



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 125 Name Wm Jackson Corps 1st

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

1. What is your name? ..... 1. Wm Jackson
2. What is your full Address? ..... } 2. St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years 3 Months
5. What is your Trade or Calling? ..... 5. None
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, Wm Jackson 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.

.....SIGNATURE OF RECRUIT.  
.....Signature of Witness.

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

I, Wm Jackson 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 December 1915  
Signature of 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 compiled with. I accordingly approve, and appoint him to the.....  
If enlisted by special authority, such will be attached to the original attestation.

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

19681-1

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

Name Wm. Tabman  
 Apparent age 23 years 2 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 37 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm. Tabman  
Silk Cove | Relationship Father

### Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
|     |     |     |     |

### Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
|                 |                         |

## STATEMENT OF THE SERVICES

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

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 3026A.

(Continuation Sheets are supplied separately.)



HOSPITAL, at

BANCROFT ROAD, S.I.

Affiliated to

NOMINAL ROLL of Sick and Wounded from the \* French Expeditionary Force  
admitted on 7.11.18. from Hospital Ship Pieter de Coninck disembarked at Dover.  
\* Here insert which Expeditionary Force.

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

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

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

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

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

| Regtl. No. | Rank | Name<br>(Surname first) | Corps<br>(Battn. numbers to be shown, also full title of Colonial Unit) | Casualty<br>• (See note in large type above). |
|------------|------|-------------------------|---|---|
| 4254       | Pte. | Jackman W.              | Roy, Newfoundland.  | I.C.T. L. Top.                                |

*Butler Hogan*

Major R.A.M.C.  
Registrar for O. i/c.



12 August 57

29/1/18

Draft No. 18

Regl. No. 4254

Date of Enlistment

Name JACKMAN, William R.

18 Dec. 17  
Age on Enlistment

Next of kin JACKMAN, William Relationship Father

23 2/12  
Married (Yes or No)

NO

ADDRESS Tilt Cove, N.D.B., Nfld.

CASUALTIES

PROMOTIONS, REDUCTIONS, etc.

| Date Rec'd | Authority   | Dated    | Nature of  | Whereabouts                                    | Ref. No. | Authority | Date    | Rank etc. |
|------------|-------------|----------|--|--|----------|-----------|---------|-----------|
| 9/12/18    | B103        | 4/10/18  |  | Embarked England                               |          |           |         |           |
| "          | "           | "        |  | Disembarked France                             |          |           |         |           |
| "          | "           | 8/10/18  | Joined Unit  | In the Field                                   |          |           |         |           |
| "          | "           | 2/11/18  | I.C.T. Toe   | Ad. 28 F.A.                                    |          |           |         |           |
| 15/11/18   | W.O.        | 6/11/18  | I.C.T. Toe   | Adm. 32 Sty Hosp. Wimereux                     | 2360     |           | 1/10/18 | B.E.F.    |
| 9/12/18    | B103        | 7/11/18  | Trans. to England  | per H/S "Pieter de Comick"                     |          |           |         |           |
| 9/11/18    | Hosp.       | 7/11/18  | I.C.T. Toe L.  | Ad. Mile End Mil. Hosp. E I                    | 2307     |           |         |           |
| 19/12/18   | "           | 16/12/18 | Granted furlough from Hosp. from 16/12/18                    | from Mile End Mil. to 27/12/18 (Xmas furlough) | 2687     |           |         |           |
|            |             |          | III Employment   | Dis. from Mile End Hosp. 2/1/19                |          |           |         |           |
| 1/6/19     | O 1/c Rcds. | 22/5/19  | To Nfld. for demobilization per Corsican from L'pool 22/5/19 |  | 456      |           |         |           |
| 18/6/19    | DO's Hq.    | 1/6/19   | Attached to Strength   |  |          |           |         |           |

| SERVICE IN THE FIELD |           |                     |                       |         |
|----------------------|-----------|---------------------|-----------------------|---------|
| Bn.                  | Draft No. | Date of embarkation | Expedition. Bty force | Remarks |
|                      | 53        | 1/10/18             | B.E.F.                |         |

| HONOURS, AWARDS, etc. |      |        |             |
|-----------------------|------|--------|-------------|
| Authority             | Date | Action | Distinction |
|                       |      |        |             |

| DISCHARGE              |        |                  |                 |
|------------------------|--------|------------------|-----------------|
| Authority              | Date   | Where            | Cause           |
| D.O. Hq. 113<br>4/7/19 | 2/7/19 | St. John's Nfld. | Demobilization. |

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

# MEDICAL HISTORY

OF

Surname

*Jackman*

Christian Name

*William*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*St. George*

County

*Nfld.*

|   | SPECIAL RESERVE.                       |                         | REGULAR ARMY.                     |                  |
|---|--|-------------------------|-----------------------------------|------------------|
|   | Right                                  | Left                    | Right                             | Left             |
| Examined  | on 18th day of Dec 1917                | at St. John's           | on                                | day of 191       |
| Declared Age  | 23 years                               | 2 Months                | years                             | days             |
| Trade or Occupation   | Stockup                                |                         |                                   |                  |
| Height  | 5 feet                                 | 9 inches                | feet                              | inches           |
| Weight  |  | 143 lbs.                |                                   | lbs.             |
| Chest Measurement   | Girth when fully expanded... 36 inches |                         |                                   | inches           |
|   | Range of Expansion... 4 inches         |                         |                                   | inches           |
| Physical Development  |  |                         |                                   |                  |
| Vaccination Marks   | Arm                                    |                         |                                   |                  |
|   | Number                                 |                         |                                   |                  |
| When Vaccinated   |  |                         |                                   |                  |
| Vision  | R.E.—V= $\frac{6}{6}$                  | L.E.—V= $\frac{6}{6}$   | R.E.—V=                           | L.E.—V=          |
|   | (a)                                    | (a)                     | (a)                               | (a)              |
| (a) Marks indicating congenital peculiarities or previous disease |  |                         |                                   |                  |
| (b) Slight defects but not sufficient to cause rejection          |  |                         |                                   |                  |
| Approved by (Signature)   | <i>Lamm P. Pearson</i>                 |                         |                                   |                  |
| (Rank)  | Major                                  |                         |                                   |                  |
|   | Medical Officer.                       |                         |                                   | Medical Officer. |
| Enlisted  | at St. John's                          | on 18th day of Dec 1917 | at                                | day of 191       |
| Joined on Enlistment  | Corps.                                 | Regtl. No.              | Corps.                            | Regtl. No.       |
| Transferred to  | 1st Nfld. Regt. 4354                   |                         | REGIMENTAL NEWFOUNDLAND REGIMENT. |                  |
| Became non-effective by   | on                                     | day of 191              | on                                | day of 191       |
| [Signature]   |  |                         |                                   |                  |
| [Rank]  |  |                         |                                   |                  |

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

| Name of Hospital   | Admitted to Hospital |       |      | Discharged from Hospital |       |      | Disease          | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer   |
|--|----------------------|-------|------|--------------------------|-------|------|------------------|-------------------------|---|--------------------------------|
|  | Day                  | Month | Year | Day                      | Month | Year |                  |                         |   |                                |
| MILE END MILITARY HOSPITAL<br>BANROFT ROAD<br>— LONDON, E. — | 21                   | 11    | 18   | 21                       | 1     | 19   | J. G. Y. St Goot | 43                      | Well. discharged  | <i>[Signature]</i><br>C. H. H. |



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

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

- 1. Unit and Corps... *Royal N.F.F.P.*
- 2. Regtl. No. *4254* 3. Rank... *pl. 6*
- 4. Name *Jackman* *W.*  
(Surname) (Christian Names)
- 5. Age last birthday.....
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

*reported with in France*  
*1-11-18 I.B.F.*  
*left foot was*  
*admitted to Hosp. invalided to 8*  
*months and sent Hosp Eng. Discharged*  
*2-1-19 wound now healed*  
*no disability*



14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. . *YES* .. .. .
  - (ii.) Previous active service .. .. . *N.G.* .. .. .
  - (iii.) Climate in pre-war service .. .. . *N.G.* .. .. .
  - (iv.) Ordinary military service before the war .. .. . *N.G.* .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. . *N.G.* .. .. .

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

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

*Scar over Base of first toe left foot not painful on pressure wound healed complains of weakness in left leg as a result of inflammation*

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

20. Do you recommend— *Repatriation*

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

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

*Proby M.D.*  
ROYAL NEWFOUNDLAND REG.

Station *WEXLEY DOWN CAMP* .. .. .  
Date *17 JAN 1918* .. .. .

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *J.C.T. left by the*
- (b) The present condition thereof.

*A new nail growing forward, no other evidence of the inflammation*

22. State whether the disabilities are:—

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

Give details:

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

*Military Service* .. .. .

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

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

- 24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

less than 5%

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

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

- 26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Yes

Opinion of Military Member in case of disagreement.

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

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

Yes

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

29. Does the soldier require:—

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

Signatures

Station *St. Johns*

Date *June 9/19*

*[Signature]*

*[Signature]*

*[Signature]*

{ President or Chairman.

{ Members.

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

Station *[Circular Stamp: DIRECTOR OF MEDICAL SERVICES JUN 2 1919]*

Date *[Circular Stamp: JUN 2 1919]*

*[Signature]*

Officer in charge, Central Hospital.

{ Only applicable in cases of Patients in Hospitals.

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

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

Station .....

O.C. Discharge Centre.

Date .....

## DEPARTMENT OF VETERANS AFFAIRS

## ACTION REQUEST

TO Office Services

NUMBER \_\_\_\_\_

attention Miss FerrisDATE 19 Sept 1958 FILE \_\_\_\_\_

## PLEASE:

- |                                |  |
|--------------------------------|--|
| ... NOTE AND P.A.              | ... PREPARE REPLY FOR SIGNATURE OF _____ |
| ... NOTE AND SEE ME ABOUT THIS | ... REPLY DIRECT                         |
| ... NOTE AND RETURN            | ... TAKE APPROPRIATE ACTION              |
| ... INVESTIGATE AND RETURN     | ... FOR YOUR APPROVAL                    |
| ... B.F. WITH FILE             | ... FOR SIGNATURE BY _____               |
| ... FOR YOUR INFORMATION       | ... FOR YOUR COMMENTS                    |

Re 4254 JACKMAN, W.R. - Royal Newfoundland Regt

The attached documents were extracted from the Head Office file for the purpose of placing same in the documents. The documents have been on your charge since late August. Would you please trace and file the attached.

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

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

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No. **4254**, 3. Rank... **Pte.**.....
4. Name **Jackman W.**.....  
(Surname) (Christian Names)
5. Age last birthday:.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

### ICT FOOT.

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of **Reported sick in France 1/11/18. ICT the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Foot(L) was admitted to HP. Invalided** relevant official documents.

**Milend MIL Hp: Eng. Dis. 2/1/19. Wd now healed no disability.**

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

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No. **4254**, 3. Rank... **Pte.**.....
4. Name **Jackman W.**.....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Where (c) Opinion of Court

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

### Statement of Case.

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

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

### ICT FOOT.

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of **Reported sick in France 1/11/18. ICT the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Foot(L) was admitted to HP. Invalided** relevant official documents.

**Milend MIL Hp: Eng. Dis. 2/1/19. Wd now healed no disability.**

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

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

15. What is his present condition? **Scar over Base of first toe L. Foot. not Painful on pressure. Wd.**  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*  
**Healed complains of weakness in L. Leg as result of inflammation**

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

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

**J. B. O'RIELLY, M.O.**  
 Medical Officer in charge of case.

Station .. .. .

Date .. .. .

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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered **I.C.T. L. Big Toe.**
- (b) The present condition thereof.

**A new nail growing forward. No other evidence of the Inflammation**

22. State whether the disabilities are:—

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

(a) Attributable to

(b) Aggravated by

..... **Yes,** .....

.....

.....

.....

..... **No.** .....

Give details:

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

..... **Military Service,** .....

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

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



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). **Less than 5%.**
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

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

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

**Yes.**

~~XXXXXXXXXXXX~~

Opinion of Military Member in case of disagreement

OR

- (b) In what other grade do the Board place him?  
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

**Yes.**

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

29. Does the soldier require:—

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

Signatures:—

**N.S. FRASER**..... { President or Chairman.

Station **St. John's**..... **J.S. TAIT**..... } Members.

Date **JUNE 2/19**..... **J.B. O'RIBILLY**..... }

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

Station ..... **(SGD) L. PATERSON, MAJOR**.....

Date ..... **JUN 2 1919** ..... Officer in charge, Central Hospital.

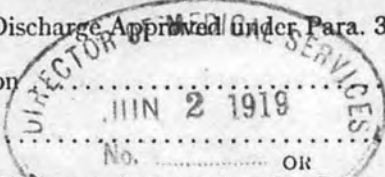
Discharge Approved under Para. 392 ( ) King's Regulations.

or Transfer Approved to Class of the Reserve.

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

Station ..... O.C. Discharge Centre.

Date .....



Only applicable in cases of Patients in Hospitals.

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

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *4254* 3. Rank... *P6*
4. Name *Jackman W.*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Reported sick in France  
1-11-18 D.C.T. Left fort  
admitted to Hospital  
Invald to military Hospital  
Discharged 2-1-19 wound  
healed No Disability*

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

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

15. What is his present condition? Rem over base of first toe  
*(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability)* Left foot not  
Painful on pressure wound  
has healed completely of  
weakness of left leg as  
Results of Inflammation

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

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

Proctor M.O.  
 ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station Hazley, B.C. .. .. .

Date .. .. .

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

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

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

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

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

047515/6

No. 8897/807

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

Subject: ~~FFFF~~ 6th June 1918

June 5<sup>th</sup> 1918

Subject: 4254, Pte. W. Jackman,

Receipt by Chas J.

With reference to the following telegram (5039) from the Hon. Minister of Militia, received

OFFICER COMMANDING **REGT. COLONEL,**  
1st Newfoundland Regiment,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to 4254 Jackman £15:0:0

Received the sum of Fifteen

Draft £ 15:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Pounds on account of cable remittance from Newfoundland.

*A. A. Minard Maj.*

Chief Paymaster & O. i/c Records.

W Jackman  
No. 4254 Rank Private

No. 10781/1041

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2nd Bn Royal Newfoundland Regt  
Winchester.

4th July 1918

July 10 1918.

Subject: 4254, Pte. W. R. Jackman,

With reference to the following telegram ( 6029 ) from the Hon. Minister of Militia, received

Pay to 4254 Jackman £10:0:0

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. S. Anderson Lieut*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Cham...* LIEUT. COLONEL,  
COMMANDING 2ND BNC ROYAL NEWFOUNDLAND REGT,  
Royal Newfoundland Regiment

Received the sum of Ten  
Pounds. on account of  
cable remittance from Newfoundland.

*W. Jackman*  
No. 4254 Rank Private

Witness:

7 038041

No. 6240/463

NEWFOUNDLAND CONTINGENT

N.F.P./78.

From  
Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To  
Officer Commanding,  
2/Bn Royal Newfoundland Regt  
Winchester.

~~Subject~~ 23rd April 1918

30 APR 1918 191

Subject: 4254, Pte. R. Jackman,

With reference to the following telegram (3604) from the Hon. Minister of Militia, received 21/4/18

Receipt hereunder.  
*W. L. Wood*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT,  
1st Newfoundland Regiment

Pay to 4254 Jackman £5"0:0

Draft £5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*H. H. Newman Maj.*

Chief Paymaster & O. i/c Records.

Received the sum of Five  
Pounds on account of  
cable remittance from Newfoundland.

*William R. Jackman*

No use Rank PT

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

| Regtl. No. | Rank, | Name        | Amount            | Signature. |
|------------|-------|-------------|-------------------|------------|
| 4254       | Pte.  | Jackson. W. | \$2 <sup>50</sup> |            |

I have the honour to be, Sir,  
~~Yours faithfully,~~  
Your obedient servant.

Date-----

14-5-18

*W. Jackson*

## MAP READING. STANDARD TESTS.

- | No. of Test. | DESCRIPTION OF TEST.  |
|--------------|---|
| 1.           | Point out on a map the conventional signs of objects enumerated.                                      |
| 2.           | From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> . |
| 3.           | Measure shortest distance from point A to B on a map according to scale.                              |
| 4.           | Set a map without a compass (a) by the ground.<br>(b) by the sun and stars.                           |
| 5.           | Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .                |
| 6.           | Measure on a map the distance from one point to another by road.                                      |
| 7.           | Set a map by compass.   |
| 8.           | Determine if a point A is visible from point B by studying contours, but without drawing a section.   |
| 9.           | Take a bearing with a protractor off a map.   |
| 10.          | Convert a magnetic bearing into true bearing, and <i>vice versa</i> .                                 |
| 11.          | Take a bearing with a compass and measure it on a map with protractor.                                |

## SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.  
(b) buzzer.  
(c) ringing 'phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " " Replace cells.
16. " " Connect up cells.
17. " " Trace the electric circuit with a view to locating a fault.
18. " " Change a bulb.
19. " " Change nightshades.
20. " " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " " Change to duplex and align.
25. " " Regulate the beat.

## ELECTRICAL INSTRUMENTS TESTS.

- | CELLS.  | MISCELLANEOUS.   |  |
|---|--|--|
| 1. Render active.   |  |  |
| 2. Connect in series and parallel.  |  |  |
| TELEPHONE D. III.   |  |  |
| 3. Connect and insert cells and cell connections.                           |  |  |
| 4. Test instrument.   |  |  |
| 5. Localise and remedy the following faults:—                               |  |  |
| (a) Adjustment of buzzer.   |  |  |
| (b) Dirty key contact.  |  |  |
| (c) Dirty Pressel switch contact.   |  |  |
| (d) Receiver discs and washers.   |  |  |
| (e) Microphone capsule.   |  |  |
| 6. Connect up earth return, metallic return, and use of condenser terminal. |  |  |
| FULLERPHONE.  |  |  |
| 7. Connect and insert cells and cell connections.                           |  |  |
| 8. Test instrument.   |  |  |
| 9. Localise and remedy the following faults:—                               |  |  |
| (a) Adjust No. 1 or (A) contact of armature.                                |  |  |
| (b) Adjust No. 2 or (B) contact of armature.                                |  |  |
| (c) Dirty contacts.   |  |  |
| VIBRATOR, R.A.  |  |  |
| *10. Connect up hand set and cell connections.                              |  |  |
| *11. Test instrument.   |  |  |
| *12. Localise and remedy the following faults:—                             |  |  |
| (a) Adjustment of buzzer.   |  |  |
| (b) Dirty key contact.  |  |  |
| (c) Dirty Pressel switch contact.   |  |  |
| (d) Receiver disc and washers.  |  |  |
| (e) Microphone capsule.   |  |  |
| 13. Connect up earth and metallic return.                                   |  |  |
|   | 14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.                           |  |
|   | 15. 4 plus 3 Buzzer Unit. Connect up.  |  |
|   | LINEMAN'S DUTIES.  |  |
|   | 16. Identify lines by labels.  |  |
|   | 17. Draw and explain a simple circuit diagram.   |  |
|   | 18. Draw and explain a simple route diagram.   |  |
|   | 19. Make a reef knot, barrel hitch and clove hitch.  |  |
|   | 20. Joint and insulate (a) D. II. } Single or<br>(b) D. III. } Twisted.<br>(c) D. V. }<br>(d) D. twin Mk. III.                                     |  |
|   | 21. Make simple joint in enamelled wire or single airline.   |  |
|   | 22. Lay cable (a) in open country.<br>(b) in trenches.   |  |
|   | 23. Tap in on (a) metallic circuit,<br>(b) earth circuit,<br>and determine on which side the fault is.   |  |
|   | 24. Test with Q. and I. detector—<br>(a) cells;<br>(b) a circuit, for disconnection earth and contact;<br>(c) in order to pick up wires in a rope. |  |

\* R.A. only.

This space to be pasted in A.B. 64.



# SIGNALLER'S RECORD SHEET.

Rgtl. No 4254 Rank Pte Name & Initial Jackman W.

Unit Royal Newfoundland Regt.

## STANDARD TESTS. (Details overleaf.)

| No. | Map Reading |                | Electrical Instrument |                | Signal Training |                |
|-----|-------------|----------------|-----------------------|----------------|-----------------|----------------|
|     | Date        | Officer's Sig. | Date                  | Officer's Sig. | Date            | Officer's Sig. |
| 1   |             |                |                       |                |                 |                |
| 2   |             |                |                       |                |                 |                |
| 3   |             |                |                       |                |                 |                |
| 4   |             |                |                       |                |                 |                |
| 5   |             |                |                       |                |                 |                |
| 6   |             |                |                       |                |                 |                |
| 7   |             |                |                       |                |                 |                |
| 8   |             |                |                       |                |                 |                |
| 9   |             |                |                       |                |                 |                |
| 10  |             |                |                       |                |                 |                |
| 11  |             |                |                       |                |                 |                |
| 12  |             |                |                       |                |                 |                |
| 13  |             |                |                       |                |                 |                |
| 14  |             |                |                       |                |                 |                |
| 15  |             |                |                       |                |                 |                |
| 16  |             |                |                       |                |                 |                |
| 17  |             |                |                       |                |                 |                |
| 18  |             |                |                       |                |                 |                |
| 19  |             |                |                       |                |                 |                |
| 20  |             |                |                       |                |                 |                |
| 21  |             |                |                       |                |                 |                |
| 22  |             |                |                       |                |                 |                |
| 23  |             |                |                       |                |                 |                |
| 24  |             |                |                       |                |                 |                |
| 25  |             |                |                       |                |                 |                |
| 26  |             |                |                       |                |                 |                |
| 27  |             |                |                       |                |                 |                |
| 28  |             |                |                       |                |                 |                |
| 29  |             |                |                       |                |                 |                |
| 30  |             |                |                       |                |                 |                |

*Qualifies in all standard tests*

*SEP 16 1916*

*W. H. Capt*

## CLASSIFICATION TESTS.

| Instrument | Flag      | Buzzer | Lamp  | Shutter | Semaphore | Date |
|------------|-----------|--------|-------|---------|-----------|------|
| Sending    | ... 99½ % | 98½ %  | 98 %  | 99 %    | %         |      |
| Reading    | ... 98 %  | 100 %  | 98½ % | 98 %    | %         |      |

\* R.A. Signallers only.

Classified as 1st Class Signaller at Hazelton Barracks

Date \_\_\_\_\_ Signature of Classifying Officer W. H. Capt

Reclassified as \_\_\_\_\_ Class Signaller at \_\_\_\_\_

Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

~~Officer i/c Records/Regtl. Paymaster/Officer Commanding.~~ Home Address.  
58 Victoria St. SW 1  
58 Avenue Pt  
Tottenham

Notified for your information, please.

No. 4 254 Pte Jackson W. Coy. Newfoundland P Co

has been granted leave from 16 DEC 1918 to 27 DEC 1918  
inclusive.

Authority W.O. Circular Telegram L.D. 2971A/ 3/12/18.

*Ruther Hoggan*  
Major R.A.M.C.  
Registrar for C i/c.

Mile End Military Hospital,  
Bancroft Rd., E.1.  
16 DEC 1918



Officer i/c Records/Regtl. ~~Paymaster/Officer Commanding.~~ Home Address  
58 Victoria St. S.W. 58 Avenue Rd.  
Tottenham

Notified for your information, please.

No. H. 2. 5. H. Pte. ~~Jackman~~ W. Coy. Newfoundland 'D' Co  
has been granted leave from JACKMAN 27 DEC 1918  
inclusive to .....

Authority W.O. Circular Telegram L.D. 2971A/ 3/12/18.

*Ruth Hogan*

Major R.A.M.S.  
Registrar for O.i/c.

Special leave

Mile End Military Hosp.,  
Bancroft Rd., E.L.

16 DEC 1918

Mile End Mil Hosp  
Bancroft Rd E

Regd. No. R.L.S.  
1919/89



Any further letter should bear this number.

LONDON POSTAL SERVICE  
(RETURNED LETTER SECTION),  
MOUNT PLEASANT,  
LONDON, E.C.1

*Answered*  
*19<sup>12</sup>/<sub>18</sub> Jh*  
*Sir*

19<sup>th</sup> Dec 1918

I HAVE to inform you that there is remaining in this Office a Postal Packet addressed \_\_\_\_\_

4254 Ple W. R. Jackman  
57<sup>th</sup> Old Regt. 10<sup>th</sup> Pay & Record  
Office Victoria St.

I shall be obliged if you will supply me with ~~any information~~ <sup>the present</sup> ~~address~~ <sup>address</sup> which may enable me to deliver it to the owner.

A cover is enclosed for your reply.

*The Office i/c Records*  
*57<sup>th</sup> Old Regt.*  
*58 Victoria St.*  
*L.P.S. (R.L.S.)—No. 24.*  
*S.W.1.*

Your obedient Servant,  
**R. BRUCE,**  
Controller.

No. 4254 Rank Pte Name Jackman W.R.E.

|                |      |     |       |           |
|----------------|------|-----|-------|-----------|
| Pay            | F.A. | Wkg | Total | N.F.P. 35 |
| 100            | 10   |     | 110   | 85%       |
| Less Allotment |      |     | 50    |           |
| Net Rate       |      |     | 60    |           |

| DEBITS            | Date | £ s d |    |         | CREDITS                    | Period |       | Days | Rate | £ s d |    |        |
|-------------------|------|-------|----|---------|----------------------------|--------|-------|------|------|-------|----|--------|
|                   |      |       |    |         |                            | From   | To    |      |      | £     | s  | d      |
| Balance           |      |       |    | Balance |                            | 15/18  |       |      |      | 3     | 9  | 0      |
| Acquittance Rolls |      | 1     | 14 | 6       | other allowance            |        |       |      |      | 1     | 5  | 0      |
| Hospital Advances |      |       |    |         | Pay @ Net Rate             | 26/18  | 2/19  | 69   | 60   | 41    | 40 | 8 10 2 |
| A.E. 54.          |      |       |    |         | R.A.                       | 2/19   | 11/19 | 10   | 2/11 |       |    | 1 0 10 |
| P.&.R.O. Payments |      | 8     | 0  | 0       | <del>Cr. Bal. £410/6</del> |        |       |      |      |       |    |        |
| Cash 205          |      | 4     | 10 | 0       |                            |        |       |      |      |       |    |        |

£9-146

258  
3/11/19

£14-5-0

N<sup>o</sup> 4623



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm R E Jackman, Regl. No. H254

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and fifty 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 Feb. 1/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS             | AMOUNT (each person) |
|--------------------------|---|----------------|---------------------|----------------------|
| 3702                     | father  | Wm. J. Jackman | Tilt Cove           | 50                   |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                |                     |                      |
|                          |   |                | Total Allotment, \$ | 50                   |

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

Sig.) W R E Jackman  
 Officer Commanding  
 H Company  
St. John's  
Jan. 26 1918

(S) W R Jackman  
 (Rank) Private



4 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm R E Jackman, Regl. No. 4254

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and fifty 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 Feb 1/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS   | AMOUNT (each person) |
|--------------------------|---|----------------|-----------|----------------------|
| 3703                     | father  | Wm E Jackman   | Telt Cove | 50                   |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
|                          |   |                |           |                      |
| Total Allotment, \$      |   |                | 50        |                      |

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

Sig.) [Signature]  
Officer Commanding  
H Company  
[Signature]  
January 26 1918

(S) W R Jackman  
(Rank) Private

# The Royal Newfoundland Regiment

Class for Demobilization:—

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No \_\_\_\_\_

Name *Des Jackman*

Rank *Plt*

Address *St. John's*

Present Medical Category \_\_\_\_\_

Recommended for:— (a) ~~Immediate discharge~~  
(b) Standard Medical Board

Members of Board

O.C. Discharge Depot.

Senior Medical Officer

M. O. Depot



No. 4254 Name

*Jackman Wm*

Sqn., Batty.,  
or Company

*Royal Newfoundland Corps*

Date of enlistment

*18-12-17*

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

*W. E. ...*

Character *Good*

Army Form B. 122.

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |
|       |                 |      |                      |         |                    |                    |   |                 |         |

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet 1

Signature of O. C. Company [Signature]

| Regimental Number and Name |                               | Enlistment   |                                 | Trade              | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-------------------------------|--------------|---------------------------------|--------------------|---|
| No.                        | <u>1350</u> <u>Jackman W.</u> | Age on       | <u>23</u> years <u>2</u> months | <u>Stockkeeper</u> |   |
| Joined                     |                               | Date         | Place and Date of Enlistment    | Religion           |   |
| Joined                     |                               | Date         | <u>18-12-17</u>                 | <u>C. of C.</u>    |   |
| Joined                     |                               | Date         | Period of                       | Place of Birth     |   |
| Joined                     | Date                          | with Colours | <u>192</u> years.               |                    |   |
|                            |                               | with Reserve | <u>365</u> 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 |
|-------|-----------------|------|----------------------|--|--------------------|--------------------|---|-----------------|---------|
|       |                 |      |                      | Demobilized St. John's, 2 <sup>7</sup> / <sub>19</sub> |                    |                    |   |                 |         |

To be carried over

**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland* 18-10-1893

Rank *PC* Surname *Jackman* Christian Name *William*

Religion *Cof E* Age on Enlistment *23* years *2* months

Enlisted (a) *18-12-17* Terms of Service (a) *Duration* Service reckons from (a) *18-12-17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate .....

Occupation *Storekeeper* Signature of Officer *W. J. ...*

| Report  |  | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty                     | Date of Casualty                 | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---------|--|--|---------------------------------------|----------------------------------|--|
| Date    | From whom received                                     |  |                                       |                                  |  |
| 20-9-18 |  | A I  | Embarked ...<br>Disembarked           | 4 OCT 1918                       |  |
|         | <i>2022</i><br><i>32 Lt</i><br><i>Carter de Courch</i> | <i>Do</i><br><i>Do</i><br>Transferred to England   | <i>Amroreux</i>                       | <i>11/10</i><br><i>11/18</i>     | <i>18 073</i><br><i>18 21409</i><br><i>18 2053</i>                                 |
|         |  |  | <i>Ushad</i><br>For Officer i/c No. 1 | <i>11/18</i><br>Infantry Section |  |
|         |  |  | 3rd Echelon. General Headquarters     |                                  |  |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signature, Sholing-Smith, & Co.

*Next of Kin Mr. Wm. J. Jackman 2111 Cove Notre Dame Bay Nfld*

# The Royal Newfoundland Regiment.

## PROCEEDINGS ON DISCHARGE

1. No. 4254 Rank Capt Name Jackson Wm  
 Intended place of residence Bret Cole  
 2. Occupation Storekeeper  
 Classification of soldier B Medical Category E  
 3. The above named man is discharged in consequence of DEMobilisation

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S  
 Date JUN 4 1919 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S  
JUN 4 1919  
 Signature of soldier W. Jackson  
 Signature of witness J. A. Shaw Capt.

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
4-6-19  
 Signature of soldier W. Jackson  
 Signature of witness W. Beaton

### STATEMENT OF SERVICE

7. Enlisted for service 18-12-17 No of days on Military  
 Discharged from service 18-6-19 Plus 14 days Service 562

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date JUN 18 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 2, 1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*Handwritten notes at bottom: ASD B 2079/2292*

14  
31  
28  
31  
30  
27  
30  
94



# 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 *William Jackman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4254*

Intended address *Tiet Cove*

Height on discharge *5* Feet *9*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *Amputation Left Arm*

Figure on discharge *Tall*

Christian name of Father *William J*

Christian name of Mother *Agnes*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *London England 10-11-1897*

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) *William Jackman* (Rank) *Plt*

Station *St Johns* Date *2-6-19*

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

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

Station \_\_\_\_\_ Date \_\_\_\_\_