



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3710 Name William Gillies Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Gillies.....
2. What is your full Address? 2. 58 Queen's St......
3. Are you a British Subject? 3. Yes.....
4. What is your age? 4. 18 Years 11 Months.....
5. What is your Trade or Calling? 5. Clerk.....
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? II. Yes.....



I, A.P. Bellman Gillies 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.

71-5-17 William Gillies SIGNATURE OF RECRUIT.
Brendan Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, A.P. Bellman Gillies 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 1 day of May 1917
Signature of Attesting Officer W. H. Fraser 2nd Lt.

† 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Gillies
 Apparent age 18 years 11 months. Height 55 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____



INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Gillies
58 Power 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 Re-serve 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 1-5-17
 Joined at St John's on May 1st 1917
Discharged June 28/1919
Embarked St John's S. Hergil to Halifax N.S. 19th 1917
for Det. 6-17 Disembarked France 7-11-17. General Balth. 14-8-17
with unit 30-12-17 Admitted 1st Regt Royal W.S. 31-3-19. Dis to Camp Adf. 3rd 1919
Arrived from Det. posted to 6th Newcastle 2-6-1919. S. H. for dem. 24-7-19
Arrived Newfoundland 1-7-1919
Demobilization St. John's 28-7-19

Total Service forfeited as above.....

Total Service towards Engagement to 28-7-19 [date of discharge] 2 years 89 days
 " " Pensions " " " " " " " "

C.R. 3710

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

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date
28.12.1919. W

3710, Pte. W. Gillis.



C.R. 3710

Extract from Daily orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.



The discharge of the undemoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
following date
15-7-19.

3710, Pte. W. Gillis.

C.R. 3710

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 3rd 1919.



3710 Pte. M. Gillis.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 3710

Extract from Daily Orders by Lt. Col. B. J. Barton, D.S.O.
Commanding 2nd Bn. Royal Rifles, Regt. 2-6-19.

The following having reported from the 1st Bn. is taken on the
strength and posted to "D" Company as from 1-6-19.

3710 Pte. M. Gillis.



C.R. 3710

Extract from War Office List No. H.A. 35745.

Admitted 1 Sty. Hospital Rouen 31st. March 1919.

3710 Pte, W. Gilles.

V.D.S.C.



C.R. 3710

Extract of DAILY ORDERS, PART 11, ROYAL NEWFOUNDLAND
REGIMENT, Nov. 21/11/18.

Leave to U.K. from 31/10/18 to 14/11/18.



#3710 Pte. W. Gillis.

February 25th, 1918.

Mr. Wm. Gillis,
58 Gower Street,



Sir:-

Information just received from the Record Office, London, states that a mistake occurred in notifying the casualty of Pte. W. Gillis, the hospital in France stating the wrong regimental number. It now appears that #3710, Pte. W. Gillis, was not a casualty as previously reported.

I have the honour to be,

Sir,

Your obedient servant,

A handwritten signature in cursive script, appearing to read "W.F.R."

Major,

Chief Staff Officer.

WFR/JMF.

C.R. 3710

Extract of Casualties received from Pay & Record Office,
London, dated January 24, 1918.

#3710 Pte. W. Gillis.



Previously reported Wounded. Now reported Not Wounded.



January 15, 1918.

Mrs W.Gillis,
58 Gower St.,
C I T Y.

Dear Mrs Gillis;

A cable has been received to-day from the Pay & Record Office London, which states that No. 3710, Pte. Wm. Gillis, is with the 1st Battalion. It is presumed therefore that he is in good health.

I am,

Yours faithfully,

A handwritten signature in cursive script, appearing to read "W.P.R."

Major,

C.S.O. Dept. of Militia.

WPR/JMP.

C.R. 3710



Copy of Telegram received from London, dated
January 14, 1918.

In answer to your telegaram of January 1st,

#3710 Gillies.

with first Battalion.

234/1./R.&C.

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
83, VICTORIA STREET,
LONDON, S.W. 1
ENGLAND.

Officer Commanding,
56th General Hospital,
Etaples, France.

Vice

Versa.



Pay & Record Office,

11/1/18.

7th January, 7

3710, Pte. Gillies, W.
1st Newfoundland Regt.

No. 8385. Pte. W. Gillis.
1st. Newfoundland Regt.

The following telegraphic enquiry (267) has been received from the Hon. Minister of Militia, St. John's, Newfoundland.

The above-named who was admitted to this Hospital on 4/12/17 suffering from GSW multiple, was evacuated to England on 13/12/17.

"Please wire condition
"of 3710 Gillies-"

You will kindly note that our particulars of this man differ from yours as regards the Regtl. No. and the spelling of his name.

Will you advise to enable me to reply, please?

(Sd) E.W.Griffith Capt
R.A.M.C.
for O.C. 56 Gen. Hosp.

Major,

Chief Paymaster & O.I/c Records.

No. E.764.

KMS
HA/JC

see last Ref. 94/1917

94 C.R. 3710



NEWFOUNDLAND CONTINGENT

CASUALTIES



1. Copy of statement made by 2181, Sgt. J.J. Murphy, 1/1st Nfld Regt., B.E.F., (at the request of the P.&R.O., ref. No. 14147/278- /17) with regard to

2/Lieut. S. B. COLE.

" On the evening of Oct. 9th I saw 2nd Lieut. Cole wounded. It was about 7 p.m. I was speaking to him. He was wounded serious and I tried to bandage him but he was in great pain. I also wanted to take off his equipment but he refused to let me. I went to look for stretcher bearers and was none to be found. Then the counter attack started and we withdrew and that was the last I saw of him. "

2. With reference List No. H.A.17082, Casualty Report No. 3113,

delete 3710, Pte. Gillies, W. ✓

substitute 2385, PTE. GILLIS, N.A. ✓

Authorities:-

1. Sgt. Murphy, through O.C. 1/1st Nfld Regt., as above.
2. Letter No. E.764, 10/1/18 from O.C. 56 Gen. Hosp., Etaples, received P.&R.O. 14/1/18.



Extract of Casualties received from Pay & Record Office,
London, dated January 14, 1918.

With reference List No. H.A. 17082 Casualty Report No. 3113

delete #3710 Pte. W. Gillies.

substitute #2385 Pte. N.A. Gillies.

Auth:- Letter No. E. 764 10/1/18 from O.C. 56 General
Hospital, Etaples, received P.&R.O. 14/1/18.



C.R. 3710

December 13, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. ³⁷¹⁰~~3701~~, Private William Gillies, was at the 56th General Hospital, Etaples, December 4th, suffering from gunshot wounds multiple, severe.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Wm. Gillies,
58 Gower St.

C.R. 3710

#3701 Pte. William Gillies.



Extract of Casualty List received December 13, 1917,

Gunshot Wound Multiple severe.

At 56th General Hospital, Etaples December 4th.



C.R. 3710

Extract from Nominal Roll Draft No.32: 111 Other Ranks from 2/1st
Newfoundland Regt., Ayr, 1/1st Nfld. Regt. B.D.F. Embarked
Southampton 6/11/17.

3710 Pte. Gillies, W.

MP.



C.R. 3710

Extract from Nominal Roll, embarked St. John's for Overseas 19-8-17.

#3710 Pte. W. Gillis.

C.R.

3710

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's. May.1st, 1917.



3710 Pte. Wm. Gillis.

Attested this day, posted to F. Company and assigned
numbers as shown.

W. Miller

C.R. 3710

~~W.M.~~





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 *William Sillis*

aged *18 yrs.* conducted at *Headquarters*

Date: *10/4/17.* Recruiting Officer:



NO OF TEST FINDING

| | | |
|---|--------|-----------------------------------|
| 1 | no | |
| 2 | no | |
| 3 | no | |
| 4 | yes | left forearm. 6 yrs ago. OK test. |
| 5 | no | |
| 6 | no. | |
| 7 | yes. | |
| 8 | yes. | |
| 9 | no no. | |

| | | |
|----|---|--|
| 10 | " | |
| 11 | " | |
| 12 | " | |
| 13 | " | |
| 14 | " | |
| 15 | " | |
| 16 | " | |
| 17 | " | |
| 18 | " | |
| 19 | " | |
| 20 | " | |
| 21 | " | |
| 22 | " | |
| 23 | " | |
| 24 | " | |
| 25 | " | |
| 26 | " | |
| 27 | " | |
| 28 | " | |
| 29 | " | |
| 30 | " | |
| 31 | " | |
| 32 | " | |

2/6 both.

Report
May 1st
B

| | | |
|----|--|--|
| 33 | no. | |
| 34 | <i>5'8 8 1/2</i> | |
| 35 | <i>132 lbs</i> | |
| 36 | <i>34-37 1/2</i> | |
| 37 | <i>\$7 per week.</i> | |
| 38 | <i>Father: William Sillis 58 Lower St.</i> | |
| 39 | <i>Mother:</i> | |

Signature of Medical Examiner: *J. W. Borden*

234/1./R.&C.

Forms
G. 348
388

*Copy to
1918*

| |
|---------------------------|
| 56TH GENERAL HOSPITAL. |
| No. <u>E764</u> |
| DATE <u>10-1-18</u> |

MEMORANDUM.

From
PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From O.C.

To Officer Commanding,
56th General Hospital,
Etaples, France.

NEWFOUNDLAND CONTINGENT
PAYMASTER and O i/c Records
Ref. Newfoundland Contingent.

14 JAN 1918 ANSWER.

Pay & Record Office,

el. Nos 001

7th January, 1917

11-1-18.

191

3710, Pte. Gillies, W.
1st Newfoundland Regt.

No. 8385. Pte. W. Gillis.
1st. Newfoundland Regt.

The following telegraphic
enquiry (267) has been
received from the Hon.
Minister of Militia, St.
John's, Newfoundland.

The above-named, who was
admitted to this Hospital on
4-12-17 suffering from GSW
Multiple, was evacuated to
England on 13-12-17.

"Please wire condition
of 3710 Gillies-"

Will you advise to enable
me to reply, please?

You will kindly note that
our particulars of this man
differ from yours as regards
the Regt. No. and the spelling
of his name.

[Signature] Major,
Chief Paymaster & O.i/c Records.

[Signature] Capt. R.A.M.C.
For O.C. No. 56, Genl. Hospl.

HA/JC



*See Cas. Rep. 94 of
1917*

No. 2411/85

N.F.P./80.

From:

NEWFOUNDLAND

CHIEF PAYMASTER & O.I/C RECORDS.

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

NEWFOUNDLAND CONTINGENT,

58, Victoria Street,
LONDON, S.W. 1.

1st/Bn. Ryl Nfld Regt.
B.E.F.

12th February 1919

18-2-1919

3710. Pte Gillies W

3710 Pte Gillies

With reference to the following telegram from the Minister of Militia, / / (15)

This man wishes this amount retained to the credit of his account please.

"Pay to- 3710. Gillies.

£10.0.0.

T.G. Matthews **LIEUT. COL.**
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.



[Signature]
Chief Paymaster & O. i/c Records

Hillis, W.



3710

Ray Sept.



July 29th 1919.

#3719 Pte. W. Gillis,
58, Gower Street.

Dear Sir:

Enclosed please find Discharge Certificate # 3260.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3710 Rank Plt Name Gillis W.
 Intended place of residence 58 Gower St.
 2. Occupation Blank
 Classification of soldier E Medical Category A1



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 JUL 14 1919

L. M. St.
 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, ST. JOHN'S

Date JUL 14 1919

W. Gillis
 Signature of soldier
W. J. Eaton
 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, ST. JOHN'S

Date 14.7.19

W. Gillis
 Signature of soldier
W. J. Eaton
 Signature of witness

37
 20
 28
 89

STATEMENT OF SERVICE

7. Enlisted for service 14.7.19 No. of days on Military Service 819
 Discharged from service 14.7.19 Plus 14 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty 14 days from date.

Place, ST. JOHN'S

Date JUL 14 1919

D. R. Cooper Capt.
 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

Date July 28/1919

M. Bowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

2079 / 3260

The Royal Newfoundland Regiment



Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 3710.

Name Gillis J. M.

Address 58 Sower St.

Present Medical Category A;

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

Members of Board

D. R. Cooper Capt.
O.C. Discharge Depot.

J. P. ...
Senior Medical Officer

J. W. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3710 Rank Pvt Name Gilles W
 Date of Enlistment 1-5-17 Address 58 Spruce St District St. John's
 Occupation Clerk Classification for Discharge F Medical Category A-1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 14-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.



W Gilles



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 Ambleton

Date 14-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3606 to his home at 58 Lymer St and Release Certificate No. 3606 issued.

Date 14-7-19

[Signature]
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 28-7-19

Date 14-7-19

[Signature]
Depot Paymaster.

Discharge approved for 14-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|-----------|--------|--------|-----------|--------|----------|
| 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 | 2 Form B |
| B 179 | D 400B | Form L | do 3rd | " 4 | |
| B 179a | D 400C | Form K | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | | " 6 | |
| B 179c | B 120 | M 93 | | | |

Date 15-7-19

[Signature]
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 JUL 14 1919

[Signature]
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.

W. Gillis

Signature of Man.

W. Blount

Signature of the Vocational Officer or his Representative.

Reg. No. 3910

Place ST. JOHNS.

Date 14-7-18

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

MEDICAL HISTORY

Surname Gillis OF Christian Name William



Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---|--------------|---------------------------|--------------|
| | Right | Left | Right | Left |
| Examined | on <u>1st</u> day of <u>May</u> 191 <u>7</u> | | on _____ day of _____ 191 | |
| | at <u>Headquarters</u> | | at _____ | |
| Declared Age | <u>18</u> years <u>11 months</u> days | | _____ years _____ days | |
| Trade or Occupation | <u>Clerk</u> | | _____ | |
| Height | <u>5</u> feet <u>8 1/2</u> inches | _____ inches | _____ feet _____ inches | _____ inches |
| Weight | <u>132</u> lbs. | _____ lbs. | _____ lbs. | _____ lbs. |
| Chest Measurement | Grith when fully expanded ... <u>37 1/2</u> inches | | _____ inches | |
| | Range of Expansion .. <u>3 1/2</u> inches | | _____ inches | |
| Physical Development | _____ | | _____ | |
| Vaccination Marks | Arm | Left | Right | Left |
| | Number | _____ | _____ | _____ |
| When Vaccinated | _____ | | _____ | |
| Vision | R.E.—V= <u>4/6</u> | | R.E.—V=_____ | |
| | L.E.—V= <u>4/6</u> | | L.E.—V=_____ | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) _____ | | (a) _____ | |
| (b) Slight defects but not sufficient to Cause rejection | (b) _____ | | (b) _____ | |
| Approved by (Signature) | <u>W.E. Proctor</u> | | _____ | |
| (Rank) | <u>Lieut.</u> | | _____ | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <u>St John's</u> | | at _____ | |
| | on <u>1st</u> day of <u>May</u> 191 <u>7</u> | | on _____ day of _____ 191 | |
| Joined on Enlistment | Corps. | Regtl. No. | Corps. | Regtl. No. |
| | <u>4/1st Nfld</u> | <u>3710</u> | _____ | _____ |
| Transferred to | _____ | | _____ | |
| Became non-effective by | _____ | | _____ | |
| | on _____ day of _____ 191 | | on _____ day of _____ 191 | |
| (Signature) | _____ | | _____ | |
| (Rank) | _____ | | _____ | |



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 Regt.* } Former Trade or Occupation } *Clerk*
2. Regtl. No. *3710* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Gillies* *William* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *20*
6. Posted for duty on... *14 May '17* *St John* 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."

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

14. 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 man's part. } ~~Soft Chamber~~ (causes) Soft Chamber.
- 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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

complaint of no 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?

u.a.
u.a.
u.a.
u.a.

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

Repatriation

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

B. E. Proenier Capt. R. R. R.
 Medical Officer in charge of case.

Station T.S.C. Casanova
 Date 20.6.19

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

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 New Zealand* 7. Former Trade or Occupation } *Clerk.*
2. Regtl. No. *3710* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ellis* *William* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday..... *20*
6. Posted for duty on..... *May 12 1917. St. John's* 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 ?
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."

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

14. 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 man's part. } *Soft-Chancere (Cures)*

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

na.

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

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

He complains of no disability -

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

na.

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

na.

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?

na.

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?

na.



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

Repatriation.

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

W.S. Procinier, Capt RMC.

Medical Officer in charge of case.

Station *T.S.S. Cassandre.*

Date *30-6-19.*

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



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 *Gillies, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3710*

Intended address *58 Lower St. St. John's, Nfld.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Alice*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's, June 9th, 1898.*

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)

W. Gillies

(Rank)

Pt

Station

Date *14-7-19*

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.

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

Station

Date



DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.



St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *William* 2. Surname..... *Gillis*

3. Rank..... *Plc* 4. Regtl. No..... *3710*

5. Address in full to which future payments of gratuity are to be forwarded..... *58 Gower St*

6. Date of enlistment in the Regiment..... *May 17/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*

8. Relationship of such dependents..... *No*

9. Address in full of such dependents..... *No*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *France Belgium Germany*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 yrs 2 mos*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... *No*

14. Have you already received any payment of Post Discharge 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?
..... *No*

19. Are you now serving in the Res? *No* If not give:- (a) Date of discharge *July 14/19* (b) Reason for discharge *Decrot*
..... *Ship*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
..... *France Belgium Germany*
..... *Nov. 1917 To May 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.
..... *No*

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

Signature of Applicant: *William Gillis*
 Place of Residence: *58 Power St St. John's*
 Declared before me at: *St. John's.*
 This *16* day of *July* 19*.19...*

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

| POST DISCHARGE PAY. | | | | | |
|---------------------|---------------|-----------------|-----------------------|----------------|-------|
| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | Not amount due | |
| | | | | | |
| | | | | | |
| Certified correct. | | | | Paymaster | |



3710 Gillis W.

Am.

Please settle W. S. G. etc



W.S.G.

18/11/19

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Nov 19 19 19

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

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

W. L. G.

| | | | |
|-------------|-------|----------|--------|
| Ch. No. | 20033 | Initials | LW |
| Pay Ledger | 44 | Initials | W.L.G. |
| Gen. Ledger | | Initials | |

Regtl. No.

Ran

J. C. R.



No. 3710 Rank Plt

Name W. G. Gills



DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 4 ⁶⁹/₁₀₀

Nov 19 19 19

Received from the First Newfoundland Regiment
the sum of four 69/₁₀₀ Dollars.
on account of Pay. ~~44~~
balance

| | |
|------------------|---------------|
| Ch. No. 20032 | Initials. EW |
| Pay Ledger... 44 | Initials. EW |
| Gen. Ledger..... | Initials..... |

W. G. Galt's
Regtl. No. Rank



No. 3710

Rank

Pf

Name

W. Ellis



Receipt for Army Book 64

No. 3710 Name *Gillis*
3

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

Name *W. Gillis*

Date..... *July 26/26*
Place..... *St. John*

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



4

3710

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3710 Rank Plt Name Gillis W
 Date of Enlistment 1-5-17 Address 58 Gouge St District St Johns
 Occupation Clerk Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 14-7-19 W. News H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Gillis



Particulars passed to Vocational Officer for information and action.

Date 14-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied W. News H.

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at 58 Gower St and Release Certificate No. 3606 issued.

Date 14-7-19
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 14-7-19
Depot Paymaster.

Discharge approved for 14-7-19

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

Date 15-7-19
Demobilization Officer.

APPROVED

Documents as above forwarded to:—
 Officer in Records.
 Board of Pension Commissioners.
 with following additional documents.



Eligible for War Service Gratuity

Date JUL 14 1919
O. C. Discharge Depot.

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

Date July 28 1919

Reg. No. *3710* Rank *Pvt.* Name *Gilbert G. Gandy*

Attested Address *Gandy St.*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

14 7 19
14 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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