

# FIRST NEWFOUNDLAND REGIMENT

#### ATTESTATION OF

No. V Name	Corps /
Questions to be put to the	e Recruit before Enlistment.
What is your name?  2. What is your full Address?	1. Jesus Joseph Koc
	Attinger som
3. Are you a British Subject?	4. Years Months
5. What is your Trade or Calling?	5
6. Are you Married?	6
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?	
8. Are you willing to be vaccinated or re-vac- cinated?	8
9. Are you willing to be enlisted for General Service?	) Q
10. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?	} 10
11. Are you willing to serve upon the conditions as en to be signed by you if you are accepted?	mbodied in the roll of service
(y	
	RECRUIT ON ATTESTATION.  do make oath, that I will be faithful and h, His Heirs and Successors, and that I will, as in duty leirs and Successors, in Person, Crown and Dignity against
The Recruit above named was cautioned by me that he would be liable to be punished as provided in the Arm The above questions were then read to the Recruit	t in my presence.
	, and that his answer to each question has been duly entered ne declaration and taken the oath before me at
Signature of Attesting	Officer with frank and franchist
†CERTIFICATE OF	APPROVING OFFICER.
I certify that this Attestation of the above-named F quired forms appear to have been complied with. I according	tecruit is correct, and properly filled up, and that the re-
If enlisted by special authority, such will be attached	to the original attestation.
Date Premedians	Approving Officer.
† The signature of the Approving Officer is t † Here insert the "Corps" for which the Recr	to be affixed in the presence of the Recruit.
Discharge and Certificate of Character, which should be retu	former service, and to produce, if possible, his Certificate o urned to him conspicuously endorsed in red ink, as follows (Regiment)

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Name Apparent age /8 years months. Height (Girth when fully expanded Range of expansion Distinctive marks ... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin diage. ... | Relationship... 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) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Signature of Officers certi-fying correctness of Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. Army Rank Dates Days Years Days Service towards limited engagement reckons from Joined at\_ Total Service forfeited as above.



## FIRST NEWFOUNDLAND REGIMENT 417

ATTESTATION OF

No. 41) Name Earnest Lee Corps Methodist
Questions to be put to the Recruit before Enlistment.
I. What is your name?
2. What is your full Address?
3. Are you a British Subject? 3.
4. What is your age?
5. What is your Trade or Calling? 5
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac- 8
9. Are you willing to be enlisted for General Ser-
vice?
o. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?
I
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  i
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
Signature of Attesting officer of Mach on alla fr.
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the
quired 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.
Place Promoted Many 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.

# DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Apparent age /8 years 2 months. Height 5 feet 6 inches Girth when fully expanded 33 inches Range of expansion 2 inches Distinctive marks .... INFORMATION SUPPLIED BY RECRUIT Ligger Fancheur Fortime (book) Name and Address of next of kin 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. Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES

(a)

Depot	Casualties, &c.	Army Rank	Dates	rate of	pension	wards G.	C. Pay	fying correctness of entries
			4,	Years	Days	Years	Days	
rds limited	engagement reckons from	1 23-	11-17				4	
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hoen	frankland 8	-11-18	$\theta$			-		
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Lee Ernost. 4171
Agy Loept.

B

[OVER.

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### Proceedings on Discharge.

(When forwarded for	confirmation the document	nents named on page 4 should be enclosed.)
No. 4171	Army Rank	Private
Name	Ennest ictly with that on enlistment, unless	s changed subsequently by authority.)
CorpsROYAL	NEWFOUNDLAND REGIA	MENT,
Battalion, Battery, Compar (If attached to the Regular Est		or Permanent Staff of the Territorial Force, &c., or to General hould be so signed.)
Date of discharge	november	~ 30 th 1918
Place of discharge	04.0	his, Afed
1.	Description at the	time of discharge.
Completion fav.  Eyes Hair Trade  Intended place of residence (To be given as fully as practicable) (The measurements and de home from abroad for discharge confirms the discharge at home	lly expandedins. nsionins.  own ack  man  tunt  Ufed	on the day the man leaves his unit, but in the case of men sent dence should be left blank to be filled in by the Officer who are of being no longer reservice
(The cause of discharge m	ust be worded as prescribed in the	King's Regulations and be identical with that on the discharge of the letter to be quoted.)
8. Military character	There is a supplied to the supplied to	of the letter to be quoted.)
4. Character awarde	d in accordance with King's l	Regulations:—
led in on the soldier	Substitute of the state of the	
Certified that the above i	s an accurate copy of the character was awar	given by me on Army Form B. 2007* and that Army Form D. 489- ded in this case.
Army Form B. 2088 has be	en issued to*	Initials of Commanding Officer.
	Porms	* Strike out if not applicable.

### Civil Re-establishment Committee.

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

Shope to return to my forme book of fishing.

Earnest Lel
Signature of Man.

Reg. No. 14171

Signature of the Vocational Officer or his Representative.

Place = A. flan's

Date Nw. 18 1918.

Regt1	No. 419, Rank Private Name		E.	Cority	Pa	2,	Unit Posted AND The Cause	Was_	ry	er.	•	ecs.
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I hav	e carefully examined this Stat	emer	it o	f Acc	coun	tano	find it to be a correct extract fr	om t	he P	ay Bo	ok	of
	D' Conkany						2	7	11	ma	10	41
	Carp Winebacker Oct.	16	19	18				4	7	2	CO,	12
	Checked in accordance with	info	vom a	1100		-1		C. "	to	Compa	9/0	-

N.F.P./94 To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance Regtl No. 417, Rank revake Name AMERINDLAND WES Ned trialed Unit to Kew Jourdand on 16/10/18 Authority Part in Orde Cause STATEMENT OF ACCOUNT DR. PARTICULARS PARTICULARS Balance Dr. from Balance Cr. from Allotment /9 days @ 50 501 119.09 Pay 19 days @ \$ 17 Cash Payments: Field Allce 19 days @ \$ 167 / 97 /20 90 5-10-18 12-10-18 Other Allces days @ s Other Debits: Other Credits: Total Debits Total Credits Balance due by Paymaster Balance due to Paymaster I have carefully examined this Statement of Account and right to be a correct extract from the Pay Book of Oct. 16 1918 Made up/Checked in accordance with information received in the Pay & Record, Office Landson and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, Ohief Paymaster & Officer 1/c Records.

#### Medical Report on an Invalid.

Station Hazeley Dean Comp.

Date 15 - 9 18.

- 1. Unit ROYAL NEWFOUNDLAND
- 2. Regimental No. 4171
- 3. Rank
- Pte.
- 4. Name

19h

- LEE, ERNEST
- 5. Age last birthday 19 years
- 6. Enlisted on Nov. 23rd 18.
  at St. John, s, fld

- 7. Former Trade or Occupation Fisherman.
- 7a. If with previous service in Army, state-
  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.
- 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

V. D. H.

#### 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 veneral disease.

- Date of origin of disability.
- May 1st. 1918.
- 10. Place of origin of disability.
- Hazeley Down Camp.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that whilst on parade, he became sick with pains in legs and arms. Reported sick and sent to Hospital with rheumatic fever. He was in Hespital 97 days, and discharged to Depot unfit, awaiting repatriation.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war attributed to strain of Military Service. (The specific condition to which it is attributed should be stated, see Notes on
  - page 3). .
    (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

N.A.

N.A.

		and the second	* /
13.	What is his present condition?	He is very pale and thin.	
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	Leud blowing double murmur at mitral area, and systelic bruit in sortic area. Chest expansion very small.	7
14.	If the disability is an injury, was it caused—	Sputum negative. Unfit for further service.	1
	(a) In action? (b) On field service?		
	(c) On duty?	<b>v</b> .	
	(d) Off duty?	N.A.	
15.	Was a Court of Inquiry held on the injury?		
	If so—(a) When?		1
	(b) Where?		
	(c) Opinion?		
16.	Was an operation performed? If so,	Maria Maria	
10.	what?		
17.	If not, was an operation advised and		
	declined?		
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?		
19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	. 62.	
		± 1	
90	D		
20.	Do you recommend—  (a) Discharge as permanently unfit, or (b) Change to England?	Recommend discharge as Permanently Unfit for further Military Service,	
	$oldsymbol{\cdot}$	J. St.P. Knight. Capt. RAMC.	
		Officer in medical charge of case.	
		eneral accuracy of this report, and concur therewith,	
exc	ept†	10	
Sta	ation		
	TO A SECTION AS A DESCRIPTION OF THE	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

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

Date\_

Opinion of the Medical Board.

Norm.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the sevent beam being invalided, it is essential that the Minister of Pensions about be in possession of the most reliable information to enable full 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, (A) caused or aggravated by service in the present ear,  $|\phi|$ , due to cause and connected with present var,  $|\psi|$ . Causes or aggreeates or service in the present ear,  $|\phi|$  due to cause and connected with present var,  $|\psi|$ . (I) earlier active service,  $|\zeta|$  climatic diseases in pre-var, service,  $|\zeta|$  ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv). In answering question 21 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.

21. (a.)	State whether	the	disability	is clearly

- (i.) Service during the present war ;
- (ii.) Climate;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Predisposition present. Mother died of (b.) If due to one of the first three of these rheumatic fever. He himself only one causes, to what specific conditions do month in Regiment when taken sick.

- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?

the Board attribute it?

- 24. If not permanent, how soon do the Board Yes recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at

Degrees of disablement should be ex-80% total disability.
present in the following percentages:— 80% due to military Service.
20, 70, 60, 50, 40, 30, 20, less than 60% due to military Service.

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27 Do the Board recommend-
  - (a) Discharge as permanently unfit, or Yes
  - (b) Change to England?
- 28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a-
  - (a) Sanatorium;
  - (b) Hospital;
  - (c) Convalescent home;
  - (d) Asylum; or
  - (e) Other institution either as an inpatient or an out-patient, and if so the period for which recom-
- mended.
  29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical
- appliance recommended?

  30. Does the man require the constant attendance of another person?

J. S. TAIT	Members.
L. PATERSON, Major.	

Date.

EWFOUNDLAND

D. M. S. NEWFOUNDLAND



#### Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension. on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.
Name in full Lee Except.
Regiment from which discharged 1st. Newfoundland
Regimental number 4171.
Intended address Jarline. Jorline Bay.
Height on discharge 5 Feet 7
Color of hair on discharge Black.
Complexion Jain
Color of eyes . Bresite
Descriptive Marks
Figure on discharge medium
Christian name of Father
Christian name of Mother
Wife's maiden name in full
Date and place of marriage
Christian names of children 🗸
Place and date of soldier's birth. Secured Bourt Dept 13 = 1900.
Nature and locality of civil employment required
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct
(Soldier's signature in full) Cambrit Lel
(Rank) Dite

Station at st Johns 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.

Motion (4)
Medical Office id Hospital.
Unit, or Command Despt.

Date Send 1818.

Date Non 14/18

Station et Johns

#### DEPARTMENT OF MILITIA.

#### WAR SERVICE GRATUITY,

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland
Regiment, who claims War Service Gratuity under Order-in-Council
dated January 28th.1919.
A complete reply must be given to every question in this Deckaration. There must be no blocks and no lastes, IT my question are not applicable, the words "NOT AFFLICABLE" must be written out.
On completion this Declaration is to be returned to THE OFFICER I/C
RECORDS, MAY & RECORD OFFICE, SO. WOHH!'S.
Christian name Countit 2. Surmane Lee
3, Rank, 754. 4. Regul . Ho. # 17.1
5.Address in full to which future payments of gratuity are to far be
forwarded chattand Bay Brief Dittely
General Hospital S. Johnis
6.Date of enlistment in the Regiment. Nm 18 1917
7. Hame of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, immediately prior to your discharge. And a.
3. Relationship of such dependents. Patapplicable
9. Address in full of such dependent. Not fifsticelle
•••••••••••••••••••••••••••••••••••••••
10. Is said dependent, now, or was said dependent at my time in receipt
of Separation Allowance on account of mother soldier?. M. N. of applicate
ll. Were you on active service only in liftld. If so, give dates, and partic-
thers of such service
2.Give total length of time which you served on active service,
mether in Mfld or Overseas
Me Hear nine months.
Transfer of the second of the

13. Have you had more than one enlistment? If so, give particulars of	
discharge and re-emlistments, and under what regimental numbers.	20.
•••••	
Agents	y ti k
Wer Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. The	
• • • • • • • • • • • • • • • • • • • •	
15. Harris and A.	
15. Have you been issued with a War Service Bodge? . No.	
16. Have you, during the present war, served in the Imperial Porces.	
17. Are you entitled to receive, or have you received any Gratuity in	٧.
the nature of Post Discharge Pay from the Imperial Forces? If so, A	
state amount received, or to which you are entitled.	0
are entitled 27.9.	•
19 Pdd year assert a	•
18. Did you revert Overseas to a rank lower than the substantive ran held by you on your arrival in inglend?	ık
(b). If so, was such reversion in consequence of misconduct or in-	•
efficiency?net applicable	
19.Are you now serving in the Regtl? A.P If not give:- (a) Dat	
of discharge, Nov /5- /a/6	
modically unfit.	• •
20. Did you at any time serve at the front in an actual theatre of	
War? If so give particulars of places, and dates of such service.	0
•••••••••••••••••••••••••••••••••••••••	
21.(a) Are you receiveng treatment from the Civil Re-Establishment Com	. ?
b). If 80/, are you in receipt of full pay and allowances from that	
emittee ho.	
and I make this selemm declaration conscientions at 1 2	
and I make this selemn declaration conscientionally believing it to be true and knowing that it is of the same force and effect as if made	

Signature of Applicant: Continue Boay District

Place of Residence: Stature Boay District

Doclared before me at: Stature Boay District

This lot day of Functure 1919

Signature of Ben ister of the Supreme Court, Saipendiary Magistrate, Notery Fublic, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid Paid Paid Gratuity due

4 Mod. 280.

Paymaster.

Certified Correct.

To:- Paymaster;

From:- V. O.

#### E. Lee 4171

This man's course at the Re-establishment School terminated on Saturday the # 17th inst. He is now off our lists.

Vocational difficulty

471 Pt Ernest Lee Civilian Clothes 10.6494 \$ 6

Major Howley

O. I. C. Records

Please pay to E. Lee, 4171 the sum of six dollars in payment of allowance for three days to date and charge dame to Civil Re-establishment Committee

\$6.00

Pension

Nil

171

Vocational Officer

Earnest Lee

Major Howley, O. I. C. Pay & Records.

E. Lee, 4171\_

Kindly pay to the man named above, The sum of thirty dollars, in payment of attendance and punctuality bonus. Charge same to the Civil Re-establishment Committee.

ACCOUNT

GH. No. 169 INITIALS

INL. LEDGER THIFTALS

PAY LEDGER INITIALS

GEN. LEDGER INITIALS

www. Machell.

6 ernest Lee

Major Howley, O. I. C. Pay & Records.

Please pay to E. Lee, 4171
the sum of two dollars and fifty cents,
in payment of arrears of allowance to July 17th. Charge same
to the Civil Re-establishment Committee.

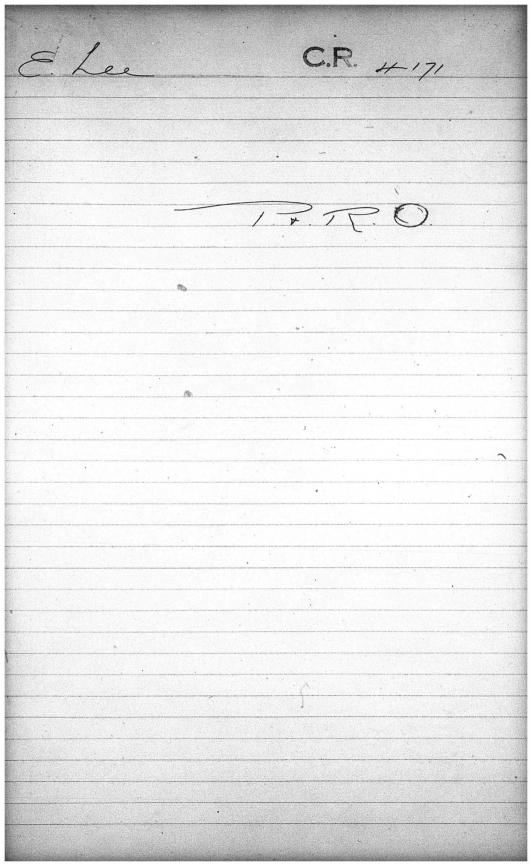
\$2.50

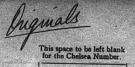
C. BALL

bookall.

Vocational Officer.

Esenest Lee





## Proceedings on Discharge.

TT71 0 1 1 1 A				
(When forwarded for	confirmation the	documents named	an nace 4	should be enclosed.)

No. ///	Army Rank	Trivate	Ť		
Name Lee E	rnest	-			
(The name must agree strictly with	that on enlistment, unless	changed subsequently b	y authority.)		Turk.
Corps ROYAL NEW	FOUNDLAND REG!	MENT.			
Battalion, Battery, Company, Depôt (If attached to the Regular Establishmen	t, &c t of the Special Reserve Staff of the Army, it sl	or Permanent Staff of thould be so stated.)	ne Territorial Force	e, &c., or to G	enera
Date of discharge_	114 To person 2004 States Processor 117	volume Davids of the Community of		# 1. Y	
Place of discharge					
1.	Description at the	time of discharge.			
Age years  Height feet  Chest girth when fully expar measure-	months inches adedins.	- De	escriptive marks.		
ment   range of expansion	ins.				
Complexion			COPIE		
Eyes	<u>A</u>	_	M OF M. 157	Mal	æA.
Hair Trade			C. IST EN.	-	-
Intended place of			., 2NO. BN	131 ×	S
residence				7	300
To be given as fully as practicable)			1		<b>6</b> 3
		district the second		he case of me by the Office	n sen
the measurements and description some from abroad for discharge, the age confirms the discharge at home.)  2. The above-named man is di		district the second		he case of me by the Office	n sen
		district the second		he case of me by the Office	en sen
2. The above-named man is di	scharged in consequen	ce of			•
2. The above-named man is di	scharged in consequen	ce of			•
2. The above-named man is di  (The cause of discharge must be wo ertificate. If discharged by superior aut	scharged in consequen	ce of			•
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#### Medical Report on an Invalid.

Date

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1.	Unit	Royal Nyla	socet.
		, , ,	

- 2. Regimental No.
- Ptr. Einest. Name
- Age last birthday
- 23 hw. 1917 S. John Men 6. Enlisted  $\begin{cases} on \\ \vdots \end{cases}$
- 7. Former Trade or Occupation
- 7a. If with previous service in Army, state-
  - (a) Former Unit:
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

#### Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer

V.D. H.

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#### 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.
- 10. Place of origin of disability.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

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and arms; reputer sich and to Arch. & Rheune the Fire.

propeter 97 days. as derchanged t defor wifil awaiting repatreation

- Give your opinion as to the causation of the disability, stating whether in your opinion it is-
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

attitutes to their graliting

he is very fale, ent this land blowing double muram at hiter area, and systelio him in articolar area. Chas expression 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. 14. If the disability is an injury, was it caused-(a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so—(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? 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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. ho days of prover the upl 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Station Officer in charge of Hospital. Date Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

<sup>†</sup> Delete this word if no exceptions are to be made.

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

MEDICAL HISTORY Surname

Christian Nane Erwel

(feebalat)	Table I.—GE	NERAL TABLE.	nest denoted that	11.00.00.00.00.00.00.00.00.00.00.00.00.0
Birthplace:—Parish	steen Der	o Disch County	rfee.	
	SPECIAL	RESERVE.	REGULA	R ARMY.
	on 13 day	of Nov 1917	on da	y of 191
Examined	at 4 per	d bank	at	
	18 year	a men	year	rs days
Declared Age	7	1	COPI.	
Trade or Occupation	i feet	nerman ! inches	To	No. / COATE
Height	J feet	7 inches	O.C. 1st. En.	192/194 5 inches
Weight		107 lbs.	2ND Lit.	Total Co. 1
Chest Measure- ment Range of Expansion	·	32 inches		inches inches
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/	Right	Left	Right	Left
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When Vaccinated	R.E. – V=6		R.E.—V=	· · · · · · · · · · · · · · · · · · ·
Vision	L.EV=		L.E.—V=	-
[	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
	(b)		(b)	
(b) Slight defects but not sufficient to				
cause rejection	<u> </u>			
				•
Approved by (Signature)	Lamme	Paterson		
(Rank)	4			
	7	Medical Officer.		Medical Officer.
	at .	. K.	at	
Enlisted	on 10 4 da	y of New 1917	on da	y of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	0/ 5			A STATE OF THE STA
	14 held			1
Transferred to	Reg!	4171		
Became non-effective by		7		
	on da	y of 191	on da	y of . 191
[Signature]	K WW.			•
[Rank]			rger dan en en en en	The state of the state of the state of
1				S-10 1 (1980)

	Ad	lmitted Hospita	to	Disch	harged i	from		Number	Remarks bearing	n the cause, nature or treatment of the case likely to be of interest or of future use. In case of	Signature of Medical Officer
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Table II.—Only for admission to hospital or to the sick ist in case of Warrant Officers treated in quarters.

Table 11.—Only for admission to hospital or to the sici									k ist in case of training omogra weater in quarters.			
Name of Hospital	C - 100 C 100	lmitted Hospita	of the Books	Line year	harged Hospits	100000	Disease	Number Days in Hospital	Remarks bearing syphilis, admission	in the cause, nature or treatment of the case likely to be of interest or of future use. In case of its and re-admissions to hospital will be shown. The subsequent procress, including particulars ment out of longital, transfers, etc., will be given in the special epiblis case sheet.	Signature of Medical Officer	
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Table II.—Only for admission to hospital or to the sick ist in case of Warrant Officers treated in quarters.

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

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Name of Hospital	Day	min Cook	th Year	MATERIAL PROPERTY.	Mont	00000 CO	Disease	Number Days in Hospital	syphilis, admissio of trea	n the cause, nature or treatment of the case likely to be of interest or of future use. In case of a and re-admissions to hospital will be shown. The subsequent progress, including particulars ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
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Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, ec.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

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		a Capitore.	
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#### 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
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### OFFICER COMMING

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TO BE DISCHARGED

HOSPITAL TO MORROW

FIT TO REJOIN UNIT :-

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\* Recommended Ddays leave recessary for keessery Winget for more there & light dely . Vide AFB 178

MAJOR RAME (S.R.)

-1 JUN 1918 Outfit Number..... Reg. No. 4171 Rank Othe Name Lee Lange Recialist Sanitary Officer. -2 JUN 1918

Outfit Number. 48

Newfour bland Red

21 MAY 1918 CQUNTY LA

TO BE LEFT

COUNTY LAB. Q. A hyste

Specialist Sanitary Officer.

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TO, - The Chief Paymaster. Royal Ferfoundland Regiment. 58 Victoria Street, · London, S. ".

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.".C.A. "Prisoners of "ar Fund" in quarterly instalments for the region of one year. Commencing on the 1st July 1918.

Regtl.	Rank	Name	Amount	Signature:
4171	Re.	Les. 8.	\$250	

I have the honour to be, Sir, Lour obedient servant. alex Ill

Nº 4517



# 4 1st. NEWFOUNDLAND REGIMENT | ALLOTMENTS

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The Chief Paymaster, Royal Newfoundland Regiment, London, S.W. who proceeded to Newround and with the last repatriation draft. Hazeley Down Camp. Winchester, Nov. 5th 1918. COMMANDING 2ND BN. ROYAL NEWFOUN

## Squadron, Troop, Battery and Company Conduct Sheet. Regiment of 19 Newformalank Signature of O. C. Company

Army Form B. 121.

Forms B 121.

	Regimental Number and Name			ne		Trade	Good Conduct Badges, Service pay or proficiency pay			
	No.	4191 Lou B.								
	JoinedDate									
	Joined				Period of with Colours 7 years. with Reserve 35 Syears.	Place of Birth				
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C.R. 4171

Extract from Daily Orders, Part 11. UHIT: The Reyal Rev foundland Regiment, dated Doc. 10th. 1918.

STRENGTH. DECREASES.

4171 Pte. Ernest Lee

Having been found Medically Unfit is Discharged from 29/11/18.

Extract from Daily Orders part 11, Depot.gt. John's dated Nov. 14th., 1918.

The undermentioned returned from everseas and reported at depot 8/11/1918.

#4171 Pte, E. Lee.

C.R. 4171

Atract from Telegram to Hilltory St. John's, dated Setober 17th.,1918.

Being sent home for Discharge:

4171 Lee.

Extract from Medical Board Held on Saturday Nov.16th,

4171 Pte. E. Lee.

Recommended Discharge-Permanently Unfit.

M.

Extract from Heminal Rell of Repatriation Braft Embarked for Hewfoundland 16-10-18.

DISCHARGED UNDER A.F. B.179.

4171 Pte. B. Lee.

Mi.

15534/1614/R. &. C.

Cheif paymaster & O. i/c Records
Newfoundland Contingent Vice
London. S. W. 1.

Officer Commanding, 2/Rn. R. Nfld., Regt. Hazely Down Camp, Winchester, Hants.

Versa/

Ray & Record Office.

Sept. 27th 1918.

26 September 8

## REPATRIATION DRAFT NO. 74

With regard to the draft which embarked 23/9/18 it is observed that.

4171 Pte. E. Lee 5561 Pte. D.R. McDonald 5662 Pte. T. Verge/

did not proceed. Will you Please say why and if it is still your intention to repatriate them.

Through an oversight Lee and Verge were not warned to proceed with repatriation draft No.74, they will proceed with the next draft.

> Pte. McDonald is now for repatriation.

Sgd. J.W. MARCH.
Major for
Lieut. Col.,

(In. Ref, No. 8487)

Major.

aghief Raymaster & O. 1/c Records.

June 1st, 1918.

Door Ers. Paucheur:-

I regret to inform you that \$4171.

Pte. Ernest Lee was admitted to Hameley

Down Hospital, on 1/5/18 suffering from

Synovitis Ease.

This report was received by mail from our Record Office, London, and if it wa at all serious we would receive news by cable.

Yours faithfully.

Lieut.

for Lieut.Col. G.S.O.

Mrs. Dizzio Faucheur. Fortune.

C.R.

Actuant from Haminal Roll Braft "H" Company Schorked S.S. Florical Jan. 29th, 1918.

4071 Pte. Lee E.

Did not preced to B. E. F.

Extract from Daily Orders Part 11 Unit The Royal Hild. Regt., St. John's , Basser Hov. 30th, 1917.

4171 Pte. E. Lee.

Attested at Grand Bank Nov. 23rd and reported at Headquarters on Nov. 29th, 1917.

Hov. 18th, 1918 From Officer Commanding Depot To Paymaster and Officer 1/c Records Militia Department 5662 Pto. T. Verge 5499 J. Solr E. 100 The marginally noted men have been recommended for discharge as permanently unfit by Medical Board hold on Saturday, Hovember 16th. I am sending them herewith for your attention and necessary action, please. AWC

Reg. No	4191 Rank Pte Name Lee E.	
	Address	
	for Overseas Returned from Overseas $9 - 11 - 12$	
16 71-18	ble Sis-Sev-Unjet.	
30 71-18	DISCHARGED MEDICALLY U. FIT	