

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3665 Name Robert Francis Corps Artillery

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Robert Francis
2. What is your full Address? 2. 116 Broad St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Months
5. What is your Trade or Calling? 5. Printer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. Yes Army
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, Robert Francis 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.

Robert Francis SIGNATURE OF RECRUIT.
Robert Francis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Francis 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 on this 13 day of April 1915.
Robert Francis 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 1st.
If not stated by special authority, such will be attached to the original attestation.
Date 1915
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Francis
 Apparent age 21 years 7 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin 116 Bond St | Relationship father

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 " _____ [" "] " " "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3665 Name Robert Francis Corps Field.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Robert Francis</u> |
| 2. What is your full Address? | 2. <u>116 Bond St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Soldier</u> |
| 6. Are you Married? | 6. <u>Yes</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>Yes</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 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. <u>Yes</u> |

I, Robert Francis 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.

Signature of Recruit. Robert Francis
Signature of Witness. Robert Francis

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Francis 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 the 13 day of April 1915.

Signature of Attesting Officer Robert Francis

†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 certified by special authority, such will be attached to the original attestation.

Date.....1915 } 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

ATTESTATION OF

No. 2327 Name Robert Francis Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Robert Francis</u> |
| 2. What is your full Address? | 2. <u>11 Ferguson Place, St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</u> |
| 6. Are you Married? | 6. <u>Yes</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. <u>Yes</u> { Name <u>Robert Francis</u> 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. <u>Yes</u> |

FOR THE DEPARTMENT OF THE WAR
FOR THE DEPARTMENT OF THE WAR

I, Robert Francis 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.

Robert Francis SIGNATURE OF RECRUIT.

R. P. Hallaway Signature of Witness.

5 March 27

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Francis 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 27th day of March 1916

Signature of Attesting Officer R. P. Hallaway

†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).....



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2327

Name Robert Francis

Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <u>Robert Francis</u> |
| 2. What is your full Address? | 2. <u>11 Ferguson Place, St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years - Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</u> |
| 6. Are you Married? | 6. <u>Yes</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, Robert Francis 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.

Robert Francis SIGNATURE OF RECRUIT.

R.P. Halloway Signature of Witness.

5 March 27

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Francis 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 27 day of March 1916

R.P. Halloway 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
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)

Bureau of Health & Public Welfare
MEMORANDUM

To

Wedge
Dr. R. Francis

British War Medal Oct 1924
Mailed Regt Post Oct 17/24
addressed 116 Bond St

C.R. 2327

Francis, R

P.R.O.



2/1st NEWFOUNDLAND REGIMENT.

Pte Francis Robert

No. *2327* is unlikely to be fit for Service with the

Expeditionary Force for *six* months, on account of

D. A. H.

I recommend that he be posted to the Depot at St. John's,
Newfoundland.

Wickham
Capt. R.A.M.C. M.O.,

I/C. 2/1st Newfoundland Regt.

$\frac{1}{2}$

AYR. 16/1/17

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2327 St. Francis 7

7 Co'y. From 20/1/17 to 26/1/17 (Dates inclusive)

Classification (See Procedure). B.

JAN 27 1917

(Substituting A.F. O. 1625) N.F.P./Ca.

Embarked per S.S. Scythian

From Glasgow Liverpool

Date 26.1.17 Draft No. 25

CE.

Pay Book Col.	Particulars	days	£	s	d	Date	Pay Book Col.	Particulars	days	£	s	d
8	Forfeited Pay						1	Pay	7	100	7	00
9	Allotments	7	80	5	60	1 3 0	2	Field Allowance	7	10	70	2 10
10							3	Other Allowances				
11/12	Total Stoppages £ d		5	60			4/5	Total Pay & Allces @ \$4.86 2/7		7	70	11 7 1/2
13	Fines						6	Bal. Cr. Last Period				
14	Clothing											
15	Arms & Accoutrements											
16	Barrack Damages											
17	Hospital Stoppages											
17a	Miscellaneous Stoppages											
18	Casual Payments					8 7 1/2						
20	1st Payment											
21	2nd "											
22	3rd "											
23	Final "											
24	Balance Dr. Last Period											
28	" due by Paymaster					1 11 7 1/2	27	Bal. due to Paymaster				1 11 7 1/2

CERTIFIED CORRECT.

CHECKED
[Signature]
 1917

[Signature]
 O.C. 7 Company.



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 *Robert Francis*

aged *21* conducted at *608B*

Date: *March 20/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *No*
- 2 *No.*
- 3 *No.*
- 4 *No.*
- 5 *No.*
- 6 *No.*
- 7 *Yes*
- 8 *Yes*
- 9 *No.*
- 10 *u*
- 11 *u*
- 12 *u*
- 13 *u*
- 14 *u*
- 15 *u*
- 16 *u*
- 17 *u*
- 18 *u*
- 19 *6/9 Boil*
- 20 *u*
- 21 *u*
- 22 *u*
- 23 *u*
- 24 *u*
- 25 *u*
- 26 *u*
- 27 *u*
- 28 *u*
- 29 *u*
- 30 *u*
- 31 *u*
- 32 *u*
- 33 *u*
- 34 *6/4 62*
- 35 *112 pds*
- 36 *32/35*
- 37 *\$25.00 month*
- 38 *Martha wife*
- 39 *Rose wife*

Angler

2327

Signature of Medical Examiner

L. Peterson



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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 *Robert Francis*
aged *19* conducted at *C. L. B Armoury*
Date: *Jan. 12/1915* Recruiting Officer:

NO. OF TEST	FINDING
1	<i>No</i>
2	<i>No</i>
3	<i>No</i>
4	<i>No</i>
5	<i>No</i>
6	<i>No</i>
7	<i>Yes</i>
8	<i>Yes</i>
9	<i>No</i>
10	<i>Calculus Cornea</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	
15	
16	
17	
18	
19	<i>n</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>6 years ago</i>
34	<i>5 ft. 5 in</i>
35	<i>110 lbs.</i>
36	<i>3 1/2 35 1/2</i>
37	<i>10 as a week</i>
38	<i>Mother - " Sturgis Place</i>
39	<i>No eye</i>

H. D. Signature of Medical Examiner: *Cluny Macpherson*

July 12th
1917.

To Capt. Ayre.

Dear Sir.

I would like to know if I am entitled to a discharge badge some say they are only for those that were wounded well I know quite a lot who have have them and were not ~~not~~ wounded. I know P. Jack Crane for one who went away with me and came back with me he has one so I think I deserve one as well as him I did my bit any way

And now I am still
doing it out to the Battery
People are beginning to
call me a salacker when
I have no badge.

Yours truly

Robert Francis
116 Bond street

Answer Please

Please OK
and return
to

D. K.
H. M.



M.F. 2327

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

March 5th. 1918.

Re 2527 Pte. Robt. Francis.

The C.O.,
Royal Newfoundland Regiment,
Headquarters.

Sir,-

The marginally noted man, ~~was~~ re-attested for special Home Defence Duty at Fort Waldegrave, ~~and~~ is discharged from March 2nd. 1918.

Kindly note and post in Daily Orders, Part II.

I have the honor to be,

Sir,

Your obedient servant,

Capt. & Paymaster &
Officer i/c Records.

JH.

Francis B.

2327

Ray Dept

Gower Street Methodist Church

ST. JOHN'S, NFLD.

E. W. FORBES, B.D., PASTOR
189 GOWER STREET

MISS EVA ELLIOTT, DEACONESS
45 KING'S ROAD

-----19-----

COPY OF MARRIAGE CERTIFICATE


Robert Dickson Francis, Cooper of St. Johns and Jennie Janes of St. Johns, Nfld, were married at the Gower St. Methodist Parsonage, Sept. 18th., 1915 by Rev. D.B. Hemmeon, under License # 314 in the presence of Gertrude Elizabeth Francis and Catherine Hemmeon.

I certify that the above is an extract from the Marriage Register of the Gower St. Methodist Church.

E. W. Forbes

Pastor Gower St. Church.

St. Johns, Nfld, Feb. 4th., 1918

WIFE 

Royal Newfoundland Regiment
(Separation Allowance Branch)
(Information for Board of Review)

NOTICE:

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

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

THE PAYMASTER
Separation Allowance Branch,
St. John's, Newfoundland.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.

Robert J. D. Francis. Pte. ^{h/d.} Regt. 2327

2. Age of soldier. 23 years. Married or single. Married.

3. Name in full of wife. Mrs. Jennie Francis.

4. Address in full. 116 Bond Street

5. Date of marriage. September 18th 1915.

6. Place of marriage. Methodist Parsonage

7. Did marriage take place since soldier's enlistment *ho.*

8. Was Commanding Officer's permission obtained? If not, why? —

9. If not married, how long have you been dependent on the soldier for your maintenance, and supported regularly by him on a bona fide permanent domestic basis. —

10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated. *yes.*

11. Is separation a legal one? —

12. If legal are you in receipt of alimony? If so, State amount.

13. If not legal how long since your husband contributed to your support? Explain fully.

14. State amount of allotment received by you from soldier monthly.

\$24. or \$24.00

15. From what date have you received Allotment?

1st July or there about 1916

16. Names of children. Age last Birthday.

Doris M. Francis age 2 years

Names of children. Age last Birthday.

Harold D. Francis age 1 month

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.

18. Are you in receipt of Separation Allowance from any source? If so, state amount.

No.

19. Have you made a previous claim for Separation Allowance, If not, Give particulars.

Yes was informed it was not payable to reattested men.

20. Was your husband at the time of his enlistment an employee of the Nfld. Government.

No.

21. In what capacity and in what place.

22. Is he in receipt of a salary as such while serving in the Royal Nfld. Regiment, If so, how Much?

No.

~~23. Do you receive any pension or gratuity from any source?~~

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

Signature of Applicant..... Mrs. Jennie Francis
Place of residence..... 116 Bond Street

Declared and subscribed before me at *St. Johns, N.J.* ^{3rd}

this *10th* day of *February* 191*9*

Signature of Barrister of Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace..... *[Signature]*
Barrister at Law

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful enquiry, the above statements are correct.

Signature of Clergyman..... *E. W. Tomker, Pastor, Grace St. Methodist Church*

Signature of Member of Patriotic Fund Committee..... *[Signature]*
Gen. Sec. W. J. [unclear]

N.B. Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment, Commanding Officer's permission in writing must be forwarded.

I am making claim for 22 months separation allowance which I am entitled.

Enlisted 27th March 1916
Discharged Feb'y. 1917
Re-enlisted 23rd April 1917
Discharged March 1918.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

Form No. 100 (1919)

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 & RECORDS OFFICE, ST. JOHN'S.

Christian names. *Robert Thomas*..... 2. Surname. *Francis*.....

3 Rank. *Private*..... 4 Regt. No. *2327*.....

5 Address in full to which future payments of gratuity are to be forwarded..... *116 Bond Street*
St. John's

6. Date of enlistment in the Regiment..... *March 27th 1916*

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

8. Relationship of such dependents..... *wife*

9. Address in full, of such dependents..... *116 Bond Street*
St. John's

10 Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *I was overseas. I went on July 19th 1916.*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *7 1/2 months overseas and 10 months and 10 days in Nfld.*

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

realt
23-4-17
disch 2-2-18

First enlistment March 27th discharged for heart trouble and rheumatism. Re-enlisted April 23rd 1917 for home service at the battery 2327.

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

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. none

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no

(b). If so, was such reversion in consequence of misconduct or inefficiency? no

19. Are you now serving in the Regt? no. If not give:- (a) Date of discharge Feb 28th 1917. (b) Reason for discharge Heart trouble and Rheumatism

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. no

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. I was but I'm now recommended for Hospital

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: *Robert Thomas Francis*
Place of Residence: *116 Bond Street*

Declared before me at:

This *twenty seventh* day of *February* 19*19*

Chas. O. Hunt Notary Public.

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
Dec 21st 1918			<i>1.00</i>	100.00
<i>14.12.18</i>	<i>100.10</i>		<i>25.60</i>	<i>125.70</i>
<i>22.2.19.</i>				<i>25.70</i> D2

Certified Correct.

Pymaster.

March 6th,

7

Pte. Robert Francis,
116 Bond St.
City.

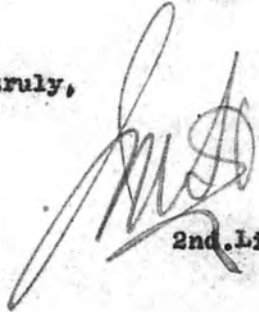
Dear Sir,-

Kindly call at this office, as soon as possible, and

oblige.

2327

Yours truly,



2nd. Lieut. & D/Paymaster.

March 5th, 1918.

Re 2327 Pte. Robt. Francis.

The C.O.,

Royal Newfoundland Regiment,
Headquarters.

Sir,-

The marginally noted man was re-attested for special Home Defence Duty at Fort Waldegrave, and is discharged from March 2nd, 1918.

Kindly note and post in Daily Orders, Part II.

I have the honor to be,

Sir,

Your obedient servant,

Capt. & Paymaster &
Officer i/c Records.

JH.

Jan. 17th 1919

To Capt. Howley,

Dear Sir,

It has come to my knowledge that there is six months separation due me while doing home service which I did not receive. I think I should receive it as well as other men that were discharged from home service. Well Capt Howley I was reattested April 23rd 1917 after serving 314 days I was discharged March 2nd 1918 and I think if this rule came in force Sept. 1917 I know I am entitled to it.

Yours truly

Robert Francis

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with # 2325 Pte. Robert Francis Voucher No. 28343.
Cheque No. 28443.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entry: Feb. 21, 316, Pay on a/c, \$10.

CERTIFICATION

Dissect Sheet No.

Recap. Sheet No. 316.

Signature of M. Howley

PAYMASTER

Checked by

RECEIPT

February 21st, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars and Cents in Payment as above stated.

February 1917.

\$ 10.00

[Sig.]

Signature of Robert Francis

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 10⁰⁰

Feb 8th

1919

Received from the First Newfoundland Regiment
the sum of Ten Dollars.
on account of Pay Clothing ~~Al~~
balance

Ch. No. <u>9588</u>	Initials <u>ms</u>
Pay Ledger <u>86</u>	Initials <u>wn</u>
Gen. Ledger.....	Initials.....

Regtl. No. Rob Francis
Rank F. C. S.

No. 2327

Rank

Rto

Name

R. Francis

Salce Clo. Allee

Home Defence

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ ³/₄₀ / ¹⁰⁰

Mar 2nd 1918

Received from the *First Newfoundland Regiment*
the sum of *Three* _____ *70* / *100* Dollars.

~~on account~~
balance of Pay when Discharged *Robert F. Rowell*

Ch. No. <i>4584</i>	Initials. <i>EW.</i>
Pay Ledger <i>26</i>	Initials. <i>EW.</i>
Gen. Ledger <i>58 Pay</i>	Initials. <i>CR.</i>

Regtl. No. _____ Rank _____

CR.

No. 2327 Rank Pte.

Name R. Prance



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPT. OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

February 14th, 1918.

Received from the Department of Militia, the sum of
Twenty Five Dollars and Ninety Cents (\$25.90) as Pay
a/c Home Defence.

Stg. Robert Francis

724



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

February 27th, 1918.

Robert Francis.

Received from the Department of Militia the sum of
Twenty Five Dollars and Ninety Cents (\$25.90), as Pay
a/c Home Defence, to Feb. 28th, /18.

Sig. Robert Francis

ACCOUNT	<i>265 Pay</i>	
CH. NO.	<i>4411</i>	INITIALS
IND. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

RF

No. 203

From

7th Regiment

Registered Letter Addressed—

Robert T. Francis Esq
116 Bond St.

Received by

A. W. Cady

Dispatching
Office
Stamp.

NEWID
JUL 30
EAST

Arrival
Office
Stamp.

2327

THE BOARD OF PENSION COMMISSIONERS
FOR THE FOUNDLAND.

FORM TO BE FILLED IN BY DISABLED PENSIONER IN ORDER
TO RECEIVE ALLOWANCE FOR CHILDREN

Robert Francis Thomas
.....
(regimental Number) *2327* (Rating or Rank) *Private*

.....
(Full name) *Robert Thomas Francis*

.....
(Ship or Unit) *unit*

hereby declare as follows:

1. That I am married, and my wife is alive.
(Attach marriage certificate) If not married write the words "Not married" on the next line.
I am married and my wife is alive
2. And that the following are the true particulars of my living children, boys under sixteen and girls under nineteen years. (Attach Birth Certificates)

Names of Children	Sex	Dates of Birth	Place of Residence	By whom Maintained
-------------------	-----	----------------	--------------------	--------------------

<i>Dois Margaret Thomas</i>	<i>girl</i>	<i>Feb 8 1917</i>		<i>her parents</i>



(Note: If you have no children write the words "No Children" across the above space)

Robert Francis Thomas

Signature of Pensioner.

This is to certify that the foregoing declaration and signature were made by the above named pensioner in my presence this day of *April* 1918, and I believe him to be the person he represents himself to be, and that his children above named are alive.

E. N. Forbes Signature

Pastor, Town of St. John's, Church Rank or Position

N.B. It will be necessary for this form to be signed before a Magistrate, Notary Public, Justice of the Peace, or other person authorized to administer an oath.

From:-
TO:-

V.C.
Captain Howley, Officer in charge
of Pay and Records.

Pte. Robert T. Francis.#2327

The marginally named man informs me that he has been ordered to hospital and that consequently he is discontinuing his course with the Civil Re-Establishment Committee.

B. S. Mitchell.
V.O.

2/1st NEWFOUNDLAND REGIMENT.

Pte Francis Robert

No. *2327* is unlikely to be fit for Service with the

Expeditionary Force for *six* months, on account of

D A #

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

W. W. W. W.

..... M.O.,
CAPT. R.A.M.C.

I/C. 2/1st Newfoundland Regt.

$\frac{1}{2}$

AYR.

15/11/17



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

MEDICAL HISTORY

OF
Christian Name

Surname

Francis

Robert.

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <i>25</i>	day of <i>March</i>	on	day of
	at <i>St. Johns, N. I.</i>		at	
Declared age >	<i>21</i>	years	years	days
Trade or occupation				
Height	<i>5</i>	feet	<i>5</i>	inches
Weight		<i>112.</i>		lbs.
Chest Measure- ment {	Girth when fully expan- ded		<i>35</i>	inches
	Range of expansion ...		<i>2</i>	inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated				
Vision	R.E. - V = <i>6/9</i>		R.E. - V =	
	L.E. - V = <i>6/9</i>		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)	<i>Sgd Lamont Paterson</i>			
(Rank)	<i>Capt.</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St. Johns.</i>		at	
	on <i>25</i>	day of <i>March</i>	on	day of
		191 <i>6</i>		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>1st Nfld Reg. 2327</i>			
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Garrick House	28	8	16	25	9	16	Cardiac Disease	33	Cardiac Disease: Rest in bed C.D.A.H. Tachycardia weakness	M. Young
2 nd Scotch Gen	29	10	16	4	12	16	D.A.H. 305	36	There is no organic disease of the heart. There is Tachycardia - diffuse cardiac pulsation & slight V.D. over the most of cardiac area but heard best at femuric area	Sgt R. Baulkness Capt R.A.M.C.?

24c

Tronie B-11-14

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

MEDICAL HISTORY

Surname Francis

Christian Name Robert



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

Examined	on	25 th day of March 1914		on	day of	191
	at	Saint John's		at		
Declared Age		21	years			days
Trade or Occupation						
Height		5	feet	5	inches	inches
Weight				112	lbs.	lbs.
Chest Measurement	Girth when fully expanded			35	inches	inches
		Range of expansion		2	inches	inches
Physical Development						

Vaccination Marks	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision

R.E.—V=	6/9 6/9	R.E.—V=	
L.E.—V=		L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause Rejection

Approved by (Signature) L. Amund Peterson

(Rank) _____ Medical Officer. _____ Medical Officer.

Enlisted

at St John's

on 25 day of March 1914

Corps.	Regtl. No.	Corps.	Regtl. No.
--------	------------	--------	------------

Joined on Enlistment

1st Fed Reg 2527

Transferred to

Became non-effective by

on _____ day of _____ 191 _____ on _____ day of _____ 191

(Signature) _____

(Rank) _____

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 further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Cambridge Hospital	23	8	1916	25	9	16	bandura disease	33	bandura disease. Post-vel. (D.A.H.: Sactycaedion. weakens tr.)	<i>[Signature]</i>
3rd SCOTTISH GENERAL	9	OCT	1916	14	12	16	D.A.H. 305	36	There is no organic disease of the heart. There is hypertensive - diffuse ^{coronary} arteriosclerosis + slight P.S. over the most of coronary area but heard best of pulmonary area.	R. Barclay Capt. R.A.M.C.T.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[686] W5017/2124 1000— 2/15ca 23 56

Forms
B. 121.
29.

Regiment of *1st Newfoundland*

Number of Sheets *One*
Signature of O. C. Company *W. Beudell*
Major

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>7377 Francis R.</i>	Age on	<i>21</i> years - months	<i>Seaman</i>	
Joined	<i>Sept</i> Date <i>4/8/16</i>	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date		<i>27/11</i>	<i>meth.</i>	
Joined	Date	Period of	{ with Colours <i>33 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date			<i>St. John's</i>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Medially Unfit</i>	<i>28</i>				
					<i>77</i>				

To be carried over

Office of the Archivist for Militia Records.

June 17th.1926

The Secretary,
Board of Pensions Commissioners,
City.

Dear Sir:-

re No.2327, Robert Francis, Royal Nfld. Regiment.

I enclose certificate of Dr.A.H.Carnell, which shows that the above mentioned ex soldier is suffering from D.A.H. & T.B.

In view of the fact that his medical history shows that he was suffering from D.A.H. whilst on service, and was discharged for that cause, I respectfully request that his case be given the fullest consideration of your Board.

I might state that he is at present indesperately hard circumstances, being unable to undertake onerous work, and having a wife and four small children dependent upon him.

Kindly advise me of the finding of your Board at your earliest convenience.

Yours truly,

Archivist.

THE PAYMASTER
ROYAL NEWFOUNDLAND REGIMENT

DEAR SIR :-

Kindly charge the amount of Twenty Five dollars and
sixty cents to my account and pay same to Donald Nicolson, in settlement
of Trench Coat supplied me.

~~Robert Francis~~
Robert Francis

Robinson

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. 77

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is Robert Thomas Francis

and that I was

Fill in rank and force

a (rank) Private (1st. Nfld. Reg.) in 1st. Nfld. Reg.
(R. N. R.)
and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (Street and number) 116 Bond Street

Town of St Johns, Nfld

and request my next pension cheque be sent to this address.

Robert Thomas Francis SIGNATURE or mark of Pensioner.

Witness

Douglas B. Murreau

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this _____ day of July 2nd 1917, and I believe him to be the person he represents himself to be.

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Robert T. Francis Signature.

Private Rank or position.

116 Bond Street Postal Address.

Add any Remarks

\$ _____

NEW FOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2327 The Frances F

F Co'y. From 26/1/17 to 26/1/17 (Dates inclusive)

Classification (See Procedure) B

JAN 27 1917

(Substituting A.F. O. 1325) N.E.P./Ka.

Embarked per S.S. Scottish

From Glasgow Liverpool

Date 26/1/17 Draft No. 25

CF.

Pay Book Col.	Particulars	days	£	s	d	Date	Pay Book Col.	Particulars	days	£	s	d
8	Forfeited Pay						1	Pay		11.00	17.00	18.9
9	Allotments	7	80	15	60		2	Field Allowance		10	10	2.10
10							3	Other Allowances				
1/12	Total Stoppages £ &		<u>5.60</u>		<u>1.30</u>		4/5	Total Pay & Allices @ \$4.86 2/3		<u>77.04</u>	<u>11.72</u>	
13	Fines						6	Bal. Cr. Last Period				
14	Clothing											
15	Arms & Accoutrements											
16	Barrack Damages											
17	Hospital Stoppages											
17a	Miscellaneous Stoppages											
19	Casual Damages											
20												
21												
22												
23												
24												
28							27	Bal. due to Paymaster				

This account is in accordance with information received at the Pay & Record Office to 29/1/17 and is therefore subject to amendment if, and as may be found necessary.

8 7/2

1 11 7/2

1 11 7/2

CHECKED.
[Signature]
25/1/17

[Signature]
25th January 1917

CERTIFIED CORRECT.

[Signature]
O.C. "2" Company.

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 reservation of the claims noted on the 3rd
page.

Date

March 3rd 17

Place

St. Johns

R. Francis

(Sig. of Soldier)

C. F. Shea

(Sig. of Witness)

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>2327</u>	Army Rank <u>Private</u>	
Name <u>Robert Francis</u>		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>The Royal Wfld. Regiment</u>		
Battalion, Battery, Company, Depot, &c. <u>Fort Waldegrave</u>		
<small>(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.)</small>		
Date of discharge <u>March 2nd 1918</u>		
Place of discharge <u>St. John's, Wfld</u>		
1. Description at the time of discharge.		
Age <u>22</u> years <u>08</u> months	<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">Released 4.7.59</p> </div>	
Height <u>5</u> feet <u>5 1/2</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>beamgr</u>		
Intended place of residence <u>116 Bond St</u>		
(To be given as fully as practicable) <u>St. John's</u>		
<small>(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.)</small>		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service.</u>		
<small>(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.)</small>		
3. Military character:—		
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. 2068 has been issued to*		

To be filled in on the soldier quitting the Colours.

314
339
653

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 _____ Batta. _____ Regiment.

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

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

(Place) St John's N.L.D. Robert J. Saults (Signature of Soldier.)

(Date) Mar. 2nd 1918 C. Cooke - S.S.M. (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) _____

Signature _____

(Date) _____

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.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations.

Robert Francis

C. C. Oke. S.S.M.

C.R. 2327

Extract from Roll of Officers and N. C. O.
and men of discharged from the Royal
Newfoundland Regiment.

Regt.	rank	name	date	reason.
-------	------	------	------	---------

2327	Pte.	Francis Robert	28/2/17	Med. Unfit.
------	------	----------------	---------	-------------

C.R. 2327

Extract of Daily Orders part 11, from Unit Royal Efld.
Regiment, St. John's, dated March 7th, 1918.

#2327 Pte. R. Francis,

Re-attested for Special Home Defence Duty is struck
off the strength with effect 2/5/18.

C.R. 2327

Extract of Casualty List received from P.&R.O.

January 26th. 1917.

2327, Pte R. Francis. ✓

Due to sail per "Scotian" Liverpool 26/1/17
for Newfoundland.

C.R. 2327

Extract from Memorial Roll Embarked St. John's for Overseas,
per B. . . "Sicilian" July 19, 1916.

2327 Pte. Francis R. (Bugler)

C.R. 2327

Extract from Daily Orders Part 11 Unit The Royal Welch
Regt., St. John's, Feb. 10th, 1917.

The following man returned by S.S. Hestian, and is
attached to the Strength from Feb. 10th, 1917.

. 2327 Pte. Francis.

Robert Francis

C.R. 2327
was attested for General Service with

the NEWFOUNDLAND CONTINGENT on March 27th 1916.

Regimental No. 2327 was allotted to Pte R. Francis.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R. 2327

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

#2327 Pte. Robert Francis, discharged Feb. 28th 1917,

Medically unfit

Extract from Depot Records, 1917.

2327 Pte. Robt. Francis.

2327 Pte. Robt. Francis was Re-attested for Home
Defence Duty at Fort Waldgrave, April 23rd, 1917.

Auth. Records Depot.

July 22/22



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 *Francis Robert.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *2327*

Intended address *116 Bond St.*

Height on discharge *5* Feet *5½*

Color of hair on discharge *lt. brown.*

Complexion *fair.*

Color of eyes *blue.*

Figure on discharge *medium.*

Christian name of Father *dead.*

Christian name of Mother *Maggie (Mrs Maggie Butt. married again)*

Wife's maiden name in full *Jennie Jones.*

Date and place of marriage *Feb. 1915. St. John's.*

Christian names of children *Boys. 3 boys.*

Place and date of soldier's birth. *St. John's. Nf. July. 12, 1895.*

Nature and locality of civil employment required.

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Robert Francis*

(Rank) *Pri*

Station *St John's*

Date *February 10*

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

St. J. S. Lewis

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

St. John's

Date

Feb 10/17

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname Francis Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish 25th County _____

Examined ... (on 25th day of March, 1916,
at St Johns)

Declared Age ... 21 years ... days.

Trade or Occupation ... _____

Height ... 5 feet 5 inches.

Weight ... 112 lbs.

Chest Measurement { Girth when fully Expanded 35 inches.
Range of Expansion 2 inches.

Physical Development ... _____

Vaccination Marks { Arm ... _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= 6/9
L.E.—V= 6/9

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) Lionel Paterson
(Rank) Capt.

Medical Officer.

Enlisted ... at St Johns
on 25th day of March, 1916.

Corps.	Regt. No.
<u>157th D.Rd</u>	<u>2827</u>

Transferred to ... _____

Became non-effective by _____

on _____ day of _____ 1916.

(Signature) _____

(Rank) _____

Corrected
True Copy
R.A.M.C.


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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Carrick House	23	8	16	25	19	16	Cardiac Disease	33	Cardiac Disease Rest in bed. (D.A.H. Slightly Cardiac Weakness)	M. Young
5th Scottish Gen Went Northhill	29	10	16	4	12	16	D.A.H. 365	36	There is no organic disease of the heart. There is Slightly Cardiac - Diffuse Cardiac palpitation + Slight v.s over the most of Cardiac area but heard best in the Pulmonary area.	R. Barclay Capt Ramet

January 15th, 1918.

Received from the Department of Militia the sum of
Twenty Seven Dollars and Seventy Five Cents, Pay
a/c Home Defence.

Sig. Robert Francis





Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

St. Johns
20/10/17

1. Unit *1st. Newfoundland*
2. Regimental No. *2327*
3. Rank. *Pte*
4. Name. *Frances Robt.*
5. Age last birthday. *21*
6. Enlisted on *25 Nov. 1916*
7. Former trade or occupation *mechanic*

8. Disability

D. A. H.

9. History *About two months after arriving at Camp (about Sept. 1916). Had to report to D. with pain in cardiac region. Was then sent to hospital. Was there about 10 weeks.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

On climbing heels or walking
foot feels pain in corduro region.
No organic trouble - no abnormal
pulse 110 standing.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature

D. W. Burden

Rank or Qualification

Leut.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

5/20/25

Opinion of the Medical Board. 146

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) ~~Climate.~~
 - (c) ~~Ordinary Military Service~~

Remarks if any:—

*Rapidly acting heart, not capable of
standing any strain*

14. At present his capacity for earning a full livelihood in the general labour market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

20%

15. The refusal of operation sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

H. Kraus President
J. W. Boyden
Pro Major Paterson

Place

Sophus

Date

Feb 14 1917

APPROVED

Station

Date



Clay Macpherson
 Administrative Medical Officer. *Major*



146

ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S. NEWFOUNDLAND.

January 4th. 1918.

From M.O.
Depot.

To O. C.
Naval Battery.

Robert
Pte. Francis.

I have been treating the marginally noted man off and on since last winter for sore throat, Rheumatism and bronchitis. He improves somewhat under treatment at home but on return to duty breaks down again. I am of the opinion that he is unfit for duty at the Battery and would recommend that he be sent to Medical Board for Discharge.

St. J. Borden

*I concur in Medical Officers
recommendation*

MacDermott
Commander.



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:-

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St John's*
 Date *Jan 8/18*

- 1. Unit *1st. Newfoundland* 2327
- 2. Regimental No. *Battery*
- 3. Rank. *Pte* at
- 4. Name. *Francis Robt.*
- 5. Age last birthday. *21*
- 6. Enlisted on
- 7. Former trade or occupation
- 8. Disability

Rheumatism

9. History *I have been attending the mean officers on for about
 years, with sore throat, Rheumatism, Bronchitis.
 He cannot stand exposure at Battery in any position.
 He also has had recurring ear pain since 1810.
 He has been in hospital several times and is receiving a pension*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

*Legs and arms always paining
Do he state: Cough as night -
examination negative.*

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? *Yes*

Signature

J. W. Burden

Rank or Qualification

MD

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to

(a) Service during this war. (b) ~~Climate~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*124 lbs Judge no heart excitable
no lesion. Lung suspicious - requires
observation*

15. Through Disability Aggravated by or Due to Military Service

Through Disability neither Aggravated by nor Due to Military Service.

40% 3 months

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

- General Hospital,
- Naval and Military Convalescent Hospital,
- Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *Already discharged*

Remarks if any:—

Signatures.

H. L. ...
..... President
Pendar ...
.....
H. Peterson ...
.....

Place
Date

S. J. ...
Feb 16 1918

APPROVED

Station
Date



Clay Macpherson
Administrative Medical Officer

