

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. **Yes.**

11. "

12. "

15. "

16. "

17. "

18. Is he unfit for Military Service.

Yes.

Recommendations :

That this man be discharged from the service, as the history of his illness shows that this old trouble is liable to come back upon him again under the stress of active military service or even in civil life. Man should be placed in Category "E".
Man able to pass under his own control.

Signatures :-

Wm. G. Caprawe President.

E. P. MacCallum Captain

W. G. Cantamre Members.

Station: **Kingston.**

Date: **Feb. 11/18**

Date: **FEB 18 1918**

Approved.

Date.

W. C. ... Captain A. M. C.
For A. D. M. ... District ...

Director-General of Medical

15 March 1991

Mr. Stephen J. Nichol
P.O. Box 1570
ALMONTE, Ontario
K0A 1A0

NA-A-90/569

Dear Mr. Nichol:

Re: 462. 1007025. Private Moses HOWELL

Receipt is acknowledged of your remittance of \$21.00 to cover the cost of reproducing the service documents of the above-named deceased veteran, under the Access to Information Act. Accordingly, I have enclosed a copy of all the documents which are held in his military personnel file.

Please be advised that personal information concerning other individuals has been removed from the records pursuant to subsection 19(1) of the Access to Information Act. This subsection states that a government institution shall refuse to disclose any record requested under the Access Act that contains personal information as defined in section 3 of the Privacy Act. You are entitled, if you so desire, to bring a complaint regarding the withholding of this information to: The Information Commissioner, Tower B, Place de Ville, 112 Kent Street, Ottawa, Ontario, K1A 1H3.

I trust that this matter has been handled to your satisfaction.

Sincerely,

ORIGINAL SIGNED BY
D. L. McDONALD
A SIGNÉ L'ORIGINAL

D.L. McDonald
Director General

Government Records Branch
National Archives of Canada
Ottawa, Ontario
K1A 0N3

Encl.

STEPHEN J. NICHOL
P.O. BOX 1570
ALMONTE, ONTARIO K0A 1A0

PAY TO
THE ORDER OF

February 12, 1991 459
Receiver General of Canada \$ *21⁰⁰/₁₀₀*

Twenty one dollars

THE TORONTO-DOMINION BANK
COMMERCIAL BANKING CENTRE
248 STAFFORD ROAD WEST
NEPEAN, ONT. K2H 9E8

00 DOLLARS
100

Memo

Snickel

⑆459⑆ ⑆32866⑉004⑆ 3286⑉0246181⑆

* STEVE & ROSEMARY NICHOL
* PO BOX 1570
* AI
K

9/102/12

Sirs:

Re your letter
requesting additional
payment in relation to
request for military service
record. Your file #
NA-90-569.

REGARDS

STEPHEN J NICHOL.

2 P. 1000S CENTRE
REMITTED 21.00
YES
IRE

ON
LE FF: 15 1991

TO FINANCIAL SERVICES
AUX SERVICES FINANCIERS

Plus
chq
con
P. 1000

\$
received
15/2/91

6 February 1991

Mr. Stephen J. Nichol
P.O. Box 1570
ALMONTE, Ontario
K0A 1A0

NA-A-90/569

Dear Mr. Nichol:

Re: 462, 1007025, Private Moses HOWELL

This refers to your Access to Information Request Form which we received on 9 January 1991.

May I explain that in order to provide you with a copy of the complete military personnel file of the above-named deceased veteran, charges in the amount of \$21.00 have been assessed under subsection 11(4) of the Access to Information Act. More specifically, the charges are required to cover the reproduction of 105 pages at \$0.20 per page.

Accordingly, if you wish to obtain this material, please forward to this office the amount required, payable by money order or cheque to the Receiver General of Canada. Your payment must be received within 30 days from the date of this letter to continue consideration of your request and the attached copy of this letter should accompany your remittance. An addressed return envelope is enclosed for your convenience.

Please be advised that, if you desire, you have the right to complain regarding the amount of fees, within 30 days of this notification, to the Information Commissioner, Tower B, Place de Ville, 112 Kent Street, Ottawa, Ontario, K1A 1H3.

Sincerely,

ORIGINAL SIGNED BY
D. L. McDONALD
A SIGNÉ L'ORIGINAL

D.L. McDonald
Director General

Government Records Branch
National Archives of Canada
Ottawa, Ontario
K1A 0N3

Encl.

569

VERIFICATION OF DEATH OF:

~~#6070~~ 462 Moses HOWELL
also 1007025

1. Proof on file? Yes No
Date verified 21/1/91
2. Proof in death cabinets? Yes No
Date verified 21/1/91
3. Proof on death lists? Yes No
Date verified 21/1/91
4. Proof at DVA Head Office? Yes No
Date verified _____
5. Proof at Last Post Fund (Mtl)? Yes No
Date verified _____

Date of death: 5 January 1960

Remarks: Born 29 Oct 1894

Initials: ll

7204

STEPHEN J. NICHOL

P.O. BOX 1570

ALMONTE, ONTARIO K0A 1A0

440

January 8 1991

PAY TO
THE ORDER OF

Receiver General of Canada

\$ 5⁰⁰/₁₀₀

Five dollars

⁰⁰/₁₀₀ DOLLARS

THE TORONTO-DOMINION BANK

COMMERCIAL BANKING CENTRE

245 STAFFORD ROAD WEST

NEPEAN, ONT. K2H 9E8

MEMO

Nichol

⑈440⑈ ⑆3 2866⑈004⑆ 3 286⑈0 24 1 18 1⑈



NA-A-90/569

Access to Information Act / Access to Information Request Form

Use of this form will help speed your access to records under the Access to Information Act. Requests for federal government information can ordinarily be made by means of a telephone call, a visit, or a written request to the appropriate government information office. There is a fee of \$5.00 for making a formal request under the Access to Information Act.

STEP 1: Decide exactly what information you want - You can facilitate the search for records and reduce fees by defining as narrowly as you can the particular records you are looking for.

STEP 2: Consult the Access Register - The register contains descriptions of government records, their probable location and other information which will likely assist you in identifying the particular records you wish to see. A copy of the Access Register is available at major libraries, post offices, and government information offices.

STEP 3: Ask for assistance if necessary - If you are unable to identify the records you are looking for in the Access Register, contact the Access Co-ordinator of the appropriate department, either in person, by telephone or by letter at the address shown in the Register. The Co-ordinator will assist you in identifying the records.

STEP 4: Complete this Request Form, providing as many specific details as you can about the desired records, such as:

- subject, title and date;
- specific events, activities, individuals, corporations, products, reports, meetings, decisions, agreements, etc., of interest in the records;
- the number and title of the appropriate class of records, as listed in the Access Register.

STEP 5: Send in the completed Request Form or written request with an application fee of \$5.00, payable by money order or cheque to the Receiver General of Canada, to the appropriate officer identified in the Access Register. Unless you have already indicated what you are willing to pay for you will be asked to authorize any fees that may be charged before the work is completed.

Federal Government Department, Agency or Crown Corporation

NATIONAL PERSONNEL RECORDS CENTRE

Identification number and title of class(es) of record(s) (see step 2)

MILITARY SERVICE RECORD

Description of records and topics of interest (see step 4)

MILITARY SERVICE RECORD OF PTE. M. HOWELL #462
ROYAL NEWFOUNDLAND REGIMENT
ENLISTED 1914.

REMITTED
REMIS \$ 5.00
CAN-
1 Jan 91
TO FINANCIAL SERVICES
AUX SERVICES FINANCIERS
CHQ
CAN
P
e

I wish to:

- Receive copies of the original Examine original in government office Other method (please specify)

Identification of applicant

Name

STEPHEN J NICHOL

Street address, apartment

P.O. BOX 1570

City or town

ALMONTE

Province, territory or other

ONT.

Postal Code

K0A 1A0

Telephone number(s)

734-4184 (WORK) 256-2225

I have a right of access to government records under the Access to Information Act by virtue of my status as a Canadian citizen, a permanent resident within the meaning of the Immigration Act, 1976, or by Order of the Governor in Council pursuant to subsection 4(2) of the Access to Information Act.

Stephen J Nichol
Signature

9/10/08
Date

M. Hiwell.



462

P.R.O.

C.R. 462

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

#492 Pte. M. Howell discharged Nov. 25th, Medically unfit.



C.R. 462

Extract from Nominal Roll of Royal Nfld. Regt.
Discharged in United Kingdom. 26-11-15

462 Pte. M. Howell.



Med. Unfit (Ayr) Subsequently repatriated.

C.R. 462

462

Extract from Roll of Officers, N.C.Os. and Men Discharged
from The Royal Newfoundland Regiment, Auth: Pay Office,
St. John's.

<u>NO.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
462	Pte.	M. Howell	Nov. 25th '15.	Med. Unfit.



C.R. 462

Extract from Criminal Hall Subscribed St. John's per ...

"Florisol" dated 1914.

462 Howell Moses.



CR. 462

M. Howell

was attested for General Service

with the NEWFOUNDLAND REGIMENT on ..Sept. 9th..1914.

Regimental No. 462 was allotted to Pte Moses Howell.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.



June 26

23

Asst. Director of Pay Services,

Militia & Defence,

Ottawa, Can.

(1007025 Pte. M. Howell, 228 Bn.)

Dear Sir,

Kindly advise what medals, if any, have been issued to the above named soldier in respect of his services with the Canadian Exped. Force, & to what address.

An early reply will be greatly appreciated.

I beg to remain,

Yours faithfully,

Lieut.

O/c Records.

(Please quote C.R.462 on your reply.)



DEPARTMENT OF NATIONAL DEFENCE
Militia Service

.....OTTAWA, July 9th,.....1923.

CR 462

Officer i/c Records,
Department of Militia,
St. John's, Newfoundland.

War Medals

#1007025, Pte. Moses Howell

With reference to your letter C.R.462,
of the 26th ultimo, British War and Victory medals
in the case of the marginally noted soldier were
despatched on July 10th, 1922, addressed to 27
Parade Street, St. John's, Newfoundland.

Clyde R. Scott
(Clyde R. Scott)
Major, for Colonel,
Director of Records,
for Adjutant-General.



October 15, 1919

The Asst. Director of Pay Services
(Demobilization)
Canadian Bldg.,
Militia & Defence,
OTTAWA.

Dear Sir:

With reference to your
letter of 12/8/'19, A.P. 9057-M-5, No. 462
Pte. M. Howell, Royal Newfoundland Regiment
has been paid \$110.00, Post Discharge Pay
for his services with the Royal Newfoundland
Regiment, please.

Yours truly,

Lieut.
For Paymaster.



651

ALL YOUR REPLY PLEASE DO NOT FAIL
TO QUOTE FILE NO.

MILITIA AND DEFENCE

A.P.9057-M-5

OTTAWA, 12th September, 19 19

The Secretary,
Department of Militia,
St John - Newfoundland.

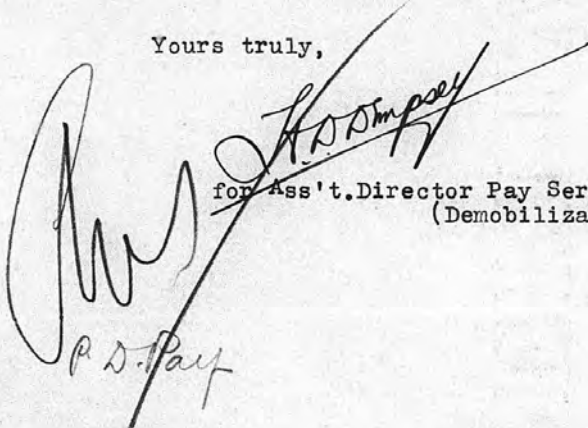
Dear Sir:-

"1007025, Pte.M.Howell, 228th Bn."

The above mentioned soldier is applying for War Service Gratuity. It is noted that he served with a Newfoundland Regt., from the 9th September, 1914 to the 25th November, 1915, and was demobilized with Regimental No.462.

Please advise me if he is eligible for Gratuity for his services with the above Regiment. If so, state amount.

Yours truly,



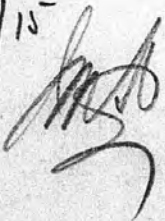
for Ass't. Director Pay Services,
(Demobilization).

JAEC/27.

#462

Paid 100.10 P.S. Pay

served. 9/12/14 to 25/11/15



COPIED
INDEXED
60716

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... *Moses* 2. Surname... *Howell*
3. Rank... *Private* 4. Regtl. No... *462*
5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded... *To Mr. Wm Cook*
120 Merry Meeting St. Johns N.T.
6. Date of enlistment in the Regiment... *First day October 1914*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge
Not applicable *None*
8. Relationship of such dependents... *Not applicable*
9. Address in full of such dependent... *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *Not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Went Overseas with B.Co. 1st Batt in Oct. 1914. Spent 13 months in England and Scotland.*
12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *Served one year and fifty-six days*

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

No.

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

*Received seventy-eight dollars
Post Discharge pay*

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

Yes

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

No.

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

No.

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

No.

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

not applicable

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

*No.
November 25, 1916
Medically unfit*

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.....

No.

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

No.

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

No.

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

Signature of Applicant: *Joseph Howell*
 Place of Residence: *120 Henry meeting Road St. Johns W.T.*
 Declared before me at: *S. P. Harris*
 This *1st* day of *March* 19*49*

[Signature]
 Signature of Registrar of the
 Supreme Court, or a Magis-
 trate or a Justice of the
 Peace or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>1.00</i>	<i>70.00</i>
.....
.....
Certified Correct.			P. Yraster.	



P.M. 462 Howell

Please inform aut.
pd. on discharge 1916.
Was one weeks bonus
included in final
payment?



WRH

Can't say off hand
we did not keep separate
individual ac's at that
time, and men discharged
previous to authority for
issue of bonus were paid
such on application at a
later date.

Payments are spread over
a long period & it will
take some time to ascertain
if any individual was paid.

Chief Staff Officer.

States he received no
bonus on discharge, and
\$87⁵⁰ (?) P.D. Pay. When
convenient please refer
back to his ac with a
view to ascertaining if
balance of P.D. Pay is due,
and ~~issue~~ necessary
cheque.

R

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 12 ⁹⁵/₁₀₀

Dec 19th - 19 18

Received from the First Newfoundland Regiment
the sum of twelve ninety five Dollars.
~~on account~~
balance of Pay. I. D. S.

W. Powell

Ch. No. 7201	Initials <i>EW</i>
Pay Ledger 122	Initials <i>aw</i>
Gen. Ledger	Initials

Regtl. No. Rank



No.

462

Rank

06-

Name

Howell M



COPIED
By
COPIE

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Mar 3 19 19

Received from the First Newfoundland Regiment
the sum of Thirty five ⁰⁰/₁₀₀ Dollars.
on account of Pay. Colony
balance

M. Samuel

Ch. No. <u>12127</u>	Initials..... <i>JS</i>
Pay Ledger <u>122</u>	Initials..... <i>JS</i>
Gen. Ledger.....	Initials.....

Regtl. No. 7. C. R.

Bank

COPIED
Archives
COPIE

No. 462

Rank

Pt.

Name

Howell M





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 **HOWELL MOSES**

Regiment from which discharged *1st. Newfoundland*

Regimental number **462**

Intended address **120 MERRYMEETING ROAD**

Height on discharge **5** Feet **7**

Color of hair on discharge **LIGHT**

Complexion **FAIR**

Color of eye **BLUE**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **JOHN**

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. **CARBONEAR OCTOBER 29th., 1893**

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) **MOSES HOWELL**

(Rank) **PTE**

Station **ST. JOHN'S**

Date **APRIL 16th., 1918**

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.

(SGD) **F. W. BERDEN**

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

Station **ST. JOHN'S**

Date **April 16th., 1918**





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 *Howell Moses*

Regiment from which discharged *1st. Newfoundland*

Regimental number *462*

Intended address *120 Merry Meeting Rd. St. Johns.*

Height on discharge *5* Feet *7*ⁱⁿ

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Medium*

Christian name of Father *dead John*

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. *Carbonear Oct 29 1893*

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) *Moses Howell*

Station *St. Johns* Date *April 16/18* *Pte* (Rank)

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.

Stobarden
Medical Officer i/c Hospital.
Unit, or Command Depot.

Station *St. Johns* Date *April 16/18*

PENSIONS AND DISABILITIES BOARD

OF

NEWFOUNDLAND PATRIOTIC ASSOCIATION

HON. P. T. McGRATH, LL.D.
(President Legislative Council)
Chairman

HON. M. P. CASHIN,
(Minister of Finance and Customs)

HON. M. G. WINTER, M.L.C.

HON. J. A. CLIFT,
(Minister of Agriculture and Mines)

FLEET PAYMASTER W. F. WELLS,
(H.M.S. Briton)

MAJOR. G. T. CARTY, (1st. Nfld. Regt.)

C. P. AYRE, Esq.

H. E. COWAN, Esq.

R. F. HORWOOD, Esq.

R. A. TEMPLETON, Esq.

All Communications should be addressed to the Secretary

LIEUT. J. M. HOWLEY,
Deputy Paymaster 1st. Nfld. Regt.
St. John's.

St. John's, Newfoundland,

.....April, 16th. 1918.....191

Medical Officer,
Headquarters.



Dear Sir,-

Previous to the inauguration of the Medical Board, a number of men had been discharged and had not been boarded.

After the Medical Board was formed we endeavoured to have all these men examined, but a few of them could not be located. Among this few was the bearer of this note, #462 Pte Moses Howell, and now that he has turned up, I have been directed to have him boarded for purposes of record, and I am sending him to you to have the Preliminary Papers used, completed for the use of the Medical Board.

Form A.F.B. 178A which is in my possession is absolutely blank, and the only statement I have with regard to his discharge, which was completed in the United Kingdom on the 25th. November, 1915, is to the effect, that he is medically unfit.

Will you kindly therefore do the needful in this case, and have Pte. Howell report to me tomorrow or Thursday, when I hope to be able to advise him when the Medical Board will hold its next sitting.

Yours faithfully,

J. M. Howley
Secretary.

PENSIONS AND DISABILITIES BOARD

OF

NEWFOUNDLAND PATRIOTIC ASSOCIATION

HON. P. T. McGRATH, LL.D.
(President Legislative Council)
Chairman

HON. M. P. CASHIN,
(Minister of Finance and Customs)

HON. M. G. WINTER, M.L.C.

HON. J. A. CLIFT,
(Minister of Agriculture and Mines)

FLEET PAYMASTER W. F. WELLS,
(H.M.S. Briton)

MAJOR G. T. CARTY, (1st. Nfld. Regt.)

C. P. AYRE, Esq.

H. E. COWAN, Esq.

R. F. HORWOOD, Esq.

R. A. TEMPLETON, Esq.

All Communications should be addressed to the Secretary

LIEUT. J. M. HOWLEY,
Deputy Paymaster 1st. Nfld. Regt.
St. John's.

St. John's, Newfoundland,

April, 16th, 1918. 191

Major Cluny Macpherson,

D.M.S.,

City.

Re-#462 Pte. Moses Howell.

CO 1FD
Archives
COPIE

Dear Sir,-

The marginally noted man is one of those who were discharged previous to the inauguration of the Medical Board and as his whereabouts could not be ascertained until the present time, he has never been boarded. It is therefore requested that arrangements be made to have him boarded at the earliest opportunity.

He was in to see me last week and I instructed him to report here today, and I will arrange to have the necessary Preliminary Papers filled out by the Medical Officer at Headquarters.

I might state, that the copy of A.F.B.178A in my possession is absolutely blank.

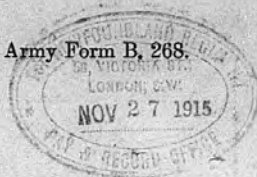
Yours faithfully,

J. M. Howley
Secretary.



This space to be left blank for Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. <u>462</u>	Army Rank <u>Private</u>
Name <u>M. Howell</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <u>1st B Coy</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 20th 1915</u>	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age <u>20</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>8</u> inches	
Chest measurement (girth when fully expanded _____ ins. range of expansion _____ ins.)	
Complexion <u>Fair</u>	
Eyes <u>Light Brown</u>	
Hair <u>Brown</u>	
Trade <u>Tram Car Conductor</u>	
Intended place of residence <u>St. John's Newfoundland</u>	
(To be given as fully as practicable)	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Being medically unfit</u> .	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character:— <u>Indifferent</u>
	4. Character awarded in accordance with King's Regulations:— <u>Unsuitable for military life but offences committed while a soldier do not affect his suitability for civil employment.</u>
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. <u>Chew</u> Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* COMMANDING DEPOT, N. F. L. D. REGT., NEWTON-CUNYAT N 5.	



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

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

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education



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

(Place) Newton on Ayr

(Date) Nov 25th 1910

C. W. Whitaker MAJOR,
Commanding _____
COMMANDING DEPÔT, N.F.L.D. REG'T.,
BATTN. _____
NEWTON-ON-AYR, N.B. _____
REGIMENT.

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

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

(Place) Newton on Ayr

(Date) Nov 25th 1910

W. Howell (Signature of Soldier.)
S. Robertson (Signature of Witness.)

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

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

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

W. Howell (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Oct 1/10 (the date to which the record of service is completed) 1 years — days.

Further service " " Nov 25/10 (the date of confirmation of discharge) " 56 "

Total, ... 1 " 56 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed to Nov 25th 1910 (date)

(Place) Newton on Ayr

(Date) Nov 25th 1910

Signature C. W. Whitaker

COMMANDING DEPÔT, N.F.L.D. REG'T.,
BATTN. _____
REGIMENT.

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

Mr. Howell

Witness S Robertson Li.



Proceedings on Discharge.

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

No. <u>462</u>	Army Rank <u>Private</u>
Name <u>M. Howell</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <u>DEPOT</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 25th 1915</u>	
Place of discharge <u>N. Scaurwarren</u>	
1. Description at the time of discharge.	
Age <u>20</u> years <u>-</u> months Height <u>5</u> feet <u>8</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fair</u> Eyes <u>Light brown</u> Hair <u>Brown</u> Trade <u>Street Gas Conductor</u> Intended place of residence <u>Portman, Newfoundland</u> <small>(To be given as fully as practicable)</small>	Descriptive marks. <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: auto;"> COPIED Archives COPIE </div>
<p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p> <p>2. The above-named man is discharged in consequence of <u>Medically Unfit</u></p> <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>	
<p>3. Military character :- <u>Indifferent</u></p> <p>4. Character awarded in accordance with King's Regulations :- <u>Unsuitable for military life but offences committed while a soldier do not affect his suitability for civil employment.</u></p>	
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;"><u>AW</u> Initials of Commanding Officer. COMMANDING DEPOT, N.F.L.D. REGT., NEWTON-CR.-AYR. N.S.</p>	
<p><u>Army Form B. 2068 has been issued to</u></p>	

120 Merry Meeting Rd.

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

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

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Blank lines for listing campaigns, medals, and decorations.



Certificate of education

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

(Place) Newton on Ayr
(Date) Nov 25th 1910

C. W. Whitaker MAJOR.
COMMANDING DEPOT, N. F. L. D. REGT.,
Commanding NEWTON-ON-AYR BATT. Regiment.

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

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

(Place) Newton on Ayr
(Date) Nov 25th 15

M. Maxwell (Signature of Soldier.)
S. Robertson (Signature of Witness.)

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

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

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

M. Maxwell (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Oct 1st (the date to which the record of service is completed) 1 years — days.
Further service " " Nov 25th (the date of confirmation of discharge) " 56 "
Total ... 1 " 56 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for Nov 25th 1910 (date)

(Place) Newton on Ayr
(Date) Nov 25th 1910

Signature C. W. Whitaker MAJOR,
COMMANDING DEPOT, N. F. L. D. REGT.,
NEWTON-ON-AYR

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

none

M. Maxwell

Robertson



14-11-15



Hawaii In

462

Ray Dept



PAY LIST.

to 28th November 1915 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 482 Rank Private Name M. Howell

Died^(a) at on the of 191 .
 Discharged at Newton on Ayr 28th November 1915
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to.....			
		£	s.	d.	Proficiency, Service or good conduct pay			
	191				days at from to.....			
	"				Messing allowance days at			
	"				from to			
	Consolidated stoppage				Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

COPIED
 PUBLISHED
 COPIE

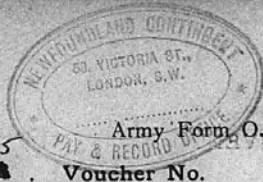
I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ ~~.....~~ is correctly chargeable against the Public^(b) CONTINGENT.

Dated at this day of

NEWFOUNDLAND CONTINGENT
 58, VICTORIA ST.,
 LONDON, S.W.
 31 AUG 1916
 PAYMASTER GENERAL

191 for J. W. Marshall 27/11/15
 PAYMASTER & OFFICER IN CHARGE

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



PAY LIST.

to 26/11/

1918

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **482** Rank **Private** Name **Moses Howell**

Died (a) at on the of 191

Deserted at **Discharged at Newton-on-Ayr** on the **26th** of **November** 191**8**.

I Certify to the correctness of above in every particular.

J. A. Ledingham

Capt.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

[FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	31	1	5
	Cash issues (Date of each issue to be stated)				Pay 28 days at 1.10 from 30 Oct to 15 Nov.	6	6	7
					Proficiency, Service or good conduct pay			
					days at from to			
					Messing allowance days at			
					from to			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
					Balance due to the Paymaster.....			
	Consolidated stoppage.....	1	3	8				
	Balance due by the Paymaster							
		£37	8	-		£37	8	-



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

Dated at

this day of

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to 26th November 1915 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **432** Rank **Private** Name **M. Howell**

Died (a) at on the of 191
Discharged at Newton on Ayr on the **26th** of **November** **1915**
Deserted at on the of 191

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	191	£	s.	d.	Proficiency, Service or good conduct pay			
	"				days at from to			
	"				Messing allowance days at			
	"				from to			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
	Consolidated stoppage				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

COPIED
And
COPIE

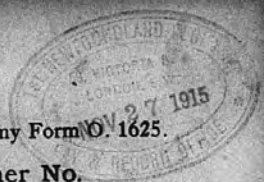
I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(a)

Dated at this day of 31st 1915



Paymaster.
PAYMASTER & OFFICENT/C. RECORDS

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



PAY LIST.

to 26/11/

1915 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Newfoundland*
 No. *462* Rank *Private* Name *Moses Howell*
 Died (a) at _____ on the _____ of _____ 191 .
Discharged
 Resorted at *Newton-on-Exp.* on the *26th* of *November* 191*5*.

I Certify to the correctness of above in every particular.

J. Hadfield }
Capt. } Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	31	1	5 ✓
	Cash issues (Date of each issue to be stated)				Pay <i>28</i> days at <i>1⁰⁰</i> from <i>30¹⁰</i> to <i>26¹⁵</i>			<i>667</i> ✓
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>Nov 5</i> 191	32	11	- ✓	days at _____ to _____			
	<i>12</i> "	1	5	- ✓	Messing allowance days at _____			
	<i>19</i> "	1	10	- ✓	from _____ to _____			
	<i>26</i> "	18	4	- ✓	Clothing and kit allowance			
		36	4	4 ✓	Amount produced by the sale of Necessaries			
	Consolidated stoppage	1	3	8 ✓	Personal Clothing and Effects from Form 2...			
	Balance due by the Paymaster	-	-	-	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
		£	37	8 - ✓	Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....	£	37	8 0 ✓



I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *37 8 -* is correctly chargeable against the Public^(b).

Dated at _____ this _____ day of _____ 191 . Paymaster.

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

PAY LIST.

to *26 November 1915*. Voucher No.

NON-EFFECTIVE ACCOUNT.


Regiment or corps *1st New Zealand*
 No. *462* Rank *Private* Name *M Maxwell*
 Died (a) at _____ on the _____ of 191 .
~~Deserted~~ at *New Zealand* on the *26* of *November* 191 *5*

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay			
					days at _____ from _____ to _____			
					Messing allowance days at _____			
					from _____ to _____			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b)

Dated at _____ this _____ day of *31 Aug 1915* 191 . _____ Paymaster.

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

Each issue of Orders will be numbered consecutively throughout the year. A fresh series will be commenced with the first issue in each year.


Unit NEWFOUNDLAND
DAILY ORDERS. Part II.

No. _____

N.B.—The Sub. No. of Order and Subject are to be shown in Columns 1 and 2 thus:—1—Courts-Martial.

Station Newton-on-Ayr.

Date Nov. 26/1915

Regimental No., Rank, and Name.	Sqn., Batty., or Co.	Particulars of Casualties, etc., and Date.
Strength		<p>The Following having left for Liverpool to embark for St. Johns and there to be finally discharged are struck off the strength of the Depot.</p> <p>462 Pte. M. Howell 1510 " W. Candow 477 " E.J.Lawlor.</p> <p>-----</p> <p style="text-align: right;">  </p>

copy



NON-EFFECTIVE ACCOUNT

Regiment *Newfoundland*
No. *462* Rank *Private* Name *James Nowell*

— STATEMENT OF ACCOUNT —

Balance Dr. last month	-	-	Balance Cr. last month	31	15
Allowment	-	-	Pay 23 days @ 1.10 from Oct. 30TH. to Nov. 26/15	6	67
Stoppage	1	28			
Cash Issues					
<i>now 5th £32.11.0</i>					
" 12 " 1.5.					
" 19 " 1.10.					
" 26 " 18.4	36	44			
Balance due by Paymaster	37	80	Balance due to the Paymaster	37	80

Dated at Newton on Ayr, Scotland
this 25th. day of November 1915



J. A. Cunningham Capt.
.....
Officer Commanding Company




Squadron, Troop, Battery and Company Conduct Sheet. Army Form B. 121.

Number of Sheet /

Regiment of 1st Newfoundland

Signature of O. C. Company Lieut. Alex. Burton

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Pensions Pay	
No.		Age on	years months			
<u>462 M. Howell</u>		<u>19</u>		<u>Mines</u>		
Joined	Date	Date of Enlistment				
Joined	Date			Religion		
Joined	Date	Period of			<u>Meth.</u>	
Joined	Date	with Colours	years.			
		with Reserve	years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Burford</u>	<u>3-11-14</u>	<u>PTC</u>		<u>Absent from camp from 9.30 p.m. till 6.30 p.m. Nov 27th</u>	<u>Sgt. Stien</u>	<u>7 days C.B.</u>	<u>30-11-14</u>	<u>Major Burton</u>	<u>Forfeit 7 days pay under R.W.</u>
<u>Fort George</u>	<u>2.1.15</u>	"		<u>absent from latrine until 10.15 p.m.</u>	<u>Sgt. Kerlan</u>	<u>10 days C.B.</u>	<u>12.1.15</u>	<u>Lt. Col. Burton</u>	<u>forfeit 7 days pay R.W.</u>
<u>Fort George</u>	<u>9.2.15</u>	"		<u>taking pt. heater bicycle without permission</u>	<u>pt. heater</u>	<u>make good damage</u>	<u>10.2.15</u>	<u>Capt. Bernard</u>	
				<u>absent from latrine until 1.20 p.m. 9.2.15</u>	<u>Sgt. Lippard</u>	<u>3 days C.B.</u>			
<u>Edinburgh</u>	<u>Mar 8th</u>	"		<u>Absent from 4.0 p.m. Parade</u>	<u>Cpl. Churehill</u>	<u>2 days C.B.</u>	<u>7.3.15</u>	<u>Capt. Alexander</u>	
<u>Edinburgh</u>	<u>Mar 9th</u>	"		<u>Absent from 4 defaulters bells</u>	<u>Csgt. Steele</u>	<u>4 days C.B.</u>	<u>10.3.15</u>	<u>Capt. Alexander</u>	
<u>Edinburgh</u>	<u>Mar 10th</u>	"		<u>Absent from 5 defaulters bells</u>	<u>Csgt. Steele</u>	<u>5 days C.B.</u>	<u>11.3.15</u>	<u>Capt. Alexander</u>	
<u>Edinburgh</u>	<u>Mar 17th</u>	"		<u>absent from defaulters bells</u>	<u>Csgt. Steele</u>	<u>14 hrs detention</u>	<u>18.3.15</u>	<u>Lt. Col. Burton</u>	
				<u>To be carried over</u>					

Brought forward

Edinburgh	Apr 24	pta	1 Drunk in High at 9.50 pm. Creating a disturbance	p.c. 132 Documentary	Forfeit 2 days pay 26.4.15	Lt Col Burton
Edinburgh	May 6 ^E	"	2 Drunk in High 8 ⁵ at 11.30 p.m.	Documentary	Fined 1/3 Forfeit 1 day pay 7.5.15	Lt Col Burton
Stobs	May 18 ^E	"	Out of bounds at 11.40 am.	Sgt Greene	5 days C.B.	19.5.15 Capt Alexander
Stobs	May 24 ^E	"	Creating a disturbance in Camp & using threatening language to an N.C.O.	Cpl. Byrne	168 hrs. F.P. No 2	25.5.15 Lt Col Burton
Newton	Bob. 30 th	"	3 rd Drunk & disorderly conduct on High Street at 9.15 P.M.	PP. Drury Pb. Gorn	PP. Drury fined 5/ & 6 days b.k.	1-11-15 Capt. Ayre
"	1-11-15	"	Absent from duty after Ball 5.00 - 9.30	J. G. Jennett	forfeit 1 day pay 7 days b.k.	2-11-15 Major Whitaker
Newton	12/11/15	"	Drunk & creating disturbance in Barracks	(Capt. Drury) PP. Drury	PP. Drury & P. Ho fined 5/-	15/11/15 Major Whitaker

31/03
1915

L.S.



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 462

Name in full Moses Howell Age 20

Address 51 Wickford Street

~~Married~~ S Height 5' 8" Weight 132

Single
Color _____ Hair Light Brown Eyes Blue

Other distinguishing marks Operation Scar on left knee

Nearest relative Father John Howell

Address Carbonear

Dependents _____
Occupation Street Car Conductor Present Wage \$4.00 month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____



I, Moses Howell ^{son of} _____, do sincerely pro-

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

*Reg. engaged
for war.*

Moses Howell

Declared before me this 18th day
of October 1914

Sgt 9.

Chas. R. Aye.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 462

Name Moses Howell

Apparent age 20 years months. Height 5 feet 8 inches.

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

Distinctive marks Hair: Light Brown, Eyes: Blue

Other distinguishing marks: Operation scar left knee

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John Howell, Carbonear, Newfoundland

| Relationship Father

Particulars as to Marriage.


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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &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>9/9/14</u>									<div align="center">  </div>
Joined at <u>St. John's</u> on <u>9th September '14</u>									
Total Service forfeited as above									
Total Service towards Engagement to (date of discharge) years days									
" " " Pension " (") "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 482

Name Moses Howell

Apparent age 20 years months. Height 5 feet 8 inches.

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

Distinctive marks Hair: Light brown, Eyes: Blue.

Other distinguishing marks: Operation scar left knee.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John Howell, Carbonear, Nfld.


| 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>9/9/14</u>									
Joined at <u>St. John's</u> on <u>9th September '14</u>									
<p><i>Embarked S.S. Herald for Gt. N. S. Dec. 18th 14. Disembarked Plymouth 19th 14</i></p> <p><i>Left Plymouth for Liverpool to embark for Newfoundland and struck off strength of 20th Feb</i></p> <p><i>Discharged Medically Strait Newton on Apr. 26th 15</i></p>									
Total Service forfeited as above									
Total Service towards Engagement to <u>26-11-15</u> (date of discharge) <u>1</u> years <u>79</u> days									
" " " Pension " (") " " "									

Medical / Dental
Records



Opinion of the Medical Board.

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

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

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

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

Yes. High neck swollen, moderate discharge.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

Not while in Hosp.

16. Is the disability permanent?

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

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

Remarks if any:—



19. If fit subject for Hospital do you recommend admittance to

yes
General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

President

Place

Date

APPROVED

Station

Date



Clayton Macpherson
Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.

502



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

COPIED
Archives
COPIE

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

Statement of Case

Station

Date

1. *Newfoundland*
2. Reg. *162*
3. Rank
4. Name. *Howe*

5. Age last birthday. *23*
6. Enlisted on *Aug. 1914*
at *St John's, N.Y.*
7. Former trade or occupation *Labourer*

8. Disability

Osleo Myelitis - (Left knee & thigh)

9. History *Skipped overseas with first 500 men. Served news in Gallipoli in France. Served in Hospital from Okla Camp. left about 8 months in England. Had several operations on leg. Edinburgh. He was discharged in winter they came to the medical camp. He then joined the Army went overseas with them. He served 1 year 53 days in 21*

10. What is his present condition?

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

The complaint of pain in knee and leg - the lower several inches of position at knee and one high. He states one of the wounds still discharges, everything is dry at present time. one two of the same look quite recent.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Already discharged

Signature

D. W. Gordon

Rank or Qualification

Col. M.D.

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

MEDICAL HISTORY OF AN INVALID.

ORIGINAL

Iroquois Falls, Ont.,

1. Station. **Q.M.Hosp.Kingston,** 8. General remarks on his:—
 2. Regiment or Corps. **228th Battn.** (a) Conduct.
 3. Regimental No. and Rank. **1007025** (b) Habits.
Pte.
 4. Name. **Moses Howell** (c) Temperance.
 5. Age last Birthday. **22** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on **Oct.12/14** in **Newfoundland,** Re-enlisted **Dec.3/16**
 at **Iroquois Falls, Ont.**
 7. Former trade or occupation. **Teamster** Date. **Feb.12/18**

9. Service.	Years.	Days.	
		PERIODS	
		From	To
1st Newfoundland Regt.	Oct.12/14	Dec.1916	(discharged)
Reenlisted 228th Battn.	Dec1916		date

10. (a) Disease or disability. **Effects of Osteo-Myelitis in 1916.**
 (b) Date of origin. **1910**
 (c) Place of origin. **Newfoundland.**
 (d) Cause. **Infection (Post Diptheric).**



Patient complains of effects of Osteo-myelitis. [Man states that he had
 11. Present condition. (Most Important.) **post diptheric joint infection 7 yrs ago**
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
which resulted in an acute attack of osteo-myelitis. Since that time left knee & thigh have been alternately healing & breaking down.
Joined 1st Newfoundland Regt. & went to Gallipoli in spring 1915. Flesh wound of inner aspect of left thigh which healed kindly but the old trouble began to bother him. He was discharged from Newfoundland army early in Dec.1916, returned to Canada with sinuses healed. Re-enlisted in 228th Battn. Dec.1916. Went to France in March /17, after a month in the line took a severe chill and the old wounds broke down again, sent to the hospital and has been there ever since. Arr.Q.M.H. Dec.1/17 with evidently an old caries condition of left femur with breaking down of same. He had 2 discharging sinuses on inner side of left leg, 1 near knee & the other 5" higher up. Leg was swollen, weak & was unable to put his wt. upon it without his Lt.knee giving away. The sinuses were douched, drained & dressed daily for over a month, then bismuth paste was injected. The discharge lessened daily, the leg especially knee became stronger.

12. (a) Is the disability the result of service or climate? **Aggravated by service, 30%**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No**

See attached slip.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

2 scars on inner aspect of left thigh middle third, one of first wound, other incisions of operation.

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Sustained previous to enlistment.

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

British Hospitals. (France & England).

Queen's Military Hospital. (Kingston, Ont.)



15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

30% aggravated by service, of which 10% is due to Canadian Service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

probably permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

40% - of which 30% is D.D.S. of which 10% due to Canadian service

18. State if for discharge on account of unfitness for Service.

Yes.

J. A. Connor C.M.D. C.M.C.

Medical Officer by whom the case is brought forward.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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

Examination of ~~Howell, Moses~~ ^{Howell, Moses} 296
aged 20, conducted at C. B. Armoury.
Date: Sept. 7. 14. Recruiting Officer:

NO. OF TEST

FINDING

1	No.
2	No.
3	No.
4	No.
5	No.
6	No.
7	Yes.
8	Yes.
9	Left knee joint drained - four months Sick Chamberlain?
10	n
11	n
12	Slight flatfoot.
13	n
14	n
15	Septum very slightly deflected
16	n
17	n
18	n
19	n
20	n
21	n
22	n
23	n
24	n Movement of left knee joint normal
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	n
34	5 ft 6 in
35	126 lbs
36	32-34
37	48 for month
38	Symptoms
39	Father

COPIED
And
COPIE

John Howell Carbonell

Signature of Medical Examiner:

Clay Macpherson M.D.

F. J. 46



COPY

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

MEDICAL HISTORY

Surname Howell OF Christian Name Woses.

Table I. - GENERAL TABLE.

Birthplace: - Parish _____ County _____

	<u>SPECIAL RESERVE.</u>			<u>REGULAR ARMY.</u>		
	on	day of	191	on	day of	191
Examined	at			at		
Declared age	20	years	days		years	days
Trade or occupation	Street Car Conductor					
Height	5	feet			feet	inches
Weight			132			lbs.
Chest Measurement	Girth when fully expanded ..		inches			inches
	Range of expansion ..		inches			inches
Physical development						
Vaccination marks	Right	Left		Right	Left	
	Arm					
Number						
When vaccinated						
Vision	R.E. - V. =			R.E. - V. =		
	L.E. - V. =			L.E. - V. =		
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)		
	(b)			(b)		
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)						
(Rank)						
	Medical Officer.			Medical Officer.		
Enlisted	at			at		
	on	day of	191	on	day of	191
Joined on enlistment	Corps		Regtl. No.	Corps		Regtl. No.
	Howell		262			
Transferred to						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						



ORIGINAL

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

MEDICAL HISTORY

OF

Surname *Aswell*

Christian Name *Mrs*



Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.			REGULAR ARMY.		
	on	day of	191	on	day of	191
Examined	at			at		
Declared Age	<i>20</i> years		days	years		days
Trade or Occupation	<i>Street Car Conductor</i>					
Height	<i>5</i> feet	<i>8</i> inches		feet		inches
Weight		<i>132</i> lbs.				lbs.
Chest Measurement	Girth when fully expanded		inches			inches
	Range of expansion		inches			inches
Physical Development						
Vaccination Marks	Right	Left		Right	Left	
	Arm					
	Number					
When Vaccinated						
Vision	R. E.—V=			R. E.—V=		
	L. E.—V=			L. E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)		
(b) Slight defects but not sufficient to Cause Rejection	(b)			(b)		
Approved by (Signature)						
(Rank)						
			Medical Officer.			Medical Officer.
Enlisted	at	<i>St Johns N.S.L.D.</i>		on		
	on	day of	191	on	day of	191
Joined on Enlistment	Corps.	<i>R.R.S.L.D.</i>	Regtl. No.	Corps.		Regtl. No.
		<i>462</i>				
Transferred to						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname HOWELLChristian Name MOSES

TABLE I.—General Table.

Birthplace { Parish _____
County _____

Examined { on ____ day of _____ 191____
at _____

Declared Age _____ years _____ days.

Trade or Occupation _____

Height _____ feet _____ inches.

Weight _____ lbs.

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm _____ RIGHT _____ LEFT _____
Number _____

When Vaccinated _____

Vision { R.E.—V = _____
L.E.—V = _____

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by _____
Rank _____
Medical Officer.

Enlisted { at _____
on _____ day of _____ 191____

Joined on enlistment	Corps	Regtl. No.
	ROYAL NFD.	462
Transferred to		

Became non-effective by _____
on _____ day of _____ 191____

(Signature) _____
(Rank) _____

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation