



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2021 Name Samuel Martin Corps Militia

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Martin
2. What is your full Address? } 2. St. John's, Newfoundland
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 28 Years Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Samuel Martin, 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.

9-28-1917

Samuel Martin SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Martin, 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..... day of..... 1917
Signature of Attesting Officer Stanley J.

†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..... 1917 }
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 Samuel Martin

Apparent age 19 years 2 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Martin
The Coys. Iron Works | 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 for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement, to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] _____ " _____ "

4021



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4021 Name Samuel Martin Corps Meta

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Martin
2. What is your full Address? } 2. Chas Cross Queen Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 2 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Samuel Martin 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.

Samuel Martin SIGNATURE OF RECRUIT.
Robert Peel Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Martin 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 25th day of Oct 1917

Signature of Attesting Officer W. H. H. H.

†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 Oct. 25th 1917 } Approving Officer.
Place St. Johns }

† 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 Samuel Martin
 Apparent age 19 years 2 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Martin
Mrs Goss Green Bay. | Relationship Father

Particulars as to Marriage

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

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>25-10-17.</u>									
Joined at <u>Mohr's</u> on <u>October 25-17.</u>									
Discharged. At Johns. Nov. 26/1918									
<u>No Active Service.</u>									
Embarked <u>Mohr's St. Missauatic</u> 11 ¹² / ₁₇ .									Transfers from Military Hospital Hazelton Down Camp, Nipitator to Edmonton Hosp. for Consumption witham road 19-6-18. to Newfoundland for discharge 16-10-18. Arrived Newfoundland's 2-11-18. Discharged medically unfit. No 48
Hospital Hazelton Down Camp, Nipitator to Edmonton Hosp. for Consumption witham road 19-6-18. to Newfoundland for discharge 16-10-18.									
Arrived Newfoundland's 2-11-18.									
<u>Discharged medically unfit. No 48</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>16-11-18.</u> (date of discharge)									
" " Pensions " " " " " " " " " " " "									

Total Service towards Engagement to 16-11-18. (date of discharge) 1 years 33 days
 " " Pensions " " " " " " " " " " " "

COPY

Medical Report on an Invalid.
 3rd London General Hospital

Station WANDSWORTH S W

Date 21-Sep-1918.

1. Unit **ROYAL NEWFOUNDLAND REGIMENT.**

2. Regimental No. 4021

3. Rank Private

4. Name Martin Samuel

5. Age last birthday 20.

6. Enlisted { on 25th October 1917
 at St Johns Afld.

7. Former Trade } Fisherman
 or Occupation }

7A. If with previous service in Army, state—

- (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.
- } N/A

8. Disability in respect of which invaliding is Proposed.

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

Tuberculosis pulmonary.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. January 1918

10. Place of origin of disability. Scotland (Ayr)

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Rheumatic fever in January 1918 (ill c̄ this 3 months) In April 1918 patient caught a cold. Cough, pain, colour in sputum (slight) dyspnoea. These barely persisted. Tubercle bacilli in sputum 20-6-18

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Active service home conditions

✓

✓

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.

*dullness both apices behind. one active and ?
June 19th 1918 10 st
Sept 16th 1918 10 st 5 1/2*

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

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

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

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

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

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

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

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Some pain and swelling in L. Epi which has partially subsided after few days in bed.

20. Do you recommend—

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

Yes

(Sgd) F F Wheeler

Officer in medical charge of case.

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

Station 20-9-18

(Sgd) J Eymin Gaitland

Officer in charge of Hospital.

Date Chest Hospital Brompton

*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 Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military services before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

21. (a.) State whether the disability is clearly attributable to—

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

Yes
Yes
No
No

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

Active service (? ?)

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

—

23. Is the disability permanent?

Some may persist 6 months

24. If not permanent, how soon do the Board recommend re-examination?

100

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

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

Yes return to Newfoundland

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium; _____ *Yes*
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

No

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

No

3rd London General Hospital
Station WANDSWORTH S W

(Sgd) John Peyton Capt R.A.M.C. President.
(Sgd) R.E. Doden Capt R.A.M.C. Members.

Date 21-9-18

3rd London General Hospital
Station WANDSWORTH S W

(Sgd) John Peyton Capt R.A.M.C. Administrative Medical Officer.

Date 21-9-18

Report of Medical Board.

Station	St. John's, Nfld.	Date	November 12th., 1918
No. and Rank	4021 - Private	Age	20
Name	MARTIN, SAMUEL	Complexion	Pale
Unit	Royal Nfld.	Eyes	Brown
Address	Green Bay (Shoe Cove)	Hair	Light Brown
Former Trade	Fisherman		
Enlisted at	St. John's On 25/10/17	(The Board will please note how the soldier's appearance corresponds with above description.)	
Disease or Disability	Original	TUBERCULOSIS	PULMONARY

Subsequent

Present Condition (Compare with previous Board)

*Weight 138lbs Pulse 100 Temp 101.
Acting disease right lung.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *100%*

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? *100% while in Army.*

Recommendation of Medical Board

*Discharge permanently unfit.
later joined Camp.*

Members of Board

Clayton Macpherson
Major

D. M. S. NEWFOUNDLAND.

Approving Medical Officer.





C.R. 4021

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPT. OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

JUNE 5th, 1919

RECEIVED FROM DEPT. OF MILITIA

ONE PACKAGE.

CONTAINING SOME EFFECTS OF PTE.#4021 S. MARTIN

SIGNED.....

S. Martin

DATE.....

June 16/19

*W. H. ...
Det. S. P. ...*

C.R. 4021

June 5th. 1919.

Samuel Martin.

Shoe Cove.

Green Bay.

Dear Sir:-

I am forwarding to-day by Registered mail One package containing some personal effects belonging to your son # 4021 Pte. P. Martin. received from the Chief Paymaster London.

Will you kindly sign the attached receipt and return same to this Office at your earliest convenience.

Yours faithfully,


Lieut.
Casualty Officer.

BC.

No. of Paper 1454/1459

PERSONAL EFFECTS.

Name *Martin, P.*No. *C.R. 4021*Rank *Private*Regiment *ROYAL NEWFOUNDLAND REGIMENT.*

Article	Where stored	Notified by
<i>1 Cotton bag containing:— personal effects.</i>		
<i>1 package containing:— personal effects.</i>	Final Disposal	

Remarks:— *Casualty Advice:— Repatriated 16-10-18*Next of Kin:— *Father:— Samuel Martin**Shoe Cove**Green Bay.*

No. 120

Received from

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office }
Stamp }

A REGISTERED POSTAL PACKET

Addressed

Samuel Martin

Shoe Cove

Received a Registered Postal Packet addressed as above... }

MS 6/6/19

1.—Hand to Sender.

CR. 4021

Extract from Daily Orders, Part 11, UNIT: Royal Nfld. Regt.,
dated Dec. 10th. 1918.

STRENGTH DECREASES.

4021 Pte. S. Martin

Having been found Medically Unfit is Discharged from 26/11/18.

C.R. 4021

Extract from Medival Board held Wednesday Nov. 13th, 1918.

4021 Pte. S. Martin.

Recommended Discharge-- Permanently Unfit.
and admission to Jensen Camp.

MM.

C.R. 4021

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

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

#4021 Pte. S. Martin.

BC.

C.R. 4021

Extract from Telegram to Military, St. John's, dated Oct. 17th 1918

Being sent home for Discharge:

4021 Martin.

C.R. 4021

Extract from Nominal Roll of Repatriation Draft, Embarked
for Newfoundland, 16/10/18.

For Discharge under A.F. B.179.

4021 Pte. Martin, S.

MM.

C.R. 4021

Extract from Casualties received from P.& R. Office London,
Sept. 17, 1918.

Association Visiting Committee reports progressing favourably.

4021 Martin.

C.R. 4021

Extract from Casualties received from the Pay and Record Office
26th June 1918.

#4021 PTE. #MARTIN S.

The u/m/ were transferred from Mil Hospital Hazley Down Camp 19-6-18
To Brampton Hospital for consumption, Fulham Road. S. W. 3.

C.R. 4021

Extract from Casualties received from P & R Office London,
June 21st, 1918.

The U/N was transferred from Mil. Hospital, Hazeley Down Camp.
19/6/18. to Brompton, Hospital, for Consumption, Fulham Road,
London, S.W.3.

4021 Pte. Martin S.

Authority;

Memo (5565) from Military Hosp., Hazeley Down Camp.

C.R. 4021

Extract from Medical Roll Subscribed. John's Bro Overseas.

For U.S. "Flourish" Dec. 11, 1917.

4021 PTE. S. MARTIN.

C.R. 4021

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt., St. John's, Oct. 25th, 1917.

4021 Pte. S. Martin.

Attested for General Service with the 1st Nfld. Regt.,
with effect from Oct. 25th, 1917.

Martin, S.

C.R. 4021

P. & R. O.

Originals

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>4021</u> Army Rank <u>Private</u>																															
Name <u>Martin Samuel</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)																															
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>																															
Battalion, Battery, Company, Depot, &c. _____ (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)																															
Date of discharge _____																															
Place of discharge _____																															
1. <i>Description at the time of discharge.</i>																															
Age <u>20</u> years _____ months	<p>Descriptive marks.</p> <table border="1"> <thead> <tr> <th>TO</th> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. OF M.</td> <td><u>16608/108</u></td> <td><u>15 OCT 1918</u></td> </tr> <tr> <td>O.C. 1ST. BN.</td> <td></td> <td></td> </tr> <tr> <td>O.C. 2ND. BN.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	TO	No.	DATE	M. OF M.	<u>16608/108</u>	<u>15 OCT 1918</u>	O.C. 1ST. BN.			O.C. 2ND. BN.																				
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O.C. 1ST. BN.																															
O.C. 2ND. BN.																															
Height _____ feet _____ inches																															
Chest measure { girth when fully expanded _____ ins.																															
{ range of expansion _____ ins.																															
Complexion _____																															
Eyes _____																															
Hair _____																															
Trade _____																															
Intended place of residence { _____																															
(To be given as fully as practicable) { _____																															
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)																															
2. The above-named man is discharged in consequence of _____																															

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)																															
3. Military character :— _____																															
4. Character awarded in accordance with King's Regulations :— _____																															

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.																															
Initials of Commanding Officer. _____																															
Army Form B. 2088 has been issued to* _____																															

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

[OVER.]

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

MEDICAL HISTORY

OF

Surname

Martin

Christian Name

Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's from Bay. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	<i>25</i>	<i>Oct</i>		<i>191</i>
	at	<i>St. John's</i>	at	
Declared Age	<i>19</i> years	<i>2</i> days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>7</i> inches	feet	inches
Weight		<i>122 1/2</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>35</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V	<i>6/6</i>	R.E.—V	
	L.E.—V	<i>6/10</i>	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)	<i>Samuel Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>St. John's</i>	at	
	on	<i>25</i> day of <i>Oct</i>	on	day of <i>191</i>
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<i>1st Nfld Regt 4021 Royal Newfoundland</i>			
Became non-effective by	on	day of	on	day of
		<i>191</i>		<i>191</i>
(Signature)				
[Rank]				

COPIES SENT		
(a) To	No.	DATE
M. OF M.	<i>16608/68</i>	<i>15/10/18</i>
O.C. 1ST. BN.		
" 2ND. BN.		
(b)		

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 case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	20	1	18	3	3	18	Chen fever	42	Slight improvement. Transferred to Hazeley Park Hosp.	H. J. [Signature] Capt. R.A.M.C.
Hazeley Camp	3	3	18	11	4	18	Recurrent fever	40	Quite recovered - no edema in face on discharge - S. B. N.	P. J. [Signature] Capt. R.A.M.C.
Hazeley Down	10	5	18	19	6	18	Tubercle lung	40 42	Detained in hospital, pending transfer to Brompton Hospital. T. B. found in sputum	C. S. [Signature] Major Capt. R.A.M.C.

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 case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	20	1	18	3	3	18	Rheum fever	42	Slight improvement. Transferred to Hazeley Park Hosp	H. J. [Signature] Capt. R.A.M.C.
Hazeley Camp	3	3	18	11	4	18	Recurrent fever	40	Quite recovered — no recurrence since on discharge at B.N.	P. F. [Signature] Capt. R.A.M.C.
Hazeley Down	10	5	18	19	6	18	Tubercle lung	40	Detained in hospital, pending transfer to Brompton Hospital. T.B. found in sputum	C. S. [Signature] Capt. R.A.M.C.

RECEIVED
8-MAY. 1918
COUNTY LAB.

Outfit Number.....107

Result of the examination of the specimen of.....*Tuberc*.....taken from

Reg. No. *4021* Rank.....*Pvt*..... Name.....*Martin G.*

Corps.....*2nd Btn Royal Newfoundland*.....

Result.....*Tuberc bacilli, Found*.....

May 8th
.....1918

R.A. Byrnes
Specialist Sanitary Officer.

TO BE LEFT BLANK.

Original

Medical Report on an Invalid.

Station _____

Date 21 SEP 1918

London General Hospital,
WANDSWORTH, S. W.

- 1. Unit *Royal Newfoundland Regt*
- 2. Regimental No. *4021*
- 3. Rank *Private.*
- 4. Name *Martin. Samuel.*
- 5. Age last birthday *20*
- 6. Enlisted { on *25th October 1917*
at *St John's, Nfld*

7. Former Trade or Occupation } *Fisherman*

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

} *N/A.*

8. Disability in respect of which invaliding is Proposed.

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

Tuberculosis of Lungs

COPIES SENT		
TO	No.	DATE
M. OF M.	<i>1668/108</i>	15 OCT 1918
O.C. 1st. BN.		
" 2ND. BN.		

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *January 1918.*

10. Place of origin of disability. *Scotland, [unclear]*

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

Rheumatic fever in January 1918 (ill c^o for 3 months). In April 1918 patient caught cold, cough, pain, edema in ankles (slight), dyspnoea. There have been several attacks of Tuberculosis of Lungs - 20.6.18

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

to have been to some extent

13. What is his present condition? *differs both before & behind, no active trouble.*
June 19th 1918 10-10
Sept 16th 1918 10.8- $\frac{1}{2}$

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

14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

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

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

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

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Some pain and swelling in L. Epididymis which has partially subsided after few days in bed.

20. Do you recommend—
 (a) Discharge as permanently unfit,
 (b) ~~Change to England?~~

W.S.

F. F. White

Officer in medical charge of case.

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

Station 20. IX. 1918.

F. F. White

Date Chesh Hospital Brompton Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

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

Yes
Yes

No
no

Active Service Home based troops

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

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 114 of 1911, is any surgical appliance recommended?

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

—

Some may persist 6 months

100

—

Yes Return to Newfoundland

— Yes

no

no

918

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

Date 21.9.18

[Signature] President.
[Signature] Members.

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

Date 21.9.18

[Signature] Administrative Medical Officer.

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.1.
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Martin Samuel*
Regiment from which discharged *Royal Newfoundland*
Regimental Number *4021*
Where born (Parish, Town and County), and when *Green Bay Nfld. 8.8.1898*
Intended address *Shoe Cove Bright, Green Bay Newfoundland*
Height on discharge *Five* Feet *Nine* Inches
Colour of Hair on discharge *Light Brown* **Colour of Eyes** *Brown*
Descriptive marks *Scars (Fattened) on left hand to rear arm* **Complexion** *Pale*
Figure on discharge *Medium*
Christian name of Father *Samuel*
Christian name of Mother *Mary*
Wife's Maiden name in full }
Date and Place of Marriage } *N/A.*
Christian names of Children }
Nature and locality of civil employment desired *Not known at present*

COPIES SENT		
To	No.	DATE
M. OF M.	<i>1608/68</i>	15 OCT 1916
O.C. 1ST. BN.		
" 2ND. BN.		

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)

Ches Hspl.
Station *Barrington* **Soldier's Name** *Samuel Martin* **(Rank)** *Pte*
Date *20.9.18*

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.

F. F. Schuler **Medical Officer i/c Hospital.**

Station *Ches Hspl. Barrington* **Date** *20.9.18*

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.**

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. 4021 Rank Private Regiment Royal Newfoundland

Name Martin Samuel
(Surname first)

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

Fisherman

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To	No.	DATE
M. OF M.	<i>16608/68</i>	15 OCT 1918
O.C. 1ST. BN.		
" 2ND. BN.		

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.

Fisherman

No employer

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

Locality - Newfoundland

Doubtful whether again able to follow the occupation of Fisherman

4. What is the name of your Approved Society?

nil

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

Infantry man

Date 19th Sept^r 1918 Signature

*His Cross
witnessed
Sydney H. Raepel
Pte RAMC
1st London General Hosp*

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 or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve 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. 3 (ii), item 3, of Army Council Instruction No. 1912, 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.

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 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 _____

J. H. [Signature]

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

Soldier's surname _____

Martin

Christian names _____

Samuel

(in full)

Regt. No. and Rank _____

4021 Pte.

Regt. or Corps _____

Royal Newfoundland

(If T.F. this should be stated)

His address on discharge will be _____

*Shoe Cove Point, Green Bay
Newfoundland*

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

The Soldier states that*

_____ 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.

Station _____

*St. John's General Hospital
Wandsworth SW.*

Date _____

21 September 1918.

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.

Temporary

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

MEDICAL HISTORY of

Surname *Martin*

Christian Name *Samuel*

TABLE I.—General Table.

Birthplace { Parish _____
County *Guernsey Nfld*

Examined { on *25th* day of *October* 191*7*,
at *St John's*

Declared Age *20* years _____ days.

Trade or Occupation *Fisherman*

Height *5* feet *9* 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—

(b) Slight defects but not sufficient to cause rejection—

Approved by _____

Rank _____
Medical Officer.

Enlisted { at *St John's*
on *25th* day of *October* 191*7*

Joined on enlistment { Corps *1st B. Nfld* Regtl No. *4021*

Transferred to _____

Became non-effective by _____

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

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
<i>21/9/18</i>	<i>Board held</i> <i>finding:—</i> <i>Permanently Unfit</i> <i>Board approved 21/9/18</i> <i>g.c. Hall</i> <i>capt. med</i> <i>London Hospital.</i>

COPIES SENT

To	NO	DATE
M. O. M.	<i>168</i>	<i>15 OCT 1918</i>
O.C. Ter. Bn.	<i>168</i>	
2ND. BN.	<i>168</i>	

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, S. Martin, Regl. No. 4021
hereby agree, until further notification by me, and in similar official form to make an Allotment of
3 Dollars and 50 Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
concerned, viz.:

Allotment begins December 16/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>S. Martin</u>	<u>The Fair</u>	<u>60</u>
			<u>St. John's Bay</u>	
Total Allotment, \$				<u>60</u>

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.) [Signature]
Officer Commanding
Company
[Signature]
December 1917

(S) Domini Martin
(Rank) [Signature]

No 4500



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, S Martin, Regl. No. 4021
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins December 16 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2444	Wife	Samuel Martin	The Cove.	60
			Green Bay	
Total Allotment, \$				60

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.) [Signature]
 Officer Commanding
 Company
[Signature]
 Dec 10 1917

(S) Samuel Martin.
 (Rank) [Signature]

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 hardship 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.O.	A.F.W. 3977a has been sent to The Officer i/c Records, (Unit in which)	The Regimental Paymaster, (Unit in which)
<i>Unit to which</i>	<i>58 The Queen's</i>	<i>55 The Queen's</i>
	<i>S.W.</i>	<i>S.W.</i>

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

No. 4021 Rank Private

Name [illegible] (Surname) [illegible] (Christian names in full)

Unit and Corps Royal New Zealand Regt

Station 810 Mules, Cape Town
Officer i/c Hospital.

Date 19-9-1918
3rd London General Hospital,
191
WINDSWORTH, S. W.

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 each 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 _____ (Country). _____ (Place).

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars _____

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. 3977a 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.F. Association, and forwarded without delay to the Officer i/c Records.

Station Regimental Paymaster Date 191

Station 191 Date 191

Officer i/c Hospital.

Notification to the Officer i/o Records 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.—On receipt of this notification the Officer i/o Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/o Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/o Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

Part I.

A.F. W. 3977a has been sent to O.C.

The Officer i/o Records,

A.F. W. 3977c has been sent to The Regimental Paymaster,

58 Victoria St
SW.

58 Victoria St
SW

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

You are requested to forward without delay Army Form B ^{Temporary document} ment, for the soldier.*



No. 4021 Rank Private
 Name Martin Samuel
 (Surname) (Christian name)
 Unit and Corps Royal Newfoundland Regt
 Station 100th Coy, 1st Bn, Royal Newfoundland Regt
 Date 3rd London General Hospital
19-9-18 WINDSOR 1st Lt B, inapplicable.
 Officer i/o Hospital.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/o Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/o Records:—

The soldier claims repatriation to _____ (Country), _____ (Place).

- (i) Where enlisted _____
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____
- (vi) Names and addresses of two references who can verify the above particulars _____

In such a case the Officer i/o Records is to verify the soldier's claim forthwith and report on Part II, of this Form whether the claim is substantiated or not.

Part II.

Officer i/o Hospital,

The soldier's claim to be repatriated abroad* _____ accepted. } Insert "is" or "is not."
 On termination of his leave he is to report to the Officer Commanding, } Strike out if inapplicable.
 at _____ (Station)

Station _____

Date _____ 191 _____

Officer i/o _____ Records.

HOSPITAL FOR CONSUMPTION
AND DISEASES OF THE CHEST,
BROMPTON,

LONDON, Sept. 9th 1918.
S.W.3.

The O.C.
Battⁿ Royal Newfoundland
Reg^t - Winchester.

Sir
I am about to be discharged
from the above Hospital,
and shall be glad to know
whether arrangements can
possibly be made, for me to
proceed to my home at:
Shoe Cove Bight,

Green Bay,

~~XXXXXXXXXX~~

Newfoundland.
Yours obediently,
Samuel Martin
The No. 4021.

NEWFOUNDLAND
PAY & RECORDS OFFICE.
Ref. No. 102
Recd. 12 SEP 1918
Ackd. 12 SEP 1918
Ref. Nos. 102
BRANCH
Comd. ✓
P. & A.
R. & C.
B. & E.
P.S.

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. 4021 Rank pte Name Martin, S. Unit 2nd Bn. R. Field Regt. who was Repatriated.
 to Newfoundland. on 16 10 18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.		
		£	s	d	£	s	d
PERIOD: FROM <u>29/9/18</u> TO <u>15/10/18</u>	Balance Dr. from				Balance Cr. from		
	Allotment 28 days @ 60¢	16	80	3 9 0	Pay 28 days @ \$ prev. Pay Book		8 14 10
	Cash Payments: 8/10/18			2 0 0	Field Allce 28 days @ \$ 1.00	28 00	
					Other Allces days @ \$.10	2 80	
	Other Debits:					<u>30 80</u>	6 6 7
					Other Credits:		
	Total Debits			5 9 0	Total Credits		
	Balance due by Paymaster			9 12 5	Balance due to Paymaster		15 1 5
				15 1 5			
							15 1 5

COPI

M. of M. 20/10/18 11-11-18
 O.C. 18186/184
[Signature]

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. _____ to _____
 Pay & Record Office, London, _____ London _____ 25 10 18

10/11/18. 191

Chief Paymaster & Officer i/c Records.

Martin, S

4021

Hay Sept.

COPY.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>4021</u>	Army Rank <u>Private</u>
Name <u>Martin Samuel</u> <small>(The name must agree strictly with that of 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>November 26th 1918.</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>20</u> years <u>3</u> months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>pale</u> Eyes <u>brown</u> Hair <u>light brown</u> Trade _____ Intended place of residence { <u>Shoe Cove Light</u> <u>Green Bay</u> <small>(To be given as fully as practicable)</small>	<u>Descriptive marks.</u> <u>Initials tattooed on left hand and forearm</u>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</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:—	
<small>To be filled in on the soldier quitting the Colours.</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.	
_____ Initials of Commanding Officer.	
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 _____ Bttn. _____ 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 _____ (Signature of Soldier.)

(Date) Dec 10/18 _____ (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
of Martin
Holland.

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 4021 Rank. Pte Name Samuel Martin

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

Date Dec 10/18

St John's

S. Martin

Signature of Soldier

Holland

Signature of Witness

Report of Medical Board.

Station	St. John's, Hfld.	Date	November 12th., 1918
No. and Rank	4021 - Private	Age	20 Height 5' 9"
Name	MARTIN, SAMUEL	Complexion	Pale
Unit	Royal Hfld.	Eyes	Brown Hair Light Brown
Address	Green Bay (Shoe Cove)		
Former Trade	Fisherman		
Enlisted at	St. John's	On	25/10/17
Disease or Disability	Original	TUBERCULOSIS PULMONARY	

(The Board will please note how the soldier's appearance corresponds with above description.)

Subsequent

Present Condition (Compare with previous Board)

**WEIGHT 138 LBS. PULSE 100. TEMPERATURE 101. ACTIVE DISEASE
RIGHT LUNG**

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

100%

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 ?

100% while in Hospital

Recommendation of Medical Board

**DISCHARGE AS PERMANENTLY UNFIT
ENTER JENSEN CAMP**

Members of Board

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

(SGD) **CLUNY MACPHERSON, Major**

J. SINCLAIR TAIT

D. M. S. NEWFOUNDLAND.

L. PATERSON, Major

Approving Medical Officer.



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 Maclure Christian Name Samuel

TABLE I. GENERAL TABLE.

Birthplace ... Parish St. John's County St. John's Offld.

Examined ... { on 25 day of Oct 1917
at St. John's

Declared Age ... 19 years 2 days.

Trade or Occupation ... fisherman

Height ... 5 feet, 7 inches.

Weight ... 124 1/2 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.
Range of Expansion 4 inches.

Physical Development ...

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

When Vaccinated ...

Vision ... { R.E. - V = 6/6
L.E. - V = 6/10

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

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

Approved by (Signature) (Sgd) Lamont Paterson
(Rank) Major Medical Officer.

Enlisted ... { at St. John's
on 25 day of Oct 1917

Joined on Enlistment ... { Corps. ROYAL NEWFOUNDLAND REGIMENT. Regtl. No. 4021

Transferred to ...

Became non-effective by ...
on ... day of ... 1917

(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				
Hazeley Down	20	1	18	3	3	18	Rheu Fever	42	Slight improvement. Transferred to Husley Tank Hosp	Wgdr A. B. Lawson Capt R.A.M.C.
Husley Camp	3	3	18	11	4	18	Rheumatic Fever	40	Quite recovered - no rheumatic pains on discharge	S. F. Mackleton Capt R.A.M.C.
Hazeley Down	10	5	18	19	6	18	Tubercle Lung	40	Retained in hospital, pending transfer to Brompton Hospital. T.B. found in sputum Sputum No 107 Result of Examination of specimen of Sputum. Tubercle bacilli found. May 8th 1918 Wgdr R. H. Winter Specialist Sanitary Officer	Wgdr C. S. A. Vivian Capt R.A.M.C.

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

Date	Brief details, and signature
29-10-17	T A B LP
4-11-17	" LP
29-11-17	" / 3 LP

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

COPY

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.1.

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

A Name in full Martin Samuel
 Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.
 Regimental Number 4021
 Where born (Parish, Town and County), and when Green Bay Nfld 8-8-1898
 Intended address Shoe Cove Right Green Bay Newfoundland.

Height on discharge 5 Feet 9 Inches
 Colour of Hair on discharge Light Brown Colour of Eyes Brown
 Descriptive marks Initials tattooed on left hand & forearm Complexion Pale
 Figure on discharge Medium
 Christian name of Father Samuel
 Christian name of Mother Mary
 Wife's Maiden name in full } N/A
 Date and Place of Marriage }
 Christian names of Children }
 Nature and locality of civil employment desired not known at present

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) Sgt Samuel Martin (Rank) APte
 Station Chest Nfld Brompton Date 20-9-18

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

Sgt J. Wheeler Medical Officer i/c Hospital.
 Station Chest Hospital Brompton Date 20-9-18.

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

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

COPY.

Army Form W. 3494.

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. 4021 Rank Private Regiment ROYAL NEWFOUNDLAND REGIMENT.

Name Martin Samuel
(Surname first)

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

Fisherman

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.

*Fisherman
No Employer.*

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

Locality - Newfoundland.
Doubtful whether again able to follow
the occupation of Fisherman

4. What is the name of your Approved Society?

Nil

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

Infantry Man

Date 19th Sept 1918 Signature _____

X His Cross
Witnessed
Sydney H. Ralph
Edmond J. Perkins
Edmond J. Perkins

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 or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve 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. 3 (ii), item 3, of Army Council Instruction No. 1912, 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.

COPY.

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

MEDICAL HISTORY of

Surname Martin Christian Name Samuel

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County Green Bay Nfld

Examined ... { on 25th day of October 1917

at St Johns

Declared Age ... 20 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 9 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 St Johns
on 25th day of October 1917

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.	4021
Transferred to ...		

Became non-effective by _____
on _____ day of _____ 1917

(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				
Ltd L. G. A. Wandsworth							Tuberculosis Pulmonary.		<p>Board held — see overleaf</p> <p>Disability — Pulmonary Tuberculosis.</p> <p>Weight 16-9-18 10 st 5½ lbs</p> <p>Cause — Exposure, Active Service, Home conditions</p> <p>Total — Inability to earn a livelihood at present 100%</p>	<p>Spd G. C. Hall</p> <p>Capt. S.M.S.</p> <p>In 3rd London General Hospital WANDSWORTH S W</p>

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

Date	Brief details, and signature
21-9-18	<p>Board held. Finding - Permanently unfit Board Approved 21-9-18</p> <p style="text-align: right;"> <i>Edw G C Hall</i> <i>Capt Ims</i> J. W. 11th 3rd London General Hospital WANDSWORTH S W </p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

LAST PAY CERTIFICATE

DUPLICATE MAIL COPY

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. 4021 Rank pte Name Martin, S. Unit 2nd.Bn.R.Nfld Regt. who was Repatriated. Cause

DR.

STATEMENT OF ACCOUNT

Table with 2 main columns: PARTICULARS and CR. Each column has sub-columns for currency units (\$, £, s, d). Includes entries for Balance Dr. from Allotment, Cash Payments, and Total Debits on the left; and Balance Cr. from prev. Pay Book, Pay, Field Allowances, and Total Credits on the right.

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

CHECKED (Signature) (Date) 191

Made up checked in accordance with information received in the Pay & Record Office O.C. " " Company. London to 25 10 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

10/11/18. 191

(Signature) Chief Paymaster & Officer i/c Records.

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. 4021 Rank Pte Name Martin, S. Unit 2nd. Bn. R.Nfld Regt. who was Repatriated.
to Newfoundland. on 16/10/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

STATEMENT OF ACCOUNT

CR.

PERIOD: From 28/9/18 to 15/10/18

PARTICULARS						£	s	d	PARTICULARS						£	s	d	
Balance Dr. from									Balance Cr. from prev. Pay Book									
Allotment 28 days @ 60¢			16	80		3	9	0	Pay 28 days @ \$ 1.00			28	00		8	14	10	
Cash Payments: 8/10/18						2	0	0	Field Allowance 28 days @ \$.10			2	80					
Other Debits:									Other Allowances days @ \$			30	80		6	6	7	
Total Debits							5	9	0	Total Credits						15	1	5
Balance due by Paymaster							9	12	5	Balance due to Paymaster						15	1	5
						15	1	5										

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 London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

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

OK/WK

O.C. " " Company.
Chief Paymaster & Officer i/c Records.

March 20, 1919

#4021 Pte. Samuel Martin,
Shoe Cove,
N.D.B.

Dear Sir:-

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

Yours truly,

& Paymaster. Captain,

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

10964

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

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

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

Christian name *Samuel*..... 2. Surname..... *Martin*.....

3. Rank..... *Private*..... 4. Regtl. No. *4031*.....

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

..... *St. John's Bay*.....

6. Date of enlistment in the Regiment... *Oct. 25. 1917*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *father Samuel Martin*.....

8. Relationship of such dependents..... *father*.....

9. Address in full of such dependent..... *St. John's*.....

..... *St. John's Bay*.....

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.....

..... *Served one year & 33 days with the colours in England and Ireland*.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas.. *1 year & 33 days*.....

.....

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

None previously enlisted

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

*Received \$60.00 when discharge for clothing.
Father recd. about \$180.00 from Military Department*

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

yes

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.....

no

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. *26 Dec - 1918* (b) Reason for discharge.....

physical disability whilst on war service

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.....

Lieutenant General at the front

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.....

not applicable

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

Signature of Applicant:

Lamine Thi Mac Fin

Place of Residence:

Sho low to ha Daw Bay

Declared before me at:

Sasin

This

10th

day of *March* 19*49*.

J.P. Duggan

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

POST DISCHARGE PAY.

Date paid

Paid
Soldier

Paid
Dependent

War Service
Gratuity

Net amount
due

1.00

70.00

Certified Correct.

Paymaster.

Feb 28,

19

Mr. S. Martin,
Shoe Cove,
Green Bay.

Dear Sir:-

Your letter of January 20th., was received after the regulations governing Post Discharge Pay were superseded by those concerning War Service Gratuity, and reply has been delayed on account of the time required to make the necessary calculations of the War Service Gratuity.

Payments of this Gratuity will commence on March 1st., 1919, and will be made in monthly installments until such time as the amount due has been paid.

The amount due is calculated on the basis of a soldier's services, and any amount paid as bonus at the time of Discharge, and Post Discharge Pay if already paid, will be deducted from the total amount of the Gratuity.

It is necessary before payment is made, that the enclosed "Statutory Declaration" be completed and returned to me.

As soon as it is received the first payment on account of the War Service Gratuity will be forwarded.

Yours truly,

Captain,
Paymaster & O.i/c Records

Enc' 1.

3883

Jan 20th 1919

Shoe Cove
Green Bay

To Mr Maddick
from Samuel Martin
H 0 2.1 Newfoundland Reg
Please will you
Forward some Bankers
money to me

yours truly

Samuel Martin
Lieut Maddock

my adress is martin Shoe Cove
Green Bay

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 33⁰⁰/₁₀₀

Dec 24 1918

Received from the First Newfoundland Regiment
the sum of thirty three Dollars.
on account of Pay. P.D.
~~balance~~

E. Martin

Ch. No. 7417	Initials EW
Pay Ledger 393	Initials awk
Gen. Ledger	Initials

Regtl. No. Rank

C.R. 4021

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.....*Samuel Martin*.....

Date.....*April 25 1920*.....

Place.....*Shae Cove*.....

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

Signature

Date

Address

OCT 15 1921.

The accompanying ~~Victory Medal~~ and/or British War Medal
is/are forwarded herewith to

Samuel Martin

in respect of his service as No. 4021 Rank Pte.

Name S. Martin Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received from Royal Nfld

Signature Dept of Militia

Date November 15

Address Samuel Martin LaSalle

Shoe Cove

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Number of Sheet one.

Regiment of 1st. Newfoundland

Signature of O. C. Company [Signature]

Regimental No. and Name		Enlistment		Trade
No.	<u>4021</u>		<u>Martin Samuel</u>	<u>Boatman</u>
Joined	Date	Age on	<u>19 years 2 months</u>	Religion
Joined	Date	Place and Date of Enlistment	<u>St. Johns 25-10-17</u>	<u>meth.</u>
Joined	Date	Period of	with Colours <u>33 years.</u>	Place of Birth
Joined	Date		with Reserve <u>36.5 years.</u>	

Good Conduct Badges, Service pay or proficiency pay

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
<p style="font-size: 1.5em; font-family: cursive;">Discharged Medically Unfit St. Johns, 26th 18</p>									
<p>To be carried over</p>									

Army Form B. 121

54021.

Novr. 14th. 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/o Records.
Militia Dept.

3224. M/Corpl. J.F. King
4021. Pte. S. Martin
2717. Pte. C. Stratton

The marginally noted men were recommended for discharge as permanently unfit, and admission to JENSEN CAMP, by Medical Board, held on Wednesday November 13th. I am sending them herewith for your attention, and necessary action, please, and have given them verbal instructions to report to the D.M.S. for his attention, after they have finished their business with you.

Copy for D.M.S.

WFC

To O.C. Depot

4021. Pte Martin S.

Can you issue pass & return
ticket to this man to visit his
home. Shoe Cove. N.D.B. per
S.S. Prospero, sailing probably on
Thursday 26th Dec.

Martin is a patient at Jensen Camp
& has not been home since his
return from overseas in Nov.

Archibald
M.O. Jensen Camp.

Issued
sourcing and
24-12-18
M

Sgt H. Hoff.

NEWFOUNDLAND POSTAL TELEGRAPHS

No. _____

Received _____ m. By _____

Sent out for delivery _____ m. By _____

Shore Line

No. _____ Place from _____ No. of Words _____



To: *Officer Commanding*
R. H. Blakey

Couldnt connect with
steamer to return to
St Johns

J. H. Martin
4021

Reg. No. 4021 Rank Pte Name Martin S

Attested Address.....

Allotment..... Allottee

Date of Allotment..... Returned from Overseas..... 8-11-18

Embarked for Overseas Cause..... Discharge

13-10-18. Co - 1st - Permanently unfit & admission
to Jensen Camp.

26-11-18. **DISCHARGED - MEDICALLY UNFIT.**