

1921
Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,
Royal Nfld. Regt,
Dept. of Militia,
St. John's, Nfld.

Fold Here



June 15th., 1921

The accompanying King's Certificate, on his discharge,

(No. 806), is forwarded herewith to

Private Robert Henderson

in respect of his service as No. 471 Rank Pvte.

Name Robert Henderson Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

King's Certificate

Signature

Robert Henderson

Date

Sept - 21 1921

Address

66 Liverystone St -

St. Johns
St. John's



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 471

Name in full Robert Henderson Age 24

Address 40 Mrs. (Capt.) Davis, 10, York Street

Married Single Height _____ Weight _____

Color Medium Hair Brown Eyes Brown

Other distinguishing marks First two fingers of left hand missing
Right and left arms tattooed.

Nearest relative Father

Address Cochrane Street

Dependents none

Occupation Labourer Present Wage \$9.00 per week

Previous service none

Decorations none

General Remarks _____

Date of Enlistment _____

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

Robert Henderson
Recruited for 1st Newfoundland Regt.
Sept 9th 1914
Robert Henderson

Robert Henderson

Declared before me this _____ day
of October 1914

J. J. [Signature]

Sept 9.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg-No. 471

Name Robert Henderson

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

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

Distinctive marks Color: Medium, Hair: Brown, Eyes: Brown

Other distinguishing marks: First two fingers left hand missing, right & left arms tattooed

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin --- Henderson, Cochrane St., St. John's

| 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	Regt or Depot	Promotions, Reductions, Casualties, etc.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>2/2/14</u>									
Joined at <u>St. John's</u> on <u>9th September '14</u>									
<u>Frosthile - Feet</u>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (Date of discharge) _____ years _____ days									
" " Pension " _____ (") _____ " "									

Fold Here



ON HIS MAJESTY'S SERVICE



MADE IN
NEWFOUNDLAND
GOODS

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

Sept 6th.

1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

Pte. R. Henderson

in respect of his service, as No. 471 Rank Pte.

Name R. Henderson Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Victory and British War Medals

Signature R Henderson

Date Sept 14 1921

Address 66 Livingston St -
St. Johns

[P.T.O.]

RECEIPT.

C.R. 471

I hereby certify that I have received the 1914-1915

STAR.

No 471 Name R Henderson

Witness

Ward

Date

3/12/19

Place

St Johns

C.R. 471

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

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

Name *Robert Henderson*

Date *Nov. 25*
Place *St. Johns*

CIRCULAR LETTER.

St. John's,

March 13th, 1919.

Riband of 1914-15 Star.

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

W. G. Readell Lieut. Col.,
Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

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

I certify that I am entitled to this issue, having served on* *Gallipoli*
from *Sept 17* 1915 to *Dec 31* 1915.
(Date) *Banked* (No) *4.71*.. (Rank) *Pte.*.. (Name) *Henderson R.*
(Place) *St. John's*....

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

C.R. 471

Extract from Daily Orders part II, Depot St. John's dated
February 1st., 1919.

The discharges of the undernoted on Demobilization have been
CONFIRMED by Officer i/c Records of noted date 31-1-19.

#471 Pte. Robert Henderson.

C.R. 471

Extract from Daily Orders part II,
Depot St. John's dated Jan. 21st 1919.

The Discharge of the und^enoted on
demobilization have been approved
by O. C. Discharge Depot on noted date.
17-1-19.

#471 Pte. Robert Henderson.

C.R. 471

Extract from Medical Board held Monday Jan. 13th, 1919.

471 Pte. R. Henderson.

Recommended Discharge as permanently Unfit.

C.R. 471

Extract from Daily Orders part 11, Unit St. John's dated Dec. 23rd., 1918.

The following returned from overseas and reported to depot 21-12-18,

471 S/o. R. Henderson.

C.R. 471

Extract from Nominal Roll of repatriation draft No. 79 per
S.S. CORNICAN which embarked at Tilbury Docks 12/12/18.
from the 2nd., Battalion of the Newfoundland Regiment

#471 Pte. R. Henderson.

C.R. 471

October 8th 1918.

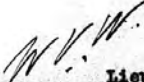
Mrs. Robert Henderson,
123 Gower Street.

Dear Mrs. Henderson,

In answer to our inquiries as to the whereabouts of your son, #471 Pte. Robert Henderson, we are now advised by the Record Office, London, that he is at the Depot, Winchester.

Upon receipt of any further information, we shall again notify you.

Yours faithfully,


Lieut.
Casualty Officer.

CR. 471

Extract from Telegram received from Synoptical,
London, dated October 3rd, 1918

Please inform condition and whereabouts of:

#471 Pte. Henderson.

C.R. 471

August 30th 1918.

Mrs. R. Henderson,
Cochrane Street.

Dear Mrs. Henderson,

In answer to our inquiries as to the whereabouts of your son, #471 Pte. R. Henderson, we are informed by the Record Office, London, that he is now in the Hillsea Military Hospital, Hants. He is not seriously ill, and at present his case is marked "not yet diagnosed." This accounts for his not returning on leave with the "Blue Puttees"

Yours faithfully,

C.C.B

Captain,
for Chief Staff Officer.

C.R. 471

Extract of Cablegram received from sSynoptical London,
dated Aug. 30-8-18

In answer to your Telegram of Aug. 26th, 471 Henderson,
Hillsea Military Hospital Hants suffering from venereal
disease.

C.R. 471

Extract of Cablegram sent to Synoptical London, dated
Aug. 26-18.

Inform whereabouts 471 Henderson.

C.R. 471

Extract from C.P. & O. i/c Records
Newfoundland Contgt. Aug. 5th/18

From O. G. 2nd Bn.
To the Chief Paymaster

\$471 Pte. R. Henderson

The above mentioned was entitled to Blue Puttee Leave, has not taken advantage of it: I am directed to ask therefore, if you will state hereon, in each instance why the individual has not proceeded, and if his leave may be regarded as any longer claimable.

Is receiving Hospital treatment for venereal disease and therefore come under the heading of those who has lost the furlough through their own fault.

(Sd.) B. J. Barton
Lt. Col.

Comm

C.R. 471

Extract from telegram from Synoptical London dated October 4th 1917.

In answer to your telegram October 3rd.,
471 Henderson Depot.

37
MAR 21 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 471, Private Robert Henderson, who left Malta for England on December 28th suffering from frostbitten feet, was discharged from Second London General Hospital, fit for duty, on February 9th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Henderson,
Cochrans Street.

C.R. 471

Extract from Casualties received from P & R Office
London, Feb. 9, 1916.

Then Following man was reported fit for duty, ex the 2nd
London General Hospital.

471 Pte. Henderson, R.

Feb. 8, 1916.

Dear

Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 471, Private Robert Henderson, who was previously reported with frostbitten feet at Malta December 14th, was transferred to Hospital Ship BODAN for England on Dec. 28th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Henderson,
Cochrane St.

February 1, 1916.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 471, Private Robert Henderson, who was previously reported as suffering from frostbitten feet at Malta, was at Military Hospital Floriana, Malta, on December 14th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Henderson,
Cochrane St.

January 20, 1916

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 471, Private Robert Henderson, was admitted to Hospital, Malta, on December 14th, suffering from frost bite feet.

This information has been received by mail.

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

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

Yours faithfully,

Mr. Henderson,
Cochrane Street.

Colonial Secretary.

NEWFOUNDLAND CONTINGENT

extract of Casualty List received from P.&R.O.
January 13th 1916.

471, Pte R. Henderson. ✓

Trench Feet To H.S. "Soundan" for England ex Military Hqs.
Floriana Malta 28th December 1915. 1 Newfoundland.

C.R. 471

NEWFOUNDLAND CONTINGENT.

Extract of casualty list received from pay and record office
London dated Dec.30,1915.

471 Pte.R.Fenderson ✓

1st Nfld.R. Frost Bite feet....Admitted to Hospital Malta
ex H.S."Panama" 14th Dec.1915.

Extract of Casualties from list of sick and wounded N.C.Os and men of
the Expeditionary Force - France, dated Dec. 30th 1915, List.No. H.
4345.

471 Pte.R.Henderson

Frost Bite Feet.....Admitted to Hospital in Malta ex H.S. Panama
14th December 1915.

C.R. 471

Extract from Nominal Roll of ^A 60. 1st Bn. Nfld. Regt.
Embarked at Devonport for Active Service 20-8-15.

471 Pte. R. Henderson.

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

CR 471

Extract from Memorial Roll Embarked St. John's per S.S.
"Florinel" Oct 25/4. 1914

481 Henderson Robt.

C.R. 471

Robert Henderson was attested for General service
with the NEWFOUNDLAND REGIMENT on ... ~~Sept. 9th.~~ 1914.
Regimental No 471 was allotted to Pte. R. Henderson.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.



Regiment or Corps 1st Newfoundland

Regimental No. 471 Rank Pte Name R. Henderson

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of war Service reckons from (a) Oct 2/14

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 35, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3/10/14.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
13/12/15.	"Caledonia"	Admitted, Frostbite	H.S."Caledonia"	3/12/15.	E 2735.
29/12/15.	Comdt., Malta.	do	Floriana, Malta.	14/12/15.	F 579.
17/1/16.	"Soudan"	Invalided to England	H.S."Soudan"	28/12/15.	B 863.

[Handwritten signature]

[Handwritten signature]
 Captain
 for Major,
 Officer i/c Records 11 & 12 Dists.
 3rd. Echelon, G.H.Q., M.E.F.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of _____

Number of Sheets _____

Signature of O. C. Company *H. J. Cook, Capt*

Printed and Sold by Gais & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.30,712-a.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>471 Henderson R</i>	Age on	<i>26</i> years months	<i>Cooper</i>	
Joined Date		Date of Enlistment	<i>Sept 1914</i>	Religion	
Joined Date		Period of	<i>9-9-14 with Colours 4 1/2 years.</i>	<i>C of E</i>	
Joined Date			<i>with Reserve 3 1/2 years.</i>		

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
<i>St George</i>	<i>1915 Jan 2nd</i>	<i>PLC</i>		<i>Absent from tattoo 2/1/15 @ 10.20pm 4/1/15</i>	<i>Cpl Manning</i>	<i>3 days CB</i>	<i>5/1/15</i>	<i>Capt Carty</i>	<i>Defects 3 days pay under</i>
<i>Edinburgh</i>	<i>May 7</i>	<i>PLC</i>		<i>Absent from tattoo roll call until 5.30 am May 8th</i>	<i>Cpl Manning</i>	<i>2 days CB</i>	<i>8/5/15</i>	<i>Capt Carty</i>	<i>Rev. custd. cell</i>
				<i>Demobilized St John's 31/1/19.</i>					
				<i>To be carried over</i>					

The Royal Newfoundland Regiment

471

DEMobilIZATION OF

Reg. No. 471 Rank Pte. Name Henderson R
 Date of Enlistment 2.9.14 Address St John's District St John's
 Occupation Printer Classification for Discharge B Medical Category 8
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 mths
 Passed to Demobilization Officer with following documents:—

N.F. P 3094	1	B 265	2	N.F. Med.	D.F. 1	
B 178		W 3494		Board 1st	" 2	
B 178a	1	D 400A		do 2nd	" 3	u
B 179	2	D 400B		do 3rd	" 4	
B 179a		D 400C		do 4th	" 5	
B 179b		B 103		ME 2	" 6	
B 179c		B 120		M 93		

Date 16.1.19

W. H. East
O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R Henderson

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £ 60

(b) Clothing Supplied £ 100

Date 17-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *ml* to his home at *St. Johns P.* and Release Certificate No. *828* issued.

Date *17-1-19*

C. B. Duke Capt.
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 *31-1-19*

Date *17-1-19*

Whitely Capt.
Depot Paymaster.

Discharge approved for *17. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 354	B 268	B 121	N.F. Med.	D.F. 1.	
F 178	W 3494	B 122	Board 1st	" 2.	<i>17 Jan 19</i>
B 178a	D 400A	B 1915	do 2nd	" 3.	<i>2</i>
B 179	D 400B	Form L	do 3rd	" 4.	<i>✓</i>
B 179a	D 400C	Form K	do 4th	" 5.	
B 179b	B 103	ME 2	<i>1238.1</i>	" 6.	
B 179c	B 120	M 93			

Date *18. 1. 19*

C. B. Duke Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date *JAN 17 1919*

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

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

Date *Jan 21/19*

Edward J. ...
Depot Paymaster

Reg. No. 471 Rank pte Name Alexander R.
Attested Address 123 Gower St.
Allotment Allottee
Date of Allotment Returned from Overseas 21.12.18
Embarked for Overseas Cause Discharges

13-1-19. Rec. Dis - Permanently unfit -

16-1-19 PASSED TO CEREMONY OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

17-1-19

R. Henderson.

471

P. R. O.

Medical Report on an Invalid.

Station Hazeley Down Camp

Date 28/11/18

1. Unit Royal Newfoundland Regt. 7. Former Trade }
 2. Regimental No. 471 or Occupation }
3. Rank
4. Name HENDERSON.
5. Age last birthday
6. Enlisted { on
 at
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Frostbite both feet.

Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability. Dardanelles
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Donned 5 B.T. Jan 1918. HAZELEY DOWN CAMP.

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

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

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

attributed to exposure on active service.

V.D.S. Ruled.

13. What is his present condition?

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

Skin inflamed, red & tight. feet inclined to be flat unable to walk long distances in foot locking order. -

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

Repatriation (3)

*MOR
Capron*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made

LAST PAY CERTIFICATE OFFICE COPY N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 471 Rank Pte Name Henderson Unit Royal Wfla Rgt. who was repatriated
to Newfoundland on 11/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

	PARTICULARS	£	s	d	PARTICULARS	£	s	d
PERIOD: From <u>18/12/18</u> To <u>22-2-18</u>	Balance Dr. from				Balance Cr. from			
	Allotment <u>19</u> days @				Pay <u>19</u> days @ <u>£ 1.00</u>	119		
	Cash Payments:				Field Allowance <u>19</u> days @ <u>£ 10/100</u>	11	90	
	<u>at Post</u>			6 0 0	Other Allowances days @ <u>£</u>	120	90	14 5 11
	Other Debits:				Other Credits:			
	<u>B. Damages.</u>			6	<u>Copy sent Mr. J.M.</u>			
	<u>Mis's Stopp.</u>			2 5	<u>2/302/209 P. H. 23/11/18.</u>			
	Total Debits			16 2 11	Total Credits			14 5 11
	Balance due by Paymaster				Balance due to Paymaster			11 17 0
				16 2 11				16 2 11

CHECKED
18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co.
Winchester 220 11th 1918.
(Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.



[Handwritten signature]
The Official Secretary,

Newfoundland Contingents,

58, Victoria Street, S.W.

Please note that the undermentioned men will be discharged from this Hospital on the 26th. inst. with instructions to report to the above offices.

1st. Newfoundland. "A" Co. No. 471. Pte. Henderson. R.

" " " "C" Co. No. 775. Pte. Cody, Androea.

[Handwritten signature]

St. Marks College,
Chelsea. S.W.

Major & Registrar,
2nd London General Hospital.

25th. January 1916.

Henderson R.

471

Pay Dept.

ROBERT HENDERSON

REPORTED

35-11-30

H.F.P./54

NO.44

From Pay & Record Office London

To Minister of Militia, St. John's, Hfld.

#471 Pte R.Henderson

Ration Allowance credited in S/Bn. Pay Book but not on
H.F.P./94 £1.0s10d.

7/5/17 Army Form

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

MEDICAL HISTORY

Surname Henderson OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish 123 Lower St County

	SPECIAL RESERVE.		REGULAR ARMY.			
	on	day of	191	on	day of	191
Examined	at			at		
Declared age	<u>24</u> years		days	years	days	
Trade or occupation	<u>Labourer</u>					
Height	feet	inches	feet	inches	inches	
Weight		lbs.		lbs.	lbs.	
Chest Measurement {	Girth when fully expanded	inches		inches	inches	
	Range of expansion ...	inches		inches	inches	
Physical development	Right	Left	Right	Left		
Vaccination marks {	Arm					
	Number					
When vaccinated						
Vision	R.E. - V =			R.E. - V =		
	L.E. - V =			L.E. - V =		
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)		
(b) Slight defects but not sufficient to cause rejection	(b)			(b)		
Approved by (Signature)						
(Rank)						
				Medical Officer.		Medical Officer.
Enlisted	at	<u>St Johns N.Z.S.D.</u>		on	day of	191
Joined on enlistment	Corps	Regtl. No.		Corps	Regtl. No.	
	<u>14 N.Z.S.D.</u>	<u>471</u>				
Transferred to						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						

142203

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admission and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4th SCOTTISH GENERAL HOSPITAL, STOBHILL, GLASGOW	2	5	17	5	17	17	Syphilis	16		<i>Malcolm S. P. M. B.</i>
BRIGHTON GROVE MILITARY HOSPITAL, NEWCASTLE-ON-TYNE	17	5	17	10	7	17	Syphilis	54		<i>W. G. Jones</i>
M. & F. Halsea	5	7	18	19	8	18	^{4th} Syphilis	46	Veneral warts etc. Vide A.F.I. 1238. Wassermann positive. Goodly. To continue treatment. Put to rejoin unit.	<i>W. G. Jones</i> MAJOR, F. A. M. C. (T.) REGISTRAR, <i>W. G. Jones</i> Capt. R. B. S.

Nov. 23/20

Mr. Robert Henderson,
123 Gower Street,
City.

Dear Sir:-

With reference to our communication of October 29th.
The following is a copy of an Order in Council dated April
1st/20:-

"Under the provisions of the War Measures Act 1914-16
it is ordered that any person who is or has been a member
of His Majesty's Forces during the present War and who has
suffered from any venereal disease, and who may still be
suffering from the effects of said disease may, on the certi-
ficate of the Medical or Acting Medical Health Officer setting
forth the nature of the disease and recommending aggregation
be arrested by any Peace Officer and placed in the Military
Hospital at St. John's and there detained until pronounced
cured by a certificate of the Medical or Acting Medical Health
Officer, or the Medical Superintendent or the physician in
charge of said Hospital.

Any person so detained who escapes or who refuses to
comply with the rules and regulations of said Hospital, or
any person who aids another in escaping from said Hospital,
shall be guilty of a breach of this Order and liable on
summary conviction to a fine of One thousand Dollars and in
default of payment to one year's imprisonment."

In view of the above order, I would be glad if you would
report at Room 8, Militia Building, at your earliest.

Yours faithfully,

Captain.
For Secretary.

October 28th/30

Mr. Robert Henderson,
133 Gower Street,
City.

Dear Sir:-

You will remember you were in the 4th Scottish General Hospital from 2-5-17 to 17-5-17 and the Brighton Grove Military Hospital from 17-5-17 to 10-7-17 also the Hilses Hospital from 5-7-18 to 19-8-18.

The treatment then given was only sufficient in a number of cases to make a man fit for Active Service.

Arrangements have now been made to have all such cases examined in the St. John's, and, if necessary, treatment continued.

Please notify us if it is convenient for you to take this treatment. Address all communications to Room 6, Militia Building.

Yours faithfully,

Captain,
For Secretary.

LBD.

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 work as Cooper.

R. Henderson

Signature of Man.

C. W. Dick Call

Signature of the Vocational Officer or his Representative.

Reg. No. *471*

Place

ST. JOHN'S.

Date

17/1/18

191

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 471 Rank Pte Name Henderson Unit Royal Wfld Rgt who was repatriated
to Newfoundland on 12/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

	PARTICULARS						PARTICULARS					CR.
	\$	¢	£	s	d		\$	¢	£	s	d	
PERIOD: FROM <u>23-11-18</u> TO <u>20-12-18</u>	Balance Dr. from						Balance Cr. from					
	Allotment days @						Pay <u>19</u> days @ \$ <u>100</u>					19 00
	Cash Payments:						Field Allow <u>19</u> days @ \$ <u>10</u> / <u>100</u>					1 90
	<u>pt Pay.</u>					6 0 0	Other Allowes days @ \$					20 90 4 5 11.
	Other Debits:						Other Credits:					
	<u>B. Damage</u>											
	<u>Meal Stopp</u>					2 5						
	Total Debits					6 2 11	Total Credits					
	Balance due by Paymaster						Balance due to Paymaster					1 4 0
												6 2 11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

W. Co.
Winchester Dec 11th 1918
(Place) (Date)

J. J. [Signature]
O.C. " " Company

Made up/Checked in accordance with information received in the Pay & Record Office _____ to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Robert Henderson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *471*

Intended address *St. John's*

Height on discharge *5* Feet

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's 1891*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Robert Henderson*

Station *St. John's* Date *6.1.19* (Rank) *RFC*

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

Station

Date



6319

7
SYPHILIS CASE-SHEET.

Regtl. No. 471 Rank and Name Pte Henderson Post Corps 2/1 Inf.

Placed on Syphilis Register at _____ on _____ No. in Register 86319

Disease contracted at Apr. Primary sore appeared on (date) 12-4-17

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Sore under foreskin

Lymphatic glands Swollen and indurated

Skin (nature and distribution of rash) Macular Rash over body

Mucous membranes

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

4th Scottish General H.

Station Stobhill Glasgow Date 16-V-17 Signature of M.O.

Malchin
C. F. P.

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register

}	(a) Recovered
	(b) Transferred to Army Reserve
	(c) Discharged from Army

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight at onset, without boots—lb.	Urine Normal (N) Albumin (Alb.)	Wassermann Reaction Method (Original (O) Modification (M)) Result (Positive + Negative -)	Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)
						Arsenical Intravenous Injection. Dose in grammes Salvarsan Neo-Salvarsan	Mercurial Intramuscular Injection. Dose of Metallic Mercury in grains.	Other Methods Inunctions or Oral (Preparation and dose)	
Stobhill Glasgow	2-5-17	admitted 14 th Scottish Em 17 Glasgow. sore on under-surface of forearm and large sore on outer side of penis with pharyngitis. maculae rash all over body. slants slotty and indurated							Stobhill Glasgow
	8-5-17			N	45m	5rT			
	15-5-17			N	35m	5rT			
	17-V-17	transferred to hospital from Military H. Newcastle-on-Tyne							
Newcastle-on-Tyne	17.5.17	Admitted							
	18 May						+		
	19			N				K.4	
	28	Improving					+		
	26	do		N				K.4	
	1 June	do					+	AB.4	
	2	do		N					
	8	do					+		
	15			N				ab.4	
	22	Healed		130/			+		
	29			131 1/2 N			+		
	7 July	Wassermann reaction Negative Discharged from hospital 10-7-17			0 -			K.4	
On Admission		Warts on mucous prepuce slight double a few anal adenoids							
John Hixia	5-7-18	Admitted to Hospital							
	6-7-18	WASSERMANN. + + +							
	16-7-18	Infec. Novarsenobillon.		N		45			
	16-7-18		BB				+		
	23-7-18			N		45			
	23-7-18		BB				+		
	30-7-18			N		45			
	30-7-18		BB				+		
	1-8-18	WASSERMANN. + +							
	6-8-18		BB				+		
	13-8-18		BB	N		6			
	13-8-18		BB				+		
	24-8-18			N		6			
	27-8-18		BB				+		
	3-9-18			N		6			
	3-9-18		BB				+		
	10-9-18			N		45			
	10-9-18		BB				+		
	13-9-18	WASSERMANN TEST RESULT + +							
	4-10-18	NOVARSENBILLON	BB	N		45	+		
	15-10-18	NOVARSENBILLON	BB	N		6	+		
	25-1-18	WASSERMANN TEST RESULT Negative							

January 31st., 1919

#471 Pte. Robert Henderson,

#123 Sower St.,

City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 792."

Yours truly,

Captain,
Paymaster & O.i/c Records

Enc^d 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *1471* Rank *Pte.* Name *J. Henderson*
 Intended place of residence *129 Gower St. City*

2. Occupation *Cooper*
 Classification of soldier *B* Medical Category *F*

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

ELIGIBLE for POST DISCHARGE PAY

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

Place
 Date
W. Bowley Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date *St. John's* *17.1.19*
J. Henderson
 Signature of soldier
C. B. Deeks Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date *Jan 17th 1919*
St. John's
J. Henderson
 Signature of soldier
J. Raymond
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *2.9.14* No of days on Military
 Discharged from service *17-1-19 (Jan 14 Days)* Service *161 Days*

APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S*
 Date *JAN 17 1919*
R. H. Saint Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place *St. John's, Nfld.*
 Date *January 21/1919*
W. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

27
31
30
31
31
148

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 471 Rank Pvt. Name Henderson R
 Date of Enlistment 2.9.14 Address St Johns District St Johns
 Occupation Woodpecker Classification for Discharge B Medical Category 1E
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 mths
 Passed to Demobilization Officer with following documents:—

N.F. P 394	1	B 268		B 121	2	N.F. Med.		D.F. 1			
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	!	B 1915		do 2nd		" 3		5	
B 179	2	D 400B		Form L		do 3rd		" 4			
B 179a		D 400C		Form K		do 4th		" 5			
B 179b		B 103		ME 2		1258	1	" 6			
B 179c		B 120		M 93							

Date 16.1.19

W. C. Discharge Depot
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R Henderson

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable _____

(b) ~~Clothing Supplied~~ _____

Date 17-1-19

O j.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *hil* to his home
 at *St Johns* and Release Certificate No. *828* issued.

Date *17-1-19*

CB Dicks Cpl
 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 *31-1-19*

Date *17-1-19*

Atkinson Capt
 Depot Paymaster.

Discharge approved for *17. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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		

94 *1* *2* *12* *38* *1* *1* *2* *2* *1* *Join B*

Date *18. 1. 19*

CB Dicks Capt
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 17 1919

Date

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

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

Date

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Robert* 2. Surname *Henderson*
3. Rank *Private* 4. Regt. No. *H. 71*

5. Address in full to which future payments of gratuity are to be forwarded. *123 Lower Street*

6. Date of enlistment in the Regiment. *September 9th 1914*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not Applicable

8. Relationship of such dependents. *Not Applicable*

9. Address in full of such dependent. *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*

11. Were you on active service only in Nfld. if so, give dates, and particulars of such service. *Not Applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Four (4) years & 145 days*

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

One enlistment only

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.....

None received

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.....

None received

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

No

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

Not Applicable

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

No

Jan 31st 1919

(b) Reason for discharge.....

Disability orders, and medically unfit for further service

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

Gallipoli, Sept 20th to Decr 1915

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

(b). If (a), are you in receipt of full pay and allowances from that Committee. (a) *No* (b) *None*

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

Signature of Applicant: *Robert Henderson*

Place of Residence: *123 River St., St. John's*

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

This *29th* day of *February 1919*

Thomas Belmont

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

Notary Public

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>6 mos</i>	<i>420.00</i>
			<i>Retire Allow</i>	<i>5.06</i>
				<i>425.06</i>

Certified Correct.

Paymaster.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 471 Rank Private Name Henderson Unit R. Newfoundland Regt. who was Repatriated
to Newfoundland on 12/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

DR.	PARTICULARS				£	s	d	PARTICULARS				CR.		
	£	s	d	£				s	d					
PERIOD: FROM 23/11/18 TO 11/12/18 CHECKED 18/12/18	Balance Dr. from							Balance Cr. from						
	Allotment days @							Pay 19 days @ \$1.00	19	00				
	Cash Payments:							Field Allowance 19 days @ \$.10	1	90				
	1st. Pay			6	0	0				20	90	4	5	11
	Other Debits							Other Allowances days @ \$						
	Barrack Damages					6		Other Credits:						
	Misc. Stoppages.			2		5								
	Total Debits			6	2	11		Total Credits			4	5	11	
	Balance due by Paymaster							Balance due to Paymaster			1	17	0	
				6	2	11					6	2	11	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "P" Company

Winchester Dec. 11th. 1918

(Signed) J. Nunns, Captain.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office London,
 Dec. 19th. 1918.
 Chief Paymaster & O. i/c Records.

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 471 Rank Private Name Henderson Unit R. Newfoundland Regt. who was Repatriated
to Newfoundland on 12/12/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS		\$	¢	E	s	d	PARTICULARS		\$	¢	E	s	d
	Balance Dr. from							Balance Cr. from					
	Allotment days @							Pay 19 days @ \$1.00	19	00			
	Cash Payments:							Field Allow 19 days @ \$.10	1	90			
	1st. Pay			6	0	0			20	90	4	5	11
	Other Debits							Other Allowances days @ \$					
	Barrack Damages					6		Other Credits:					
	Misc. Stoppages.			2		5							
	Total Debits			6	2	11		Total Credits			4	5	11
	Balance due by Paymaster							Balance due to Paymaster			1	17	0
				6	2	11					6	2	11

PERIOD: From 25/11/18 to 11/12/18

CHECKED
25/11/18
18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of
"P" Company

Winchester

Dec. 11th. 1918

(Signed) J. Nunns, Captain.

(Place)

(Date)

220. F. Company,

Made up, checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Dec. 19th. 1918.

Chief Paymaster & O. i/c Records.

OK
WJ

LM-

May 26, 1920

Robert Henderson,
123, Gower Street,
City.

471

Dear Sir:

I enclose cheque for \$5.06, representing balance found
to be due you, on the closing of the Books of the London, Pay &
Record Office.

Yours truly,

Major
Paymaster

LM/Enc.



This Form is to be used in connection with Pamph. M. E. (1)
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 *Anderson Robert* 846

aged *34* conducted at *C. L. Army*

Date: *7/9/14* Recruiting Officer:

NO. OF TEST FINDING

1	No
2	No
3	No
4	No
5	No
6	No
7	No
8	Yes
9	Yes
10	lost distal phalanges first & second fingers left hand
11	Normal
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	n
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	8 Years ago
34	5.3 3/4
35	
36	124 31-2 1/2
37	900 feet work
38	Flashed
39	No

Robert Anderson Cochran Sr

W. H. H.

Signature of Medical Examiner: *Clarence Mackhorne M.D.*

Medical Report on an Invalid.

Station Haseley Down Camp,Date 28-11-18.

1. Unit **Royal Newfoundland.**
2. Regimental No. **471.**
3. Rank **Pte .**
4. Name **Henderson. R**
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit ;
(b) Regimental No. ;
(c) Date of Discharge ;
(d) Cause of Discharge.

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

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

9. Date of origin of disability.
10. Place of origin of disability.

Dardenelles

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

Bearded Hi. Jan 1918.

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

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

Attributable to exposure on Active Service.**VDS. Cured**

13. What is his present condition? **Skin inflamed red and tight, feet inclined to be flat unable to march long distances in full marching order.**
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.
14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?
15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.
20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Repatriation(3)

J. St. P. Knight, Capt. N.F.L.D. Regt.
 Officer in medical charge of case.

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

Station _____

 Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

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

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

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

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

Pain across Left instep, feels the cold severely.

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

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

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

Frost-bite in Gallipoli & constant service.

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

23. Is the disability permanent?

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

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

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

20 % 6 months.

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

27. Do the Board recommend—

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

Yes.

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

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

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

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

Signatures:—

H. S. Fraser. President.

Station St. John's.

J. Sinclair Tait.

Date Jan 13th, 1919.

L. Paterson, Major

} Members.

Approved

Station

(Sgd.) Cluny McPherson, Major.
Administrative Medical Officer.

Date



1222 Medical Report on an Invalid.

Station

Hazeley Down Camp

Date

28/1/18.

1. Unit *Royal Newfoundland* Former Trade }
or Occupation }
2. Regimental No. *471*
3. Rank *PTE.* 7A. If with previous service in Army, state—
4. Name *Henderson R.* (a) Former Unit;
5. Age last birthday (b) Regimental No.;
- (c) Date of Discharge;
6. Enlisted { on (d) Cause of Discharge.
at

8. Disability in respect of which invaliding is Proposed.

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

*Frost-bite. (both feet)*Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability. *Dardanelles.*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Bounded B. Jan 1918. BAZELEY DOWN CAMP.

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

Attributed to exposure on active service.

V.D. & Cured.

13. What is his present condition?

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

Skin inflamed, red and tight. feet inclined to be flat. unable to march long distances in full marching order.

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Repatriation (3)

W. R. [Signature]

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made

Opinion of the Medical Board.

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

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

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

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

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

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

(i.) Service during the present war ; *Yes*

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

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

*Footbite in Gallipoli
& constant service*

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

23. Is the disability permanent?

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

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

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

20% six months

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or *Yes*

(b) Change to England?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Signatures:—

Station _____

Date _____

Approved _____

Station _____

Date _____

[Signature] President.

[Signature] Members.
[Signature]

[Signature] Administrative Medical Officer.



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 471 Rank Pte Name R. Henderson
 Intended place of residence 123 Gower St., City

2. Occupation Cooper
 Classification of soldier B Medical Category E

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

ELIGIBLE FOR POST DISCHARGE PAY

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

Place ST. JOHN'S (sgnd) C. C. Duley, Capt.
 Date JAN 17 1919 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S (sgnd) R. Henderson
 Signature of soldier
JAN 17 1919 " C. B. Dicks, Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S (sgnd) R. Henderson
 Signature of soldier
JAN 17 1919 " J. Daymond, Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2-9-14 No of days on Military
 Discharged from service 17-1-19 plus 14 days Service 1616

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S (sgnd) R. H. Tait, Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JAN 17 1919

CONFIRMATION OF DISCHARGE

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

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

Medical Report on an Invalid.

Station Hazeley Down Camp.Date 28-11-18.

1. Unit **Royal Newfoundland.**
2. Regimental No. **471.**
3. Rank **Pte.**
4. Name **Henderson.**
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

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

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

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Dardenelles**Boarded Bi. Jan 1918.**

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

Attributable to exposure on Active Service.**VDS. Cured**

Skin inflamed red and tight, feet inclined to be flat unable to march long distances in full marching order.

13. What is his present condition?

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

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Repatriation(3)

J. St. P. Knight, Capt. MFLD. Regt.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

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

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

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

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

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

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

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

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

23. Is the disability permanent?

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

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

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

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

27. Do the Board recommend—

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

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

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

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

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

Pain across Left Instep, feels the cold severely.

Yes.

Frost-bite in Gallipoli constant service.

20 & 6 months.

Yes.

Signatures:—

Station St. John's.

Date Jan 13th, 1918.

Approved,

Station _____

Date _____

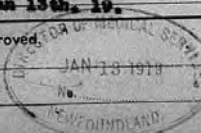
President.

N.S. Fraser.

J. Sinclair Tait.

L. Paterson, Major

Members.



(Sgd.) Olwyn McPherson Medical Officer.