



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2015 Name Reuben Hatcher Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Reuben Hatcher</u> |
| 2. What is your full Address? | 2. <u>Flora, Labrador</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>18</u> Years <u>6</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

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

Reuben Hatcher SIGNATURE OF RECRUIT.

G. Feb. 21st 1916 Gerald W. Gye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Reuben Hatcher do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to,

and the said Recruit has made and signed the declaration and taken the oath before me at St. Johns, Nfld.

on this 31st day of February 1916

Signature of the Attesting Officer.

Gerald W. Gye
Lieut.

† Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the _____

If enlisted by special authority, such will be attached to the original attestation.

Date 191

Place _____

Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

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

W. Hatcher
 18 years 6 months. Height 5 feet 3 inches.

Girth when fully expanded 35 inches.
 Range of expansion 4 inches.

INFORMATION SUPPLIED BY RECRUIT.

Address of next of kin Mrs Robert Hatcher, Rose Blomish
 | Relationship Father

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____									

REGIMENTAL NUMBER

2105

COMPANY

14

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act. The King's Regulations,
and to such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

5 George V.

Chapter IV.

Signed W. E. Renden Hatcher

Witness

W. E. Renden
Major

Dated at

Racecourse q/s

June 30th 1916.



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2105 Name Reuben Hatcher Corps _____

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Reuben Hatcher
2. What is your full Address? 2. _____
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 18 Years 6 Months.
5. What is your Trade or Calling? 5. No
6. Are you Married? 6. _____
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. _____
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. { Name _____
Corps _____
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

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

Reuben Hatcher SIGNATURE OF RECRUIT.

Reuben Hatcher Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reuben Hatcher do make oath, that I will be faithful and bear true allegiance to His Majesty King (George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at _____ on this _____ day of _____ 1915.

Reuben Hatcher Signature of the Attesting Officer.

† Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the _____

If enlisted by special authority, such will be attached to the original attestation.

Date 1915 _____
Place _____ } Approving Officer.

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

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

8
31
18
64

CANADIAN PACIFIC-ALLAN LINES.

THE CANADIAN PACIFIC OCEAN SERVICES LTD.

Managers and Agents

To be surrendered when embarking on

Steamship Corsica Date 30/1/1919

No. 2120 Rank 1st

Name J. Hatches

Res. Unit Royal Newfoundland Regt.

Sign here _____

This Card must be given up when going on board ship.

No. 2105 Rank

Li Name R. Watcher

Pay	F.A.	Wkg	Total	N.F.P. 73
100	10		110	<i>28/8</i>
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance	21/7	21/7					689 ✓
Acquittance Rolls		5	10	0	Pay @ Net Rate	22/7	21/8	182	50	9100	18	140 ✓
Hospital Advances		1	4	6	Rating Allowance	22/8	19/8	10	50	500	1	062 ✓
A.B. 64.												252-9
P.&R.O. Payments		5	0	0								263-3
Dept payments		2	0	0								
Receipt No 7841	21/8	2	0	0	183							
Cheque 8244	22/8	9	0	0	18-9							
Receipt No 7945	1/8			0								

22-14-6

3-14-6

JRA 21/6/15

C.R. 2105

Extract from Ord no by Major G.T. Mathias, D.S.O. Comdg.
1st Batta. Royal Nfld. Regt. ²⁰ 15-8-18

The following draft joined the Battalion ¹⁹ 15-8-18 and is
posted to A Coy.

2105 Pte. R. Hatcher.

C.R. 2105

Extract from Nominal Roll of NGLC. Regt. Det. S. From
2nd Bn. Depot, to 1st Bn. B.R.F. Embarked Southampton,
9-7-16.

2105 Pte. R. Hatcher.

C.R. 2105

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 26th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records on 25/4/19.

2105, Pte. Reuban Hatcher.

C.R. 2105

Extract from Daily Orders part II, Depot St. John's dated
18-4-19.

The discharge of the undernoted on demobilisation has been
APPROVED by C. C. Discharge Depot on 18-4-19.

11-4-19

#2105 Pte. Reuben Hatcher.

C.R. 2105

Extract of Preliminary Report of a Medical Board
held on Friday Afternoon April 4th. The Following
was the finding.

Recommended Discharge from the Army.

2105 Pte. R. Hatcher.

C.R. 2105

Extract from Daily Orders Part II Unit The Royal Nfld. Regt
St. John's, 11-9-19.

The undernoted returned from Overseas and Reported to Depot
7-2-19.

Repatriated on a/c of demobilisation.

2105 B/C. Reuben Hatcher.

C.R. 2105

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

2105 L-C. Hatcher

C.R. 2105

Extract from Medical Roll of the Royal WFLD. Regt.
21-1-19.

The undesignated who was transferred from
B.S.F. to the 2nd Bn., Winchester, 19-1-19, awaiting
repatriation.

2105 L/C. R. Hatcher.

C.R. 2105

Extract of Nominal Roll, Royal Rifle Regt, Draft No. 50 from 2nd
Bn. Winchester, to 1st, Sn. B. M.T.D. R.S.E.F. Embarked "Southampton"
9/8/18.

2105 Pte. Hatcher, R.

C.R. 2105

Extract from Daily orders Part 2, by Lt. Col. R. ... Berners, D.S.O.

28-5-18.

having

The following boys reported back from the 1st Batta.

is posted to "H" Coy. from 28-5-18.

2105 Pte. Hatcher

C.R. 2105

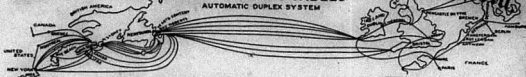
Extract from War Office List No.H.A.8830

MFLD. CONTINGENT.

#2105 Pte.R.Hatcher.

NYD.Slight...Adm. 12th Gen.Hosp. Rouen April 22,1918.

C.R. 2105
The Anglo-American Telegraph Company
ESTABLISHED 1866
EIGHT ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM



IN DIRECT COMMUNICATION WITH ALL PARTS OF THE WORLD. ANGLO-AMERICAN TELEGRAPH CO., LIMITED

29

No.
W

Rose Blanche

APR 12 1918

ST. JOHN'S,
NEWFOUNDLAND.

TO { J. R. Bennett Min Militia

If any further report of
my son reubens condition
please wire me.

Robert Hatcher

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

C.R. 2105

Extract from Casualties received from Pay & Record Office
London dated April 8th, 1918.

#2105 Pte. R. Hatcher.

Wounded March 13th, 1918.

C.R. 2105

Extract from Daily Orders part 11, from Unit The
Royal Field Regt. G.H.Q. 3rd Echelon, dated March 31, 1918.

#2105 Pte. R. Hatcher.

Invalided to England (Wounded) March 21 1918.

C.R. 2105

Extract from Casualties received from Pay & Record
Office, London, dated March 26, 1918.

#2105 Pte. R. Hatcher.

B. W. Scotum mild.
Admitted 2nd Aust. Gen. Hosp. Wimereux March 19, 1918.

C.P. 2105
Register 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 entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (as if the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Signature of Sender J. R. Bennett Address Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated **Mar. 23rd, 1918.**

To **Tobert Hatcher, Rees Blanche**

Regret to inform you that Record Office, London, officially reports **No. 2105, Private Reuben Hatcher at Wandsworth G.S.W. Abdemen.**

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

J. R. Bennett,

Actg. Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

C.R. 2105

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 the 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. the Sender shall be liable to make good the amount paid by the Sender for such Message.

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

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

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

(NOT TRANSMITTED)

Signature of Sender

W.P.H.

Address

Dept of Militia.

Line

Number

Recd

By

Sent

by

Check

Dated April 17th, 1918

To Robert Hatcher, Rose Blanche.

Will wire further report.

MILITIA

CHARGE TO DEPT. OF MILITIA

CR. 2105

NEWFOUNDLAND CONTINGENT.

Extract of Casualty List received from P. & R. O. March 24th 1917.

2105 Pte R. Hatcher.

1/Newfoundland Diphtheria Slt. Adm. 25 Sty. H. Rouen 17th March 1917.

SICK & WOUNDED N.C.Os. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 2105

PRESTON RECORD OFFICE

LIST NO.H.A.3210

26995 Pte. Hurst, H.	8/N.Lanc.R.	Marked Wd. on . . . Adm. 3 Can.Gen.H. Boulogne 8th Oct.16. A.F.W.3118 Pt. States Accid. Wd. (Pick) R.Foot Slt.	
15265 Pte. Mansley, W.	10/N.Lanc. R.	P.U.O. Trench Fever Slt.	-do-
16287 Pte. Riddell, J.	8/Bord.R.	S.E.R.Foot Slt.	-do-
15661 Pte. Warren, J.	8/R.Lanc.R.	Piles Slt. Adm. 3 Can.Gen.H. Boulogne 8th Oct.16.	
27252 Pte. Connelly, J.	1/Lanc.Fus.	Tbc. Lungs To Eng. ex 3 Can.Gen.H. 8th Oct.16. Slt.	
32955 Pte. Costello, J.	22/ anch.R.	Nephritis. Ac.Slt.	-do-
33721 Pte. Davies, H.	18/Lanc.Fus.	S. Buttocks. & L Arm Slt.	-do-
28054 Pte. Day, J.	8/L.N.Lan.R.	S. L.Foot Slt.	-do-
14324 L/C. Fry, C.L.	8/ -do-	ICT.R.Hand & Arm Slt.	-do-
22670 Pte Rook, H.	2/Bord.R.	S. Back L.Leg R. Buttock Slt.	-do-
26861 Pte. Marsden, H.	8/E.Lanc.R.	ICT.L.Leg Slt. Trans.to 7 Conv. Dep. Boulogne ex 3 Can.Gen.H. 8th Oct.16.	
407 Pte. Chilton, J.	7/Bord R.	Appendicitis Slt. Dis.to Duty ex 3 Can.Gen.H. Boulogne 8th Oct.16.	

CAVALRY RECORD OFFICE CANTERBURY

LIST NO.H.A.3210

10914 Pte. Wilkinson, A.	9/Lancers.	Dyspepsia Slt. Trans.to 7 Conv. Dep. Boulogne ex 3 Can.Gen.H. 8th Oct.16.	
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NEWFOUNDLAND CONTINGENT

LIST NO.H.A.3210

2105 Pte. Hatcher, R.	1/Newfd.R.	Debility Slt. Trans.to 7 Conv. Dep. Boulogne ex 3 Can.Gen.H. 8th Oct.16.	
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15051



SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

WARLEY RECORD OFFICE

13931 Pte Elvin T. 10/Essex
 17998 Pte Gibbins E. 10/ do.
 13455 Pte Farrell J. 7/Norfolks
 843241 Pte Hudson R. 10/Essex
 14618 L/O Cripps J. 10/ do.
 18613 Pte Plummer A. 8/Suff.
 17832 Pte Kilsby A. 5/Northants
 12132 L/O Johnson H. 6/Bedfords
 24986 Pte Presland A. 8/Suff.
 21585 Pte Stevens G. 9/Essex
 25222 Pte Chapman A. 4/Bedfords
 26488 Pte Ding T. 8/Suffolks
 16165 Pte Emmerson A. 8/ do.
 3886 L/O Gray E. 4/B.W. Indies
 26804 Pte Johnson W. 8/Suffolks
 33282 L/O Payne A. 10/Essex
 13624 Pte Perkins F. 10/ do.
 14938 Pte Alsford H. 10/ do.
 13625 L/O Porter W.A. 10/ do.
 20134 L/O Walters W. 1/ do.
 8283 Pte Bright A. 11/ do.
 43484 Pte Oldham W. 8/Norfolks
 4321 Pte Falconer H. 4/B.W. Indies

LIST No. H.A. 3396

Cont Head acc. . . Dis to 3 Large Rest Camp Boulogne ex 7 Con Dep 14/Oct/16.
 GSW Thigh R. & Back do.
 SW Scalp do.
 GSW Hand L. do.
 SW F'arm R. do.
 SW Hand L. do.
 SW Back & Butt R. do.
 Varicocele do.
 SW Head R. do.
 P.U.O. do.
 IOT Finger. . . Adm 7 Con Dep Boulogne ex 25 Gen H 14/Oct/16.
 GSW Arm L. do.
 GSW Lower Ext do.
 Old Frost Bite do.
 Sprn Back acc do.
 Trench Fever. do.
 do. do.
 Myalgia. . . Adm 7 Con Dep Boulogne ex 3 Can Gen H. 14/Oct/16.
 GSW Arm L. . . Dis to 3 Large Rest Camp Boulogne ex 7 Con Dep 15/Oct/16.
 IOT Foot L. Trans. do. do. do.
 Boils Dis. do. do. do.
 SW Thigh R. Dis. do. do. do.
 Inf Mid Ears. . . Adm 7 Con Dep Boulogne ex 3 Can Gen H. 15/Oct/16.

ROYAL NAVAL DIVISION

22266T Henderson J. RND Howe Bn
 ZW312 A.B Sterry H. RND Anson Bn
 ZL1010 A.B.H.G. Bass W. Anson Bn R.N.D.
 Z5478T A.B Jary G. RND Howe Bn

LIST No. H.A. 3396

SW Hand R. . . Dis to 3 Large Rest Camp Boulogne ex 7 Con Dep 14/Oct/16.
 Influenza. . . Adm 7 Con Dep Boulogne ex 3 Can Gen H. 14/Oct/16.
 P.U.O. . . Trans to 3 Large Rest Camp Boulogne ex 7 Con Dep 15/Oct/16.
 Abscess groin R. . Dis to 3 Large Rest Camp Boulogne ex 7 Con Dep 15/Oct/16.

NEW FOUNDLAND CONTINGENT

2105 Pte Hatcher R. 1/Newfoundlands

LIST No. H.A. 3396

DeBility. . . Dis to 3 Large Rest Camp Boulogne ex 7 Con Dep 15/Oct/16.

NEW FOUNDLAND CONTINGENT
 84 VICTORIA ST.
 LONDON, S.W.

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.WARLEY RECORD OFFICE.

4540	Pte. Evans, J.	4-W. Indies.	Ringworm.	Adm.7	Con.Dep.H.Boulogne	ex.25	Gen.H.6/Oct'16.
15107	" Stock, A.	6-Northants.	Herpes.	Adm.2	Con.Dep.H.Boulogne	ex.2	Can.Sty.H.6/Oct'16.
43259	" Gray, W.	7-Bedfords.	P.U.O.	Adm.7	Con.Dep.H.Boulogne	ex.3	Can.Gen.H.6/Oct'16.
26756	" Pavitt, W.	9-Essex.	Myalgia.		do.		
45025	" Saunders, C.	7-Suffolks.	Trench Fever.	Adm.7	Con.Dep.H.Boulogne	ex.25	Gen.H.6/Oct'16.
12301	" Clarke, A.	55 MGC att.from 9th Essex.	Influenza.		do.		
43219	" Fenn, J.	10-Essex.	GSW. Leg L.		do.		
14610	" Bandy, H.	6-Northants.	do. Forehead.		do.		
19939	" Gould, F.	7-Bedfords.	do. Chest.		do.		
15625	L/C. Porter, W.A.	10-Essex.	S.W. Arm L.		do.		
13822	Pte. Rayner, A.J.	7-Bedfords.	Sprn.foot L.Acc.		do.		
22457	" Meen, S.	8-Norfolks.	Influenza.	Adm.7	Con.Dep.H.Boulogne	ex.3	Can.Gen.H.8/Oct'16.
43290	L/C. Smith, E.	10-Essex.	GSW. Finger L.	Dis:to	3 Large Rest Camp, B'logne	ex.7	Con.Dep.8/Oct'16.
14591	Cpl. Radwell, J.	6-Northants.	Baynt.Wd.Wrist R.		do.		
45336	Pte. Carpenter, C.	10-Essex trans: from 8th Bn.	Fununculosis ear L. acc.		do.		
43995	" Scott, J.	6-Northants.	SW. Face, Cont.Mult.		do.		
10387	" Breacher, T.	1-Bedfords.	WD. Shock Shell.		do.		

COLONIAL OFFICE.

4540	Pte. Evans, J.	4-W. Indies.	Ringworm.	Adm.7	Con.Dep.H.Boulogne	ex.25	Gen.H.6/Oct'16.
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ROYAL NAVAL DIVISION RECORD OFFICE.

23745T	A.B. Jary, G.	RND. Howe Bn.	ICT. Groin R.	Adm.7	Con.Dep.H.Boulogne	ex.3	Can.Gen.H.8/Oct'16.
T74234	A.B. Ruddick, J.	do. Nelson Bn.	Wd.Hand L.Acc. & ICT.Leg.		do.		

SOUTH AFRICAN RECORD OFFICE.

4390	Pte. Lanson, J.	1-S.Africans.	Bronchitis.	Adm.7	Con.Dep.H.Boulogne	ex.3	Can.Gen.H.8/Oct'16.
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NEWFOUNDLAND CONTINGENT.

2105	Pte. Hutchen, R.	1-Newfoundlands.	Debility.	Adm.7	Con.Dep.H.Boulogne	ex.3	Can.Gen.H.8/Oct'16.
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3035

THE VICTORIA ST.
LONDON, S.W.

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE. - FRANCE.

C.R. 2105

LIST No. H.A. 3119.
5th. Oct '18.

WARWICK RECORD OFFICE.



18227 Pte. Boaler, S. 14-R. War. R.
10078 Sgt. Bonner, G. 1-Worc. R.
12334 L/C. Dart, T. 6-R. Berks. R.
81836 L/C. Gornall, C.H. 2- do.
36818 Pte. Green, H. 6- do.
16512 " Holmes, G. 2-O. & Bucks L.I.
17322 Cpl. Lipscombe, P. Att. 5-F.M. Bty.
22408 Pte. Mallice, J. 4-Worc. R.
215 CSM. Nash, J.H. 15-R. War. R.
23408 Pte. Ronan, T. 4-Worc. R.
36541 " Smith, H. 6-R. Berks. R.
18397 " Smith, W. 3-Worc. R.
19595 " Whitmore, A. 4- do.

P.U.O. Slt. Adm. 3. Can; Gen; Hos. Boulogne
do. do. do.
"W" Sprained R. Ankle Slt. do.
I.C.T. R. Foot. Slt. do.
G.S.W. L. Thigh. " do.
Acc. Sprained R. Knee & L. Ankle Slt. do.
S.W. Comp. Frac. Skull. Slt. do.
Influenza. " do.
P.U.O. Trench Fever. Slt. do.
I.C.T. R. Axillary Glands. do.
Slt. do.
S.W. L. Thigh. " do.
S.W. Back. " do.
Influenza. " do.

TERRITORIAL FORCE. - WARWICK RECORD OFFICE.

8150 L/C. Freeman, J. 4-R. Berks. R.
20737 Pte. Parker, S. 6-R. War. R.
20288 " Williams, J.F. 1-8. Worc. R.
5169 L/C. Burden, H. 1-4. O. & B. L.I.
3519 Pte. Shaw, J. 1-8. R. War. R.
1925 " Dickins, T. 1-Bucks. Bn. TF.

Acc. Cont. R. Thigh Slt. Adm. 3. Can; Gen; Hos. Boulogne
Nephritis Slt. do.
Frac. K. Martatarsals Slt. do.
Boil L. Leg. Slt. Trans. to 7. Con. Dep. Boulogne ex. 3. Can; Gen; Hos. 5th. Oct '18.
Boils R. Thigh. Slt. do.
P.U.O. ? Enteric Group. Slt. Trans. to 14. Sty. Hos. Wimereux ex. 3. Can; Gen; Hos. 5th. Oct '18.

LIST No. H.A. 3119.
5th. Oct '18.

CAVALRY RECORD OFFICE. - CANTERBURY.

10859 Pte. Couttie, W. 5- Drag. Gds.
1173 Pte. Laird, A. 1-M. Irish Horse.
28554 " Rogers, C. 18- Hussars.

Tbc. ? Lungs. Slt. To Eng. ex. 3. Can; Gen; Hos. 5th. Oct '18.

LIST No. H.A. 3119.
5th. Oct '18.

CAVALRY RECORD OFFICE. - YORK.

NEWFOUNDLAND CONTINGENT.

2105 Pte. Hatcher, R. 1-Newfoundland R.

Abscess Perineum. Adm. 3. Can; Gen; Hos. Boulogne
V.D.H. Nephritis Ac. Slt. To Eng. ex. 3. Can; Gen; Hos. 5th. Oct '18.

LIST No. H.A. 3119.
5th. Oct '18.

Debility. Slt. Adm. 3. Can; Gen; Hos. Boulogne
5th. Oct '18.

LIST No. H.A. 3119.
5th. Oct '18.

C.R. 2185

Extract from Nominal Roll Embarked St. John's for Overseas,
197, Mar. 23, 1916.

2105 Pts. R. Hatcher.

R. Hatcher.

C.R.

2105

P.R.O.

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
2105	Pfc	Kalchis	\$ 2.50	P Hatcher

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date 12-7-18

P. Hatcher

A.
No. 20612/883

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

14th December 1918

Dec 27th 1918

Subject: 2105, Pta. R. Hatcher,

ANSWER.

With reference to the following telegram (10515) from the Hon. Minister of Militia, received

Placed to his credit please.

Pay to 2105 Hatcher £10:0:0

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.

H. A. Guinness Maj.
Chief Paymaster & O. 1/c Records.

NEWFOUNDLAND CONTINGENT
PAY
COMMANDING IN CH. ROYAL NEWFOUNDLAND REGIMENT.
Ref. Nos. *51.*

50 Hatcher
deposited to soldier's
credit of this
acc't.
16 12/18
JRB

No. 7354/1B

NEWFOUNDLAND CONTINGENT

N.F.P./48.

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

To: Officer in Charge,
Esher Red Cross Hospital,
Esher.

9th May 1918

With reference to request of (No.) 2105 (Rank) Pte
(Name) R. Hathber Cheque No. 8065 for
£ 1:0:0 is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete Receipt Form on back of cheque before
presenting at a Bank.

Rec^d. £1.0.0

[Signature]

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

WILL. 779

Name

Hatcher Reuben

Regtl. No.

2105

Rank

Pte

Regiment

NEWFOUNDLAND REGIMENT.

Date of:—

2/10/17

Receipt

Transfer

Final disposal and
to whom sent

Please send me one
pound and charge same
to my credit. I don't oblige

To 210.5 Be R Hotel.

P. H.

5. 5. 1915
attached
I have met
C. H. R. H. H.

1st Reg
WANDSWORTH, S.W. 18.
15 APR
GENERAL
6574

P.O.
110.00
19/4/18
Receipt No. 6648



Please send me one
and charge same to my
credit and oblige

No 2105 De P...
Company

Approved
S. M. M. M.
Approved



Approved
S. Hall Capt. M.D.

325

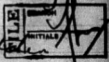
325 LONDON GENERAL HOSPITAL

General.
Wangford
L. Pay Master - APR 1941
Royal Hospital
WARRINGTON
658.8
Record Office
518 Victoria Street



I hereby pay the sum of £1-0-0
and which is to my credit
I oblige

Pte. R. Hatcher
A. Co. Newbold Regt.



7354/18

Esher Red Cross

9th May 8

Esher.

2105

Pte

R. Hatbher

1:0:0

8065-

MW



Please give me one
pound and charge
same to my credit
and oblige.

No 2105 Re Penten Hatch
Royal Newfoundland Coy
Company A
Essex Red Cross Hospital
Surrey

Approved

OK £ 1.0.0.

18-5-18

W.S.B.

Hillalbot

Receipt n^o 1242

Secy

Essex Red

FILE	BRANCH
	INITIALS

Hosp.

No. 8818/740

NEWFOUNDLAND CONTINGENT

N.F.P./55.

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

To: Officer Commanding,

2/Dn Royal Newfoundland Regt.

30th May 191 8

Winchester, Hants.

Reference 2105, Pte. R. Hatcher,

Herewith letter from the above named Soldier 28/5/18 (4859) for
your attention, please.

Please acknowledge receipt hereon

(Sig.) _____

(Date) _____

Chief Paymaster & Officer i/c Records.

Fanning

Ref. Service
NFS P-53 are almost
invariably made in
duplicate for 2nd Bn.
Is there any special
reason? We have been applying the
same rule to these as we
have to letters to 2nd Bn. 1 copy for their files,
1 for return, and 1 for suspense.
1 Copy in P-53
1st then copies.

would appear to be
sufficient

Noted and will be carried
out except we hear to the
contrary.

WPK

8818/740

Officer Commanding,
2/Dn Royal Newfoundland Regt.
Winchester, Hants.

30th May

8

2105, Pte. R. Hatcher,
letter from the above named Soldier 28/5/18 (4859) for
your attention, please.

6
WTF

No. 10206/990

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
P/Bn Royal Nfld. Regt.
Winchester

26th June 1918

Subject: 2105, Pte. R. Hatcher,

With reference to the following telegram (5747) from the Hon. Minister of Militia, received

Pay to 2105 Hatcher \$6:0:0

~~_____~~ Draft £ 6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. Marshall
Chief Paymaster & O. i/c Records.

~~July 11th 1918~~

Receipt hereunder.

Cham
LIEUT. COLONEL,
COMMANDING P/Bn ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment

Received the sum of Six
pounds on account of
cable remittance from Newfoundland.

R. Hatcher

No. 201 Rank Pte

Witness:

W. P. Nelson Cpl

No. 7317

N.F.P./35.

NEWFOUNDLAND CONTINGENT

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

To: 21005 Pte. J. Hatch
Royal Newfoundland Regt.
ad. 35 London General Hosp.
Wandsworth

May 8th 1915

With the compliments of:

CHIEF PAYMASTER & OFFICER I/C RECORDS.

Work # 372 R.G. Hop.
 10/24/18/18

Statement of Accounts

No. 2105 Rank Pvt OF Name Hatcher, R.

Company, etc. _____

From 22-12-17 to 6-5-18 (dates).

DEBITS			CREDITS		
Date			Date		
	Allotment:			Balance	21 7 6 8 9 ✓
	Period:			Pay. Period	
	22-12-17 to 6-5-18			22-12-17 to 6-5-18	
	136 days @ .60			136 days @ 1.00	
	= \$ 81.60	16 15 4 ✓		\$136.00	27 18 11 ✓
	P.O. payments	3 0 0 ✓		Field Allowance	
	Acquittance			for same period	
	Rolls	4 7 4 ✓		136 days @ .10	
				\$13.60	2 15 10 ✓
	Creditor Balance	13 0 10		Debtor Balance	
	Total £	37 3 6		Total £	37 3 6

CHECKED
[Signature]

Station _____
 Date 8 - MAY 1918

NEWFOUNDLAND CONTINENT
 DE VICTORIA ST.,
 LONDON, E.C. 1.
 PAY & RECORD OFFICE

Certified [Signature]
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

2105

Name Hatcher R.

Pay	P.A.	Wage	Total
1.00	.70		1.70
Less: Allotment			60
Net Rate			50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To							
Balance		3	6	0	Balance									
Acquittance Rolls		3	6	0	Pay @ Net Rate						23	18	9	
Hospital Advances					Ration allowance	4/6/7	20/9/7	104	50	52	00	10	13	00
A.S. 34 10 francs		6	12	0	10 days @ 2/9								17	6
P. & R.O. Payments					(L.S. 100.00)									
9-18-0.														
1038 Cash	20/9/7	10	0	0										
21/9/7 Cash		10	0	0										
25/9/7 Beque		5	10	0										

35-10-0

CHECKED
 No. 20/9/7

2105 Rank Plt Name Hatcher R.

Pay	U.A.	WAG	RES
100	10		11
Less: Allotment			
Net Rate			

DEBITS	Date	f	s	c	CREDITS	Period		Days	Rate	f	s	c	e		
						From	To								
Balance					Balance										
Acquittance Rolls	11	44	8		Pay @ Net Rate	7/6/17						25	18	9/2	
Hospital Advances						7/6/17	7/29/17	20	20	50	101	00	20	15	0/1/2
A.B. 84					Ration allowances			10	10	1/4				17	0
P. & R.O. Payments	25	10	0		B.C.F.										
Rate's last entry of acquittance rolls	10/2/17				8-5-5 ✓	28/12	3/12	4	50	2	00		8	8	45-11-4
					9-13-11										5-19-7

CHECKED


37

(1)

A Hatcher
Ward 11
3rd London S.H.
Wandsworth
20/4/18

Sir

Will you kindly forward me a statement of my account and oblige

2105 1/2 R. Hatcher
Ward 11

3rd London General Hospital
Wandsworth

for Bal

6/5/18

#13-0-106

huff. 7/5/18



NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
Det. Nos. IN	3755
Rec'd	26 APR 1918
Ad'd	
Det. Nos. OUT	
SEARCHED	INDEXED
SERIALIZED	FILED
BY	
CLERK	
CHECKED	
RECORDED	
S.	

No. 2105 Rank Pte Name Hatcher R.

Pay	F.A.	Wkr	Total	N.E.F/83
100	10		110	
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
		£	s	d		From	To			£	s	d		
Balance					Balance	20 th						9	5	0
Acquittance Rolls					Pay @ Net Rate	21 st	21 st	32	50	16	00	3	5	9
Hospital Advances														
A.B. 64. 15 pces			11	6										
110 marks		2	16	10										
P.&R.O. Payments		5	0	0	£9 13									
depos					4 2 0									
Cheque 11556	11/9	11	0	0										

£12-10-9

EXCELLENCE UNIT 100

MEMORANDUM CONTINUED

Hatcher, L

2105

Aug 2 sept

April 25, 1919

#2105 Pte. Reuben Hatcher,

Rose Blanche.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2061."

Yours truly

Paymaster & C.i/c Records

Capt.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2105 Rank Plt Name Hatcher, Ruben
 Date of Enlistment 16. 7. 16 Address Rose Blanche District Bygonne
 Occupation Clerk Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanent Invalid Disability Rating 10% 3 mos
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 2494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8. 4. 19for H. Mews H.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Ruben Hatcher

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable filed
 (b) Clothing Supplied AMC Clouston

Date 8-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R12 33 to his home at Roseblauere and Release Certificate No. 2931 issued

Date 8-4-19

J. H. Smith
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 25-4-19

Date 8-4-19

J. H. Smith
Depot Paymaster.

Discharge approved for 11-9-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 2494	B 122	2	Board 1st	" 2	1
B 178a	D 400A	B 1915		do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 8-4-19

J. H. Smith
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 1 1 1919

Date

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

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

Date

Civil Re-establishment Committee

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*To resume former occupation
(black)*

Benjamin Hatcher
Signature of Man.

Reg. No.

2105

J. A. Shaw

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

APR 8 1910

191

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *210 B*

Name *Hatcher Jenkins*

Address *Rose Blanche*

Present Medical Category *E*

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

(b) Standing Medical Board

Members of Board {

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

B. Brown
Senior Medical Officer

D.W. Gordon
M. O. Depot

April 26, 1919

#2105 Pte. Mauben Hatcher,

Ross Blanche.

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 & V. I. C. Records Captain,

1778

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name, *Ruebin*....., 2. Surname..... *Hatches*

3. Rank..... *Cpl*..... 4. Regt. No. *2105-*

5. Address in full to which future payments of gratuity are to be forwarded..... *Rose Blanche, Nfld*

6. Date of enlistment in the Regiment..... *Feb 2/16*

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

8. Relationship of such dependants.....

9. Address in full of such dependants.....

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

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

12. Give total length of time which you served in active service whether in Nfld. or Overseas..... *From Feb. 2/16 to Apr. 8/19 date of temporary discharge*

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

No

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

Clothing allowance & back pay 108.20
Board allowance 63.10

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

No

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

No

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

No

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

No

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

19. Are you now serving in the Reserve? (a) Date of discharge.

April 9/19
Temporary

No

(b) Reason for discharge.

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium & Germany - From July 1914 to Jan 1919 - Upper Cambrai, Paschendale, Ypres, etc.

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.

Ruben Hatch

Signature of Applicant:

Place of Residence: *Rose Blanchet, Nfld*

Declared before me at: *St. John's, Nfld.*

This *8th* day of *April* 19*19*.

John W. Coffey

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>6.00</i>	<i>11.50 00</i>
.....				
.....				
.....				

Certified Correct.

Paymaster.

2



This Form is to be used in connection with Pamph. M. E. (2)
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Reuben Hatcher*

aged *18 years* conducted at *Port aux Basques used*

Date: *Feb'y 16/16* Recruiting Officer: *Robert L. Gray*

NO. OF TEST

FINDING

- ✓ 1 no.
- ✓ 2 no.
- ✓ 3 no.
- ✓ 4 no.
- ✓ 5 no.
- ✓ 6 no.
- ✓ 7 yes
- ✓ 8 yes
- ✓ 9 no
- ✓ 10 *Sight for colours good*
- ✓ 11 *Speech normal*
- ✓ 12 *Spine straight. no deformity*
- ✓ 13 *Teeth fairly good, 4 defective. no ulcers*
- ✓ 14 *Throat in good condition*
- ✓ 15 *No discharge from ears*
- ✓ 16 *Chest well formed. No heart or lung disease*
- ✓ 17 *Lungs and heart normal*
- ✓ 18 *No tendency to heart or lung disease*
- ✓ 19 *Eyesight good* *6/6 6/6 both eyes*
- ✓ 20 *Fingers and hands well formed*
- ✓ 21 *Palms normal*
- ✓ 22 *Shoulder joints mobile*
- ✓ 23 *Elbow & wrist joints mobile*
- ✓ 24 *Feet and ankles strong*
- ✓ 25 *Hip joints fairly mobile*
- ✓ 26 *Soles of feet normal*
- ✓ 27 *No hemorrhoids or fistula*
- ✓ 28 *Hearing good*
- ✓ 29 *No Physical weakness right arm*
- ✓ 30 *No Physical weakness left arm*
- ✓ 31 *No hernia or abdominal weakness*
- ✓ 32 *No Varicocle*
- ✓ 33 *Yes, 1904 no scar.*
- ✓ 34 *5ft 3in*
- ✓ 35 *117 lbs*
- ✓ 36 *max 34 min 31 inches 31-30*
- ✓ 37 *30 in per mo*
- ✓ 38 *Mother, Annie Hatcher } Rose Blanche*
- ✓ 39 *Father, Robt Hatcher }*

2105

Signature of Medical Examiner:

W. M. Grant, M.D.

21
Dr. Borden

No. 629 REGISTERED LETTER from Milidiana, Capri

[Handwritten signature]
Addressed

DATE STAMP.

*Mr. Reuben Hatcher
Rose Blanche*



Received by *[Handwritten signature]*



NAVAL
Y. M. C. A.



Rose Blanche
May 5th 1922

To The Post Master
Department of Militia
St John's

Dear Sir:-

I served three years
with your famous regiment in
France and have not received
a discharge badge. Will you
please let me know why it
is that I have not received
one by ^{name} and number in the
regiment 2105 Pte Ruben Hatcher

Class I I am
yours Truly
2105 Pte Ruben Hatcher
mailed. Nov. 18th 1922

ST. JOHN'S, APR 8 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. R. Hatcher

Billeting Soldiers as undermentioned

from Feb 9th /19 to April 11th /19

2105 Mr. R. Hatcher 63 10

<i>P. Hatcher</i> <i>James Scott</i>	REGIMENT <u>B 4 m</u>
	REG NO <u>15416</u>
	ISSUED <u>10</u>
	RECEIVED <u>10</u>
	CERTIFIED CORRECT FOR <u>10</u>

W. G. Brown
for Billeting Officer.

Montreal Oct 7/19

Department of Militia St Johns RFL

Dear Sirs

Please pay War Service
Gratuity due me to my Father -
John Hatcher Harvey St Hr Grace
& Oblige Robert Hatcher

24-a Chabouley Square
Montreal

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

PENSION No. 1640

REGT. NO. 2105 RANK PTE NAME REUBEN HATCHER

Corps served with ROYAL Nfld. REGIMENT

Date of Medical Board JULY 17, 1929 Disability NIL

Pension for self Nil per month, for Nil months.

Allowance for wife _____ per month, for _____ months.

ALLOWANCE FOR CHILDREN:

1st. Child _____ per month, for _____ months.

2nd. Child _____ per month, for _____ months.

children, _____ per month, for _____ months.

(63)

TOTAL MONTHLY PENSION Nil per month, for Nil months.

TOTAL authorized amount _____

Pension granted to: REUBEN HATCHER

ROSE BLANCHE.

Approved by:

H. M. Modell
(Chairman)

J. Had
(Commissioner)

R. Campbell
(Commissioner)

[Signature]
(Secretary)



Date of Marriage _____ Name of Wife _____

NAME OF CHILD. SEX. DATE OF BIRTH. DATE ALLOW. EXP.

M. M. M.
28/7/29

Report of Medical Board

Station	St. John's, Nfld.	Date	JULY 17, 1929
No. and Rank	2105 PTE	Age	Height
Name	REUBEN HATCHER	Complexion	
Unit	Royal Newfoundland	Eyes	Hair
Address	ROSE BLANCHE	(The Board will please note how the soldier's appearance corresponds with above description).	
Former Trade			
Enlisted at		On	
Disease or Disability		Original	<u>G.S.W. TESTICLE.</u>
		Subsequent	

Present Condition (Compare with previous Board)

Still complains of occasional swelling of pubis. No headaches now. No sign of hernia. No swelling at present.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *Nil*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *Nil*

Recommendation of Medical Board

*Approved herewith
M. D. [Signature]
with [Signature]
J. [Signature]*

Members of Board

Chung Macpherson
[Signature]

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No: 1640

Regt. NO: 2105 Rank Pte. Name RUBEN HATCHER

Corps served with: ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board: AUGUST 8th. 1927 Disability: Nil

Pension for Self: _____ per month, for _____ mths.

Allowance for Wife: _____ per month, for _____ mths.

Allowance for children:

1st Child _____ per month, for _____ mths.

2nd Child _____ per month, for _____ mths.

_____ children _____ per month, for _____ mths.
(2)

TOTAL MONTHLY PENSION: _____ per month, for _____ mths.

TOTAL AUTHORIZED AMOUNT _____



Pension granted to:

RUBEN HATCHER

ROSE BLANCHE.

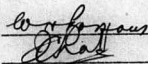
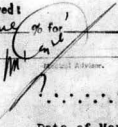


Approved by:

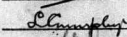
Approved:

me % for _____ Months

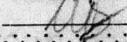
by



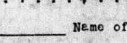
CHAIRMAN.



COMMISSIONER.



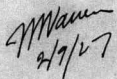
COMMISSIONER.



SECRETARY.

Date of Marriage _____ Name of Wife _____

Name of Child. Sex: Date of Birth. Date since



Report of Medical Board

Station St. John's, Nfld. Date AUGUST 8th, 1927

No. and Rank 2105 PRIVATE Age Height

Name RUEBEN HATCHER Complexion

Unit Royal Newfoundland Eyes Hair

Address ROSE BLANCHE. (The Board will please note how the soldier's appearance corresponds with above description).

Former Trade

Enlisted at On

Disease or Disability Original G.S.W. TESTICLE

Subsequent

Present Condition (Compare with previous Board)

A chronic condition has developed from the much attention (including hernia) to the part. There is nothing at the present and the so-called swelling is a deposit of adipose tissue only.

no hernia

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *nil*

Recommendation of Medical Board

Members of Board

[Signature]

[Signature]

1640



DEPARTMENT OF
THE COLONIAL SECRETARY
ST JOHN'S, NEWFOUNDLAND

July 4, 1928.

Sir:

I beg to forward herewith letter under date 22nd June from the Minister of Posts and Telegraphs, regarding the case of Reuben Hatcher, Postmaster at Rose Blanche, and a returned soldier. He asks for an increase in salary, and the Colonial Secretary desires to know what pension this man is receiving from your Board. Will you kindly return the enclosed correspondence with your reply.

I have the honour to be,
Sir,
Your obedient servant

Deputy Colonial Secretary.

C.C. Oke, Esq.,
Secretary, Pensions Board.

N.

1640

July 7th., 1928.

Sir:-

I beg to refer you to your communication of July 4th., relative to the case of Mr. Rueben Hatcher, an ex-soldier, and attaching correspondence referring to same.

I have to advise you that Mr. Hatcher is not, at the present time, in receipt of pension from this Department.

The correspondence pertaining to the matter is returned herewith as requested by you.

I am, Sir,
Your obedient servant,


Secretary.

Arthur News, Esq., C.M.G.,
Deputy Colonial Secretary,

1640

September 2, 1927.

Mr. Rueben Hatcher,
ROSE BLANCHE.

Dear Sir:-

I have to advise you that your case was considered at a recent meeting of the Special Board, and I have been directed to inform you that it has been agreed that you have no disability at the present time that can be said to be due to your war services. You are, therefore, not entitled to receive a pension.

Yours very truly,



Secretary.

MS.

November 9th 1923.

To : Capt. G. J. Whitty.
From: Board of Pension Commissioners.

Re: 2105 R. Hatcher,
Disability G. S. W. Testicle.

This man was brought to town for Medical examination. Examined on August 23rd and recommended for admission to Sudbury Hospital for observation. Transferred to General Hospital on Sept. 13th for operation. Discharged from General Hospital Sept. 21st, no operation performed in view of the fact that no Hernia could be found. Boarded September 25th. No hernia present and no disability from Gunshot wound. Recommended nil pension.

Letter returned herewith.

Secretary.

EED.

October 24th 1923.

Mr. Rueben Hatcher,
Rose Blanche.

Dear Sir:-

With reference to your telegram regarding your pension, I beg to state that on October 13th we wrote you advising that as your disability due to service, had now passed away you are not entitled to further pension.

Yours very truly,

Secretary.

EED.

Oct. 13, 1923.

Mr. Rueben Hutner,
Rose Blanche.

Dear Sir:-

I beg to inform you that the Medical Board that examined you has reported on your condition and state that your disability due to service, has now passed away.

You are therefore not entitled to receive any further pension from this Department.

Yours faithfully,

Secy.

BT.

1640

Rose Beach
October 26th 23

To Dr Parsons
St John's



Dear Sir-

Received a letter from
Mr C. C. Cake today stating that
my disability had pass away what
do Mr ^{Cake} mean that the wounds
received in France had walk
away they didnt give me any
treatment for my wounds while
I was in the Hospital I was
there just about two months I
having been suffering from my wounds
very severe since my return
home and need hospital treatment

Will you please notify some
near doctor to treat me as I am
now in bed and unable to walk.

I am
yours Respectfully
Ruben Hatcher
Regiment No 2165

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

Pension No 1640

Regt. No 2105 Rank Ac Name Hatcher Penber

Corps served with _____

Rank held when disability was incurred _____

Date of Medical Board 25/9/23 Disability nil%

Pension for self: \$ _____ per month for _____ months

Allowance " wife: \$ _____ " " " " "

Allowances for children:

1st. Child \$ _____ per month for _____ months

2nd. " \$ _____ " " " " "

_____ Children @ \$ _____ each \$ _____ for _____ "

Total monthly pension \$ nil For _____ months

Total authorized amount \$ _____

Pension granted to:

Name Penber Hatcher

Address Rose Blanche

[Signature]
initiale
12/10/23 date

Approved by:

W. A. P. [Signature] Chairman

[Signature] Commissioner

[Signature] Secretary.

12/10/23 ✓
B.S.

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

1640

Joseph Beauregard
June 26th 75.



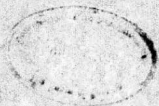
To
C. H. Keegan
of Board Business
St John's
Sea Yo the.

Your letter to hand of
19 inst. And note what you
say about a medical
Certificate. When I send
my letter to the business
secretary I enclosed a
medical report from
P. Wheatman. Please ask the
business secretary if there
was a medical report in
the letter when he received
it. If there was not the
letter must have been tampered
with. If not it reached him.
There was no doctor here
and the only medical
person here was Chas. P.
Wheatman. Yours for an early
reply.
C. H. Keegan
J. H. H. H. H.

4 MIN.

Enquire from C. W. a if
they received Medical
Certificate refers to

WA



Report of Medical Board.

Station	St. John's, Nfld.	Date	SEPTEMBER 25th 1923.
No. and Rank	2105 PRIVATE	Age	Height
Name	RUEEEN HATCHER	Complexion	
Unit	Royal Newfoundland	Eyes	Hair
Address	ROSE BLANCHE		
Former Trade			
Enlisted at	On	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	<u>G.S.W. TESTICLE.</u>	

Subsequent

Present Condition (Compare with previous Board)

Reports from doctor's contradictory at present no hernia. I have had him leave off the truss for 24 hours and no sign of hernia nor swelling. Says he has severe swelling over pubis if he works with truss off, and has to go to bed for several days. Says that when swelling comes he gets severe headache. Has headache now.

Oct. 10-23. Pensioner returned to one of examiners (A.S.F.) but was wearing his truss, not because of any swelling but because he had a headache. He admitted he understood he was to leave off truss for a week or until swelling occurred.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?
Nil

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?
Nil.

Recommendation of Medical Board

Members of Board

[Signature]
[Signature]

when he was to report. The examiners have seen no sign of hernia. There is no complaint of or sign of disability from the G.S.W.

1640

October 6th 1923.

The General Passenger Agent,
Nfld. Govt. Railway,
City.

Dear Sir:-

Kindly supply Ex-Pts. Ruben Hatcher with
first class passage from St. John's to Rose Blanche
and charge same to this Department.

Yours faithfully,

Secretary.

Per _____

MBD.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

DR. W. H. PARSONS, M.C., M.D. C.M.
CHAIRMAN
HON. H. M. MOSDELL, M.B. M.L.C.
CHAS. C. OKE, SECRETARY



In reply refer to

No. _____

1640

St. John's

October 6th 1923

To : B.P.C.

2105 Rueben Hatcher.

Kindly note that the marginally named man will be
DISCHARGED from SUDBURY HOSPITAL on Monday morning
October 8th 1923.

E. Murphy
W. W. W.
6/10/23

THE BOARD OF PENSION COMMISSIONERS FOR NEID.

Pension No 16410

Allowance for Pensioner under going treatment in Hospital

Regt. No 2100 Rank Cte Name Hatcher Reuben

Rank held when disability was incurred _____

Date of Admission Aug 24/23 Particulars of Pension Paid:-

Rate \$ 9²⁵ paid to 27/7/23
24/23

Is pensioner SINGLE OR MARRIED Single

If married give particulars of family:-

(a) Is wife living and supported by pensioner _____

(b) How many children
Girls under (17) _____
Boys under (16) _____

Total Allice. granted \$ 45⁰⁰ per month from _____

To be paid as follows:-

Pay to man	\$10.00	per month
" " dependent	_____	" "
" held by Dept.	\$5.00	" "
Total	_____	" "

Approved by:-

Comptroller

Secretary

M. Mann
1st/9/23

Date _____

Get report from O^r Knight

Report in file

W. H. S.

Order for report

8/9/23.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

DR. W. H. PARSONS, M.C., M.D., C.M.
CHAIRMAN
HON. H. M. MOSDELL, M.B., M.L.C.
CHAS. C. OKE, SECRETARY



In reply refer to

No. _____

St. John's

August 24, 1925.

To:- B.P.U.

2105 Ex-Pte. RUEBEN HATCHER.

Kindly note that the above noted man was
admitted to SUDBURY HOSPITAL for observation on Aug.
24, 1925.

B. J.

Report of Medical Board.

Station St. John's, Nfld. Date AUGUST 23, 1923.
 No. and Rank 2105 Pte. Age _____ Height _____
 Name RUEBEN HATCHER. Complexion _____
 Unit Royal Newfoundland Regiment. Eyes _____ Hair _____
 Address _____
 Former Trade ROSE BLANCHE.

Enlisted at _____ On _____
 Disease or Disability _____ Original _____

(The Board will please note how the soldier's appearance corresponds with above description).

G.S.W. TESTICLE.

Subsequent

Present Condition (Compare with previous Board)

Wearing a double truss which is pressing injuriously on the inguinal regions & not needed as there is no hernia. Very tender to pressure. Recommended to leave off the truss for a week or two for observation.

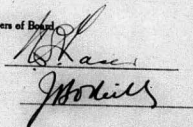
THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

*Entry Suburban Hosp.
 for ~~rest~~ observation*

Members of Board



Medical Case Sheet.

NO. IN ADMISSION
AND
DISCHARGE BOOK

REGIMENTAL NO.

RANK

SURNAME

CHRISTIAN NAME

2105

PLC

HATCHER

Reuben

UNIT

YEAR

DATE

DISABILITY

Bad Testicle

Aug 24.

Admitted hospital from Special Board Aug 23.
for observation.

State that he had a bad testicle, is now
wearing a double inguinal truss, which is
too small, and there are pressure discolorations
of skin, about the region of inguinal cords, and
the skin is loose above and below. There is
an appearance of acute nec.

Wound the left test. and put to remain in bed
to allow skin to regain normal condition.

The wound will in three weeks appear healthy,
pain on pressure on spermatic cord, which
is thickened.

Recommend transfer to General Hospital

July 19th 1923.

Mr. Rueben Hatcher,
Rose Blanche.

Dear Sir:-

We are in receipt of your letter of July 13th regarding your pension, and in reply would state that you are receiving the amount allowed for your disability, but if you consider that you are disabled to a greater extent than what estimated by the Medical Board, and will forward us a Doctor's certificate to that effect, we shall be glad to place your case before the Board for further consideration.

Yours faithfully,

Secretary.

Per _____

EED.

1640

Hatcher Reulens

Re @ \$250 3mm - 1-1-21 to 3-12-21 3000

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.D.

Pension No. 1540

Regt. No. 2105 Rank Pte Name Rueben Hatcher

Corps served with Royal Newfoundland Regiment

Rank held when disability was incurred _____

Date of Medical Board July 27/22 Disability 5 %

Pension for self \$ 3.75 per month for 12 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " " _____ per month for _____ months

Children @ \$ _____ each for _____ months

Total monthly pension \$ 3.75 for 12 months

Total authorized amount \$ 45.00

Granted to:-

Name Rueben Hatcher

Address Rose Blanche.

((NOTED))

[Signature]
Initials

9/18/22
date.

Approved by:-

[Signature] Chairman

[Signature] Medical Advisor.

[Signature] Secretary.

10/8/22
Bd

Date of Marriage _____ Name of wife _____

Particulars of children:

	Name	Sex	Date of birth	Expires.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

TO MEDICAL EXAMINER:

Medical Report required; review date:—

AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland,

Date _____

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per _____

Regimental No. 2105 Rank PRIVATE

Name RUBEEN HATCHER ADDRESS: ROSE BLANCHE

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 24 YEARS Height 5' 6" Colour of Eyes BLUE

Complexion FAIR Colour of Hair LIGHT Weight

Marks of Identification:

APRIL 4th 1919: NOTHING IN CHEST. RIGHT TESTICLE A LITTLE LARGER THAN LEFT. STATES THAT IT SWELLS AND CAUSES DISCOMFORT.

AUGUST 19th 1919: GENERAL CONDITION GOOD. SCAR ON RIGHT TESTICLE. BOTH TESTICLES NORMAL SIZE. SAYS RIGHT TESTICLE CAUSES DISCOMFORT WHEN HE WORKS HARD.

JULY 22nd 1920: PERFECTLY HEALED SCAR ON RIGHT SIDE SCROTUM OVER TESTICLE. TESTICLES NORMAL SIZE. STATES THAT IF HE WORKS HARD RIGHT TESTICLE SWELLS AND BECOMES PAINFUL.

AUGUST 13th 1921: THE WOUND IS PERFECTLY HEALED BUT RIGHT TESTICLE IS SMALLER THAN LEFT AND PATIENT SAYS IT SWELLS AFTER HEAVY WORK. SOME BULGING ON COUGHING CAN BE FELT AT BOTH EXTERNAL ABDOMINAL RINGS.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUNSHOT WOUND TESTICLE.

FORM FOR REPORT AND STATEMENT OF DISABILITY OF PERSONS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Name of Pensioner

Rank or Grade

Disability for which pension has been awarded:—

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes.*
- (2) Give a definite detailed description of the present condition.

Scars in good condition.
 Right testicle is slightly smaller
 than left testicle.
 Slight bulging at right external
 abdominal ring.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature

of Witness

W. M. Hatcher

Pensioner's signature

W. M. Hatcher

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.—

G. P. W. Testicle

15%

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

In status quo

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No

5 Will disabilities materially increase or diminish?

No

6 Are the disabilities permanent?

Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

Yes

approx 50% W

(b) Should he continue to do so?

Yes

(c) If so, is any alteration in the form of the present appliance recommended?

Double Eyeglass Ties 36"

(d) If any appliance is necessary?

Yes

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

No

(b) Nature of treatment advised

-

(c) Is pensioner willing to accept treatment advised?

-

(d) If not, is his refusal reasonable?

-

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

W. B. Harlow Medical Examiner

Place Port aux Harpours

Date July 17, 1922

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Head of District Office. (or Medical Practitioner.)

Date

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date, JUNE 25, 1921.

AS SOON AS POSSIBLE.

The Secretary, Board of Pension
 Commissioners for Newfoundland.

Per.....

Regimental No. 2105 Rank PRIVATE
 Name REUBEN HATCHER ADDRESS: ROSE BLANCHE.
 Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 24 YEARS Height 5' 6" Colour of Eyes BLUE
 Complexion FAIR Colour of Hair LIGHT Weight

Marks of Identification:

APRIL 4, 1919: NOTHING IN CHEST. RIGHT TESTICLE A LITTLE
 LARGER THAN LEFT. STATES THAT IT SWELLS AND CAUSES DISCOMFORT.

AUGUST 19, 1919: GENERAL CONDITION GOOD. SCAR ON RIGHT TESTICLE.
 BOTH TESTICLES NORMAL SIZE. SAYS RIGHT TESTICLE CAUSES DISCOMFORT
 WHEN HE WORKS HARD.

JULY 22, 1920: PERFECTLY HEALED SCAR ON RIGHT SIDE SCROTUM OVER
 TESTICLE. TESTICLES NORMAL SIZE. STATES THAT IF HE WORKS HARD RIGHT
 TESTICLE SWELLS AND BECOMES PAINFUL.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUN SHOT WOUND, TESTICLE.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

St. John's, Newfoundland
Date: JUNE 21, 1911.
The Honorable Board of Pension Commissioners for Newfoundland

TO MEDICAL EXAMINER
Medical Board (containing review data)
AS SOON AS POSSIBLE

Rank: PRIVATE
Name: [REDACTED]
ADDRESS: [REDACTED]
REGIMENT: ROYAL NEWFOUNDLAND REGIMENT
DEPARTMENT OF PENSIONERS
Age: 24 YEARS
Color of Hair: FAIR
Color of Eyes: [REDACTED]
Complexion: [REDACTED]

REPORT OF MEDICAL EXAMINER
LARGE CHAS. H. [REDACTED] STATES THAT IT APPEARS AND FEELS DISORDERLY.

REPORT OF MEDICAL EXAMINER
BOLE TESTICLES NORMAL SIZE. SAYS RIGHT TESTICLE CAUSES DISCOMFORT
WHEN IN UPRIGHT POSITION.

REPORT OF MEDICAL EXAMINER
TESTICLES ENLARGED AND BECOME PAINFUL.
TESTICLES ENLARGED BOOM ON NIGHT SLEEP DURING PAST

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

SEE ENCLOSED REPORTS

3
MEDICAL REPORT.

Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

(2) Give a definite detailed description of the present condition.

The wound is perfectly healed
but right tibia is smaller
than left, and nature says
it swells after heavy work.
Pain bulging on coughing
can be felt at both external
abdominal rings

Special Questions:

This is to certify that I have read, or have heard read, the above description of my disabling condition; that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature

W. M. Hatcher

Pensioner's signature

W. M. Hatcher

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

J. S. W. right Testicle
15%

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

In statu Quo

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No No

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary? *A Double Inguinal Truss Size 32*

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised? *Truss, no other*

(c) Is pensioner willing to accept treatment advised? *Yes*

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

The foregoing report submitted by Pensioner's signature
Signature *W. B. Barber, M.D.*
Medical Examiner.

Place *Port-au-Prince, Hayti*

Date *Aug 13 1921*

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

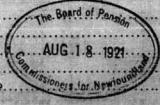
9 (a) Has pensioner married since last medical re-examination?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)



Place

Date

Head of District Office, (or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 1640

Regt. No. 2105 Rank Pte Name Rueben Hatcher

Corps. served with Royal Newfoundland Regiment

Date of Medical Board August 13/21

Pensionable Disability 5% for 12 months.

Pension granted: \$ 2.50 per month for 12 months.

Total authorized amount \$30.00

or Gratuity granted: \$ _____ payable in _____ equal monthly installments.

Granted to:-

Name Rueben Hatcher

Address Rose Blanche.

Date case disposed of:

SEP 9 - 1921



Approved by:

Members of Board

[Signature] Chairman.

[Signature]



Remarks:

THE BOARD OF PENSION AND STORES
FOR WOUNDED MEN.

Pension No., 1640

Regt. No. 2105 Rank Pte. Name Reuben Hatcher,
Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board July 22, 1920.

Pensionable disability 5% for 12 months

Pension Granted: £ 2.50 per month for 12 months

Total Authorized amount £ 30.00

or Gratuity Granted:

£ Payable in _____ equal monthly instalments.

Granted to:-

Name Reuben Hatcher,

Address Rose Blanche.

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman

[Signature] [Signature]

*Noted
Name
983*

[Signature]

Remarks:

HAMMERMILL BOND

RA

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date July 5th 1920.AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per _____

Regimental No. 2105Rank PRIVATEName REUBEN HATCHERADDRESS: Rose Blanche.Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 23 YEARS Height 5' 6" Colour of Eyes BLUEComplexion FAIR Colour of Hair LIGHT Weight _____

Marks of Identification:

APRIL 4th., 1919:NOTHING IN CHEST. RIGHT TESTICLE A LITTLE LARGER THAN LEFT. STATES
THAT IT SWELLS AND CAUSES DISCOMFORT.AUGUST 19th., 1919:GENERAL CONDITION GOOD. SCAR ON RIGHT TESTICLE. BOTH TESTICLES NORMAL
SIZE. SAYS RIGHT TESTICLE CAUSES DISCOMFORT WHEN HE WORKS HARD.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUN SHOT WOUND TESTICLE.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

NAME OF BENEFICIARY: ...
RESIDENCE: ...
DATE OF BIRTH: ...

NAME OF CLAIMANT: ...
RESIDENCE: ...
DATE OF BIRTH: ...

NAME OF CLAIMANT: ...
RESIDENCE: ...
DATE OF BIRTH: ...

NAME OF CLAIMANT: ...
RESIDENCE: ...
DATE OF BIRTH: ...

NAME OF CLAIMANT: ...
RESIDENCE: ...
DATE OF BIRTH: ...

NAME OF CLAIMANT: ...
RESIDENCE: ...
DATE OF BIRTH: ...

Disability for which pension has been awarded:—

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

*Condition unchanged since August 19th 1919.
 Perfectly healed scar on right side scrotum
 over testicle. Testicles normal size. States
 that if he works hard, rgt. testicle swells
 and becomes painful*

Special Questions:—

P. H. Hatcher

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature
 of Witness

W. H. Hatcher

Pensioner's signature

P. H. Hatcher

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Gun shot wound right testicle

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

None

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? *None*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish? *no*
likely to diminish

6 Are the disabilities permanent? *Not likely*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *no*

(b) Should he continue to do so? *no*

(c) If so, is any alteration in the form of the present appliance recommended?—

(d) If any appliance is necessary? *no*

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? *no*

(b) Nature of treatment advised *none*

(c) Is pensioner willing to accept treatment advised? —

(d) If not, is his refusal reasonable? —

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by _____ Pensioner's signature

Signature _____

Place _____

Medical Examiner.

Date _____

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? *no*

9 (b) If so, is he receiving the additional allowance for a wife? —

10 (a) Has a child been born to pensioner since last medical re-examination? —

10 (b) If, so, is he receiving the additional allowance for a child? —

11 If pensioner was married, has his wife died since last medical re-examination? —
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? —
(State date of death and names of children who have died.)

Place *Port aux Basques*

Date *July 26 1920*

Wm Grant

Head of District Office, (or Medical Practitioner.)



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1640

Regtl. No. 2105 Rank Private Name Reuben Satchers

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 4-4-19.

Pensionable disability 10% for 3 months

Pension granted:

5.00 per month for 3 months

or Gratuity granted:

0 payable in 0 equal monthly insts.

Granted to:

Name Reuben Satchers

Address Rose Blanche

OK
G. J. [Signature]

Date case disposed of APR 24 1919

Approved by:

Members of Board

[Signature] Chairman

[Signature]

Remarks:

[Signature]



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station.....**ST. JOHN'S**.....

Date.....**APRIL 2ND, 1919**.....

- | | | | |
|-------------------|---------------------------|-------------------------------|-------------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 21. |
| 2. Regimental No. | 2105. | 6. Enlisted on | FEB. 21ST. 1916. |
| 3. Rank | PTB. | at | ST. JOHN'S. |
| 4. Name | HATCHER REWBBEN. | 7. Former trade or occupation | CLERK. |

8. Disability

G.S.W. TESTICLE.

9. History

G.S.W. TESTICLE MARCH 4TH, 1918. IN HP. 4 MOS. WENT BACK TO LINE OCT./1888.

10. What is his present condition ?

LOOKS IN GOOD CONDITION HEART & LUNGS NORMAL. SCAR ON SCROTUM R. TESTICLE ALWAYS TENDER SLIGHTLY SWOLLEN. AND PAINS WHEN WALKING MUCH.
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

11. Was sanatorium operation advised and refused ? **NO.**

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

Signature S.G. KEAN

Rank or Qualification CAPT.

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

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

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

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

YES NOTHING IN CHEST. R. TESTICLE A LITTLE LARGER THAN L. STATES THAT IT SWELLS & CAUSES DISCOMFORT.

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **10%.**

(b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

10% 3 MONTHS.

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

.....**E. S. FRASER;**.....
President

Signatures.....**ARCH. C. TAIT,**.....

.....**T. PATTERSON. MAJOR.**.....

Place **ST. JOHN'S,**.....

Date **APRIL 4TH, 1919,**.....

APPROVED

Station.....

Date.....



(SGD) **CLYDE MACPHERSON,**.....**MAJOR**.....
Administrative Medical Officer.



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station.....**ST. JOHN'S**.....

Date.....**APRIL 2ND, 1919**.....

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 21. |
| 2. Regimental No. 2105. | 6. Enlisted on FEB. 21ST. 1916. |
| 3. Rank PTE. | at ST. JOHN'S. |
| 4. Name HATCHER REWEN. | 7. Former trade or occupation CLERK. |

8. Disability

G.S.W. TESTICLE.

9. History

G.S.W. TESTICLE MARCH 4TH. 1918. IN HP. 4 MOS. WENT BACK TO LINE OCT./1888.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

August 7th., 1919.

To:— William Grant, Esq., M. D.,
Port aux Basques.From:—The Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

2105, Pte. R. Hatcher

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

Rose Blanche.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

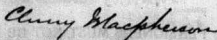
If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.

(\$5.00)

I have the honour to be,
Sir,
Your obedient servant,



DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age 21 Height 5'6" Colour of Eyes BLUE
Complexion FAIR COLOUR OF HAIR LIGHT Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on APR. 4 1919. and other necessary information, follows:—

Condition of Pensioner:—

NOTHING IN CHEST. RIGHT TESTICLE A LITTLE LARGER THAN LEFT.
STATES THAT IT SWELLS AND CAUSES DISCOMFORT.

DISABILITY: GUN SHOT WOUND TESTICLE.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified. The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR
DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? *yes*
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY: If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

General Conditions good. Sear on Right Testicle. Both testicles normal size. Says testicle (right) causes discomfort when he works hard

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct? *Slightly right testicle has got smaller*

- (4) Will it materially increase or diminish? *See Diminish*
- (5) Is the disability permanent? *no*

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

5 P.C.

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability due to or incurred during service?

(State in percentage.)

5 P.C.

- (8) Would treatment reduce the pensioner's disability or increase his comfort? *No*

- (9) If so, is pensioner willing to accept such treatment, and when? *No*

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *Port aux Basques nfd* President

Date *Aug 19th 1919* *Wm Grant* Members

Pensioner's Signature 2105 Re Peter Hatcher

Signature of Witness Wm Grant

CONTINUATION

Approved for 5%

Clay Macpherson
Major

General Candidate for 2002
Port aux Basques
2002
all necessary information
works have

The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? no
- 8 (b) If so, is he receiving the additional allowance? no
- 9 (a) Has a child been born to pensioner since last medical re-examination? no
- 9 (b) If so, is he receiving the additional allowance? no
- 10 If pensioner was married, has his wife died since last medical re-examination?
.....
- 11 Have any of pensioner's children died since last medical re-examination? no

Place Port aux Basques

Wm Grant
Medical Examiner.

Date Aug 19/19

to be used only for Special Reserve Recruits, and for Special Reservists in the Army.

MEDICAL HISTORY

Form 100

Surname Hatcher

Christian Name Reuben

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY	
	on	at	on	at
Examined	16 day of February 1916	St. John's Infd.	day of	191
Declared Age	15 years	days	years	days
Trade or Occupation				
Height	5 feet	3 inches	feet	inches
Weight		117 lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	35 inches		inches
	Range of expansion..	4 inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated	Yes. 1904			
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>J. W. Burden</u>			
(Rank)	Lieut.			
	Medical Officer.			Medical Officer.
Enlisted	at		at	
	on	day of 191	on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	14th Infd. Reg. 2105			
	Royal Newfoundland			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Department of Militia, Newfoundland

Medical Department

Psa 1646

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station St. Johns
Date April 5/19

- Unit Royal Newfoundland
- Regimental No. 2185
- Rank Private
- Name Natcher Reuben
- Age last birthday 37
- Enlisted on Feb 21/16
at St Johns
- Former trade or occupation clerk
- Disability G.S.W. Treated

- History G.S.W. while near 4th/18. In Hosp. 4 mos.
Went back to line Oct. 18.

10. What is his present condition?

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

feet in good condition
Heart & lungs. Normal.
Scar on scrotum.
Rt. testicle always tender
slightly swollen. Pains
when walking much.

11. Was sanatorium advised and refused?
operation

no

12. Do you recommend discharge as permanently unfit?

yes

Signature

Sq. Keau

Rank or Qualification

Capt.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

PENSIONER'S NAME

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DEB.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE	
					SERIES	No.				MONTHLY PAYMENT
27.92	1921	JUN					2.50	30.42 s	30.00 -	42*
30.42	BAL	35 JUL					1.46	31.88 s	30.00 -	1.88*
	BAL	30 SEP					5.42	54.2 s	30.00 -	24.58*
5.42		OCT					2.50	7.92 s	30.00 -	22.08*
7.92		NOV					2.50	10.42 s	30.00 -	19.58*
10.42		DEC					2.50	12.92 s	30.00 -	17.08*
12.92	1922	JAN					3.75	16.67 s	30.00 -	13.92*
16.67		FEB					3.75	20.42 s	30.00 -	10.17*
20.42		MAR					3.75	24.17 s	30.00 -	6.42*
24.17		APR					3.75	27.92 s	30.00 -	2.67*
27.92		MAY					3.75	31.67 s	30.00 -	1.17*
31.67		JUN					3.75	35.42 s	30.00 -	0.67*
35.42		JUL					3.12	38.54 s	30.00 -	8.54*
38.54		AUG					4.38	42.92 s	45.00 -	2.08*
42.92		SEP					7.75	50.67 s	45.00 -	5.67*
50.67		OCT					7.75	58.42 s	45.00 -	13.42*
58.42		NOV					7.75	66.17 s	45.00 -	21.17*
66.17		DEC					7.75	73.92 s	45.00 -	28.92*
73.92	1923	JAN					7.75	81.67 s	45.00 -	36.67*
81.67		FEB					7.75	89.42 s	45.00 -	44.42*
89.42		MAR					7.75	97.17 s	45.00 -	52.17*
97.17		APR					7.75	104.92 s	45.00 -	59.92*
104.92		MAY					7.75	112.67 s	45.00 -	67.67*
112.67		JUN					7.75	120.42 s	45.00 -	75.42*
120.42	1923	DEC					1.00	121.42 s	45.00 -	76.42*
121.42	1923	JUL					3.13	124.55 s	45.00 -	79.55*

1640

July 27, 1929.

Mr. Reuben Hatcher,
ROSE BLANCHE.

Dear Sir:

I have been directed to advise you that as a result of your recent Medical Board it has been found that you are not suffering from any disability which can be said to be due to your war service. It is, therefore, regretted that you are not entitled to receive any allowance.

Yours very truly,


Secretary.

/MMS.

Reg. No. *2105* Rank *1st Lt.* Name *Walter Baker*
Attested Address *Leas Blanche*
Allotment Allottee
Date of Allotment Returned from Overseas *7-2-19*
Returned on S.S. *Consican* Cause *Discharge*

H. B. P. 1st Lt. Dis- from the Army

8. 4. 19 PASSED TO DEMOBILIZATION OFF.

8. 4. 19 DISCHARGE APPROVED ON DEMOBILIZATION

Casualty Form—Active Service.

Regiment or Corps 1st New Zealand Light Regimental Number C.R. 2105
 Rank Plt Surname Hatchler Christian Name R.
 Religion C. of E. Age on Enlistment 18 years 6 months.
 Enlisted (a) Feb 27/16 Terms of Service (b) Duration of an Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended Re-engaged Qualification (b) _____
 or Corps Trade and Rate _____
 Signature of Officer i/c Records.

31/1/19



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 103, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 103, Army Form A. 36, or other official documents
		Embarked	<u>Southampton</u>		<u>9.7.16.</u>
		Disembarked...	<u>Rouen</u>		<u>10.7.16</u>
	<u>1st Lt James Battalion</u>	<u>France</u>		<u>8 JUL 1916</u>	
	<u>2nd Lt Hatchler A. Hatchler</u>	<u>In the field</u>		<u>1.10.16</u>	<u>E 24061</u>
	<u>2nd Lt Hatchler A. Hatchler</u>	<u>Phaloupa</u>		<u>5.10.16</u>	<u>N.A. 309</u>
	<u>2nd Lt Hatchler A. Hatchler</u>	<u>Rouen</u>		<u>8.10.16</u>	<u>N.A. 316</u>
	<u>2nd Lt Hatchler A. Hatchler</u>	<u>France</u>		<u>17.10.16</u>	<u>10th Nov 16</u>
	<u>2nd Lt Hatchler A. Hatchler</u>	<u>Re-joined Battalion</u>		<u>4 - NOV 1916</u>	<u>Holl.</u>
	<u>11. Stg Coy. Adjutant P.S.L. Hill</u>	<u>Rouen</u>		<u>23/1/17.</u>	<u>N.A. 6216</u>
	<u>29 T.B.D.</u>	<u>Joined Base Dep.</u>	<u>Rouen</u>	<u>29/1/17</u>	<u>Non Spec.</u>
<u>10.3.17</u>	<u>OC. Unit</u>	<u>Re-joined Battalion</u>	<u>In the field</u>	<u>24.2.17</u>	<u>B 215</u>
<u>17.2.17.</u>	<u>88 F.A.</u>	<u>Ad. Diphtheria</u>	<u>58 4622</u>	<u>10.3.17</u>	<u>E.D. 1500</u>
<u>25.2.17.</u>	<u>25. Stat. H.</u>	<u>Ad. Diphtheria Ill.</u>	<u>Rouen</u>	<u>17.3.17</u>	<u>N.A. 7694</u>
<u>13.4.17</u>	<u>29 T.B.D.</u>	<u>Joined Base Depot</u>	<u>Rouen</u>	<u>12.4.17</u>	<u>Non Spec.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoehorn-smith, &c.
 Printed by W. & A. G. & Co., Ltd. FORM B. 103. (P.T.O.)

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 2 33* to his home at *Rochester* and Release Certificate No. *293* issued.

Date *8-4-19*

J. A. Snow
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *25-11-19*

Date *8-4-19*

A. News H
Depot Paymaster.

Discharge approved for *11-9-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 95		

Date *8-4-19*

J. A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 11 1919

Date

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

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

Date *18/4/19*

J. A. Snow
for officer i/c Records