. 1918.

11736 Cpl. Johnson A. 1/K.L'pools. GSW. Back.
381695 Pte. Thomas W.C. "2". 13 -do- Trench Fever.
202793 L/C. Bates P. L. "3". 1/4 L.N.Lancs. Pleurisy.
3730 Pte. Long T.A. 5 Lancs. Bursitis Elbow L.
87445 Pte. Parkes F.B. 7 K.L.R. Influenza.

21596 Pte. Croser H. 8 K.O.R.L. Wd. Gassed.
41024 Pte. Griffiths C.P. 2/4 L.N.Lancs. -do-
14812 Pte. Kelly P. "A". 9 L.N.Lancs. Unhealed Forearm.
50291 Pte. Foulds J. 18 K.L.R. Syno. Knee R.
268077 Pte. Hedgecock T. 2/6 K.L'pools. Influenza.

NEWFOUNDLAND - RECORD OFFICE.

LIST NO.H.A.28366.

DIS. TO 5 REST CAMP ST MARTINS BOULOGNE EX 10 CON. DEP. 30 AUG. 1918.

4019 Pte. Flowers T. "P" R. Newfoundland B. Brain Pneumonia.



Handwritten signature/initials

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

C.R. 4019

ARTILLERY ROYAL GARRISON.

LIST NO. H.A. 26310.

12/131338 Sjt. Cohen, L.	ASC. Mt. att. RGA. 47/SBAC.	Conts. L. Testicle... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
70260 Gnr. Kneale, R.G.	RGA. 211/S. By.	Ac. Sev.
48513 Gnr. Robinsen, T.	RGA. 255/S. By.	?Scabies Mild..... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
65977 Cpl. Suddick, A.H.	RGA. 91/S. By.	SW. R. Ankle Sev.... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
181387 Dvr. Shanly, D.T.	RGA. 5/S. By.	Spr. R. Ankle Acc.... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
318843 Bdr. Butcher, H.J.	RGA. 117/H. By.	Mild.
129358 Bdr. Denholm, F.	RGA. 274/S. By.	Spr. Wrist Ac. Fro... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
		l. Index Fng. Sev.
		P.U.O..... Dis. to St. Martins Camp Dtls. ex 3 Can. Gen. H. 13 July 18.
		Spinal Curvature... Dis. to M.B. ex 1 Aus. Gen. H. Rouen 13 July 18.

ARTILLERY ROYAL HORSE & ROYAL FIELD.

LIST NO. H.A. 26310.

62897 Gnr. Andrews, F.	RFA. B/86 Bde.	P.U.O. Tr. Fever..... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
955843 Dvr. Butcher, F.W.	RFA. 47/DAC, SAA. Sec.	Mild.
118856 Dvr. Tentiman, H.	68/14/A. Bde. RFA.	DAH. Mild..... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
1567 Gnr. Hayward, C.J.	RFA. B/108 Bde. A.	Tachycardia Mild... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
960902 Sdlr. Sadler, G.	47/DAC, RFA.	Syn. R. Knee Mild... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
95055 Dvr. Smith, G.	RFA. A/236 Bde.	Anaemia Sev..... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
30266 Gnr. Chastney, A.	RFA. att. X 36/ TMB.	DAH. Mild..... Adm. 1 Aus. Gen. H. Rouen 13 July 18.
		GSP. Muot. Brouho... <u>DIED</u> 9.45. am. in 2 Aus. Gen. H. Boulogne 13 July 18.
		Pneumonia.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 26310.

4019 Pte. Flowers, T.	R. Nfld. R. Draft.	Pneumonia Sev..... Adm. 3 Can. Gen. H. Boulogne 13 July 18.
-----------------------	--------------------	---



1504

C.R. 4019

Extract from Sick and Wounded N.C.Os. and men of the Expeditionary
Force ----France, dated Sept. 5th 1918.

List No: H.A. 28229.

4019 Pte. T. Flowers.

R.Newfoundland Regt..... Bronche-pneumonia.....Admitted 10
Gen. Dep. Ecaulx 27th Aug. 1918.

C.R. 4019

Extract from Nominal Roll to B. E. F. embarked
Folkestone 2-7-18

#4019 Pte. T. Flowers.

C.R. 4019

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Dec.22, 1917.

4019 Pte. Flower 6.

Admitted to Militray Infectious Hospital on observation
for munps with effect from 22-12-17.

Extract from Register at Nopedale, Labrador.

CERTIFICATE OF BAPTISM. C.R. 4019

This is to Certify that Thomas Flowers
child of William and
Francis Flowers
born in Flowers' Bay, near Davis' Inlet on February 7th 1900
was baptized on April 8th 1900

by ~~the~~ Rev. P. E. Lundberg
W. W. Perrett.

Missionary of the Church of the United Brethren.

C.R. 4019

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Oct. 24th, 1917.

4019 Pte. T. Flowers.

Attested for General Service with the Nfld. Regt., with
effect from Oct. 24th, 1917 and posted to "G" Coy.



D 4019

DEPARTMENT OF MILITIA
ST. JOHN'S, NEWFOUNDLAND

February 28, 1919

From: The Paymaster
To: The Officer Commanding,
Royal Nfld. Reg't.,
Discharge Depot.

Re #4019. Pte. Thos. Flowers

CO
The above man's allotment of 60¢ per day, in favour of his mother, Mrs. Frances Flowers, has been cancelled from and including February 1/1919.

Lieut.
For Paymaster & © i/c Records.

Feb. 25th. 1919

From Officer Commanding
Discharge Depot.

To Paymaster
Militia Dept.

4019 Pte. Thos. Flowers

Above noted man has made application to have his allotment,
of 60/- per day in favour of his Mother (Mrs. Frances Flowers)
cancelled from and including February 1st. 1919

A handwritten signature or set of initials, possibly 'M. J. G.', written in dark ink. The signature is stylized and somewhat cursive, with a long horizontal stroke at the bottom.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUO. & NO.

ST. JOHN'S, NEWFOUNDLAND,

April 19, 1919

The O.C.,
D e p o t.

#4019, Pte. Thos. Flowers

The above named man has cancelled his allotment of 60¢
per day, from and including February 1st, 1919.

For your information.

W. H. C.

J. H. Macaulay
Lieut.
For Paymaster.

Flowers, F. T.

C.R. 4019



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm Howes, Regl. No. 019
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :
 Allotment begins 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3071	Mother	Wm Howes	Howes	60
			Hope dal	
			Lalader	
			Total Allotment, \$	60

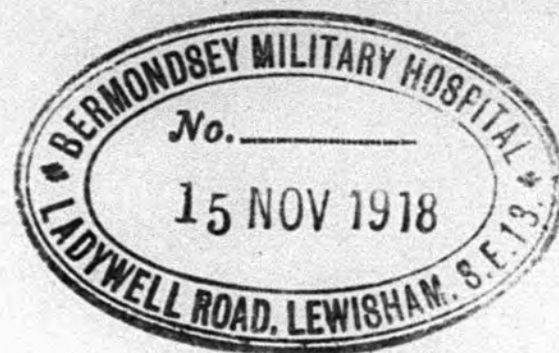
NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Wm Howes
 Officer Commanding
 Company
1-11-17
 191

(Sig.) Wm Howes
 (Rank) 18
 [Stamp: ENTERED, PAY LEDGERS, NUM. ROLL, ALLOT. INDEX, REGISTERED, EXAMINED]
Wm Howes

To
Officer Commanding,
Newfoundland Regiment,
Headquarters,
58, Victoria Street,,S.W.

From
Officer in Charge,
Bermondsey Military Hospital,
Ladywell Road, S E. 13.



November 15th, 1918.

No. 4019. Pte. Flowers, T. 1/Newfoundland Rgt.

The above named man is now fit for discharge from
Hospital.

Kindly advise us as to his disposal please.

NEWFOUNDLAND	9831
PAY & RECORD OFFICE.	16 NOV 1918
Actg. Asst.	
Clk.	
Comm.	
P.A.	
R. & C.	
B & I	
P.S.	

H. W. Mallett Sims

Lieut. Col. R.A.M.C.
Officer in Charge.

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... Regt.*
2. Regtl. No. *H.O.19* 3. Rank... *Plt*
4. Name *F.L.D. W.E.R.S.*
(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.
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
- (b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

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

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

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
Mick
Captain

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.

TO, - The Chief Quartermaster,
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 the 1st July 1916,

Regtl. No.	Rank	Name	Amount	Signature.
401	Pte.	T. Glouster	\$2.50	

I have the honour to be, Sir,
~~Very truly yours,~~
Your obedient servant.

Date

28-6-16

T. Glouster
T. Glouster

TO: -Officer Commanding,
Newfoundland Regt.,
Headquarters,
58, Victoria Street, ...S.W.



FROM: -Officer in Charge,
Bermondsey Military Hospital,
Ladywell Road...S.E.13.

4019. Pte. Flowers, T. 1/Newfoundland Regt.

The above named man, as per your telephonic communication of Saturday's date, has been discharged from Hospital to-day 18th instant with instructions to report to you please.

18th November 1918.



H. W. Marcett Sims

Lt. Col. R.A.M.C.

O. i/c Bermondsey Military Hospital.

7

Flowers, T.

4019

Ray sept.

July 14, 1919

#4019 Pte. Thomas Flowers,

Hopedale,

Labrador.

Dear Sir -

Please find enclosed Discharge Certificate #3007.

Yours truly

Captain,
Paymaster in C. i/ c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4019 Rank Pvt Name Flowers Thos
 Intended place of residence Labrador
 2. Occupation Fishing
 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
 Date JUN 16 1919 *M. W. H.*
 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
Thomas Flowers
 Signature of soldier
W. M. Colston
 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
16-6-19
14-4-19
Thos. Flowers
 Signature of soldier
James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-10-17 *H. S. Capt* No of days on Military
30-6-19 Service 629
 Discharged from service 30-6-19

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
 Date 30.6.19
R. H. Sait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date July 14/1919
W. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4089 Rank Pte Name Flowers Thos
 Date of Enlistment 24-10-17 Address Labrador District Labrador
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-4-19 #11111111
 NO. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in in a position to resume civilian occupation.

Thos Flowers
W U Fisherman
 SA

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
 (b) Clothing Supplied AMMiston Lion

Date 14-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9-766 to his home at Labrador and Release Certificate No. 3563 issued.

Date 16-6-19 Abeltonston
for 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

Date 16-6-19 H. H. H. H.
Depot Paymaster.

Discharge approved for 30-6-19

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.....
R 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 16-6-19 J.A. Knowlton
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 30.6.19 R.H. Sait MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Thos. V. Flowers
March *J. A. Snowlapt.*
Signature of Man.

Reg. No.

J. A. Snowlapt.
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **JUN 28 1919** 191.....

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

MEDICAL HISTORY

*New H. 9
58 Victoria St*

Surname Flours OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Hopedale Labrador County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	24	Oct. 1917		191
	at	St. Johns.	at	
Declared Age	19	years		years
Trade or Occupation		Fisherman		
Height	5	feet 6		feet inches
Weight		139 lbs.		lbs.
Chest Measurement	{	Girth when fully expanded	36 1/2	inches
		Range of Expansion	4 1/2	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	{ Arm	/	/	
	{ Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	L. Mount Paterson			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns.	at	
	on	24 day of Oct. 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	1st Nfld Regt 4019			
	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
[Rank]				

41

Table II.—Only for admission 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 Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case 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				
Military Inf. Dis. Hosp. St. Johns BERMONDSEY MILITARY HOSPITAL LADYWELL, S.E.	22	12	17	10	1	18	Measles Diphtheria	19	Discharged - Cured. Taken ill 2/x/18 w sore throat + cough. Membranes formed on both tonsils Swab + to K.L.B. Evacuated to Eng. 3/xi/18 after antitoxin treatment Discharged fit 18/xi/18.	<i>[Signature]</i> J. Howarth, C.M.P.

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. *4019* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *FLOWERS* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (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."

Deblity

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.

Contracted diphtheria in Belgium evacuated to England. now recovered.

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 | |
- 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, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

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— *Repatriation*
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

nil

No disability

22. State whether the disabilities are:—

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the part of the soldier

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

Give details:

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

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.

513

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). ml
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

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

26. (a) Do the Board recommend discharge as ~~physically~~ ~~unfit~~ for further War Service, i.e., do they place him in Grade IV. only? Yes
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

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? w

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?

Signatures:

Station *S. Johns* *H. S. Lane* { President or Chairman.
 Date *Apr 10/19* *W. C. ...* } Members.

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

Station *APR 10 1919* *Cluny Macpherson, Major* { Only applicable in cases of Patients in Hospitals.
 Date *No.* Officer in charge, Central Hospital.

OR
 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
 Date O.C. Discharge Centre.

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. 4019 .. 3. Rank... PRIVATE | 7a. If the soldier claims previous service in Army, he should state— |
| 4. Name FLOWERS THOMAS | (a) Former Regts. or Corps ; |
| (Surname) (Christian Names) | 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 | (b) Date of Discharge ; |
| (c) on duty (d) off duty ? | (c) Cause of Discharge. |
| 9. If a Court of Inquiry was held on an injury state :— | |
| (a) When | (d) Particulars of Pension or Gratuity |
| (b) Where | (if any) |
| (c) Opinion of Court | |

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

Statement of Case.

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

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

DEBILITY

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.

CONTRACTED DIPHTHERIA IN BELGIUM. EVACUATED TO ENGLAND NOW RECOVERED

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | YES | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the }
man's part. } | | |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

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

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

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit? **REPATRIATION**
(b) Change to United Kingdom?

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

(SGD) J. STP. KNIGHT, CAPT.
Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **NIL**
- (b) The present condition thereof.

NO DISABILITY

22. State whether the disabilities are:—	(a) Attributable to	(b) Aggravated by
(i) Service during the present war
(ii.) Previous active service..
(iii.) Climate in pre-war service
(iv.) Ordinary military service before the war
(v.) Serious negligence or misconduct on the part of the soldier
Give details:		

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

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?

NIL

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? **YES**
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement

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? **NO**

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?

Signatures:—

(SGD) N. S. FRASER { President or Chairman.

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

Date **APRIL 10th., 1919** L. PATERSON. MAJOR

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

Station (SGD) CLUNY. MACPHERSON. MAJOR } Only applicable in cases of Patients in Hospitals.
 Officer in charge, Central Hospital.

Date
 No. OR

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
 Date O.C. Discharge Centre.



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

Flowers, Thomas

Regiment from which discharged *Royal Newfoundland*

Regimental number *24019*

Intended address *Labrador*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Med*

Christian name of Father _____
 Christian name of Mother *Francis*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Labrador, June 1, 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)

Thomas Flowers

(Rank) *Private*

Station

St John

Date

7-4-19

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



Station

Date

24-10-1918

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *Private* Surname *Flowers* Christian Name *Thomas*
 Religion *C of E* Age on Enlistment *19* years *—* months
 Enlisted (a) *24-10-17* Terms of Service (a) *Duration* Service reckons from (a) *24-10-17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended *S* Re-engaged Qualification (b)
 Occupation *Fisherman* or Corps Trade and rate *W/Flower's put*
 Signature of Officer *[Signature]*



Date	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
			AI 28-6-18	Embarked	2 JUL 1918	
				Disembarked	5 JUL 1918	
				Joined Battalion	Field	9.7.18 Bus d 12/7/18
15-7-18	3 Can. G. Hqs	Adm.	Pneumonia sev.	Boulogne	13.7.18	Hq 26310
29/7	O.C.		ARRIVED D.L.B.D.	Rouen	1.9.18	List
6/8	D. 2880	To unit		Field	6.9.18	"
	Opelous	Regained.		"	8-9-18	B.213 17/9/18
	8920	Ad. Septicemia			11-10-18	E. D 7621
	N. 3. 04. 1/4	A. Septicemia?		Wesques	4/10/18	Ha 29073
	14. 04. 11.			Boulogne	7/10/18	Hq. 30160
	St Denis	Transferred to England		"	3/11/18	W 3083.

Wished Card
 For Officer i/c No 1 Infantry Section
 3rd Echelon, General Headquarters

(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.

NEXT OF KIN: — *Frances Flowers of Opelous Labrador.*

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 4019

Name Thomas Howes

Address Labrador

Present Medical Category E

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

Members of Board { R. H. Lant Capt
O.C. Discharge Depot.
[Signature]
Senior Medical Officer
[Signature]
~~M. O. Depot~~

265 A

Let. art 9

- 1 Suit Underwear
- 1 Top Shirt
- 1 Pair Boots
- 2 " Socks
- ~~1 Hat~~

for 4019 Mr. Flowers. 4.



RECEIVED BY THE OFFICE OF THE SECRETARY OF THE ARMY

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Thomas* 2. Surname..... *Flowers*
3. Rank..... *Private* 4. Regt. No..... *4019*
5. Address in full to which future payments of gratuity are to be forwarded..... *Labrador*
6. Date of enlistment in the Regiment..... *1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable
8. Relationship of such dependents..... *not applicable*
9. Address in full of such dependents..... *not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *One year*
- *1.2*

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

..... *not applicable*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *not applicable*

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge. *Jun. 16th 1919.* (b) Reason for discharge.....

..... *Demobilized*

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....

..... *Flanders, Belgium*

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.. *A' no - B' 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: *Thomas X flowers*

Place of Residence: *Labrador*

Declared before me at: *St John's*

This *17th* day of *June* 19*18*....

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

No 3753



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thos Hower, Regl. No. 4019

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3071.	Wife	Wm D. Hower	Hower	60
			Hope dal.	
			Labador	
			Total Allotment, \$	60

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.) Wmley
 Officer Commanding
St Johns
 Company
1-11-17

(Sig.) Thos X Hower
 (Rank) Private
Wmley



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

.....Feb. 25th. 1919 191.....

From Officer Commanding
Discharge Depot.

To Paymaster
Militia Dept.

4019 Pte. Thos. Flowers

Above noted man has made application to have his allotment,
of 60¢ per day in favour of his Mother (Mrs. Frances Flowers)
cancelled from and including February 1st. 1919 . *Please*
advice when carried out.

*Noted
LP*

W. H. H. H.
Assistant Paymaster & Discharge Depot
Discharge Depot - Newfoundland

LM-

No. 4019. Reg. No. Rept.

July 8, 1920

Thomas Flowers,
Hopedale,
LABRADOR.

Dear Sir:

With reference to your letter
of Feb. 16, I enclose three cheques for \$70.00
each, representing balance of War Service Gratuity
due you.

Yours truly,

Major
Paymaster.

Enc. 3

April 19, 1919

The O.C.,
Depot.

#4019, Pte. Thos. Flowers

The above named man has cancelled his allotment of 60g per day, from and including February 1st. 1919.

For your information.

Lieut.
For Paymaster.

Stopedale Feb 16/20
Department of Militia
Mr M Howley

Dear Sir

as I have not received
any remittance from you
please forward same to
me at as early a date as
possible

Sincerely yours

I am. pte Thomas


Flowers \$40.19

of Stopedale Labrador

Aug 14 6624

Sep 14 12110

Oct 14 115705

all cheques received
July 27th 1920


C.R. 4019

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Date March 23rd 1920.
Place Hopevale, Labrador.

Name

J. Flowers

RECEIPT.

CR 4019

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO 4019..NAME, *J. Flowers*

DATE, *May 15 1920*
PLACE, *Hopedale*

Receipt for Army Book 64

No. 4019 Name. Flowers

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

Name. Mr. Tom Flowers.

Date. 2 August

Place. No. 10000 Labrador

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

W7

54019

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4019 Rank Pte Name Flower Thos
 Date of Enlistment 24-10-17 Address Labrador District Labrador
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating Nil

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-4-19 O. C. Discharge Depot. H. News H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am now in a position to resume civilian occupation.

Thos Flower
Wm Newman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
- (b) ~~Clothing~~ Supplied AMC. Louiston Sew

Date 16-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92 Int 766 to his home at Laborador and Release Certificate No. 386 issued.

Date 14-6-19

Adleton
for 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 14-7-19

Date 11-1-19

Depot Paymaster.

Discharge approved for 30-6-19

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
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-6-19

J.A. Snowball
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 30-6-19

R.H. Jait MAJOR
O. C. Discharge Depot.

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

Date July 10/19

[Signature]

Reg. No. *4019* Rank *Plt* Name *Flowers, Ghas*

Attested Address *Stapedale - Lab.*

Allotment Allottee

Date of Allotment Returned from Overseas *4-2-19.*

Returned on S.S. Cause *Discharge*

10.4.19 Rec. Dis. from the Army

APR 14 1919

16.6.19 PASSED TO DEMOBILIZATION OFFICER

17.19 DISCHARGE APPROVED ON DEMOBILISATION.