



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1646 Name John C Hussey Corps \_\_\_\_\_

### Questions to be put to the Recruit before Enlistment.

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. <u>John Chas Hussey</u>           |
| 2. What is your full Address? .....  | 2. <u>St. John's, Newfoundland</u>   |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                        |
| 4. What is your Age? .....   | 4. <u>23</u> Years <u>10</u> Months. |
| 5. What is your Trade or Calling? .....  | 5. <u>machinist</u>                  |
| 6. Are you Married? .....  | 6. <u>No</u>                         |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? .....                              | 7. <u>No</u>                         |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                        |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                        |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....                     |
|  | Corps .....                          |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                       |

John Chas Hussey 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.

John C Hussey SIGNATURE OF RECRUIT.  
E. C. ... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John C Hussey 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 15th day of July 1915  
E. C. ... Signature of the Attesting Officer.

### † Certificate of Approving Officer.

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

Date \_\_\_\_\_ 191 \_\_\_\_\_  
 Place \_\_\_\_\_ } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name John Chas. Nussay  
 Apparent age 23 years 10 months. Height 5 feet 8 1/2 inches.  
 Chest measurement { Girth when fully expanded 36 1/2 inches.  
 Range of expansion 3 1/2 inches.  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John Nussay, Hummock-  
 Freshwater Road, Fife | Relationship Father  
 Particulars as to Marriage.

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

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

### Particulars as to Children.

Christian Names.	Date and Place of Birth.

## STATEMENT OF THE SERVICES.

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



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1646 Name John C Nussey Corps \_\_\_\_\_

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. John Chas Nussey
2. What is your full Address?..... 2. St. Ann's Freshwater, P.E.I.
3. Are you a British Subject? ..... 3. Yes
4. What is your Age?..... 4. 23 Years 10 Months.
5. What is your Trade or Calling?..... 5. Blacksmith
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?..... } 11. Yes

I, John Chas Nussey 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.

John C Nussey SIGNATURE OF RECRUIT.

E. 26<sup>th</sup> June '15 S. Crossed SIGNATURE OF WITNESS.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John C Nussey 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 12<sup>th</sup> day of July 1915

S. Crossed Signature of the Attesting Officer.

### † Certificate of Approving Officer.

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

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

Date \_\_\_\_\_ 191

Place \_\_\_\_\_

} Approving Officer.

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

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

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

1646  
**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Name John Charles Murray  
 Apparent age 23 years 10 months. Height 5 feet 8 1/2 inches.  
 Chest measurement { Girth when fully expanded 36 1/2 inches.  
 Range of expansion 3 1/2 inches.  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin John Murray, Huronville, Michigan  
 Relationship Father  
 Particulars as to Marriage.

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

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

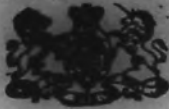
Particulars as to Children.

Christian Names.	Date and Place of Birth.

**STATEMENT OF THE SERVICES.**

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>26 6-15</u>									Found unfit for discharge 20-7-16  Discharged Medically unfit (St John's) 12-9-16
Joined at <u>St John's</u> on <u>June 26/15</u>									
<u>Embarked St John's train to Quebec 27/15</u>									
<u>for Quebec service 2-5-16</u>									
<u>Arrived Newfoundland 2-8/16</u>									
<u>to Newfoundland</u>									
<u>for discharge 20-7-16</u>									
<u>2 Corp's 18/15</u>									
<u>St John's</u>									
<u>St John's</u>									
Total Service forfeited as above ... ..									

Total Service towards Engagement to 12-9-16 (date of discharge) 1 years 79 days  
 " " " Pension " " " " " " " " " " " "



## 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

*St John's M.*  
Date *Dec 22/16.*

- |                                  |   |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>25.</i>              |
| 2. Regimental No. <i>1646.</i>   | 6. Enlisted on <i>July 17. 1915</i>           |
| 3. Rank. <i>Pte.</i>             | at <i>St John's M.</i>                        |
| 4. Name. <i>Hussey, John.</i>    | 7. Former trade or occupation <i>mechanic</i> |

### 8. Disability

*Lumbago.*

9. History *While on night patrol at Ayr, slept out in the open & got cold in back. was sent to hospital at Ayr, diagnosed Lumbago. sent from Ayr to 4th Scottish General.*

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.)

General condition fair. Still troubled with his pain in back. Had to give up his work owing to this, assessed ago.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

yes.

Signature J. W. Burden

Rank or Qualification Lieut.

Remarks if any by Officer i/c Hospital.

Place .....

Signature .....

Date .....

Rank .....

25 **Opinion of the Medical Board.**

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

13. For pension purposes, the disability x *may* be considered as aggravated by:—  
~~due to~~
- (a) Service during this war.
  - (b) Climate.
  - (c) Ordinary Military Service

Remarks if any:—

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

Remarks if any:—

*1/4 for six months.*

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:—

Signatures.

*R. L. Fraser* President  
*W. H. ...*  
*J. ...*

Place

Date

*St. John's*  
*Dec 22/16*

APPROVED

Station

Date



*Curry Macpherson*  
Administrative Medical Officer. *Major*

February 10th, 1917

Mr. John G. Hussey,

Kennount,

Dear Sir:-

I beg to advise you that it has been decided to pay all pensions from the first of the month following that in which men are discharged.

I have therefore, to enclose you ~~the~~ cheque for \$31.60, covering the period from the date of your discharge to the time pension was originally granted.

Yours truly,



Secretary



J. C. Hussey.

1646

P. 4. P. 13

PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1<sup>ST</sup> NEWFOUNDLAND REGIMENT.

No. 1646 Rank L Cpl Name Hessey Jc

Died<sup>(a)</sup> at on the of 191 .  
 Deserted<sup>(a)</sup> at H.2. Stephen on the of 1916.

I Certify to the correctness of above in every particular.

E. Churchill Lt. { Commanding Squadron, Troop,  
~~Battery~~ or Company. F.

**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 <u>10</u> days at <u>10<sup>s</sup></u> from <u>8/1/16</u> to <u>19/1/16</u>	2	11	9
		£	s.	d.	Proficiency, Service or good conduct pay			
	191 July 14/16		12	6	days at from to			
	"				<u>Field</u> Messing allowance <u>12</u> days at <u>10<sup>s</sup></u>			
				12 6	from <u>8/1/16</u> to <u>19/1/16</u> <u>\$1.20</u>	4	11	
					Clothing and kit allowance .....			
					Amount produced by the sale of Necessaries			
	<u>allotment</u> Consolidated stoppage <u>19/1/16</u> to <u>6/1/17</u>	1	9	4	Personal Clothing and Effects from Form 2...			
	<u>Barrack Damage</u>			7	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity .....			
	Balance due by the Paymaster		14	0	Balance due to the Paymaster.....			
		£	2	16 8		£	2	16 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<sup>(b)</sup>.

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.

*Original*

Medical Report on an Invalid.

4th SCOTTISH GENERAL HOSPITAL  
R.A.M.C. (T.I.)

Station STOBHILL,  
GLASGOW.

Date 2. 5 - 16

- 1 Unit 21<sup>st</sup> Newfoundland Regt.
- 2 Regimental No. 1646
- 3 Rank S/Cor.
- 4 Name Hussey, John

- 5. Age last birthday 24
- 6. Enlisted { on 14<sup>th</sup> June 1915  
at Newfoundland (St. John's)
- 7. Former Trade { Machinist.  
or Occupation {

8. Disability.

Lumbago 931

Statement of Case.

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

9. Date of origin of disability.

Feb 1916

10. Place of origin of disability.

Angl.

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

Enlisted in Newfoundland, was at first placed on the Labrador coast. Came to this country in Sept. & was first at Cables & then at Angl. Only in Feb. When on night patrol, "caught cold" & has since had pain in the back. He was eight weeks at Curick House, the first four in bed. He then was sent here. During his residence he has complained both of his back & of his head. He has shown no objective phenomena.

12. (a) Give your opinion as to the causation of the disability.

Exposure to cold.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

Might have affected him even if not on military service

13. What is his present condition?

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

Still pain in back & head,  
Knee-jerks feeble. Some tired when  
he walks. No albuminuria,  
no cardiac affection.  
Is generally rather livid. Very nervous.  
He will never make a useful soldier.

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

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

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

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

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

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

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

19. Do you recommend

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

*Discharge as unfit—*

*Geo. S. Middleton M. Col. R.A.M.C. (T.)*  
Officer in medical charge of case.

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

~~except~~

4th SCOTTISH GENERAL HOSPITAL  
Station 3 - MAY 1916  
STOBHILL, GLASGOW  
Date \_\_\_\_\_

*A. Harper*  
Lieut. Col. R.A.M.C. (T.)  
Officer in charge of Hospital.

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

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

Duplicate.

Medical Report on an Invalid.

4th SCOTTISH GENERAL HOSPITAL  
R.A.M.C. (T.F.)

Station STOBHILL,  
GLASGOW.

Date 2.5.16

- 1 Unit 2/1 Newfoundland Reg<sup>t</sup>
- 2 Regimental No. 1646
- 3 Rank L/cpl.
- 4 Name Hussey, John
- 5. Age last birthday 24
- 6. Enlisted { on 17<sup>th</sup> June, 1915  
at Newfoundland (St. John's)
- 7. Former Trade or Occupation { Machinist

8. Disability.

Lumbago, 931

Statement of Case.

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

- 9. Date of origin of disability. Feb. 1916
- 10. Place of origin of disability. Ayr
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Enlisted in Newfoundland & was at first placed on the Labrador coast. Came to this country in Sept. & was first at Gailes & then at Ayr. Early in Feb., when on night patrol, "caught cold" & has <sup>since</sup> had pain in the back. He was eight weeks at Carrick House, the first four in bed. He then was sent here. During his residence he has complained both of his back & of his head. He has shown no objective phenomena.
- 12. (a) Give your opinion as to the causation of the disability. Exposure to cold.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8). Might have affected him even if not on military service.

13. What is his present condition?

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

Still pain in back & head. Knee jerks feeble. Soon tires when he walks. No albuminuria. No cardiac affection.

Is generally rather livid. Very neurotic. He will never make a useful soldier.

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

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

\_\_\_\_\_

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

If so—(a) When?

(b) Where?

(c) Opinion?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

19. Do you recommend

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

Discharge as unfit.

*Es. S. Middleton M. Col. R.A.M.C.*

Officer in medical charge of case.

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

~~except~~†

4th SCOTTISH GENERAL HOSPITAL

Station 3 - MAY, 1916

STOBHILL, GLASGOW

Date \_\_\_\_\_

*M. Harper*

Officer in charge of Hospital.

*Temp. Col. R.A.M.C. (T)*

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

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



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, John S. Harvey, Regl. No. 1141  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and          Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz. :

*Allotment begins*.....

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1514	Wife	<u>Thos Buskey.</u>	<u>St. John's</u>	<u>60</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.).....  
 Officer Commanding  
 Company  
St. John's  
Sept 24<sup>th</sup> 1915

(Sig.).....  
 (Rank).....

TEMPORARY

ARMY FORM B. 178.

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<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname <sup>210th</sup> Hussey Christian Name John

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 ... { (a) \_\_\_\_\_  
 \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_  
 \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Corps.	Regd. No.
<u>2/1 Newfoundland Regt</u>	<u>1646.</u>
Transferred to ...	

Became non-effective by ... \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

5326







C.R. 1646

J. J. Hussey was attested for General service  
with the NEWFOUNDLAND REGIMENT on ..... June 26th 1915  
Regimental No 1646 was allotted to Pte. John J. Hussey.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

T  
C.R. 1646

Extract from Main 1 Roll, strained St. John's 27/10/18 for Overseas

---

1646 J. C. Hussey.

C.R. 1646

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

#1646 Pte. John C. Hussey, discharged Sept. 22th 1916 unfit

C.R. 1646

Extract of Roll of Officers, N.C.Os. and Men Discharged from  
The Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
1646	Pte.	John C, Hussey	Sept. 12th. 1916.	Unfit.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (6-6) W5017/2724 1000m 6/15ss 93 58  
 Forms B. 121. 39.

Number of Sheet 119 / 1

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.				
<u>7646</u>	<u>J. G. Hussey</u>	Age on <u>23</u> years <u>10</u> months	<u>Machinist</u>	
Joined _____	Date _____	Place and Date of Enlistment <u>St John's</u> <u>June 26, 1914</u>	Religion <u>Wof E</u>	
Joined _____	Date _____	Period of <u>with Colours</u> <u>1</u> <sup><u>19</u></sup> years.	Place of Birth <u>St John's</u>	
Joined _____	Date _____	<u>with Reserve</u> <u>1</u> <sup><u>30</u></sup> 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>Medically Unfit</u>	<u>12-9-16</u>				

To be carried over

Army Form B. 121.

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

P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
(56) W:017/2124 1000m 6/15ss 93 56

Forms  
B. 121.  
39.

Regiment of 1st. Newfoundland

Number of Sheet \_\_\_\_\_

Signature of O. C. Company S.C. Norris  
2/Lt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<b>1646</b>	Age on <b>23</b> years <b>10</b> months		<b>Machinist</b>	
Joined _____ Date _____		Place and Date of Enlistment <b>St. John's, N.F.</b> <b>June 28/15</b>	Religion <b>C of E.</b>		
Joined _____ Date _____	Place of Birth <b>St. John's, N.F.</b>				
Joined _____ Date _____					
Joined _____ Date _____	Period of { 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

To be carried over

Army Form B. 121.



December 19th

6

Mr. J. C. Hussey,

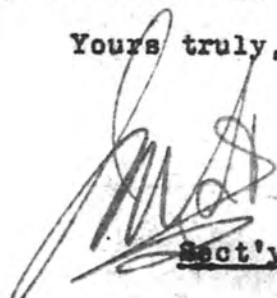
"Kermount",

Freshwater Rd.

Dear Sir,-

I will be obliged if you will call at my office in  
Colonial Building, on or before Friday morning next.

Yours truly,

A handwritten signature in dark ink, appearing to be 'M. J. ...', written over the typed name of the sender.

Act'y. Pensions & Disabilities Board

Hussey, John. C.

16th

Sept.

Medical Report on an Invalid.

4th SCOTTISH GENERAL HOSPITAL  
R.A.M.C. (T.F.)

Station STOBHILL,

Date 2. 5. 16 GLASGOW.

- |                  |                               |                               |                                      |
|------------------|-------------------------------|-------------------------------|--------------------------------------|
| 1 Unit           | <i>2/1 Newfoundland Regt.</i> | 5. Age last birthday          | <i>24</i>                            |
| 2 Regimental No. | <i>1646</i>                   | 6. Enlisted                   | <i>on 17<sup>th</sup> June, 1915</i> |
| 3 Rank           | <i>L/cpl.</i>                 |                               | <i>at Newfoundland (St. John's)</i>  |
| 4 Name           | <i>Hussey, John</i>           | 7. Former Trade or Occupation | <i>Machineist</i>                    |

**8. Disability.**

*Lumbago 931*

**Statement of Case.**

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

9. Date of origin of disability.

*Feb. 1916*

10. Place of origin of disability.

*Ayr*

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

*Enlisted in Newfoundland & was at first placed on the Labrador coast. Came to this country in Sept. & was first at Gailes & then at Ayr. Early in Feb., when on night patrol, "caught cold" & has since had pain in the back. He was eight weeks at Carrick House, the first four in bed. He then was sent here. During his residence he has complained both of his back & of his head. He has shown no objective phenomena.*

12. (a) Give your opinion as to the causation of the disability.

*Exposure to cold.*

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

*Might have affected him even if not on military service.*

13. What is his present condition?

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

*Still pain in back & head. Knee jerks feeble. Soon tires when he walks. No albuminuria. No cardiac affection. Is generally rather livid. Very neurotic. He will never make a useful soldier.*

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

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

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

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

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

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

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

19. Do you recommend

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

*Discharge as unfit.*

*Geo. S. Middleton M. B. R.A.M.C.*  
Officer in medical charge of case.

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

~~except~~

4th SCOTTISH GENERAL HOSPITAL

Station 3 - MAY 1916

Date STOBHILL, GLASGOW

*M. Mahon* Lieut. Col. R.A.M.C. (T)  
Officer in charge of Hospital.

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

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

To be used for recruits enlisting direct into the Regular Army only.  
 Army Form B. 178 to be used for Special Reserve recruits  
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Hussey Christian Name John

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 ... { (a) \_\_\_\_\_  
 \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_  
 \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... .. { at \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>41 Newfoundland Rgt</u>	<u>1646</u>
Transferred to ... ..	_____	_____

Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

**Table II.—Only for Admissions to Hospital or to the Sick**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
4th Scottish General Hospital, Glasgow	3	4	16				Lumbago 931		

List in the case of Warrant Officers treated in quarters.

cases 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, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

a neurotic patient  
No objective phenomena

(Sgd.) Geo. P. Middleton  
Lt. Col., R.A.M.C.T.

PAY LIST.

to

191

Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps

No. *1646*

Rank *Lance Cpl.*

Name *J. C. Hussey*

Died<sup>(a)</sup>

at

on the of

191

*Discharged*  
~~Deceased~~ at

*H. Q. S. / 1916*

on the *17<sup>th</sup>* of *July*

1916.

I Certify to the correctness of above in every particular.

*G. P. Churchill R.F.*

Commanding Squadron, Troop,  
Battery or Company. F.

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 12 days at 1.05 from <i>8/7</i> to <i>19/7/16</i>	2	11	9
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>July 14<sup>th</sup> 1916</i>		12	6	days at _____ from _____ to _____			
	" 17 "		14	0	<i>Field</i> allowance 12 days at 10 <sup>4</sup>			
	" "				from <i>8/7/16</i> to <i>19/7/16</i> ..... 1.20	4	11	
				12	6			
	Consolidated stoppage.....				Clothing and kit allowance .....			
	<i>Alloiment</i>				Amount produced by the sale of Necessaries			
	<i>12 days @ 60 = 7.20</i>	1	9	7	Personal Clothing and Effects from Form 2...			
	<i>Barrack Damage</i>			7	Amount of Savings Bank balance, including			
	Balance due by the Paymaster		14	0	interest (if no balance, to be so stated)			
		£	2	16	Deferred Pay or Gratuity .....			
				8	Balance due to the Paymaster.....	£	2	16
								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<sup>(b)</sup>.

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.





## 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 *John Charles Nussey*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *1646*  
 Intended address *Freshwater Valley - St John's.*  
 Height on discharge *5 Feet 8*  
 Color of hair on discharge *Brown*  
 Complexion *Fair*  
 Color of eyes *Grey*  
 Figure on discharge *Medium*  
 Christian name of Father *Joseph*  
 Christian name of Mother *John*  
 Wife's maiden name in full }  
 Date and place of marriage } *not married*  
 Christian names of children }  
 Place and date of soldier's birth. *St John's. 4 Sept. 1891*  
 Nature and locality of civil employment required

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

(Soldier's signature in full)

*John Charles Nussey* (Rank) *L.C.P.*  
 Station *St John's* Date *Dec 11/16*

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.

*W. Borden Lewis*  
 Medical Officer i/c Hospital.  
 Unit, or Command Depot.

Station *St. John's* Date *Dec 11, 1916*

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

# MEDICAL HISTORY

OF

Surname Hussay

Christian Name John C.

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County Wilt

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on 19 day of June 1915	at St John Wilt	on .....	at .....
Declared Age.....	24 years	days	years	days
Trade or Occupation.....				
Height .....	5 feet	8½ inches	feet	inches
Weight .....		143 lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	36½ inches		inches
	Range of expansion..	3½ inches		inches
Physical Development.....				
Vaccination Marks {	Arm .....			
	Number .....	1		
When Vaccinated .....	1905			
Vision .....	R.E.—V==	0 2 4/9	R.E.—V==	
	L.E.—V==	0 3 4/6	L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)	Tonsils enlarged	(b)	
Approved by (Signature)	<i>Samuel Patterson</i>			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted .....	at St John	on 26th day of June 1915	at .....	on .....
Joined on Enlistment .....	Corps.	1st Wilt Regt	Corps.	
	Regtl. No.	1646	Regtl. No.	
Transferred to..				
Became non-effective by .....	on .....	day of .....	on .....	day of .....
(Signature)				
(Rank)				



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
12.10.15.	
19.11.15.	Vacc. R.P. Graham. Lt. Rame.

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/L John W. H. H.					



STATEMENT OF ACCOUNT

No. 1646

Name Nussey John C

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
July 19	By Balance due by P.M.			3 40	3 40
Aug 14	By Pay. 26 days @ 1 $\frac{15}{100}$			29 90	33 30
" "	" 9 days @ 50 <sup>+</sup>			4 50	37 80
Sept. 2	" 12. @ 1 $\frac{15}{100}$			19 80	57 60
Aug 31	" 17. @ 1 $\frac{65}{100}$			28 05	85 65
	Bonus				
	to allowance			11 55	97 20
				25 00	122 20
1916					
July 19	on steamer 14 <sup>+</sup>		2 40		11 8 80
Aug 17	To Pay.	147.	7 70		11 1 10
7	" "	143.	15 00		9 6 10
Sept 21	" "	10.	76 85		19 25
July 31	allowment 12 days @ 60		7 20		12 05
July 21	To Pay.		11 05		1 00
	War Service Gratuity			70 00	71 00
	1 mo. @ 10 <sup>00</sup>				
	Bonus		12 95		58 05
Dec 18	To Pay		87 15		29 10
			221 30	192 20	29 10

Signed Af Loany S.S.M.

26  
11  
1920.



MEMORANDUM

FROM 1ST NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, N.F.L.D.

TO .....

.....

.....

Kenmount  
Freshwater Rd

---

No. 1646 L. B. Bussey, Jr.

	Dr	Cr
July 19 - 14/-		3.40
Pd. on steamer 14/-	3.40	
Pay. to Aug 14 26 days @ 1.15		29.90
Paid	15.00	
allot to July 31 12 days @ 60.	7.20	
Balance	25.60	33.30
	7.70	
	<u>33.30</u>	

Cheque No 25419



1646

August 22nd, 6

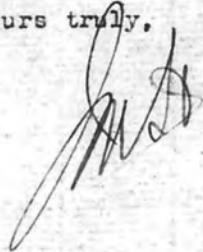
L./Cpl. John C. Hussey,  
"Kenpount",  
Freshwater Road.

Sir:-

I enclose herewith Cheque for \$7.70 being the amount due you as Final payment at the date of your Discharge.

Kindly sign the attached Voucher in the space provided for same, and return.

Yours truly,



Deputy Paymaster.



No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with L/C. J. C. Hussey.

Voucher No. 25643.

Cheque No. 25643.

Reg'l A/c No. ....

Name .....

C.B. Folio No. ....

Date	[Req'n No.	Invoice No.	Particulars.	Amou
Sept. 25,	169.		Pay	\$51 85
" "	" "		Allow. in lieu Civilian's cloth	25 00
				\$ 76 85

CERTIFICATION

Dissect<sup>n</sup> Sheet No. ....

Recap. Sheet No. 170.

Checked by .....

*W. Howley*  
PAYMASTER

RECEIPT

September 25th, 1916.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum o  
Seventy Six Dollars  
and Eighty Five Cents in Payment as above stated.  
September 1916.

\$ 76.85

[Sig.] *J. C. Hussey*