



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3690

Name Job Little

Corps S.A.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Job Little
2. What is your full Address? Pennington
3. Are you a British Subject? Yes
4. What is your age? 21 Years Months
5. What is your Trade or Calling? Fireman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? { 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? Yes

Job Little 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.

E-27-H-17

Job Little SIGNATURE OF RECRUIT.

R. McDonald Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Job Little 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 on this 27 day of April 1915.

Cliff Kent Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER

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

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

Date 191
Place } Approving Officer.

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

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

3690



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3690 Name Job Little Corps S.A

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Job Little
- 2. What is your full Address? Bonavista
- 3. Are you a British Subject? Yes
- 4. What is your age? 21 Years Months
- 5. What is your Trade or Calling? Farmer
- 6. Are you Married? No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
- 8. Are you willing to be vaccinated or re-vaccinated? Yes
- 9. Are you willing to be enlisted for General Service? Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 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? } Yes

I, Job Little 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.

E-27-4-17 Job Little SIGNATURE OF RECRUIT.
R. E. Edward Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Job Little 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 27 day of April 1917.
Signature of Attesting Officer J. Clift

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Rob. Little
 Apparent age 21 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Donavita Little | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-4-17</u>									
Joined at <u>St John's</u> on <u>April 27th 17</u>									
Discharged Jan 3 1919									
Embarked <u>St John's S.T. Hospital to Halifax</u> <u>15 19th 17</u>									<u>Embarked <u>Blk 6th 17</u></u>
Joined <u>Bath</u> in the field <u>14th 17</u> <u>Wounded</u> <u>20-11-17</u> <u>Admitted</u> <u>2nd Oct. 1880 Reg. 21st 17</u>									
Invited to <u>England</u> <u>18-11-17</u> <u>Admitted</u> <u>3rd 11th 1880</u> <u>15th 17</u>									<u>Amputation</u> <u>26 Reg. 15th 17</u>
Transferred to <u>London Military Hosp Brighton</u> <u>1-8-18</u> <u>Transferred to Queen Mary's Conv. Hosp</u> <u>27th 18</u>									
Saw through their report <u>1st 11th 18</u> <u>Admitted for discharge</u> <u>12-11-18</u> <u>Arrived</u> <u>29-11-18</u>									
Discharged medically									<u>11th 22-1-19</u>

Total Service forfeited as above.....

Total Service towards Engagement to 22-1-19 [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____

COPY.

This space to be left blank for the Chelsea Number.



By request

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>3690</u>	Army Rank <u>Private</u>
Name <u>Little Job.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL 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 <u>January 22nd 1919</u>	
Place of discharge <u>St. John's. Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>22</u> years <u>7</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>Fresh</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade _____ Intended place of residence { <u>Banarista</u> (To be given as fully as practicable) { <u>Newfoundland</u>	Descriptive marks. <u>Comp. No leg above knee.</u>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for foot service on account of wounds received in action</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:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
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*	

TREATMENT CARD.

Name Little J.

Late Regtl. No., Rank and Corps 3690 Plt.
1. Newfoundland.

Home Address _____

Hospital from which discharged Queen Marus Convalescent Hospital,
Bohampton.

Date of discharge 31 OCT 1918

Nature of disability Amputation Right Leg

This card is to be despatched to the Local War Pensions, etc., Committee, where the man proposes to reside when he is about to be invalided from the Service and discharged from Hospital.

In the case of a man who has previously been discharged from the Service, the card will be clearly endorsed in red ink—"Post-discharge case."

A copy of this card is to be given to the man on his discharge from Hospital. [P.T.O.]

II. Particulars of treatment recommended [in-patient or out-patient, and hospital at which it should be given, &c.—see A.C.I. on the subject].

Nil

Mr. H. Nicholson



Place _____
Date _____

Signature _____
Lt. Col. Commandant,
Queen Marys Convalescent Hospital:
Officer i/c Hospital:

On receipt of this card the Local Committee will arrange for the treatment above indicated with the appropriate hospital, and send the card to the Officer i/c that hospital.

III. Particulars of treatment given :—

Effect of treatment given :—

Place _____ Signature _____
Date _____ Officer i/c Hospital.

On completion of treatment this card is to be forwarded by the Officer i/c Hospital to the Local War Pension, &c., Committee, who will retain it for record.

FIELD MEDICAL CARD

A.T. Serum
Dose and date

1st 750 A.T.S 24/11/17
2nd 500 28.11.17
3rd 500 - 5.12.17

FIELD AMBULANCE NOTES.

Morphia
Dose and time

4 500 12.12.17

Date of wound or
onset of illness

Religion

SA

29. Nov
16

No.

3690

Rank

Plt.

Name

LITTLE J.

Unit

N.F.L.D.

Battle Casualty. ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply)

No. of F.A.

Date of admission 21.11.17

F.A. diagnosis

G.S.W. LEG (R)

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Gas Sarin. Amputation Thigh

W 254
21
Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

21-11-17

No. of Hospital 3rd Aust. General.

Date of entry 22/11/17. Under Ether

High amputated lower mid-thigh (Gas gangrene of leg)

Cancel. 24.11.17. To 102 P 96. Wound looking

healthy blood clot over femoral not interfered with

26.11.17. To 101.5 doing well

28.11.17. Good deal of oozing this afternoon dressing changed + salt packed.

Tonight dressing again wet Ether given one very small bleeding point tied off to wound

P 92.


1.12.17. Doing well - cancel

6/12/17. Improving To up to 100

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

11.12.17 England B S. Alan [Signature]

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number 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				
3rd Gordon Grenadier Barracks	15	12	17	1	8	18	R.S.W. Right Leg amputation above knee.	229	Wounded in France 20. 11. 17. ampute Reformed then - Reamputated 15. 2. 18. Transferred to Gordon Mil Hosp Brighton.	Edw. Murphy Capt R.A.M.C.
General Hospital Pavilion, Brighton.	1	8	18	27	9	18	Ampt. R. Thigh	57	R. leg removed from Denis. Wound healed	J. P. ...
	27	9	18	31	10	18	Ampt. Right Leg	34	ARTIFICIAL LIMB PROVIDED.	J. H. ... O.M. for Captain, Adjutant Queen Mary's Convalescent Hospital.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3690

Rank Pte

Name Little Job
(Surname) (Christian Names)

Unit and Corps } 1st Newfoundland

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France Oct. 20 1917 6
Dec 10 1917

(b) In what capacity?

Me

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

Loss R leg
SSW
Nov. 20 1917

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

9 Gen Hosp Queen Marys
3 London Gen Hosp

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

None

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

-

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

-

7. What is the name and address of your last employer before joining the Army?

Gen Hospital

8. (a) What was your occupation before joining the Army?

Intern

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Queen Marys Convalescent Hospital,

Station Roehampton.....

Signed (Soldier)

Little

1 - OCT 1918

Date

Signed

Charles C. Paine

Witness.

Report of Medical Board.

Station **St. John's, Nfld** Date **JANUARY 24th., 1919**
 No. and Rank **3690 - PRIVATE** Age **31** Height **5'6"**
 Name **LITTLE, JOB** Complexion **FRESH**
 Unit **Royal Newfoundland** Eyes **GREY** Hair **BROWN**
 Address **BONAVISTA**
 Former Trade **FISHERMAN**
 Enlisted at **ST. JOHN'S** On (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability **Original GUN SHOT WOUND RIGHT LEG. AMPUTATION ABOVE KNEE**

Subsequent

Present Condition (Compare with previous Board)

WEARING ARTIFICIAL LIMB - LOOST AT ANKLE. AMPUTATION CAT UPPER THIRD OF THIGH

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? **75%**

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?

Recommendation of Medical Board **75% DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) **H. S. FRASER**

(SGD) **CLUNY MACPHERSON, Major**

J. S. TAIT

L. PATERSON, MAJOR

Approving Medical Officer.



Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

COPY

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Little John
(Surname) (Christian names in full)

Unit from which discharged Royal Newfoundland Regt

Regimental Number 3640 Rank on discharge Plt Age on discharge 22

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } ditto

Nature and locality of employment desired going back to civil occupation

Full postal address to which proceeding on discharge } Bonavista
Newfoundland

Name of Approved Society (if any) _____

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...				India		
...				South Africa		
Disallowed						
Service towards pension						

PART C. Number of G.C. badges medals

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Bonavista Newfoundland 20/6/1896

Colour of hair on discharge Brown Colour of eyes Grey Complexion Fresh

Christian name of father James

Christian name of mother Deceased

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

Bonaville New South Wales 1.3.17

Figure on discharge

Medium

5 ft 6 ins

Descriptive and other distinguishing marks

Amp. Rt. leg above knee

I certify that I am the soldier referred to and that all the particulars contained in Parts A and D. above are, to the best of my knowledge, correct.

(Signature in full)

Sgd J. H. Little

Rank

Plc

Station

Rm Hq. Roskington

Date

1/10/18

I certify that the above-named soldier signed the foregoing declaration in my presence

Sgd G. McKay Capt G. R. Col.

C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para.

King's Regulations

or

Transferred to Class*

of the Reserve.

Strike out whichever inapplicable.

Military character

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

Officer i/c Records.

Station

Date

191

Insert P. or P.(T).

COPY.

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

MEDICAL HISTORY of

Surname Little Christian Name J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

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

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

Approved by (Signature) _____
(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to ...	ROYAL NEWFOUNDLAND REGIMENT.	3690

Became non-effective by _____
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				
3 Gen. Gen. Hosp. Windsorworth	15	12	17	1	8	18	L.S. on R. leg. Amputation above Knee.	929	Wounded in France 20.11.17. Amputation performed there—Re-amp. 15.2.18 Trans. to Pavilion Mil Hosp. Brighton.	Sgt. E. H. Bingley Capt. Cairne.
Gen. Hosp. Brighton	1	8	18	27	9	18	Ampt. R. thigh	57	Ligatures removed from sinews, stump sealed	Sgt. J. Parker
2. M. Aux. Hospital Rochampton	27	9	18	31	10	18	Ampt. R. leg.	34	Artificial limb provided.	Sgt. F. F. Kearney & Major Capt. Adj. R. M. Aux. Hosp.

COPY.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3690

Rank. Private

Name. Hittle John
(Surname) (Christian Names)

ROYAL NEWFOUNDLAND REGIMENT
Unit and Corps }

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France, Oct 20, 1917 to
Dec. 10, 1917

(b) In what capacity?

Pte.

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

Loss R. Leg.
G.S.W.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

Nov. 20th 1917.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

9. Gen. Hosp. Bury?
3 London General.

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

None

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

✓

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

✓

7. What is the name and address of your last employer before joining the Army?

Own Business

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station 90 Heavy Co. R.M. Rochester

Signed (Soldier) Sgt. J. Little

Date 1/10/18

Signed Sgt. C. Meekay Capt. Rane
Witness

C.R. 3690

Little, J.

P.V.R.O.



This Form is to be used in connection with Pamph. M. E. (1)
 N. F. 1915

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

Examination of Job. ~~Joseph~~ Little
 aged 27 conducted at Hdgrs.
 Date: 25/4/17 Recruiting Officer:

NO OF TEST FINDING

1 no
 2 no
 3 no
 4 no
 5 no
 6 no
 7 yes
 8 yes
 9 no no

10 ~
 11 ~
 12 ~
 13 ~
 14 ~
 15 ~
 16 ~
 17 ~
 18 ~
 19 ~
 20 ~
 21 ~
 22 ~
 23 ~
 24 ~
 25 ~
 26 ~
 27 ~
 28 ~
 29 ~
 30 ~
 31 ~
 32 ~

6/6 Both

No report - April 27/17

3690

33 yes. 2 scars. 3 months ago.
 34 5-6

35 129
 36 34. 36 1/2.

37 \$60 per month.
 38 father James. Bonavista
 39 no.

SM

Signature of Medical Examiner:

DW Burden

Chief Pay Master

PL £20-0
AW 13-15
Receipt



I was directed

to let J Little the 3690

sum of 2 Pounds to his credit

approved.
W. Miller
Capt R.A.M.C.

3rd London I Depot
J Little Wandsworth SW
Wand S



11644/280

3rd London Gen. Hosp.
Wandsworth.

19th July 8

3690, Pte. J. Little,

6465

Pay to 3690 Little £10:0:0

No Receipt

B. 18

Duplicate

No. 1011

NEWFOUNDLAND CONTINGENT

N.F.P./70.

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

To: Officer Commanding,
3rd London General Hosp.
Wandsworth

Subject: 3rd January 1918

11th February 1918

Subject: 3690, Pte. J. Little

Receipt hereunder.

With reference to the following telegram (**6614**) from the Hon. Minister of Militia, received **11 / 11 / 17**

W. J. O'Keefe Cap. R.N.M.A.
for Officer Comdg. ~~1st Newfoundland Regiment~~
3rd London General Hospital,
Received the sum of Two pounds

Pay to 3690, Little, £2:0:0

£2. 0. 0 on account of
cable remittance from Newfoundland.

Draft **£ 2:0:0** is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Th 3690 J. Little
No. _____ Rank Pte

Chief Paymaster & O. i/c Records.

*Received
but not
received*

(B1.)

14724/170

31st December

3690, Pte. J. Little,

6714

66/4

11 11 17

Pay to 3690, Little, £2:0:0

101
3rd London General Hosp.
Wandsworth.

2nd January 1918

Will you please remit the sum
referred to, viz. £2:0:0 to me for
issue to Pte. Little in due course.

H. Fagan, Capt. R. A. M. C.

for O. C.
3rd London General Hospital.

101

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Officer Commanding,
3rd London General Hospital,
Wandsworth.

Pay & Record Office,
3rd January 1918.

Reference Reverse. - Postal
Draft for £2:0:0 is enclosed for
payment as indicated.

H. W. A. E. Capt. R. A. M. O.
Major,
Chief Paymaster & O, 1/c Records,

Received of
£2:0:0

AND

3rd Jan 1918

W. H. H.

W. H. H.

No. 12076/13

To grant 12/11/17
W.D. 25/11/17

NEWFOUNDLAND CONTINGENT

N.F.P./80.

From:

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

To:

Officer Commanding,
29th. Infantry Base Depot,
Rouen.

12th, November 1917

Subject: 3690, Pte. J. Little,
1st. Newfoundland Regt.

With reference to the following telegram (6714) from the Hon. the Minister of Militia, received 11/11/17,-

"Pay to 3690 Little £2.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, or retained to credit of his account.

or otherwise dealt with.
A. C. Mason
Chief Paymaster & O. i/c Records.

14724/170

12 - 12 - 1917

3rd 1/17

ANSWER

*Pte Little become a
Casualty on 20/11/17 and
is not now with Battalion.*

Nos. 111
14724/rp

*Dr. Dick's List,
A add*

3/1/17 Thetford, Nfld Regt

15/11

To O.C. Newfoundland Regt.

Thanked to you for
receiving action. Pte Little
proceeded to join the Unit
under your command on
the 12/11/17.

Rosen
15/11/17

J. Cantlow
Capt Adj
for Lt. Col

O.C. No: 29 Inf. Base Depot

To Officer of
Pay. Records

OK
£1000 18/4/18
GRB

Receipt No 6617
58, VICTORIA ST.,
LONDON, S.W.
18/4/18.
PAY & RECORD OFFICE

Sir
Please remit to Mr J. Little
3690 the sum of one Pound 7
I charge to my account

LONDON GENERAL HOSPITAL
REGISTRAR
18 APR 1918
WANDSWORTH

approved
W. M. L. M. L.
Capt. J. Little
£ 90 P. H. - 7 L W

no 3690 / P to g letters

3rd L.G.H

Office in

O.K. £100-00 ^{16/5} Recd ^{19/11/18} Wandsworth
Pay & Records office

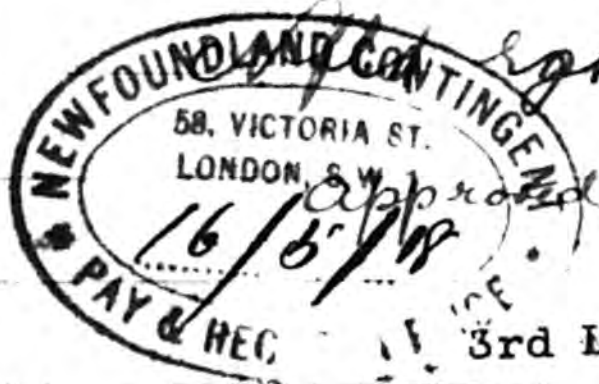
Ward 5-

58 Victoria Street

Please remit to g letters
the sum of one Pound
to my credit and oblige

Pte J Little

apt. J. J. M. M. M.



for OC

3rd London General Hospital,
Wandsworth, S.W. 18.



Third London General Hospital,
Wandsworth, S.W. 18.

for ip Paying June 24/1918

Please remit to No 3640

P to Job Little the sum
of 3 Pounds to his credit

obliged No 3672 P of J Little
£3.00
Receipt
app
1878
24/6/18
RB 25/6/18 Wand 5

TELE BRANCH INITIAL

17/5/18

Chief Paymaster
Royal Newfoundland Regt.
Please pay me the
sum of one Pound which
is to my credit & oblige
S C 90 Pte J Little

Ward 6, 3rd L. G. H.
Wandsworth



J.K. £1.0.0 W.K.
17/5/18 Receipt No 74448
Approved
W. H. [Signature]

RECEIVED
26 JUL 1918
YANBORTH, S.W. 15

Chief Paymaster & offices

Pay & Record office

Structures St Lord

Please remit to me £1.0.0

on balance of account due me

£3690 9⁶ Little.g.

Approved

W. M. S. M. S.
Capt. R. M. S.

1/2 R
26/7/18

July 26th 1918

C. R. P.
£1-0-0
3330
308
Propi. 1/10



Please advance
the sum of £ 3 D # 3690
Pte J Little on account
of any balance coming
to him

Remain
3690 Pte J Little
R. H. P. D.

J Little
max approved
when
when
when

OK - £3-0-0 L.P.

Receipt No 9506

BRANCH
FILE
3/1/18

3/1/18

3rd London General Hospital
Wandsworth Sw 18

officer ipso Paying Record office

Please remit to ^{our favor} Pte J Little
the sum of ~~ten~~ to credit
oblige No 2690 Pte J Little
Ward 5

O.K.
L.O.O.
G.A. 9/7/18
Receipt



W. W. Miller
Capt. R. A. M. C.



15057/18

Pavilion Mil.

20th, Sept. 1918

Brighton.

3690 Pte.

J. Little

1. 0. 0

F.O. Letter. 27/ Gen.No. /

To:- Regimental Paymaster.

..... 58 Victoria St. SW



Please forward the sum of £13.00 on account of pay

due to No. 3690. Rank. Pte. Name. Little J

Coy. D. Regiment. R. N F I D.

To. Pavilion G. Hospital Brighton

Signed. Little J

Countersigned. J. Bernard. House. Capt. [Signature]

.....1918. for O.C. Pavilion General Hospital, Brighton.

15-05-7/18

OK
C. J.
20/9/18
Receipt Brighton.

Approved
W. Myler
C. P. Cannon
Paying Record

London General Post
Wandsworth SW 18

July 24 1918

RECEIVED
JUL 24 1918
WANDSWORTH, S.W. 18

FILE	BRANCH	1922
	INITIALS	

Job Little the amount of 1 Pound
Receipt his credit blige No 3690

Job Little
1-1-19
19-7-18

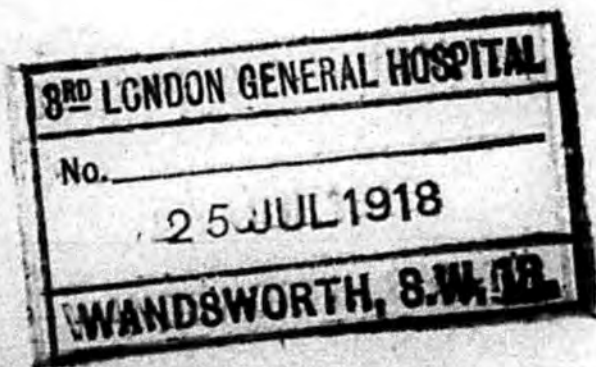
Royal Newfoundland
Wand 5

3rd London General
Julyst 25/1918

Please remit - to C/o
J. L. Little the sum
of 2 Pounds to his
credit - oblige
J. Little
1st Royal

24/7/18
L. 2-0-0 M.P.R.
Newfoundland
Receipt No 8278 Regt -
approved for 2. (Two pounds)

W. W. W. W.
Capt. Rames



Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid harassment to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

Part I.

A.F.W. 3977A has been sent to O.C.	A.F.W. 3977a has been sent to The Officer i/c Records,	The Regimental Paymaster,
	58 Victoria St SW 1.	58 Victoria St SW 1.

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 3690 Rank Pte

Name Little John
(Surname). (Christian names in full).

Unit and Coy. 1st Newfoundland

Station Queen Marys Convalescent Hospital.
Date 2 OCT 1917 191
C. H. C. for
Officer i/c Hospital.
Lt. Col. Commandant,

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to Bonaville Newfoundland
(Country). (Place).

- (i) Where enlisted Bonaville Newfoundland
- (ii) Date of arrival in United Kingdom 10/6/1917
- (iii) Port of arrival Liverpool
- (iv) Ship on which arrived Olympic
- (v) Name of Shipping Line or Agent White Star
- (vi) Names and addresses of two references who can verify the above particulars

None known

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977b whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T. P. and forwarded without delay to the Officer i/c Records.

Station Liverpool
Date 2 OCT 1917
C. H. C. for
Officer i/c Hospital.

14153/16/P&A.

Pavilion General
Brighton.

3rd September 8

3690

Pte.

J. Little

1 : 0 : 0 ---

Check No 8825

To: - Regimental Paymaster.

.....

(3690)

Please forward the sum of £ 2 s. d on account of pay due

to No. ~~1000~~ Rank. ~~Private~~ Name. *J. Sittle*

Coy. ~~1st~~ Regiment. *Royal Newfoundland Regt*



*O.K. Cheque
£ 10.0 882 F
M.R. 3/9/18
Receipt 8717*

Signed To *myself, Captain William G. Sittle*

Signed *J. Sittle*

Countersigned *[Signature]*

for O.C. Pavilion General Hospital,
BRIGHTON.

Brighton:





3690 Pte J. Little
1 Newfoundland
Det 5
Queen Marys Hospital
Roehampton.

Sir Will you kindly remit £5
to Pte Little.

This sum is required to
pay an outstanding bill.

And Oblige

3690 Pte J Little
1 Newfoundland Regt.

of £5-0-0
28/9/18
Receipt No

No Objection in this case.

8944 W. B. Nicholas Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

Roehampton $\frac{28}{9}{18}$.

4.10.18

Queen Marys Con.
Aux. Hospital
Rehampton.



Sr. Please, permit to
lie titles. The sum of £3.
from his credit, and
oblige

OK for £3
5.10.18

8690

Pie J. Lilles

Receipt No. 9020
Royal Newfoundland
Reg.

No Objection. This man has
been granted a short pass
for the weekend.

W. H. Nicholas Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

Rehampton $\frac{10}{18}$

PM

ANGLO-AMERICAN

No. 889

15/7/18

WESTERN UNION



DIRECT UNITED STATES

CABLEGRAM

SENT

FOR STAMPS

Prefix	Code
WORDS	CHARGE
13-4	2 1/2

At _____
 To _____ By _____

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

E.P.M.

To **JAMES LITTLE**

BONAVISTA (Newfoundland)

PLEASE CABLE TEN POUNDS THROUGH MINISTER MILITIA

J. LITTLE

13 1/2
2.8 1/2

change of 23690 →

CHARGED
 PAY BOOK
 Date *16/7/18* by *[Signature]*

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W.1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Queen Marys
Hospital
Roehampton

6 Oct 29/10/18

Sir Please Pay to
Order of J Little the
Sum of one Pound
To his order

W. K. Little

3690 J Little



W. K. R. N. F. I. D.

Regiment
A.C.

O.K.

£1-0-0

27/10/18 W.K.

No objection

Receipt No 9291. N.

p.d.

Roehampton

W. K. Nicholson Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital

22-10-18

9 25 40)

W372—M1960

150,000

9/17

HWV(M1934)

Forms/W8201/4

Army Form W. 3201.

50—P462

400,000

12/17

(in pads of 50.)

FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME

From a Hospital or Unit as "Medically Unfit."

No. 3690

Rank

Regimental Surgeon

(Regiment).

Name

Little J

has orders to proceed to his home:

(Address

58 Victoria St

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

Officer Commanding.

G. Hoffmann

LIEUT. R.A.M.S.

Date*

*

*Here enter name of Hospital or Unit from which the Soldier proceeds.



Friday 8 4-11-18

for transportation

Awaiting Repatriation 4-18

If a General Mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

No. 7

Regiment ROYAL NEWFOUNDLAND REGIMENT.

Army Form B 295.

(In pads of 100.)

PASS.

No. 3690 (Rank) Pte. (Name) Little J

has permission to be absent from his quarters, from

31-10-18 to 10 A.M. Monday 4-11-18

for the purpose of proceeding to NEWFOUNDLAND CONTINGENT

(Station)

(Date)



J. J. Anderson
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

[P.T.O.]

Report to Victoria St
London SW upon expiry.

W4 11136/ML141-1/17. 400,000 Pads. J. T. & S., Ltd. (E 779) Gen. No. 5768

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OFFICE COPY ORIGINAL COPY

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 3690 Rank Private Name Little, J. Unit Royal Nfld. Regt., who was Repatriated.
 to Newfoundland. on 11/11/18 Authority A.F.B 179. Cause Repatriated.

DR. Class A.

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$				CR.			
		£	s	d	£	s	d		
	Balance Dr. from				Balance Cr. from				
	Allotment 325 days @ 60¢	195	00	40	Pay 325 days @ \$ 21/12/17			5	0
	Cash Payments: P.&R.O.			31	Field Allowance 1.00 days @ \$	325	00		
	Hospital Advances.			8	325 .10	325	50		
	Other Debits:				Other Allowances days @ \$	357	50	73	9
	E.F.M.'s Nfld.			5	Other Credits:				
					Ration Allowance				
					31/10/18 to 11/11/18			1	5
					12 days @ 2/1				0
	Total Debits			80	Total Credits			79	14
	Balance due by Paymaster			80	Balance due to Paymaster				6

PERIOD: From 22/12/17 To 11/11/18

COPIES SENT

NO	DATE
M of M	
O.C. BY	
DATE	

Total Credits 12249/186
 Balance due to Paymaster 15-11-18

CHECKED

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of I

(Place) _____ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office _____ O.C. _____ Company. _____
 and is therefore subject to amendment if and as may be found necessary. _____ to _____
 Pay & Record Office, London, _____ London _____ 10 11 18

10/11/18, 191

Chief Paymaster & Officer i/c Records.

No. 1570-42

Pay

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix		Code		At _____		FOR STAMPS		
WORDS		CHARGE		To _____		By _____		
120		22		VIA ANGLO.				THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

5/10/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To E.F.M. JAMES LITTLE
BONAVISTA (Newfoundland)

PLEASE CABLE FIVE POUNDS THROUGH MINISTER MILITIA.

LITTLE.

Authorized:

Charge a/c 3690

*24
6
30*
g/b

CHARGED
PAY LEDGER <i>1st Inst</i>
Date <i>10/10/18</i> by <i>W.R.</i>

CHECKED
<i>[Signature]</i>
<i>10/10/18</i>

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58, Victoria St., S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

CR. 3690

Extracted from Daily Orders Part 13 Unit 1st Royal Bn.
Regt. St. John's, Jan. 20th, 1919.

Having been found medically unfit is discharged from
Jan. 22, 1919.

3690 Pte. J. Little.

C.R.3690

Extract from Medical Board held Wednesday Jan.8th, 1919.

³⁶⁸⁰
~~2000~~ Pte. J. Little.

Did not present himself.

C.R. 3690

Extract from Medical Board held Wednesday Jan. 8th, 1919.

3690 Pte. J. Little.

Recommended discharge as permanently Unfit.

C.R. 3690

Extract of Preliminary Report of a Medical Board held on
Monday, January 6th¹⁹, the following was the finding:-

3690 Pte. J. Little.

DID NOT PRESENT HIMSELF.

C.R. 3690

Extract from Daily Orders part 11, Depot. St. Johns
dated Nov.. 30th., 1918.

3690 Pte. J. Little.

^{above}
The ~~undersigned~~ returned from Overseas and reported at
Depot. 29-11-18.

C.R. 3690

Extract from Telegram from Synoptical, London
dated November 13th, 1918.

3690 Little.

The abovementioned having embarked by the Government
transport for St. John' N. E. November 12th.,
Documents with Carty. Being sent Home for Discharge.

BC.

3690

C.R.

Extract from Nominal Roll of repatriation draft No. 77 which embarked
at Tilbury Docks , London 12/11/18.

Conduction Officer Major G. T. Cartly.

3690 Pte. J. Little.

C.R. 3690

Extract from Casualties received from Pay and Record Office, London
dated Nov. 7th 1918.

The unmentioned awaiting repatriation was granted extension of
furlough to 8 a.m. 11/11/18

3690 Pte. Little, J.

Authority:-

Officer i/c Records Newfoundland Contingent.

C.R. 3690

Extracts of casualties from Pay & Record Office dated Nov.4/11/18.

The following reported at the Pay & R.O. to-day 4/11/18
and was granted extension of furlough to 10 a.m. 7/11/18.

3690 PTE. J. LITTLE.

Officer i/o Records Nfld Contgt.

C.R. 3690

Extract from Casualties received from Pay & Record
Office, London, 31, Oct. 1918.

3690 Pte. L. Little.

Ex King George Hospital. London, S.E. 31-10-18. has
been granted furlough to 10-a.m. 4-11-18, with orders
to report at the P.&R.O. on the latter date for disposal.

C.R. 3690

Extract from Casualties received from P.R. Office, London,
Sept.30th, 1918.

3690 Pte. T. Little.

was transferred from the Pavilion General Hospital, Brighton,
to Queens/ Mary's Convalescent Auxiliary Hospital, Roehamp-
ton, S.W. on 27/9/19.

MM.

C.R. 3690

Extract from Casualties received from Pay and Record Office
London, August 2nd. 1918.

#3690 Pte. J. Little.

THE ABOVE MENTIONED SOLDIER WAS TRANSFERRED FROM 3RD. LONDON
GENERAL HOSPITAL TO THE PAVILION MILITARY HOSPITAL, /BRIGHTON
ON 1-8-18.

AUTHORITY. A. Fs W. 3016 from 3rd. LONDON GENERAL HOSPITAL.

C.R. 3690

Extract from 3. analysis from War Office List No. 1. 1450

On the 4/12/17.

#3690 Pte² J. Little.

NUMBER

20/11/17.

NO.

C.R. 2690

Extract from Medical Roll Embarked London, 2 or Overseas
Nov. 15th, 1918 Major Garty, Commanding, Officer.

INDICATED HERE FOR DISCHARGE.

2690 Pte. J. Little.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line
Number

Rcd

By

Sent

by

Check

Dated November 26, 1917.

To Mr. James Little,

Bonavista.

Regret to inform you that Record Office

London, officially reports No. 3690, Private Job

Little, was at Third Australian General Hospital,

Abbeville, November 22nd seriously ill, suffering from

gunshot wound fractured tibia and fibula.

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

~~John R. Bennett~~, R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

No. 3690 Pte. Job Little.

Extract of casualty list received from the Pay & Record
Office London, dated November 26th 1917.

"At 3rd Australian General Hospital, Abbeville, November 22nd.
seriously ill, gunshot wound fractured tibia and fibula."

C.R. 3690

Extract of Sick and Wounded N.C.Os. and Men of the Expeditionary Force--
France, List No: H.A. 17424, dated 21st Dec. 1917.

3690 Pte. J. Little

Newfoundland Regiment.....GSW.R.Leg.....Trans. to 32 Amb.
Trn. ex 3 Aus. Gen. Hos. Abbeville 14th. Dec. 1917.

C.R. 3690

Extract of Casualty received from Pay & Record
Office, London, dated December 21, 1917

#3690 Pte. J. Little. ✓

Amp. Leg. No longer seriously ill.

O.C. No. 3 Australian General Hospital, Abbeville,
Telegraphs December 17th, 1917.

C.R. 3690

Extract of Casualty received from Pay & Record Office,
London, dated December 21, 1917.

#3690 Pte. J. Little.

Gunshot wound right leg.

Trans. to 32 Amb. Trn. ex 3 Australian General Hospital
Abbeville. 14th December 1917.

C.R. 3690

Extract of Casualties received from Pay & Record
Office, London, dated December 19.1917.

#3690 Pte. J. Little, ✓

No Longer Seriously Ill (Amp.Leg)
O.C. 3rd Australian General Hospital, Abbeville, reports
17/12/17.

C.R. 3690

3690 Pte. Job Little.

Extract of Casualty list received December 18, 1917.

Gunshot Wound, amputation right leg.

At Wandsworth.

✓

C.R. 3690

Extract of Casualties received from Pay & Record
Office, London dated Decembe 17, 1917.

#3690 Pte. J. Little. ✓
Gunshot wound right leg (amp)

Admitted 3rd London General Hospital, Wandsworth, 15/12/17.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Recd	By	Sent	by	Check .

Dated December 18, 1917.

To Mr. James Little,

Bonavista.

Record Office, London, today reports No. 3690,
Private Job Little, is at Wandsworth suffering from
gunshot wound, amputation right leg.

R.A. SQUIRES

Colonial Secretary

CR 3690

Extract from Nominal Roll Draft No.32: 111 Other Ranks from 2/1st
Newfoundland Regt., 1/1st Hfld.Regt. B.E.F. Embarked
Southampton 6/11/17.

3690 Pte.Little, J.

MP.

C.R. 3690

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17.

3690 PTE. J. LITTLE.

3690

C.R.

Extract from Daily Orders Part 11 Unit The Royal
Wfld. Regt., St. John's, April 27th, 1917.

3690 Pte. J. Little.

Attested this day. posted to F. Co., and assigned number
as shown.

Little, Job

3690

Ray sept

**DUPLICATE
MAIL COPY.**

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3690 Rank Private Name Little, J. Unit Royal Nfld. Regt., who was Repatriated.
to Newfoundland. on 11/11/18 Authority A.F.B 179. Cause Class A.

DR. CR.
STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d
PERIOD: From <u>22/12/17</u> TO <u>11/11/18</u>	Balance Dr. from						Balance Cr. from 21/12/17			5	0	2
	Allotment 325 days @ 60¢	195	00	40	1	4 1/2	Pay 325 days @ \$ 1.00	325	00			
	Cash Payments: P.&R.O.			31	12	0	Field Allowance 325 days @ \$.10	32	50			
	Hospital Advances.			8	2	6	Other Allowances days @ \$	357	50	73	9	2
	Other Debits:						Other Credits:					
	E.F.M.'s Nfld.				5	2 1/2	Ration Allowance					
	<i>Cash P.R.O. 11/18</i>			1	0	0	31/10/18 to 11/11/18			1	5	0
							12 days @ 2/1					
	Total Debits			88	1	1	Total Credits			79	14	4
	Balance due by Paymaster						Balance due to Paymaster			1	6	0
			88	1	1				80	2	1	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office _____ O.C. " " Company.
and is therefore subject to amendment if and as may be found necessary. London to 10 11 18

Pay & Record Office, London,
10/11/18, 191
Chief Paymaster & Officer i/c Records.

File Here

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 3690 Rank Private Name Little, J. Unit R. Newfoundland Regt who was Repatriated
to Newfoundland on 12/11/18 Authority A.F.B.179 Cause Class A.

DR.

STATEMENT OF ACCOUNT

CR.

PERIOD: From 22-12-17 To 11-11-18

CHECKED
[Signature]

PARTICULARS					\$	¢	£	s	d	PARTICULARS					\$	¢	£	s	d
Balance Dr. from										Balance Cr. from 21/12/17							5	0	2
Allotment 325 days @ 60¢					195	00	40	1	4	Pay 325 days @ \$1.00					325	00			
Cash Payments: P.&R.O.							31	12	0	Field Allow 325 days @ \$.10					32	50			
Hospital Advances.							8	2	6	Other Allowes days @ \$					357	50	73	9	2
Other Debits: E.F.M's Nfld								5	2	Other Credits:									
Cash P.&R.O. 11/11/18							1	0	0	Ration Allowance 21/10/18 to 11/11/18 13 days @ 2/1							1	5	0
Total Debits							81	1	1	Total Credits							79	14	4
Balance due by Paymaster										Balance due to Paymaster							1	6	9
							81	1	1								81	1	1

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191 _____ O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 10/11/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
10/11/18. 191

OK/

[Signature]

W.P. Hunt
Chief Paymaster & Officer in Charge Records.

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 3690 Rank Plt. Name Jas Little
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00 ~~xx~~

Date 14/1/19

St. John

J Little
Signature of Soldier

W Newbury Sgt
Signature of Witness

April 10, 1919

#3690 Pta. Job Little,
Canalle,
Bonavista,

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due you
on account of the "War Service Gratuity."

Yours truly

Paymaster & v.i/c ^{Captain} Records

10883

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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... *Little John* 2. Surname... *John Little*

3. Rank... *Private* 4. Regt. No... *2690*

5. Address in full to which future payments of gratuity are to far be forwarded... *Canaille, Bonavista, Newfoundland*

6. Date of enlistment in the Regiment... *27th day of April 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *Not applicable*

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?... *No*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *I served one year two hundred and seventy one days Overseas*

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

Not applicable.....

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

No have received no gratuity. Have reserved \$800 as pension......

15. Have you been issued with a War Service Badge?..... *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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. *Not applicable*

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

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

19. Are you now serving in the Regt.? *No*..... If not give:- (a) Date of discharge *Jan'y. 22nd 1919*..... (b) Reason for discharge. *Being no longer physically fit for War Services on account*

of Wounds received in Action.....

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

Yes. I served in France from Nov. 2nd in the Battle of Cambrai and held my leg......

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

(b). If so, are you in receipt of full pay and allowances from that Committee.....

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:

John Little Bonarata

Place of Residence:

Declared before me at:

Bonarata

This

7th

day of

April 1949

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

John D. ...

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mos</i>	<i>280.00</i>
.....
.....

Certified Correct.

Paymaster.

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:

*I am going home for one month to recuperate
& think over the V.O.'s suggestions.*

J. Little

Signature of Man.

Reg. No. *3490*

W. W. McNeill

Signature of the Vocational Officer or his Representative.

Place *A. F. Jones*

Date *Jan. 13* 191*9*



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Jan. 11th, 1919 191


From Officer Commanding,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

3690 Pte. J. Little (Repatriated)

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Wednesday, Jan. 8th.

I am sending him herewith for your attention and necessary action, please.


Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

GOD*G

Bonavista
Mar 17/3/1919

2690

Dear Sir

Will you please
send our forms to me
at my friend William ^{Leafe} ~~Wray~~ ^{shore}
to get filled out for overseas

I remain
Your Truly
Joe Little

May 19th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. Job Little, No 3690, Bonavista,
the sum of eleven dollars and sixty five cents in payment
of allowance for five weeks ended May 17th, and charge same
to Civil Re-establishment Committee.

\$11.65

Pension \$40

Weekly allow. \$2.33

ACCOUNT	<i>670784</i>	
CH NO	<i>20736</i>	INITIALS
IND LEDGER		
PAY LEDGER		
GEN LEDGER		
May 23. 1919		

Rec Job Little

Per *J. J. [Signature]*

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Little, No 3690, Bonavista
the sum of two dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$2.33

Pension \$40

W. Butler
for Vocational Officer

Recd. J. Little
Per *J. Little*
May 30th, 1919

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Little, No 3690, Bonavista
the sum of two dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$2.33

Pension \$40

H. Butler

for Vocational Officer

Recd. J. Little
Per *J. Little*
May 30th, 1919

MAY 31 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Little No 3690 (Bonavista)
the sum of two dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$2.33

Pension \$40

W. W. Mitchell
Vocational Officer

Recd. J. Little
Per *[Signature]*
June 7th, 1919

St. John's,

DEC 1 0 1918

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} J. Leonard
Cabot Street

Billeting Soldiers as undermentioned

from Nov 28th / 18 to Nov 29th / 18

3690 - Pl. J. Little 1 10

by Asst Leonard
mark

ACCOUNT NO	6593	INITIALS	<u>BM</u>
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

witness E. Walsh

Certified correct for \$ 10

A.S

O. B. Dickson
Billeting Officer.

JUN 21 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. Little, Bonavista. 3690.
the sum of four dollars and sixty six cents
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$40.00

W. H. Ackell
Vocational Officer.

JUL 8 1919
[Handwritten signature]

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to **J. Little 3690 (Bonavista).**
the sum of **four dollars and sixty six cents.**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension **\$40.00**

Allowance **4.66**

W. W. Mackell,
Vocational Officer

JUL 3 Rec'd

Jeffrey

JUN 7 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Little, No 3690 (Bonavista)
the sum of two dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$2.33

Pension \$40

W. W. Michall.
Vocational Officer

*Recd. payment.
W. W. Michall.
for J. Little.*

JUN 14 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Little, No 3690 (Bonavista)
the sum of **two dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$2.33

Pension \$40

W. W. Nicholl
Vocational Officer.

*Rec'd. Payment
6/14/19
J. Little*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$60 ⁰⁰/₁₀₀

Jan 14 19 19

Received from the First Newfoundland Regiment

the sum of Sixty Dollars.

on account of Pay. Clothing
balance

J Little

Ch. No.	8255	Initials	EW
Pay Ledger	413	Initials	WA
Gen. Ledger		Initials	

Regtl. No. Rank

Fred. Jones

No. 3690

Rank *Private*

Name *Little James*

C.R. 3690

RECEIPT.

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. 3690. NAME. Job Little

DATE. 11/24/1920
PLACE. Anarista

C.R.

3690.

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name... *John Little*

Date... *19 December 1919*
Place... *Doncaster*

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Rank Pte Surname Little Christian Name Joseph
 Religion Salvation Army Age on Enlistment 21 years 17 months.
 Enlisted (a) 27/4/17 Terms of Service (a) Duration Service reckons from (a) 27/4/17
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Occupation Fisherman David Skynge Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 218, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>St John's</u>		
			Disembarked <u>St John's</u>		
			Joined Battalion <u>14-11-17</u>		
<u>23 NOV 1917</u>	<u>O.C.</u>	<u>WOUNDED IN ACTION</u>	<u>20 NOV 1917</u>		<u>A.F.B. 213.</u>
<u>23/4/17</u>	<u>21 CCS</u>	<u>At Groby</u>	<u>ex 897A</u>	<u>2/4/17</u>	<u>ED 3895</u>
	<u>3duss South</u>	<u>"</u>	<u>Rehearse</u>	<u>2/4/17</u>	<u>FD 6710</u>
	<u>Sgt St Denis</u>	<u>Invaliddato England</u>		<u>15-12-17</u>	<u>W 3083</u>
		<u>2nd Lt for Major</u>			
		<u>Office C.A. 1 Infantry Section</u>			



COPIES SENT		
To	No	DATE
M. of M.	<u>1524/16</u>	<u>1/12/17</u>
O.C. 1ST BN.		
" 2ND BN.		

COPY

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT

Rank Pte. Surname Little Christian Name Joseph

Religion Salvation Army Age on Enlistment 21 years — months

Enlisted (a) 27.4.17 Terms of Service (a) Duration Service reckons from (a) 27.4.17

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

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

Occupation Fisherman Sgt. Harold Skright Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ... <u>J. Hampton</u>	<u>6.11.17</u>	
			Disembarked ... <u>Rouen</u>	<u>7.11.17</u>	
			<u>Joined Battalion</u>	<u>14.11.17</u>	
<u>26.11.17</u>	<u>Co. Unit</u>	<u>Wounded in Action</u>		<u>20.11.17</u>	<u>B 213</u>
<u>23.11.17</u>	<u>21 C.S.</u>	<u>Adm. G.S. 10 legs</u>	<u>897. a</u>	<u>21.11.17</u>	<u>E.D. 3895</u>
	<u>3 Auger pop. ad</u>	<u>—</u>	<u>Abbeville</u>	<u>21.11.17</u>	<u>H.A. 16710</u>
		<u>App. St. Denis sur. to England</u>		<u>15.12.17</u>	<u>(W) 3083</u>
		<u>Sgt. J. Keary 720 ft.</u>			
		<u>4 yrs 10 mos</u>			
		<u>Discharged</u>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shipping-Smith, & Co. W. 227-12000 10000 7/17 19000 C. P. & S., Ltd. Form B. 103 E/1485. I.P.T.C.

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Hittle (Surname) John (Christian names in full)

A. Unit from which discharged Royal Newfoundland Regt

Regimental Number 3640 Rank on discharge PLC Age on discharge 22

Married, widower with children, or single single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life ditto

Nature and locality of employment desired young back to civil occupation

Full postal address to which proceeding on discharge } Bonavisla

Name of Approved Society (if any) Newfoundland

PART Nature of medical unfitness _____

B. _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 ____.

Station _____

Date _____ Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

CONFIDENTIAL

Army Form W. 3463B.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART Soldier's Name Little (Surname) J.P. (Christian names in full)

A. Unit from which discharged Royal Newfoundland Regt

Regimental Number 3640 Rank on discharge PLC. Age on discharge 22

Married, widower with children, or single single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } ditto

Nature and locality of employment desired going back to civil occupation

Full postal address to which proceeding on discharge } Bonaville
Newfoundland

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191____.

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

Right Thigh. 2/3rd 9/4" stump. 17116.

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

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

- 1. Unit and Corps... *1st Newfoundland*
- 2. Regtl. No. *3690* 3. Rank... *Plt*
- 4. Name *Little* (Surname) *J.* (Christian Names)
- 5. Age last birthday... *21*
- 6. Posted for duty on..... at..... in category (or grade).....
- 7. Former Trade or Occupation } *Sherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action *yes* (b) on field service *yes*
(c) on duty *yes* (d) off duty?
- 9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where *ks*
(c) Opinion of Court

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

Statement of Case.

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

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

- 11. Date of origin of disability. *Nov 17. 1917*
- 12. Place of origin of disability. *Cambrai*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Explosive Bullet wound above Rt ankle*

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

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

General Health good
 Rt High Middle Amputation
 Healed

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

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

16. Was an operation performed ? If so, when and what was its nature ?

Not 22 1917 amp below knee
 Reamp: High Mar 1918.

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
 (a) Discharge as permanently unfit ?
 (b) Change to United Kingdom ?

Discharge Permanently unfit

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

Station R. Pavilion Bklyn

W. Pulling, M.D.
 Medical Officer in charge of case.

Date Sept 26 1918

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

*Exp. of Right
Dependent
Stamp 9 1/4
L.G. filled Police Genl*

22. State whether the disabilities are:—

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

(a) Attributable to (b) Aggravated by

Y
No

Give details:

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

✓

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

Y

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

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

100% *for 2/12*
has died?
 75 70%
(2/12)

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

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

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

yes

Opinion of Military Member in case of disagreement.

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

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

yes

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

No

29. Does the soldier require:—

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

No

Signatures:—



Station
 Date 30 OCT 1918

[Signature] } President or Chairman.
[Signature] } Members.
[Signature]

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

Station
 Date 31 OCT 1918

[Signature] COLONEL, R.A.M.C.
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

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

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

Station
 Date
 O.C. Discharge Centre.

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name *Leitch* *John*
(Surname) (Christian names in full)

A. Unit from which discharged *1st Newfoundland*
 Regimental Number *2690* Rank on discharge *PLD* Age on discharge *22*
 Married, widower with children, or single *Single*
 Occupation before enlistment *Fisherman*
 Special qualifications (if any) for } *ditto*
 employment in civil life }
 Nature and locality of employment desired *Going back to civil occupation*

Full postal address to which } *Bonaville*
 proceeding on discharge } *NEWFOUNDLAND*
 Name of Approved Society (if any)

PART Nature of medical unfitness

B. Service with Colours years days, of which years
 days were served abroad during the present war.

Military character

Anything against the soldier to render his recommendation undesirable

Date of discharge 191

Station

Date Officer i/c Records

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463A can be completed at the same time by the use of carbon paper.
 NOTE 2.—Part A of this Army Form is to be completed by the D.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

CONFIDENTIAL

Army Form W. 3468B.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART A. Soldier's Name Little John
(Surname) (Christian names in full)

Unit from which discharged 1st Newfoundland
Regimental Number 3190 Rank on discharge Pte Age on discharge 22
Married, widower with children, or single Single
Occupation before enlistment Fisherman
Special qualifications (if any) for employment in civil life } ditto
Nature and locality of employment desired Coming back to civil Occupation

Full postal address to which proceeding on discharge } Bonavista NEWFOUNDLAND
Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____
Anything against the soldier to render his recommendation undesirable _____
Date of discharge _____ 191____.
Station _____
Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), F., or P.(T), of the Reserve, as follows:—

- (a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.
 - (b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.
- It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Little Job Job
 (Surname) (Christian names in full)

Unit from which discharged 1st Newfoundland

Regimental Number 3690 Rank on discharge Pte Age on discharge 22

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } ditto

Nature and locality of employment desired Going back to civil occupation

Full postal address to which proceeding on discharge } Bonavista NEWFOUNDLAND

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges medals

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Bonavista Newfoundland 20/6/1896

Colour of hair on discharge Brown Colour of eyes Grey Complexion Fresh

Christian name of father Job James

Christian name of mother Deceased

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]



Veterans
Affairs

Affaires des
anciens combattants

WWI
NFLD

NIC

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

0740605

NAME — NOM

Little Job

SERVICE NO — MATRICULE

3690

DATE OF DEATH — DATE DU DÉCÈS

26-12-79

CPC NO — CCP N°

2605483

WVA — AAC. N°

PLACE OF DEATH — ENDROIT DU DÉCÈS

NK

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

CPO ST

[Signature]

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE DOSSIERS

DATE

18/1/80

COPY

January 27th, 1919

XXXX

Officer Commanding,
Royal Field. Regt.

SIR:

The undermentioned men have been dis-
charged on the dates given as medically unfit.

Kindly note and post in D.O. Pt.II.

I have etc.

(sgd) J. M. HOWLEY,
Capt. etc.

4391	Pte.	H. Phillips	5-11-18
3173	"	A. Miller	26-11-18
5612	"	M. Walsh	14-1-19
8418	"	A.G.Hillier	14-1-19
5712	"	F. Adams	19-12-18
8064	"	S. Ivany	31-12-18
3208	"	M. F. Martret	11-1-19
8160	"	D. Powell	27-12-18
2530	"	L. Courtney	10-1-19
3690	"	J. Little	22-1-19
2439	"	A. Oxford	28-1-19
2106	"	B. Young	28-1-19
5232	"	H. Vail	20-12-18

Jan. 11th, 1919

From Officer Commanding,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

3690 Pte. J. Little (Repatriated)

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Wednesday, Jan. 8th.

I am sending him herewith for your attention and necessary action, please.

CCD:C

Reg. No. 3690 Rank. PK Name Little, J
Attested Address. 74 Cabot St Bonaville
Allotment..... Allottee
Date of Allotment..... Returned from Overseas. 38 7118
Embarked for Overseas Cause. Discharge

Leave 1-14-18 to 14-14-18

Ret'd from leave & Reported at Depot. 3-1-19.

8.1.19 Rec. Discharge promptly unfit

22-1-19

DISCHARGED—MEDICALLY UNFIT

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Check

No.

Place from

To



Sent by Pam
 Rec'd by _____
 Check _____
 Place from Panama
 To Capt D. G. Galey
Soldiers Barracks

Can you extend pass
until after Christmas

3690 per Job Little

leave extended to January 1/18.

Capt Only

New
 14-12-18
 [Signature]