



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Pines

No. *2844* Name *David Robertson Henschell* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *David Robertson Henschell*
2. What is your full Address? 2. *115 Bridge Street
Montreal*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *20* Years *7* Months
5. What is your Trade or Calling? 5. *Printer*
6. Are you Married? 6. *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. *No*
8. Are you willing to be vaccinated or re-vaccinated? } 8. *Yes*
9. Are you willing to be enlisted for General Service? } 9. *Yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } II. *Yes*
to be signed by you if you are accepted? }

FOR THE DURATION OF THE WAR

I, *David Robertson Henschell*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

6 June 1916 *David Robertson Henschell* SIGNATURE OF RECRUIT.
W. A. Field Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St. John's* on this *6* day of *June*, 191*6*
Signature of Attesting Officer *Ph. A. Dyer Capt.*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Dora Robertson Naschell
 Apparent age 30 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 7 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Mary Naschell
115 Bridge St. Menton | Relationship Mother
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2844 Name David Robertson Herschell Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. David Robertson Herschell
2. What is your full Address? { 2. 115 Bridge Street
Montrose, Scotland
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 30 Years 2 Months
5. What is your Trade or Calling? 5. Printer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } II. Yes
to be signed by you if you are accepted? }

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

6 June ^{5¹²} 16 David Robertson Herschell SIGNATURE OF RECRUIT.
W. A. Shield Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 6 day of June 1916
Signature of Attesting Officer Charles Dyer Capt.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } Approving Officer.
Place..... }

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

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



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

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

Examination of *David Robinson Herschell*
aged *30* conducted at *B.L.B.*
Date: *Apr 22/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *o/b Both*
- 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*

yes 29 yrs age
5-7
147
35-37
#70 month

2844
Report June 1st
Return to [unclear]

Montrose Scotland
David D Herschell 6 St Johns Place
mother 2 sisters

Signature of Medical Examining Officer *William Harris*

C.R. 2844

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED 20/3/19.

The Discharge of the undernoted on Demobilization
has been CONFIRMED by Officer i/o Records on noted
date.

2844 Cpl. David ~~Hershell~~.

17/3/19.

C.R. 2844

Extract of DAILY ORDERS, PART II, Depot St. John's,
dated March 5th/19.

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

#2844 Cpl. David Herschell.

3/3/19.

C.R. 2844

Extract from Preliminary Report of Medical Board held on Thursday
Feb. 20th 1919.

2844 PTE. Hershell, D.

Recommended Discharge as permanently unfit.

C.R. 2884

Extract from Daily Orders Part II Unit The Royal WFL.
Regt. St. John's, 21-2-19.

The information contained above concerns and reported to
7-2-19
Dept 7-2-19.

Registered on A.D. 1919.

2884 Cpl. D. Herschell.

C.R. 2844

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

2844 Cpl. Herschell.

C.R. 2844

Extract from Daily Orders Part II by Lt. Col. Barton D.S.O.
Commanding 2nd. Batt. Royal Newfoundland Regiment, Jany. 29/19.

The following having reported back from Ist. Battn are taken @
on the Strength on noted dates.

2844 Corpl. Hershell, D.R.

26-I-19.

C.R. 2844

Extract of Casualties from P & R.O. London dated Dec. 30/12/18.

2844 CPL. R. Hershell.

Has been granted Xmas Furlough from 30/12/18 - 10/1/18 by O.C. Mil.
Hospital, Bethnal Green.

Furlough Pass.

C.R. 2844

Extract from Casualties No. C. 1731 dated 31-10-18.

#2844 Cpl. D.R. Hershell.

WOUNDED 2-10-18.

C.R. 2844

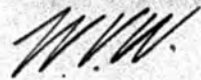
Oct 28th, 1918

Mrs. David R. Herschell
45 Monkstown Rd
C I T Y

Dear Madam:-

With reference to your enquiry at this Office concerning your husband No. 2844, Coppl. David R. Herschell, I am instructed to inform you that in reply to our cable enquiry to the Record Office, London concerning him, a message has been received to-day stating that this soldier is now progressing favourably.

Yours faithfully,



Ident

Casualty Officer.,
for Chief Staff Officer.

C.R. 2844

Extract from Telegram to Military St. John's, from Synopsical,
London, dated October 26th. 1918.

In answer to your Telegram October 21st:

Corpl. 2844 Herschell.

Progressing Favourably.

C.R. 2884

Extract from Telegram to Synoptical, London, dated Oct. 21st 1918.

Inform condition

2884¹⁸¹⁸ Herschell.

C.R. 2844

Oct 13th 19

Dear Mrs. Herschell:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that your husband, No. 2844, Corpl. David R. Herschell is at Military Hospital, Bethnal Green, London suffering from gun-shot wound right leg.

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

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

Yours faithfully,

Mrs. David R. Herschell
45 Monkstown Rd.,
C I T Y

Minister of Militia.

C.R. 2844

Extract from Nominal Roll of Sick and Wounded from the France
Expeditionary Force to the Military Hospital, Bethnal
Green, London 8/10/18

2844
~~10~~pl. D. R. Herschell.

G.S.W. R. LEG.

C.R. 2844

Extract from Nominal Roll of Draft No.25: Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newtop-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

2844 Cpl.Herschell, D.R.

MP.

CR 2844

Extract from Nominal Roll Draft Embarked St. John's per
S.S. "Grampian" 31/1/17 sailed Halifax 16/4/17.

2844 Sperrl. D.R. Herschell.

C.R. 7844

Extract from Daily Orders Part II Unit The Royal
Hfld. Regt., St. John's, Nov. 16th, 1916.

2844 B/Cpl. D.R. Herschell.

~~He has~~ ~~been~~ Corporal from October 10-16.

C.R. 2844

Extract of Depot Daily Orders part 11, dated
June 9th, 1916.

#2844 Pte. D.R. Hershell. ✓

To be Lance Corporal.

EXTRACT FROM STATEMENT OF A/C TO ~~30-1-19~~ 30-1-19 FROM PAY &
RECORD OFFICE LONDON

2844 Cpl. Herschell, D.

Cr. Bal. 2/8 plus 1 day's pay (31-1-19)

This transferred to Pay Office 14-3-19

C.R.

2844

David R. Hershell was attested for General service
with the NEWFOUNDLAND REGIMENT on ... June 5th 1916.
Regimental No 2844 was allotted to Pte. D. R. Hershall

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

D.R. Herschell

C.R. 2844

~~S.R.D.~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps..... *Royal Newfoundland*.....
2. Regtl. No. *2844* 3. Rank..... *Pte*.....
4. Name *HERSCHELL* *DR.*.....
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
Shw. right leg.
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Superficial wound right thigh unhealed*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

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

15. What is his present condition?

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

*Horizontal Scar Lower
Kind thigh unbroken
Daily dressing
Quite superficial no wasting of muscles
movements free*

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

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

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

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

st wound leg obscured, healed

20. Do you recommend—

- (a) Discharge as permanently unfit?
(b) Change to United Kingdom?

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

Rehabilitation

*Hooker Capt
Rams*

Medical Officer in charge of case.

Station

Date

Hazelton B. D. Ramsay
17-1-19

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

- | | | |
|--|-------|-------|
| (i.) Service during the present war .. .. . | ..... | ..... |
| (ii.) Previous active service .. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | ..... | ..... |
- Give details:

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

23. Is the disability in a final stationary condition? If not

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

12980

NEWFOUNDLAND CONTINGENT

N.F.P/27.

Officer Commanding,
1st Newfoundland Regt.,

No. 27

STATEMENT of AMOUNTS DRAWN from PAY & RECORD OFFICE
to be entered in A.B's 64 of SOLDIERS CONCERNED.

REFERENCE:- No. 1938/67, 25/5/16, to O.C., 1st Battalion.

Date of Payment	Regtl No.	Rank & Name	Authority	Paid to	Amount		
					£	s	d
28/11/17	2844	Cpl Herchell, D.	Cpl. Herchell's letter, 19/11/17	Chas. Wood, Chesnut St. Windsor Nova Scotia			
				\$26.60 =	5	9	4

CERTIFIED that entries have been made in A.B's 64 of the
Soldiers concerned.

O.C. 1st Company,
Battalion.

Please RETURN this FORM INTACT to:-

Paymaster & Officer i/c Records, Newfoundland Contingent,
58, Victoria Street, London, S.W.

what money ² there is belonging
 to me in the Pay Office I will
 be greatly obliged to you,
 I hope you are enjoying good
 health & enjoying married
 life which I did for six
 months before I left St. John's,
 hope to get as soon as the war is over.
 With best wishes

I remain
 Yours Respectfully

28
 (Corporal) B. P. Marshall
 BRANCH
 Ref. No. 4181
 Rec'd. 6 NOV 1917
 Act'd. 9/27 01727
 30/11/17 90/13
 ACTED UPON
 Th
 DATE 5/12/17

B. E. F.
 France Nov 19/17

Lieut. F. Marshall

PK.
 \$21.60
 11/17

Dear Sir

Would you be
 good enough to forward to,
 Chas. Wood Esq. Chesnut Street Windsor
 Nova Scotia two amounts from
 my money equivalent to 13.30 (dollars)
 each for insurance premiums due
 on October last and Janry 1918. Last
 July I sent the money from out
 here, & it went amiss, probably
 having been torpedoed in the channel
 and I thought it would be better
 if the money was sent from the
 pay office. If you would kindly
 do this for me and let me know

**Promotions, Appointments, Reductions and
any casualty affecting the net daily rate of pay.**

Date.	Nature of Casualty.	* Officer's Signature.
me 1916	Appointed Lt Cpl	W Frost
Oct 10 / 16	Promoted Corp	
	2844	
	D. R. Hershell	

* NOTE.—In addition to the above record, the Officer making the entry will write across the columns for cash payments the nature of the casualty and the amended net rate of pay corresponding with page 4. He will also record in the same places all sentences of imprisonment, attesting such entries by his signature.

Signature of Soldier

Date.	Place (If on active service enter "Field.")	Amount (State currency).	Signature and Unit of Officer.
Total from last page			
22-10-17	In the Field	25 ⁰⁰ ✓	J. R. Beck, Capt
29-10-17	do	25 ⁰⁰ ✓	W. Langmead, Lt.
5-11-17	do	25 ⁰⁰ ✓	A. B. Summers, Lt.
12/11/17	do	25 ⁰⁰ ✓	A. B. Summers, Lt.
4-12-17	do	20 ⁰⁰	W. H. DADO
Total Cash payments to date ...			
H. C.			
Total Cash payments to date ...			

12980

Leave

NEWFOUNDLAND CONTINGENT

N.F.P/27.

Officer Commanding,
1/1st Newfoundland Regt.,

No. 27B. E. P.

STATEMENT of AMOUNTS DRAWN from PAY & RECORD OFFICE
to be ENTERED in A.B's 64 of SOLDIERS CONCERNED.

30/11/17

REFERENCE:- No. 1938/67, 25/5/16, to O.C., 1st Battalion.

Date of Payment	Regtl No.	Rank & Name	Authority	Paid To	Amount		
					£	s	d
28/11/17	2844	Cpl Herchell, D.	Cpl. Herchell's letter, 19/11/17	Chas. Wood, Chesnut St. Windsor Nova Scotia			
				\$26.60 =	5	9	4

NEWFOUNDLAND CONTINGENT

J. H. Marshall
CHIEF PAYMASTER & OFFICER i/c RECORDS.

CERTIFIED that entries have been made in A.B's 64 of the
Soldiers concerned.

Robertson Capt.
O.C. "A" Company,
1st Battalion.

Please RETURN this FORM INTACT to:-

Paymaster & Officer i/c records, Newfoundland Contingent,
58, Victoria Street, London, S.W.

OC Aloy.

Will you please have
this matter attended to.
A.F. P/27 should be filled
in & returned to Room

A.F. W 3296 should be
given to Capt. Huchell,

W. D. Dick
h.
a. a.

No. 1267

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix _____ Code _____		SENT		FOR STAMPS	
WORDS	CHARGE	At _____	To _____	By _____	
<i>6</i>		VIA ANGLO.			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.					

8/12/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **EPM MRS HERSCHELL**
45 MONKSTOWN ROAD
STJOHNS (Newfoundland)

ON FURLOUGH FEELING FINE DETAILED LETTER FOLLOWING

DAVE HERSCHELL

$$\begin{array}{r} 16 \\ 2\frac{1}{2} \\ \hline 32 \\ 8 \\ \hline 3-4 \end{array}$$

CHARGED
 PAY BOOK 11
 Date 12/17 by *PH*

CHECKED.
[Signature]

Charge to 2844 Gen. W.M. Herschell

Authorized.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address **58 Victoria St. S.W. 1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 14713

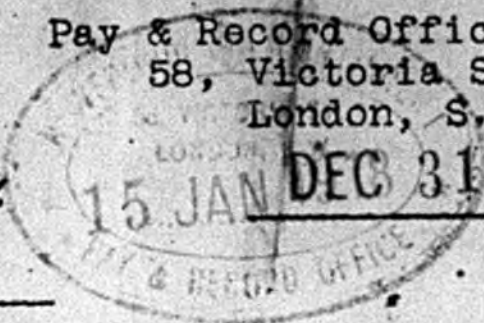
NEWFOUNDLAND CONTINGENT

N.F.P./55.

To:

Officer Jones
11 Newfoundland Reg.
B.E.F.

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



1917

Herewith

Pay Book 2844. Cpl. D. E. Herchell

Please acknowledge receipt hereon.

(Sig.)

S. R. Herschell

(Date)

107/1/18

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

To.

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

Capl. Herchell's receipt for
as by herewith.
C. W. Dickson
1st ady.

Not reported a casualty to date
believed to be with unit

115, Bridge St.
Montrose.
11/3/18.

To Officer in charge of Records

Dear Sir,

Can you kindly give me
any information regarding the
whereabouts of my son —

No. 2844, Corp. W. R. Herschell

~~10th Coy.~~
2/1st Newfoundland Regiment
France.

As I have not heard from him
since Feb. 2nd, I dread, that
something must be wrong, so
will feel very grateful to you,
if you can let me know,
at the above address, at your
very earliest

yours truly
(M^{rs}) Harry Herschell

DEPARTMENT	Rds
Reference No.	9297
Date Rec'd.	12 MAR 1918
" Ack'd.	
" Ans'd.	12/3/18
File	

No. _____

(If replying please quote
above No.)

Army Form B. 104-80A

Newfoundland Record Office,
58 Victoria St Station.

Oct 11 1918.

~~SIR~~

~~Madam~~
I regret to have to inform you that a report has this day been
received from the War Office to the effect that (No.) 2844

(Rank) Plt (Name) Herschell W

(Regiment) R. Gld is ~~ill~~ at

The Mulberry Hosp. Bethnal Green suffering

from G.S. w/ Rt leg.

Any further information received in this office as to his condition
or progress will be at once notified to you.

Mrs W Herschell

I am,

115 Bridge Street

SIR,

Your obedient Servant,

Montrose
Scotland

Officer-in-charge of Records.

No. 30094/4/P&A.

NEWFOUNDLAND CONTINGENT

N.F.P/48.

To: Officer Commanding,
St. John Relief Hospital,
The Butts, Harrow,

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,
6th. December, 1918

With reference to request of (No) 2844 (Rank) Corporal
(Name) D.R.Herschell. Cheque No. _____ 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

[Handwritten Signature]
Chief Paymaster & O. i/c Records.

C.R. 2844

Extract of Casualties from Pay & Record Office, London, dated
Jan. 17/1/19.

#2844 CPL. D.R. HERSHELL.

Ex Bethnal Green Military Hospital, reported at P.& R.O. and was
granted furlough from 17/1/19 to 26/1/19. Classified 1, Duty.

A.F.W.3016.

20094/4/P&A.

St. John Relief
The Butts, Harrow.

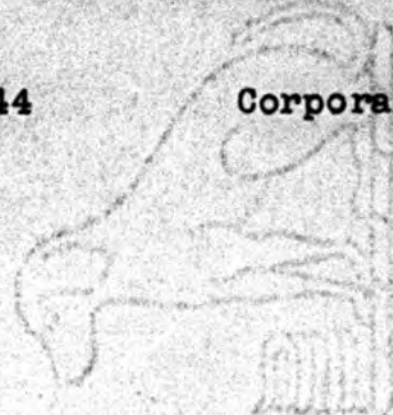
6th. December, 8

2844

Corporal

D.R.Herschell.

1.0.0.



To:- The Chief Paymaster,
Newfoundland Contingent,
58, Victoria Street,
LONDON, S. W., 1.



Reference attached.

Receipt of Cheque No. 11068
value One Pound (£1.0.0)
in respect of Cpl. Herschell
acknowledged, please.

Man's signature on reverse of
attached memo., please.

for

Major R.A.M.C.,
Registrar,
Military Hospital,
Bethnal Green

Military Hospital,
Bethnal Green, London, E, 2,
19th, November, 1918

18443/19

Military
Bethnal Green.

14th November

8

2844

Opl.

D. R. Herschell

1:0:0

NEWFOUNDLAND CONTINGENT
 PAY & RECORD

Ref. No. 9237
 Recd. 25 OCT 1918

18443/19 15/11/18.

The Paymaster.

1st R. Newfoundland Regt.

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

House Ward.
 Bethnal Green Mil. Hospital
 Lardow Ev.
 October 22/18

~~OK £1-0-0
 Receipt
 25/10/18 cot~~

Sig ~~OK £1-0-0~~
 Receipt No
 M. R. 13/11/18

Please allow me
 the sum of £1.0.0. and
 charge to my account.



Yours Respectfully
 B. R. Herschel
 (No 2844) Corporal
 1st Royal Newfoundland Regt

S. H. Zaunich 18443

Lieut.-Col: R.A.M.C.T.,
 O. C. Military Hospital,
 Bethnal Green. E.

19

20396/85

St. John's Refug Hosp.

Military

The Batts. Bethnal Green, Harrow

11th December 8

2844 Cpl.

D.R.Herschell

1:0:0

Charge no 11186
Date 11-12-18

P.S.

U.K. f. 7-0-a
N.R.
6/12/18

St. John Relief Hospital.
The Bells, Harrow.

December 2/18

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.
R.F. Nos IN 10537
Rec'd 6 DEC 1918
Ans'd
For. Nos. UUI 20396/33
11-12-18

The Paymaster.
1st R. Newfoundland Regt.

Sir

Please allot me
the sum of £100.00 &
charge to my account

Yours respectfully
D.R. Herschell

2844 Corporal
1st R. Newfoundland Regt.



ST. JOHN'S RELIEF HOSPITAL,
HARROW.

Approved please
A. Huson
Matron
3/12/18

Registrar. Military Hospital,
Bethna. Green, N.E.

P.L.S.

8-1-19

C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 3026A.

(Continuation Sheets are supplied separately.)

Military

HOSPITAL, at Bethnal Green

Affiliated to _____

NOMINAL ROLL of Sick and Wounded from the * _____ ~~Expeditionary Force~~
admitted on _____ from Hospital Ship _____ Southampton
or _____
* Here insert which Expeditionary Force.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, Alexandra House, Kingsway, W.C.
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
		<i>Sent to 58 Victoria St for Disposal</i>		
2844	Epl	<i>Henschall David</i>	<i>1 R. Newfoundland Regt. H.Q.</i>	<i>G.S.W. High R.</i>
<i>Gift with major to 26-1-19</i>				
<i>to 26-1-19 1 Deputy Commanded Casualty Extracted</i>				

Bethnal Green Military Hospital
Cambridge Heath, N.E.

20 yld
of Corsican
30/1/19

115, Bridge St.
Mantrose

4006 29 Jan 1919

31 JAN 1919

Sir,

Would you be kind enough
to inform me of the whereabouts
of my son, Joseph R. Herschell,
2844, 2/1 Newfoundland Regiment,
as I have not heard from
him, since he was discharged
from Hospital.

Yours truly

(Mrs) Mary Herschell

Officer in charge of
Records
Newfoundland Contingent
58 Victoria St
London

OFFICE COPY.

Amended statement.

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. 2844 Rank Cpl Name Herschell D.R. Unit Royal Nfld Regt who was repatriated
to Newfoundland on 30/ 1/ 19 Authority Draft 81 Cause _____

STATEMENT OF ACCOUNT

DR.		PARTICULARS					CR.				
		£	s	d	PARTICULARS						
PERIOD: From 20.12.18 To 30.1.19.	Balance Dr. from				Balance Cr. from 20.12.18						
	Allotment 41 days @ 70¢	28	70		Pay 41 days @ \$ 1.10	45	10		2	6	
	Cash Payments:				Field Allce 41 days @ \$.10	4	10				
	P & R.O.										
	Hospital advances					49	20		10	2	
	Depot payment.									2	
						Other Allces days @ \$					
						R.Allowance Vr.1775.				1	0
	Other Debits					Other Credits:					
	Total Debits				13	0	2			13	9
Balance due by Paymaster										8	
				13	9	8			13	9	
					Total Credits					8	
					Balance due to Paymaster						

CHECKED.
CH
8.4.19

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

(Place) _____ (Date) 191
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,
8th April 1919.

O.C. " " Company,
London to / /
Chief Paymaster & O. i/c Records.

Amended Statement

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.

Regtl No 2844 Rank Cpl Name Kerschell, D R Unit Rayfield Regt who was Repatriated
to Newfoundland on 30/1/19 Authority Draw 81 Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$	¢	£	s	d		CR.	£	s	d
	Balance Dr. from							Balance Cr. from 20/12/18			
	Allotment 41 days @ 70 ^o	28	70	5	17	11	✓	Pay 41 days @ \$1 ^o	45	10	2 6 8
	Cash Payments:							Field Allowance 41 days @ \$0 ^o	4	10	
	Pg R.O.				4	7	3	✓			
	Hospital advanced				2	5	0	✓	49	20	10 2 2
	Depos Payment					10	0	✓			
	Other Debits							Other Allowances days @ \$			
								R. Allowance 2.1773		1	0 10
	Total Debits			13	0	2	✓	Other Credits:			
	Balance due by Paymaster				9	6	✓	Total Credits		13	9 8
				13	9	8	✓	Balance due to Paymaster			
										13	9 8

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

(Place)

(Date)

191

O.C. " " 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,

2 April 1919

Chief Paymaster & O. i/c Records.

CHECKED.

CN.

8-1-19

PRESENT FROM 20/12/18 TO 30/1/19

**DUPLICATE
MAIL COPY.**

Amended statement.

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.

Posted: Reg't No. 2844 Rank Cpl Name Herschell D.R. Unit Royal Nfld Regt who was repatriated
to Newfoundland on 30/1/19 Authority Draft 81 Cause _____

STATEMENT OF ACCOUNT

DR.		PARTICULARS					CR.						
		\$	¢	£	s	d	PARTICULARS						
PERIOD: FROM 29.12.18 To 30.1.19.	Balance Dr. from						Balance Cr. from 20.12.18						
	Allotment 41 days @ 70¢	28	70	5	17	11	Pay 41 days @ \$1.10	45	10		2	6	8
	Cash Payments: & R.O.			4	7	3	Field Allowance 41 days @ \$1.10	4	10				
	Hospital advances			2	5	0		49	20	10	2	2	
	Depot payment.				10	0	Other Allowances days @ \$						
							R.Allowance Vr.1773			1	0	10	
	Other Debits						Other Credits:						
	Total Debits			13	0	2	Total Credits			13	9	8	
	Balance due by Paymaster				9	6	Balance due to Paymaster						
				13	9	8				13	9	8	

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

CHECKED.
C.N.
8.2.19.

(Place) _____ (Date) 191
made up/checked in accordance with information received in the Pay & Record Office London O.C. " " Company.
and is therefore subject to amendment if and as may be found necessary.
Pay & Record Office, London, 8th April 1919.
Chief Paymaster & O. i/c Records.

No. 2844 Rank Cpl. Name Terrell D.

Pay	F.A.	Wkg	Total	N.F.P/33
110	10		120	
Less Allotment			20	
Net Rate			100	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance	21 ¹² / ₁₇	5	16	11	Balance	21 ¹² / ₁₇						
Acquittance Rolls		17	2	4	Pay @ Net Rate	22 ¹⁴ / ₁₇	30 ¹⁴ / ₁₈	374	50	117	00	38 8 6
Hospital Advances		4	17	4								
A.B. 64.					Pay	31 ¹² / ₁₈	17 ¹² / ₁₉	18	50			1 17 0
P.&R.O. Payments		8	8	8	C. Bal. P.A.	17 ¹² / ₁₉	26 ¹² / ₁₉	10	2/1			1 0 10
Cash R 145	30¹²/₁₈	2	0	0	£2-19-5	14¹²/₁₉	20¹²/₁₉	3	50	1	50	6 2
Hosp advances		1	0	0	£2-2-5							
Cash R 528	17¹²/₁₉	1	17	0	C. Bal. £1-17-0							
Cash 583	20¹²/₁₉	10	3	3	£0-10-3							

£38-8-6

£41-12-6

36-6-8
44-2-3

No. 5195/90/P&A.

~~NEWFOUNDLAND~~ CONTINGENT

N.F.P/55.

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

To: The Hon. the Minister of Militia,

St. John's,

8th April 1919

Newfoundland.

Reference: LAST PAY CERTIFICATES. REPATRIATION DRAFT NO. 81

Herewith amended N.F.P/94 (Last Pay Certificate) relating to 2844,

Cpl. D. R. Herschell

Please acknowledge receipt hereon.

(Sig.) _____

(Date) _____

J.F.M. Capt
Chief Paymaster & O. i/c Records.

Herschell, D.

2844

Pay sept

March 17, 1919

#2844 Corpl. David R. Herschell,
#43 Monkstown Rd.,
City.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1294."

Yours truly,

Paymaster & Officer i/c Records
Captain,

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

MEDICAL HISTORY

OF

How
17/13

Surname Herschell

Christian Name David Robinson



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

SPECIAL RESERVE.

Examined on 22nd day of April 1916 on _____ day of _____ 1911
 at St John's Hld at _____
 Declared Age ... 30 years 2 mo. 2 days years _____ days
 Trade or Occupation ... Drapery
 Height ... 5 feet 7 inches feet _____ inches
 Weight ... 114 lbs. lbs. _____
 Chest Measure-ment { Girth when fully expanded ... 37 inches inches
 Range of Expansion .. 2 inches inches

	Right	Left	Right	Left
Vaccination Marks { Arm ...				
Number ...		<u>1</u>		

When Vaccinated ... 29 years ago
 Vision ... R.E.—V=6/6 R.E.—V=6/6
 L.E.—V=6/6 L.E.—V=6/6

(a) Marks indicating congenital peculiarities or previous disease (a)
 (b) Slight defects but not sufficient to Cause rejection (b)

Approved by (Signature) David Robinson Medical Officer.
 (Rank) Major Medical Officer.

Enlisted ... at St John's Hld at _____
 on 5 day of June 1916 on _____ day of _____ 1911

	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment ...	<u>1st Nfld Reg</u>	<u>2844</u>		

ROYAL NEWFOUNDLAND REGIMENT.

Transferred to ...

Became non-effective by ... on _____ day of _____ 1911 on _____ day of _____ 1911
 (Signature) _____
 (Rank) _____

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Bethnal Green Military Hospital, Cambridge Road,	8	10	18	14	11	19	G. S. W. leg R.	101.	Flesh wound. Healed.	W. J. L. Major.

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

Date	Brief Details, and Signature
29-11-16.	Vacc. 2P
27-7-16	2P
7-8-16	TAB 2P
14-8-16	3. 2P
20-1-19	Recommended Repatriation <i>Wm. J. Dadds</i> It is hereby certified that this soldier has been before the Standing Medical Board, and has been classified as <u>F</u> for discharge on demobilisation. Medical category <u>A III</u> Date of S.M.B. <u>22.2.19</u> <i>H. M. J. J. J.</i> Captain Discharge Depot - New Zealand

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
S.S. Flinzel	July 31	Feb 3"			
Windsor S.	Feb 3"	1917			

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2844 Rank Capt. Name Saml Herschel
 Intended place of residence 43 Moulton Rd. St John's
 2. Occupation Draper
 Classification of soldier I Medical Category I

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

Eligible for War Service Gratuity

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

Place
 Date 6161 & 84W MAR 3 1919 H. Mous H.
 Jw 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 3-3-19
 Signature of soldier S. R. Herschel
 Signature of witness C. D. Dicks Capt.

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 5.3.19
 Signature of soldier S. R. Herschel
 Signature of witness W. Beaton R. Q. M.

STATEMENT OF SERVICE

7. Enlisted for service 22. 4. 16 No of days on Military
 Discharged from service 3 3. 19 Service 1060

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date MAR 3 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's. Nfld. M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date March 17/1919

26
31
31
30
31
30
31
31
38
17
26

H. B. 299/1919

The Royal Newfoundland Regiment

2

DEMOBILIZATION OF

Reg. No. 2844 Rank Capt. Name Herschell, David
 Date of Enlistment 22.1.16 Address St John's District St John's
 Occupation Draper Classification for Discharge E1 Medical Category H!!!
 Recommendation S.M.B. Physically unfit Disability Rating 20% 3 months
 Passed to Demobilization Officer with following documents:—

N.F. P|36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>277B 1</u>	" 6
B 179c	B 120	M 93		

Date 1-3-19 for H. Mess H
 C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

DR. Herschell

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A Snowfoot

Date 3-3-19 O i/c. Re-clothing.

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 Clerk.

JR Herschell.
Signature of Man.

Reg. No. *2844.*

C. S. Dicks Capt

Signature of the Vocational Officer or his Representative.

Place

St John's

Date

3/3/19

191

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps *Royal Newfoundland* } Former Trade
28th } or Occupation }
 2. Regtl. No. *28th* 3. Rank *Plt.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *HERSCHELL DR.* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *G.S.W. Right leg.*
 12. Place of origin of disability.
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *superficial wound right thigh unhealed*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. *Yp* ..
- (ii.) Previous active service .. *Yp* ..
- (iii.) Climate in pre-war service .. *Yp* ..
- (iv.) Ordinary military service before the war .. *Yp* ..
- (v.) Serious negligence or misconduct on the man's part. } .. *Yp* ..
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *M.A.*

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

15. What is his present condition? *Horizontal Scar lower third High unhealed*
feeding Daily Dressing quite superficial. now resting of muscles, movements free.
- (A note should be made as to Weight in all cases - when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Station ..

Date ..

Repatriation

Solier Capt

 Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *G.S.N. right thigh*
 (b) The present condition thereof.

Three small scars right thigh just above the knee. One scar weak, may break down (Superficial)

22. State whether the disabilities are:—

- (i.) Service during the present war .. *Yp* ..
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier *Yp* ..
- Give details:

(a) Attributable to (b) Aggravated by

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

23. Is the disability in a final stationary condition? If not

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

20% 3 months

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yes

OR

(b) In what other grade do the Board place him?

A iii

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:

[Signature]

President or Chairman.

[Signature]

Members.

Station *S. plus*

Date *Feb. 20. 1919*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *FEB 20 1919*

Date *No*

[Signature]
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations. OR Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

The Royal Mtd. Regiment

DEMOBILIZATION

No. 2844 Rank Cpl

Name L Marshall

Warned for demobilization on

MAR 3 1919



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 *David Herschell.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *28444*

Intended address *St John's*

Height on discharge *5 Feet 8"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *David*

Christian name of Mother *Mary.*

Wife's maiden name in full *Bessie*

Date and place of marriage *St John's July 29th 76*

Christian names of children *Yvonne*

Place and date of soldier's birth *Arbroath, Scotland 1886 April 24*

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) *David Herschell*

(Rank) *Capt*

Station *ST. JOHN'S.*

Date *17. 4. 19*

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

Station

Date

Medical Officer i/c Hospital
Unit, or Command Depot



Casualty Form - Active Service.



Regiment or Corps 1st Newfoundland
 Rank cpl. Surname Herschell Christian Name David Robert
 Religion Pres Age on Enlistment 30 years 2 months
 Enlisted (a) 5-6-16 Terms of Service (a) Duration Service reckons from (a) 5-6-16
 Date of promotion to present rank Oct 11th 1916 Date of appointment to lance rank 10-1-17
 Extended { } Re-engaged { } Qualification (b) { }
 or Corps Trade and Rate { }
 Occupation Draper J.E. Fry Captain Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <u>Shantou</u>		<u>7.6.17</u>	
		Disembarked... <u>Rover</u>		<u>12.6.17</u>	
		Joined Battalion		<u>2 JUL 1917</u>	<u>B 213</u>
<u>22.8.17</u>	<u>47 b.l.l.</u>	<u>At Old Edward "5"</u>		<u>21.8.17</u>	<u>E.O. 9445</u>
<u>27.8.17</u>	<u>DO</u>	<u>Discharged to duty</u>		<u>27.8.17</u>	<u>E.O. 9767</u>
		<u>WITH Bn. 30-12-17.</u>			
	<u>897A</u>	<u>At Seaside Salvoys</u>		<u>15-3-18</u>	<u>E.O. 8848</u>
	<u>DO</u>	<u>To duty</u>	<u>Unit</u>	<u>18-3-18</u>	<u>80956</u>
<u>9/10/18</u>	<u>30us CCS</u>	<u>BW Leg</u>	<u>Died</u>	<u>9/10/18</u>	<u>E.O. 7604</u>
		<u>Transferred to England on 30 June 1918</u>			
		<u>W. Leg</u>			<u>W 3083</u>

[Handwritten signature]

No. 5195/90/P&A

NEWFOUNDLAND CONTINGENT

N.F.P/55.

To: The Hon. the Minister of Militia,
Pay & Record Office,
58, Victoria Street,
London, S.W.,

St. John's,

8th April 1919

Newfoundland.

Reference: LAST PAY CERTIFICATES. REPATRIATION DRAFT NO. 81

Herewith amended N.F.P/94 (Last Pay Certificate) relating to 2844,

Cpl. D. R. Herschell

Please acknowledge receipt hereon.

(Sig.) _____

(Date) _____

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

ORIGINAL.

Amended statement.

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.

Regtl No. 2844 Rank Cpl Name Herschell D.R. Unit Royal Nfld Regt who was repatriated
to Newfoundland on 30/1/19 Authority Draft 81 Cause _____

DR.

STATEMENT OF ACCOUNT

	PARTICULARS			PARTICULARS			CR.			
	£	s	d	£	s	d	£	s	d	
PERIOD: From 26.12.18 To 30.1.19.	Balance Dr. from						Balance Cr. from 20.12.18			
	Allotment 41 days @ 70¢	28	70	5	17	11	Pay 41 days @ £1.10	45	10	2 6 8
	Cash Payments:						Field Allow 41 days @ £10	4	10	
	P & R.O.			4	7	3				
	Hospital advances			2	5	0		49	20	10 2 2
	Depot payment.				10	0				
	Other Debits						Other Allowances days @ £			
							R.Allowance Vr.1775			1 0 10
							Other Credits:			
	Total Debits			13	0	2	Total Credits			13 9 8
Balance due by Paymaster				9	6	Balance due to Paymaster			13 9 8	
			13	9	8				13 9 8	

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

(Place)

(Date)

191

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.

O.C. " " Company,

London

Pay & Record Office, London,
8th April 1919.

0757


 J. J. Marshall
 Chief Paymaster & O. i/c Records.

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... *David R.* 2. Surname... *Herschell*
3. Rank... *Corporal* 4. Regtl. No. ... *2844*
5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded... *43 Monkstown Road*
St. John's, Nfld.
6. Date of enlistment in the Regiment... *1st June 1916*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *wife - Elizabeth Herschell*
8. Relationship of such dependents... *wife -*
9. Address in full of such dependent... *43 Monkstown Road*
St. John's Nfld.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not Applicable -*
12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *- Eight months service Nfld. -*
- Two years service Overseas -

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

..... *Not applicable*

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.....

Received \$71.90⁰⁰ March 1919
clothes allowance, 2 weeks pay, 2 weeks board less debit balance
My wife received \$262.⁰⁰ being balance of separation allowance from July 16 to Sept 17

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.....

..... *Not applicable*

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.? *No*..... If not give:- (a) Date of discharge.....

March 3/19 (Temp. Dis.) (b) Reason for discharge.....

..... *Demobilization*

..... *Belgium & France June 1917 - Oct 1918*

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.....

..... *Belgium & France*

..... *June 1917 - October 1918*

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.....

..... *Not applicable*

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.

[Handwritten signature]

Signature of Applicant: *David Robertson Neschell*
 Place of Residence: *43 Monkstown Road City.*
 Declared before me at: *St. John's Office*
 This *18th* day of *March* 19*19*
[Signature] Barrister at Law
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *Notary*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5 wtd.</i>	<i>5.00.00..</i>
.....
.....
Certified Correct.			Pymaster.	

18

L

Windsor, N.S.
April 6/18

Capt. W. Howley,
Paymaster
Department of Militia
St. Johns Hqld.

Dear Sir:—

I see last you remitted
Insurance premium for No 2844
Corp. D. R. Henschell. Another premium
falls due on April 20th. Will you
remit the premium to me please
amount of premium \$13.⁵⁰

Yours truly,
Chas. L. Wood.

Genl. Insurance Co.,
P.O. Box 470 Windsor, N.S.

February 20, 1919

Dear Madam:-

Will you kindly forward
your "Marriage Certificate" to be recorded
in connection with retroactive Separation
Allowance.

Yours tr ly

Captain,
Paymaster & O.i/c Records

Mrs. D.R.Herschell,

#43 Monkstown Road,

City.

2844

April, 20th. 18.

Mrs. D. R. Herschell,
Monkstown Road,
City.

Dear Madam:

Will you kindly call
at this Office at your earliest convenience
and oblige.

Yours faithfully,

Capt. & Paymaster.

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. D. Hershall
Monkstown, R^d

Billeting Soldiers as undermentioned

from Feb 21st /19 to Feb 28th /19

<u>2844. Cpl. D. Hershall</u>	<u>7</u>	<u>20</u>

Certified correct for \$ 7. 20

A.J. Joseph A. Snowfoot
Billeting Officer.

Reg. No. 2844 Rank lpl. Name Herschell D.R.

Attested Address Scotland

Allotment Allottee

Date of Allotment Returned from Overseas 2-19

Embarked for Overseas Cause Discharge

20-2-19 Rec. Dis. Permanently unfit

1-3-19 **PASSED TO DEMOBILIZATION OFFICER**

3.3.19 **DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 2844

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

DATE.....

PLACE.....

Jan 7th 1920
S. Johns.

NO.

NAME.....

D. A. Herschell

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
1914.

Regiment of *1st Newfoundland*

Number of Sheet *1st*

Signature of O. C. Company *Washley Capt*

Regimental Number and Name	
No.	<i>2848 Herschel. A.R.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>30 years 2 months</i>	<i>bracer</i>
Place and Date of Enlistment	<i>St. John's N.S. 5.6.16</i>	Religion <i>Pres.</i>
Period of	with Colours <i>28</i> years. with Reserve <i>36</i> years.	Place of Birth

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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Demobilized St John's 17 ³ / 19

To be carried over

The Royal Newfoundland Regiment 2844

DEMOBILIZATION OF

Reg. No. 2844 Rank Serjeant Name Herschell, David
 Date of Enlistment 22.11.16 Address St Johns District St Johns
 Occupation Carpenter Classification for Discharge F1 Medical Category F1111
 Recommendation S.M.B. Physically unfit Disability Rating 20% 3 mths

Passed to Demobilization Officer with following documents:—

N.F. P36	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	cu
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<u>279B 1</u>	" 6	
B 179c	B 120	M 93			

Date 1-3-19

J. H. Mews
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

D.R. Herschell

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Mews

Date 3-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at _____ and Release Certificate No. 1327 issued.

Date 3-3-19

W. Dicko 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 17-3-19

Date 3-3-19
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

H. News
Depot Paymaster.

Discharge approved for 3-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1	<u>John D</u>
F 178	W 3494	B 122		Board 1st	" 2	1	
R 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	2796		" 6	1	
B 179c	B 120	M 93					

Date 3-3-19

W. Dicko Capt
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

MAR 3 1919

Date

R.H. [Signature]
O. C. Discharge Depot.

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

Date March 7 1919

[Signature]
for O.C. Records

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps.....**ROYAL NEWFOUNDLAND**.....
2. Regtl. No. **2844**.. 3. Rank: **PTB**.....
4. Name **HERSCHELL D.R.**.....
(Surname) (Christian Names)
5. Age last birthday:.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade }
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

G.S.W. RIGHT LEG.

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

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | YES | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition? **HORIZONTAL SCAR LOWER THIRD THIGH UNHEALED**
(A note should be made as to Weight in all cases when it is likely to afford some measure of the progress of the disability.) **NEEDING DAILY DRESSINGS QUITE SUPERFICIAL. NO WASTING OF MUSCLES. MOVEMENTS FREE**

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

1ST. WOUND LEG HEALED.

20. Do you recommend— **REPATRIATION.**
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

J. B. O'RIELLY CAPT R.A.M.C.
 Medical Officer in charge of case.

Station

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **G.S.W. RIGHT THIGH.**

(b) The present condition thereof.
THREE SMALL SCARS RIGHT THIGH JUST ABOVE KNEE. ONE SCAR WEAK MAY BREAK DOWN. (SUPERFICIAL.)

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	YES. .. .. .	.....
(ii) Previous active service .. .. .	.....	.....
(iii) Climate in pre-war service .. .. .	.....	.....
(iv) Ordinary military service before the war .. .. .	.....	.....
(v) Serious negligence or misconduct on the part of the soldier	NO. .. .. .	.....

Give details :

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

G.S.W.

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

20% 3 MONTHS.

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

YES

Opinion of Military Member in case of disagreement

OR

(b) In what other grade do the Board place him?

A111

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

N. S. FRASER.

{ President or Chairman.

Station ST. JOHN'S.

J. S. TAIT.

Date FEB. 20TH. 1919.

L. PATERSON.

{ Major.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station FEB. 20. 1919.

Army Macpherson
Officer in charge, Central Hospital.

{ Only applicable in cases of Patients in Hospitals.

Date No.

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **2844** Rank **Corp** Name **David Herschell**
 Intended place of residence **43 Monkstown Rd St. John's**

2. Occupation **Draper**
 Classification of soldier **E** Medical Category **A 11**

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

Eligible for War Service Gratuity

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

Place **ST. JOHN'S** Discharge Depot

Date **3-3-19** 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** (SGD) **D.R. HERSHELL**
 Signature of soldier

3-3-19 (SGD) **G.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** (SGD) **D.R. HERSHELL**
 Signature of soldier

3-3-19 (SGD) **W.J. EATON**
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **22-4-16** No of days on Military
 Discharged from service **3-3-19 plus 14 days** Service **1060**

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** Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date **Mar 3/19**

CONFIRMATION OF DISCHARGE

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

Place _____ Officer i/c Records

Date _____ The Royal Newfoundland Regiment