



FIRST NEWFOUNDLAND REGIMENT.



ATTESTATION OF

No. 1634 Name Frank Scott Knight Corps _____

Questions to be put to the Recruit before Enlistment

- | | |
|---|--------------------------------------|
| 1. What is your name? | 1. <u>Frank Scott Knight</u> |
| 2. What is your full Address?..... | 2. <u>27 Williams St. St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>19</u> Years <u>10</u> Months. |
| 5. What is your Trade or Calling?..... | 5. <u>Teacher</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> |

I Frank Scott 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.

Frank Scott Knight SIGNATURE OF RECRUIT.
E. 28th June '15 S. B. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Frank Scott 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 12th day of July 1915.

Signature of the Attesting Officer. S. B. ...

† 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 _____ 1915 _____
Place _____ } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

1659

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

Name Frank Scott Knight 5-611

Apparent age _____ years _____ months. 32 Height _____ feet _____ inches.

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

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Charles Knight

27 William St. St. Johns | Relationship Father

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries	
					years days	years days		
Service towards limited engagement reckons from <u>28-6-15</u>								
Joined at <u>St. John's</u> on <u>June 28/15</u>								
<u>Embarked St. John's Train by Quebec 27th 15</u>								
<u>Unit 4-5-16 No. 100000 1-7-16</u>								
<u>Admitted Haverhill 5-7-16 Discharged Hops and attached</u>								
<u>Arrived Newfoundland 6-1-17</u>								
<u>Discharged medically unfit</u>								
<u>Reattested for Special Duty Hearts content 21st 17</u>								
<u>Reattested from Guard duty 13th 17</u>								
<u>Strength of 23rd 17</u>								
<u>Reattested 186 days</u>								
Total Service forfeited as above								
Total Service towards Engagement to <u>31-1-17</u> (date of discharge)								
					1	years	218	days
" " " Pension " (") " "								



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1659 Name Frank Scott Knight Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--------------------------------------|
| 1. What is your name? | 1. <u>Frank Scott Knight</u> |
| 2. What is your full Address?..... | 2. <u>27 Wellington St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>19</u> Years <u>10</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Barber</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> |

Frank Scott 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.

Frank S Knight SIGNATURE OF RECRUIT.
E. 28th June '15 S. B. Woods Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Frank Scott 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 12th day of July 1915
 Signature of the Attesting Officer. S. B. Woods

† Certificate of Approving Officer.

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

Date _____ 191 _____
 Place _____ } Approving Officer.

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

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

Regimental Number 1659

Company E

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed I Knight

Witness W. B. [Signature]
2nd Lt.

Dated at St. John's Nfld.

Apr 8 1916

F. S. Knight

1659.

P. H. P. O.

C.R. 1659

F.S. Knight was attested for General service
with the NEWFOUNDLAND REGIMENT on ...June 28th 1915.
Regimental No1659 was allotted to Pte. F.S. KNIGHT.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Mackie

Jh ASD

N.F.P./88

NEWFOUNDLAND CONTINGENT


SEPARATION ALLOWANCE

1. Regimental No. and Rank Name (in full) Date of Enlistment Unit	165 th Sergeant Alfred White June 29/15
2. Name(s) of Dependent(s) (in full) Relationship	Evelyn Smith White Wife
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	34 Bar End Road Winchester
3. Ages of Children: Girls under 17 years Boys " 16 "	_____ _____
4. Children's Guardian Address	_____ _____
5. Particulars of Allotment Allottee Address Date effective from	* 4 ⁵ / ₁₀₀ cents per day in favour of Evelyn Smith White 34 Bar End Rd Winchester June 1 st 1918
6. Date of Marriage	April 17/15
7. Have you made previous claim for Separation Allowance? If so, state particulars.	_____ _____
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	_____ _____

ENTERED
 PAY LEDGERS
 NOM. ROLL
 ALLOT. INDEX
 REGISTERED
 EXAMINED
Alfred White
KB
85

9. Name and address of your last Employer.

Free Kayles
Mattitt St.
New York



10. The amount of your salary or wages immediately prior to Enlistment.

\$ 120⁰⁰ per month

11. Are your wages or any portion being paid by your employer during your absence?

no

12. If paid, what is the amount per month?

/

13. Name of Corps prior to Enlistment in the Newfoundland Contingent.

/

I CERTIFY that the above is a true statement

Alfred White Sergeant

Signature of Officer forwarding this Application.

R. Bauman

LIEUT. COLONEL.

Unit

/ COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Date

25 APR 1918

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1659. W. F. Knight
E Co'y. From 4.12.16 to 22.12.16 (Dates inclusive)

(Substituting A.F. 01325) N.F.P./Ca.
 Embarked per S.S. Scotia
 From Glasgow
 Date 23/1/16 Draft No. _____

Classification (See Procedure). A

Pay Book Col.	Particulars	days	£	£	£	s	d	Date	Pay Book Col.	Particulars	days	£	£	£	s	d		
8	Forfeited Pay								1	Pay	19	100	19	00				
9	Allotments	19	50p	9	50				2	Field Allowance	"	10p	1	90				
10									3	Other Allowances								
11/12	Total Stoppages £ &		9	50					4/5	Total Pay & Allces		20	90	14	2	10		
13	Fines					1	19	1		24.86 2/7								
14	Clothing								6	Bal. Cr. Last Period						13	11	
15	Arms & Accoutrements																	
16	Barrack Damages						7											
17	Hospital Stoppages																	
17a	Miscellaneous Stoppages						2	4										
19	Casual Payments																	
20	1st Payment																	
21	2nd "																	
22	3rd "																	
23	Final "					1	10	0										
24	Balance Dr. Last Period					1	7	9										
28	" due by Paymaster								27	Bal. due to Paymaster								
						4	19	9								4	19	9

Rosecourse Ave.
Dec 21st 1916



CERTIFIED CORRECT.

C. Dames 229 Pt.
 O.C. "E" Company.



1153/111.

O. C.,

2/1 Newfoundland Regiment,

Newton-on-Ayr,

Scotland.

29, March, 1916.

NO. 1659 PTE. F. KNIGHT,
ALLOTMENT.

The amount to be debited against
this man's account in "G" Company
Pay Book will be \$18.50. This
amount is made up as follows:-

Per K. 1742, \$100.00,	
30/10/15 to 17/3/16 =	
140 days @ 60¢ =	\$ 84.00
Deducted for period from	
18/3/16 to 12/4/16,	
26 days @ 60¢ =	15.60
and 1 day to complete amount,	
13/4/16, 1 day @ 40¢ =	<u>.40</u>
	<u>\$100.00</u>

not acknowledged

Form K. 1775 @ 50¢ begins on 14/3/16.

This memorandum is merely a
reminder, and in view of possible
complications in this man's account
it would be as well to note the
above.

Capt.

Paymaster & O. i/c Records.



BRITISH RED CROSS SOCIETY.

COUNTY OF SURREY BRANCH.

PRESIDENT: THE HON. MRS. CUBITT.

NORTH SURREY AND KINGSTON DIVISION.

VICE-PRESIDENT: MRS. LOCKE KING.

TEL. 44 ESHER.

ESHER RED CROSS HOSPITAL.

To the Paymaster & O/c Records Ref no
Newfoundland Contingent 4527/2

Re Postal Money order 1659. P^{ce} S. J. Knight.

Inclosed please find receipt for money order
as above.

H. J. Ballot
Secretary.

5-00

Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London.

S. E.



Please remit the sum of five pounds _____ shillings
to _____

on account of Pay & Allowances that may be due to me.

Reg No 1659 Rank Private

Name G S Knight

Approved R F Walker -

Medical Officer i/c

_____ Hospital.

Dated at Essex

Oct 27th 1916

October 28th 6.

The Matron,
Lammas Auxiliary Hospital,
Esher,
Surrey..

4527/2 .

C.B/W.F.

POSTAL MONEY ORDER No. 1659, PTE. S. F. KNIGHT.

Enclosed please find Postal Money Order £5. 0. 0. which
kindly hand to the above soldier and obtain his receipt on
the attached form.

Capt.
Paymaster & O. I/c. Records..

N.B.—This Form must accompany any inquiry respecting this Telegram.



POST OFFICE TELEGRAPHS.

Telegraph Construction Co. Ltd. Lond.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of ~~Orders~~ and Service Instructions.

Office Stamp.



P.W. Johnstone

Charges } n. d.
to pay }

DATE

16-7-16.

Handed }
in at }

Received }
here at }

.M.

7-21-16

TO

*Wsm Synoptical Ldn
Sixteen fiftyone Knight*

*heard you are wounded wire
condition Father*

Colonial Secretary

1st No.	
2nd No.	<i>2532</i>
Date	<i>JUL 14 1916</i>
Adm.	
Adm.	
File No.	

G. D. W.

L. Hip

3rd London

1659 Ave. A.S. Knight
2nd Hgt

October 24th 6 .

1659, Pte. F. S. Knight,

4393/2 .

1/1st. Newfoundland Regiment,

F.M/W.F.

Red Cross Hospital, Esher..

MONEY IN HOSPITAL.

Reference to your letter of the 19th inst. regulations do not permit a soldier to receive money in Hospital, except under special circumstances which may apply in your case, and if so, and the attached form is completed and returned to this Office, it will be complied with subject of course to the state of your account.

... Capt.
Paymaster & O. i/c. Records.

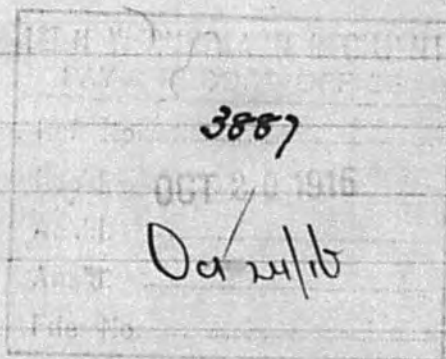
Pay
Dear Sir

Red Cross Hospital
Essex Oct. 19/10/16

I am obliged
to drop a line to you to see
if I may have some money
I have any and many
little things I have to
do without for the want of
money so if you would be
so pleased to send me
couple or three pounds.
I would be very pleased
with it.

I remain
yours 1609
W. F. S. Knight

4393/2



(9 38 41) W 1 751-6539/1 75,000(6) 10/15 H W V(M 531)
16092-191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3201.

(In pads of 50)

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

1st Field (Regiment).

No. 1659 Rank Pte, Name Knight 7 S.

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.

Place Wandsworth Horala Jagan Coy R.A.M.C. (F)
Officer Commanding,

Registrar, R.A.M.C.T.

Hospital.

Date 28/11/16

~~3rd London General Hospital,~~

WANDSWORTH, S. W.

Knight, A.S.

1659

Ray Sept

DEPARTMENT OF MILITIA

6.15
23.12.16
21.6.17 ?

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *Frank Scott* 2. Surname..... ~~Scott~~ *Knight*.....

3. Rank..... *Private* 4. Regtl. No..... *1659*.....

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded..... *27 William Street*
..... *St John's*

6. Date of enlistment in the Regiment..... *June 28th 1915*.....

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 dependent..... *not applicable*.....

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *No. I went overseas Nov 1915 and*
..... *and returned Jan. 1917*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 years 6 months*.....

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

Yes. Discharged Jan. 31st 1917. Re-enlisted again June 20th 1917. Discharged Jan. 1918.....

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

Received \$87.00 two months ago but I do not know if it was gratuity or not.....

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

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

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..... ho

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

(b). If so, was such reversion in consequence of misconduct or inefficiency?..... not applicable

19. Are you now serving in the Regt.?..... ho If not give:- (a) Date of discharge..... Jan. 1918..... (b) Reason for discharge..... Demobilization

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..... France 1916

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

(b). If so, are you in receipt of full pay and allowances from that Committee?..... not applicable

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: *F S Knight*

Place of Residence: *St. John's*

Declared before me at: *St. John's*

This *10th* day of *March* 19*19*

Chas E. Hunt

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *Notary Public*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5 mos.</i>	<i>350.00</i>
.....
.....
Certified Correct.				Paymaster.

RECEIVED BY THE PAYMASTER
TWO HUNDRED FIFTY

COPY

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1659 Pte. J. Knight

(Substituting A.F. O.1625). N.F.P./36.

E Company. From 4.12.16 To 22.12.16 (Dates inclusive).

Embarked per S.S. Scotia

From Glasgow Date 23.12.16

Draft No. CR.

DR. Classification (See Procedure). A

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	100	19	19	00	
	9	Allotments	50	19	9	50			2	Field Allowance	10		1	90	
	10								3	Other Allowances					
	11/12	Total Stoppages			9	50	1	19	4/5	Total @ 4.86 2/3			20	90	4 5 10
	13	Fines							6	Balance Credit Last Period					13 11
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages						7		/ /17 to / /17					
	17	Hospital Stoppages								= days @ /					
	17a	Miscellaneous Stoppages					2	4							
	19	Casual Payments													
	20	1st Payment													
	21	2nd "													
	22	3rd "					1	100							
	23	Final "					1	79							
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster					
							4	199							4 199

Received By

Dec 21st 1917.



CERTIFIED CORRECT.

Sgd. E. Barnes 2nd Lt.

O.C. "E" Company.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frank Knight, Regl. No. 1659

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins Oct 30th 15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1852	Friend	Miss Emma Wells	Prattley Rd St. Johns	60
<p>The above allotment payable till a total amount of \$100 one hundred dollars is paid when it will cease and the following allotment come into effect.</p>				
1516	Wife	Mr Charles Knight	77 Williams St	50
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.) S. Jones
for
Officer Commanding
Company
S. Jones
Sept. 24th 1915

(Sig.) F. Knight
(Rank) Private

STATEMENT OF ACCOUNT

No. 1659

Name Knight F.S.

1401

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Dec 31	By Pay 9 days @ 1 ⁰⁰ / ₁₀₀			9 90	9 90
Jan 6	" " 6 " " 1 ⁰⁰ / ₁₀₀			6 60	16 50
31	" " 25 " " 1 ⁸⁵ / ₁₀₀			46 25	62 75
	Bonus			12 95	75 70
	clothing			25 00	100 70
	Ration Allowance			4 86	105 56
Dec 31	Allotment 9 days @ 50		4 50		101 06
Jan 8	To Pay	90	15 00		86 06
18	" "	95	15 00		71 06
31	To Allotment 31 days @ 1 ⁵⁰ / ₁₀₀		15 50		55 56
Feb 5	To Pay	114	37 95		17 61
July 6	" "	9	23 85		6 24
Aug 9	" "	92	4 86		11 10
	War Service ^C gratuity 4 mos @ 1 ⁰⁰ / ₁₀₀			280 00	268 90
Dec 17	Bonus		12 95		355 95
	To Pay		87 15		168 80
			216 76	385 56	168 80

Signed A. Swaney SSM

STATEMENT OF ACCOUNT

No. 1659

Name Knight. V.S.

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.	
	Brought forward		216	76	385	56	168	80
Mar 1	To Pay	10850	70	00			98	80
Apr 1	" "	13760	70	00			28	50
May 1	" "	17834	39	90			11	10
			396	66	385	56	11	10

Dr.

Dr

Signed Alvan 55 m.

29
"
1920

Feb 24th 1920

Major Howley
O. I. C. Records

W. B. A.

Please pay to F. Knight, 1659
the sum of two hundred dollars
in payment of four months allowance to Feb. 29th 1920
and charge same to Civil Re-establishment Committee

\$200.00

Pension \$10.00

RECEIVED	35266	For
DATE		
BY		
FOR		

W. B. A.
W. B. A. McNeill,
Vocational Officer

F. S. Knight

Extract of Daily Orders part 11, from Unit Royal 4/1st
Newfoundland. Regt. Headquarters, Dec 26, 1917.

#1659 Pte. F. Knight.

Reattested for Recruiting struck off the strength with
effect from 23/12/17.

RECEIPT.

1659

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of
2 inches of Riband of Victory Medal-1914-1919.

NO. 1659...NAME. Frank Scott Knight

DATE. Jan 3rd / 20

PLACE. 27 William St

C.R. 1659

Extract from Nominal Roll of the Nfld. Regt, ^Draft
No. 5 from 2nd Bn., Depot, to 1st Bn., B.E.F. Embarked
Spthh Southampton. 13-4-16.

1659 Pte. F.Knight.

PERSONAL EFFECTS

Received, from Militia Department

One Kit Bag #1659 Pte. Frank S. Knight.

Signed.....

F. Knight

Date.....

July 13
1918

CR. 1659

July 13, 1918

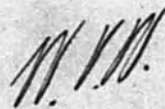
Mr. Charles Knight,
27 Williams Street,
City.

Dear Sir:-

I am writing to inform you that I am forwarding to you one Kit Bag, which belongs to your son #1659 Pte. Frank S. Knight of The Royal Newfoundland Regiment.

Enclosed you will find, receipt, will you kindly sign same and return at your earliest convenience,

Yours faithfully,



Lieut.
for Lieut. Col. C. S. O.

Enc'l 1.

CP 1659

PERSONAL EFFECTS Jewels & Underwear

Received from Militia Department One Kit - Bag

Signed

John Knight

Date

June 13th 1910

May 17, 1918.

Dear Sir:-

One Kit Bag the property
of your son No. 1659 Pte. 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. Charles Knight,
27 William Street,
City.

C.R. 1659

Feb. 2, 18.

Charles Knight Esq.,
27 Williams St.,
City.

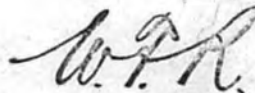
Sir:-

I am directed to forward you the enclosed pass
for ex/Pte. Frank Knight, travelling to-morrow from
St. John's to Grand Falls.

I have the honour to be,

Sir,

Your obedient servant,



Major.

Chief Staff Officer.

WFR-KMD.

Feb. 2, 18.

Ticket Agent,
Reid Mfld. Co.

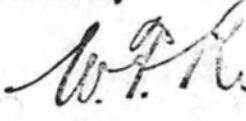
Sir:-

Please furnish one first class ticket from
St. John's to Grand Falls, for ex-Pte Frank
Knight, travelling by express leaving on Sunday
February 3rd.

I have the honour to be,

Sir,

Your obedient servant,


Major.
Chief Staff Officer.

WFR-KMD.

C.R.

1659

Extract from Daily Orders Part II Unit The Royal
Nfld. Regt., St. John's, Oct. 15th, 1917.

The following man has been recalled from Special Guard
Duty and reported to Headquarters on Oct. 15th, 1917.

1659 Pte. F. Knight.

C.R. 1659

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, June 23rd, 1917.

The following man has been reattested for Special Duty
(Home Defence) Heart's Content attached June. 20th, 1917.

21st

1659 Pte. J. Knight.

C.R. 1659

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

#1659 Pte. F.S.Knight, discharged Jan.31st 1917,

Medically unfit

C.R. 1659

Extract from Roll, of Officers N. C.O's and
men Discharged from the Royal Newfoundland
Regiment.

<u>Rgt.</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1659	Pte.	Knight F. S.	31/1/17	Med. Unfit.

1659

C.R.

Extract from Daily Orders Part II Unit The Royal
221d. Regt., St. John's, Jan. 11th, 1917.

1659 Pte. F. Knight.

Discharged as Med. Unit from Jan 11th, 1917.

CR.

1659

Extract from Daily Orders Part II Unit The Royal
Wld. Regt., St. John's, Jan. 9th, 1917.

1659 Pte. F. Knight.

This man returned by S.S. "Scotian" and is attached to
the strength from Jan. 6th-17.

C.R. 1659

from
Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 213, from O.C. 1st. Nfld. Regt.
dated 11/7/16.)

#1659 Pte. F. Knight. ✓

Wounded in Action 11/7/16.

C.R.

1659

Extract from Casualties received from Pay & Record
Office, London, Jul. 19th, 1916.

Admitted 3rd London General Hospital Wandsworth, S.W.
July 8th, 1916.

1659 Pte. E.SP Knight.

G.S.W. Lip.

C.R. 1659

Extract from Casualties...List No.H.A. 582

1659 Pte. F. Knight.

GSW Hip L. Adm. & trans. ex 1 Gen H. Brd 1 July '16.

1/NFLD.R.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

K (27)



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 _____

John M. ...

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated July 13, 1916.

To Synoptical,
London.

WSM for sixteen fiftynine Knight - Heard you are wounded. Wire condition, Father.

COLONIAL SECRETARY.

C.R. 1659

Extract of Casualties received from Pay & Record
Of ice, London, dated July 12, 1916.

#1659 Pte. F.S.Knight. ✓

Gunshot wound Left Hip.

Admitted and Transferred to England ex 1st General.

Hospital, 3rd July 1916.

C.R. 1659

Extract of Casualty List received from P.&.R.O.

July 10th, 1916.

1659, Pte F. S. Knight. ✓

At 3rd London General Hospital Wandsworth July 8th. 1916.

G.S.W. Lip.

C.R. 1659

Extract from Nominal Roll of Draft No.5. which embarked
for B.E.F. 19-4-16

#1659 Pte. F.Knight.

C.R. 1659

Extract from Terminal Roll contained St. John's 27/10/15 for Overseas

1659 Pte. F. Knight.

D. 1659.

No 1659

I *Frank S. Knight* a discharged soldier of the
1st. NEWFOUNDLAND REGIMENT, hereby agree to serve in
the 1st. NEWFOUNDLAND REGIMENT for Home Service as long
as my services shall be required, under the same terms
and conditions under which I was serving before discharge.

Frank S Knight

I *Frank S 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 con-
ditions of my service.

Declared before me this twenty fifth
day of June 1917. at St. John's Nfld

J. C. C.
Capt.

O.C. _____ COY:
1st NEWFOUNDLAND REGIMENT,
ST. JOHN'S, NFLD.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 1000
x

Feb. 13 1919

Received from the First Newfoundland Regiment
the sum of Ten Dollars.

~~on account~~
balance of Pay. Clothing
17 S Knight

Ch. No. 9716	Initials. JH
Pay Ledger 140	Initials. JH
Gen. Ledger	Initials.

Regtl. No.

Rank

J. C. S.

No. 1659

Rank

Pt

Name

Knight F.S

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

452

Proceedings on Discharge.



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

No. <u>1659</u>	Army Rank <u>Private</u>
Name <u>Knight Frank Scott</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge	
Place of discharge	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> COPY SENT TO <u>15</u> No. Dated <u>Dec 22 1916</u> </div>	
1.	Description at the time of discharge.
Age <u>18</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>4</u> inches	
Chest measurement (girth when fully expanded _____ ins. range of expansion _____ ins.)	
Complexion _____	
Eyes <u>Brown</u>	
Hair <u>Light Brown</u>	
Trade <u>Barber</u>	
Intended place of residence <u>27 William St</u>	
(To be given as fully as practicable) <u>St John's Newfoundland</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above named man is discharged in consequence of <u>Gunshot Wound</u> <u>Left Buttock IX & Severe</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:—	
To be filled in on the soldier quitting the Colours.	
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*

Sent back for further treatment
A.P.S.

Certified True Copy
A.P.S.



Medical Report on an Invalid.

Station 3rd London General Hospital
Wanborough St.
Date August 31st 1916

1. Unit Newfoundland
2. Regimental No. 1689
3. Rank Pte
4. Name Quight F.S.

5. Age last birthday 18
6. Enlisted { on July 8. 1915
 { at St John's
7. Former Trade { Barber
 or Occupation {

8. Disability.

G.S.W. L. Buttock IX. H. Sev.

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. July 1st 1916
10. Place of origin of disability. Somme

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Was advancing when a Shrapnel shell burst & two pieces struck his left buttock & damaged his great trochanters. 7.8.16 operation wounds incised & a small fragment of bone removed from trochanters.

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

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.

Lies in bed with a granulating wound in Lt Buttock going down to great trochanter. Can move thigh fairly well but cant put much weight on leg at present. The sinews have now healed up.

21. 11.16 W.C.H.

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

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

Yes
Yes
Yes
No

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

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

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

Siphic sinus? scrape opened above removed

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

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

19. Do you recommend

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

Yes

W.C. Mallam Capt. R.A.M.C.

Officer in medical charge of case.

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

except London General Hospital

Station Wandsworth S.W.

Date

Alfred Percie Gould
Officer in charge of Hospital

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

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

London General Hospital

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 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.

Active Service
G.S.W.

(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

22. Is the disability permanent?

Some disability may be permanent

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 quarter

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

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

Vide A

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Yes.

(b) ~~Change to England?~~

Signatures:—

3rd London General Hospital
Station *Wandsworth SW.*
Date *27.11.16*

A. Luffman R.C.M.S. President.
J. Welcher C.M.D. R.C.M.S.
H. B. Howard Col. Members.

Approved
Station *3rd London General Hospital Wandsworth SW.*
Date *27 November 16*

A. Luffman R.C.M.S.
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Name of { Conveyance _____
 or { _____ } Vessel _____
 Embark- { Date _____ } Officer in
 ation { Port _____ } medical charge } _____

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

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

(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 To			

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 *Capt. Newbouldland*
 Corps *1689*
 Regimental No. *1689*
 Rank *Capt.*
 Name *Knight J. D.*
 Disability *8th Lt. Outrank IV. 4*
 Date *27 November 116*

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.

(22) (88579) W. 1386 475M 5-15 W B & L

1659. Ex-Pts. F. S. Knight.

62

AUGUST 31ST, 1916.

Was advancing when a sharnel shell burst and two pieces struck his left buttock and damaged his great Trochanter, 7-8-16. Operation wounds incised and a small fragment of bone removed from Trochanter.

Lies in bed with a granulating wound in left buttock going down to great Trochanter. Can move thigh fairly well, but cannot pat much weight on leg at present. The sinus have now healed up.

JANUARY 8TH, 1917.,

Four wounds in left buttock, the largest four inches long, transversely to the leg. Scar tender, Considerable loss of tissue. Cannot bear full weight on the leg. Can walk with a stick, but cannot go down the hill safely.

AUGUST 7TH, 1917.,

Five marked wounds, neighbourhood left Trochanter. No marked tenderness over wounds. Can take almost full weight on injured leg. Can walk without stick, but has pain walking up hill, or when standing long.

JULY 12TH, 1918.

Walks better and can bear weight on leg.

JULY 29TH, 1919.,

Wounds in same condition. Considerable loss of muscle from buttock. Not likely to improve.

DISABILITY:-

GUN SHOT WOUND LEFT BUTTOCK SEVERE.,
-----p

1659. Ex-Pte. F. S. Knight. 62

AUGUST 31ST, 1916.

Was advancing when a sharnel shell burst and two pieces struck his left buttock and damaged his great Trochanter, 7-8-16. Operation wounds incised and a small fragment of bone removed from Trochanter.

Lies in bed with a granulating wound in left buttock going down to great Trochanter. Can move thigh fairly well, but cannot put much weight on leg at present. The sinus have now healed up.

JANUARY 8TH, 1917.,

Four wounds in left buttock, the largest four inches long, transversely to the leg. Scar tender, Considerable loss of tissue. Cannot bear full weight on the leg. Can walk with a stick, but cannot go down the hill safely.

AUGUST 7TH, 1917.,

Five marked wounds, neighbourhood left Trochanter. No marked tenderness over wounds. Can take almost full weight on injured leg. Can walk without stick, but has pain walking up hill, or when standing long.

JULY 12TH, 1918.

Walks better and can bear weight on leg.

JULY 29TH, 1919.,

Wounds in same condition. Considerable loss of muscle from buttock. Not likely to improve.

DISABILITY;-

GUN SHOT WOUND LEFT BUTTOCK SEVERE.,

*Certified True Copy
W. J. Munnister
Capt. R.A.M.C.*

Medical Report on an Invalid.

*Sent back for the history
W.P.L.*

Station 5th London General Hospital
Wandsworth S.W.

Date August 31st 1916.

1. Unit 1st Hampshire
2. Regimental No. 1659
3. Rank pte
4. Name Knight 7 S.

5. Age last birthday 18
6. Enlisted { on July 8th 1915
 { at Stephens
7. Former Trade { barber
 or Occupation {

8. Disability.

S.S.W. 1st buttock 14 4 5

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. July 1st 1916.

10. Place of origin of disability. Somme

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Was advancing when a shrapnel shell burst & two pieces struck his 1st buttock & damaged his great trochanters. 7.5.16 operation wounds cured removal fragment of bone removed from trochanters

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

Active Service

(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).

S.S.W.

13. What is his present condition? *Lies in bed with a granular wound*

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

His buttocks going down to put trousers on more things fairly well, but can't put much weight on leg at present.

The amia has now healed up.

24. 11. 16 W. H. H.

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

- (a) In action? *Yes*
- (b) On field service? *Yes*
- (c) On duty? *Yes*
- (d) Off duty? *No*

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

~~Septic amia~~

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

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

Septic amia scraped & opened & bone removed

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?

Yes

H. L. ... Capt. Ramer

Officer in medical charge of case.

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

Station *Wanderer's Hospital*

Alfred Pearce Gould
Officer in charge of Hospital.

Date *9. 9. 16.*

2nd Lt Ramer

* 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.

Wm. J. ...

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 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.

Active Service
G.S.W.

(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
No
✓

(b) Misconduct?

(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent?

Some disability may be permanent.
✓

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.

Reduced by one-quarter
✓

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?

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

No

26. Do the Board recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Yes.

Signatures :—

Station St. Luke's General Hospital Wandsworth S.W. G. P. Luff Inq. R. Romey President.
J. J. Wedhead Capt. Romey Members.
Date 27/11/16. R. B. Howard M.D.

Approved.

Station St. Luke's General Hospital Wandsworth S.W. G. P. Luff Inq. R. Romey Administrative Medical Officer.
Date 27/11/16.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
Station _____ }
or
Embarkation { Date _____
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 Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			

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 *Dep*
Corps *1st Infantry*
Regimental No. *1659*
Rank *Pl*
Name *Henry M. S.*
Disability *8. S. 1. 2. 3. 4.*
Date *27/10/16.*

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.
(4736.) W. 8530/2774, 8000. 9/15. C. P. Ltd.
Form B. 179. 54.

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

Station **St. John's, Nfld.**

Date ^{-17th} **Jan. 8th., 1917.**

No. **1659**

Age **18** Height **5ft. 4in.**

Rank **Pte**

Complexion

Name **Knight, F. S.**

Eyes **Brown** Hair **Light Brown**

Unit **1st Nfld. Regt.**

Address **27 William St., St. John's, Nfld** Former Trade **Barber**

Enlisted at **St. John's, Nfld.** on **July 8th., 1915.**

Disease or disability **G. S. W. Left Buttock 1 4 Sev.**

Present condition *Four wounds in left buttock. The largest 4 inches long transversely to the leg. Scar tender. Considerable loss of tissue. Cannot bear full weight on the leg. Can walk with a stick but cannot go down a hill safely.*

Estimated disability

50% for six months

Recommendation of Medical Board

Discharge

Class

Members of Board

*H. Shaver
J. B. Benson*

Approving Medical Officer.

Hindair J. D.

*Clayton Macpherson,
Major.*



COPY



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 1659

All communications should be addressed to
the Secretary, MAJOR CLUNY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
July 30th., 1917.

Arthur Anderson, Esq., M. D.,
Heart's Content.

Sir:-

The Pensions & Disabilities Board requiring a report on the Pensioner named in the margin kindly notify him to appear before you during the week of July 29th-August 5th. A form of examination for you to fill out is enclosed herewith Pensioner will be notified to appear before you on whatever date you may find convenient.

If another Registered Medical Practitioner is in Heart's Content, or likely to be there during the week, it will be preferable that you should both examine the Pensioner at the same time and both sign report.

The fee laid down by the Pensions & Disabilities Board for such examination is One dollar (\$1.00) for each Doctor for each Pensioner examined.

I have the honour to be,

Sir,

Your obedient servant,

(Sgd) CLUNY MACPHERSON,

Major-Secretary.

1659 Private
F. S. Knight

Cable Station
Heart's Content

To the Medical Board, or Medical Examiner.

The Pensions and Disabilities Board requires a report on the present condition of

1659 PRIVATE F. S. KNIGHT

The object is to enable the Board to decide the degree of pension, if any, to be awarded for the next ensuing year. To this end clear and decisive answers to the questions in the accompanying report should be filled in by the Board, as it is essential that the Pensions and Disabilities Board should be in possession of the most reliable information to enable them to decide on the man's claim to Pension.

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

On page 4 of this sheet will be found the scale of Pensions as proposed for Newfoundland, by the Patriotic Association of Newfoundland.

The identity of the Pensioner should be established, to prevent personation. For that purpose a description of the pensioner and of the Disabling condition is given below. Should any items be omitted we should be glad if you will fill them in on the second copy and return to us.

Apparent age	18
Height	5'4"
Complexion	
Colour of Eyes	Brown
Colour of Hair	Light Brown
Mark of Identification	
	<u>GUN SHOT WOUND LEFT BUTTOCK, 1.4 SEVERE</u>

Condition NOVEMBER 27th., 1916. Was advancing when a shrapnel shell burst and two pieces struck his left buttock and damaged his great Trochanter, 7/8/16 operation wounds incised and a small fragment of bone removed from Trochanter. Lies in bed with a granulating wound in left buttock going down to great Trochanter. Can move thigh fairly well but cannot put much weight on leg at present. The sinews have now healed up.

Condition January 8th., 1917. Four wounds in left buttock, the largest four inches long transversely to the leg. Scar tender, considerable loss of tissue. Cannot bear full weight on the leg. Can walk with a stick but cannot go down a hill safely.

Two copies of a Report Form are enclosed in order that you may retain a copy in case of loss of the original in the mail. Please return your report direct to me by Registered Post.

You will please forward also, under the description of the pensioner's present condition, his signature. Please have him affix this to the copy also which you retain.

Sympathetic consideration for the pensioner is desired, but at the same time self-help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self-respect of the pensioner.

I have the honour to be,

Sir,

Your obedient servant,

(Sgd) CLUNY MACPHERSON

MAJOR

Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is YES
the man named above.
- (2) What employment does he follow? BARBER IN CIVIL LIFE NOW GUARD
AT STATION
- (3) What have been his average weekly earnings the past year? REGIMENTAL PAY
- (4) What are his present weekly earnings? \$7.70 (REGIMENTAL PAY)
- (5) Name and address of present employer, or if unemployed, of
last employer. G. GARLAND, BARBER
- (6) The present state of the disabling condition.
FIVE MARKS WOUNDS NEIGHBOURHOOD LEFT TROCHANTER. NO
MARKED TENDERNESS OVER WOUNDS. CAN TAKE ALMOST FULL
WEIGHT ON INJURED LEG. CAN WALK WITHOUT A STICK BUT
HAS PAIN/WALKING UP HILL OR WHEN STANDING LONG
- (7) Is the Disability permanent? NO
- (8) Has it become better, or worse, during the past year? BETTER
- (9) Will it materially improve, or get worse? IMPROVE
- (10) To what extent is his capacity for earning a full livelihood at
his employment, or in the general labour market, lessened at
present?
(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or
NOTHING.) EMPLOYMENT 3/5. GENERAL LABOUR 2/5
- (11) Is the pensioner married, or a widower, and if so, and he has
children, give names and ages. (Pensioner's statement may be
accepted). SINGLE
- (12) Are any others dependent on Pensioner? Give names and rela-
tionship.
FATHER AND MOTHER (PARTIALLY)

(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear?

Signature of Pensioner (to be procured at examination).

1659 PTE. F. S. KNIGHT

Date. AUGUST 2nd., 1917.

Place. HEART'S CONTENT. A. R. ANDERSON M. D.

M. D.

Approved. FOR 2/5-

Date. AUGUST 7th., 1917.

CLUNY MACPHERSON, Major.

13.—Those who are entitled to be awarded pensions shall be divided into six classes, and each member of each class shall be awarded a pension in direct proportion to his partial or total disability, as follows:—

Class 1.—Total disability, 100 per cent.

For example—Loss of both eyes.

Loss of both hands, or all fingers and thumbs.

Incurable tuberculosis.

Loss of both legs, at or above knee joint.

Insanity.

Permanent extreme leakage of valves of heart

Class 2.—Disability 80 per cent and less than 100 per cent.

Pension 80 per cent of Class 1.

For example—Loss of one hand and one foot.

Loss of both feet.

Disarticulation of leg at hip.

Class 3.—Disability 60 per cent and less than 80 per cent.

Pension 60 per cent of Class 1.

For example—Loss of one hand.

Loss of leg at or above knee.

Loss of tongue.

Loss of nose.

Class 4.—Disability 40 per cent and less than 60 per cent.

Pension 40 per cent of Class 1.

For example—Loss of one eye.

Loss of one foot.

Total Deafness.

Loss of two thumbs.

Class 5.—Disability 20 per cent and less than 40 per cent.

Pension 20 per cent of Class 1.

For example—Loss of one thumb.

Anchylosis of elbow, knee, shoulder, wrist or ankle.

Class 6.—Disability under 20 per cent, a gratuity not exceeding \$100.

For example—Total deafness in one ear.

Partial deafness in both ears.

Loss of index or other finger.

Report of Medical Board.

Station **St. John's, Nfld.** Date **July ^{19th} ~~12th~~, 1918**
 No. and Rank **1659 - Pte.** Age **18** Height **5'4"**
 Name **KNIGHT, F. S.** Complexion
 Unit **Royal Nfld.** Eyes **Brown** Hair **Light Brown**
 Address **27 William St.**
 Former Trade **Barber**
 Enlisted at **St. John's On 8/7/15** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **GUN SHOT WOUND LEFT BUTTOCK. 1.4 SEVERE**

Subsequent

Present Condition (Compare with previous Board)

Walks better & can bear weight only.

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *40%*

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *40%*

Recommendation of Medical Board

Members of Board

Clay Macpherson
Major

H. S. ...
... ..
... ..

Approving Medical Officer. **D. M. S. NEWFOUNDLAND.**



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 62

Regt. No. 659 Rank Pte. Name Frank S. Knight

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board July 9th 1918

Pensionable disability 40 to 70 for 12 months

Pension granted:
\$ 6.00 per month for 12 months

or Gratuity granted:
Payable in 3 equal monthly instalments

Granted to:
Name Frank S. Knight
Address 27 William St.

Date case disposed of JUL 29 1918

Approved by:
Members of Board
[Signature]
[Signature] Chairman
[Signature]

Remarks:




No. of Paper 573

PERSONAL EFFECTS.

C.R. 1659

Name Knights J.
 No. 1659 Rank Pte.
 Regiment 1ST NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
1 Package Containing 2 Picture Papers. 1 Relig. Book 1 " Medalion 1 Writing Pad letters & Postcards.		Dispatched to Newfoundland
1 Stodd. Dick.	Final Disposal	
1 pair Glasses (Broken) in Case		

Remarks: — Next of Kin:
 Father: Charles Knight
27 William St,
St. John's, N.F.

Casualty Advice: — Repatriated

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(6-6) W5017/2124 1000m 6/15ss 93 56

Forms
B. 121.
29.

Regiment of 1st Newfoundland

Number of Sheet 1774

Signature of O. C. Company J. G. Bennet
S. Keas

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>F. S. Knight</u>	Age on	<u>19 years 10 months</u>	<u>Barber</u>	COPY SENT TO  Dec 25 1916		
Joined	Date	Place and Date of Enlistment	<u>St Johns June 28 1915</u>	Religion			<u>Methodist</u>
Joined	Date	Period of (with Colours)	<u>1 2/3 years.</u>	Place of Birth			<u>St Johns</u>
Joined	Date	Period of (with Reserve)	<u>1 3/5 years.</u>				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
<u>Gailes</u>	<u>1915 Nov 27</u>	<u>Pte</u>		<u>Disorderly conduct in dining hall</u>	<u>lpl Emson</u>	<u>7 days CB</u>	<u>Major De Norris</u>	<u>Am</u>
<u>Gailes</u>	<u>Nov 29</u>	<u>✓</u>		<u>Absent without leave letters to 10 20 am Nov 30</u>	<u>lpl Blackall</u>	<u>7 days CB</u>	<u>Capt Montgomery</u>	<u>Defective 1 day pay by Rev A.M.</u>
<u>Newton</u>	<u>13-2-16</u>	<u>✓</u>	<u>1</u>	<u>Drunk in Barracks</u>	<u>Sgt W. Phelan</u>	<u>abolished</u>	<u>15.2.16 Major Whitaker</u>	
<u>Newton</u>	<u>2-3-16</u>	<u>Pte</u>		<u>Insubordination to N.C.O.</u>	<u>Pvt Gullisen</u>	<u>5 days CB</u>	<u>2-3-16 Majt Bensted</u>	
<u>"</u>	<u>2-3-16</u>	<u>"</u>		<u>Disorderly conduct the Rank</u>	<u>- White</u>	<u>5 days CB</u>	<u>2/3/16 Majt Bensted</u>	
<u>"</u>	<u>3/3/16</u>	<u>"</u>		<u>Breaking out of Barracks whilst defaulter & absent from 5:30pm 3/3/16 to 8:30pm</u>	<u>lpl Hickey</u> <u>lpl Johnstone</u>	<u>48 hrs. D. # 2</u>	<u>3/3/16 Capt. W. Rendell</u>	<u>Defective 4 days pay Rev</u>
<u>"</u>	<u>2/4/16</u>	<u>"</u>		<u>Absent from Guard while warned</u>	<u>Serjt Woods</u> <u>" Gullage</u> <u>Cpl. White</u>	<u>72 hrs Detention</u>	<u>3/4/16 Capt W. F. Rendell</u>	
				<u>To be carried over</u>	<u>Medically Unfit</u>	<u>31 1/4</u>		

Army Form B. 121.

Certificate for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname *Swight*

OF Christian Name *Frank*



Table I.—GENERAL TABLE.

Birthplace:—Parish _____

County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on _____ day of _____ 191 <u>6</u>	at _____	on _____ day of _____ 191	at _____
Examined	on <i>25</i> day of <i>June</i> 191 <u>6</u>	at <i>St John's N/A</i>	on _____ day of _____ 191	at _____
Declared age	<i>19</i> years	<i>19</i> days	years	days
Trade or occupation				
Height	<i>5</i> feet <i>6 1/2</i> inches		feet	inches
Weight	<i>117</i> lbs.		lbs.	
Chest Measurement {	Girth when fully expanded	<i>32</i> inches		inches
	Range of expansion ...	<i>3</i> inches		inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated	<i>1913</i>			
Vision	R.E.—V. = <i>O.D. 4/2</i>		R.E.—V. =	
	L.E.—V. = <i>O.S. 6/6</i>		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>Geo Lemon Watson</i>				
(Rank) <i>Capt</i>		Medical Officer.		Medical Officer.
Enlisted	at <i>St John's</i>		at _____	
	on <i>28</i> day of <i>June</i> 191 <u>6</u>		on _____ day of _____ 191	
	Corps _____	Regtl. No. _____	Corps _____	Regtl. No. _____
Joined on enlistment	<i>N/A Regt 1659</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				
374 London General Hospital Wandsworth S.W.	9	7	16				Edw. L. Buttrock IX. L.		Board held — see overleaf Disability — Edw. L. Buttrock IX. L. Cannot put much weight on leg at present. Cause — Edw. on Active Service. Capacity for carrying a load checked by one quarter.	Sp. Col. Dingley 374 London General Hospital Wandsworth S.W.

*Certified True
 W. J. ...
 Capt. R.A.M.S.*

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

MEDICAL HISTORY of

Surname Knight Christian Name Frank

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County N.S.S.

Examined ... on 25 day of June 1915
 at St Johns N.S.S.

Declared Age ... 19 years ... days.

Trade or Occupation ... _____

Height ... 5 feet 6 1/2 inches.

Weight ... 117 lbs.

Chest Measurement { Girth when fully Expanded 32 inches.

{ Range of Expansion 35 inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right Left
 Number 1

When Vaccinated ... 1913

Vision ... { R.E.—V= 4/12
 L.E.—V= 4/6

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

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

Approved by (Signature) Lemont Paterson
 (Rank) Capt. Medical Officer.

Enlisted ... at St Johns
 on 28 day of June 1915

Corps.	Regtl. No.
<u>1st N.S.S.</u>	<u>1659</u>

Became non-effective by _____

on _____ day of _____ 191
 (Signature) _____
 (Rank) _____

List in the case of Warrant Officers treated in quarters.

marks 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

Board held - See overleaf.
 Disability - G.S.W. Lt Battock 17.4
 Cannot put much weight on leg at present.

Cause: G.S.W. on Active Service
 Capacity for carrying a
 loadhood lessened by one
 quarter

E.H. Bugby
 Capt R.A.M.C.

3rd London Gen Hosp
 Wandsworth S.W.

2/1st NEWFOUNDLAND REGIMENT.

Pte Knight Frank

No. 1659 is unlikely to be fit for Service with the Expeditionary Force for Six months, on account of

G.S.W. Lt Buttocks

I recommend that he be posted to the Depot at St. John's, Newfoundland.

$\frac{1}{4}$ (one fourth)

W. W. W. W.
Capt. R.A.M.C. M.O.,

I/C. 2/1st Newfoundland Regt.

AYR. 21/12/16

Certified True Copy

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. 1659

Rank Plt

Name (surname first) Knights Frank Scott

Regiment 1 Newfoundland

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

*Barber
Butcher*

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?

*Mr. L. Gard - 156 Water St. St. Johns
as a barber for one year
Mr. J. Murphy, Water St. St. Johns
as a barber for 9 mos.*

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

*as a barber near home
at Barbees*

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 25 November 1916

Signature

Plt Frank Scott Knights

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.

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 Enright, Frank Scott
Regiment from which discharged Newfoundland
Regimental Number 1659
Intended address 27 William St Siphon Newfoundland
Height on discharge 5 Feet 4 Inches
Colour of Hair on discharge Light brown **Colour of Eyes** Brown
Figure on discharge Medium
Christian name of Father Charles
Christian name of Mother Emily
Wife's Maiden name in full —
Date and Place of Marriage —
Christian names of Children —

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) Frank Scott Enright
 (Rank) Pte.

Station Wandsworth **Date** 26.11.16
 I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.
London General Hospital **Medical Officer i/c** W. Mallan **Hospital.**
Station Wandsworth **Date** 26 November 1916

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 Newfoundland

Regimental No. 1659

Rank Pte

Name Knight J.S.

Enlisted (28.6.15)

Terms of Service (Duration)

Service reckons from (28.6.15)

Date of promotion }
to present rank }

Date of appointment }
to lance rank }

Numerical position on }
roll of N.C.Os. }

Extended _____

Re-engaged _____

Qualification (b) _____

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. 86, or other official documents.
Date	From whom received				
		Embarked Southampton		13.4.16	
		Discharged		13.4.16	
		Unit pay for loss of Water bottle	France	5.5.16	O. 1810. 17.5.13. 13.5.16
		877A. G.S.W. Left ship Transf.	C.C.S.	2.7.16	E.D. 11968
		H.S. "Salta" transferred to England		4.7.16	W 3083.

Sgt A.G. Clerk
for O/C Infantry Records
G.A.G. 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) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Admitted 9.7.16

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

Duplicate 1st Mfd. Regiment.

The Officer Commanding Mfd Cont. Coy

The Officer in Charge of Records 58 Victoria St OW

The Regimental Paymaster 58 Victoria St OW



With reference to No. 1659. 1st Lieut Knight F.S.

of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London. Command, on the 27. 11. 16 for discharge from the Service as permanently unfit, please note that this man has been sent to ~~his home~~ the address below 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 OW

on [date] 28th Nov 1916

Norice Jagan Capt R.A.M.C.(F)
 Officer Commanding
 Registrar, R.A.M.C.F.
3rd London General Hospital
 WANDSWORTH, S. W.

Place Wandsworth

Date 28/11/16

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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sgt. Knight, Regl. No. 1659

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins Oct 30th 15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1852	Friend	Miss Florence Wells	Prattings Rd St Johns St Johns	60
The above allotment payable till a total amount of \$1000 one thousand dollars is paid when it will cease and the following allotment come into effect.				
1816	Partner	Mr Charles Wright Williams		50
Total Allotment, \$				

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.) S. Jones
 Officer Commanding
 Company
St Johns
Sept 24th 1915

(Sig.) J Knight
 (Rank) Private

2/1st NEWFOUNDLAND REGIMENT.

Pte Knight Frank

No. *1659* is unlikely to be fit for Service with the

Expeditionary Force for *Six* months, on account of

S. S. W. Lt Butlocks

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

$\frac{1}{4}$ (*one fourth*) *W. W. Munster*
Capt. R.A.M.C. M.O.,
I/C. 2/1st Newfoundland Regt.

AYR *21/12/16*

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

MEDICAL HISTORY

OF

Surname Knight

Christian Name Frank



Table 1.—GENERAL TABLE.

Birthplace:—Parish.....

County 12th Div

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>June</u> 191 <u>5</u>	on	day of	191
	at <u>St John Nfld</u>	at		
Declared Age.....	<u>19</u> years	days	years	days
Trade or Occupation.....				
Height	<u>5</u> feet	<u>6½</u> inches	feet	inches
Weight		<u>117</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded... <u>32</u> inches		inches	
	Range of expansion... <u>3</u> inches		inches	
Physical Development.....				
Vaccination Marks {	Arm			
	Number.....	<u>1</u>		
When Vaccinated	<u>1913</u>			
Vision	R.E.—V== <u>0 D ½/2</u>		R.E.—V==	
	L.E.—V== <u>0 S ¼/6</u>		L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease			<div style="border: 1px solid black; padding: 5px;"> COPY SENT TO <u>St John's</u> <u>St John's</u> No. _____ Date <u>Dec 22 16</u> </div>	
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)	<u>Simon Paterson</u>			
(Rank)	<u>Capt.</u>		Medical Officer.	Medical Officer.
Enlisted	at <u>St John's</u>	at		
	on <u>25</u> day of <u>June</u> 191 <u>5</u>	on	day of	191
Joined on Enlistment	<u>1st Nfld Reg</u>	Corps.	<u>1659</u>	Regtl. No.
Transferred to.....				
Became non-effective by.....				
	on	day of	191	on
(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 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				
3rd London General Hospital, WANDSWORTH, S.W.	9	7	16				G. S. H. Lt. Buttock IX. 4.		Board held - see overleaf Disability - G. S. H. Lt. Buttock IX. 4. Cannot put much weight on leg at present Cause - G. S. H. on Active Service incapacity for earning a livelihood sustained by one quarter	<i>W. M. R. RANICT</i> 3rd London General Hospital, WANDSWORTH, S.W.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

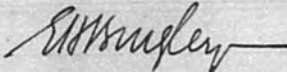
Date	Brief Details, and Signature
15.10.15.	
19. 11. 15.	Vacc. R.P. Graham. Lt. Raine.
9. 12. 15.	T.V. II R.P. Graham. Lt. Raine.
27-11-16	Board held — 27/11/16 Found — Permanently unfit Board — Approved 27/11/16
	<p style="text-align: center;">  for 3rd London General Hospital, WANDSWORTH, S.W. </p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
56 John W. L. L.					

3rd London General Hospital.

Wandsworth S.W.

20/11/16

From,

O. C.

3rd London General Hospital.

To,

O. C. Records,

Newfoundland Rpt. 58 Victoria St. Sw.

In conformity with instructions contained in A. C. I.

No. ¹⁶²⁹~~2015~~ of 1916., I beg to report that:-

1659 Pte. F. S. Knight 1st Newfoundland Rpt.

will shortly be brought before a Medical Board, and will probably be discharged from the Army or re-Classified.

Horace Tagan Capt. R.A.M.C.(T)

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 - Frank Scott*
Regiment from which discharged *1st Newfoundland*
Regimental Number *1659*
Intended address *27 William St. St. John's, Newfoundland.*



Height on discharge *5 Feet 4 Inches*
Colour of Hair on discharge *Light brown* Colour of Eyes *Brown*
Figure on discharge *Medium*
Christian name of Father *Charles*
Christian name of Mother *Emily*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____

CO. *St. John's*
NO. _____
Dated *Dec 22 16*

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) *Frank Scott Knight*
Station *Wandsworth* (Rank) *Plt* Date *26. 11. 16*

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

Station *3rd London General Hospital, WANDSWORTH, S.W.* Date *26/11/16* Medical Officer i/c Hospital. *C. R. ...*

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 _____ Date _____ Officer in Charge _____ 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. 1659

Rank Plt

Name (surname first) Knight - Frank - Scott

Regiment 1st Newfoundland

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

Barber
Butcher

COPY SENT TO
[Signature]
Letter Memorandum No. _____
Dated Dec 22 16

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?

Mr. G. Gard, 156 Water St. St. John's
as barber for 1 year.

Mr. G. Murphy, Water St. St. John's
as barber for 9 mos

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

In St. John's, near home
as barber.

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 25/11/16

Signature Frank Scott 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.

Medical Report on an Invalid.



original

Put back for further treatment. A.P.H.

3rd London General Hospital,

Station WANDSWORTH

Date August 31st 1916

1. Unit 1st Newfoundland
 2. Regimental No. 1659
 3. Rank Pte
 4. Name Knight F. S.

5. Age last birthday 18
 6. Enlisted { on July 8th 1915
 at St. John's
 7. Former Trade or Occupation { Barber

8. Disability.

S.S. Lt. Buttrick IX. 4

COPY SENT TO
Officer
St. John's
 Letting No. _____
 Dated Dec 22/16

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.

July 1st 1916

10. Place of origin of disability.

London

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

*was advancing then a sharp chill
 burst & his pain struck his Lt. Buttrick & damaged
 his great trochanter. F. S. 16 operation wounds missed
 a small fragment of bone removed from trochanter*

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

Active Service

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

F.S.

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.

Lie in bed with a pronounced gait
is still coming down to put back
can move things fairly well but can't put
much weight on leg as present.
The sinus has now healed up.
22.11.16. W/M.

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

- (a) In action ? *Yes*
- (b) On field service ? *No*
- (c) On duty ? *Yes*
- (d) Off duty ? *No*

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

If so—(a) When ?

(b) Where ?

(c) Opinion ?

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

Septic sinus required to be removed

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 ?

Yes

H. E. ...
... Lt. Col. R.A.M.C.

Officer in medical charge of case.

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

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

Alfred ...
Officer in charge of Hospital.

Date 9. 9. 16

..... Lt. Col. R.A.M.C.

* 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. Comdg. 3rd. London Gen. H.

† 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 1165, Pay Warrant, 1918).

(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.

Active Service

G. H. W.

(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? *✓*

22. Is the disability permanent? *Some disability may be permanent*

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-quarter*

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.

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? *✓*

25. If an operation was advised and declined, was the refusal unreasonable? *Under 16*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) ~~Change to England~~ *440*

Signatures:—

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 27/11/16

A. P. Luff Major R.A.M.C. President.

J. F. Nichol Capt. R.A.M.C.

R. M. Howard Esq. Members.

Approved.

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 27/11/16

A. P. Luff Major R.A.M.C.
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Name of { Conveyance _____
 or { Date _____
 Embarkation { Port _____ } Vessel _____
 Officer in }
 medical charge _____

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

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

(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 *AyT*
 Corps *1st Newfoundland*
 Regimental No. *1659*
 Rank *Pte.*
 Name *Knight F. S.*
 Disability *G.S. (1) L. buttock IX. 4.*
 Date *27/11/16*

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.
 Wt. W8390/2774 500M 9-15 M&C.I.A.
 Form B. 179 34

58 Vic

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 ³¹ days after the date on this notification—see A.C.I. 1623 of 1916.)

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

No. and Rank 1659 Pte. Regt. or Corps 1st Newfoundland
(If T.F., this should be stated)

His address on discharge will be 27 William St.
St. John's
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,
WANDSWORTH, S.W.
Station

Date 27/11/16

A.P. Luff Major R.A.M.P.T.
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.

KNIGHT Frank Scott		1659 Nfld Reg.		FILE No.
SURNAME (in block letters)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	UNIT
WAR SERVICE BADGE (CLASS)				
No.		DATE DESPATCHED:		

ADDRESS:

Rep 1 B.T.

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
British War Medal Victory Medal	SENT ENVOY APR 22 1987

(The reverse to be used for estate purposes)

5/8/86
15/10/86

ACK mth

MAY - 1 1986

MAY - 2 1986

Veterans Affairs Canada

Honours and Awards

284 Wellington Street

Ottawa, Ontario K1A 0P4

Dear Sir:

We would appreciate receiving
"replacement" medals awarded to
Private Frank J. Knight, #1659, WWI.

Mr Knight passed away last year
and we would like to pass the
medals along to his widow.

Correspondence may be forwarded:

Mrs Nancy Cairns

7 Blandford Place

Mt Pearl, Nfld.

A17 2L3

C

STATEMENT OF ELIGIBILITY FOR HONOURS AND AWARDS

DÉCLARATION D'AYANT DROIT POUR DÉCORATIONS ET CITATIONS

TO ENABLE THE DEPARTMENT TO DETERMINE THE RIGHTFUL OWNER OF THE SERVICE AWARD(S) OF THE BELOW NAMED DECEASED VETERAN, PLEASE COMPLETE AND RETURN THIS FORM TO THE FOLLOWING ADDRESS WITH THE SIGNATURE OF THE MOST ELIGIBLE PERSON.

AFIN DE PERMETTRE AU MINISTÈRE DE DÉTERMINER LE TITULAIRE AUTHENTIQUE DE DÉCORATION(S) MILITAIRE(S) DU DÉFUNT ANCIEN COMBATTANT SOUS-MENTIONNÉ, CETTE FORMULE DOIT ÊTRE REMPLIE ET RETOURNÉE À L'ADDRESS SUIVANTE AVEC LA SIGNATURE DE LA PERSONNE LA PLUS ÉLIGIBLE.

VETERANS AFFAIRS CANADA
HONOURS AND AWARDS SECTION
284 WELLINGTON STREET
OTTAWA, ONTARIO
K1A 0P4

ANCIENS COMBATTANTS CANADA
SECTION DES CITATIONS ET DÉCORATIONS
284, RUE WELLINGTON
OTTAWA (ONTARIO)
K1A 0P4

NAME OF VETERAN - NOM DE L'ANCIEN COMBATTANT FRANK S. KNIGHT	SERVICE NUMBER(S) - MATRICULE(S) 1659
--	---

NAME - NOM	ADDRESS - ADRESSE
WIDOW / WIDOWER - VEUVE / VEUF EVELYN KNIGHT	7 Blandford Place, Mt Pearl NFLD
ELDEST SON - FILS AÎNÉ	
ELDEST DAUGHTER - FILLE AÎNÉE	
FATHER - PÈRE Charles KNIGHT (Deceased)	33 William Street, St. John's, NFLD
MOTHER - MÈRE Phobe KNIGHT (Deceased)	31 William Street, St. John's, NFLD
ELDEST BROTHER - FRÈRE AÎNÉ George Samuel KNIGHT (Deceased)	
ELDEST SISTER - SOEUR AÎNÉE Alice (KNIGHT) Pike (Deceased)	

SEP - 9 1986

I, THE UNDERSIGNED, DO HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I MAKE THIS SOLEMN DECLARATION KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

JE, SOUSSIGNÉ, DÉCLARE PAR LA PRÉSENTE QUE LES RENSEIGNEMENTS QUI PRÉCÈDENT SONT VRAIS ET AUTHENTIQUES ET JE FAIS CETTE DÉCLARATION SOLENNELLE, CONSCIENT DU FAIT QU'ELLE A LA MÊME VALEUR ET MÊME PORTÉE QUE SI ELLE ÉTAIT FAITE SOUS SERMENT EN VERTU DE LA LOI.

Evelyn Knight
SIGNATURE OF ELIGIBLE PERSON / SIGNATURE DE LA PERSONNE ÉLIGIBLE

August 21, 1986
DATE



Dear Sir/Madam:

Certain regulations govern the issue of deceased veterans' medals. Enclosed is an eligibility form listed in the order of precedence; please complete all parts of this form and return it to the address shown with the signature of the first eligible person.

When the information is received, we will send a statement of the replacement cost to the rightful owner.

Thank you.

P. Morcuff

DVA 1383 (06-79)

**DÉCLARATION D'AYANT DROIT
POUR DÉCORATIONS ET CITATIONS**

AFIN DE PERMETTRE AU MINISTÈRE DE DÉTERMINER LE TITULAIRE AUTHENTIQUE DE DÉCORATION(S) MILITAIRE(S) D'UN DÉFUNT ANCIEN COMBATTANT SOUS-MENTIONNÉ, CETTE FORMULE DOIT ÊTRE REMPLIE ET RETOURNÉE À L'ADRESSE SUIVANTE AVEC LA SIGNATURE DE LA PERSONNE LA PLUS ÉLIGIBLE.

**ANCIENS COMBATTANTS CANADA
SECTION DES CITATIONS ET DÉCORATIONS
284, RUE WELLINGTON
OTTAWA (ONTARIO)
K1A 0P4**

SERVICE NUMBER(S) - MATRICULE(S)

1659

ADDRESS - ADRESSE

EVELYN KNIGHT		1 Blandford Place, Mt Pearl NFLD
ELDEST SON - FILS AÎNÉ		
ELDEST DAUGHTER - FILLE AÎNÉE		
FATHER - PÈRE	Charles KNIGHT (Deceased)	33 William Street, St. John's, NFLD
MOTHER - MÈRE	Phobe KNIGHT (Deceased)	31 William Street, St. John's, NFLD
ELDEST BROTHER - FRÈRE AÎNÉ	George Samuel KNIGHT (Deceased)	
ELDEST SISTER - SOEUR AÎNÉE	Alice (KNIGHT) Pike (Deceased)	

SEP - 9 1986

I, THE UNDERSIGNED, DO HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I MAKE THIS SOLEMN DECLARATION KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

JE, SOUSSIGNÉ, DÉCLARE PAR LA PRÉSENTE QUE LES RENSEIGNEMENTS QUI PRÉCÈDENT SONT VRAIS ET AUTHENTIQUES ET JE FAIS CETTE DÉCLARATION SOLENNELLE, CONSCIENT DU FAIT QU'ELLE A LA MÊME VALEUR ET MÊME PORTÉE QUE SI ELLE ÉTAIT FAITE SOUS SERMENT EN VERTU DE LA LOI.

Evelyn Knight
SIGNATURE OF ELIGIBLE PERSON / SIGNATURE DE LA PERSONNE ÉLIGIBLE

August 21, 1986
DATE



Veterans Affairs
Canada

Anciens combattants
Canada

**REPLACEMENT OF
HONOURS AND AWARDS**

**REMPLACEMENT DE
DÉCORATIONS ET CITATIONS**

REGIMENTAL NO. - N° DE RÉGIMENT

1659

FILE NO. - N° DU DOSSIER

NAME AND ADDRESS — NOM ET ADRESSE

Mrs. Evelyn Knight
7 Blandford Place
Mont Pearl, Newfoundland
A1N 2L3

October 15, 1986
RE: KNIGHT, F.S.

APR
AVR - 3 1987

Sir
Madam

Monsieur
Madame

Replacement of service awards may be made on a prepayment basis only. If you will forward to us a bank money order, postal money order, or cheque made payable to the Receiver General for Canada in the amount stated below, we will be happy to send replacement(s) of the following indicated award(s) by return mail.

Please return this letter with your payment to:

Pour faire suite à votre demande, permettez-moi de vous informer que nous pourrions remplacer la (les) décoration(s) militaire(s) sous indiquées, par retour du courrier, sur réception d'un mandatposte, d'un mandat bancaire ou d'un chèque du montant sous-mentionné, à l'ordre du Receveur général du Canada.

Veillez retourner la présente avec votre remise adressée de la façon suivante:

Veterans Affairs Canada
Honours and Awards Section
284 Wellington Street
Ottawa, Ontario
K1A 0P4

Anciens combattants Canada
Section des citations et décorations
284, rue Wellington
Ottawa (Ontario)
K1A 0P4

SENT
ENVOYÉ

APR 22 1987

- THE 1914-15 STAR
L'ÉTOILE DE 1914-15
- THE BRITISH WAR MEDAL
LA MÉDAILLE DE GUERRE BRITANNIQUE
- THE VICTORY MEDAL
LA MÉDAILLE DE LA VICTOIRE

BADGES
BOUTONS

CLASS "A" (NO CHARGE)
CLASSE "A" (GRATUIT)

CLASS "C" (NO CHARGE)
CLASSE "C" (GRATUIT)

AMOUNT — MONTANT

\$ 7.00

REMARKS — OBSERVATIONS

HONOURS AND AWARDS - DÉCORATIONS ET CITATIONS

Canada