



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8184 Name Elmo Knight Corps

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

- 1. What is your name? ..... 1. Elmo Knight
- 2. What is your full Address? ..... 2. Grand Falls
- 3. Are you a British Subject? ..... 3. YES
- 4. What is your age? ..... 4. 15 Years 6 Months
- 5. What is your Trade or Calling? ..... 5. Lumberman
- 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. Army
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. What is your Religion? ..... 9. Meth.
- 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... 10. Yes. { Name .....  
Corps .....

I, Elmo Knight.....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.

Elmo Knight.....SIGNATURE OF RECRUIT.  
James J. Waugh.....Signature of Witness.

E15/5/17

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

I, Elmo Knight.....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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Grand Falls on this 15<sup>th</sup> day of May.....1917  
Signature of Attesting Officer H. J. Fitzgerald S.M.

### †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.....1911 ..... } Approving Officer.  
Place..... }

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edna Knight  
 Apparent age 18 years 6 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches      Weight - 134  
 Range of expansion 3 inches

Distinctive marks Hair, Brown - Eyes, Brown - Complexion, Dark Skin  
White Scar left corner lower border eye - R. & Sight -

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Knight  
Grand Falls | Relationship Father  
NFLD 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 _____									
<u>Discharged April 11 1919</u>									
Total Service forfeited as above.....									

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
309.

Number of Sheet First

Regiment of 7th Dragoon Company

Signature of O. C. Company H. A. Ross Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>8784</u> <u>Elmore Knight</u>	Age on	years	<u>6</u>		<u>Drum Major</u>	
Joined		Date	Place and Date of Enlistment				Religion
Joined		Date	with Colours				<u>Methu</u>
Joined		Date	with Reserve		Place of Birth		

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>Dunkeld Scotland</u>	<u>28/10/17</u>	<u>Pte</u>		<u>Absent from drill call.</u>	<u>Cpt Stuart</u>	<u>7 days C.P.</u>	<u>30/10/17</u>	<u>Hugh M. Hilding Capt.</u>	
<u>Dunkeld</u>	<u>1/1/17</u>	<u>Pte</u>		<u>absent from Tattoo Roll call 1/1/17 till 10 2/1/17 freq out of Remarks sheet in duplicate.</u>	<u>Cpt Stewart</u>	<u>14 days C.P.</u> <u>24 hrs F.P. &amp; R.</u>	<u>2/1/17</u>	<u>H.A. Ross Capt. Capt.</u>	<u>for one day for Drill</u>
				<u>Demobilized St. John's</u>	<u>11/19</u>				

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8184 Rank Pte. Name Knight Elmo  
Intended place of residence Grand Falls

2. Occupation Lumberman  
Classification of soldier E Medical Category B II

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

### Eligible for War Service Gratuity

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

Place .....  
Date MAR 26 1919 *JW* H. Mus. Lt.  
Comanding 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 26. 3. 19  
Elmo Knight  
Signature of soldier  
J. H. Knowlton  
Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S 26. 3. 19  
E. Knight  
Signature of soldier  
W. J. Eaton R.Q.M.S.  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 15. 5. 17 No of days on Military  
Discharged from service 28. 3. 19 Plus 144 days Service 697

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S MAR 28 1919  
R. H. Daint Capt.  
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 April 11 1919  
M. Bowley Capt.  
Officer in Charge  
The Royal Newfoundland Regiment

*22 B 7079/19 20*

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# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No: 8184 Rank: PLC Name: Knight Edgar  
 Date of Enlistment: 15.5.17 Address: Grand Falls District: St. John's  
 Occupation: Labourer Classification for Discharge: 4 Medical Category: B. II  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date: 25.3.19 O. C. Discharge Depot: H. M. [Signature]

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation.

E. Knight

Particulars passed to Vocational Officer for information and action.

Date: .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable: \$6.00

(b) Clothing Supplied: [Signature]

Date: 26-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 948 to his home  
 at Green Falls and Release Certificate No. 1767 issued.  
 Date 26-3-19  
 J.A. [Signature] Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 11-4-19  
 Date 26-3-19  
 J. [Signature] Depot Paymaster.

Discharge approved for 28-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 27 3 19  
 [Signature] Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officers i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Eligible for War Service Gratuity

Date MAR 28 1919  
 [Signature] O. C. Discharge Depot.

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



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2153 Name Elo Knight Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Elo Knight</u> .....               |
| 2. What is your full Address? .....  | 2. <u>Grand Falls</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>2</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Paper makers Help.</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> .....                     |

FOR THE DURATION OF THE WAR.

I, Elo Knight 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.

Elo Knight SIGNATURE OF RECRUIT.

R.P. Hallaway Signature of Witness.

5 Feb 23

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

on this 24 day of February 191 6

Signature of Attesting Officer R.P. Hallaway

### †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 1st

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

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name E. Lino Knight  
 Apparent age 18 years 2 months. Height 5 feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Knight  
Grand Falls | 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									
" " " Pension " _____ [ " " ] _____ " _____ "									





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2153 Name Elo Knight Corps .....

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

- 1. What is your name? ..... 1. Elo Knight
- 2. What is your full Address? ..... 2. Grand Falls
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years 2 Months
- 5. What is your Trade or Calling? ..... 5. Paper makers
- 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, Elo Knight 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.

Elo Knight SIGNATURE OF RECRUIT.

R.P. Hallaway Signature of Witness.

5 Feb 23

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

I, Elo Knight 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 24 day of February 1916

R.P. Hallaway 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 complied with. I accordingly approve, and appoint him to the.....

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

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

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

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, 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 E. Leno Knight

Apparent age 18 years 2 months. Height 5 feet 6 3/4 inches.

Chest Measurement { Girth when fully expanded 36 inches  
Range of expansion 5 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Knight  
Grand Falls | 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.	
(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-7-16</u>									
Joined at <u>February 23-16</u>					<u>St John</u>				
<u>Dischd.</u>	<u>Regt. 101st</u>			<u>11/4/17</u>					
<u>Embarked</u>	<u>St John</u>	<u>S.S. Section</u>		<u>for det. 19/16</u>					<u>Embarked for</u>
<u>B.C.F. 3-10-16</u>	<u>Joined unit</u>	<u>14-10-16</u>	<u>Admitted</u>	<u>C.R.S. Service</u>	<u>effective 23/16</u>				<u>3/16</u>
<u>Discharged to duty</u>	<u>5/16</u>	<u>Admitted</u>	<u>103rd Stry</u>	<u>Headquarters</u>	<u>Det. 11/10/17</u>				
<u>Involved in</u>	<u>Car load</u>	<u>20-1-17</u>	<u>Admitted</u>	<u>3rd Hon. Coy</u>	<u>Headquarters</u>	<u>21-1-17</u>			
<u>Attached</u>	<u>14th Coy</u>	<u>20-2-17</u>	<u>to Newfoundland</u>	<u>9-3-17</u>	<u>Arrives</u>	<u>16-3-17</u>			
				<u>Discharged</u>	<u>Medically unfit</u>	<u>11-4-17</u>			
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-4-17</u> (date of discharge)					<u>1</u> years <u>48</u> days				
Pension									

May 28, 1918.

Dear Mr. Knight.

In reply to your letter of the 22nd inst., I am forwarding by Express to-day one Kit Bag which belong to your son, Pte. E Knight. Enclosed you will find receipt will ou kindly sign same and return at your earliest convenience.

I am,

Yours faithfully,

Lieut.

Mr. John Knight,  
Grand Falls.

C.R. 2153

Elmo Knight was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on <sup>Feb 1916</sup> ~~November~~ 23rd 1916  
Regimental No. 2153 was allotted to Pte E. Knight

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

CR. 2153

Extract from Daily Orders part II, Unit  
The Royal Newfoundland Regiment dated  
January 27th. 1917. received from G.H.Q. 3rd.  
Echelon.

#2153 Pte. E. Knight.

Invalided to England H.S. St. Andrew 20/1/17.

C.R. 2153

Extract from Nominal Roll of Nfld. Regt. Draft No.11  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-  
ampton, 3-10-16.

2153 Pte. E.Knight.

Grand Falls 4d  
May 22-18

Department of Abilitia:-

In Reply to your  
letter of the seventeenth  
Inst. concerning. Pte. E.  
Knight's Kit Bag. Pte  
Knight is now in the  
Forestry Battalion and  
would you kindly  
forward the Bag to me  
By so doing

You will greatly oblige  
Yours etc.

J. Knight  
Grand Falls

May 17, 1918.

Dear Sir:-

One Kit Bag the property of your son  
No. 2153 Pte. E. Knight of The Royal Newfoundland  
Regiment is laying at this office, would you kindly  
advise him to call for same or instruct us where  
to send it.

Yours faithfully,

Captain.

Mr. John Knight,  
Grand Falls.



C.R. 2153

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

2153 Pte. Elmo Knight discharged April 11th 1917

Medically unfit

215'3

C.R.

Extract from Daily Orders Part II Unit The Royal Rifles.  
Regt., St. John's, March, 27th, 1917.

2153 Pte. E. Knight.

Attached to the strength from Mar. 26th-17.

C.R. 2153

Extract from roll of Officers

H. C. O's and men DISCHARGED

from the Royal Newfoundland Regiment

Regtl. #	rank	name	date	reason.
2153	Pte.	Knight Elmo	11/3/17	MED. UNFIT.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Frederick M. Bennett Address \_\_\_\_\_

Line Number _____	Rcd _____	By <u>Frederick M. Bennett</u>	Sent _____	by _____	Check _____
-------------------	-----------	--------------------------------	------------	----------	-------------

Dated January 24, 1917.

To Mr. John Knight,  
Grand Falls.

Regret to inform you that Record Office,  
London, officially reports No. 2153, Private Elmo Knight, is at Wandsworth suffering from corneal opacity.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

3rd London General

HOSPITAL, at

Wandsworth S. W.

Affiliated to

NOMINAL ROLL of Sick and Wounded from the

France

Expeditionary Force

admitted on Jan. 21st, 1917

from Hospital Ship

St. Andrew

Southampton

or

Dover.

\* Here insert which Expeditionary Force.

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

(a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.

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

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

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., not later than the day after admission; envelopes to be marked C. 2, Casualties: rolls are not to be telegraphed in advance. The duplicate of the rolls should be sent to the Officer in charge of Records of the Colonial Contingent concerned.

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

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
2153	Pte.	Knight, E.	1st Newfoundland	Corneal opacity



(Sgd) Horace Fagan, Capt.,  
Registrar, R.A.M.C.T.,  
3rd London General Hospital,  
Wandsworth, S. W.

C.R. 2153

C.R. 2153

Copy of Cablegram to Governor St. John's Nfld.  
from P.&.R.O. 23/1/17,

2153, Knight. ✓

At Wandsworth Corneal opacity. ~

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.  
January 20th. 1917.

2153, Pte E. Knight. ✓

1 Newfoundland R. VDH Severe Adm. 8 Gen. Hos. Rouen  
13th. January 1917.

C.R. 2153

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.  
January 19th. 1917.

2153, Pte E Knight. ✓

1 Newfoundland D.A.F. Trans. to Amb. Trn. 23 ex New  
Zealand Stationary Hospital, 12 January 1917.



C.R. 2153

Extract from Casualties.....List No. H.A. 5940.

2153 Pte. E. Knight.

Adm. NZ Sty. H. Amiens 10th Jan.17. DAH Mild.

C.R. 215-3

Extract from Casualties ..... List No. H.A. 5934.

~~2153~~ Pte. E. Knight.

Adm. 8 Gen . Hosp. Rouen 13th Jan. 17.  
VDH Sev.

C.R. 2153

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Siollian" July, 19, 1916.

2153 Pte. Knight E.

L. Knight

C.R.

2/13

P. R. O.

# Proceedings on Discharge.

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

No. 2153 Army Rank Private

Name Knight Edmo.  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

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

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age 17 years \_\_\_\_\_ months

Height 5 feet 6 inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.

Complexion Brown

Eyes Brown

Hair Light Brown

Trade Paper Cutter

Intended place of residence { Grand Falls  
(To be given as fully as practicable) Newfoundland

Descriptive marks.  
White spot near pupil  
Left eye

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
CNFF 38 No. 1820/10

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Defective Vision

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. \_\_\_\_\_

Army Form B. 2088 has been issued to\*

No 2153 Name Knight, E.

Sqn., Batty., or Company } "A" Corps 1<sup>st</sup> Newfoundland } Date of enlistment } Feb 23/16 } G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } 22/9/16 } No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. one

Signature O.C. Company, etc. } J. V. ... }

Character Good.

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
in the field	1-11-16	Pte.		Loosing oil bottle & Pull through 10 Rds P. u. a.	Sept Martin	Dep <sup>d</sup> 1 days Pay Pay for oil Bottle & Pull through.	2-11-16	Majr Robinson	ASD
				Invalided to England 20.1.17	W. J.				

*Original*

# Medical Report on an Invalid.



3rd London General Hospital  
WANDSWORTH, S.W.

Station

Date

*Feb 13/2/17*

1 Unit *1st Newfoundland*

2 Regimental No. *2153*

3 Rank *Private*

4 Name *Knight. E.*

5. Age last birthday *17*

6. Enlisted { on *Feb 20th 1916.*  
at *Grand Falls, Nfld.*

7. Former Trade { *Paper cutter.*  
or Occupation

### 3. Disability.

*Defective vision due to old iritis, leucoma, & irregular astigmatism.*

### 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.

*About two years*

10. Place of origin of disability.

*Newfoundland.*

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

COPY SENT TO	
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
N.F.P.33. No.	<i>18206</i>
DATED <b>MAR 1 1917</b>	

*He reported sick near Amiens a fortnight before a discharge here with defective eyesight. He was sent to No 5 General Hospital, Rouen, for 6 days, & was then transferred here.*

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

*Unknown*

(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 3).

*Accrued by 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.

He presents evidence of old iritis in both eyes. There is a small leucoma at the periphery of the right cornea, & a much larger one on the left. Irregular astigmatism is present in both eyes.

These pathological conditions reduce the vision in the case of the right eye to  $\frac{6}{36}$ , which can be improved by a lens to  $\frac{6}{18}$ , & in the case of the left to  $\frac{6}{24}$ , which can be improved by a lens to  $\frac{6}{12}$ .

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

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

Not an injury

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

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

No

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

No

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

No

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?

For reclassification.

W. L. Holyoak  
Capt RAMC

Officer in medical charge of case.

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

3rd London General Hospital,  
Station WANDSWORTH, S.W.

J. E. Donnelly  
Officer in charge of Hospital, T.

Date 14/2/17

Comdg. 3rd London Gen. 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.



## Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Due to any of these causes*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

(c) Any of the conditions mentioned in Question 20, and if so which? *Yes by active service*

22. Is the disability permanent? *Yes*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity. *Lessened by one half*

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act? *No*

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England? *Yes*

Signatures:—

3rd London General Hospital.

Station WANDSWORTH, S.W.

Date 15.2.17

*J. R. Wynter Maj. Ramer* President.  
*J. J. McElduff, Capt. A. H. McElduff* Members.  
*W. J. B. Howard C.S.*

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 15.2.17

*J. R. Wynter Maj. Ramer*  
 Administrative Medical Officer.

(On leaving Corps or Station where invalidated.)

Transfer { Date \_\_\_\_\_  
 or Station \_\_\_\_\_  
 Embark- { Date \_\_\_\_\_  
 ation { Port \_\_\_\_\_

Name of { Conveyance \_\_\_\_\_  
 Vessel \_\_\_\_\_  
 Officer in } \_\_\_\_\_  
 medical charge }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or } \_\_\_\_\_  
 Station } \_\_\_\_\_

Officer in medical charge. \_\_\_\_\_

(At Station or Hospital where finally disposed of.)

Station and } \_\_\_\_\_  
 Hospital } \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depot. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision y \_\_\_\_\_

Administrative Medical Officer. \_\_\_\_\_

Army Form B. 179.

MEDICAL REPORT ON AN  
 INVALID.

58 vic.

Station *1st*  
 Corps *1st*  
 Regimental No. *2158*

Rank *Pte.*  
 Name *Knight E.*

Disability *Specific poison due to ill water, barium & sulphur ingestion*  
 Date *15/2/17*

Hospital or Station transferred to for final disposal }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.  
 (4726) W. 5830/2714. 5000 9/16. C. P. 144.  
 Form B. 179  
 14

**Notification by President of Medical Board of Approval of a Soldier's  
Discharge under Paragraph 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records 58 Victoria St. S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup> days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Knight, Christian names Elmo  
(in full)

Regt. No. and Rank 2153 Pte Regt. or Corps 1st newfoundland  
(If T.F. this should be stated)

His address on discharge will be Grand Falls, Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that no allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 15/2/17

W. W. G. Major James

President of Board  
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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

# MEDICAL HISTORY

OF

Surname KnightChristian Name Oliver

Table I.—GENERAL TABLE.

Birthplace:—Parish .....

County .....

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined .....	on <u>18</u> day of <u>February</u> 191 <u>6</u>		on ..... day of ..... 191.....	
	at <u>St. John's, Nfld.</u>		at .....	
Declared Age .....	<u>18</u> years		..... years	
Trade or Occupation .....	.....		.....	
Height .....	<u>5</u> feet	<u>63</u> inches	.....	..... inches
Weight .....	<u>119</u> lbs.		.....	..... lbs.
Chest Measurement {	Girth when fully expanded... ..		..... inches	
	Range of expansion... ..		..... inches	
Physical Development... ..	<u>5</u> inches		..... inches	
Vaccination Marks {	Right		Right	
	Left		Left	
When Vaccinated .....	.....		.....	
Vision .....	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature) .....	<u>Samuel Parker</u>		.....	
(Rank) .....	.....		.....	
Enlisted .....	at <u>St. John's</u>		at .....	
	on <u>16</u> day of <u>July</u> 191 <u>6</u>		on ..... day of ..... 191.....	
Joined on Enlistment .....	Corps.	/Regtl. No.	Corps.	Regtl. No.
	<u>1st Nfld. Regt.</u>	<u>2183</u> <u>2153</u>	.....	.....
Transferred to .....	.....		.....	
Became non-effective by .....	.....		.....	
(Signature) .....	on ..... day of ..... 191.....		on ..... day of ..... 191.....	
(Rank) .....	.....		.....	

COPY SENT TO  
O.C. I.M.C.  
ST. JOHN'S, N.F.L.D.  
#338. NO. 1820/10  
DATED MAR 1 1917

Gordon Disch. to duty, 1/11/16

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 further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital WANDSWORTH	21	11	17				Defective Vision due to old iritis, leucoma irregulare astigmatism		<p>Board held - see overleaf</p> <p>Inability - Defective vision due to old iritis, leucoma irregulare astigmatism.</p> <p>R. vision = <math>\frac{6}{36}</math>, with lenses = <math>\frac{6}{18}</math>. L. vision = <math>\frac{6}{48}</math>, with lenses = <math>\frac{6}{24}</math></p> <p>Cause - (see) Not due to any of these causes; aggravated by active service (1).</p> <p>Capacity for earning a livelihood lessened by one half.</p>	<p><i>W. H. Smyth-Caporn</i></p> <p>3rd London General Hospital, WANDSWORTH, S.W.</p>



# 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A** Name in full Knight Elmo  
 Regiment from which discharged 1st Newfoundland  
 Regimental Number 2153  
 Where born (Parish, Town and County), and when Jacksons Cove, Newfoundland  
 Intended address Grand Falls, Newfoundland.



Height on discharge 5 Feet 6 Inches  
 Colour of Hair on discharge light brown Colour of Eyes Brown  
 Descriptive marks White spot near pupil Large Complexion Darkest Brown  
 Figure on discharge Slender - not fully grown  
 Christian name of Father Elmer  
 Christian name of Mother Mary (Desd.)  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_  
 Nature and locality of civil employment desired Paper cutting

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 N.F.P.38. No. 1820/10  
 DATED 14th 1917

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) Elmo Knight (Rank) Private  
 Station WANDSWORTH Date 16. Feb. 17.

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

Station WANDSWORTH, S.W. Date 12. Feb. 17.  
W. R. Hobdack Medical Officer i/c  
Capt. R. A. M. Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account } of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge \_\_\_\_\_  
 Character (as on Certificate of discharge) \_\_\_\_\_  
 Where born, and on what date \_\_\_\_\_  
 Date and Place of first Enlistment \_\_\_\_\_  
 Trade on Enlistment \_\_\_\_\_  
 Cause of Discharge \_\_\_\_\_  
 Number of G.C. Badges \_\_\_\_\_  
 Wounds, and Actions in which received \_\_\_\_\_

Medals

Other distinguishing marks \_\_\_\_\_

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge \_\_\_\_\_  
 Date \_\_\_\_\_ Records.

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service**



No. 2153

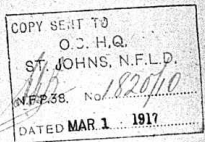
Rank Pte

Name (surname first) Knight, Elmo

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

*Paper butler*



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Anglo Newfoundland development company -  
Paper butler 4 months*

3. What is the nature and locality of the employment you desire?

*Paper butler*

4. What is the name of your Approved Society? *none*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*No*

Date 12/2/17

Signature Elmo Knight

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No.....of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



FORM K

No. 2028



### 31st. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, E. Knight, Regl. No. 2153  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
50 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

May 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2027</u>	<u>Wife</u>	<u>John Knight</u>	<u>Grand Falls.</u>	<u>50</u>
<u>Commencing 21/7/16.</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.) R.P. Hallaway  
Sub.  
 Officer Commanding  
A. Company  
St. John's  
April 19th 1916.

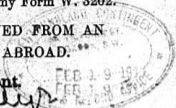
(Sig.) Edmo Knight  
 (Rank) Pl

Admitted 21. 11. 16

(5259). W. 1175/G. 5539. 1,800 Hks. 11/15. G.P., LA

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



1st Inf Cont Regiment  
 \*The Officer Commanding Inf. Cont.  
 The Officer in Charge of Records 58 Victoria St SW  
 The Regimental Paymaster 58 Victoria St SW

With reference to No. 2153. Plc Knight - E.  
 of the above Regiment, who appeared before a ~~Medical Board~~ and was approved by  
 the ~~D.D.M.S.~~ London Command, on the 15. 2. 17.

for discharge from the Service, as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St A.W.  
 on [date] 17<sup>th</sup> July 1917

H. Jagan Officer Commanding  
Capt. R.A.M.C.T. Hospital.

Place Wandsworth. Registrar, R.A.M.C.T.  
 Date 17/2/17 3rd London General Hospital,  
WANDSWORTH, S.W.

\* In case of Territorial Force "Officer Commanding the Administration"  
 Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

Admitted 21. 11. 16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



\* The Officer Commanding Infed Cont Regiment  
 The Officer in Charge of Records 58 Victoria St A.W  
 The Regimental Paymaster 58 Victoria St S.W

With reference to No. 2153 Pte Knight-E of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London Command, on the 15. 2. 17 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St A.W. on [date] 17<sup>th</sup> July 1917 H. Jagan Officer Commanding Capl. R.A.M.C.(F) Hospital.

Place Windsor Registrar, R.A.M.C.I.,  
 Date 7/2/17 3rd London General Hospital,  
WINDSWORTH, S. W.

\* In case of Territorial Force "Officer Commanding the Administration" Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

3rd London General Hospital.

Wandsworth S.W.

*Feb. 12. 1917.*

From, O. C.  
3rd London General Hospital.

To, O. C. Records. *Newfoundland Regt.*  
*58 Victoria St*  
*P.O.*

In conformity with instructions contained in A. C. I.  
No. <sup>2069</sup>~~1629~~ of 1916., I beg to report that:-

2153. *Pl. C. Knight, 1st Newfoundland Regt.*  
will shortly be brought before a Medical Board, and will probably  
be discharged from the Army or re-Classified.

*H. Jagan*  
*Capt. R.A.M.C. (F)*

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2103 Plt. E Knight

N Co'y From 23/12/16 to 9/2/17 (Dates inclusive)

Classification (See Procedure).

**A** MAR 22 1917

(Substituted A.F. O. 1325) M.F.P./Ka.

Embarked per S.S. Musanthe

From Liverpool 9/3/17

Date 9.3.17 Draft No. 31

CF.

Pay Book Col.	Particulars	days	9	8	6	£	s	d	Date	Pay Book Col.	Particulars	days	9	8	6	£	s	d	
8	Forfeited Pay									1	Pay	100	77	77					
9	Allotments	50	77	38	50					2	Field Allowance	10	77	77					
10										3	Other Allowances								
11/12	Total Stoppages £ & d				38	50				4/5	Total Pay & Allces @ \$4.86 2/7					84	70	17	8
13	Fines									6	Bal. Cr. Last Period								6
14	Clothing																		
15	Arms & Accoutrements																		
16	Barrack Damages																		
17	Hospital Stoppages																		
17a	Miscellaneous Stoppages																		
19	Casual Payments																		
20/21	1st Payment 15 Prone							16	0										
22/23	2nd "							10	9										
24/25	3rd " Adm. Account							10	9										
26/27	Final " P.I.R.O.							1	0										
28	Balance Dr. Last Period							1	15	1									
29	" due by Paymaster																		

This account is in accordance with information received at the Pay & Record Office to 15/3/17 and is therefore subject to amendment if, and as may be found necessary.

*R. B. ...*  
 1917

CHECKED  
*[Signature]*

CERTIFIED CORRECT.

*[Signature]*  
 O.C. "A" Company.

(9 38 41) W 1 751-6539/1 75,000(6) 10/15 H W V(M 531)  
16.92-191 75,000 1/16

For use in  
Army Form  
No. 2001  
(1st issue of 1917)



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNING FROM AN  
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD

1st Infld. (Regiment).

No. 2153, Rank Plt, Name Knights E.

is discharged from Hospital with orders to proceed to ~~his home~~  
(Address 58 Victoria St. S.W.)

and there await further instructions as to his discharge from the  
Service.

3rd LONDON GENERAL HOSPITAL  
WANDSWORTH.  
Place \_\_\_\_\_

H. Jacon  
Officer Commanding,  
Capt. R.A.M.C. (T)

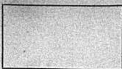
Date 17/2/17

\_\_\_\_\_  
Registrar, R.A.M.C.T. Hospital.  
3rd London General Hospital,  
WANDSWORTH, S. W.

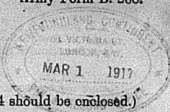
Knight, Elmo.

2153

May - Sept.



## Proceedings on Discharge.



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

No. <u>2153</u>	Army Rank <u>Private</u>
Name <u>Knight, Elmo</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>April 11<sup>th</sup> 1917.</u>	
Place of discharge <u>St John's Nfld.</u>	
1. Description at the time of discharge.	
Age <u>17</u> years <u>6</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Brown</u> Eyes <u>Brown</u> Hair <u>Light Brown</u> Trade <u>Paper Cutter</u> Intended place of residence <u>Grand Falls</u> (To be given as fully as practicable) <u>Newfoundland</u>	Descriptive marks. <u>White spot near pupil</u> <u>Left eye</u>
2. The above-named man is discharged in consequence of <u>Defective Vision</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to <sup>o</sup>	

To be filled in on the soldier quitting the Colours.





This Form is to be used in connection with Pamph.

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

Examination of *Elmo Knight*

aged *18* conducted at *Grand Falls -*

Date: *Feb 19/16* Recruiting officer:

NO. OF TEST FINDING *Recommended*

1	<i>no defect.</i>	✓
2	"	✓
3	"	✓
4	"	✓
5	"	✓
6	"	✓
7	"	✓
8	"	✓
9	"	✓ <i>no -</i>
10	"	✓
11	<i>18 yrs -</i>	
12	<i>face - Foreign service</i>	✓
13	"	✓
14	"	✓
15	"	✓
16	"	✓
17	"	✓
18	"	✓
19	<i>Both Eyes</i>	<i>6/6</i>
20	"	✓
21	"	✓
22	"	✓
23	"	✓
24	"	✓
25	"	✓
26	"	✓
27	"	✓
28	"	✓
29	"	✓
30	"	✓
31	"	✓
32	"	✓
33	<i>No.</i>	✓
34	<i>5-6 3/4</i>	✓
35	<i>119 lbs</i>	
36	<i>31-36</i>	
37	<i>\$1.35 per day</i>	
38	<i>father</i>	
39	<i>nobody</i>	

*2153*

Signature of Medical Examiner: *J.W. Garden*

*A. B. Chamberlain*

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date June 11<sup>th</sup> Elmo Knight (Sig. of Soldier)

Place St Johns - - (Sig. of Witness).

\*\*\*\*\*

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

**MEDICAL HISTORY**

OF

Surname

*Night*

Christian Name

*Elmo*

MAR 1 1917

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE		REGULAR ARMY.	
	on	day of	on	day of
Examined ... ..	on	18 day of February 1916	on	day of 191
	at	St. John's, Nfld	at	
Declared age ... ..		18 years		years
Trade or occupation ... ..				days
Height ... ..		5 feet 6 <sup>3</sup> / <sub>4</sub> inches		feet inches
Weight ... ..		119 lbs.		lbs.
Chest Measurement {		Girth when fully expanded		36 inches
		Range of expansion ...		5 inches
Physical development ... ..				
Vaccination marks {		Right		Right
		Left		Left
When vaccinated ... ..				
Vision ... ..		R.E.—V.—	6/6	R.E.—V.—
		L.E.—V.—	6/6	L.E.—V.—
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)		<i>Sgt. Elmo Peterson</i>		
(Rank)		<i>Sgt.</i>		Medical Officer.
Enlisted ... ..	at	St. John's	at	
		on 18 day of Feb 1916		on
		Corps		Corps
		Regtl. No.		Regtl. No.
Joined on enlistment ... ..		<i>1st Nfld Regt 2153</i>		
Transferred to ... ..				
Became non-effective by ... ..				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
2nd London General Hospital Wandsworth, S.W.	21	11	17				Defective vision due to: old iris, leucoma irregular astigmatism		Board held - see overleaf. Disability - Defective vision due to old iris, leucoma irregular astigmatism R. vision = $\frac{6}{20}$ , with lenses = $\frac{6}{18}$ L. vision = $\frac{6}{24}$ , with lenses = $\frac{6}{20}$ Cause - (20) at 1st due to any of these causes approximated by active service (1) Capacity for earning a livelihood lessened by one half.	Hyde 2nd London General Hospital Wandsworth, S.W.



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2153 Cte E. Knight

H. Co'y. From 23/12/16 to 9/3/17 (Dates inclusive)

Classification (See Procedure).

**A**

(Substituting A.F. O. 1925) N.F.P./Co.

Embarked per S.S. Mississippi

From Liverpool 9/3/17

Date 3/17 Draft No. \_\_\_\_\_

CF.

Pay Book Col.	Particulars	days	£	s	d	Date	Pay Book Col.	Particulars	days	£	s	d
8	Forfeited Pay						1	Pay	100	77	77	-
9	Allotments	50	77	38	50		2	Field Allowance	10	77	77	0
10							3	Other Allowances				
11/12	Total Stoppages £ d		38	50	7 18 3		4/5	Total Pay & Allces @ 24.86 2/7		84	70	17 8 1
13	Fines						6	Bal. Cr. Last Period				6 16 1
14	Clothing											
15	Arms & Accoutrements											
16	Barrack Damages											
17	Hospital Stoppages											
17a	Miscellaneous Stoppages											
19	Casual Payments				1 16 0							
22/1/16	1st Payment 13 Francs				10 9 9							
25/1/16	2nd "				10 9 9							
4/1/17	3rd "Add Hospital				10 9 9							
17/2/17	Final " P.I.A.O				1 0 0							
12/3/17					1 0 0							
24	Balance Dr. Last Period				1 18 1		27	Bal. due to Paymaster				1 16 0
28	" due by Paymaster				1 16 0							1 16 0

This account is in accordance with information received at the Pay & Record Office to 15/3/17 and is therefore subject to amendment if, and as may be found necessary.

24-4-7

Racecourse, Ayr  
March 8<sup>th</sup> 1917



CERTIFIED CORRECT.

W. M. Greene & Co.  
O.C. H. Company.

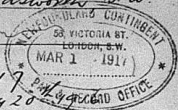
24-4-7

Medical Report on an Invalid.

*Certified True Copy*  
*[Signature]*

Station 3<sup>rd</sup> London General Hospital  
Wandsworth S.W.

Date 13/2/17



- 1. Unit 1<sup>st</sup> Newfoundland
- 2. Regimental No. 2153
- 3. Rank Private
- 4. Name Knight, E.

- 5. Age last birthday 17
- 6. Enlisted { on July 20  
at Grand Falls, Nfld
- 7. Former Trade or Occupation { Paper cutter

8. Disability.

*Defective vision due to old iritis,  
leucosma & irregular astigmatism.*

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.

*about two years.*

10. Place of origin of disability.

*Newfoundland*

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

*He reported sick near Amiens a fortnight before admittance here with defective eyesight. He was sent to Nos General Hospital, Rouen, for six days & was then transferred here.*

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

*Unknown*

(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 3).

*Accentuated by 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.

He presents evidence of old iritis in both eyes. There is a small leucoma at the periphery of the right cornea & a much larger one on the left. Irregular astigmatism is present in both eyes. These pathological conditions reduce the vision in the case of the right eye to  $\frac{6}{36}$ , which can be improved by a lens to  $\frac{6}{18}$ , & in the case of the left to  $\frac{6}{24}$ , which can be reduced by a lens to  $\frac{6}{12}$ .

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

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

Not an injury

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

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

No

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

No

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

No

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?

✓ For reclassification  
 Syd

W. J. Holyoak Capt R.A.M.C.2.  
 Officer in medical charge of case.

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

except†

Station

London General Hospital Syd  
Bandsworth

H. E. Bruce-Parker Lt Col R.A.M.C.2.  
 Officer in charge of Hospital.

Date

14/2/17

Commandg. 3rd London General 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.



## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Not due to any of these causes.*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

*no*

(b) Misconduct?

*no*

*ANY OF THE CONDITIONS MENTIONED IN QUESTION 20 AND IF SO WHICH?*

22. Is the disability permanent?

*yes. by active service*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Lessened by one half.*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

*24.A. Is this man suffering from a disability which would, in your opinion, cause him to be rejected by an Approval Society under the National Insurance Act? *no**

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

*✓*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*yes*

(b) Change to England?

Signatures:—

*2nd London General Hospital*  
Station *Wandsworth, S.W.*  
Date *15/2/17*

*Sgd*  
*W. E. Lynton Maj R.A.M.C.D.* President.  
*J. F. Wethered Capt R.A.M.C.D.*  
*R. J. B. Howard ES.* Members.

*2nd London General Hospital*  
Station *Wandsworth, S.W.*  
Date *15/2/17*

*W. E. Lynton Maj R.A.M.C.D.*  
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 { Station \_\_\_\_\_  
 or \_\_\_\_\_ Name of \_\_\_\_\_  
 Embark- { Date \_\_\_\_\_  
 ation { Port \_\_\_\_\_  
 { Officer in }  
 { medical charge } \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 { Hospital or } \_\_\_\_\_  
 { Station } \_\_\_\_\_ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } \_\_\_\_\_  
 Hospital } \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }  
 Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN

INVALID.

Station *Gen*

Corps *1st Regt of Engineers*

Regimental No. *2153*

Rank *Plt.*

Name *Franklin E.*

Disability *Specific reason due to other*

Date *10/2/17*

Hospital or Station }  
transferred to for }  
final disposal }

Date of final }  
disposal }

How finally }  
disposed of }

The original Report is invariably to accompany the

discharge documents of Invalids.

(F. 88579) Wk. 1898 479X 5-10 W B & L

Form  
B. 179  
24

**NEWFOUNDLAND.**  
**REPORT OF MEDICAL BOARD**  
**ON SOLDIER OR NAVAL RESERVIST RETURNED**  
**FROM OVERSEAS**

Station ST. JOHN'S NFLD. Date MARCH 28TH., 1917  
No. 2153 Age 17 Height 5ft 6"  
Rank PRIVATE Complexion BROWN  
Name KNIGHT, ELMO Eyes BROWN Hair LT. BROWN  
Unit 1ST NFLD. REGT.  
Address JACKSON'S COVE Former Trade PAPER CUTTER  
Enlisted at ST. JOHN'S NFLD. on FEB. 20TH., 1916  
Disease or disability DEFECTIVE VISION DUE TO OLD TRITIS LENCOMA  
AND IRREGULAR ASTIGMATISM  
Present condition

*defective vision old eye disease*

Estimated disability

*less than 20%*

Recommendation of Medical Board

*Discharge*

Class

Members of Board

Approving Medical Officer.

*W. H. Fraser  
Principal Sick  
W. Burden for Major Paterson*

*Clay Macpherson  
Major*



Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 2153

Rank Private

Name (surname first) Knight, Elmo

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Paper Cutter

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Anglo Newfoundland Development Company  
Paper Cutter 4 Months

3. What is the nature and locality of the employment you desire?

Paper Cutter

4. What is the name of your Approved Society?

Tone

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 12/2/17

Signature Elmo Knight

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (b), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

**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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A** Name in full *Knight, Elmo*  
 Regiment from which discharged *1st Newfoundland*  
 Regimental Number *2153*  
 Intended address *Grand Falls, Nfld.*  
*where born (Cunah, Iron County) when Jackson's Cove, Newfoundland*



Height on discharge *5* Feet *6* Inches  
 Colour of Hair on discharge *light brown* Colour of Eyes *Brown*  
 Figure on discharge *Thin - not fully grown*  
 Christian name of Father *John* *light spot near right eye* Complexion *Brown*  
 Christian name of Mother *Mary (deceased)*  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_

Nature & locality of civil employment desired *Paper Cutting*

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) *Elmo Knight* (Rank) *Private*

Station *Wandsworth* Date *12/2/17*

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.

*Sgt. W. H. Bedford* *CA/AMC.T.* Medical Officer i/c  
*3rd General Hospital.*

Station *Wandsworth, S.W.* Date *12/2/17*

**B** Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed ...	...	...			
Service towards Pension ...	...	...			

Date inclusive to which pay has been issued

Sum due on account of advance of Pension }

Sums due on account of public debts ...

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

## Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 253 Rank PA Name Knight C.Enlisted (a) Feb 25/16 Terms of Service (a) Duration War Service reckons from (a) \_\_\_\_\_Date of promotion } Date of appointment } Numerical position on }  
to present rank } to lance rank } roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_



Date	Report	Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	From whom received				
		<u>Embke Southampton</u>		<u>3/10/16</u>	
		<u>Dienkha Rouen</u>		<u>4/10/16</u>	
		<u>joined Battalion</u>		<u>14/10/16</u>	
	<u>14 Cpls.</u>	<u>As. Def. Vision</u>	<u>France</u>	<u>3/12/16</u>	
	<u>do</u>	<u>Dr. &amp; Duty</u>	<u>do</u>	<u>5/12/16</u>	<u>C.D. 7477</u>
	<u>St Andrew</u>	<u>W. &amp; Eng. ex 8 Gen Hosp Rouen</u>		<u>20/1/17</u>	<u>W 3083</u>
		<u>Conical Opacity.</u>			
		<u>Sgt J.M. Churchill</u>			
		<u>Capt</u>			
		<u>for Op No. 1, Regular Infantry Section</u>			
		<u>2nd Echelon</u>			

(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) e.g., Signaller, Shoemaker, etc., etc., also special qualifications in technical Corps duties.

I.P.T.O.



No. 2153

Memo Knight E

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Mar 9	Ry Bae due by P.M. £1-15-1			9 26	9 26
24	Ry Pay 15 day @ 1 <sup>10</sup> / <sub>100</sub>			16 50	25 76
31	" " 7. @ 1 <sup>10</sup> / <sub>100</sub>			12 95	38 71
				20 35	59 06
Apr 11	" " 11. @ do			12 95	72 01
	Bonus				
	Clothing			25 00	97 01
Mar 26	Lo Pay		15 00		82 01
31	" Allotment 22 day @ 50¢		11 00		71 01
Apr 12	Lo Pay		37 95		33 06
	Lo Pay		33 06		<del>0</del>
	War Service Gratuity 4 mos @ 70 <sup>00</sup> / <sub>100</sub>			280 00	280 00
	Bonus		12 95		267 05
Dec 17	Lo Pay	7045	87 15		179 90
Mar 1	Lo Pay	10851	70 00		109 90
Apr 1	" "	13761	70 00		39 90
May 1	" "	17835	39 90		<del>0</del>
			377 01	377 01	<del>0</del>

PAY LEDGER No. 1461  
 Date 1/1/71 by \_\_\_\_\_

315 Alvany S.M.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *E. Lmo* ..... 2. Surname... *K. Wright* .....

3. Rank... *Private* ..... 4. Regtl. No... *2153* .....

5. Address in full to which future payments of gratuity are to be forwarded.....  
*# 31. Francky Road*  
*Grand Falls*

6. Date of enlistment in the Regiment... *February 28th 1916* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *none*

8. Relationship of such dependents..... *not applicable* .....

9. Address in full of such dependents..... *none* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Mfld, if so, give dates and particulars of such service. *Was in France 4 1/2 months*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *four months & twelve days*

(on active service)..... *Six months in Nfld. & three months in Scotland total = one year & forty nine days.*

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

yes. First enlistment number 2153  
..... Second in Territorial Co. .... 8184

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. .... no

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. .... none  
P.L.C. 2/1/17

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? .... no

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

19. Are you now serving in the Post? .... no ... If not give - (a) Date of discharge. *April 1917* ... (b) Reason for discharge. *empt.*  
*for further service, as ordered by Doctor*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service...

yes. .... *Sept 27<sup>th</sup> 1916 at Guedecourt + hrs +*  
*Gurche near Gellmont + Comble. Oct 26<sup>th</sup> Nov 16<sup>th</sup>*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. .... no

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

Signature of Applicant:

*Edmo Knight  
Grand Falls*

Place of Residence:

Declared before me at:

*Grand Falls*

This

*2nd*

day of

*Feb*

19*26*....

*Wm E Pike J. Q.  
Commissioner*

Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	paid Soldier, Dependent	paid War Service Maturity.		
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

March 4, 1921.

Elmo Knight  
32 Monchy Rd.,  
GRAND FALLS.

Dear Sir:

With reference to your application for War Service Gratuity, I enclose herewith three cheques, two for \$70.00 each and one for \$39.90 representing amount due you on account of same.

Yours truly,

Major  
Paymaster.

Grand Falls

Oct 24 1919

Hon. C. E. Hackman

Dear Sir

This is the third time I have written about this Separation Allowance. Now I am entitled to something for my child which was depending on me from April 1<sup>st</sup> 1918 until ~~Feb~~ March 24<sup>th</sup> 1919 now it is due to me for my child & I want what ever is due Now Sir I hope that you will not let this matter go unnoticed <sup>in future</sup> as you have in the past. A Returned Soldier gets little enough with out being deprived of the little allowance

2  
That is cut out for  
his dependant. now  
Sir I trust I may  
hear from you  
a satisfactory answer  
in the ~~past~~ near future  
you are minister of  
Guiltia & Vanderstand  
supposed to look up  
those things

I am Sir  
yours truly

Ex. pte Elmer Knight  
PO Box 206  
Grand Falls

October 31, 1919

Ex Pte. Elmo Knight,  
P.O. Box, 206,  
GRAND FALLS.

Dear Sir:

With reference to your letter of Oct. 24/'19, I beg to state that no Separation Allowance is now due you on account of your son.

Separation Allowance has been paid from the date of your marriage to the date of your Discharge.

Your account has been squared in this Office, and no other amount is due you.

Yours truly,

Major  
Paymaster

AJD/LM.

July 17, 1919

Mrs. Elmo Knight,  
Grand Falls.

Dear Madam:-

With reference to your application for  
Separation Allowance I enclose cheque for Forty  
dollars (\$40.00) in payment of same.

Yours truly

Captain & Paymaster



July 5, 1919

Elmo Knight,  
Grand Falls.

Dear Sir:

With reference to your letter of July 2nd. I beg to advise you that your claim for Separation Allowance has been granted to your wife, from the date of your marriage up to the date of your discharge.

Yours truly,

Lieut.  
For Paymaster

General Fales  
allowed date of discharge to be July 8<sup>th</sup> 1919  
date of discharge to be July 8<sup>th</sup> 1919  
Hon. J. R. Bennett

Dear  
Sir: - About three &  
a half months ago  
Major Sullivan was  
speaking to you  
about a separation  
allowance for my  
wife & you said  
it was possible  
for her to have it.  
I was notified to Report  
at the Dept of Militia  
& make out the necessary  
papers. which of course  
I did, & Capt Howley  
examined the  
certificates, & said

2

everything was  
all Right. however  
it is not paid yet. I  
wrote Lieut Maddick  
& about two months  
ago he said as soon  
as it was considered by  
The Board of Review  
payment would be forwarded  
but it is a good while.  
now there is no need  
for me to explain the  
details of this case as  
undoubtedly it was explained  
by the major to you. now  
Sir I am merely writing  
this I thought probably it  
was a forget or something

101

A man has to do these things now. especially one in my position I have no home or nothing for my wife & child & if I was to get that money I would be able to do a little in that line.

Hoping Sir you will give this your attention as soon as you can

I am

yours truly

(E.) Wm E. Knight  
Grand Falls

I send 7  
mailed April 6 1914

Lieut Field

Dear Sir

would like you  
if you would not  
mind to see if  
I cant get a  
war Badge I  
was discharged  
from the Regiment  
April 11th (1914) &  
I got no badge  
& I would like  
you to look it up

Hoping you will  
give this matter  
your immediate  
attention

I am, Sir,

Yours Truly

Elms. Knight

---

# 2153

Medically unfit



not yet passed  
city

3953

or 2153

April 3<sup>rd</sup>

1919

4496

Capt J. M. Howley

Dear Sir  
I am now writing you  
to know if you would  
look up my separation  
allowance & let me  
know something  
definite as to when  
I am to receive it.  
My reason for this is  
that I am in need of  
it. My husband & I  
are just trying to start  
a home & this is  
why we need it so  
badly. But of course  
if you have already  
sent it to Grand  
Falls my husband

will get it (OK)

But if you have  
not already sent it

Kindly send it

To:  
Mrs) E Wright  
# 26 Scott Street  
City



No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2153 Pte. E. Knight Voucher No. 29200. Cheque No. 29200.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Reg'n No., Invoice No., Particulars, Amount. Entry: Mar. 26, 339, Pay on a/c, \$15.

\$15 00

CERTIFICATION

Dissect Sheet No. ....

Recap. Sheet No. 339. ....

Signature of Paymaster

PAYMASTER

Checked by .....

RECEIPT

March 26th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Fifteen Dollars

and Cents in Payment as above stated.

March 1917.

\$15.00

[Sig.] E. Knight

No. ....



1st NEWFOUNDLAND REGIMENT

**VOUCHER**

In Acct. with #2153 Pte. E. Knight

Voucher No. 29770.

Cheque No. 29770.

Reg'l A/c No. Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount.	
Apr. 19	355		Balance due when discharged	\$33	06
				\$33	06

**CERTIFICATION**

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

Recap. Sheet No. 355

Checked by .....

*M. Howley*  
PAYMASTER

**RECEIPT**

April 19th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Thirty Three-----Dollars

and Six-----Cents in Payment as above stated.

April 1917.

\$ 33.06

[Sig.] *Cheque mailed  
Apr. 26<sup>th</sup>*

No. 347



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2153 Pte. Elmo Knight.

Voucher No. 29549

Cheque No. 29549

Reg'l A/c No. Name

C.B. Folio No.

Date	Req'n. No.	Invoice No.	Particulars.	Amount.
April 11	347		Bonus 7 days pay @ \$1.85	\$12.95
			Clothing	25.00
				\$37.95

*Jackson Lou*

CERTIFICATION

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

Recap. Sheet No. ....

Checked by .....

*M. Howley*  
PAYMASTER

RECEIPT

April 11th. 1917

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of  
Thirty seven // ----- Dollars  
and Ninety five ----- Cents in Payment as above stated.

April 1917.  
\$ 37.95

*Cheque mailed*  
[Sig.] *April 13<sup>th</sup> 1917*

Regiment or Corps 1st Newfoundland

Rank Pte. Surname Knight, E. Christian Name \_\_\_\_\_

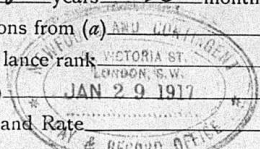
Religion Meth. Age on Enlistment 18 years 2 months.

Enlisted (a) Feb. 23/16 Terms of Service (a) Duration of War Service reckons from (a) \_\_\_\_\_

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records. \_\_\_\_\_



Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 215, 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. 215, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked <u>Shampton</u>		<u>3.10.16</u>	
		Disembarked ... <u>Rowley</u>		<u>4.10.16</u>	
		Joined Battalion <u>TA 107</u>		<u>1916</u>	
<u>14. S. R. A.</u>	<u>Ad. Def. Vision</u>	<u>France</u>		<u>3.12.16</u>	
<u>do</u>	<u>Discharged to Duty</u>	<u>do</u>		<u>5.12.16</u>	<u>C. 8. 7477</u>
	<u>"St. Andrew" Inv. to England</u>	<u>8.5.17, Rowley</u>		<u>20.1.17</u>	<u>W. 30.83.</u>
	<u>Commeal Charity</u>				

J. M. Baruchell  
for Officer i/c No. 1 Regular Infantry Section  
General Headquarters, 3rd Echelon.

(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) Signaller, Shoeing-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. & G. Green & Sons Ltd., Printers, Old Bailey, E.C.  
10821 W 1938/08 500m 6/1666 83 56

Forms  
B. 121.  
40.Regiment of *Newfoundland*Signature of O. C. Company *W. R. Russell*  
Major

Regimental Number and Name No. <i>2157 Knight, C</i>		Enlistment Age on <i>18</i> years <i>2</i> months	Trade <i>Plaster Maker</i>	Good Conduct Badges, Service Pay or Proficiency Pay
Place and Date of Enlistment <i>St. John's</i>		Religion <i>M</i>	Place of Birth	
Joined _____ Date _____		Period of $\left\{ \begin{array}{l} \text{with Colours } \frac{148}{365} \text{ years.} \\ \text{with Reserve } \frac{365}{365} \text{ years.} \end{array} \right.$		

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
<i>Alex</i>	<i>22.9.16</i>	<i>Pte.</i>		<i>Shackness in Parade</i>	<i>Upsteads</i>	<i>3 Days C.B.</i>		<i>J. Munro Capt</i>	<i>S.P.</i>
				<i>Medically Unfit</i>	<i>11-17</i>				

To be carried over

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 [686] W5017/2124 1000m 6/16ss 03 56

Forms  
B. 121.  
39.

Regiment of 1st. Newfoundland

Number of Sheet  
1  
Signature of O. C. Company H. Henicell  
Major

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>2153</u>	Age on	<u>18</u> years <u>2</u> months	<u>Printer/Printer</u>		COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. 1824/10 MAR 1 1917	
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date	Period of { with Colours years.		Place of Birth			
Joined	Date	{ with Reserve years.					

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
<u>Coy</u>	<u>7/9/16</u>	<u>Private</u>		<u>Slackness on Parade</u>	<u>Ge Kent</u>	<u>3 days C.B.</u>	<u>J. Jones Capt</u>	<u>MB</u>
To be carried over								

Army Form B. 121.