



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Meth

No. *3284*

Name *A. Chas Howell* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *Arthur Chas Howell*
2. What is your full Address? 2. *Greens Harbour
Lunenburg Bay*
3. Are you a British Subject? 3. *yes*
4. What is your age? 4. *23* Years .. *6* Months
5. What is your Trade or Calling? 5. *miner*
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 to be signed by you if you are accepted? II. *yes*

I, *Arthur Chas Howell* 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.

B no 29/16

Arthur Chas Howell SIGNATURE OF RECRUIT.

A. M. Fraser Signature of Witness.

A. Charles Howell

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

on this *30* day of *November* 191*6*.

Signature of Attesting Officer

J. P. Knight Lieut

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, 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:—(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 A. Chas Howell
 Apparent age 23 years 6 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Chas Howell
Greens Harbour I.B. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-11-16</u>									
Joined at <u>Aldershot</u> on <u>November 29th 16</u>									
<u>Discharged Aldershot Mar 28/1917</u>									
<u>No overseas Service</u>									
<u>Discharged Medically Unfit 28-17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 28-3-17 (date of discharge) — years 120 days
 " " " Pensions " " " " " " " " " "

Copy
Original in File # 238

3284

March 1st, 1918.

Sir:-

For your Excellency's information re#238 Pte John Hynes, This man was a private in A Company of the first five hundred, and when we were at Stobbs Camp he got permission to get married to a woman residing in Edinburgh. I think this would account for his wishing to take his discharge at Ayr, Scotland. He was a well-conducted man in the Regiment, and came with us to Gallipoli where he became medically unfit.

RE 3284 PTE.C.HOWELL. This is the man whom your Excellency advised should be discharged on account of his eyes. He was boarded last night and recommended for discharge.

RE 3376 PTE.W.CHAULK. This man was sent back from Winsor by Major Montgomerie, and was boarded and recommended for discharge.

I have the honour to be,

Your Excellency's obedient servant,

His Excellency,

Sir W.E. Davidson, K.C.M.G.

Government House,

City.

C.R. 3284

Extract from Roll of Officers and N. C. O's
and men DISCHARGED from the Royal Newfound-
land Regiment.

REGT	Rank	name	date	reason.
3384 ✓	Pte.	Howell Arthur C.	28/3/17	MED UNFIT

C.R.

3284

Extract from roll of Officers
N. C. O.'S and men DISCHARGED
from the Royal Newfoundland Regiment

Regtl. #	name	rank	date	reason.
3284	Arthur C. Howell	Pte.	28/3/17	MED. UNFIT.

Adjutant,
Headquarters.

I annex for report a statement made to me by
No. 3284 Pte. Howe of Green's Harbour, Trinity Bay.

I should like an opinion on the permanent
value of the right eye. If a cataract forms, as is
not improbable, he will lose the sight of the left
eye and he will be a pension charge at full rates for a
long life.

Governor.

28 February 1917.

Pte. Howe states:-

I joined up on November 29th.

I tried to join the 94th Regiment in Canada
where I was working in Coal Mines at Sydney C.B. but
was rejected because I was born without the sight of
my right eye. I tried again for the R.N.R. and was
turned down for the same reason.

I am right-handed and cannot shoot from my left
shoulder.

I have asked to be examined by Dr. Murphy but
am refused leave of absence.

I do not want to get out of the Regiment but I
want advice as my left eye waters and I sometimes
cannot see out of it.

C.R. 3284

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Nov. 30th, 1916.

3284 Pte. Chas. Howell.

Attached to the Strength from Nov. 30th, 1916.

C.R. 3284

Extract from Daily ME Orders Part II Royal Newfoundland
Regiment, dated October 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records from noted
date 28-3-17.

3284, Sgt. Howell

Howell, A. C.

3284

Pay Sept.

Adjutant,
Headquarters.

Howell

I annex for report a statement made to me by
No. 3284 Pte. Howe of Green's Harbour, Trinity Bay.

I should like an opinion on the permanent
value of the ~~sight~~ ^{left} eye. If a cataract forms, as is
not improbable, he will lose the sight of the left
eye and he will be a pension charge at full rates for a
long life. *I think that he would be better discharged*

W. R. Davidson

Governor.

28 February 1917.

Pte. Howe states:-

I joined up on November 29th.

I tried to join the 94th Regiment in Canada
where I was working in Coal Mines at Sydney C.B. but
was rejected because I was born without the sight of
my right eye. I tried again for the R.N.R. and was
turned down for the same reason.

I am right-handed and cannot shoot from my left
shoulder.

I have asked to be examined by Dr. Murphy but
am refused leave of absence.

I do not want to get out of the Regiment but I
want advice as my left eye waters and I sometimes
cannot see out of it.

Mar 27/17

*Paymaster Wells informed the
Board that there was no record of
short ever having been examined
on board "Bentley" at offering himself
here*



1st Newfoundland Regiment

HEADQUARTERS

St John's, Newfoundland,

..... Feby. 26th. 1917/91

Sir,-

Re #3284, Pte. C. Howell.

I consider this man a malingerer of the very worst type. He has had nearly every ailment conceivable, but I have never been able to find anything wrong with him. When he dose come on parade he rarely misses a sick parade. I have made more visits to his billet than I have to any other ten men in the Regiment, all of which have been unnecessary.

His sight on enlistment was 6/6 or normal in left eye. 6/24 in right eye. He could be 6/24 in both eyes, and be fit for the army.

I am of the opinion that he will never make an efficient soldier, but cannot find enough wrong with him physically to reccommend him for discharge.

I have the honour to be,

Sir,

Your obedient servant,

Lieut. & M.O.

Capt. J.J. O'Grady,

Adjutant Headquarters,

1st. Nfld. Regmt.

STATEMENT OF ACCOUNT

No. 3284

Name Howell A.C.

Date.	Particulars	Ch. No.	Dr.	Cr.	Bal.
Feb 28	By Pay to date			5 10	5 10
Mar. 13	By Pay 13 days 1.50			24 05	29 15
Feb 28	Allotment at 70 ^{ct}			19 60	48 75
Mar 5	To Pay	134	29 15		19 60
Feb.	" "	144	19 60		1
				48 75	48 75
					0

Des. not serve 6 months
 Near Overseas. not entitled to
 Bonus Allowance or Gratuity

Alvany

Signed Alvany SSM

G. N. MURPHY, M.D., C.M.

160 DUCKWORTH STREET,

OFFICE HOURS
10-12 A.M.
2-4 P.M.

St. John's, N. 27 1917

Dear Dr. Buelin

I do not believe
Howell has ever seen with
his right eye. There is a
Leucoma on the corner &
the lens is a stellate cataract

The left eye has a
condition I call a keratic
involving only the outer layers
of the cornea. It is a condition

I have seen or heard of no
where outside of Nfld.

I am persisting for him &
his left will be alright
but the right never.

Yours truly

G. N. Murphy

3284 Rue E. Howell,



Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station

Date

S. John
Feb. 27, 1917

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>23.</i> |
| 2. Regimental No. <i>3284.</i> | 6. Enlisted on <i>Nov. 1916</i> |
| 3. Rank. <i>Pte</i> | at <i>S. John's.</i> |
| 4. Name. <i>Hawell Charles.</i> | 7. Former trade or occupation <i>Clk.</i> |
| 8. Disability | |

Eq Bad Sight.
Leucocoria + Stearate Coloured M eye.
Keratitis left eye.

9. History *Had trouble with eyes before enlistment. His sight was then $\frac{6}{24}$ M. eye - $\frac{6}{6}$ left. He now says he would have to be able to read with left eye, which he said he could. Eyes have been getting worse since. Attached is Dr. Murphy's report. Not due to service, this man would not have been taken on as private.*

10. What is his present condition?

See D. Murphy report.

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

11. Was sanatorium advised and refused?
operation

Now under treatment by D. Murphy.

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

W. Burden

Rank or Qualification

Lieut

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x *Cannot* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) Climate.
 - (c) Ordinary Military Service

Remarks if any:—

Dr. Murphy's report is that in that with right eye & has been so before enlistment. Left eye also diseased.

14. At present his capacity for earning a full livelihood in the general labour market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

*Not applicable, as condition was present before enlistment.
40%*

15. The refusal of operation sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from retention in the Army

Remarks if any:—

H. L. Fraser
 Signatures. President
J. B. Landon, Capt.
H. W. Burdett
Prof. W. J. Patterson

Place *Sydney*
Date *Feb 28th 1917*

APPROVED

Station

Date



Clayton Macpherson
 Administrative Medical Officer. Major



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 *Hawice Charles.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *3284.*

Intended address *Greens St. Trinity Bay.*

Height on discharge *5* Feet *7 1/2*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *blue*

Figure on discharge *medium.*

Christian name of Father *Charles.*

Christian name of Mother *dead.*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *Greens St. J. B. 28 Sept. 1894*

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)

Station *Sgt John.*

Date *28 27/17*

(Rank) *Cte.*

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 *Sgt John.*

Date *Feb. 27. 1917*

Geo Borden Lieut.
Medical Officer i/c Hospital
Unit, or Command Depot.

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

MEDICAL HISTORY

Surname Howell OF Christian Name Arthur Charles

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>27th</u> day of <u>November</u> 191 <u>6</u>		on _____ day of _____ 191_____	
	at <u>St John's</u>		at _____	
Declared Age...	<u>23</u> years <u>6</u> months		years	days
Trade or Occupation....	<u>miner</u>			
Height	<u>5</u> feet	<u>7 1/2</u> inches	feet	inches
Weight		<u>130</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded... <u>38</u> inches			inches
	Range of expansion... <u>3 1/2</u> inches			inches
Physical Development...				
Vaccination Marks {	Right		Left	
	Arm		Number	
		<u>1 scar</u>		
When Vaccinated	<u>3 years ago 1913</u>			
Vision	R.E.—V= <u>4/246</u>		R.E.—V=	
	L.E.—V= <u>6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	(a)	(a)
(b) Slight defects but not sufficient to Cause Rejection	(b)	(b)	(b)	(b)
Approved by (Signature)	<u>Lamm Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's Hosp.</u>		at _____	
	on <u>29</u> day of <u>Nov.</u> 191 <u>6</u>		on _____ day of _____ 191_____	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>3/11/1916</u>	<u>3284</u>		
Transferred to...				
Became non-effective by...				
	on _____ day of _____ 191_____	on _____ day of _____ 191_____		
(Signature)				
(Rank)				



1st. Newfoundland Regiment,

QUARTERMASTER'S DEPARTMENT

St. John's, Newfoundland,

Mar. 3rd.

1917.

This certifies that 3484 G. Howell
has turned in his Kit + Blankets.

Wm J. Courke B. Q. M. S.

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

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

Place St. John's Nfld. Charles Howell (Signature of Sold.)
Date March 6 1917 Charles Howell (Signature of Wit.)

Howell

Greens Sgt. J.B.



4 1ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, Chas. Howell, Regl. No. 3284
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
70 Dollars and 70 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person and or Persons
 concerned, viz.:

Allotment begins February 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3463</u>	<u>Father</u>	<u>Charles Howell</u>	<u>Queens Br. County Bay.</u>	<u>70</u>
				<u>70</u>
Total Allotment, \$				

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

(Sig.) Mark Aye
 Officer Commanding
B. Company
St John
Jan 18 1917

(Sig.) Charles Howell
 (Rank) Pvt.



4 1ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, Chas. Howell, Regl. No. 3284
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
70 Dollars and 70 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins February 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3463</u>	<u>Father</u>	<u>Charles Howell</u>	<u>Queens Co County Bog.</u>	<u>70</u>
				<u>70</u>
Total Allotment, \$				<u>70</u>

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

(Sig.) Mark. Aye Capt.
 Officer Commanding
6. Company

(Sig.) Charles Howell
 (Rank) Pvt

St John
Jan 18 1917

