



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 653

Name in full Robert Hamilton Martin Age 23

Address 89 Bond St

~~Married~~  Height 5.6 Weight 123 1/2

Single  Color fresh Hair brown Eyes grey

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

Nearest relative Bicknell Martin

Address 83 Pleasant Hill

Dependents \_\_\_\_\_

Occupation \_\_\_\_\_ Present Wage \_\_\_\_\_

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment Dec 14/14

Robert Hamilton Martin

I, Robert Hamilton Martin, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this 14 day

of December 1914

Clifton Gomerie

## DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 623

Name Robert Hamilton Martin  
 Apparent age 23 years        months. Height 5 feet 6 inches.  
 Chest measurement { Girth when fully expanded        inches.  
                           { Range of expansion        inches.  
 Distinctive marks Color: Fresh, Hair: Brown, Eyes: Grey

### INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Frederick Martin, 83 Flower Hill, St. John's  
 | 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)	(b)	(c)	(d)

#### Particulars as to Children.

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>14/12/14</u>									[Signature Area]
Joined at <u>St. John's</u> on <u>14th December '14</u>									
		<u>Frontline</u>		<u>4/12/15</u>					
Total Service forfeited as above .. .. .									
Total Service towards Engagement to .. .. . (date of discharge) .. .. . years .. .. . days					}				
" " " Pension " .. .. . ( " ) .. .. . " .. .. . "									

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 625

Name Robert Hamilton Martin  
 Apparent age 23 years      months. Height 5 feet 6 inches.  
 Chest measurement { Girth when fully expanded      inches.  
 { Range of expansion      inches.  
 Distinctive marks Color: Fresh, Hair: Brown, Eyes: Grey

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin Frederick Martin, 83 Flower Hill, St. John's  
 | Relationship F

**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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>14/12/14</u>									
Joined at <u>St. John's</u> on <u>14th December '14</u>									
<i>Discharged Absolutly Mar 28/17.</i>									
<i>Embarked St. Dominick for G. R. 5<sup>th</sup> Feb. Embarked N. C. 20<sup>th</sup> Feb.</i>									
<i>Disembarked Key and captured for base 31<sup>st</sup> Feb. Embarked for</i>									
<i>Yallahs 12<sup>th</sup> Feb. Landed Silver Bay night of 19-20 Feb 11. Admitted 26<sup>th</sup> Feb.</i>									
<i>FROSTDATE 4-12-15. Admitted St. John's Hospital 29-12-15.</i>									
<i>Transferred to Com. G. Train Suffolk 11-2-16. I served 10-12-15.</i>									
<i>Admitted Broadmore "Debilis" 23-12-15. Embarked to England 15<sup>th</sup> Feb.</i>									
<i>To Newfoundland for 75<sup>th</sup> Squadron vi. Canada 12-2-17.</i>									
<i>Arrived Newfoundland 4<sup>th</sup> 4<sup>th</sup> 1917</i>									
<i>Discharged Medically unfit 28<sup>th</sup> 17</i>									
Total Service forfeited as above .. .. .									
Total Service towards Engagement to <u>28-3-17</u> (date of discharge) <u>2</u> years <u>105</u> days									
" " " Pension " " " " " " " " " " " "									

R. Martin

623

P.R.O

# Proceedings on Discharge.

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

No. <u>623</u>	Army Rank <u>Private</u>
Name <u>Martin Robert Hamilton</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center;">C.C.H.Q. ST. JOHN'S, N.F.L.D. No. <u>1279/6</u> FEB 12 1917</p> </div>	
1. <span style="float: right;"><small>Description at the time of discharge.</small></span>	
Age <u>24</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Widling</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Clerk</u> Intended place of residence { <u>89 Bond St</u> (To be given as fully as practicable) <u>St John's Newfoundland</u>	Descriptive marks.  <u>None</u>
<p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>	
2. The above-named man is discharged in consequence of <u>Dysentery and Debility</u>	
<p><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></p>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
<div style="display: flex;"> <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>	
<p style="font-size: small;">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.</p>	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

No. *623* Name *Martin R. H.* Sqn., Batty., or Company } *C* Corps *1st Newfoundland* Date of enlistment } *4-12-14* G.C. Badges }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } Service or Proficiency Pay } Character }

Place	Date of offence	Rank	Cases of drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>Invalidated to England from Malta, 15.12.16.</i>					

Army Form B. 122

6th February,

7

The Embarkation Officer,  
Liverpool.

1077/5  
HA/JC.

623, PTE. R.H.MARTIN.

The above man, of the 1st Newfoundland Regiment, is proceeding to St. John's, Newfoundland, via Canada, for discharge from the Army. He is stated to be medically unfit for further military service.

Major,  
Paymaster & Officer i/c Records.

Original

Army Form B. 179.

### Medical Report on an Invalid.

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

Date 1/21/17

1. Unit 1st Newfoundland  
2. Regimental No. 623  
3. Rank Pte.  
4. Name Martin R. H.

5. Age last birthday 24  
6. Enlisted { on 12/12/14  
              { at St. Johns  
7. Former Trade { Clerk  
                      { or Occupation

#### 8. Disability.

Dysentery & debility

#### Statement of Case.

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
No. 1279/6  
DATED FEB 12 1917  
by the Officer in Medical

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. Oct. 15/15

10. Place of origin of disability. Sallipilli

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. was sent home with trench feet after getting dysentery on Nov. 1915. Loos operated on March 16. Speech became painful while at Loos. This gradually got worse. He was sent to England for treatment

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

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

had none of active service



13. What is his present condition?

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

*Stammers & gets his words out with difficulty.  
Can walk well & eat his food well.  
Seems generally feeble.*

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?

*Loss operated on for sepsis following  
limb fever*

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

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

19. Do you recommend

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

*I think this man might be fit for duty in six months.*

*J. J. McCallan*  
C.M.D. R.M.E.T.P.  
Officer in medical charge of case.

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

except†

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

*H. E. Forrester*  
Officer in charge of Hospital.

Date 3/2/17

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

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

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

## Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).

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

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

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

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

*Active Service*

*Exposure to Infection + Coles*

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

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

22. Is the disability permanent? *No*

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

To be stated in months.

*Twelve months*

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

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

*Total at present*

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

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England? *Yes*

Signatures:—

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

Date 5.2.17

*W. R. G. Yates Maj. Rames* President.

*J. H. S. Cherrill Capt. M. H. C. 17* Members.

*R. H. Howard Esq.*

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

Date 5.2.17

*W. R. G. Yates Maj. Rames*  
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

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

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

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

(At Station or Hospital where finally disposed of.)

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

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

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

Date of final Medical Board, or decision } \_\_\_\_\_  
Administrative Medical Officer.

ARMY FORM B. 179.  
MEDICAL REPORT ON AN  
INVALID.

Station *Corps*  
Corps *1st Newfoundland*  
Regimental No. *623*  
Rank *Plt*  
Name *Martin R. H.*  
Disability *Spontaneous*  
Date *5/21/17*  
*Reliability*

Hospital or Station }  
transferred to for }  
final disposal }  
Date of final }  
disposal }  
How finally }  
disposed of }

The original Report is invariably to accompany the discharge documents of invalids.  
(4726.) W. 8530/2774. 500M. 9/15. C. P. Ltd.  
Forms B. 179. 54.

55 vic.

Permitted  
24-12-16.

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

1st Bn.

Regiment

FEB 7 - 1917

\*The Officer Commanding

1st Bn Contingent - Ayr

The Officer in Charge of Records

58 Victoria St. S.W.

The Regimental Paymaster

58 Victoria St. S.W.

DATED With reference to No.

628. Pte Martin P. H.

of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London Command, on the 5-2-14

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

He proceeded to 58 Victoria St. S.W.

on [date] 6-2-14.

Norace Jacon Capt. R.A.M.C.(F)  
Officer Commanding  
Registrar R.A.M.C.T.

Place Wandsworth.

3rd London General Hospital,  
WANDSWORTH, SW.

Date 6-2-14.

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

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

# MEDICAL HISTORY

Surname Martin OF Christian Name Robert A

		SPECIAL RESERVE.		REGULAR ARMY.	
Table 1.—GENERAL TABLE.				COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. 1279/16 FEB 12 1917	
Birthplace:—Parish.....		County.....			
Examined .....	on 3 <sup>rd</sup> day of Dec 1914	at St John's		on	day of 191
Declared Age.....	23 years			years	days
Trade or Occupation.....					
Height .....	5 feet 6 inches			feet	inches
Weight .....	173 1/2 lbs.				lbs.
Chest Measurement {	Girth when fully expanded... 33 1/2 inches				inches
	Range of expansion... 3 1/2 inches				inches
Physical Development.....					
Vaccination Marks {	Right	Left	Right	Left	
	Arm .....				
Number.....					
When Vaccinated .....	1904				
Vision .....	R.E.—V==		R.E.—V==		
	L.E.—V==	W	L.E.—V==		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause Rejection	(b)		(b)		
Approved by (Signature)	Cluny Macpherson				
(Rank)	Capt.				
	Medical Officer.				Medical Officer.
Enlisted .....	at St John's		at		
	on 14 <sup>th</sup> day of Dec 1914		on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.	
Joined on Enlistment .....	1st Nfld Regt.	623			
Transferred to.. ..					
Became non-effective by. ....					
	on	day of	191	on	day of
(Signature)	W				
(Rank)					

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	22	12	76				Dysentery Debility		<p>Board held - see overleaf</p> <p>Disability - Dysentery &amp; Debility: Stammers &amp; gets his words out with difficulty. Seems generally feeble.</p> <p>Cause - Exposure to infection &amp; cold on active service.</p> <p>Treat - inability at present to earn his livelihood.</p>	<p><i>N. Segan Capt. R. M. D. (M.D.)</i></p> <p>3rd London General Hospital, WANDSWORTH, S.W.</p>

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

Date	Brief Details, and Signature
	<p style="text-align: center;"><i>J. V</i></p> <p><i>25.4.15</i> <i>15.8.15</i>      <i>Vac</i> <i>Fit for Foreign Service.</i></p> <p><i>5/2/17</i>      <i>Board held</i> <i>Found - permanently unfit</i> <i>Board - approved</i></p> <p style="text-align: right;"><i>H. Sugan Capt Pandey</i> <i>3rd London General Hospital,</i> <i>WANDSWORTH, S.W.</i></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St. Johns.</i>	<i>Dec. 14/14</i>	<i>Feb. 5/15</i>			
<i>F.S. Dominion</i>	<i>Feb. 5/15</i>	<i>16/15</i>			
<i>Edinburgh Castle</i>	<i>16/15</i>				

47

R. L. Martin

623

Service Two

461 Brother Fred Martin 83 Flower Hill = 72

Commence ~~7~~ July 1915  
10



= 72

1st Lt. Capt

Robert L. Martin  
P.C.

Subs Camp  
30 6

6

5



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

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

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

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup>~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Martin, Christian names Robert, Hamilton  
(in full)

Regt. No. and Rank 623 Fto. Regt. or Corps 1st Newfoundland  
(If T.F. this should be stated)

His address on discharge will be 59 Bond St.  
St. John's, Newfoundland

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

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

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

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

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

Date 5/2/17

Col. W. G. M. Ramet  
President of Board  
(Approving Officer).

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

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

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

No. 623 Rank Pte

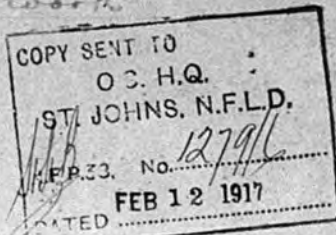
Name (surname first) Martin - Robert, Hamilton

Regiment 1<sup>st</sup> Newfoundland

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

*Fair Education.*

*Have had experience in general office work  
Book-keeping, etc.*



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

*Ayre & Sons Ltd. General Merchants.*

*2 1/2 yrs. - Total Service 7 yrs*

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

*Clerical, Subject to Speech getting better*

4. What is the name of your Approved Society? *Co of E Men Society*

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

*General*

Date 5/2/17

Signature Robert Hamilton Martin

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

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

# Descriptive Return of a Soldier discharged on account of Disability.

**INSTRUCTIONS.**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

**A Name in full** Merton, Robert Seymour  
**Regiment from which discharged** 1<sup>st</sup> Newfoundland  
**Regimental Number** 623  
**Where born (Parish, Town and County), and when** St. John's, Newfoundland, 13/2/1892  
**Intended address** 89 Barr Bond St. St. John's, Newfoundland  
**Height on discharge** 5 Feet 7 Inches  
**Colour of Hair on discharge** Brown **Colour of Eyes** Grey  
**Descriptive marks** none **Complexion** ruddy  
**Figure on discharge** medium (rather thin)  
**Christian Name of Father** Hugh  
**Christian Name of Mother** Catharine  
**Wife's Name and in full** —  
**Date and Place of Marriage** —  
**Christian Names of Children** —  
**Nature and locality of civil employment desired** hope to return to clerical work when able

COPY SENT TO  
 STATION  
 N. 17  
 DATED FEB 12 1917

I declare that I am the soldier referred to above, and that all the particulars contained in the above Statement are, to the best of my knowledge, correct.

(Soldier's Signature in full) Robert Seymour Merton (Rank) Sergeant  
 Station Wandsworth Date 2.2.17

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

W. M. Merton Medical Officer i/c Hospital.  
 Date 2.2.17.

Station WANDSWORTH, S.W.

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

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

Other distinguishing marks

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

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

## MEMORANDUM.

From Registrar,  
3rd London General  
Hospital,  
Wandsworth.

To Paymaster,  
Newfoundland Contgt.,  
58 Victoria Street,  
S.W.

From Paymaster,  
Newfoundland Contg.

To Registrar,  
3rd. London Gen. Hosp.  
Wandsworth, S.W.

ANSWER. 1350

Pay & Record Office

13th, February 1917

11th February 1917.

<sup>3</sup>  
628 Pte. R.H. Martin.

Kindly note that the counterfoil of Army Form O. 1825a (your number 676) has been returned to me certifying that 7/= has been charged against the above man.

My records show that the sum of 3/6 only was advanced to him during January. The counterfoil has been adjusted and no doubt you will see that the correct amount has been debited, please.

(Sgd) H. Fagan, Capt. R.A.M.C.T  
Registrar,  
3rd London General  
Hospital.

Noted. Counterfoil should  
read 3/6, please.

Major,  
Paymaster & O i/c Records.



# Church Army Recreation Tent

ON ACTIVE SERVICE

WITH THE MEDITERRANEAN EXPEDITIONARY FORCE

Address reply to—

623 1/2 Newfoundland Reg.  
Chain Suffolk

THE MEDITERRANEAN EXPEDITIONARY FORCE.

C/O GENERAL POST OFFICE.

LONDON.

Malta.

May 19<sup>th</sup>

1916

Capt. Timewell  
Paymaster  
Newfoundland Contingent

Dear Sir,

as I am to remain in Malta for a while I would like to get an advance of five Pounds if possible, I may say I am in credit about twenty Pounds on my pay book.

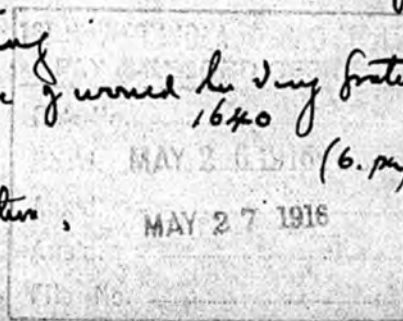
If this advance is not allowed I would be obliged if you will send me a letter of recommendation to the Camp Paymaster at Chain Suffolk for that amount.

I may say I have been in hospital and later this Convalescent Camp since November last suffering from food-bite etc and the Medical board have classed me as "light duty only in Malta", my health generally is good but the effects of dysentery & the food-bite have not entirely gone yet and I cannot do any marching.

If I could get the above I would be very grateful as there is many things I require.

Thanking you in anticipation,

Yours very truly  
Robert H. Martin. Private.



2043/1.



27, May, 6.

No.623 Pte. R. H. Martin,  
Ghain Tuffieha,  $\phi$   
Malta.

Reference your letter applying for £5/-, as you say  
you are in credit about £20/-.

I have written to the Camp Paymaster, Ghain  
Tuffieha, on the subject, to whom please apply.

Capt.

Paymaster & O. i/c Records.

H.T./N.M.

27, May, 6.

2044/1.

Camp Paymaster,

Ghain Tuffieha,

Malta.

No.623 Pte.R.H.Martin,  
1/1 Newfoundland Regiment.

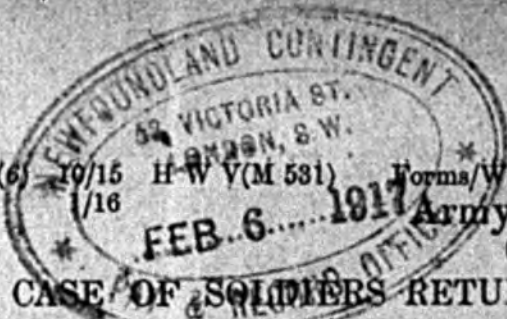
This soldier has written asking for £5/- on account of his pay, and so far as I am concerned there is no objection to him having it. His credit balance, made up on information received at this Office to date, is upwards of £20/-, please.

Capt.

Paymaster & O. i/c Records.

H.T./N.M.

12/2/17



(9 38 41) W 1 751-6539/1 75,000(6) 10/15 H-W V(M 531) Forms/W. 3201/1  
16.92-191 75,000 1/16 Army Form W. 3201.  
(In pads of 50)

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

1st Wld. (Regiment).

No. 623, Rank Plt, Name Martin R A

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

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

H. Jagan  
Officer Commanding,

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

Date 6/2/17



HT/NW

5434/2

15th December, 6.

No. 623, Pte. R. Martin,

1st Newfoundland Regiment,

*3rd RGA*

MAIL. \_\_\_\_\_

Referring to your letter 4/12/16 received today:  
most of the Christmas mail has already been received  
here and reforwarded. Anything that may come in for  
you after this will be retained as you ask.

Major,

Paymaster & O. i/c Records.

# Church Army Recreation Tent

ON ACTIVE SERVICE

WITH THE MEDITERRANEAN EXPEDITIONARY FORCE

Address reply to—

St James Hospital  
Sham Saffola - Malta.  
THE MEDITERRANEAN EXPEDITIONARY FORCE,  
C/O GENERAL POST OFFICE,  
LONDON.

BRANCH  
705.  
BY gth  
DATE 15/12/16  
DEC 14 1916



Capt. Innesdell,  
Pay & Record office  
London.

Dear Sir,

The Medical board of this Hospital  
have just decided that I am to be invalided home  
to England for treatment.

In the event of any Christmas Parcels  
or other Mail for me coming through the office will you  
kindly hold same for me until I send the English address.

Thanking you in anticipation

Yours etc.

Pte Robert Martin - 623 - C. Co.  
1st. W 720 Reg.

Noted.

Part Xmas mail forwarded.

gth

BRANCH  
PAY & RECORD L  
Ref. No. 4839  
Rec'd. DEC 15 1916  
Ack'd.  
Ans'd. 15/12/16.  
File No.



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 623 Pte. Martin, R. H.

(Substituting A.F.O. 1325) N.F.P/Ka

Company. From 23/12/16 To 13/2/17 (Dates inclusive)

Embarked per S.S. Grampian

From Liverpool Date 13/2/17.

DR. Classification (See procedure) A

Draft No. 27 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1.00	53	53	-	
	9	Allotments	72	53	38	16			2	Field Allowances	10	53	5	30	
	10								3	Other Allowances					
	11/12	Total Stoppages			38	16	7 16 10		4/5	Total @ \$4.86 2/3			58	30	11 19 7
	13	Fines							6a						
	14	Clothing & Necessaries								Credit Balance 22/12/16			13	1	5½
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages													
	17a	Miscellaneous Stoppages													
Dec. 14	19	Casual Payments Malta			1	15	0								
	20	1st Payment													
Feb. 6	21	2nd " Hospital Advance			1	3	6								
6	22	3rd " Bill, A.J. Charles			2	18	0								
6	23	Final " Cash P & R.O.			10	10	0								
	24	Balance Debit Last Period													
	28	" Due by Paymaster			17	8½			27	Balance Due to Paymaster					
					25	1	0½						£	25	1 0½

CERTIFIED CORRECT.

CHECKED  
12 FEB 1917

REGIMENTAL RECORD OFFICE  
12 FEB 1917

Brooklands Military Hos.  
Weybridge Surrey.  
July 12<sup>th</sup>

10  
Officer 1/2.

Pay & Record office  
London.

418/1

Dear Sir,

If not contrary to existing regulations  
I would be glad to have an advance of ten shillings or over.  
I did not draw any money at Wandsworth  
and my present financial position is such, that it would allow  
me to get a much needed hair-cut or to meet several minor  
expenses.

Yours truly

Robert H. Martin - Private - 623.

3rd London General Hospital.

Wandsworth S.W.

Feb 2<sup>nd</sup> 1917.

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

To, O. C. Records 58 Victoria St. W.

In conformity with instructions contained in A. C. I.  
No. 1629 of 1.16., I beg to report that:-

623 *Ce. R. H. Martin. 1<sup>st</sup> Newfoundland.*

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

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

NEWFOUNDLAND CONTINGENTNo. 418/1Pay & Record Office,  
58, Victoria Street,  
London, S.W.,

15th January 1917

To: 623, Pte. Robt. H. Martin,  
Brooklands Mil. Hospital,  
Weybridge, Surrey.

With reference to your request dated 12/1/17  
Regulations do not permit a soldier to have money whilst in  
hospital without express permission of the Officer i/c.  
If the enclosed N.F.P/45 is completed and returned to this  
office it will be complied with, subject of course to the  
state of your account.

The Newfoundland War Contingent Association are  
notified of admissions to Hospitals, etc. and will supply  
you with comforts, but not cash. If one of their Visiting  
Committee has not already seen you, write to:

"The Hon. Secretary,  
N. W. C. A.,  
58, Victoria Street, S.W."

*H. D. Gillman* Major,  
Paymaster & Officer in Charge Records.

Temp. a/o.

CC.

NO.

623

RANK

*Pte*

NAME

*R H Menden*

ALLOTMENT

*72*

Date	P.M.As. etc.	Amount	PAY	Amount.
	Dr. Balance		Credit Balance <u>29/10</u> 1910	318 9
	<u>Hospital.</u>		Exchange " _____ 191	77
			<u>PAY @ NET RATE.</u>	
	<u>A.B. 64.</u>		From <u>30/10</u> To <u>27/5/16</u> 211 days.	
			@ <u>58</u> = \$ <u>80 18</u>	16 9 2
	<i>218 0</i>			<u>20 15 10</u>
			From _____ To _____ days	
			@ _____ = \$ _____	
	<u>P. &amp; R.O.</u>		From _____ To _____ days	
	<u>Uniform.</u>		@ _____ = \$ _____	

*ef*



Photos  
already  
sent

210 West 21<sup>st</sup> St.  
New York.

June 7<sup>th</sup>

To Messrs. Times & Co.  
Pay & Record Office  
London.

Dear Sir.

I seen by a Newfoundland  
Paper recently received that Photographs of the  
recent list of Missing are requested by your  
office, I am enclosing the only one I have  
of my brother, Corporal Charles Patrick Martin, 192<sup>nd</sup>  
A. Co Missing since April.

If you had any definite news  
I will be glad if you will inform me by Cable,  
Collect, I thank you for your prompt reply  
to my cable sent a few weeks ago.

Yours very truly  
Robert A. Martin

(Late 623. Co 1<sup>st</sup> X.F.D.)

Does like to be remembered to Sgt. Lilly, Hunt, Burt & Boleton

PAY & RECORD OFFICE	
Ref. No.	3539
Rec'd.	JUL - 4 1917
Act'd.	
Ans'd.	6/7/17
File No.	6764/3

192 Martin

6th July, 7.

R. H. Martin, Esq.,  
210 West 21st Street,  
New York.

6764/3

HA/NW

No. 192, CPL. C. P. MARTIN.

With reference to your letter 7/6/17: the photograph of your brother is returned herewith, one having been received already by this office and passed on to the proper quarter in the endeavour to obtain information about Cpl. Martin.

It is much regretted that he has not so far been reported a Prisoner of War, although every effort has been made to locate him.

Master R.H.

623

STATEMENT OF ACCOUNT

No. 623

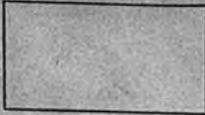
Name M. Gaters R.

1911

Date.	Particulars	Ch. No.	Dr.	Cr.	Bal.
Feb 13	Balance due by P.M. 17-85			4 30	4 30
28	By Pay 15 day @ 1 1/2%			16 50	20 80
Mar 6	" " 6 " do			6 60	27 40
28	" " 22 " @ 1 1/2%			40 70	68 10
	Bonus			12 95	81 05
	Clothing			25 00	106 05
Feb 28	To allotment 15 day exp 4		10 80		95 25
Mar 31	To allotment 31 day @ 1/2%		22 32		72 93
12	To Pay	144	25 00		47 93
27	" "	150	47 93		<del>0</del>
	War Service Gratuity 5 mo. @ 70%			350 00	350 00
Mar 1	Bonus		12 95		337 05
	To Pay	10913	70 00		267 05
Apr 1	" "	13821	70 00		197 05
May 1	" "	17894	70 00		127 05
June 1	" "	21596	70 00		57 05
July 1	" "	226	57 05		<del>0</del>
			456 05	456 05	<del>0</del>

Signed Alvany SEM

This space to be left blank for the Chelsea Number.



# Proceedings on Discharge



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

No. <u>623</u>	Army Rank <u>Private</u>
Name <u>Martin Robert Hamilton</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <span style="float: right;"><i>Description at the time of discharge.</i></span>	
Age <u>24</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Meadling</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Clerk</u> Intended place of residence <u>89 DUNDY ST. S. FISH'S NEWFOUNDLAND</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.  <u>None</u>
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Dysentery and Debility</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.	
_____ <small>Initials of Commanding Officer.</small>	
Army Form B. 2088 has been issued to: _____	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's, Nfed

Robert H. Martin (Signature of Soldier.)

(Date) March 28/1917

Chas. C. Oke (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

~ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service .. .. (the date of confirmation of discharge) ... .. " .. "

Total ... .. " .. "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

---

No reservations

Robert J. Martin

**DUPLICATE.**

Army Form W. 3202.

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



1st Rfd. Regiment.

\*The Officer Commanding Rfd Contingent - Canteen  
The Officer in Charge of Records 58 Victoria St. S.W.  
The Regimental Paymaster 58 Victoria St - S.W.

With reference to No. 623. Pte Martin P.H. of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London Command, on the 5-2-14 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St. S.W. on [date] 6-2-14

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

Place Wandsworth  
Date 6-2-14

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



July 24th. 1917.

C. P. Ayre, Esq.,

Water Street.

Dear Sir:-

I am enclosing a letter from R. H. Martin, which speaks for itself.

I have been instreuted to ask you, if you will be kind enough, to give us your opinion on the matter.

Yours truly,

Lieut.  
Deputy Paymaster.

HMM/JH.



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTM'T OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

June 15th, 1918

1386

Secretary,

Pension & Disabilities Board,

Sir:-

No. 623, Pte. R.H. Martin, Discharged

The above mentioned soldier residing in New York, has still to undergo message treatment as a result of wounds received while serving with the Nfld. Force. This treatment costs \$3.50 an hour and is taken twice a week. Can consideration be given this case, please.

I have the honour to be

Sir,

Your obedient servant,

*W. G. Rudall*

Lieut. Col.

Chief Staff Officer.

*Above brought to my notice by Capt. Pippy, lately returned from New York.*

*A*



1198

## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.623

ST. JOHN'S, NEWFOUNDLAND.

June 8th., 1918.

Capt. J. M. Howley,  
Secty. Pensions & Disabilities Board.

623, Pte. R. H. Martin

Dear Sir:-

In reply to your letter of  
June 7th. re the marginally noted man, -  
please see my letter of May 20th. which  
accompanied this Board, and which contained my  
reasons for agreeing with the increased  
disability recommended by the Doctor boarding  
him in New York.

Yours faithfully,

Major, D.M.S.



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

623

ST. JOHN'S, NEWFOUNDLAND.

May 20th., 1918.

907

Capt. J. M. Howley,  
Secty. Pensions & Disabilities Board.

623, Pte. Martin, R. H.

Dear Sir:-

The marginally noted man's condition reported by the Examiner in New York states that he suffered from pains in both ankles, also that he suffered from nervousness, which are disabilities not recorded in former board, but which, from their relationship to the disability already recorded, would appear also to be the result of Military Service.

Yours faithfully,

*Cluny Macpherson*

Major, D. M. S.



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

In replying please mention Date and  
No. F61

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

*St. John's, Newfoundland*  
June 2nd., 1917.

Lieut. J. M. Howley,  
Officer i/c Records.

Dear Sir:-

Reference your letter June 1st. with  
enclosure of letter from R. H. Martin.

I have a case of enquiry such as your present one with  
regard to Mr. Robert H. Martin.

As we are constantly requiring references to Medical  
History Sheet would it be convenient if all Medical History Sheets  
are filed in this office? Should you then require copy of any  
particular Medical History Sheet same can be furnished you. If  
agreeable to you I should like to have all Medical History Sheets  
to date.

I had intended asking the same in connection with Pte.  
Ernest Gosney, now at the Jensen Camp, whose Medical History Sheet  
is urgently needed at the present but cannot be located.

An immediate reply will oblige.

Yours faithfully,

Cluny Macpherson,  
Major - Secretary

Per *A. W. B.*

Mr. Martin's letter enclosed.

2010 West 201<sup>st</sup> St.

New York  
May 22<sup>nd</sup>, 17

To  
The Pension Board.  
Newfoundland Regiment.  
St Johns.  
of Louis Howley.  
Secy.

Dear Sir,

Will you kindly bring  
the following before the Pension board of the  
Newfoundland Regiment. viz.

I have come to New  
York to receive treatment which was contracted  
or made worse by serving with the Newfoundland  
Regiment on active Service, this ailment will  
be found fully explained on my medical sheet  
from Waukesha.

I have visited several  
doctors and have received help in selecting  
some fine dental influential Americans, to  
obtain a cure I have to pay a pretty high  
price, something like \$500 a visit, and  
together with living in New York at  
such a high cost, I cannot do so on my

Present financial Conditions, I have given of  
my best in the ranks of the Regiment and have  
suffered for it, and I don't think I owe to much  
when I make application for your help.

To complete a case it will  
take about four months, the Medical fees  
will cost about \$2000 and my living  
expenses about \$1600, I have nearly \$2000  
which I would willingly spend to take  
this treatment and I thought perhaps the  
Pension board would make me a grant  
to enable me to do so successfully, of course,  
it is not obligatory for you to do so but as  
I do all in my power as a Soldier of  
ours I do not think this aid ~~to~~ will be  
refused, I am getting a Pension of \$800 a  
month but that amount is inadequate, as in  
my present condition I cannot augment it  
by a Salary.

Trusting you will give this your  
consideration and anticipating a early reply

Yours very truly

Robert W. Martin

Late  
623. C. Co  
18<sup>th</sup> N.Y. Reg.

# NEWFOUNDLAND.

## CLAIM FOR PENSION

PENSION No. \_\_\_\_\_

EUROPEAN WAR.

**NOTICE:**—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is Robert A. Martin and that I was

Fill in rank and force a (rank) Private (1st. Nfld. Reg.) in 1st Newfoundland Regt. or (R.N.R.)

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address I am residing at (Street and number) 210 West 21<sup>st</sup> Street

Town of New York N.Y.A.

and request my next pension cheque be sent to this address.

Robert A. Martin SIGNATURE or mark of Pensioner.

Witness Charles Oke

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and I believe him to be the person he represents himself to be.

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

\_\_\_\_\_  
Signature.  
\_\_\_\_\_  
Rank or position.  
\_\_\_\_\_  
Postal Address.

Add any Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_



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

In replying please mention Date and  
No. 623

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

*St. John's, Newfoundland*  
August 16th., 1917.

Re 623 Late Pte. R. H. Martin.

Lieut. J. M. Howley,

Secy. Pensions & Disabilities Board.

Dear Sir:-

In reply to yours of August 10th. re the marginally  
noted man.

I beg to say that in my opinion the Pensions &  
Disabilities Board has no liability in Martin's case beyond the  
pension paid him.

The letter from Mr. C. P. Ayre shows that some  
years ago his stammering was about as bad as it could be in that,  
when applying for a position, "he was unable to pronounce it  
(his own name) and asked for a pencil that he might write".

Yours faithfully,

*Cluny Macpherson*

Major - Secretary.



210 West 21<sup>st</sup> St

New York

July 9<sup>th</sup> 17

The Pension Board  
Newfoundland Contingent  
St Johns.

Gentlemen,

I wrote a letter  
several months ago to the Secretary of the  
Pension Board, but up to date have had no  
answer.

Of that letter I stated that I came  
to New York to consult a Home Specialist  
and solicited your financial assistance so  
as to enable me to get rid of my Home  
and speech troubles which have been made  
so bad by active service.

I have had the advice of  
several noted Specialists and have ~~been~~  
been fortunate in meeting some who felt  
very interested in my case, unfortunately  
the doctors in question have <sup>since</sup> gone to  
France but they gave me advice which

2

though lack of money I cannot take, as I  
have given my best in the service of  
the Regiment, and have suffered and still  
am suffering from the effects, I do not  
think I ask to much when I request  
your financial assistance to get my  
trouble eradicated.

You will see by my Wand-  
worth Medical Sheet that the chief cause  
of my discharge was speech trouble which  
was "Made worse by active service", before  
the war I was troubled with a slight impediment  
in speech but not enough to hinder my  
enlistment, the fact of being accepted in  
the original first battalion, when only the  
best men were accepted, and discharged  
when only those absolutely unfit was dis-  
charged, goes to prove that my condition  
~~was~~ not the same as before the war,  
as I am at present I cannot take any  
position and if I had the necessary  
money I could get rid of my defect

To live this course of Medical aid will  
take about three months, to do this I need  
between one hundred & fifty & one hundred and  
seventy five dollars (\$150<sup>00</sup> - 175<sup>00</sup>) together  
with what little money I have myself.

You apply to you for this assis-  
tance I do so reluctantly but considering  
that my condition is the actual result of  
active service with the Regiment I do  
not think it out of place for me to do so.

The Pension Board have given  
me a Pension of eight dollars (\$8<sup>00</sup>) a  
month but in my present condition it is  
totally inadequate as I cannot accept a  
position and if it were not for relations  
of mine in the City I would be in a bad  
fit.

I would beg your consideration of  
this letter and trust you will be able to help me  
out in this difficulty.

Yours very truly  
Paul D. Martin

Lat. 623. C. Co 1<sup>st</sup> N.Y. Inf. Regt.

St. John's,  
July 28th. 1917

Lieut. H. M. Maddick,  
Pay Dept.  
First Nfld. Regiment,  
Colonial Building.

Dear Sir,

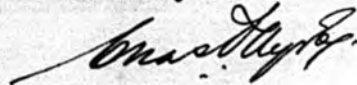
I beg to acknowledge receipt of your letter of the 24th. inst., enclosing communication from R. H. Martin, and requesting my opinion on the matter.

After considering Mr. Martin's letter, it seems to me that his disabilities must, of course, rest with the finding of the Medical Board.

I knew this young man for some years previous to the time he enlisted. When he first came to me, applying for a situation, I asked him his name, and he was unable to pronounce it, but asked for a pencil that he might write. I give this as an instance as to how badly his speech was impeded. He was then some time in the employ of Ayre & Sons, Ltd., and later asked for permission to go to New York to attend a Stammering School. He received treatment there for some months, and on his return seemed to have got over the difficulty of speech pretty well, although he was not cured. To what extent the impediment has returned, and how much of this is occasioned by service in the Regiment, I am, of course, unable to say.

His letter I return herewith.

Yours faithfully,



89 Bond St.  
City  
April 2nd 17

Lieut J. M. Stanley,  
Secretary  
Pension Board.

Dear Sir,

I beg to acknowledge receipt  
of your letter and cheque, and in reference to same  
I would like to obtain some information.

I am going to need you  
by next November to consult a specialist. This step  
necessitate a big expenditure and if it were possible  
to obtain the whole or part of the Pension due me  
it would be of concrete value, I prefer of course to  
getting it in advance.

If the above is impossible  
could you arrange that the Monthly Payments  
be sent direct to my New York address? as  
I expect to be there for at least nine months.

in case you can do not do this Perhaps you can arrange  
to have it made Payable to my brother.

as I expect to leave Thursday  
a early amount will be appreciated

Yours etc  
Robert H. Martin

Brothers address.

Mr. Fred. Martin  
Mundy Pond Road  
5 doors West 21st. ave.

New York address  
Robert H. Martin  
of J. S. Rawson  
210 West 21<sup>st</sup> St.  
New York City  
U. S. A.

*Copies to  
 [unclear]*

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

# MEDICAL HISTORY

OF  
 Christian Name

Surname

*Martin*

*Robert H.*

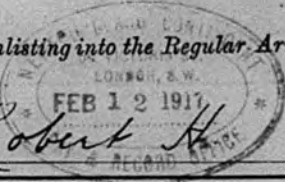


Table I. - GENERAL TABLE.

Birthplace: - Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .. .. .	on 3 <sup>rd</sup> day of Decr 1914		on	day of 191
	at St. John's		at	
Declared age .. .. .	23 years	days	years	days
Trade or occupation .. .. .				
Height .. .. .	5 feet	6 inches	feet	inches
Weight .. .. .		123½ lbs.		lbs.
Chest Measure- ment	Girth when fully expanded ..	33½ inches		inches
	Range of expansion ..	3½ inches		inches
Physical development .. .. .				
Vaccination marks	Arm .. .. .			
	Number .. .. .			
When vaccinated .. .. .	1904			
Vision .. .. .	R.E.-V.=		R.E.-V.=	
	L.E.-V.=		L.E.-V.=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Sgd. Henry Macpherson</i>			
(Rank)	Capt. Medical Officer.			Medical Officer.
Enlisted .. .. .	at St. John's		at	
	on 14 day of Decr 1914		on	day of 191
Joined on enlistment .. .. .	Corps	Regtl. No.	Corps	Regtl. No.
	<i>1<sup>st</sup> Wfla Regt</i>	<i>623.</i>		
Transferred to.. .. .				
Became non-effective by .. .. .				
(Signature)	on	day of 191	on	day of 191
(Rank)				



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

Date	Brief Details, and Signature
	J. V.
28/4/15	Vacc.
15/8/15	Fit for foreign service
5/2/17	Board held. Found: - permanently unfit Board - approved

**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
St. John's	Decr 14/14	July 5/15			
J. S. Dominion	July 5/15	July 16/15			
Edinburgh Castle	July 16/15				

**Descriptive Return of a Soldier discharged on account of Disability.**

**INSTRUCTIONS.**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records, when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



**A Name in full** *Martin, Robert Hamilton*  
**Regiment from which discharged** *Newfoundland*  
**Regimental Number** *623*  
**Intended address** *when born, Paul Bay, County, when - St John's Nfld. 13.12.1892*  
*89 Bond St. St John's Newfoundland*  
**Height on discharge** *5* Feet *7* Inches  
**Colour of Hair on discharge** *Brown* **Colour of Eyes** *Grey*  
**Figure on discharge** *None* **Complexion** *Waxing*  
**Christian name of Father** *Medium (rather thin)*  
**Christian name of Mother** *Hugh (Deer)*  
**Wife's Maiden name in full** *Catharine*  
**Date and Place of Marriage** *—*  
**Christian names of Children** *—*  
**Nature & locality of civil employment desired** *— hope to return to clinical work when able*

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) *Robert Hamilton Martin* (Rank) *Pte*  
 Station *Waudsworth Sd.* Date *2.2.17*

I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.  
*H. C. Wallam* **Medical Officer i/c**  
*3rd London General Hospital.*  
 Station *Waudsworth Sd.* Date *2.2.17*

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

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

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.  
 Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.  
 [OVER

Certified True Copy  
M.H.S.

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



No. 623 Rank Plt  
Name (surname first) Martin Robert Hamilton  
Regiment Newfoundland

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

*Fair Education  
have had experience in General Office Work  
Bookkeeping etc.*

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

*Myr & Sons. Ltd General Merchants  
2 1/2 years — Total experience 7 years*

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

*Clerical. Subject to speech getting better*

4. What is the name of your Approved Society?

*C. of C. Mens. Society*

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

*General*

Date 5.2.17

Signature Robert Hamilton Martin

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

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



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 623, Pte. Martin, R. H.

(Substituting A.F.O. 1325) N.F.P/Ka

Company. From 23/12/16 To 13/2/17 (Dates inclusive)

Embarked per S.S. Gramplan

From Liverpool Date 13/2/17.

DR. Classification (See procedure) A.

Draft No. 27 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	53	53	-			
	9	Allotments	72	53	38	16					2	Field Allowances	10	53	5	30			
	10										3	Other Allowances							
	11/12	Total Stoppages			38	16	7	16	10	4/5	4/5	Total @ \$4.86 2/3			58	30	11	19	7
	13	Fines									6a	Credit Balance 22/12/16					13	1	5 1/2
	14	Clothing & Necessaries									<p align="center">This account is in accordance with information received at the Pay &amp; Record Office to 12/2/17 and is therefore subject to amendment if, and as may be found necessary.</p>								
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
Dec. 14	19	Casual Payments Malta					1	15	0										
	20	1st Payment																	
Feb. 6	21	2nd " Hospital Advance					1	3	6										
6	22	3rd " Bill, A.J. Charles, Esq.					2	18	0										
6	23	Final " Cash. P. & Record Office					10	10	0										
	24	Balance Debit Last Period																	
	28	" Due by Paymaster						17	8 1/2		27	Balance Due to Paymaster							
					25	1	0 1/2								£		25	1	0 1/2

CHECKED

RECORDED AND CORRECTED  
 12 FEB 1917  
 PAYMASTER'S OFFICE

NEWFOUNDLAND CONTINGENT.  
 CERTIFIED CORRECT.

*W. A. D. Munnell*  
 PAYMASTER GENERAL  
 O.C. " " Company.

NEWFOUNDLAND CONTINGENT

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	10										3	Other Allowances							
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	13	Fines								6a									
	14	Clothing & Necessaries										Credit Balance 22/12/16					13	1	5 1/2
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	13	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
Dec. 14	19	Casual Payments Malta			1	15	0												
	20	1st Payment																	
Feb. 6	21	2nd " Hospital Advance			1	3	6												
6	22	3rd " Bill, A.J. Charles, Esq.	2	18	0														
6	23	Final " Cash. P & Record Office	10	10	0														
	24	Balance Debit Last Period																	
	28	" Due by Paymaster			17	8 1/2				27	Balance Due to Paymaster								
					£	25	1	0 1/2							£	25	1	0 1/2	

CHECKED

12 FEB 1917  
RECORD OFFICE

CERTIFIED CORRECT.

*W. A. D. ...*  
O.C. " " Company.

NEWFOUNDLAND CONTINGENT

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	10										3	Other Allowances							
11/12		Total Stoppages			38	16	7	16	10	4/5		Total @ \$4.86 2/3			58	30	11	19	7
13		Fines								6a									
14		Clothing & Necessaries										Credit Balance 22/12/16					13	1	5 1/2
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13		Barrack Damages																	
17		Hospital Stoppages																	
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6	23	Final " Cash. P & Reco. Office			10	0			0										
	24	Balance Debit Last Period																	
	28	" Due by Paymaster						17	8 1/2	27		Balance Due to Paymaster							
					£	25	1	0 1/2							£	25	1	0 1/2	

CHECKED

12 FEB 1917  
RECORD OFFICE

CERTIFIED CORRECT.

*W.A. D. ...*  
O.C. " " Company.

FORM K

No. 47




# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Robert Martin, Regl. No. 623

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
461	Brother.	Fred Martin	83 Flower Hill	= 72
Commence <u>10<sup>th</sup></u> July 1915				
				
Total Allotment, \$				= 72

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

(Sig.) A. W. Servant Capt.  
 Officer Commanding  
6 Company

(Sig.) Robert H. Martin  
 (Rank) Plt

Stobs Camp  
30 6 1915

# Pennsylvania Terminal Garage

146-154 WEST 30TH STREET

AUTOMOBILE STORAGE  
SERVICE REPAIRING  
AND  
RENTING

NEW YORK

June 4<sup>th</sup> 19

Mr F Howley  
Office of Records  
Royal N.H.S. Reg.

Dear Sir,

I beg to acknowledge  
the receipt of two checks for  
Seventy dollars each, on the following  
dates viz. May 1<sup>st</sup> + May 28<sup>th</sup>.

Thanking you,

Yours very truly

Robert H. Martin

Gate Plate #623.

April 23, 1919

#623 Pte. Robert H. Martin,  
#210 West 21st Street,  
New York City.

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 & O.i/c Records

Capt.

10913

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *Robert Hamilton* ... *Martin*

3. Rank... *Private* ... 4. Regt. No. *633*

5. Address in full to which future payments of gratuity are to be forwarded... *210 West 21<sup>st</sup> St. New York*

6. Date of enlistment in the Regiment... *December 14<sup>th</sup> 1914*

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 dependents... *not applicable*

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

11. Were you on active service only in Hfld. If so, give dates and particulars of such service... *no* ... *not applicable*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *2 years - 105 days*

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

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. *£42.00*  
.....  
.....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....  
.....

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

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

19. Are you now serving in the Rest?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....  
.....  
.....

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....  
.....  
.....

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: *Robert S. Maguire*  
 Place of Residence: *210 West 21<sup>st</sup> St. N. Y. C.*  
 Declared before me at: *New York*  
 This *12<sup>th</sup>* day of *April* 19*.19*

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

NOTARY PUBLIC, KINGS COUNTY No. 140  
 Kings County Register's No. 1010  
 New York County No. 23 New York Register's No. 1167  
 Commission Expires March 30, 1921

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster.	

210 W 21<sup>st</sup> St.  
New York  
March 27<sup>th</sup>

O. G.  
Dept. of Military  
St John  
N Y  
Private

Dear Sir, will you advise if I  
am entitled to any gratuity or  
bounty which I believe is to  
be given to discharged men.

Your courtesy will be  
appreciated.

Sincerely  
Robert H Martin  
Late Private # 623

2010 West 21 St  
New York  
City  
April 12<sup>th</sup> 19

The officer in Charge Records  
At John  
N.Y.

623

Dear Sir, 4716

Enclosed find application form  
re Gratuity from Regiment.

If there is anything I have  
not entered properly will you kindly  
communicate with my brother, Corp. Chas  
P. Martin, recently repatriated from Germany.

In reference to Post-discharge pay  
etc, I believe at the time of discharge I  
was given 1 month pay as a clothing  
allowance but I am not sure of the  
amount.

Thanking you,

Sincerely

Robert A. Martin.

No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #623 Pte.R.H.Martin Voucher No. 29251.  
 Cheque No. 29251.

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

Date	Req'n No.	Invoice No.	Particulars.	Amount.
Mar. 27	340		Balance due	\$9 98
			Bonus 1 week @ \$1.85	12 95
			Civilian clothes	25
				\$47 93

CERTIFICATION

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

Recap. Sheet No. 340.

*J. M. Howley*  
 PAYMASTER

Checked by .....

RECEIPT

March 27th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of  
 Forty Seven ----- Dollars  
 and Ninety Three----- Cents in Payment as above stated.  
 March 1917.

\$ 47.93

[Sig.] *Robert H. Martin*





Fold Here

*Handwritten:*  
Total  
208 W 88 St  
NY

ON HIS MAJESTY'S SERVICE



ADDRESS  
TO  
STREET AND  
NUMBER

To the Office in Charge of Records



Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here

June 18th., 1921 917.

The accompanying King's Certificate, on his discharge,

(No. 245), is forwarded herewith to

Private Robert H. Martin

in respect of his service as No. 623 Rank Pvte.

Name Robert H. Martin Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received July 1<sup>st</sup> 1921

Signature Robert D. MacArthur

Date 8/15

Address 208 West 88<sup>th</sup> St.  
(Gate 210 W 21 St)

Dis St Johns

W I L L No. 170

of

No. 623 Rank Pte  
of R. H. Martini

208 West-88<sup>th</sup> St

New York

---



WILL.

In the event of my death I give the Sum of Thirty Dollars to St Michaels Church, St Johns, to buy a Processional Cross as a Memorial. The money lying to my credit in the Bank of Montreal, St Johns, to be equally divided between my four Brothers, Fred. Geoph. Charles & Roy Martin, and my Sister, Maud, in the event of the demise of either the money to be equally divided between the others.

all Personal effects of

leave to my brother Fred.

Robert Hamilton Martin

Private no 623

1<sup>st</sup>, Newfoundland Reg.

Witnessed by C. E. Caldwell

Private. 636.

1<sup>st</sup> Nfld. Regt.

My Brother Fredrick will  
administer the above to  
whom this book is to be sent

Robert Hamilton

By the way, we are glad to get one of the little Post buttons  
recently sent my two Brothers. ~~Bob~~

Receipt for Army Book 64

No. 623 Name R. H. Martin

To Certify that I have received the AB 64 of the above  
named soldier.

Name ~~Robert H. Martin~~

Date Nov 10<sup>th</sup> 20

Place New York

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

623  
W  
162

James P. S. Rawson

210 West 21<sup>st</sup> Street

New York  
USA.

---

623

S

C.R. 623

*[Handwritten signature]*

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 STAR.

---

I certify that I have received an issue  
of 3 inches of Riband of 1914-15 Star.

Name..... *Robert H. Martin* .....

Date..... *April 12 1919* .....

Place..... *New York* .....

Please sign, and return to Department of MILITIA

C.R. 623

RECEIPT.

I certify that I have received the 1914-15 STAR.

No. 623

Name Robert H Martin

Witness J. D. Dunbar

Date June 4<sup>th</sup> 1915

Place New York

I regret the delay. I was  
out west for the winter and  
neglected to reply  
with my thanks  
Robert H Martin

As. W.

C.R. 623

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 STAR.

---

I certify that I have received an issue  
of 3 inches of Riband of 1914-15 Star.

623

Name R. H. Martin.....  
for Op Martin Cpl

Date 24/3/19.....

Place St. Johns.....

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

C.R. 623

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of  
1914-15 Star.

I certify that I am entitled to this issue,  
having served on\* *Gallipoli*  
from *Sept* 1915 to *Dec* 1915.

(Date) *May 1915* (NO) *623* (Rank) *Pvt* (Name) *Robert St. John*  
(Place) *210 West 21<sup>st</sup> St. New York USA*

\*Fill in theatre of War where you served in  
Gallipoli, Mudros, Lemnos, or Western Egyptian  
Frontier.

*Posted 4/24/19*



June 15th, 1918

Secretary,

Pension & Disabilities Board,

Sir:-

No. 633, Pte. R.H. Martin, Discharged

The above mentioned soldier residing in New York, has still to undergo massage treatment as a result of wounds received while serving with the Mfld. Forces. This treatment costs \$3.50 an hour and is taken twice a week. Can consideration be given this case, please.

I have the honour to be

Sir,

Your obedient servant,

Liaut. Col.

Chief Staff Officer.

C.R. 623

List of men discharged from the Royal Newfoundland Regiment  
on various dates<sup>1</sup>

#623 Pte. Robert, H. Martin<sup>2</sup> discharged Mar. 28th 1917, medically  
unfit

C.R. 623

Extract from Code Telegram received from Major  
Timewell dated February 14th, 1917.

S.S. Crampian for Repatriation:

#623 Pte. Martin.

December 27, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 623, Private Robert H. Martin, is at Wandsworth suffering from debility.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Fred. Martin,  
83 Flower Hill.

MAY 31 1916

Dear Sir,

*I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that*

No. 623, Private R. H. Martin, who was previously reported at Malta, December 29th, suffering from slight frostbite, was transferred to Convalescent Camp Ghain Tuffieha April 11th.

This information has been received by mail.

*Yours faithfully,*

*Colonial Secretary.*

Mr. Frederick Martin,  
83 Flower Hill.

C.R. 623

Extract from War List

# H. 7866.

#623 Pte. R. Martin/

FROSTBITE SLIGHT: TRANS: TO CON. CAMP GHAIN TUFFIEHA MALTA

EX St. John's MILITARY HOS. 11th APRIL 1916

February 8, 1916.

Dear Sir.

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 623, Private Robert H. Martin, who was previously reported sick at Lemnos on the 4th December, was admitted to St. John's Military Hospital, Sliema, Malta, December 29th, slightly frostbitten.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Frederick Martin,  
83 Flower Hill.

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE. - MEDITERRANEAN



TERRITORIAL FORCE LONDON RECORD OFFICE.

2722	Pte. Buok, H.C.	3rd. London Regt.	Frostbite. . . . .	Dis.to Base per Aquitania ex 3 Aust.G.H.Lemnos 25th Jan. '16.	<u>LIST No.H.5538</u>
2850	Sgt. Fry, A.G.	2/1st. Roy. Fus.	Bac. Dysentery. . . . .	Do.	
3017	L/C. Yates, E.	2/3rd. London Regt.	Trench Feet, Paratyphoid.	Dis.to Base per Somali ex 3 Aust. G.H.Lemnos 26th Dec. '15.	
2921	Pte. Field, H.W.	2/3rd.	Do. Frostbite.	Do.	

CORK RECORD OFFICE.

9188	Pte. Trotter, J.	1st. R. Ir. Garr.	Haemorrhage into Oriat.	Adm.3 Aust.G.H.Lemnos 25th Dec. '15.	<u>LIST No. H. 5538.</u>
6021	" Smith, J,	1st. Royal Muns.	Frostbite. . . . .	Dis.to Base per Aquitania ex 3 Aust G.H. Alexandria 25th Dec. '15.	
4836	" Dwyer, T.	1st.	Do. Do.	Do.	
6840	" O'Neill, T.	Royal Irish Garr.	Para Typhoid.	Do.	
2413	" Duddy, M.		Do. Influenza.	Do.	

DUBLIN RECORD OFFICE.

6418	Pte. Price, J.	1st. Roy.Dub.Fus.	Rheumatism.	Dis.to Base per Somali ex 3 Aust.G.H.Lemnos 26th Dec. '15.	<u>LIST No. H. 5538.</u>
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NAVAL FORCE ADMIRALTY.

141	Pte. Murphy, T.	R.M.L.I.	Paratyphoid. . . . .	Dis.to Base per Aquitania ex 3 Aust.G.H. Lemnos 25th Dec '15.	<u>LIST No. H. 5538.</u>
210-5	" Portch, J.	do.	Enterica.	do.	
12011	" Littlejohn, A.	do.	Catarrh, Jaundice, . . . . .	Dis.to Base per Aquitania ex 3 Aust.GH. Lemnos 25th Dec '15.	
7165	" Court, A.J.	do. Plymouth. Batt.	Dysentery.	do.	
1026	P.O. Oates, W.R.	R.N.Arm.Car Div.	Jaundice. . . . .	Dis.to Base per Somali ex 3 Aust.G.H Lemnos 26th Dec '15.	
827	Sp. Davison, F.	R.N.D.	Diphtheritis Stomatitis.	do.	
2523L	A.B. Burdett, E.	R.N.D. Drake.	Paratyphoid. . . . .	Dis.to Base per Aquitania ex 3 Aust.G.H. Lemnos 25th Dec '15.	

NEWFOUNDLAND CONTINGENT.

623	Pte. Martin, R.	1st Newfoundland Rgt.	Frostbite. . . . .	Dis.to Base per Somali ex 3 Aust.G.H. Lemnos 26th Dec '15.	<u>LIST No. H. 5538.</u>
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C.R. 623

Post



M 66

January 20, 1916

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 623.

Private Robert H. Martin, was admitted to Third Australian General Hospital, Lemnos, on December 4th, sick.

This information has been received by mail.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Frederick Martin,  
83 Flower Hill.

Colonial Secretary.

G.R. 623

Extract of casualty list received from Pay and Record office London dated  
Jan. 11th. 1916.

623 Pte. R. Martin

1st. Nfld. .... Frostbite slight, Adm. St. John's Mil. Hos. Sliema Malta, ex H.S.  
Somali" 29th. Dec. 1915.

C. 2 825

SICK AND WOUNDED N.C O's AND MEN OF THE EXPEDITIONARY FORCE - EGYPT & SALONICA

WARWICK RECORD OFFICE

No.H.C 2921

28061	Pte. Bayliss H.	9th Glosters	Dysentery.....	Trans to All Saints Camp Malta ex Camp Hos. St Lawrence Ghain Tuffieha 11 Dec '16.
12119	" Napper R C.	7th O & B.L.I.	Dys. & Mal	do.
16954	" Brown F.	7th do.	do.	do.
14095	L/C. Wilkins R	7th do.	Dysentery	do.
18883	Pte. Bishop W B	6th att 11 Worc	do.	do.
16430	" Rotherham W.	8th O & B.L.I.	do.	do. 15th December 1916.
28342	" Richards W.	9th Glosters	do.	do. do.
28344	" Dykes W.	9th do.	do.	do. do.
13938	" Salmon W.	7th R Berks	do.	do. do.
9527	Sgt Brown F.	11th Worc.	do. & Mal.....	To Eng per H S Grantully Castle ex Camp Hos. St Lawrence Ghain Tuffieha 15th Dec '16.
13050	Pte Smith W. R.	7th O & B.L.I.	do. & Mal.	do.
18349	Alford F.	11th Worc.	Bronchitis-Pleurisy.	To Eng per H S Grantully Castle ex Camp Hos. St Peters Ghain Tuffieha 15th Dec '16.
9369	" Hedges C	3rd Ox & B.L.I.	P.U.O.	do.

TERRITORIAL FORCE LONDON RECORD OFFICE

No.H.C.2921.

3416	Tpr Ransom G.H.	1st County of Lon. Yeo.	GSW Arm & Dys.....	To Eng per H S Grantully Castle ex Camp Hos. St Lawrence Ghain Tuffieha 15th Dec '16.
			Carrier.	

NEW FOUNDLAND CONTINGENT

No.H.C 2921

623	Pte. Martin R	Newfoundland Forces Nerv. Deb.....	To Eng per H S Grantully Castle ex Camp Hos. St. Lawrence Ghain Tuffueha 15 Dec '16.
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ROYAL FLYING CORPS MILITARY WING S. FARNBOROUGH

No.H.C 2921.

7876	2/AM Andrew W.H.	RFC. 17th Squad	Dysentery & Mal.....	Trans to All Saints Camp Malta ex Camp Hos. St. Lawrence Ghain Tuffieha 15 Dec '16.
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C.R. 622

Extract of Casualty List received from P. & R. O. London Dated Dec. 27th. 1915

622 Pte. A. Clouston

1st. Nfld. Regt. Sick Slight, Adm. 15 S.H. Mudros E. 8th. Dec. 1915.

C.R. 623

Extract of Casualty List received from P. & R. O. December 26th. 1916.

623, Pte R. H. Martin.

Admitted 3rd London General Hos. 22/12/16. Debility.

✓

C.R. 625

Extract of Casualties received from Pay & Record Office,  
London, dated December 24, 1915.

#625 Pte. R. Martin. ✓

623

SICK. Admitted 3rd Australian General Hospital, Lemnos,  
4th December 1915.

C.R. 623

Extract from Nominal Roll Co.1st.Bn.Nfld.Regt.

Embarked, at Devenport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,  
Cairo, same date, Embarked ~~for~~ Alexandria for Gallipoli  
13-9-15.

623 Pte R.H. Martin<sup>3</sup>

C.R. 623

Extract from Nominal Roll Embarked St. John's S.S. "Dominion"

"C" Company, Feb. 2nd, 1915.

Pte. 623 Martin?R.H.



C.R. 623

Robert H. Martin

was attested for General Service

with the NEWFOUNDLAND REGIMENT on ... Dec..14th..1914.

Regimental No. 623 was allotted to Pte R.H. Martin

AUTHORITY:

Record DeEger

Dept. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

Regiment or Corps Newfoundland  
 Rank Pte Name R. M. Marshall  
 Enlisted (a) 14/17/14 Terms of Service (a) over year Service reckons from (a)   
 Date of promotion to present rank  Date of appointment to lance rank  Numerical position on roll of N.C.O.s.   
 Extended  Re-engaged 10/8/15 Qualification (b)



Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 218, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3/2/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
22/12/15.	26 C.C.S. Admitted, Frostbite	26th. C.C.S.	4/12/15.	C 5110.	
6/1/16	<i>to the</i> Intorfa Malta	Intorfa Malta	24/1/16		E 5532.
28/1/17.	Ad. "Grantully" etc Invalided to England.		10/2/16		G.H.Q. C.C.F.

*W. Burchell*  
**CAPTAIN.**  
 Officer in Charge No. 1 Regular Infantry  
 General Headquarters, 3rd

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O.)

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (533) W13871/604 40cm 2/15a-1 93 58

Forms  
 H. 121.  
 39.

Number of Sheet one.

Regiment of First Newfoundland

Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay			
No. <u>623</u> <u>Martin R.N.</u>		Age on <u>22</u> years <u>        </u> months		<u>Clerk</u>	<div style="border: 1px solid black; padding: 5px;"> <p style="margin: 0;">O.C.H.Q.                  ST. JOHNS, N.F.L.D.                  No. <u>1279/6</u>                  NO. 38. NO. ....                  FEB 12 1917                  DATED _____</p> </div>			
Joined _____ Date _____		Place and Date of Enlistment <u>St. Johns</u> <u>2/12/14</u>		Religion				
Joined _____ Date _____				<u>CoE</u>				
Joined _____ Date _____		Period of { with Colours        years. with Reserve        years.		Place of Birth				
Joined _____ Date _____				<u>St. Johns.</u>				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS

To be carried over

