



FIRST NEWFOUNDLAND REGIMENT



ATTESTATION OF

No. 2795

Name Blazey Philip Greeting Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Blazey Philip Greeting</u> |
| 2. What is your full Address? | 2. <u>Wesley Ave. Fort Bonaville Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Locomotive Fireman</u> |
| 6. Are you Married? | 6. <u>No</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> |

FOR THE DURATION OF THE WAR

I, Blazey Philip Greeting do solemnly declare that the above answers made by me to the above questions are true and that I am willing to fulfil the engagements made.

6 May 2nd/16 Blazey Philip Greeting SIGNATURE OF RECRUIT.
Charles Aye Signature of Witness.

Blazey Philip Greeting DO OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, 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 20th day of May 1916.

Signature of Attesting Officer Charles Aye Capt

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Leslie Philip Greening
 Apparent age 23 years 6 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks _____



INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Gideon Greening Musgrave Town Bonaville Bay | 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									
Pension " _____ [" "] " " "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. **2795**

Name **Blayor Philip Greening Corps**

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. **Blayor Philip Greening**
- 2. What is your full Address? 2. **Wesley Ave. Fort Bonaville Bay.**
- 3. Are you a British Subject? 3. **Yes**
- 4. What is your age? 4. **23** Years **6** Months
- 5. What is your Trade or Calling? 5. **Locomotive Fireman**
- 6. Are you Married? 6. **No**
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. **No**
- 8. Are you willing to be vaccinated or re-vaccinated? 8. **Yes**
- 9. Are you willing to be enlisted for General Service? 9. **Yes**
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. **Yes**

I, **Blayor Philip Greening** 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.

8. May 2nd / 16. SIGNATURE OF RECRUIT.

..... Signature of Witness.

I, **Blayor Philip Greening** 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 **2nd** day of **May** 191**6**.

Signature of Attesting Officer **Chas. A. Aye**

†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..... } 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).....

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 C. Greening
aged 23 conducted at C. F. B.

Date: May 22/10 Recruiting Officer:

NO OF TEST FINDING

1 no
2 no
3 no
4 no
5 no
6 no
7 yes
8 yes
9 no - no

10 n
11 n
12 n
13 n
14 n
15 n
16 n
17 n
18 n
19 6/6 Balls
20 n
21 n
22 n
23 n
24 n
25 n
26 n
27 n
28 n
29 n
30 n
31 n
32 n

2795

33 yes once 6 years ago
34 50
35 139
36 35-38

37 \$ 60.00 per month
38 Parents Mr. & Mrs. Gideon Greening
39 None

FW

Signature of Medical Examiner:

Geo. Burdick
Lieut.

C.R. 2793

Extract from Medical Board held on TUESDAY AFTERNOON APRIL
8th., the following were the findings.

#2795 Pte. E. Greening

Recommended discharge from th Army.

ADMISSION TO N. & . M. CONVALESCENT HOSPITAL.

C.R. 2795

Extract from Daily Orders part II, Depot St. John's.
dated April 30th. 1919.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records on 27-4-19.

#2795 Pte. Eleazer Greening.

(2795)

C.R. 2795

Extract from Nominal Roll of Mfld. Regt. Draft No 28
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone,
5-8-17.

2795 Pte. E.P.Greening.

C.R. 2795

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 14th/19.

-----p-----
Admitted to N. & Military Con. Hospital 11/4/19.

2795, Pte. E. Greening.

C.R. 2795

Extract from Hospital Roll of 821st. Regt. Draft No. 16
from 2nd In. Depot, to 1st In. H.S.P. Substation South-
ampton, SO-18-16.

2795 Pte. E.P.Greening.

C.R. 2795

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 14th/19.

The discharge of the undernoted on Demobilization has been
APPROVED by O.C. Discharge Depot from noted date.

#2795, Pte. E. Greening.

13/4/19.

Medical Report on an Invalid.Station HAZELEY DOWN CAMP.Date 16/7/18.

1. Unit **ROYAL NEWFOUNDLAND.**
 2. Regimental No. **2795.**
 3. Rank **PTE.**
 4. Name **GREENING. E.**
 5. Age last birthday **28 YEARS.**
 6. Enlisted { on **MAY 1916.**
 { at **ST. JOHN'S.**

7. Former Trade }
or Occupation }

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

- (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***MYALGIA.**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **27/1/17.**
 10. Place of origin of disability. **IN FRANCE.**
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **HE STATES THAT HIS LEGS SWELLED & THAT HE HE HAD PAINS ALL OVER WHILST IN THE LINE WAS SENT TO C.C.S. & THENCE TO ENGLAND. WHERE HE HAS PRACTICALLY SPENT ALL HIS TIME UP TO NOW IN HOSPITALS WIHOUT EVIDENCE OF IMPROVEMENT.**

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

VIDE A.B.B.178.

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

AGGRAVATED BY ACTIVE SERVICE CONDITIONS.

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

- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **NO.**

13. What is his present condition?

HE HAS NOT LOST ANY FLESH BUT FROM A.P. 1178 HE HAS BEEN UNDER TREATMENT FOR A YEAR & 1/2. WITHOUT EVIDENCE IMPROVEMENT. HE IS MENTALLY WEAK & WILL NEVER MAKE AN

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

EFFICIENT SOLDIER. IS CONSTANTLY COMPLAINING & MAGNIFYING HIS PAINS IN BACK ARMS & LEGS.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, **FOR ACTIVE SERVICE.**
- (b) Change to England?

J. SE. P. KNIGHT. CAPT. R.A.M.C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

COMPLAINS OF PAIN IN LEGS & BACK & GENERAL WEAKNESS. PULSE 100. & HEART'S ACTION IRREGULAR.

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

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

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

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

23. Is the disability permanent?

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

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

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

40% 3 MONTHS.

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

27. Do the Board recommend—

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

YES.

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

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home; ----- **YES.**
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

N.S. FRASER.

President.

Station **ST. JOHN'S.**

J.S. TAIT.

L. PATERSON, MAJOR.

Members.

Date



Approved.

(SGD) CLUNY MACPHERSON, MAJOR.

Station

Administrative Medical Officer.

Date

C.R. 2795

Extract from Daily Orders Part II Unit the Hospital 2514.
Sept. 24, 1918.

The Unidentified returned from Germany and reported
as being 7-2-18.

Registered on A.F. 1179.

2798 Pte, Eleazor Greening.

C.R. 2795

Extract from Nominal Roll of the Royal NZIA. Regt.
Embarked S.S. Carnarvon, Jan. 30th, 1919.

2795 Greening.

C.R. 2795

Extract of Casualties received from Pay & Record Office,
London, dated January 15, 1918.

#2795 Pte. E. Greening.

was transferred on 14/1/18 from the 2nd London General
Hospital, Bristol, (Royal Mineral Water Hospital, Bath.)

Memo from 2nd London General Hospital, dated 14/1/18,

✓

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **October 9, 1917.**

To **Mr. Gideon Greening,**
Musgravetown, B.B.

Regret to inform you that Record Office
London, officially reports **No. 2795, Private**
Eleazer Greening, is at the Second London
General Hospital, suffering from pyrexia.

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

~~JOHN R. BENNETT~~ **R.A. SQUIRES**
Colonial Secretary.

FOR TYPEWRITER

C.R.

2795

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 2

2795 Pte. E.P.Greening

5-8-17.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

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

(NOT TRANSMITTED)

Signature of Sender

Frederick M. Shilby

Address

Line
Number

Rcd

By

Sent

By

Check

Frederick M. Shilby

Dated

February 23, 1917.

To

Mr. Gideon Greening,

Musgravetown, B.B.

Regret to inform you that Record Office,
London, officially reports No. 2795, Private
Eleazer P. Greening, has been admitted to Wandsworth
suffering from muscular rheumatism.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2795'

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

2795 Pte. E.P. Greening.

30-12-16.

C.R. 2795

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

2795 Pte. E.P. Greening.

E. P. Greening.

C.R.

2795

Per L.O.

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*
2. Regtl. No. *2795* 3. Rank... *Plt*
4. Name *Greening E.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *myalgia 27-1-17*
12. Place of origin of disability. *France*
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. *He states that his legs swelled and had pains all over whilst in the line was carried to C.C.S. and thence to Egypt where he practically spent all his time up to now in Hospital without evident improvement*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | <i>N.A.</i> | <i>Yes</i> |
| (iii.) Climate in pre-war service | <i>N.A.</i> | |
| (iv.) Ordinary military service before the war | <i>N.A.</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>N.A.</i> | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? *He has not lost any flesh, but from 1918 to 1919*

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

15. What is his present condition? *He has been under treatment for a year and a half without improvement to is mentally weak and will never make an efficient soldier is constantly complaining of and imagining his pains in head and legs*

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

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

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

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

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

20. Do you recommend— *Discharged as permanently unfit for active service*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Wm. R. Mc...

Station *Hazley Down*

Date

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

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

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

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

No. 320/64/P&A.

066613

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

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

9th January, 1919

Jan 20th 1919

Subject: 2795, Pte. E. Greening,

Receipt hereunder.

J. B. Barton **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

With reference to the following telegram (182) from the Hon. Minister of Militia, received

"Pay to 2795, Greening, £5.0.8.

Received the sum of Five pounds and eight pence — on account of cable remittance from Newfoundland.

Draft £5:0:8. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minnow Maj.
Chief Paymaster & O. I/c Records.

J. Greening
No. 2795 Rank Pte
Witness J. Sheppard Lieut.

2nd Bn Royal Nfld. Regt
Hayley Down Camp
Winchester
Carmel Cottage
Yamnis Brig
Ayr
Scotland.

Aug. 5th

To the Pay and Record Office
58 Victoria St
London.

Could you please give me any information
regarding No 2495

~~Pte E. P. Greening~~

~~4th Coy~~

Royal N. F. L D Regt
lately at Winchester.

and oblige
Kate Bowman

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Ref. Nos. in 7084
Rec'd 7 AUG 1918
Ack'd. All'd
Ref. Nos. 061

7

7/15/18

Blair	
Comd	
P & R	
R & C	
B & E	
P.S.	

Officer in Charge Records,

Victoria Street, Westminster.

In accordance with A.C.I. 2069 of 1916, please

No 2795. Pte. GREENING, E. 1st. Newfoundland

is appearing before a Medical Board on 18.4.18

from the Service as permanently unfit.

St. Mark's College,
CHELSEA, S.W. 10

16th. April 1918



Cond'g. 2nd. London General Hospital

No. 2795 Rank Lt Col Name Greening, E. P.

Pay	F.A.	Weg	Total
100	10		110
Less: Allotment			50
Net Rate			60

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To			£	s	d
Balance					Balance							
Acquittance Rolls					Pay @ Net Rate	22 ¹² / ₇	24 ⁴ / ₁₈	124	60	74	40	14 6 0
Hospital Advances			7	0	<u>Reason Allow</u>							15 5 9
A.B. 64					10 days @ 1/9							17 6
P. & R.O. Payments			7	0								
24 ⁴ / ₁₈ Cheque No 8003			23	0	23.2.3							

8.10
7.10

Recd
24/4/18

L. 1111

30.9.3

Royal

~~1st~~ Newfoundland Regt. C.

France

No. 2795. Pte Greening B.

Admitted to hospital 25-3-18 suffering from

Myalgia

Office of Records 58, Victoria St

To report to ~~Off Depot, Haslemere Camp, Winchester.~~



7

Ashman Majr

2nd London General Hospital



To Regimental Paymaster
Royal Newfoundland Regiment

Please remit to No. 2795
Pte Greening, E.P.

the sum of £2.— from credits.

M. J. Greening
1n/0.

FILE BRANCH INITIAL

2ND LONDON (CITY OF LONDON)
R. A. M. C. (T)
GENERAL HOSPITAL

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
24 APR 1918
PAY & RECORD OFFICE

23/4/1918

Commanding 2nd London General Hospital

OK
£2.0.0
JMB
23/4/18
Receipt no.
7730

To the Officer i/c Newfoundland
Records, 58 Victoria St. S.W.

No. 2795. Pte Greening E.

May I be favoured with
a reply to my letter of Nov: 20th
please, in which I requested permis-
sion to transfer the above named man
to a Special Hospital at Bath, on the
recommendation of this man's M.O.

Alfred W. P. Greening
& Registrar.
2nd London General Hospl.

St. Marks College
Chelsea. S.W.
December 5th. 1917.

ST. MARKS COLLEGE	RECEIVED	BRITISH ARMY
PAY	4578	RECEIVED
Ref. No.	DEC 1917	ACTED UPON
Adm. No.	7-12-17	BY
Adm. No.		DATE
File No.		

Rob
[Signature]

13486/13./R.&C.

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

O.C., 2nd London E. Hosp.,
St. Mark's College,
Chelsea, S.W.

Pay & Record Office,

7th December, 7.

2795 Pte. E. Greening,
1st Newfoundland Regt.

In reply to your Minute
of 5/12/17 (7518), the
letter you state was
written on 20/11/17 does
not appear to have been
received at this Office.

There is no objection
here, please, to transfer
Greening to Bath. Kindly
advise this Office when it
takes place.

Major,

Chief Paymaster & O.i/c Records.

HA/JC

No.

N.F.P./45.

NEWFOUNDLAND CONTINGENT

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

Please remit to Pte Eleazer P. Greening

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

(£ 5.0.0).

Regtl No. 2795 Rank Private

Name Eleazer P. Greening

Approved J. Hildy
Officer i/c.,

ROYAL MINERAL WATER Hospital.
HOSPITAL, BATH.

OK H.C.
£ 5-0-0
19/1/18

Dated at 19.1.18

1918

46/1

10 48/1

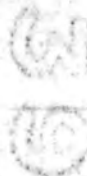
Royal Mineral Water
Bath.

21st January 8

2795 Pte.

E. P. Greening

5:0:0



TELEGRAMS 1
MINERAL HOSPITAL, BATH



ROYAL MINERAL WATER HOSPITAL,
BATH.

Jan. 22. 1918

To Chief Paymaster
Newfoundland Contingent

no. 2795. Pt. E. P. Greening

Your cheque no 7458. for £5-
Received today and the
value paid to the soldier.

J. Kiley
Commandant

2nd London General Hospital
Chelsea

2/11/13

Sir:-

Please pay to 2795 Pte. E.P. Greening
the sum of one pound £1.

M H @

2/11/13

Signed:-

Ind Enters

Receipt No
4332



3 1ST. NEWFOUNDLAND REGIMENT 10

ALLOTMENTS

I, Eleanor J. Greening, Regl. No. 2795

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

Allotment begins Aug 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>Mother Mrs. Gordon (Alone)</u>	<u>Musgrave</u>	<u>50</u>
		<u>Greening</u>	<u>Down</u>	
		<u>Commencing</u>	<u>B.B.</u>	
		<u>1/9/16</u>		
Total Allotment, \$				

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

(Sig.) Chas. H. Ayle Capt.
 Officer Commanding
C. Company
July 20th
 1916

(Sig.) [Signature]
 (Rank) pt

C.R. 2795

E.P. Greening was attested for General Service
with the NEWFOUNDLAND REGIMENT on May 22nd 1916
Regimental No. 2795 was allotted to Pte E.P. Greening.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

Greening 2

2795

Ray Dept



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 26th., 1919.

**From:- D. M. S.
To L- The Paymaster**

2795, Pte. E. Gossing

**Please note that the marginally noted man was
discharged from the Naval & Military Convalescent
Hospital May 26th., 1919.**

(16)

**CLUNY MACPHERSON,
Major, D. M. S.**

Per *A.M.B.*

Musegrave Town

6225

8. 22. 19

To Paymaster Howley
Pay and Record office
St Johns

Dear Sir

I have not
Received my Gratuity
Money that I should have been
sent on July 29th if it
has been sent I have
never received it please
send the Rest of my Money
to Musegrave Town. as I
shall not be holding
for it in future.

Sincerely yours

Ex Rec 2795-

~~over~~ Full

G. Grining

April 27, 1919

#2795 Dts. Eliazar P. Greening,

Musgravetown, B.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2099."

Yours truly

Captain,
Paymaster & O. i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2795 Rank Pte Name Grooming E
 Intended place of residence Musgrave town
 2. Occupation Irishman
 Classification of soldier B Medical Category E

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

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 APR. 11. 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
APR. 11. 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
11-4-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22.5.16 No of days on Military
 Discharged from service 13.4.19 Plus 14 days Service 1071

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date APR 13 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date April 27/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

R. 6. 2099/2099

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2795 Rank. Pvt Name Greening E
 Date of Enlistment 22.5.16 Address Murraywetland District Bonaville
 Occupation Fireman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 40% 3 months
 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	<u>B218</u>	" 6
B 179c	B 120	M 93		

Date 10.4.19

H. M. Lewis
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance paid £60.00
 (b) Clothing Supplied

Date 4-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 12389458 to his home at Bristol and Release Certificate No. 2085 issued.

Date 11-4-19 *J.A. Snowling*
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 27-4-19

Date 11-4-19 *H. Miers*
Depot Paymaster.

Discharge approved for 13-4-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-4-19 *J.A. Snowling*
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

APR 13 1919

Date *R.H. Sait Capt.*
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
Fireman

L. G. Gunning

Signature of Man.

Reg. No. 2795

J. P. Shaw

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.
Place

Date APR 18 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *2795*

Name *E. Harring St*

Address

Present Medical Category *E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

R.H. Lant Capt.
O.C. Discharge Depot.

H. Wesson
Senior Medical Officer

S. W. Borden
M. O. Depot

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH	17	12	17	16	4	17	Myalgia	56	Reported sick in France 27/1/17. On ad- mission in shoulder of lymph. swelling, diffuse. Furlough.	M. M. M. M. M. Capt. Kander.
2nd Lon. H. Chelsea	6	10	17	14	1	18	Myalgia legs & back	100	Slight improvement. Transferred to Bath for hydrotherapy.	M. M. M. M. M. CS.
ROYAL MINERAL WATER HOSPITAL, BATH.	14	1	18	25	3	18	Myositis fibrosa	71	Pain in shoulders, along spine, in knees & ankles, and along shin bones. Treated by Thermal Bath and massage. Partially relieved. Transferred back to 2nd London Gen. Hospital.	M. M. M. M. M. CS.
2nd London General Hospital, St. Mark's College, King's Road, CHELSEA, S.W.	29	3	18	24	4	18	Rheumatoid Arthritis	30	No improvement after treatment at Bath, etc. To be board B. in m. P. U.	M. M. M. M. M. CS.
							Myalgia		Boarded. B. in D. II	M. M. M. M. M. CS.

Originals

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>2795</u>	Army Rank <u>Private</u>															
Name <u>Greening E.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>																
Battalion, Battery, Company, Depot, &c. _____ <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 _____																
Place of discharge _____																
<i>Description at the time of discharge.</i>																
1. Age <u>25</u> years _____ months Height _____ feet _____ inches Chest measure- ment { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable) { _____	Descriptive marks. <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">COPIES SENT</th></tr> <tr><td>To</td><td>No.</td><td>DATE</td></tr> <tr><td>M. OF M.</td><td><u>12042/110</u></td><td><u>27 JUL 1918</u></td></tr> <tr><td>O.C. 1ST. BN.</td><td></td><td></td></tr> <tr><td>" 2ND. BN.</td><td></td><td></td></tr> </table>	COPIES SENT			To	No.	DATE	M. OF M.	<u>12042/110</u>	<u>27 JUL 1918</u>	O.C. 1ST. BN.			" 2ND. BN.		
COPIES SENT																
To	No.	DATE														
M. OF M.	<u>12042/110</u>	<u>27 JUL 1918</u>														
O.C. 1ST. BN.																
" 2ND. BN.																
2. The above-named man is discharged in consequence of _____ _____ _____ _____ <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. 480 was awarded in this case.																
_____ Initials of Commanding Officer.																
Army Form B. 2088 has been issued to* _____																

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

Medical Report on an Invalid.

Station Hazelton Down Camp

Date 16-7-18

- 1. Unit 2nd Batt. Royal Newfoundland
- 2. Regimental No. 2795
- 3. Rank Private
- 4. Name GREENING, E.
- 5. Age last birthday 28 yrs.
- 6. Enlisted { on ? May 1916.
at St. John's Newfoundland
- 7. Former Trade or Occupation } Servant
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. } No.

8. Disability in respect of which invaliding is Proposed.

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

Myalgia.

COPIES SENT		DATE
TO	NO.	
M. OF M.	<u>1042/10</u>	<u>27 JUL 1918</u>
O.C. 1ST. BN.		
" 2ND. BN.		

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 27. 7. 17

10. Place of origin of disability. In France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that his legs swelled and had pains all over whilst in the line was taken to C.C.S. and thence to England. When he had practically seen all his time up to now in hospitals, without marked improvement

vide AF B. 178

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

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

aggravated by active service condition

no.

no.

13. What is his present condition?

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

He has not lost any teeth, but from AF 6176. He has been treated for a year and a half without visible improvement - he is mentally weak and will never make an efficient soldier, is constantly complaining of and magnifying his pain in back arms and legs.

14. If the disability is an injury, was it caused—

- *(a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na.

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

na.

16. Was an operation performed? If so, what?

na.

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

na.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—

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

Discharge as permanently unfit for active service

[Signature]

Capt. R. A. M.C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

Complain of pain in leg and back and general weakness plus too and heart action irregular

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

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

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

23. Is the disability permanent?

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

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

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

40% for the month

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

27. Do the Board recommend—

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

7-6

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

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home; *yes*
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

Station *St. Ann*

Date *April 8th 1919*

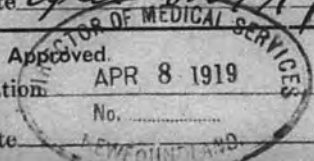
Approved.

Station

Date

[Signature] President.
[Signature] Members.
[Signature] Members.

[Signature]
 Administrative Medical Officer.





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 *Charles Greening*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2795*

Intended address *Musgravetown B.B.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Gideon*

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 *Musgravetown, Nov 29th, 1893*

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)

Charles Greening

Pte
(Rank)

Station

St Johns

Date

5-4-19

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

Station

Date



April 29, 1919

#2795 Pte. Eleazor Greening,

Musgravetown, B.B.

Dear Sir: Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the "War Service Gratuity."

Yours truly

Paymaster & O. A/c Records
Captain,

17441

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 *E. Clearges* 2. Surname *Greening*
3. Rank *Pte* 4. Regtl. No. *2795*

5. Address in full to which future payments of gratuity are to be forwarded..... *Musgrave Town, B.B.*

6. Date of enlistment in the Regiment..... *May 1916*

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.....

9. Address in full of such dependents.....

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.....
Overseas.

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....
From May 1916 to Apr 11/19 date of temporary discharge

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

No

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

*Nothing allowance back pay 184 -
Board allowance 63 -*

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?

19. Are you now serving in the Res? If not give - (a) Date of discharge

11/19 Temporary

(b) Reason for discharge *Demobilization*

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 - From Dec. 27/16 to Oct 1917.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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



3 1ST. NEWFOUNDLAND REGIMENT 10

ALLOTMENTS

I, Eleazer J. Greening, Regl. No. 2795
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins Aug 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
	Mother	<u>Mrs Gibson (Alice) Greening</u>	<u>Musgrave Down B.B.</u>	<u>50</u>
Total Allotment, \$				

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

(Sig.) Chas H. Aye Capt.
 Officer Commanding
C. Company
July 28th
 1916

(Sig.) [Signature]
 (Rank) [Signature]

ST. JOHN'S, APR 11 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt. E. Greening

Billeting Soldiers as undermentioned

from Feb 8th /19 to Apr 13th /19

2795 Plt. E. Greening 67 00

Btm
15573 Cent.

Certified correct for \$ 67.00

A.J. Greening
Billeting Officer.

Reg. No. *2795* Rank *Pto* Name *Greening E. P.*
Attested Address *Wesgravetown B.B.*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *9-2-19*
Embarked for Overseas *Lossieau* Cause *Discharge*

6.4.19. Rec. Dis. from the Army & Adm. To N. & M. Convalescent Hosp.

APR 10 1919 PASSED TO DEMOBILIZATION OFFICER.

11.4.19. Adm. To Naval & Military Convalescent Hosp.

13.4.19. **DISCHARGE APPROVED ON DEMOBILISATION.**

Casualty Form - Active Service.

Regiment or Corps **Newfoundland**
 Rank **Pte** Surname **Greening** Christian Name **E. Bayes P.**
 Religion **Meth** Age on Enlistment **23** years **6** months.
 Enlisted (a) **St John's** Terms of Service (a) **6 months if war** Service reckons from (a) **22/7/16**
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Signature of Officer **Stanger**

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Stampton		5.8.17	
		Disembarked... Rouen		7.8.17	
		Joined Battalion		2.8 AUG 1917	B 7/13
15.9.17	88 F.A.	Ad. Lonsilitis		11.9.17	G.S. 768
30-9-17	63. C.C.S	Pentagonal Abscess		16-9-17	A36 3372
		Invaded to Eng. of Waulda.		5-10-17	W 3083
		or 28 Gen. of Etahle			



L. Hearty *1/pt.*
 for WARD
 Section
 G.H.Q. 3rd Echelon

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

2/1 Bm 21.6.18 **(4 5 18)** *F Coy*

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 2795

Regiment or Corps 2/ Newfoundland Regt **2289**
 Rank Pte Surname Greening Christian Name E. Greening
 Religion meth Age on Enlistment 23 years 6 months.
 Enlisted (a) St John's Terms of Service (a) Duration Service reckons from (a) 22-5-16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c, during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	<u>Southampton</u>	<u>30/12/16.</u>	
		Disembarked ...	<u>Green</u>	<u>31/2/16.</u>	
		Joined Battalion	17 JAN 1917		
			With BATT.	26.1.17	
	<u>57 FA.</u>	<u>Admitted Rheumatism transf</u>	<u>CCS.</u>	<u>27/1/17.</u>	<u>ED 9289</u>
	<u>1 Gen Hosp.</u>	<u>Admitted Myalgia</u>	<u>Etretat</u>	<u>29/1/17.</u>	<u>FA 6354.</u>
		<u>SA "Western Australia" Invalided to England</u>		<u>14/2/17</u>	<u>W 3083</u>
			<u>Burchell</u>		
					CAPTAIN.
					for Officer i/c No. 1 Regular Infantry Section
					General Headquarters, 2nd Echelon.

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

(b) Signaller, Shoeing-Smith, &c.



COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2795 Rank Pte Name Greening, E.

Intended place of residence MUSGRAVETOWN

2. Occupation Firaman

Classification of soldier B Medical Category E

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

DEMOSILIZATION:
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 (sgnd) H. Mews, Lt.
for Commanding Discharge Depot

Date APR 1 1 1919 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S (sgnd) E. Greening
Signature of soldier

APR 1 1 1919 " A. M. Clouston, Lt.
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S (sgnd) E. Greening
Signature of soldier

APR 1 1 1919 " W. J. Eaton... RQMS.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-5-16 No of days on Military

Discharged from service 13-4-19 plus 14 days Service 1071

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. Sait Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date APR 1 3 1919

CONFIRMATION OF DISCHARGE

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

Place
Date
Officer i/c Records
The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2795 Rank Pvt Name Greening E
 Date of Enlistment 22.5.16 Address Musgrave Rd District Bonaville
 Occupation Farmer Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 40% 3 months

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178..... <u>2</u>	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A..... <u>1</u>	B 1915.....	do 2nd.....	" 3..... <u>3</u>
B 179..... <u>2</u>	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	<u>526.8</u> <u>1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 10.4.19

H. M. W. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

E. Greening

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £50.00

(b) Clothing Supplied.....

A. M. Houston

Date 11-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 12889488* to his home at *Spencer, Va.* and Release Certificate No. *2088* issued.

Date *11-4-19*

J.A. Snow
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 *27-4-19*

Date *11-4-19*

H. W. St
Depot Paymaster.

Discharge approved for *13-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122	1	Board 1st	" 2	1	<i>2088 B</i>
B 178a	D 400A	B 1915		do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2		<i>B 268</i>	" 6	1	
B 179c	B 120	M 93					

Date *11-4-19*

J.A. Snow
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 *APR 13 1919*

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date *17/4/19*

J.P. Greer S.M.
for officer i/c Records



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

April 11th, 1919 191.....

From Officer Comanding,
Discharge Depot

Office of D.M.S.
To ~~Board of Pension Commissioners,~~
Militia Bldngg

2795 Pte. E. Greening

Above noted man was before the Standing Medical Board
on 8-4-19 and was recommended for discharge as perman-
ently unfit and admission to Naval and Military Convalescent
Hospital.

His discharge on demobilization has been approved by the
Officer Commanding, effective from 13-4-19 and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

W. Staley Capt

Adjutant

Discharge Dept

Copy to Bd. of Pension Commissioners



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

April 11th., 1919.

From:- D. M. S.

To:- O. G., Discharge Depot.

2795, Pte. Greening, E.

Please note that the marginally noted man
entered the N. & M. Convalescent Hospital
April 11th., 1919.

Cluny Macpherson

Major, D. M. S.



AMB.

Copy to B.P.C. for information.

Copy

COPY

D2795

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]



Proceedings on Discharge.

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

No. <u>2795</u>	Army Rank <u>Private</u>	
Name <u>Greening E.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>		
Battalion, Battery, Company, Depot, &c. <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 _____		
Place of discharge _____		
1. Description at the time of discharge.		
Age <u>25</u> years _____ months Height _____ feet _____ inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable)	Descriptive marks. 	
<p>(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.)</p>		
<p>2. The above-named man is discharged in consequence of _____</p> <p>_____</p> <p>_____</p>		
<p>(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.)</p>		
<p>3. Military character :— _____</p>		
<p>4. Character awarded in accordance with King's Regulations :— _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>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.</p>		
		Initials of Commanding Officer.
<p>Army Form B. 2088 has been issued to* _____</p>		

To be filled in on the soldier quitting the Colours.

COPY.
Medical Report on an Invalid.

Station Stagley Wood
 Date 16-7



1. Unit 2nd Batt. Royal Newfoundland
2. Regimental No. 2795
3. Rank Private
4. Name GREENING, F.
5. Age last birthday 25 years
6. Enlisted { on May 1916
 at St. John's Newfoundland

7. Former Trade or Occupation } Firearm
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

} No.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Myalgia

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 29-2-17

10. Place of origin of disability. In France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that his legs swelled and had pains all over whilst in the line was taken to C.C.S. and thence to England where he has practically spent all his time up to now in Hospitals without evident improvement. Vide GFR 178

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

Aggravated by Active Service Condition
na
na.

13. What is his present condition?

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

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

He has not lost any flesh. ~~there~~ but from 23B-178 he has been under treatment for a year and a half without evident improvement - he is mentally weak and will never make an efficient soldier, is constantly complaining of and magnifying his pains back, arm and legs.

na

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

na

16. Was an operation performed? If so, what?

na

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

na

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as permanently unfit for Active service

M.R.
Capt. R.A. M.C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

COPY.

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



MEDICAL HISTORY of

Surname Greening Christian Name E.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

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

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

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

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

Approved by (Signature) _____
(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Corps.	Regtl. No.
THE ROYAL NEWFOUNDLAND REGT.	2795
Transferred to ...	

Became non-effective by _____
on _____ day of _____ 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				
3rd Lon. Gen. Hptl Hampstead Sq	19	2	17	16	4	17	Myalgia	56	Reported sick in France 27/1/17 on Adm. pains in shoulder & fingers swelling of joints. Furlough.	(Sgd) E. H. Slingby Capt. R. A. C. T.
London Hptl Chelsea	6	10	17	14	1	18	Myalgia Legs & Bath	100	Slight improvement transferred to Bath for hydrotherapy	(Sgd) R. H. Layman CS
Royal Mineral Water Hospital Bath	14	1	18	25	3	18	Myositis Fibrosa	71	Pains in shoulders along spine in knees & ankles and along shin bones Treatment by thermal baths and massage. Partially relieved, transferred back to 3rd London Gen Hospital	(Sgd) G. Hardigman
London Gen. Hptl St. Mark's College Chelsea SW	25	3	18	24	4	18	Rheumatoid Arthritis Myalgia	30	No improvement after treatment at Bath etc To be Board B 179 as PU Boarded D II	(Sgd) J. Watson CS (Sgd) J. Watson CS
2nd Inf. Coy Rifles	4	5	18	12	6	18	Myalgia	39	Cat B II DMB	(Sgd) R. J. Morris Capt. R. A. C. T.

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

Date	Brief details, and signature
11-6-18	<p>B 11 (Two) 6 months <u>Recommended Labour.</u> Arthur Comen. No 1 Travelling Medical Board. (Sgd) J W Gibbon President Lt Col RAME</p>
16-7-18	<p>Boarded at Hazley Down Camp Marked E (Sgd) W A Parsons Major (Sgd) J S H Capt RAME</p>

Table IV.—Service Table.

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