

ATTESTATION OF

# FIRST NEWFOUNDLAND REGIMENT 4159

| No. 4159 Name Nathaniel Harvey Corps C. F.E.  |
|---|
| Questions to be put to the Recruit before Enlistment.   |
| I. What is your name? I. Mathaum Starvy.  |
| 2. What is your full Address?   |
| 3. Are you a British Subject?   |
| 4. What is your age?  |
| 5. What is your Trade or Calling? 5   |
| 6. Are you Married?   |
| jesty's Forces, naval or military, if so,* which?   |
| 8. Are you willing to be vaccinated or re-vaccinated?   |
| 9. Are you willing to be enlisted for General Service?  |
| 10. Did you receive a Notice, and do you under-   |
| stand its meaning, and who gave it to you? 10   |
| 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?  |
| made by me to the above questions are true, and that I am willing to fulfil the engagements made.  And the state of Recruit.  Signature of Witness.   |
| OATH TO/BE TAKEN BY RECRUIT ON ATTESTATION.  I  |
| 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   |
| on this   |
| †CERTIFICATE OF APPROVING OFFICER.  |
| I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-   |
| quired 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  |
| Place.  |
| † The signature of the Approving Officer is to be affixed in the presence of the Recruit.<br>‡ 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 ischarge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows |

viz:--(Name)......on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT To correspond with entries on the Medical History Sheet. Machanist Apparent age 30 years 2 months. Height... Girth when fully expanded. Chest Measurement Range of expansion. Distinctive marks ..... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin .... Relationship 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) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not allowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in Rgt. or Which served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries S rvice towards limited engagement reckons from Total Service forfeited as above..... 254 Total Service towards Engagement to

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 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.

|    | Unit and Corps. Royal Newfoundland. Former Trade or Occupation }                      |
|----|---|
|    | Regtl. No. 44.5.9 3. Rank   |
| 4. | Name Harvey Actil Army, he should state— (a) Former Regts. or Corps; with Regtl. Nos. |
| 5. | Age last birthday3  |
| 6. | Posted for duty on  |
| 8. | If the disability is an injury was it caused  |
|    | (a) in action (b) on field service  |

9. If a Court of Inquiry was held on an injury state:-

(d) off duty?

(a) When

(c) on duty

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

Practed at Mazely Somm 44 days: discharged want 25/1/18 for Reportation Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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.

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| 1. | Unit and Corps. I Toyal Newfoundland.    | Former Trade } Lealerman                  |
|----|--|---|
|    | 在中国中国的中国的中国中国的中国中国中国中国中国中国中国中国中国中国中国中国中国 | or Occupation                             |
| 2. | Regtl. No. 441. S. 9 3. Rank 12 7a.      | If the soldier claims previous service in |
|    |  | Army, he should state—                    |
| 4  | Name Harvey noth                         | (a) Former Regts or Corns                 |

(Christian Names)

(Surname) 5. Age last birthday . . .

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

is seen by the Officer in charge of the case.

(b) Date of Discharge;

with Regtl. Nos.

- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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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."

Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

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

Tracked at Mazely bonn undough wharfed want 25/1/10 for Reportation

|   | 14. | State                 | whether the disabilities are  |                           | (a) attributable to         | (b) aggravated by             |
|---|-----|-----------------------|---|---------------------------|-----------------------------|-------------------------------|
| W. W.   |     |                       | Service during the present war  |                           | grs                         |                               |
|   |     |                       | Previous active service   |                           | v                           | 4                             |
|   |     |                       | Climate in pre-war service  |                           |                             | 1                             |
|   |     |                       | Ordinary military service before the wa   | r                         |                             |                               |
|   |     |                       | Serious negligence or misconduct on man's part.   |                           |                             |                               |
|   | 14  | (a). If               | not due to any of these causes, to specific condition do you attribute it?  | what )                    |                             | a' Wi                         |
| ies, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of | 15. | What                  | is his present condition?  (A note should be made as to Weight in all when it is likely to afford evidence of the gress of the disability.)   | cases<br>pro-             | to the above                | little orving<br>u mentioned  |
| amputation the<br>exact position<br>should be stated.   |     |                       |   |                           |                             |                               |
|   |     |                       |   |                           |                             |                               |
|   |     | wa                    | an operation performed? If so, when and s its nature?   |                           |                             |                               |
|   | 17. | If not                | , was an operation advised and declined   | ?                         |                             |                               |
|   |     | *In the<br>dir<br>ser | ne case of loss or decay of teeth,—Is the lefth the result of wounds, injury or dectly attributable to active service or the vice under such conditions that dental ent was unobtainable?   | oss of<br>isease<br>rough |                             |                               |
|   | 19  | no<br>Sta<br>ha<br>wa | particulars of any other disabilities existin<br>t in themselves sufficient to cause inva-<br>ate whether or not they are attributable<br>ve been aggravated by service during the p<br>ir, and if so, to what or by what specific m<br>nditions? | to or resent              |                             |                               |
|   |     |                       |   |                           |                             |                               |
|   |     |                       |   |                           |                             |                               |
|   | 90  | Dom                   | ou recommend—   |                           | m . 1-                      |                               |
|   | 20  | . Боу                 |   |                           | Repath                      | ation                         |
|   |     |                       | (a) Discharge as permanently unfit?   |                           |                             |                               |
|   |     | Not                   | <ul> <li>(b) Change to United Kingdom?</li> <li>(c) is only applicable to soldiers invaling Foreign Stations.</li> </ul>  | ded at                    |                             |                               |
| •   |     |                       |   | W.                        | 2 procumer                  | (apt Ram                      |
|   | Si  | ation .               | Hazely Down   |                           | Medical Officer i           | n charge of case.             |
|   | D   | ate                   | 1.1.0   |                           |                             |                               |
|   | it  | • I<br>is due t       | coss of teeth on or immediately after active ser  | vice, sh                  | ould be attributed thereto, | unless there is evidence that |

#### 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.

| Left Is Johns | Die. 1917 | began | to feels | hams | amont     |
|---------------|-----------|-------|----------|------|-----------|
| later . Pam   | in left   | luce. | extendes | upto | Mich thip |
| Pulse 100     | ,         |       |          |      |           |

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

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

Give details:

- 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.

befactor

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal while he Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? 25. If an operation was advised and declined, was the refusal unreasonable? the Military 26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place disagreement with the Civil-ian Members, he is to state his him in Grade IV. only? (b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? Only to be answered when the soldier is placed in other than Grade IV. 27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? 28. Is treatment being recommended on Army Form B. 179c? 29. Does the soldier require :-(a) An attendant for his journey home? (b) Transport from railway station to his home? (c) The constant attendance of another person in his own home? Signatures President or Chairman. Members ara. 392 (xvi) King's Regular Only applical Station in cos Officer in charge, Central Hospital. Date ) King's Regulations. interpredator Class of the Reserve. (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)). Station ..... O.C. Discharge Centre.

Mi balance W.S. G.?
Cll.
Mo Balance
Ologny Lens
for From. Re aisability? R Contitled to British Was Medal only. One issue sent ant hat have received no receipt, probably not delivered and returned to this affice. II medical Report attached M.T.

C.R. 4/59.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xi. or xvia.), 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.

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## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

| Maria and  | Ple   | 7. Former Trade or Occupation  |
|--|---|--|
| 2. Regtl. No.#12.9   | 3. Rank   | 7a. If the soldier claims previous service in Army, he should state—   |
| 4. Name Hav  | vey notte   | (a) Former Regts, or Corps;  |
| (Surname)  | (Christian Name   |  |
| 5. Age last birthday.  | <b>#</b>  | . List is the set to see the second  |
| 6. Posted for duty on.   | at  | 4.44   |
|  | rade)   | 64) 60<br>50 (153)<br>6 (45)   |
| 8. If the disability is ar   | n 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 Inquir  | ry was held on an injury state:—  | and the property of the second   |
| (a) When   | •   | (d) Particulars of Pension or Gratuity   |
| (b) Where  |   | (if any)   |
| (c) Opinion of Co  | our to be filled in and A.F.  | F.B. 179 B (statement by the soldier) completed before the soldier   |
| Note.—The foregoin<br>s seen by the Officer in ch  | harge of the case.  |  |
| Note.—The answers them he will take care to co   | Statement is to the following questions are to be fill onfine himself exclusively to the medical documents. He will also care   | of Case.  ed in by the Medical Officer in charge of the case. In answerin, al aspect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venerea  |
| Note.—The answers them he will take care to con the invalid's military and lisease.  | Statement to the following questions are to be fill onfine himself exclusively to the medic d medical documents. He will also cor forward for invaliding, disability in this should be reborted when in ans   | of Case.  ed in by the Medical Officer in charge of the case. In answering all aspect of the case and to such information as may be recorder fully distinguish and clearly state when cases are due to venerean respect of which invaliding is proposed to be stated here wer to question No. 19). If no disability enter "nil."   |
| Note.—The answers them he will take care to conthe the will take care to conthe interest of the third in the invalid's military and the control of the contr | Statement s to the following questions are to be fill onfine himself exclusively to the medic d medical documents. He will also care forward for invaliding, disability in ties should be reported upon in ans  | of Case.  ed in by the Medical Officer in charge of the case. In answerin al aspect of the case and to such information as may be recordefully distinguish and clearly state when cases are due to veneres a respect of which invaliding is proposed to be stated here wer to question No. 19). If no disability enter "nil."  |
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| Note.—The answers them he will take care to co in the invalid's military and disease.  10. If brought (Other disabilit)  11. Date of origin of di  12. Place of origin of di  13. Give concisely the the disability in so  | Statement to the following questions are to be fill on the himself exclusively to the medical medical documents. He will also care forward for invaliding, disability in the should be reported upon in answers should be reported upon in answers should be reported upon for answers and in the case and in each care with case and in other cases. | of Case.  ed in by the Medical Officer in charge of the case. In answerin al aspect of the case and to such information as may be recordefully distinguish and clearly state when cases are due to veneres a respect of which invaliding is proposed to be stated here wer to question No. 19). If no disability enter "nil."  Marie A. Harded at Hayely laws  Justical at Hayely laws |
| Note—The answers them he will take care to con the invalid's military and disease.  10. If brought (Other disabilities)  11. Date of origin of disease, or or origin of disease, or  | Statement to the following questions are to be fill on the himself exclusively to the medical medical documents. He will also care forward for invaliding, disability in the should be reported upon in answers should be reported upon in answers should be reported upon for answers and in the case and in each care with case and in other cases. | of Case.  ed in by the Medical Officer in charge of the case. In answerin al aspect of the case and to such information as may be recordefully distinguish and clearly state when cases are due to veneres a respect of which invaliding is proposed to be stated here wer to question No. 19). If no disability enter "nil."  |

|   | 14.   | . State whether the disabilities are  | (a) attributable to (b) aggravated by  |      |
|---|-------|---|--|------|
| 7.  |       | (i.) Service during the present war   | yes  |      |
|   |       | (ii.) Previous active service   |  |      |
|   |       | (iii.) Climate in pre-war service   |  |      |
|   |       | (iv.) Ordinary military service before the war  | /  |      |
|   |       | (v.) Serious negligence or misconduct on the man's part.  |  |      |
|   | 14    | (a). If not due to any of these causes, to what specific condition do you attribute it?   |  |      |
| In all cases such   | 15    | What is his present condition?  | o. Ittle our   | ng   |
| les, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with |       | (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)   | limps a little our   | /    |
| where possible;<br>and in cases of<br>amputation the<br>exact position                          |       | 있는 이 경기가 되었다면 하는 것이 없는데 되었다.  |  |      |
| exact position should be stated.  |       |   | <b>S</b>   |      |
|   |       |   |  |      |
|   | 1     |   |  |      |
|   | 10    | was a second and a second a second and a second a second and a second a second and a second and a second and |  |      |
|   | 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<br>teeth the result of wounds, injury or disease<br>directly attributable to active service or through<br>service under such conditions that dental treat-<br>ment was unobtainable?   |  |      |
| •   | 19.   | Give particulars of any other disabilities existing, but<br>not in themselves sufficient to cause invaliding.<br>State whether or not they are attributable to or<br>have been aggravated by service during the present<br>war, and if so, to what or by what specific military<br>conditions?  |  |      |
|   |       |   |  |      |
|   |       |   | 1 1  |      |
|   | 20.   | Do you recommend—   | Refatuatur   |      |
|   |       | (a) Discharge as permanently unfit?   | Wifav.   |      |
|   | •     | (b) Change to United Kingdom?   |  |      |
|   |       | Note—(b) is only applicable to soldiers invalided at Foreign Stations.  | O CONTRACTOR OF THE PROPERTY O |      |
| *   |       | U) 2.V  | hoennier. Captilla   | 1 m  |
|   | Sta   | tion Hazeley Lover  | Medical Officer in charge of case.   | ĮIU. |
|   | Dat   | te /4/19  | •  |      |
| ·   | it ie | Loss of teeth on or immediately after active service, should  | be attributed thereto, unless there is avidence the  |      |

C.R. 4159,

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt. St. John's, Aug. 16th, 1919.

The discharge of the undernoted oh demobilization has been CONFIRMED by Officer 1/C Records from 7-8-19.

4159 Pte. N. Harvey.

# C.R. 4159

Extract from Plograms from Syn. London to Military Dated June 85th: 1919.

With reference to my telegram of June 21st. "Cassandra sailed in the evening of June 24the add: wird of

#4159 Harvey.

Extract from DailybOrders Part 11 Unit The Royal Nfla. Regt. St. John's, 15-7-19.

The discharge of thr undernoted on demobilization has been discharge APPROVED by O.C. Discharge Depot with effect from 25.7-19.

4159 Pte. N. Harvey.

C.R. 4159

Extract from Medical Beardheld on July 7th. 1919. The following were the findings.

4159 Pte. N. Harvey

Recommended discharge from the Army.

EMPIRE HOSPITAL TREATMENT AND OBSERVATION.

# C.R. 4159

Extract from Daily Orders Part II What The Royal Effic. Regue St. Johnus, Bully Sudgillia.

4159 Pte. N. Harvey.

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

CR. 4137

Extract from telegram from Syn., London to Military. Dated June 17th 1919.

Stop payment of allotment 4159, Harvey May 31st 1919.

Estamot from D.O. pt. II. Unit the S. Mild. Segment dated 14-0-19. by At. Col. S. J. Berton, Dec.O. Officer Communities Sais No.

Ref. Bn. Orders Part II, No. 130 of 4-6-19 the undermentioned Married Miss Margaret Ada Turton Campton Road, Twyford, Hants with effect from

4159 Pte. Harvey.

4109\_ Counter No.

## 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 ntirely 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. (a..d 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 TRANSMIT | TED | ) |
|---------------|-----|---|
|---------------|-----|---|

| Signature of   | Sender | Address_ | Dept of Wilitia |
|----------------|--------|----------|-----------------|
| Line<br>Number | Rcd By | Sentby_  | Check           |

Dated

To

June 12 1919

Mrs. Wm. Harkin

Horwood, N.D.B.

Beg to inform you 4159 Pte. Nathaniel Harvey not did not arrive St. Jahn's.

A.E. Hiekman

Minister of Militia.

FORM No. 15 NEWFOUNDLAND POSTAL TELEGRAPHS CABLE CONNECTION WITH ALL PARTS OF THE WORLD To Min: of Militia JUN 11 1919 Is no 4139 pte nathaniel Harriey arrived Sichhio Types Im Harkin

Extens from DeG. Pt. II. Unit the Medfide R. dated 4-6-19. by Monte Gal. S. J. Barton, Deser. Officer Communing End. Ho.

The u/m is hereby granted permission to be married.

1159 Pte. N. Harvey. William Harvey, Esq., Horwood, Fogo.

Dear Sir:

On receipt of your wire of the 12th inst., we asked our Pay & Record Office, London, for the location of your son #4159 Ptc. Hathaniel Harvey, and we have received a reply to-day stating that he is serving with the 2nd Battalion at Winchester.

I may add that arrangements are now being made whereby at its separat to have all ranks home within the next six weeks.

Yours faithfully.

for Vermal ty Officer.

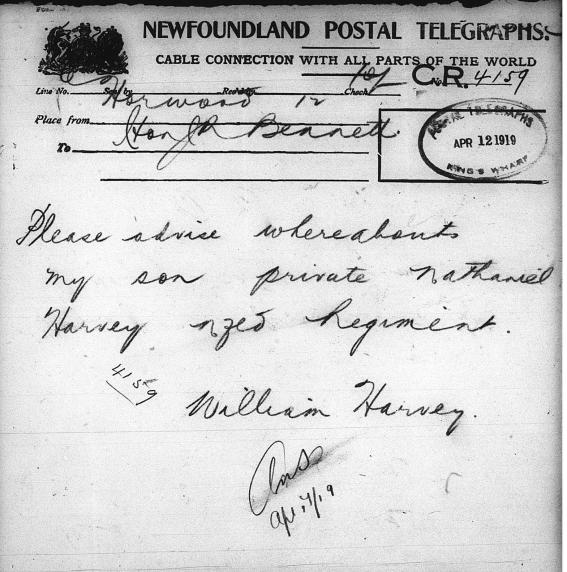
Extract of Telegram from Syn., LONDON to Military. Dated April 15th/19.

#4159, Harvey, Depot.



Extract of Telegram from Military to Syn., London. Dated April 12th/19.

Inform condition of #4159 Harvey.



No enquiry respecting this Message will be attended to without the production of this paper

Extract from Casualties received from P.A.R.O. London, Enr.88,1918,

18 HANDEN DONE HOLDENAL

4059 Pte. Harvey, N.

P.O.U.O. Adm. 18-3-18.

Ratural from Senishi Hell Draft "H" Company Reberked C.S. "Floricel" Jan. 88th. 1918.

4159 Harvey N.

## C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, Nov. 28th, 1917.

4159 Pte. N. Harvey.

8/0/1/2 1/17

Attested for General Service with the Nfld. Regt. with effect from Nov. 27th, 1917.

C.R. 4159 TRRO

C.D. a4. EMBARKATION CARD.

Rank Wife of 1815 g PTE. N.
Name PER NRS. N. HARVEY

Sailing No. .... Dispersal Draft No. 91.

NOTE: No one will be permitted to embark unless his Embarkation Card is given up at the gangway. 1) X mound X ),

N.F.P./104.

#### NEWFOUNDLAND CONTINGENT

| TRANSLATION | full-text/extract of TELEGRAM t | o MINISTER | R of MIL | ITIÁ,       |  |
|-------------|---------------------------------|------------|----------|-------------|--|
| No. 264     | 17 6 19 · M. of M. Reply No     |            | d/d /    | )           |  |
| Coded by    | Branch Pay                      | Checked    | by       | <del></del> |  |

Stop payment of-allotment of pay-4159-Harvey-31st May-

1686/640 May An Mary Mar

8712/1631/P.&.A.

CHIEF PAYMASTER & OFFICER IC. MEMORANDUM.

NEWFOUNDLAND CONTINGE From VICTORIA STREET, LONDON, S.W. 1.

ENGLAND.

2nd Bn.Royal Newfoundland Rgt. Hazeley Down Camp.

Tefficer Commanding, 2/Bn. R. Newfoundland R., Hazeley Down Camp, Winchester. Hants. Royal Newfoundland Regiment, London, S.W. 1.

Pay & Record Office,

17th June, 191 9

4159 PTE. N. HARVEY.

Reference claim for Separation Allowance by the above-named man: it is noted that he has an allotment of 60 cents per day payable to Mrs. W.E. Harvey, Gander Bay, Newfoundland. This will require to be canwelled and a new one made in favour of his wife.
N.Fs. P. 11 and 12 are enclosed for completion and return to this Office, please.

Chief Staff Officer (London).

PAY June **29th** 1919.

8.4 21 JUN 19-9

W. 1.05. UUI

Herewith.

V. Parton

LIEUT. COLONEL

FM/JC

COMMIN DING 2ND BN. ROYAL NEWFOUNDLAND REGT.

#### NEWFOUNDLAND CONTINGENT

#### APPLICATION FOR OVERSEAS TRANSPORT

| ı.  | Name in full:  | Surname                                | HAI                                   | RVEY                                | <del>,                                    </del> |      |
|-----|--|--|---------------------------------------|-------------------------------------|--|------|
| 2.  | Address: Postal  |  | Marga<br>bourne -                     | 11                                  | la.  |      |
|     |  | 100                                    | Wine                                  | hester.                             | ryford   |      |
|     | Address: Telegraphic   | Harvey                                 | 1. Otterbon                           | urne Hell                           | W. Wind  | ehe. |
| 3.  | Names and ages of all de-<br>pendants travelling with<br>you (except yourself);                          |  | Me.                                   |                                     | - 1/A (  |      |
| 4.  | Your last address in<br>Newfoundland:  |  | Mil.                                  |                                     |  |      |
| 5.  | When did you leave Newfound-<br>land, and for what reason did<br>you come to Gt. Britain?                | Marr                                   | ied to                                |                                     | rvey.  | - TV |
| 6.  | If relation or dependant of a member of the Newfoundland Contingent state relation-                      | Aty                                    | ward.                                 | 4159.                               |  |      |
| 7.  | Ship, also Reg. No. and Rank: Your destination in Newfoundland:  | - Gand                                 | Bay.                                  | Vietoria.                           | Cove.  |      |
| 8.  | What arrangements have you made for Passport?  | 1                                      | 1                                     | la la                               |  |      |
| 9 - | Can you leave for Newfound-<br>land on 24 hours notice by<br>telegram?                                   |  |                                       | /                                   |  |      |
| 10. | No responsibility for safety<br>by the Gewfoundland Governmen<br>It is understood that th<br>be carried. | of passeng<br>t or its r<br>e usual co | ers or lag<br>encesentat<br>en passen | gage is acc<br>ives.<br>gers baggag | cepted<br>se may                                 |      |
| ate | 18 fune. 1919. Si  | gnature _                              | I M. a                                | 1. Harv                             | ey.  |      |
|     | · · · · · · · · · · · · · · · · · · ·  |  |                                       |                                     | $V - \cdots$                                     |      |

THIS FORM TO BE COMPLETED AND RETURNED TO:

Chief Staff Officer (London), Newfoundland Contingent, 58, Victoria Street, London, S.W. 1.

21st June.

9.

8957/1/0.T.

Mrs. M. Harvey,

Otte rbourne Hill, Twyford

Nr. Winchester Hants.

REPATRIATION DRAFT No. 91 S.S. "Cassandra."

Your transportation to Newfoundland has been arranged per S.S. "Cassandra" due to leave Glasgow on Tuesday 24/6/19. You will be accompanied by your husband 4159 Pte. Harvey, and should both report to the Embarkation Officer, \*\*Harffannika\*\* Newfoundland Contingent, at South Pier, Privces Dock, Glasgow by 2 p.m. on the 24th instant.

Embarkation Card and a Railway Warrant to Glasgow are enclosed.

Chief Staff Officer (London)

4159 Harvey above man and wife sailing for New foundland.

#### CONTINGENT NEWFOUNDLAND

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

To: Mrs Margaret A. Turton

June 17th.

191 9

Compton Road ...

Twyford. Hants

No.Pte.N. Harvey. 4159

A claim for Separation Allowance in your favour has been received from the above-named Soldier. In order to support the claim, you are required to complete the enclosed Statutory Declaration, N.F.P./87A, before a Magistrate of your District, and return it to this Office as soon as possible.

Marriage and Character Certificates, and Permission of Officer Commanding have been received. Marriage Certificate will be

returned to you when the claim has been dealt with, please.

Chief Paymaster & Officer i/c Records.

## ORIGINAL.

NEWFOUNDLAND CONTINGENACTION. INDEX

# PAY LEDGE ROUNTS NUM. ROLL 6 00 AGO OT, INDEX REGISTERS EXAMINED

#### CANCELLATION OF ALLOTMENT

| 1. I, (No) 4159 (Rank) Ple (Name) N. Harvey                         |
|---|
| hereby apply for cancellation of Allotment made by me on N.F.P./11  |
| No. 4595 dated 1/2/18   |
| Mother Mrs. M. E. Hawey Gander Bay Victoria Cove Mls                |
| for \$ cts 60 per diem.   |
| Such cancellation to take effect on the day of                      |
| 1919  |
| 2. I agree to accept all risks and consequences of this appli-      |
| cation failing to reach Heriquarters, St. John's, in time to become |
| operative at above-nominated cancelling date, and that in the event |
| of such non-delivery, and thereby the Allotment continuing to be    |
| paid to the Allottee, I also agree to such further stoppage in the  |
| Pay Books as may be necessary, or otherwise to refund such overpaid |
| amount or amounts. Confirming Pelegram No. 264-1/6,                 |
| Dated at N. Down Camp. His  |
| Jun 19 1919 Ot: n. Harvey   |
| COPY SENT TO  |
| Approved and Witnessed: Witness Appropriate. ST. JOHNS. N.F.L.D.    |
| O.C. "B" Company. N.F.P.S. No. 89991 PLA                            |
| Office not later than the date of cancellation, in accordance.      |

From:

in the works you

NEWFOUNDLAND

Chief Paymaster & 0.1/c Record, Newfoundland Contingent, Pay & Record Office.

Wictoria Stre

London,

a te. Harve b

With reference to the following tetegram from the Minister of Militia (162 )

"Pay to- 4159 N. Haresy

£10-0-0

Cheque £ 1-0-0 is enclosed. for payment to this Soldier.
Kindly obtain his receipt hereon.

MOMMuresell May.

Chief Paymaster & O. i/c Records.

TWILD WITING

to: Officer Commanding,

2nd Batt. Ryl. Nfld. Regiment Windhester

preceipt hereunder.

LIEUT. COLONEL.

COMMANDING 200 BN: ROYAE NEWFOUNDEARD REGT.

Received the sum of Ten-

thelegraphic remittance from the Minister of Militia.

- h Harry

No. 459 Rank

Mitness M Rockett

.

Mrs Margaret A. Turton

June 17th.

y

Compton Road ..

Twyford. Hants

Pte.N. Harvey. 4159

### 8712/1631/P. &. A.

CHIEF PAYMASTER & OFFICER I/C. RECORDS.
NEWFOUNDLAND CONTINGENT,
BS, VICTOBIA STREET,
LONDON, S.W. 1

Officer Commanding, 2/Bn. R. Newfoundland R., Hazeley Down Camp, Winchester, Hants.

Pay & Record Office, 17th June.

### 4159 PTE. N. HARVEY.

Reference claim for Separation Allowance by the above-named man: it is noted that he has an allotment of 60 cents per day payable to Mrs. W.E. Harvey, Gander Bay, Newfoundland. This will require to be canwelled and a new one made in favour of his wife.

N.Fs. P. 11 and 12 are enclosed for completion and return to this Office, please.

Major, Chief Staff Officer (London). Royal Feufoundland Regiment,

59 Victoria Street,

London, S. V.

Sir:Please charge the amounts set opposite my name to my account and pay it to the N.V.C.A. "Prisoners of "ar Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

| Regtl.<br>No. | Rank | Name      | Amount | Signature: |
|---------------|------|-----------|--------|------------|
| 415-9         | Pre  | Havey. n. | 895    |            |
| . ~ .         |      |           |        |            |
|               | 1    |           |        |            |

I have the honour to be, Sir,

Your obedient servant.

A. X. Harner

With A. Male

Date

No. 6755/3

### PAROHEUMO CHARGINGINE

191

H'rom Chief Paymaster'& U. i/c Records. ... WewToundland Contingent.

58, Victoria Street. London, S.W. Pi.

Officer Commanding. Royal Victoria Hosp. Netlev.

2nd May

1918

Subject: 4159, Pte. N. Harvey,

With reference to the following telegram (3469) from the non the Minister of Militia, received

Pay to 4159 Harvey £1:4:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account. or otherwise dealt with.

ALSWER

Chief Paymister & U. i/c Records.

The Chief Paymaster, 58 Victoria Street, London, S.W. 9 MAY 1995

Recommended to have (3/6) three shillings and sixpence weekly, not full amount (£1-4-6) at one time.

Phanky Copilor

Major, R.A.M.C. Registrar, for Officer i/c Royal Victoria Hospital.

Netley, 9th May, 1918.

P/M.

3572/5



| TOTOLOGY OF THE PAYM STEEL & OFFICER I.C. RECOUNT OF THE PAYM STEEL & ON DON, S.W. 1.  ENGLAND. | TLE DO , No bley 12   |
|---|---|
| Royal Victoria Hospital,<br>Netley, Hants   | To The Chief Paymester, Newfoundland Contingent 58, Victoria Street, ANSWER London, S.W.  |
| Pay & Record Office,  | . Yarlunin  |
| 15th May101 8   | 23rd May, 1918:   |
| 4159, Pte. N. Harvey,<br>Royal Newfoundland Regt.   | Receipt forwarded herewith  |
| Reference attached minutes Cheque for £1:4:0 is enclosed for payment to this Soldier as may be demmed fit.  Voucher is also enclosed for Completion and return to this Office, please.  Major, Chief Paymaster & 0.1/c Records.   | write.  a. A. Rohmann de-  [Majore, / R. A. M. Call Registrar,  fo F/V. 24/o R. V. Hosketal.  Ref. 10s 10 V 473/  Phiscod 24 MAY 1018  Ackin Auril  Ref. Nos. 691 |
| FM/s  | 102   246   |

Cì

191 8.

### MEMORANDUM.

CHIEF PAYMASTED & OFFICER I.C. F ... NEWFOUNDLAND GOLDINGE BOWVICTORIA STREET LONDON, S.W. 1. ENGLAND.

9 Officer Commanding,

2/Bn. Royal Nfld. Regt FM/NM. Winchester.

From The Officer Commanding, 2nd Bn.Royal Newfoundland Regt Hazeley Down Camp.

To The Chief Paymaster, Royal Newfoundland Regiment. London, S.W.

Sept. 30th

et Nos 1N

Rel. Nos. UU

8

Pay & Record Office,

September 26th, 191 8

4159, Pte. N. HARVEY.

Attached correspondence and Postal Draft £2.0.0. are forwarded herewith as this Soldier ts now understood to be on your strength.

Kindly obtain his receipt on the enclosed N.F.P./79, please.

Herewith receipt.

PAY & RECORD OFFICE

Much MaCtod

chief Paymaster & 0 i/6 Rcds

LIEUT. COLONEL.

| From:  | CONTINGENT   |
|--|--|
| Chief Paymaster & O. 1/c Records<br>Newfoundand Contingent,  | Officer Commanding,  |
| Pay & Record Office<br>58, Victoria Screet,<br>London, S.W 1.                                      | Wire hester.   |
| 30th July 1918   | Sopag 1918.  |
| Subject: 4159, Pte · N. Harvey   | Receipt hereunder.   |
| With reference to the follow-<br>ng telegram (6765 ) from the Hon.<br>inister of Militia, received | MMANDING PAR ON ROYAL MEW FOUND LAND THE TOTAL OF THE ONE OF THE O |
| Pay to 4159 Harvey £2:0:0  | Royal Newfoundland Regiment Received the sum of Two  |
| Draft £ 2:0:0 is enclosed or payment to this Soldier.  Kindly obtain his receipt ereon.            | foundson account of  |
| H. Marchall Cal  | No. 4159 Rank 96   |
| Chief Paymaster & O. 1/c Records.  |  |
| W * 0 00   |  |

officer Commanding, 2/Bn Royal Newfoundland Regt. Wire hester.

30th July 8

Pay to 4159 Harvey £2:0:0

2:0:0



FORM K

Nº 4595



# 1 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

| 680 With The long Elya Idander Poary Idanuery Victoria Corre   | 6               |
|--|-----------------|
| Idanuery Vietoria Core   |                 |
|  | -               |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
| Total Allotment, \$  | 1               |
| NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, company and handed to the Paymaster as authority to managed payments on application. | ounter<br>ke th |

Harvey. L. 4159 Hay Loept.

August 7th 1919.

#4159, Pie.N.Harvey, Gander Baym Fogo.

Dear sir:

Anclosed please find Discharge Vertificate # 3509.

Yours truly,

Capt.& Officer i/cRecords.

RS.

## The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

| 11110 DI-   | 7/41.   |
|---|---|
| I. No. 4.1.5.9Rank  | Name Haurey 16.   |
| Intended place of residence   | 100   |
| 2. Occupation Trolerman   |   |
| Classification of soldier.  | Medical Category  |
| . The above named man is discharged in consequence of   | i ·   |
|   | LIZATION  |
| Eligible for V  | Var Service Gratuity  |
| . His accounts are correctly balanced and I have impar accordance with Regulations.   | tially inquired into all matters bught before me, in  |
| Place, ST. JOHN'S   | XI/II W/) 14  |
| Date JUL. 1 0.1919  | Commanding Discharge Depot<br>The Royal Newfoundland Regiment   |
| CERTIFICATE TO BE SIGNED  | BY SOLDIER ON DISCHARGE   |
| I hereby acknowledge that I have received all my p<br>just demands up to the present date, and hereby releas<br>of all financial responsibility in my connection. | ay and allowances (including clothing allowance) and all<br>e the Discharge Depot, Royal Newfoundland Regiment, |
| Place, ST. JOHN'S   | Many Havery   |
| 1 0 <b>1010</b>   | Signature of soldier  |
| DateJUL. 1.0.1918   | Signature of witness  |
| CIVILIAN RE-ESTABLISHMENT   | TIFICATE TO BE SIGNED BY SOLDIER  |
| I hereby certify that I am in a position to resume civil  | -/.·  |
| Place, ST. JOHN'S   | Math & Harrey   |
|   | ames 6 hewman   |
| DateJUL-1-0 1919  | Signature of witness  |
| STATEMENT   | OF SERVICE  |
| Enlisted for service. 2.7 11-17   | No. of days on Military   |
| Discharged from service. 2.471.9  | Plus 14 days Service  |
|   |   |
| APPROVAL OI   | F DISCHARGE   |
| The discharge of the above mentioned soldier is herel<br>The Royal Newfoundland Regiment, twenty eight day  | by approved to be confirmed by the Officer i c Records,   |
| Place, ST. JOHN'S   | XIL Coolee Calit  |
| JUL 24 1919   | Officer Commanding Discharge Depot  The Royal Newfoundland Regiment   |
| Date  |   |
| CONFIRMATION  | OF DISCHARGE  |
| The discharge of above mentioned soldier is hereby con  | through the the   |
| Place, ST. JOHN'S   | 1 1100 low ey capo  |
| Date august 1/1919  | Officer ilc Records  The Royal Newfoundland Regiment  |
|   |   |

# The Koyal Pewfoundland Kegiment

Class for Demobil-. ization:—

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

| Discharge Depot: Headquarters The Royal No. | ewfoundland Regiment   |
|---|--|
|   | Date   |
| Regimental No 4159                          |  |
| Name Harry Batha                            | neif Rank 875  |
| Name Harry Jathan<br>Address Gander Ba      | y Joen   |
|   |  |
| Present Medical Category                    |  |
| Recommended for :—                          | (a) Immediate discharge (b) Standard Medical Board O.C. Discharge Depot.  **Discharge Depot.** |
|   | Senior Medical Officer  See Beer dece  M. O. Depot   |

# The Royal Newfoundland Regiment

| DEMOBILIZATION OF  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Reg. No. +1.0 9 Rank / Name Harriey  |  |  |  |  |  |  |  |
| Date of Enlistment 27 111 7 Address Garnele Bouf District Togs   |  |  |  |  |  |  |  |
| Occupation   |  |  |  |  |  |  |  |
| Recommendation S.M.B. Appeallyllefid Disability Rating 100 10 While and Hofe   |  |  |  |  |  |  |  |
| 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   |  |  |  |  |  |  |  |
| B 179 D 400B Form L do 3rd " 4   |  |  |  |  |  |  |  |
| B 179a   |  |  |  |  |  |  |  |
| B 179b   |  |  |  |  |  |  |  |
| В 179с В 120 М 93  |  |  |  |  |  |  |  |
| Date   |  |  |  |  |  |  |  |
| And the property of the control of t |  |  |  |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.  I am   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.  I amin a position to resume civilian occupation of the state of      |  |  |  |  |  |  |  |
| I amin a position to resume civilian occupation of the former.  My Annuman   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.  I am   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.  I am   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.  I am   |  |  |  |  |  |  |  |
| r. Civil Re-Establishment.  I am   |  |  |  |  |  |  |  |
| r. 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:   |  |  |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.  Date.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.   |  |  |  |  |  |  |  |
| r. 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:   |  |  |  |  |  |  |  |
| Particulars passed to Vocational Officer for information and action.  Date.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.   |  |  |  |  |  |  |  |

| 3. Transportation and Release Certificate.   | 82213  |
|--|--|
| The above named has been provided with Travel  | ling Warrant No. 7 2303 to his hom   |
| at Youder Boy and Release Cer  | tificate No. 3/4.2.b. issued.  |
|  | 00 0 001   |
| Date 10-7-19   | I A Trivelage  |
|  | Demobilization Officer   |
| the second of th | A MAC 18 19 19 19 19 19 19 19 19 19 19 19 19 19  |
| 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 allowa  | nces to  |
| $I_0 = I = I_0$  | HAMING U   |
| Date   | Depot Paymaster.   |
| 31.  | 79   |
| Discharge approved for   | 1-11   |
| Forwarded with following documents to O.C Discl  | . Note that the second  |
| The state of the s | large Depot.   |
| N.F. P 36 B 268 B 121 N.F.   | Med D.F. 1   |
| Б 178 W 3494 В 122 Воаго   | 1 1st  |
| 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  | 156-2 " 6  |
| B 179c B 120 M 93  | 172-2  |
| and the second s |  |
| Date 10 - 1- 19  | y dinawleft  |
| The  | Demobilization Officer.  |
|  | The state of the s |
| APPROVED.  |  |
| Documents as above forwarded to:—  |  |
| Officer i c Records. Board of Pension Commissioners.   |  |
| with following additional documents.   |  |
| with following additional documents.   | tanks, hand so the bear at the self of   |
| Eligible for   | War Service Gratuit  |
|  | 100  |
| 4010   | WIIIP Pla  |
| Date JUL 21.1919   | XIC Loofel Cafet   |
|  | O. C. Discharge Depot.   |
| Received the above noted documents from O. C. Discharge D.   | attern and at the gradual tip at the first and   |
| John C. C. Distillarge D   | A section is additional to   |
|  |  |
| Date   | The A.   |

## 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.

Howey W. Signature of Man

Reg. No. 413 9

Signature of the Vocational Officer or his Representation

Place

A- John

Date

10-7-19.

191....

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

MEDICAL HISTORY

| Surname It arrel. |  |     |  |
|-------------------|--|-----|--|
| A 18 /            |  | 11  |  |
|                   |  | 17/ |  |

Christian Nane Lackanil

| 7:-  | Table I.—GEN           | VERAL TABLE.      | 5              | 23               |
|--|------------------------|-------------------|----------------|------------------|
| Birthplace: - Parish / Lelone  | a Grus 7 au            | an long. County   |                |                  |
| Examined   | on Harday              | See Nov. 1917     |                | day of 191       |
| Declared Age   | 30 years               | 2 /200            | , ye           | ears days        |
| Trade or Occupation  | dich                   | erman             |                |                  |
| Height   | J feet                 | 44 inches         |                | feet inches      |
| Weight   |                        | //3° lbs.         |                | 8 APR 1918 lbs.  |
| Chest Measurement Range of Expansion                                   |                        | 35 inches         | • 1            | inches inches    |
| Physical Development   |                        |                   |                |                  |
| Vaccination Marks Arm  | Right                  | Left              | Right          | Left             |
| When Vaccinated  | -                      |                   |                |                  |
| Vision }   | R.E.—V 4<br>L.E.—V = 4 |                   | R.EV=<br>L.EV= |                  |
| (a) Marks indicating congenital peculi-<br>arities or previous disease | (a)                    |                   | (a)            |                  |
| (b) Slight defects but not sufficient to cause rejection               | (b)                    | t to pie          | (b)            |                  |
| Approved by (Signature)  | Jan 1                  | Rates             |                |                  |
| (Rank)   | a anno                 | o wro ism         |                |                  |
|  |                        | Medical Officer.  |                | Medical Officer. |
| Enlisted   | at J. I.               | Lus y of Nov 1917 | at<br>l on     | day of 191       |
|  | Corps.                 | Regtl. No.        | · Corps.       | Regtl. No.       |
| Joined on Enlistment   | el hus.                | -                 |                | A A              |
| Transferred to   | Regt                   | 4159              | ,              | 7 7              |
| Became non-effective by  |                        |                   |                |                  |
| [Signature]  | on ''' da              | y of 191          | on             | day of 191       |
| [Rank]   |                        |                   |                |                  |

NHd.

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

| -1  |          |                            |            |    |                |              | Table 11.—Only for admission | to nosp                       | tal or to the sick list in case of warrant omcers treated in quarters.  | The second secon |
|---|----------|----------------------------|------------|----|----------------|--------------|------------------------------|-------------------------------|---|--|
| Name of Hospital                                | -        | mitted<br>Iospita<br>Month | to<br>Year |    | harged Hospita | 1000000      | Disease                      | Number<br>Days in<br>Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to bospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case abest. | Signature of Medical Officer   |
| Hazeley Down                                    | 18       | 3                          | /8         | 28 | 3              | 18           | Myalgia                      | 10                            | Recovered. Franchisch to Welley   | HE Gwom Caff Rame  |
| netly.  | 28       | J                          | 18.        | .9 | AUG            | /a1 <b>8</b> | 65 Fener Comer               |                               | transfered to Blean larrier lentre Centerling   | Staplin Stoplane   |
| mos Concertion Her                              | 9        | cş                         | 1%         |    |                |              | CSF Carrier                  |                               | to duly   | O. No. 5 CONTACT CEN   |
| Hazeley Don                                     | 29       | 10                         | 18         | 15 | 11             | 18           | Neurilia                     | 17                            | Discharged & duty   | 65 Torwan  |
| SHITTARY HOSPITAL<br>SHIP<br>Date  MAZELEY DOWN | ),,1     | DEC                        | 1918       | 28 |                | (8           | Newitio.                     | . '7                          | Improved: Recommended of repatriation   | Bos Miria CAPT. RAME   |
| bl bs   | <u> </u> |                            |            |    |                |              |                              | •                             |   |  |
|   |          |                            |            |    |                |              |                              |                               |   | - Francis  |

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

Brief Details, and Signature

|          | of a least to estimate |      | 1  | Patrillo et cher<br>Longo escribios<br>Longo estralia | III seem note in<br>Tomo ♥ of Si<br>on of Are |
|----------|------------------------|------|----|---|---|
|          |                        |      |    |   |   |
| 29-11-17 | Vac                    | 20   |    |   |   |
| 6-12-17  | 1,43.                  | . De | V. |   |   |
| 11-12-17 | . oh                   | H    | X. | s same entre  |   |
| 18-12-17 | This.                  | H    |    |   | ^   |
| •        |                        |      |    |   |   |

Date

It is hereby certified that this seldier has been before the Standing Medical Board and has been classified as for discharge on Demobilisation. Medical category

Table IV.—SERVICE TABLE.

| Station or Troopship                | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation | Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation |
|-------------------------------------|--------------------------------------|---|----------------------|--------------------------------------|---|
|                                     | l                                    |   |                      |                                      |   |
|                                     |                                      |   |                      |                                      |   |
|                                     |                                      |   | ļ.                   |                                      |   |
|                                     |                                      |   | •                    |                                      |   |
| *10                                 |                                      |   |                      |                                      |   |
|                                     |                                      |   |                      |                                      |   |
| · · · · · · · · · · · · · · · · · · |                                      |   |                      |                                      |   |
|                                     |                                      |   |                      | 1 22-                                |   |
| 37                                  |                                      |   |                      |                                      |   |
|                                     |                                      | 1.0                                       | 1                    | -                                    |   |
|                                     |                                      |   | A                    |                                      |   |
|                                     |                                      |   |                      |                                      |   |



## 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 lo 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 Mathanel Not only  |
|---|
| Regiment from which discharged Royal Rewfoundland   |
| n : 41 4159   |
| Intended address Jander 13 Cuy 4790.  |
| Height on discharge 6 Feet 6  |
| Color of hair on discharge Light  |
| Complexion Jair   |
| Color of eyes Brown   |
| Descriptive Marks — .   |
| Figure on discharge Medium  |
| Christian name of Father WA,  |
| Christian name of Mother Elega  |
|   |
| Date and place of marriage England: 7 to the 1711   |
| Christian names of children   |
| Christian names of children  Place and date of soldier's birth  Manda Bay 164 May. 1896  Nature and locality of civil employment required                 |
| 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) Mathaniel & Harvey  |
| (Soldier's signature in full) Mathamiel wark (Rank)  Section S.T. JOHN'S  |
| Station ST. JOHN'S Date 7-7-19  |

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.

Station ORDERLY ROOM

Medical Officer i|c Hospital. Unit, or Command Depot. Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (xvi.), 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. (7) 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.

7. Former Trade

|                           |                                  | or Occupation  |
|---------------------------|----------------------------------|--|
| 2. Regtl. No 4159.        | 3. RankPta                       | 7a. If the soldier claims previous service in Army, he should state—   |
| 4. Name Harve (Surname)   | y Nath. (Christian Names)        | (a) Former Regts. or Corps;<br>with Regtl. Nos.  |
| 5. Age last birthday      | and the second                   | Comment of Transport Comment of Transport  |
|                           | at                               | A CONTRACTOR OF THE CONTRACTOR |
| 8. If the disability is a | n 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 Inquir   | ry was held on an injury state:- |  |
| (a) When                  |                                  | (n n u n u n u n u n u n u n u n u n u n   |
| (b) Where                 |                                  | (d) Particulars of Pension or Gratuity<br>(if any)   |

#### Statement of Case.

Norg.—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 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."

Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

11. Date of origin of disability.

(c) Opinion of Court

is seen by the Officer in charge of the case.

- Place of origin of disability.
- 13. Give concisely the essential facts of the history of relevant official documents.

1. Unit and Corps. Rayal. Newfoundland......

Neuritis, Treated at H. Down 44 days. the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Repatriation.

|  | Anny Form 3.   | •  |   |
|--|--|--|---|
| King's   | 14. State whether the disabilities are   | (a) attributable to  | (b) aggravated by   |
| insulation   | (i.) Service during the present war  | Yes  | •••••   |
| 14 (13)  | (ii.) Previous active service  |  |   |
|  | (iii.) Climate in pre-war service  |  | F   |
| 10 9   | (iv.) Ordinary military service before the war   |  |   |
| .07  | . (v.) Serious negligence or misconduct on the man's part.   | }//W costA   | Transpart   |
|  | 14 (a). If not due to any of these causes, to who specific condition do you attribute it?  | at-}   | A. Sp. C. Barrier 1996<br>A. St. St. St. St. St. St.  |
| ti 97) /   | 15. What is his present condition?   | ette owing to ab   | be Neuritis.  |
| cial injur-  | (A note should be made as to Weight in all cas   | Section of the sectio |   |
| nd throat,<br>lities, &c.,<br>lalist's re-<br>is to be | when it is likely to afford evidence of the pr<br>gress of the disability.)  | 0-   |   |
| ed with<br>graphs<br>possible;                         |  |  | . va sen filhali sare li  |
| possible;<br>cases of<br>ation the                     | . [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]  |  | r vanh biblioteati, e   |
| position<br>be stated.                                 |  |  | să (kontra din  |
|  |  | Faller Lawrence Color  | *1 v (15 r ) (15  |
|  |  |  |   |
|  | in a serial to an G / As in the contract of  | 1.   |   |
|  | 16. Was an operation performed? If so, when and wh<br>was its nature?  | at .   |   |
|  | 17. If not, was an operation advised and declined?   |  |   |
|  |  |  | · · · · · · · · · · · · · · · · · · ·   |
| dictor.  | 18. *In the case of loss or decay of teeth,—Is the loss<br>teeth the result of wounds, injury or disea<br>directly attributable to active service or through | ise<br>gh  | + 69 d77 , 1  |
| oli les si   | service under such conditions that dental trea<br>ment was unobtainable?   | it-  | **1   |
|  | 19. Give particulars of any other disabilities existing, b   | ut.  |   |
|  | not in themselves sufficient to cause invaliding   | ng.  |   |
|  | State whether or not they are attributable to<br>have been aggravated by service during the presc  |  |   |
|  | war, and if so, to what or by what specific milita   |  | ~   |
|  | conditions?  |  |   |
|  | with graning of the Whater the   |  |   |
|  |  |  |   |
|  | 20. Do you recommend—  |  |   |
|  | Mehartragrame  |  |   |
|  | (a) Discharge as permanently unfit?  | ·  |   |
|  | <ul> <li>(b) Change to United Kingdom?</li> <li>Note—(b), is only applicable to soldiers invalided<br/>Foreign Stations.</li> </ul>                          | at   | CONTRACTOR OF THE STATE OF THE |
|  |  |  |   |
|  |  | (SCD) W.E. PROCUI  |   |
|  | Station Hazeley Down.  | Medical Officer 1  | n charge of case.   |
|  |  |  |   |
|  | Date   |  |   |
|  | <ul> <li>Loss of teeth on or immediately after active service,<br/>it is due to some other cause</li> </ul>  | should be attributed thereto,  | unless there is evidence  |

#### 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.

Left St. John's Dec. 1917. Began to feel pains a month later. Pain in L. Lnee extended up to Thigh & Hip. P.120

| 22. State whether the disabilities are :   | (a) Attributable to (b) Aggravated by  |
|--|--|
| (i) Service during the present war   | Yes.   |
| (ii.) Previous active service  | ······································   |
| (iii.) Climate in pre-war service  |  |
|  |  |
| (v.) Serious negligence or misconduct on the part of the soldier   | No   |
| Give details:  |  |
|  |  |
| . Haranz (1873)  |  |
| 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?                           | Infection.   |
| 23. Is the disability in a final stationary condition? If not  |  |
| (a) How long is the present degree of dis-   |  |
| (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made | The state of the s |

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.

| 491 4  | 24.                                 |  | What is the degree of disablement at which, in the opinion, he should be assessed at present, indepenhospital or other treatment. (Degrees of disabould be expressed in the following percentages 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vid. Warrant of 17/4/18 issued as A.O. 162 of 1918, structions to Pension Boards) (assessment to be stwords as well as figures).  In case of aggravation or where there is any evider there was a disability on entry, what in your opin the degree of disablement which existed at the joining the Army?   | adent of blement :—100, e Royal and Intated in the control of the | 00%. While   | in Hp.   |
|--|-------------------------------------|--|--|---|--|--|
|  |                                     | .,   |  |   |  |  |
|  | 25.                                 |  | an operation was advised and declined, was the efusal unreasonable?  | 1   |  |  |
|  |                                     |  |  |   |  |  |
| with the Civil-<br>ian Members, he                 |                                     | (a)  | Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?   | Yes.  |  | Opinion of Mili-<br>tary Member in<br>case of dis-<br>agreement.   |
| is to state his                                    |                                     |  | OR   | dur.  |  |  |
| space provided                                     |                                     | (b)  | In what other grade do the Board place him?  |   |  |  |
|  |                                     | (c)  | Do the Board recommend change to the United  | XXX.  |  |  |
|  |                                     |  | Kingdom (in the case of a soldier invalided at a   |   |  |  |
|  |                                     |  | foreign station)?  |   |  |  |
| Only to be   | 27.                                 | Da   |  |   |  |  |
| the soldier is<br>p'aced in other<br>than Grade IV |                                     | Ъ  | the Board find that the soldier has suffered any impairment in health since his entry into the Service?  | Yes.  | 1177 - 179 - 170 Day   | To the composition of the comp   |
|  | _                                   | Is   | impairment in health since his entry into the  | NG HPI  |  | O GRE Use  |
|  | 28.                                 | Is<br>B.                                       | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?   | Do lint<br>Eys Empi   |  | O GRE. O. C.<br>Obssevation  |
|  | 28.                                 | Is<br>B.                                       | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:—   | Do lint<br>Eys Empi   |  | O'CRE. CORC<br>Obsesvatio  |
|  | 28.                                 | Is<br>B.                                       | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?   | Do lint<br>Eys Empi   |  | Oughn to to  |
|  | 28.<br>29.                          | Is<br>B.<br>Do                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:—   | Do lint<br>Eys Empi   |  | Obsesvation  |
|  | 28.<br>29.<br>(a)<br>(b)            | Is<br>B.<br>Do<br>Ai                           | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?   | Do lint<br>Eys Empi   |  | Observatio   |
|  | 28.<br>29.<br>(a)<br>(b)            | Is B. Do An Tr                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:— n attendant for his journey home?   | Do lint<br>Eys Empi   |  | ebassvatie   |
|  | 28.<br>29.<br>(a)<br>(b)            | Is B. Do An Tr                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:— attendant for his journey home? ansport from railway station to his home? is constant attendance of another person in his own   | Pys Empi<br>Treatm  |  | ebassvatic   |
|  | 28.<br>29.<br>(a)<br>(b)            | Is B. Do An Tr                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  ie constant attendance of another person in his own ome?  Signatur   | es:—  | en t,  |  |
|  | 28.<br>29.<br>(a)<br>(b)            | Is B. Do An Tr                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  ie constant attendance of another person in his own ome?  Signatur   | es:—  | en t,  | ∫President o   |
|  | 28.<br>29.<br>(a)<br>(b)<br>(c)     | Is B. Do An Tr                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:— antendant for his journey home? ansport from railway station to his home? ie constant attendance of another person in his own ome?  Signatur (SQD)  | res Empi<br>Treatm  | on to  |  |
|  | 28.<br>29.<br>(a)<br>(b)<br>(c)     | Is B. Do An Tr                                 | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:— attendant for his journey home? ansport from railway station to his home? the constant attendance of another person in his own ome?  Signatur  (SGD.)   | es:—  | on to  | ··· {President o Chairman.   |
|  | 28. 29. (a) (b) (c)                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:— antendant for his journey home? ansport from railway station to his home? the constant attendance of another person in his own ome?  Signatur  (SCD.)   | res Empi<br>Treatm  | on to  | ∫President o   |
|  | 28. 29. (a) (b) (c)                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  the constant attendance of another person in his own ome?  Signatur (SGD)  | es:- N.S.FR. J.S.TAI  | ent.   | ··· {President o Chairman.   |
|  | 28. 29. (a) (b) (c)                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  the constant attendance of another person in his own ome?  Signatur (SGD)  | res Empi<br>Treatm  | ent.   | ··· {President o Chairman.   |
|  | 28. 29. (a) (b) (c)                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  ie constant attendance of another person in his own ome?  Signatur (SGD)  JULY 5/19.   | es:— N.S.FR. J.S.TAI  | ent.   | ··· {President o Chairman.   |
|  | 29. (a) (b) (c) Sta                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  ie constant attendance of another person in his ownome?  Signatur (SGD)  JULY 5/19.  JULY 5/19.  | es:— N.S.FR. J.S.TAI L.PATER ulations.  | MRR.   | President o Chairman.  Members.  |
|  | 28. 29. (a) (b) (c)                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  ie constant attendance of another person in his ownome?  Signatur (SGD)  JULY 5/19.  JULY 5/19.  | es:— N.S.FR. J.S.TAI L.PATER ulations.  | MRR.   | President of Chairman.  Members.  Only applicable in cases of  |
|  | 28. 29. (a) (b) (c) Sta             | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  the constant attendance of another person in his own ome?  Signatur (SGD)  JULY 5/19.  School AMEDIC Inder Para. 392 (xvi) King's Reg  | es:  N.S.FRI L.PATER ulations. LUNY. MAC  | ent.   | President of Chairman.  Members.  Only applicable in cases of the case |
|  | 29. (a) (b) (c) Sta                 | Is B. Do Ar Tr Th                              | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  an attendant for his journey home?  ansport from railway station to his home?  ie constant attendance of another person in his ownome?  Signatur (SGD)  JULY 5/19.  SCHOOL AMEGIC Para. 392 (xvi) King's Reg   | es:  N.S.FRI L.PATER ulations. LUNY. MAC  | ent. LERR. LEGN: MATOR   | President of Chairman.  Members.  Only applicable in cases of  |
|  | 28. 29. (a) (b) (c) Sta             | Is B. Doo An Tr Th ho                          | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  es the soldier require:— n attendant for his journey home? ansport from railway station to his home? the constant attendance of another person in his own one?  Signatur  (SGD)  ST. JOHE S.  JULY 5/19.  SCHOOL ST.  SCHOOL ST.  OR  OR   | es:— .N.S.FRJ.S.TAI .L.PATES ulationsUNY MAC  | ESON: MATOR PHERSON. M.              | President of Chairman.  Members.  Only applicable in cases of the case |
|  | 28. 29. (a) (b) (c) Sta Da          | Is B. Do An Tr Th ho                           | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  is constant attendance of another person in his own ome?  Signatur (SGD)  ST. JOHE!S.  JULY 5/19.  SCHOOL OR  No. OR  OR  OR  OR  No. OR  OR  OR  OR  OR  No. OR   | es:— N.S.FR. J.S.TAI L.PATER ulations. UNY MAC ficer in char 's Règulation  | ESON: MATOR PHERSON. M.              | President of Chairman.  Members.  Only applicable in cases of the case |
|  | 28. 29. (a) (b) (c) Sta Dai         | Is B. Do An Tr Th ho                           | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  the constant attendance of another person in his own ome?  Signatur (SGD)  ST. JOHN!S.  JULY 5/19.  Scharge Amegyre in the Para. 392 (xvi) King's Reg  (SGD) CI  No.  Scharge Approved under Para. 392 ( ) King's Of the Reservent Para Service | es:  N.S.FRI  L.PATEL  ulations.  UNY MAC ficer in char  s Regulatior e.  | ET.  RSON: MATOR  PHERSON. M.  ge, Central Hosp  is.                     | President of Chairman.  Members.  Only applicable in cases of Patients in Hospitals.   |
|  | 28. 29. (a) (b) (c) Sta Dai         | Is B. Do An Tr Th ho                           | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  is constant attendance of another person in his own ome?  Signatur (SGD)  ST. JOHE!S.  JULY 5/19.  SCHOOL OR  No. OR  OR  OR  OR  No. OR  OR  OR  OR  OR  No. OR   | es:  N.S.FRI  L.PATEL  ulations.  UNY MAC ficer in char  s Regulatior e.  | ET.  RSON: MATOR  PHERSON. M.  ge, Central Hosp  is.                     | President of Chairman.  Members.  Only applicable in cases of Patients in Hospitals.   |
|  | 28. 29. (a) (b) (c) Sta Dai         | Is B. Doo Ar Tr Th ho                          | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  an attendant for his journey home?  ansport from railway station to his home?  is constant attendance of another person in his ownome?  Signatur (SGD)  ST. JOHE!S.  JULY 5/19.  School AMEGIC Para. 392 (xvi) King's Reg (SGD) CI  Who of the Reserve of the Reserve of the Reserve of the Reserve of the Para. Ring's Regulations under which discharge is approved under which discharge is approved.   | es:  N.S.FRI  L.PATEL  ulations.  UNY MAC ficer in char  s Regulatior e.  | ET.  RSON: MATOR  PHERSON. M.  ge, Central Hosp  is.                     | President of Chairman.  Members.  Only applicable in cases of Patients in Hospitals.   |
|  | 28. 29. (a) (b) (c) Sta Da  Sta  Da | Is B. Doo Ar Tr Th ho                          | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  attendant for his journey home?  ansport from railway station to his home?  the constant attendance of another person in his own ome?  Signatur (SGD)  ST. JOHN!S.  JULY 5/19.  Scharge Amegyre in the Para. 392 (xvi) King's Reg  (SGD) CI  No.  Scharge Approved under Para. 392 ( ) King's Of the Reservent Para Service | es:  N.S.FRI  L.PATEL  ulations.  UNY MAC ficer in char  s Regulatior e.  | ENT.  BON: MATOR  PHERSON. M.  ge, Central Hosp  is.  ct W. or W.(T), P. | President of Chairman.  Members.  Only 'pp leabin in case of Patients in Hospitals.  or P.(I)).  |
|  | 28. 29. (a) (b) (c) Sta Da  Sta  Da | Is B. Do An Tr The horizontal Transfer to Str. | impairment in health since his entry into the Service?  treatment being recommended on Army Form 179c?  an attendant for his journey home?  ansport from railway station to his home?  is constant attendance of another person in his ownome?  Signatur (SGD)  ST. JOHE!S.  JULY 5/19.  School AMEGIC Para. 392 (xvi) King's Reg (SGD) CI  Who of the Reserve of the Reserve of the Reserve of the Reserve of the Para. Ring's Regulations under which discharge is approved under which discharge is approved.   | es:  N.S.FRI  L.PATEL  ulations.  UNY MAC ficer in char  s Regulatior e.  | ET.  RSON: MATOR  PHERSON. M.  ge, Central Hosp  is.                     | President of Chairman.  Members.  Only 'pp leabin in case of Patients in Hospitals.  or P.(I)).  |

Officia bommanding 2rd Royal Newfoundland Regt.



To be discharged hospital tomorrow fit to rejoin unit:4159 Pte. Ybarwey N.

HA Seyell

MAJOR RAM.O.

OFFICER I/O MILITARY HOSPITAL.

Unit 2 100 R 9 1 20 forum land medical inspection report + Hagely Down 12. Army Form B 256 Rank and Name (Christian name in full; Disposal, Whether Lines If for Years of Regtl. Medical Officer's Remarks and Signature. Religion. or Room. duty t Surname first; defaulter. harracks. Age. | Ser-M under name if married.) † State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, Orderly Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names. \*Strike out whichever is not applicable.

[Priro6] Wt. W 2245/Pro76 3,000,000 6/18 W 18 D. D. & L. Forms/B256/30

| Disposal,<br>Medica Officer's Rer | Discase. | Room. | Lines        | Whether    | If for duty t | Religion, | pleted<br>rs of | Com  | Rank and Name<br>(Christian name in full;   | ` . |
|-----------------------------------|----------|-------|--------------|------------|---------------|-----------|-----------------|------|---|-----|
| and Signature.                    | 15       | 1     | barracks.    | defaulter. |               |           | Ser-            | Age. | Surname first;<br>M under name if married.) |     |
| though                            | Ldan     | 7.0   |              |            |               | Coffe     | ,               | 21   | Harvey Mila                                 | Pa  |
| Hosp.                             | it.      | Vh    |              |            |               |           |                 |      |   | •   |
|                                   | Mr.      | 7     |              |            |               |           |                 |      |   |     |
| ane.                              | Capi R.  | -     |              |            |               |           |                 |      |   |     |
|                                   |          |       | Arrest Sales |            |               |           |                 |      |   |     |

MEDICAL TRANSFER CERTIFICATE. (To accompany a Man Transferred from one Hospital to another). Army Book 172. Extract from Admission and Discharge Book of Solatron Hospital at Mettles Completed Years of DATES DISEASE. Destination on Transfer. Troop RANK AND NAME. and to what Primary Regiment or Corps. Regt. Surname first. If Married Service in the Admitted Com write "M" under name. Secondary Trans-ferred Dany. birth vice. com (c) Operations Hospital. day Oto 20 5 State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer. State whether the Patient s sansferred from an Expeditionary Force.....

Books 15

BOOK

CERTIFICATE

MEDICAL

172

Has already been granted Was admitted whilst on short leave from Overseas..... Was admitted from a Home Service Unit....

10 days furloosth.....

(a) admitted from home brooks-MEDICAL TRANSFER CERTIFICATE. Army Book 172. March 28/18 (To accompany a Man Transferred from one Hospital to another.) Extract from Admission and Discharge Book of\_ Milliary Hospital at Maselly Du Date Completed DATES. Troop RANK AND NAME Years of DISEASE. Destination on Transfer. No. of Regiment Regt. Service Admitted Case. or Cerps. Com-No. Surname first. If Married Primary. and to what in the Trans-Secondary. Hospital or Ship write" M" under name. pany. birth vice ferred. Hospital Transferred. Operations, day Isi! Hospila 18.3.18 283.18 CE Myala State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer,

Medical Officer in Charge.

August 22,1919

Mr .Nathaniel Harvey. Gander Bay.

Dear Sir: -

Referring to your application I enclose cheque for Seventy dellars (\$70.00), being amount of first paymen t due you on account of war Service Cratuity.

Yours truly,

Captein & Payma ster.

1000

### DEPARTMENT OF HILLITIA.

#### WAR SERVICE GRATUITY.

St. John's Newfoundland.

Declaration required of Officers and men of the Royal Revenundland 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 dakhes, 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. nathaniel ... 2. Surnene... Christian name ... 4. Regtl. No. 24 (199..... 6.Address in full to which future payments of gratuity are to be forwarded Januar Boy For District 6. Date of enlistment in the Regiment. November .... 1917 .... 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, innediately prior to your discharge..... 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?...... 11. Were you on active service only in Nfld, II so, give dates and particulars of such service.... Overseas 12. Give total length of time which you served on active service, whether in lifthdor oversees. Twenty we months

| 13. Have you had more than one enlistment? If so, give particulars  |
|---|
| of discharge and re-onlistments, and under what regimental numbers.   |
|   |
|   |
|   |
| 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  |
|   |
|   |
| 15. Have you been issued with a War Service Bedge?  |
| 16. Here you, during the present wer, served in the I periol Borees.  |
| 17. Are you entitled to receive, or have you received any Gratuity  |
| in the nature of Pest Discharge Pay from the In period Forces? If   |
| so, state mount received; or to which you are entitled  |
| ***************************************   |
| 18.Did you revert Overseas to a rank lower than the substantive   |
| renk held by you on your errivel in England?  |
| (b) If so was such reversion in consequence of Eisconduct or  |
| inefficiency?   |
| 19. Are you now serving in the Rost.?   |
| of discharge July W.19. (b) Reason for discharge  |
| Almobilization  |
|   |
| 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  |
| 6   |
| Cuflano   |
| 21.(a) Are you receiving treatment from the Givil Re-Establishment  |
| Com.(b) If so are you in receipt of full pay and allowances from  |
| that Cormittee  |
| And I take this solenn 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:   | nothoniel + d   | Gora Dist  |
|------------|---|---|------------|
| Place of R | esidence:   | nder our,   |            |
| Doclared b | efore me at:  | So Johns  | 10         |
| This       | / U des   | y of Jun  | 19.19      |
|            | two to 'Hots  | ory Public Hustice  | 01 410     |
| 210        | trate; Note   | of Barristor of turt, Stipendiary Itary Fublic, Mustice Commaissioner of al | fiidovits. |
| - <b>V</b> | Poces, or   | ary Fuhlic, Hustice<br>Commissioner of al                                   | fiidovits. |
| POST D     | trate; Note Peace, or (  ISCHARGE PAY. Paid Paid oldier. Depend | Commissioner of al  | Net amount |
| POST D     | Peid Peid   | Commissioner of al  | Not amount |
| POST D     | Peid Peid   | Commissioner of al  | Not amount |
| POST D     | Peid Peid   | Commissioner of al  | Not amount |

|   | ENTERED.   |
|---|--|
|   | NUM ROUSE ROUND. ALOU N. S. P. //1. N. T. RECHS (1881) |
|   | NUM ROLL & CO.   |
|   | ALLOT I  |
| 3 | N T RECISION   |
|   | EXAMINED   |

### NEWFOUNDLAND CONTINGE

.5083

ALLOTMENT

|                              | HILOTME                                      | <u>20.T.</u>   |                 |
|------------------------------|--|--|-----------------|
| I, (No.) 445                 | 7. (Rank) Otc. (Na                           | me) Harvey n   |                 |
| hereby agree,                | until further notific                        | ation by me and in n   |                 |
| to make an Al                | llotment of                                  | dollars and  |                 |
|                              | om my pay, to and for t                      |  | 60 cent         |
| Person and/or                | Pargons Such                                 | ne benefit of the unde   | rmentioned      |
| of the Person                | Persons. Such paymen                         | ts to be made on proof   | of identity     |
| LITTO OTTOT WITT G           |  | ned, viz.:   | T Avenue        |
| Child, other<br>Relative, or | NAME<br>(In full)                            | ADDRESS  | AMOUNT<br>(Each |
| Friend.                      |  |  | Person)         |
| wife                         | Mre Maggie Starvey.                          | Otterbourne Kell   |                 |
|                              |  | 1 00   |                 |
|                              |  | Sufford.   |                 |
|                              |  | Hants  | 60              |
|                              |  |  |                 |
|                              |  |  |                 |
| This Allotment               | to take effect from a                        | de 1   | - 160           |
|                              |  | - num  | 9 ( 1917.       |
| signed by t                  | rm must be completed a he Officer Commanding | nd signed by the Soldi   | er, counter     |
| · Chief Payma                | he Officer Commanding ster in accordance wit | h P.&.R.O. C.L./10. 9/   | rded to the     |
|                              | m May b                                      | j de la companya de l |                 |
| (Sig.)                       | 11/2) Cato                                   | Sh.  |                 |
| Off                          | icer Commanding, "B." Company.               | This   |                 |
| Dateu at                     |  | (Sig.) Wharvey   |                 |
| N. Down Cam                  | <u> </u>                                     | mark. Molott   |                 |
| Jun !                        | <b>9</b> 191 <b>9</b>                        | Witness IRHON  | rkins           |

# DUPLICATE. ORIGINAL.

N.F.P./12.

## NEWFOUNDLAND CONTINGENT

### CANCELLATION OF ALLOTMENT

| 1. I, (No) 450 (Rank) Pho (Name) N. Hawey                                      |
|--|
| hereby apply for cancellation of Allotment made by md on W mp /11              |
| N- 11505 1/6/2   |
| Mother Mrs. N. to Hawey Gander Bay Victoria Cove Nold for 8 _ cts la per diem! |
| for \$ cts 60 per diem!  |
| Such cancellation to take effect on the day of                                 |
| May 191 9  |
| 2. I agree to accept all risks and consequences of this appli-                 |
| cation failing to reach Heriquarters, St. John's, in time to become            |
| operative at above-nominated cancelling date, and that in the event            |
| of such non-delivery, and thereby the Allotment continuing to be               |
| pand to the Allottee, I also agree to such further stoppage in the             |
| Day books as may be necessary, or otherwise to refund such overpaid            |
| amount or amounts. Confirming bable 10264- 17/61                               |
| Dated at N. Lown Camp. Ho Thomas Shows Samp.                                   |
| Jun 17 1919 Pto. 71. X Harvey mark Allottor.                                   |
| mark Allottor.   |
| Approved and Witnessed : Witness IRHofkins :                                   |
| M/ Long Caps.  |
| O.C. "B" Company.  |

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P.& R.O. C.L./10, 9/12/16.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Line No. 2 / Sent by\_ Place from\_\_\_\_\_\_

|                 |          | WITH ALL PARTS |              |
|-----------------|----------|----------------|--------------|
| No. 2 / Sent by | Rec'd by | Check bd       | •            |
| ce from Hon     | wood à   | 3              | TELEGRAPHO 1 |
| To min          | ister 87 | militia        | 20 1919      |

please wire back in haste the reason I have received no separation allowance Mrs nath Harvey

On account of Nathaniel Harry No. 4159. Rank Pt Decision. Approved At Arelevean Min & Militia MA Reparce frent Ce MA Dowley Capt Date August 1/1919 Allotment of payable to Discontinued on account of

### SEPARATION ALLOWANCE

To be used in the case of Men requesting permission to marry.

| To the Officer commending, 2 nd Battle Royal New found law h  |
|---|
| Sir,  |
| I have the honour to request permission to marry and your recommendation for the issue of Separation Allowance to my  |
| intended wife:-   |
| my intended wife's name is Margaret Ada Turtos  |
| 6 HD & A 1 COV +  |
| Address Compton Road Twoffers Wanto   |
| Occupation Mane and address of parents  |
| or guardian (Mother)  |
| Sarah J. Oluston, Compton Phas Two ford   |
|   |
| I attach herewith certificate as to my intended wife's character and general worthiness from  |
| John A. Windy Mil   |
| I am not in receipt of a salary from the Newfoundland tovern-<br>ment in addition to my Military pay.   |
|   |
| I have the honour to be, Sir,   |
| M. S. Roychett des Hatte 1. OKarrey   |
| 711.  |
| N. R. No ades Pte. (Regt 1 No. 1 4/157 (Rank ) Turels   |
| I hereby approve of the marriage of the above-named Soldier and recommend that Separation Allowance be granted to his wife.  I have personally investigated the above application and am satisfied as to the intended wife's good chapter and consider her worthy to receive the benefits of Separation Allowance.  The Soldier has assigned at least 50% of his pay in favour of the above-mentioned lady  |
| CERTIFIED COPY EXTRACT FROM PART II ORDERS No. 130 Dated 4/6//  |
| The marginally named is granted permission  |
|   |
| to marry with effect 70 - 6. 1919   |
| (Authoritation on the pour of the column of |
| (A) COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.   |
| The written evidence upon which my decizion is based is enclosed for your discosal together with the marriage certificate.  |
| Signature 4159 Hath Narrey Rank Durate  |
| Date Comdg  |
| This document must be signed personally by the Officer Com-   |
| #OYM  |
| APPLICATION, MUST ACCOMPANY THE ABOVE.  |

I certify that Mins Margaret Ada Turton is now living in the Parish of Otterborous. Her family has hied has for many years and morrower tray are regarded with much respect.

Signed Lohn a Killy 1.9.
Vicas of Ottobornes
delate Bhaplain to the Forces

Las bagran bur

June 22 1919.

## HEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

| 1. | Regimental No. and Rank   | 41519 Drivate                               |
|----|---|---|
|    | Name (in full)  | Hathe Offarrey                              |
|    | Date of Enlistment  | Twenty resett of the Eleventh Vinter June w |
|    | Unit *  | Hayal Hein from & Caris                     |
| 2. | Names of Dependents (in full)   | ME Noth Harvey                              |
|    | Relationship  | Me  |
|    | Address<br>(If ellowance is claimed for<br>children, are said address<br>of person with whom they<br>reside should be stated) | Mad.  |
| 3. | Ages of Children. Girls under 17 years Boys " 16 "  | Kije  |
| 4. | Children's Guardian<br>Address  | Hid.  |
| 5. | Particulars of Allotment Allottee Address Date effective from   | of Mrs per Offerey Sander Bay Stope         |
| 6. | Date of Marriage.   | 7-6-19                                      |
| 7. | Have you made previous claim,<br>for Sock matica Allowance: If<br>so, state particulars.                                      | 16.   |
| 8. | Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?                                    | Neo!  |
|    |   |   |

| 9. Name and address of your last Employer.  | Ticherman                              |
|---|--|
| <ol> <li>The amount of your salary or<br/>wages immediately prior to<br/>Enlistment.</li> </ol> |  |
| Are your wages or any portion<br>being paid by your employer<br>during your absence?            |  |
| . If paid, what is the amount per month?  | · · · · · · · · · · · · · · · · · · ·  |
| . Mame of corps prior to Enlist-<br>ment in the Newfoundland<br>Contingent.                     |  |
| Signature of Officer forwarding   | this Application.                      |
| Date June 147/19 UOMMAN   | IDING 2ND BN. ROYAL NEWFOUNDLAND REGT. |
| FOR COMPLETION AT THE PAY & RECO  | OND OFFICE.                            |
| Date Marriage Certificate e   | examined 9/6/19                        |
| Date Birth Certificates (in of children) examined   |  |
| If Soldier is sole support,<br>Statutory Declaration  | dóes                                   |

Hrs. Margaret Harvey, Horwood.

Dear Mides :-

Recerring to your application for Separation allowance, I begate to state that same has been ranted to you, and I enclose chaque for One bundred and forty dollars (3140.00)
In payment of same.

You will also find enclosed your Marria to Certificate.

Yours truly,

Major. Paymaster. 1 1,231.

July 21 1920.

Pictoria. Cove. Gander. Bay. No. D. B.

To. The Minister of Malitia. This is to just to let you know, that I have received the letter you sent The with the two unches of rebbon, and thank you for the same, I can see by the letter that the last payment was sent me, but I never received it, I looked for it last betober but I gueso it must have been lost, but I think I should ought to get it. This is the only War ribbon I have had also.

yours. Respectfully. Ex-Ple. M. Harvey 4159.

Lee if ch. has been cashed

799 1, all cashed 6091

4159 Harvey One pay W.S. G. authorized 10/7/19

### DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

| PAY                           |                                |
|-------------------------------|--------------------------------|
| \$ 700                        | July 111919                    |
| Received from th              | e First Newformalinet Regiment |
| the sum of Sevent             | Dollars.                       |
| on account of Pay.            | n XHarvey                      |
| Ch. No. 2771 Initials Cu      | mont wet les                   |
| Pay Ledger 1.9 & Initials LOT |                                |
| Gen. Ledger Initials          |                                |

Mone M Hawey

NEWFOUNDLAND POSTAL TELEGRAPHS. CABLE CONNECTION WITH ALL PARTS OF THE WORLD Dorwood 1 9 Minister Milita Mare been married since Havent received any payment Mis Ole nath Marsey

august. 24th

Horwood. Fogo. District

To The Ministry of Malitia.

Dear Sir I am writing to ask you why I have received no separation allowance yet. I was married June 7th 1919. to Ple. N. Harvey. 4159. in England and came over here an the Calesandra, with the last draft. also, I have not had my marriage lines returned yet. Surely I am entitled to the payments, the same as the other soldiers wives. I have not received a cent since I have been married, and that is almost three months now. Will you please, see into it? hoping to hear something of, my separation allowance soon.

314

From Mr. M. Harvey.

NEWFOUNDLAND POSTAL TELEGRAPHS CABLE CONNECTION WITH ALL PARTS OF THE WORLD

L. Lowin 28-17 " Menfoundland Requient Lo 4159 The n Harry. La Board Thorquing be twinporte Meals King Everye Sustante 1.50 .45 April 10 Strains Commanding Dates.

First Newfoundland Regiment,

ST. John's, N. C. G. COY.

Commanding Dates.

First Newfoundland Regiment,

ST. John's, N. C. G. COY. Paid 4119 Mx Harry Within R. Pel.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Short Cuc

Forms B 121.

Regiment of / 21 Newfoundard. Signature of O. C. Company\_

|  |                    |      |                                |  | /                              |                          |   |                 |              | 8 |
|--|--------------------|------|--------------------------------|--|--------------------------------|--------------------------|---|-----------------|--------------|---|
| NOT THE RESERVE OF THE PARTY OF | Haro               |      |                                | Age on 20 years 2 months  Place and Date of Enlistment           | Trade<br>Jislerman<br>Religion | Good Conduct Badges, Ser | vice pay or p   | roficiency pay  |              |   |
| Joined Joined Joined   | Da                 | ate  |                                | Period of with Colours 254 years.  Period of with Reserve years. | Col. E. Place of Birth         |                          |   |                 |              |   |
| Place  | Date of<br>Offence | Rank | Cases<br>of<br>Drunk-<br>eness | OFFENCE  | Names of<br>Witnesses          | Punishment awarded       | Date of<br>award or<br>of order<br>dispensing<br>with trial | By whom awarded | REMARKS      |   |
|  |                    |      |                                |  | •                              |                          |   |                 |              |   |
|  |                    |      |                                |  |                                |                          |   |                 |              |   |
|  |                    | ~    |                                | Demobilized p  | It Johns,                      | 7岁                       |   |                 |              |   |
|  |                    |      |                                | #11887   |                                | 1                        |   | *               |              |   |
|  |                    |      |                                |  |                                |                          |   |                 | · ·          |   |
|  |                    |      |                                |  |                                |                          |   | •               | n B. 121     |   |
|  |                    |      |                                |  |                                |                          |   |                 | Агту Form В. |   |
|  |                    |      |                                |  |                                |                          |   |                 | Arm          |   |
|  |                    |      |                                | Γο be carried over   |                                |                          |   |                 |              |   |
|  |                    |      |                                |  |                                |                          |   |                 |              |   |

| The Royal Newfoundland Regiment Q 119  |   |
|--|---|
| DEMOBILIZATION OF //   |   |
| Reg. Nott. 15 9 Rank Mame Harrey   |   |
| Date of Enlistment 3.7-11-17. Address Gamoles Bay District Tags  |   |
| Occupation   |   |
| Recommendation S.M.B. Approach los Disability Rating 1.00% While in 140  | 1 |
|  |   |
| Passed to Demobilization Officer with following documents:   |   |
| N.F. P 36 B 268 B 121  |   |
| B 178 W 3494 B 122 Board 1st 2 2 3 3 3 3 3   | • |
| B 178a D 400A B 1915 do 2nd 3 3 Q  |   |
| B 179a   |   |
| В 179ь   |   |
| В 179с В 120   |   |
| 1 Illus th   |   |
| Date   |   |
| PARTICULARS FOR DEMOBILIZATION   |   |
| 0 4.   |   |
| I amin a position to resume civilian occupation.   |   |
| The standy   | / |
| Int Jawman manh  |   |
|  |   |
| Particulars passed to Vocational Officer for information and action.   |   |
| Date   |   |
| The second secon |   |
| 2. Clothing.   |   |
| Certified that Clothing Regulations have been complied with:   |   |
| (a) Clothing Allowance payable. The Mankey of the state o |   |
| (b) Clothing Supplied  |   |
| Date. / D  |   |

| 3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 17.23.0.3to his home |
|--|
| at . Gandles Bay. and Release Certificate No342.6 issued.  |
| 20. 0 011  |
| Date Demobilization Officer  |
| 4. Pay and Allowances.   |
| The herein named soldier's accounts have been correctly balanced and all matters in connection                                 |
| therewith settled. He has received pay and allowances to   |
| Date   |
| Depot Paymaster.   |
| Discharge approved for 24-7-19   |
| Forwarded with following documents to O.C Discharge Depot.   |
| N.F. P 36 B 268 B 121  |
| Б 178 W 3494 В 122   |
| B 178a   |
| B 179 D 400B Form L do 3rd " 4   |
| B 179a   |
| B 1796. B 103 ME 2 25.6+2 " 6  |
|  |
| Date 10-)-19 94 Snawloft   |
| Demobilization Officer.  |
| APPROVED.  |
| Documents as above forwarded to:—  |
| Officer i c Records. Board of Pension Commissioners.   |
| with following additional documents.   |
| Eligible for War Service Gratuly   |
| Eligible for the control of  |
| N.11 Pala PIA  |
| Date JUL 24 1919 XVL Cooled Cufet.   |
|  |
| Received the above noted documents from O. C. Discharge Depot.   |
| M.t.   |
| Date aug 1119  |
|  |

| Reg. No. 4.10                   | 19 Rank the Name Hardy R. Address Julopia                           |
|---------------------------------|---|
| Attested                        | Address, Tuloria  |
|                                 | Allottee  |
| Date of Allotm<br>Returned on S | ent Returned from Overseas JUL 1 1919 s. Assaudra Cause Succease L. |
| 8.7.19                          | Ree Discharge from the army   |
| 107 09                          | PASSED TO DEMOBILIZATION OFFICER                                    |
|                                 | DISCHARGE APPROVED ON DEMOBILISATION                                |
|                                 | 4   |
|                                 |   |

Victoria. Cove. yander Bay June 21 1 A 20 N 16. D.B. To . The Minister of Malitia. I am writing again, to ask you the reason I have not received all my War Gratuily. yet, or my rubbon. I have been expecting it every mail and I have written, asking you about it before, but it seems to me, now I have done my lit and broken myself up on account of it, I am nothing. I have spent a good many dollars, since being discharged from the army, on tonics and medicines, to try and regain the health and strength, I lost while fighting for my country. and I don't see why I should do so while I have more money

due to one, that I suffered so much for, and I should receive a pension as my Duscharge papers say, I am Medically unfit for active service Jervice, therefore I am unfit to work for my living. I think it is scandalous that y Should suffer so much day after day, unable to work, and anyone knows it is hard enough to get a living the working all the time, after doing my bit. I have had only three months pay. Hoping you will send the rest that is due to me. yours. Respectfully. Ex- Ple. Mr. Harvey.

C.R. 4159

June 26th, 1920

No. 4159 Ex-Pte. M. Harvey, Victoria Cove, Gander Bay

Dear Sie:-

Your letter of 21st June has been duly received and noted.

I have to inform you in reply to your queries that and same of British War Medal Riband was mailed to you some time ago with receipt attached; and as it is presumed from your letter that you have not received this, I am attaching herewith another three inches, which I should be glad if you will acknowledge receipt of.

I have been advised by the Paymaster that four payments of \$70.00 each, WertService Gratuity were paid to you, the last one being mailed in October last year. This is the total amount due to you on account of war service.

with reference to the part of your letter dealing with your disability, I am referring this to the Board of Pension Commissioners, and have asked them to communicate with you with regard were to.

Yours faithfully.

Lieut .- col.,

Chief Staff Officer -

C.R. 4159

June 29th 1920

Secretary

Board of Pension Commissioners

Dear Sir:-

Herewith please is extract of letter from No. 4159 Ex-Pte. Nathaniel Harvey of Victoria Cove,

Gander Bay, N.D.B. relative to pension. Will you please give this your attention and reply to Pte.

Harvey with reference to saem.

Yours faithfully,

Lieut.-Coll, Chief Staff Officer

Bost Office Bepartment, Newfoundland

From Post Office at Victoria Cove Vel 22/21

Lo. Depl. o Militia Si Johns

Dear Sirs: Rec.d. in This

Parcel. todals for tox Ple.

7. Harvey (who is descessed lines. August before last)
this wife is now residing of her horner. Which I will give you her address.

His Parents has living,

Money payment to Accountant.
For Post Office Stores to Postal Stores.

On M.O. Business, Supt. M.O. Branch. On Enquiries to Enquiry Branch.

On Telegraphs to Supt. Telegraphs.
On General business to Minister of Posts.

So I thought it wish lo your Dept again Backer Line To the Black to well their Sens it bo which you like. Her address mis maggie. Harvey. letterbourne Hill no Win chester Kingland Jemain Yours Imby Pilla Forsey Postmistres ... + - ! " <). ·

Oct. 27th., 1921.

Miss R. Forsey,
Postmistress,
Victoria Cove, G.B.

Dear Madam.

I am in receipt of your letter of the 22nd. inst. for which I thank you.

Kindly return the package in question to this office for transmission to Mrs. N. Harvey, Otterbourne Hill, Winehester, England.

Again thanking you, I remain,

Yours faithfully,

Officer 1/c Records.

A REGISTERED POSTAL PACKET Received from Addressed-High Commissionings Hew foundland Office ed Postal Packet addressed as above. Stamp 1.-This is to be handed to the sender. Plane hathamil Garvey

rrival itamp

# DOMINION OF NEWFOUNDLAND

"RURALITY"

TELEPHONE.

HIGH COMMISSIONER'S OFFICES.

58, Victoria Street.

estminster, S.W.1.
10th October, 1924.

Sir.

I am directed to acknowledge the receipt of your letter of the 25th September, regarding Memorial Plaque in respect of the late Nathanial Harvey. No. 4159.

The Plaque is to-day being forwarded to his next-of-kin, Mrs. Nathanial Harvey, Otterbourne Hill, Near Winchester.

I am. Sir.

Your obedient Servant,

Secretary.

Mux et ung!

Major J. M. Howley, Archivist of Militia Records, Department of the Colonial Secretary, St. John's, NEWFOUNDLAND.