



Recruiting
Form A, 1914.

MEDICAL OFFICER'S REPORT
FINAL EXAMINATION



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 751

Name in full Williams Thos Barvey Age 21

Address 40 New Remont Hotel

~~Married~~ Single Single Height 5.7 Weight 141 lbs.

Color fair light Hair light brown Eyes Blue

Other distinguishing marks scars on left index finger

Nearest relative _____

Address _____

Dependents _____

Occupation Drapery Present Wage 10.00 month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment December 15th

I, Wm Thos Barvey do sincerely promise and swear that I will be faithful and bear true Allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Wm. T. Barvey
Witness

Declared before me this 15th day
of December 1914

Eric S. Hyle
Lieut -

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 751



Name William Thos. Harvey

Apparent age 24 years _____ months. Height 5 feet 7 inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Color: Light, Hair: Light Brown, Eyes: Blue

~~Other distinguishing marks: Scar on left index finger~~

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)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>15/12/14</u>									
Joined at <u>St. John's</u> on <u>15th December '14</u>									
<u>Embarked S.S. Dominion St. John's 3²⁵/₁₅</u>									
<u>Embarked N. E. F. 20⁵/₁₅ Disembarked Mex. and entertained for Cairo 31⁸/₁₅</u>									
<u>Embarked for Gallipoli 10-9-15. Landed Selva Bay night of 19-20 Sept 15</u>									
<u>Evacuated and arrived Alexandria 15⁷/₁₆ Proceeded to Hong 16⁷/₁₆</u>									
<u>Admitted General Hospital Hong 10²/₁₆ Invalided to England 4⁵/₁₆</u>									
<u>Admitted Wandsworth 26³/₁₆</u>									
<u>to Newfoundland for discharge 23⁷/₁₆ arrived Nfld July 1916</u>									
<u>Discharged Medically Nfld 11-7-16</u>									
Total Service forfeited as above									

Total Service towards Engagement to 11-7-16 (date of discharge) 1 years 209 days

" " " Pension " " " " " " " "

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 751

Name William Thos. Harvey

Apparent age 24 years _____ months. Height 5 feet 7 inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Color: Light, Hair: Light Brown, Eyes: Blue

Other distinguishing marks: Scar on left index finger

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)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>16/12/14</u>									
Joined at <u>St. John's</u> on <u>15th December '14</u>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pension _____ (") _____ " "									

Archd. A. Jones *11/7/16*

May 2nd.

7.

Mr. Wm. T. Harvey.,

"Perser"

S. S. Dundee.

B. B.

Dear Sir:-

I beg to enclose cheque for \$24.00 being amount due
you for the Month ending August 11th. 1916.

Yours truly,

Secretary.

W. G. Harvey

C.R.
751

P.L.O.



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

MEDICAL HISTORY

Surname Stanley OF Christian Name W. T.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	8th	Dec. 1914		191
	at	St. John's.	at	
Declared age	24	years		days
Trade or occupation	Drafter.			
Height	5	feet 7		inches
Weight		141		lbs.
Chest Measurement {	Girth when fully expanded	37		inches
	Range of expansion	3		inches
Physical development	Right	Left	Right	Left
Vaccination marks {	Arm			
	Number			
When vaccinated	never			
Vision	R.E.—V.=	2	R.E.—V.=	
	L.E.—V.=		L.E.—V.=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b) feet slightly flat		(b)	
Approved by (Signature)	Clem Macpherson			
(Rank)	Capt. Medical Officer.			Medical Officer.
Enlisted	at	St. John's.	at	
	on	15 day of Dec. 1914	on	day of 191
		Corps		Regtl. No.
Joined on enlistment	1st W. Inf. 751			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London Gen Hosp.							Tubercle of lung.		Board held, as usual.	
	26	5	16						Disability: Tubercle of lung. Tubercle Bacilli in Sputum.	(sqd) A. G. Swan, -
									Cause: Strain & exposure to infection by Tubercle Bacillus on active service.	Capt. R. M. R. 3rd London Gen Hosp. Wandsworth.
									Total: Inability to earn a livelihood at present.	

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

Date	Brief details, and signature
	J.V.
	<p>Vac.</p> <p>Board held - 16th June 1916</p> <p>Found: permanently unfit</p> <p>Board: approved by D.D.M.S. London Dis. 16th June 1916</p> <p>(sqd). A.T. Swan Capt. Rank via London Gen. Dis. Wandsworth.</p>

Table IV.—SERVICE TABLE.

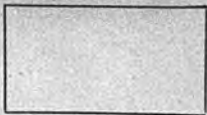
Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St. Johns. J. S. Damman S. de Burgh Castle	Weer 15/14 Feb 1915 - 16/15	Feb 1915 - 16/15			

No. 751 Name Harvey W. Sq., Batty., or Company } 6 Corps 1st Newfoundland Date of enlistment } 20-11-14 G.C. Badges }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. } Service or Proficiency Pay } Character }

Place	Date of offence	Rank	Cases of drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks



Army Form B. 129



Proceedings on Discharge.

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

No. <u>751</u>	Army Rank <u>Private</u>
Name <u>Sarvey W. J.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <u>C.</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <i>Description at the time of discharge.</i>	
Age _____ years _____ months Height _____ feet _____ inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable) { _____	Descriptive marks.
<p>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</p>	
2. The above-named man is discharged in consequence of _____	
<p>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</p>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

Admitted to Hospital
25-5-16
Boarded-16-6-16-

Army Form W. 3016.

No. _____

Date June 23rd 1916

(1) To the Officer i/c Records,

58 Victoria St

S.W. (Station.)

(2) The Officer Commanding,

Newfoundland Contingent

Ayr- (Station.)

(3) The Paymaster,

58 Victoria St

S.W. (Station.)

Regimental No. 751

Rank and Name Pte Harvey W.T.

Regiment or Corps 1st Newfoundland Contingent

~~has been granted a furlough from~~ Transferred to

~~His address while on leave will be:-~~

58 Victoria Street S.W.

for transfer to Newfoundland.

This man was not furnished with a Warrant
and did not receive £ 1. (one pound)

~~XXXXXXXXXX~~

A. Hope Goss Capt. R.A.M.C.T.

Officer in charge Registrar R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S. W. (Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

9706

Admitted to Hospital
25-5-16
Dated - 16.6.16-

Army Form W. 3016.

No. _____

Date June 23rd 1916.

(1) To the Officer i/c Records,

58 Victoria St

S.W. (Station.)

(2) The Officer Commanding,

Newfoundland Contingent

Cypr. (Station.)

(3) The Paymaster,

58 Victoria St

S.W. (Station.)

Regimental No. 751.

Rank and Name Pte Harvey W.T.

Regiment or Corps 1st Newfoundland Contingent

has been granted a furlough from Transferred to _____

His address while on leave will be:—

58 Victoria Street S.W.
for transfer to Newfoundland.

This man was not furnished with a Warrant
and did not receive £ 1 (one pound)

~~Consider him fit for~~ Duty
Light duty.

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar Hospital C.T.
3rd London General Hospital,
WANDSWORTH, S.W. (Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

7021



Medical Report on an Invalid.

Station 3rd London General Hospital
Wandsworth St.

Date 10th June 1916.

- 1. Unit 1st Newfoundland Regt.
- 2. Regimental No. 751
- 3. Rank Pte.
- 4. Name Harvey Tom Thos.
- 5. Age last birthday 25
- 6. Enlisted { on 15 Dec. 1914.
at St. John's, Newfie.
- 7. Former Trade { Draper.
or Occupation

8. Disability.

Tubercle of lung

Statement of Case.

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

9. Date of origin of disability. Feb 9. 1916.

10. Place of origin of disability. Suez.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Enlisted Dec 15. 1914. Went to Gallipoli ^{in Aug 1915} was in Hospital at Cairo for 10 weeks and then 3 weeks in Convalescent home; left there to come here and was admitted here May 26th 1916. Negative family history;

12. (a) Give your opinion as to the causation of the disability.

Active Service.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Strain & exposure to infection

13. What is his present condition?

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

Is losing weight. Has not much cough or expectoration, but has clinical appearance and signs of tuberculosis infiltration in both lungs. Test reveals tubercle bacilli in ~~both~~ sputum.

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

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



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

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



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



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



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



19. Do you recommend

- (a) Discharge as permanently unfit,
- (b) ~~Change to England†~~

Yes.

C. B. Team, Civil Surgeon.

Officer in medical charge of case.

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

Station The London General Hos. W. S. Bruce Porter.
Wandsworth Sw. Officer in charge of Hospital. Lt. Col.
Date 16/6/16.

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

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

13. What is his present condition?

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

Is losing weight. Has not much cough or expectoration, but has clinical appearance and signs of tuberculosis infiltration in both lungs. Test reveals tubercle bacilli in ~~both~~ sputum.

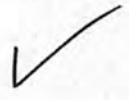
14. If the disability is an injury, was it caused

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

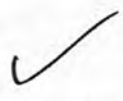


15. Was a Court of Inquiry held on the injury?

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



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



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



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



19. Do you recommend

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

Yes.

C. B. Team, Civil Surgeon.

Officer in medical charge of case.

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

Station 3rd London General Hos. Wandsworth Sw. H. S. Bruce Porter,

Date 16/6/16. Officer in charge of Hospital. Lt. Col.

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

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

AKM

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

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

Strain and exposure to infection by tubercle Bacillus

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No.

(C)

22. Is the disability permanent?

No.

23. If not permanent, what is its probable minimum duration?

Twelve months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total at present.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, or total incapacity.

✓

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

✓

26. Do the Board recommend

(a) Discharge as permanently unfit,

Yes.

(b) ~~Change to England?~~

Signatures:—

A. C. Taylor Young, Major. President.

signature unreadable. Capt.

Station

3rd L.G.H.

Date

Woodsdown Sw. A. T. Swan Capt. R. M. D. Members.

Approved.

Station

Headquarters London Dist.

Date

16/6/16

A. Thorne. Administrative Medical Officer.

Surgeon-Colonel. for D.D.M.S. London Dist.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Name of { Conveyance _____
 Vessel _____ }
 or
 Embarkation { Date _____
 Port _____ } { Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or Station _____ } Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer. _____

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station *Amr.*
 Corps *1st New Brunswick*
 Regimental No. *751*
 Rank *Plte.*
 Name *Storrey, W.S.T.*
 Disability *fracture of humerus*
 Date *05/19/40.*

Hospital or Station transferred to for final disposal } _____

Date of final disposal } _____

How finally disposed of } _____

The original Report is invariably to accompany the discharge documents of Invalids.
 (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

Form B. 179.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Harvey Wesley Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *751*
 Intended address *L'Esplanade Road.*
 Height on discharge *5* Feet *7*
 Color of hair on discharge *Light Brown.*
 Complexion *Fair.*
 Color of eyes *Grey.*
 Figure on discharge *medium*
 Christian name of Father *dead.*
 Christian name of Mother *dead.*
 Wife's maiden name in full *Annie Day.*
 Date and place of marriage *Ponguit, Nov. 18. 1914.*
 Christian names of children *one dead.*
 Place and date of soldier's birth. *Portugal Cove 7 Oct. 1890*
 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) *William Thomas Harvey*

(Rank) *Pte.*

Station *St. John's*

Date *Nov. 23rd.*

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.

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

Station *St. John's*

Date *Nov. 23rd.*

PAY LIST. to 23rd June 1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **751** Rank **Private** Name **W. T. Harvey**

Died (a) at on the of 191 .
Embarked for St. John's on the **23rd** of **June** **1916**
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.			
	Balance Dr. last month.....				Balance Cr. last month.....	22	8	3½			
	Cash issues				Pay 42 days at 1.00 from 13/5 to 18 23/6/						
	(Date of each issue to be stated)				42.00	8	12	7			
		£	s.	d.							
April 19th 1916		2	10		Field Allowance						
May 1st .. 6		14			42 days at 10/- from 15/5 to 23/6/ 16						
P.R.O. June 23rd .. 623		10	7		Messing allowance days at 4.20	17	3½				
"		26	14	7	from _____ to						
	Allotment 42 days @				Clothing and kit allowance						
	60/- per diem	5	3	7	Amount produced by the sale of Necessaries						
	Consolidated stoppage				Personal Clothing and Effects from Form 2...						
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)						
					Deferred Pay or Gratuity.....						
	Balance due by the Paymaster			Nil	Balance due to the Paymaster.....			Nil			
		£	31	18	2			£	31	18	2

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £ is correctly chargeable against the Public.~~

Dated at London this 6th day of Sept 1916. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 1090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to 23 June

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1st Newfoundland

No. 751

Rank Private

Name

W. J. Harvey

Died (a)

at

on the

25th of

1916.

Deserted at

on the

of

June 1916.

1916.

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	22	8	3 1/2 ✓
	Cash issues (Date of each issue to be stated)				Pay 4 1/2 days at 7 ⁰⁰ from 13/5 to 22/6/16			
					Proficiency, Service or good conduct pay			
		£	s.	d.				
	April 19 1916	2	10		4 1/2 days at 10 ⁰⁰ from 12/5 to 25/6/16	8	12	7 ✓
	May 1 " 6		14		Messing allowance days at 4 ⁵⁰			17 3/2 ✓
	From June 22 " 6	23	10	7	from _____ to			
	Attachment 4 1/2 days @ 60 ⁰⁰ per diem			5 3 7 ✓	Clothing and kit allowance			
	Consolidated stoppage				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster			Nil	Balance due to the Paymaster.....			Nil
		£	31	18 2 ✓		£	31	18 2 ✓

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £~~ is correctly chargeable against the Public.

Dated at
this

London
day of

1916.

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.



No. 2337/27.

From
PAY & RECORD OFFICE.

To
**Medical Officer i/c
3rd. London General Hospital,
Wandsworth,**

**58, VICTORIA STREET,
LONDON, S.W.**

19, June, 1916.

H.A./N.M.

S. W.

SUBJECT: NO.751 PTE.W.T.HARVEY.

REPLY

Dated

191

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

With reference to today's telephonic communication it is requested that this man be held in readiness to proceed to Newfoundland on Friday next, the 23rd.inst.

He will be accompanied, together with several other members of this Contingent, by a Medical Officer.

H.A. Anderson
for **Capt.**
Paymaster & O. i/c Records.

As your Min I

1ST NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
Ref. No.	<u>2021</u>
Rec'd.	<u>JUN 23 1916</u>
Asst.	
Asst.	
File No.	

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 2386/238.

From
 PAY & RECORD OFFICE,
 58, VICTORIA STREET,
 LONDON, S.W.
 H.A./N.M. 19, June, 1916.

To
 O. C.,
 2/1 Newfoundland Regiment,
 Newton-on-Ayr,
 Scotland.

SUBJECT: REPATRIATIONS.

REPLY

Dated *28 June*

1916

Reference Nos. 2305/231.

Please return **ORIGINAL** and retain **DUPLICATE.**

The following additional man is suffering from Tubercle of the Lung, and provisional arrangements are being made pending his repatriation:-

No.751, Pte.W.T.Harvey.

It is hoped that the three men will go on the "Grampian" sailing Friday next.

Capt.Parsons of the R.A.M.C., himself a Newfoundlander, has kindly consented to look after them gratuitously as far as their destination.

For your information please, and approval of discharge.

H.A. Anderson
 Capt.
 Paymaster & O. i/c Records.

Approved.
H. V. Stone Capt.

ADJUTANT,
 2nd/1st NEWFOUNDLAND REGIMENT,
 NEWTON-ON-AYR, N.B.

2001
 JUN 2 1 1916
 File

1422/110

O. O.,

2/1st. Newfoundland Regt.

Ayr.

FM/WF

15th, February

7

EFFECTS.

March 6th, 1917.

Deputy Paymaster writes

under date 27/1/17,-

No. 781, Pte. W. T. Harvey

"pte. Harvey has written me stating
"that when the first Battalion was
"ordered on active service, the
"soldiers were told that if they had
"any private belongings they didn't
"want to take with them, to put them
"in kit bags and send them to the Depot.
"He did this with some of his
"belongings, but before leaving for
"Newfoundland, he did not get time
"to fetch them from the Depot, and
"thinking they would be sent here
"in due course, did not trouble any
"more about them.

" He asks that instructions be
"given to have a small white kit bag,
"bearing his name and regimental
"number, be sent here as soon as possible"

Kit bag belonging to
Pte. W.T. Harvey will be sent
to Newfoundland when next
shipment is going.

(Sgd) C. Karn, Capt.,
for Lt. Col.

Commanding 2/1st N.F.L.D. Regt

Newton-on-Ayr. N.B.

This package should be included
in shipment to be made as referred
to in this office No. 1198/99,
please.

Major,
Paymaster & O i/c Records.

NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	123
Rec'd.	MAR - 7 1917
Ack'd.	
Ans'd.	
File No.	

7

Harvey, B. T.

151

Ray Capt.

PAY LIST. to 23rd June 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 751 Rank Private Name W. T. Harvey

Died (a) at on the of 191
 Embarked for St. John's on the 23rd of June 1916
 Deserted at on the of 191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	22	8	3½
	Cash issues				Pay 42 days at 1.00 from 23/6/16			
	(Date of each issue to be stated)				42.00	8	12	7
		£	s.	d.	Proficiency Service on good conduct pay			
	April 19th 1916	2	10		Field Allowance			
	May 1st " 6	14			42 days at 10p from 13/5 to 23/6/16			
P.R.O.	June 23rd " 6	23	10	7	Messing allowance days at 4.20		17	3½
	"				from _____ to			
	26	14	7		Clothing and kit allowance			
	Allotment 42 days @				Amount produced by the sale of Necessaries			
	50p per diem	5	3	7	Personal Clothing and Effects from Form 2...			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Balance due by the Paymaster			Nil	Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....			Nil
		£	31	18	2			

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £ is correctly chargeable against the Public~~

Dated at London this 6th day of Sept

1916.

J. H. Marshall *grd*
 Paymaster & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. :090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Wm Thos Harvey*, Regl. No. *751*
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of
 Dollars and *60* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>619</i>	<i>Friend</i>	<i>Annie Day</i>	<i>55 Charlton St</i>	<i>60</i>
			Total Allotment, £	

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

(Sig.) *Euc Shynapt*
 Officer Commanding
 Company
Lt John
Jan 30 1915

(Sig.) *Wm. T. Harvey*
 (Rank) *Private*

Casualty Form—Active Service.

Regiment or Corps

*Newfoundland*Regimental No. *751*Rank *Pte*Name *Harvey W. S.*Enlisted (a) *15/2/15*Terms of Service (a) *one year*

Service reckons from (a) _____

Date of promotion
to present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended _____

Re-engaged *15/8/15*

Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St John's Nfld		<i>2/2/15</i>	
		Disembarked Albatrossia		<i>17/9/15</i>	
		Embarked for Gallipoli		<i>12/9/15</i>	
<i>14/2/16</i>	<i>Govt Hosp Suez</i>	Admitted Debility	<i>Suez</i>	<i>10/2/16</i>	<i>A 2090</i>
<i>14/2/16</i>	<i>M. Salla</i>	Invalided to England from Egypt		<i>4/5/16</i>	<i>B 1119</i>
<i>G. H. 24/1/16</i>		<i>Sgt</i>	<i>Treadp. Duke</i>		<i>Station for Lt Colonel</i>
					<i>Office / C. Waranty Records</i>
					<i>3rd Echelon. B.C.F.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

I.P.T.O.

March 24, 1919

#751 Pte. William T. Harvey,
Grand Falls,

Dear Sir:-

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

Yours truly,

Paymaster & U.1/c Records
Captain,

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

10776

Christian name *William Thomas* 2. Surname *Harvey*
3. Rank *Private* 4. Regtl. No. *751*
5. Address in full to which future payments of gratuity are to be forwarded *W. T. Harvey
Grand Falls*
6. Date of enlistment in the Regiment *Dec. 15th 1914*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. W. T. Harvey*
8. Relationship of such dependents *Wife*
9. Address in full of such dependent *Mrs. W. T. Harvey
Grand Falls*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *1 Year and 210 days*

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

No.

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

No.

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

Yes.

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

No.

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

No.

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

No.

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

Not applicable

19. Are you now serving in the Regt.? If not give: - (a) Date of discharge..... (b) Reason for discharge.....

No.

July 11th 1916. Being no longer physically fit for war service on account of disability

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.....

Gallipoli and Egypt 1915 & 16

Yes

21. (a) Are you receiving treatment from the Civil Re-Establishment Com?.....

(b). If so, are you in receipt of full pay and allowances from that Committee.....

No.

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

Signature of Applicant: *W. T. Harold*
 Place of Residence: *Grand Falls*
 Declared before me at: *Grand Falls*
 This *27th* day of *March* 19*19*

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

Wm. Scott Jr.

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	<i>4 mo.</i>	<i>400.00</i>
.....
.....
Certified Correct:				Paymaster.	

STATEMENT OF ACCOUNT

No. 751

Name Hanney W.T.

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
June 30	By Pay			7 70	7 70
July 7	" "			7 70	15 40
" "	" "			6 40	
	Bonus			NA 64	21 80
	Callowance			11 20	33 00
				25 00	58 00
July "	To Pay	137	15 00		43 00
	Allotment 7 days @ 60		4 20		38 80
Nov 1	To Pay	38	38 80		0
	War Service Gratuity 4 mos @ 70.00			280 00	280 00
Nov 1	To Pay	10736	70 00		210 00
Apr 1	" "	13664	70 00		140 00
May 1	" "	17742	70 00		
June 1	" "	21460	57 05		70 00
	Bonus		12 95		12 95
			338 00	338 00	0

Signed A. J. Loamy DSM

19
11
1920

19/7/16
Clareville

Mr. Howley
Regt. Pay Office
A. John.

Dear Sir:-

would
like to get my papers as soon
as possible. If my account hasn't
come through yet and you're not
sure what amount is due me,
please forward papers immediately
for the money later

I am

Yours truly
W. T. Harvey

757

July 20th, 6

Pts. W. T. Harvey,
Clareville.

Dear Sir,-

I enclose herewith Cheque for \$15.00 as payment on account of Balance. I have to advise you that you are discharged as from July 11th, your account will be squared up to date, and forwarded to you with regular Discharge Form.

Please sign the enclosed Voucher, and return.

Yours truly,



Deputy Paymaster.

757

Oct. 2nd / 16

J. W. Howley Esq.,
St. John's.

Dear Sir:-

751
Some time ago I received a letter from you & Cheque for fifteen dollars as account of balance & saying my account would be squared up to date & forwarded with discharge form. I've heard nothing further from you & I don't think too about time I had my discharge form. I understand there twenty five dollars \$25.00 given to each discharged soldier to supply him with a suit of clothes as well as a full weeks pay as a bonus. Needless to say I've heard nothing of these amounts either.

Hoping you will give this your immediate attention. I am Sir

Yours truly
Clarendville

W. T. Harvey

T. B.

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

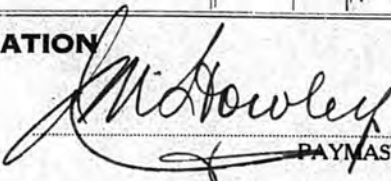
In Acct. with W.T. Harvey Voucher No. 2518

Cheque No. 2514

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

Date	Req'n No.	Invoice No.	Particulars.	Amou
July 11,	126		Pay.	\$15 00
				\$ 15 00

CERTIFICATION


 PAYMASTER

Dissectⁿ Sheet No.

Recap. Sheet No. 126

Checked by.....

RECEIPT

..... July 11th, 191 6.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Fifteen-----Dollars

and -----Cents in Payment as above stated.

July 24 191 6.

\$ 15.00

[Sig.] W. T. Harvey

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. <u>751</u>	Army Rank <u>William Private</u>
Name <u>William Thomas Harvey</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>July 11th 1916</u>	
Place of discharge <u>St. John's</u>	
1. Description at the time of discharge.	
Age <u>25</u> years <u>9</u> months Height <u>5</u> feet <u>7</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>light</u> Eyes <u>blue</u> Hair <u>light brown</u> Trade <u>Printer</u>	Descriptive marks. <u>Scar on index finger</u> <u>left hand</u>
Intended place of residence <small>(To be given as fully as practicable)</small>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2068 has been issued to*	

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battrn. _____ Regiment.

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

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

(Place) St John's W. T. Harvey (Signature of Soldier.)

(Date) Apr 27 1917 Chas. P. [Signature] (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

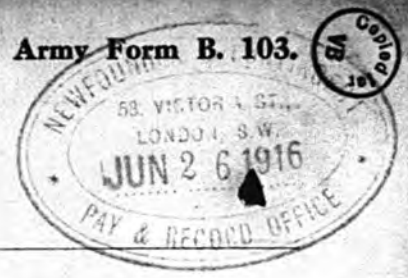
Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 3.

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

NO Reservations!—

W. T. Harvey



Casualty Form—Active Service.

Regiment or Corps Newfoundland

Regimental No. 751 Rank PLt Name W. J. Harvey

Enlisted (a) 15/12/14 Terms of Service (a) one year Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged 15/8/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3.2.15	
		Disembarked Alexandria		1.9.15	
		Embarked for Gallipoli		13.9.15	
<u>14/5/16</u>	<u>Garthof</u>	<u>conducted</u>	<u>Rehilly</u>	<u>10/5/16</u>	<u>R2090.</u>
<u>14/5/16</u>	<u>Garthof</u>	<u>Invalued</u>	<u>Reg. from Egypt</u>	<u>4516</u>	<u>B1119</u>
<u>24/6/16</u>	<u>Garthof</u>				

Handwritten notes:
14/5/16 Garthof
14/5/16 Garthof
24/6/16

Handwritten notes:
Invalued
Majors to Col
Officers Infantry Records
3rd Battalion B.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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



MEDICAL HISTORY

Surname Harvey OF Christian Name W.

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Birthplace:—Parish.....	County.....			
Examined.....	on 8 th day of Dec. 1914	at St. Johns	on..... day of..... 191	at.....
Declared Age.....	2 ¹ / ₂ years	— days	years	days
Trade or Occupation.....	Booper			
Height.....	5 feet	7 inches	feet	inches
Weight.....	141 lbs.			lbs.
Chest Measurement {	Girth when fully expanded...	37 inches		inches
	Range of expansion..	3 inches		inches
Physical Development... ..				
Vaccination Marks {	Arm.....			
	Number.....			
When Vaccinated.....	Never			
Vision.....	R. E.—V=	W.	R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b) Feet slightly flat.		(b)	
Approved by (Signature)	Cluny Macpherson			
(Rank)	Cpt.			
	Medical Officer.			Medical Officer.
Enlisted.....	at St. Johns	at.....		
	on 15 th day of Dec. 1914	on..... day of..... 191		
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment... ..	1 st Mfd Regt.	751		
Transferred to.. ..				
Became non-effective by.....				
	on..... day of..... 191	on..... day of..... 191		
(Signature)				
(Rank)				



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
5 th London General - Wands worth	26	5	16				Tubercle of Lung		Board held - see overleaf Disability - Tubercle of Lung. Tubercle bacilli present in sputum. Cause - Inoculation + exposure to infection by Tubercle Bacillus on Active Service. Total - inability to earn a livelihood at present.	Capt. A. J. P. [Signature] 3 rd London General Hospital - Wands worth

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

Date	Brief Details, and Signature
J. V	<p>Has Board held - 16th June 1916 Found - Permanently unfit Board - approved by D. D. M. S., London District 16th June, 1916</p> <p>prof. G. J. Swanham M.A.M.C.T 3rd London General Hospital Wandsworth</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Johns	Dec. 1 st 15	Feb 27/15			
J. D. Dominion	Feb. 5/15	" 16/15			
Edinburgh Castle	" 16/15				



C.R. 757

Extract from War Office List No. 6228.

751 Pte. Harvey, W.T.

1/1214. R. Gen. Debility.... Adm. Harrieh Schls. Mil. H. Gaire.
10th, Feb. 16.

Collected
VB

H 53

APR 12 1916

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 751, Private William T. Harvey, was admitted to the Nasrieh Schools Military Hospital, Cairo, February 10th, suffering from general debility.

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

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

Yours faithfully,

Mrs. Wm. T. Harvey,
55 Charlton St.

Colonial Secretary.



C.R. 75-1

Extract from Casualties.....List. No. H. 8228.

751 Pte. W.T. Harvey.

Ad. Palace Con. H. Boulae ex Masriah Schools Mil. H. 20th

April 16. Pneumonia.

C.R. 757



NEWFOUNDLAND CONTINGENT

Extract of casualty List received from P. & R. O. May 7th. 1916.

751. Pte W. T. Harvey. ✓

1/Newfoundlands DAH. Adm. Palace Con. H. Baoulac ex Nasrieh Schools Mil.

hH. 20th. April. 1916. Pneumonia.

C.R.

751



Extract from Daily Orders part II, Unit the
Newfoundland Regiment dated June 24th. 1916
from 3rd Echelon, B.R.F.

751 Pte. W. Harvey.

Inv. to Eng. H.S.SALTA 4/5/16 B. 1119.

C.R. 257



COPIE OF CABLEGRAM.

To Governor St. John's Newfoundland. 29/5/16.

751 Pte Harvey.

Admitted Wandsworth, Pleurisy.

30th May, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 751, Private William T. Harvey, who was previously reported at Cairo, February 10th, suffering from General Debility, has been admitted 3rd London General Hospital, Wandsworth, suffering from Pleurisy.

Yours faithfully,

Mrs. W. T. Harvey,
55 Charlton Street.

Colonial Secretary.



C.R.

751

Extract of casualties received from Pay & Record Office,
London, dated May 31, 1916.

751 Pte. W.T. Harvey.

Pneumonia.

To England per H.S. Salta ex Con. D. Boulac Cairo 14th
May 1916.

J

Original
W.S.



3

Medical Report on an Invalid

3rd London General Hospital
Station WANDSWORTH, S.W.

Date 10th June 1916

1. Unit 1st Newfoundland Regt.
2. Regimental No. 751
3. Rank Pte.
4. Name Harvey Wm Tho.

5. Age last birthday 25
6. Enlisted { on 15th Dec. 1914
 { at St. Johns. Newfind.
7. Former Trade { Drapet
 { or Occupation

8. Disability.

Tubercle of lung.

Statement of Case.

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

9. Date of origin of disability. February 9th 1916.

10. Place of origin of disability. Suez.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Enlisted Dec 15th 1914. Went to Gallipoli in Aug 1915. ~~Was~~ Was in Hospital at Cairo for 10 weeks, then 3 weeks in convalescent home. Left there to come here & was admitted here May 26th 1916. Negative James history.

12. (a) Give your opinion as to the causation of the disability.
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Active Service.

Strain & exposure to infection

13. What is his present condition?

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

Loosing weight. Has not much cough appearance signs of tuberculosis infiltration in both lung. Test reveals Tubercle bacilli in Sputum.

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

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



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

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



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



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



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



19. Do you recommend

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

Yes

G. C. Starn Civil Surgeon
Officer in medical charge of case.

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

3rd London General Hospital,
Station WANDSWORTH, S.W.

N E Pomeroy
Officer in charge of Hospital.

Date 16/6/16

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

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



Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

active service

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

Strain and exposure to infection & Tubercle bacillus

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c)

no

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

Twelve months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total at present

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

✓

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

✓

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Yes

(b) Change to England?

Slip to be attached to Army Form B. 179.

Question 24A.—"Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act." *Yes*

Signatures :—

3rd London General Hospital,
Station WANDSWORTH, S.W.

H. P. Taylor Major R.A.M.C. Resident

Date 16th June 1916.

J. P. W. Smith Capt. R.A.M.C.

A. J. P. Swan Capt R.A.M.C.

Members.

Approved.

Station New Quaker Lous. Dist.

Johnstone
Administrative Medical Officer.

Date 16/6/16.

SURGEON-COLONEL,
for D.D.M.S.,

LONDON DISTRICT.



(On leaving Corps or Station where invalidated.)

Transfer { Date _____
 Station _____ } Name { Conveyance _____
 or { _____ } of { Vessel _____
 Embark- { Date _____ } { Officer in }
 ation { Port _____ } { medical charge } _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____ Officer in medical charge.
 Station }

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station *Regt.*
 Corps *1st New Brunswick*
 Regimental No. *751.*
 Rank *Private*
 Name *Harvey, H. T.*
 Disability *Tubercle of Lung.*
 Date *16/6/16.*

Hospital or Station transferred to for final disposal }
 Date of final disposal }
 How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
 (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)
 Form B. 179.
 24

1772



C A S U A L T I E S

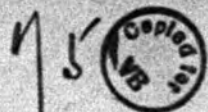
No. 751, HARVEY, Pte. W.T., is stated to be
X
suffering from tubercle of the lung.

Authority: A.F. B.178A. from 3rd London General Hosp.

✓
C.R.

751

C.R.



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

25/6/16.

751, Harvey W.T. ✓

Repatriated for Discharge tubercle of Lung 23.6.16.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. Johns, Nfld.

Fold Here



June 19th., 1921

The accompanying King's Certificate, on his discharge,

(No. 299), is forwarded herewith to

Private William T. Harvey

in respect of his service as No. 751 Rank Pvte.

Name Wm. T. Harvey Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

King's Certificate No. 299

Signature

W. T. Harvey

Date

June 27/21

Address

Grand Falls



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Aug. 31. 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

William T. Harvey

in respect of his service as No. 751. Rank Pvt.

Name William T. Harvey Royal Nfld. Regt.
~~4th Forest Coy~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature W. T. Harvey

Date Sept. 8th 1921

Address Grand Falls

Receipt for Army Book 64

No. *751* Name *Harvey*

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

Name *W. T. Harvey*

Date *July 31st/20*

Place *Grand Falls*

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

Receipt for Army Book 64

No. *751* Name *Harvey*

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

Name *W. T. Harvey*

Date *July 31st / 20*

Place *Grand Falls*

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

C.R. 751

Grand Falls
June 17/20

Lt. Col. W. F. Russell

Dear Sir :-

I have not yet received
my issue of Ribband for Victory Medal
Will you please have same forwarded
at your earliest convenience
Yours very truly

(751) W. T. Harvey

Records

R

W. T.

Riband sent
21/6/20

W. T.

A

C.R. 751

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 751 Name W. T. Harvey

Witness. D. Blatney

Date Dec. 16 1919

Place Grand Falls

CR 751

Lt. Col. W. S. Rensell.
St. Johns.
Seav. Cir.:

Grand Falls.
Dec. 8/19

Will you please have
my issue of 1914-1915 Star sent to
me here at Grand Falls.

Yours truly
(+751) W. T. Hawes.

C.F. 751

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL 1914-1919

I certify that I have received a issue of $\frac{3}{8}$ inches
of Riband of British War Medal-1914-1919.

#751 NAME *W. T. Harvey*.....

(Date) *Nov. 21st*.....

(Place) *Grand Falls*.....

RECEIPT FOR ISSUE OF RIBAND OF 1914-15 STAR.

C.R. 751

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Date.....
Place..... No. 751 Name Wm Thos. Harvey

Date..... April 9th/19
Place..... Grand Falls

Please sign, and return to Dept. of MILITIA.

RIBAND OF 1914-15 STAR.

CIRCULAR LETTER

C.R. 751

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. F. Readcell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Suvla Bay, Cape Helles, Mudros, Lemnos, and Suez Egypt.* from *Aug. 21st* 1915 to *Feb. 9th* 1916.

(Date) *28/3/19* (NO) *751* (Rank) *Pte* (Name) *W^m Thos. Harvey*
(Place) *Grand Falls*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

Return posted March 31/19

CIRCULAR LETTER

C.R. 751

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. F. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Suvla Bay, Cape Helles, Mudros, Lemnos, and Suez Egypt.* from *Aug. 21st* 1915 to *Feb. 9th* 1916.

(Date) *28/3/19* (NO) *751* (Rank) *Pte* (Name) *Wm Thos. Harvey*
(Place) *Grand Falls*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

Ontario posted March 31/19

C.R. 751

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

#751 Pte.W.T.Harvey, discharged, July 11th 1916,

Unfit

C.R. 751

Extract of Roll of Officers, N.C.Os. and Men Discharged from
Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

No.	Rank.	Name.	Date.	Reason.
751	Pte.	W.T. Harvey.	July 11th 1916.	Unfit.

C.R. 751

Extract from Telegram from P.&R. Office, June. 26th, 1916

Returning on Grampian to Quebec.

751 Harvey.

C.R. 751

Extract from Nominal Roll of No. 1st Bn. Nfld. Regt.
Embarked at Devenport for Active Service 20-8-15.

751 Pte. W.T. Harvey.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 751

Extract from Nominal Roll Embarked St, John's per S.S.

"Dominion" "C" Company Feb. 2, 1915.

751 Pte. Harvey Wm.T.

C.R.

751

William T. Harvey was attested for General service
with the NEWFOUNDLAND REGIMENT on Dec. 15th 1914.
Regimental No 751 was allotted to Pte. W.T. HARVEY.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm. T. Harney, Regl. No. 751

hereby agree, until further notification by me, and in similar official form to make an Allotment of 66 Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
619	Friend	Annie Day	55 Charlton St	60
Total Allotment, \$				

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

(Sig.) [Signature]
 Officer Commanding
 Company
Sh Johns
Jan 30 1915

(Sig.) Wm. T. Harney
 (Rank) Private

Squadron, Troop, Battery and Company Conduct Sheet.



Army Form B. 121.

Number of Sheet First

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 [532] W12871/004 400m 3/15r-1 93 56

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>751 Harvey W. St. John</u>			<u>Clerk</u>	
Joined	Date	Age on	months	Religion	
Joined	Date	<u>13/7/14</u>		<u>R. C.</u>	
Joined	Date	<u>with Colours 1²⁰⁹ years.</u>		Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically Unfit</u>	<u>11/7/14</u>				

To be carried over

DEPARTMENT OF VETERANS AFFAIRS
War Service Records

AUG - 3 1962

Referred to

Charged to

SERVICE 751 WW1

NUMBER ROY. Nfld. REGT. W.V.A. No.

Ottawa Ont

Date Aug 2/62

C.P.C. No. 260688

NAVY
ARMY X
R.C.A.F.

To Copy for H.O. FILE

Attention of

NAME HARVEY, William T.

The DEPARTMENT has received information from

Mrs. Ann Harvey, 4 King St., Grand Falls, Newfoundland, July 8/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 8/62
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~NAVY~~
D.O. NEWFOUNDLAND
H.O.

Destroy form if advice of death already received.

[Signature]
for
Chief, Central Registry