



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2161 Name William Matthews Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....</p> <p>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?</p> | <p>1. <u>William Matthews</u></p> <p>2. <u>Grand Falls</u></p> <p>3. <u>Yes</u></p> <p>4. <u>21</u> Years Months</p> <p>5. <u>Paper maker</u></p> <p>6. <u>No</u></p> <p>7. <u>No</u></p> <p>8. <u>Yes</u></p> <p>9. <u>Yes</u></p> <p>10. { Name
Corps</p> <p>11. <u>Yes</u></p> |
|---|--|

I, William Matthews.....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.

William Matthews.....SIGNATURE OF RECRUIT.

8 Feb 23rd 1916.....Lucy W. Coyne.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Matthews.....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, St. John's.....

on this 25th day of February, 1916
Signature of Attesting Officer George W. Coyne

†CERTIFICATE OF APPROVING OFFICER.

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

Date.....191.....
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Matthews

years months. Height 5 feet $2\frac{1}{2}$ inches

Girth when fully expanded $35\frac{1}{2}$ inches
 Range of expansion $3\frac{1}{2}$ inches

marks.....

INFORMATION SUPPLIED BY RECRUIT

Address of next of kin *Mrs. Jane Matthews, Grand Falls*
 Relationship *Mother*

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____ "									



REGIMENTAL NUMBER 2161

COMPANY A

**THE
1st NEWFOUNDLAND REGIMENT.**

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

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

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

Subject to the Newfoundland Volunteer Act.

§ George V.

Chapter IV.

Signed William Matthews

Witness Wm. Churchill 21st

Dated at Racecourse Ave

June 30th 1916



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2161 Name William Matthews Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Matthews
2. What is your full Address? 2. Grand Falls
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Laborer
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, William Matthews 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.

William Matthews SIGNATURE OF RECRUIT.

8 Feb 1916 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Matthews 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 St. John's on this 8th day of February 1916

Signature of Attesting Officer Donald W. [unclear]

†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 1st

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

Date 191
Place } Approving Officer.

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

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

6
31
30
31
30
31
24
21

DESCRIPTIVE REPORT ON ENLISTMENT

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

2161

Name William Matthews

Apparent age 21 years months. Height 5 feet 2 1/2 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Jane Matthews, Grand Falls

| Relationship Mother

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)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-2-16</u>									
Joined at <u>M. S. Co's</u> on <u>February 23rd 16</u>									
<u>Discharged, A.S.N. 24/9/17</u>									
<u>Embarked at Cork's Station for U.K. 24th 16</u>									
<u>Embarked for B.C. 9th 16</u>									
<u>Joined Battalion 21.7.16 Admitted 38th Amb Coy of Stomach 14-10-16 Discharge 23rd 16</u>									
<u>Rejoined Depot 18th 16 Wounded 14th 17 Admitted 8th 17 A.S.N. 14th 17 Admitted 6th 17</u>									
<u>6th Coy A.S.N. 15th 17 Invalided to England 22-4-17 Admitted Newcastle 22-4-17</u>									
<u>Although how to report A.S.N. 2nd 17 to Hospital allowed for discharge 10-8-17. Arrived H.Q. and attached to strength 25-8-17.</u>									
<u>Discharged Medically Unfit 24-9-17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>24-9-17</u> [date of discharge] <u>1</u> years <u>114</u> days									
Pension " " " " " "									



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 6 Sent by GC Rec'd by Ma 3 Cell No. _____

Place from Grand Falls 27

AUG 27 1917

To Hon J R Bennett
Min. of Militia
St Johns.

app. followed

Private Matthews who detrained
 here Friday night left for
 St-John's last night.

A F Fitzgerald.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check
Dated <u>August 24th, 1917</u>					
To <u>H. F. Fitzgerald, Grand Falls.</u>					

Referring to your telegram Matthews is authorized to detain at Grand falls. Must report at St. John's within four days.

J. R. Bennett

Minister of Militia.

Charge Militia Department.

August 23rd.1917

Major A.Montgomerie,
O.C.,Headquarters.

Sir:-

I have the honour to advise that I have issued authority for No.2161 William Matthews ~~is~~, a member of the incoming draft of returning soldiers, to detrain at Grand Falls, and have given instructions that he report at St.John 's within four days after the arrival of the draft.

I have the honour to be,

Sir,

Your obedient servant.

Minister of Militia.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line 38 Sent by No Rec'd by Ma Check 3000 No

Place from Grandfalls 23

To Hon J R Bennett
Min of Militia
St Johns

AUG 23 1917 416

2161 Private William Matthews

Amongst incoming draft parents and family reside Grandfalls are anxious have son detrain here and report St Johns few days later can their request be granted.

A F Fitzgerald

C.R. 2161

Extract of Casualty list received from P&RO, London Dated April 29
1917.

The following r/b O.C. Unit as "Wounded" 14.4.17. Report dated
15.4.17. No previous reports.

2161 Pte. W. Matthews

1st. Nfld. Regt.

Orange Falls.

Aug 27th. 19.

Dear Mr Bennett.

425

I wish to explain about
the Pitak Matthews incident.
I wired you last Thursday asking
that Matthews be allowed to detain
here but at that time was under
the impression that the draft
of which he was a member
would not be gone through before
Sunday night. Next day Friday
I went west on the Express and
returned to Orange Falls same night
and being out of town did not receive
your reply hence my writing you on

The train with, I expect some little
inconvenience to you for which I
am sorry. The Soldier's father
was telegraphing me on the train
which made me anxious to get an
answer. All are obliged for
your kindness in allowing him
off and he went to St. Denis on
last night's Express.

I must congratulate you
on your new position and if I
am of any service I am always
at your command.

Yours truly
H. J. Fitzgerald.

Hon. J. R. Bennett.

Min. of Militia:

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

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

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

(NOT TRANSMITTED)

Signature of Sender Address

Line Number	Rcd	By	Sent	by	Check

Dated April 24, 1917.

To Mrs. Jane Matthews,
Grand Falls.

Record Office, London, today reports
No. 2161, Private William Matthews, has now been
admitted to Wandsworth.

J.R. BENNETT
Colonial Secretary.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender Lucy Matthews Address _____

Line Number	Rcd	by	Sent	by	Check

Dated

April 21, 1917.

To

Mrs. J. Matthews,

Grand Falls.

Regret to inform you that Record Office,
London, officially reports No. 2161, Private

William Matthews, was admitted to Sixth Stationary Hospital, Prevent, and transferred to train ambulance April fifteenth, suffering from mild gunshot wound in right hand.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 2161

Extract of Casualties received from Pay & record
Office, London, dated November 1, 1916.

#2161 Pte. W. Matthews.

Discharged to Base Dep. Rouen Class TB. ex. Con. Dep.
October 23, 1916. ✓

C.R. 2161

NEWFOUNDLAND CONTINGENT.

Extract of Casualty List received from P.&.RIO.

October 26th. 1916.

— 2161, Pte W. Matthews. ✓

1/Newfoundland Inf. Dyspepsia. Trans. to Con. Dep.

ex 8 Gen. Hos. 20th October 1916.

C.R. 2161

NEWFOUNDLAND CONTINGENT

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

2161, Pte W. Matthews. ✓

1/Newfoundland Inf. Inf. Stomach. Adm. 8 Gen. Hos.
Rouen 19th October 1916.

C.R. 2161

Extract From Nominal Roll Embarked St. John's for Overseas,
Mar. 23, 1916.

2161 Pte. W. Matthew.

C.R. 2161

Extract from Daily OrdersxPart 11 Unit The Royal
Nfld. Regt. Sept. 25th, 1917.

2161 Pte. W. Mathews.

Medically Unit discharges from Sept. 24th, 1917.

C.R.

2161

Extract from Nominal Roll of Repatriation Draft No.45

Per S.S. "Scotian" from Liverpool to ~~Yukon~~ Quebec

due to sail 10-8-17

2161, Pte. W. Matthews.

For discharge under A.F.B.179 .

2161

Extract from Nominal Roll of Mfld. Regt. Draft. 8. from
2nd Bn. ~~Royal Wiltshire~~ Depot, to 1st Bn. B.E.F. Embarked
Southampton. 9-7-16.

2161 Pte. W. Matthews.

C.R. 2161

Wm. Matthews was attested for General
Service with the NEWFOUNDLAND REGIMENT ON February 23rd 1916
Regimental No. 2161 was allotted to Pte. Wm. Matthews

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

W. Matthews.

C.R.

2/61

P.K.O.

Proceedings on Discharge.

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

No. 2161 Army Rank Private

Name Matthews William
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

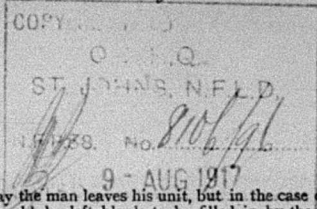
Corps 1st Newfoundland Regiment

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. Description at the time of discharge.

Age <u>21</u> years _____ months	Descriptive marks. <u>Loss of index finger of Hand</u>
Height <u>5</u> feet <u>2 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Fair</u>	
Trade <u>Tape Making</u>	
Intended place of residence <u>Grand Falls</u>	
(To be given as fully as practicable) <u>Newfoundland</u>	

(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 Wounds received in Action

(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:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.

 Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Original



Medical Report on an Invalid.

3rd London General Hospital
WANDSWORTH, S.W.

Station _____

Date 26th July 1917

1. Unit 1. Newfoundland.
2. Regimental No. 2161.
3. Rank Plt.
4. Name Matthews, W.

5. Age last birthday 21.
6. Enlisted { on 14. Feb. 1916.
 at St. Johns. Nfld.
7. Former Trade or Occupation { Paper-making.

8. Disability.

G. S. W. VIII 4 R. Metacarpals 1st & 2nd fingers
for amputation of 1st finger

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.

14. 4. 17

10. Place of origin of disability.

As above France

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

Very severe suppurating state of hand was existing when admitted here & on 7.6.17 1st finger was amputated & that metacarpal bone cut thro' diagonally.

COPY SENT TO
O. C. H. Q.
ST. JOHNS, N.F.L.D.
N.F.S. No. 810616
9 - AUG 1917
DATED _____

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

Active Service

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

95 m

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.

Wound soundly healed but the middle finger is soared it is swollen & stiff. Hand is blue & cold.

By: Samuel Currier MD

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

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

Yes
Yes
Yes
✓

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 ?

Vide II

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 ?

Permanently unfit -

G. C. Hall
Capt. Genl

26-7-17

Officer in medical charge of case.

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

except†

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

J. E. Ducey

LT. Col. R. A. M. C. T.
Comdg. 3rd. London Gen. Hospital.

Date 27-7-17

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1918).

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

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

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

Active service

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

L. fever

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?

Yes

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

-

To be stated in months.

23a. Is he fit for discharge from the service as an out-patient? and will he require out-patient treatment on discharge from Hospital?

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

*diminished
in some respects*

Yes. Yes

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

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No

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

Yes

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Yes

(b) Change to England?

Signatures:—

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

Date 27th July 1917

Sir John B. ... President.
H. ... Members.

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

Date 27th July 1917

Sir John B. ... Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

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

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

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

Date of final Medical Board, or decision { _____

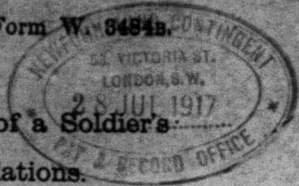
Administrative Medical Officer. _____

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station _____
Corps *P. 3rd*
Regimental No. *2161*
Rank *PL*
Name *W. Matthews*
Disability *of the right leg*
Date *27.7.19*
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.
W. 179
Form B. 179
54
W. 179/2774 500M 9-15 M.A.C.I.A.



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. Sw.

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 ²¹ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Matthews, Christian names Wm
(in full)

Regt. No. and Rank 2161. Pte Regt. or Corps 1st Newfoundland
(If T.F. this should be stated.)

His address on discharge will be Grand Falls,
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.

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

Date 27. VII. 1917.

Leif Rohrer, M.D.
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.

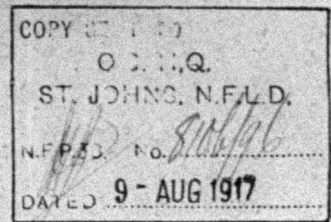
Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service



No. 2161. Rank Private
Name (surname first) Matthew, William
Regiment 1st Newfoundland

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

Paper Making



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?

*Anglo. Newfoundland Development Co. Ltd.
Grand Falls Newfoundland
Paper making
5 years.*

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

Paper making

4. What is the name of your Approved Society?

Nil

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

No.

Date 27. July. 17. Signature Matthews. W.

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.

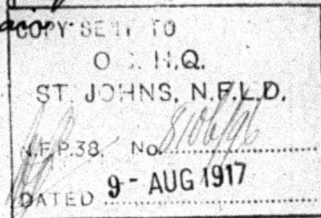
The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge of the Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



A Name in full *Matthews, William.*
Regiment from which discharged *1. Newfoundland.*
Regimental Number *2161.*
Where born (Parish, Town and County), and when *Silcove, Green Bay, Nfld. 29 Mch. 1896.*
Intended address *Grand Falls, Newfoundland.*

Height on discharge *5. Feet, 2 1/2 Inches*
Colour of Hair on discharge *fair.* **Colour of Eyes** *grey.*
Descriptive marks *Loss of Index finger R. hand.* **Complexion** *fallow.*
Figure on discharge *slim.*
Christian name of Father *Robert*
Christian name of Mother *Jane.*
Wife's Maiden name in full *—*
Date and Place of Marriage *—*
Christian names of Children *—*



Nature and locality of civil employment desired
Paper making at Grand Falls.

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) *William Matthews* **Pte**
(Rank)

Station *Wandswoth* **Date** *26.7.17*

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.

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

G. C. Hall **Medical Officer i/c**
Capt Ins **Hospital.**
Date *26.7.17.*

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.**

(9 38 41) W 11751—8539/1 75,000(6) 10/15 H W V(M 531)
16392—191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3201.

(In pads of 50)

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

1st Arged. (Regiment)

No. 2161, Rank Plc., Name Matthews W.

is discharged from Hospital with orders to proceed to his home
(Address 58 Victoria St. S.W.)

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

Officer Commanding,

H. Jagan

Place WANDSWORTH.

Capt. R.A.M.C.(H)

Hospital.

Date 30/7/17

Registrar, R.A.M.C.I.

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



Dunlop to 2.817

to report J. H. C.

A handwritten signature or set of initials, possibly 'J.H.C.', written in cursive and underlined with a single horizontal stroke.

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

MEDICAL HISTORY

28 JUL 1917

Surname Mathews OF Christian Name William

Table I.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Birthplace:—Parish	County			
Examined	on <u>19</u> day of <u>February</u> 191 <u>6</u> at <u>St. John's, Nfld.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age.....	<u>21</u> years		_____ years	
Trade or Occupation				
Height	<u>5</u> feet	<u>2 1/2</u> inches		_____ inches
Weight		<u>112</u> lbs.		_____ lbs.
Chest Measurement {	Girth when fully expanded... <u>35 1/2</u> inches		_____ inches	
	Range of expansion... <u>3 1/2</u> inches		_____ inches	
Physical Development... ..				
Vaccination Marks {	Arm		Arm	
	Number		Number	
When Vaccinated				
Vision	R.E.—V= <u>6/8</u>		R.E.—V= _____	
	L.E.—V= <u>6/8</u>		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) <u>W. Burden</u>				
(Rank) <u>Lieut.</u>	Medical Officer.		Medical Officer.	
Enlisted	at _____ on _____ day of _____ 191 <u>1</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps. <u>1st Regt, Reg.</u>	Regtl. No. <u>2161</u>	Corps. _____	Regtl. No. _____
	<u>Newfoundland</u>			
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)				
(Rank)				

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
N.F. 238. No. 8106/16
DATED 9 - AUG 1917



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 further 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	4	17				G. Sw. R. metacarpals of 1 st & 2 nd fingers Amputation of 1 st finger		Board held - see overleaf Disability - G. Sw. R. metacarpals of 1 st & 2 nd fingers Amputation of 1 st finger middle finger swollen & stiff. Hand blue & cold Cause - G. Sw. while on Active Service Capacity for earning a livelihood lessened by these quarters	G. E. Hall Capt R.M.D. 3rd London General Hospital, WANDSWORTH, S.W.

NO EXTENSION OF THIS FURLOUGH IS PERMITTED

N.B.—This Form is to be used for N.C.O.'s and men granted furlough from Hospitals during the period of the War

No.

Hospital at

**FURLOUGH.**No. 2161 (Rank) Private (Name) Matthews W.Unit 1ST NEWFOUNDLAND REGIMENT,

has been granted a furlough from 30-11-17
 to 10 A.M. 2-8-17 and leave to proceed to
Jamaica

No claim is to be made to him on any account without previous reference
 to the Paymaster at

Station) NEWFOUNDLAND CONTINGENT
VICTORIA ST.,
LONDON, S.W.

Date) July 30 1712238] W/11648/M/1178 500 3-6 G&S

A circular stamp with the text "NEWFOUNDLAND CONTINGENT" around the top edge and "PAY & RECORD OFFICE" around the bottom edge. In the center, it says "VICTORIA ST., LONDON, S.W."

NEWFOUNDLAND CONTINGENT.

I/c [Signature] Hospital

E 712. PAYMASTER & OFFICER I/C RECORDS

Admitted 20.4.17

Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's
Regtl. No. 2161 Rank Pte Name Matthews W.
(Surname first)

Corps or Regiment (also Unit if known) _____

1st Rfld

To OFFICER in charge of RECORDS 58 Victoria St SW

REGIMENTAL PAYMASTER 58 Victoria St SW

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 27.7.17, has been sent to ^{the address below} ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of~~ plain ~~clothes~~.

He proceeded on (date) 30 July 1917

to (full address) 58 Victoria St SW

Place Wandsworth Officer Comm.

Date 30/7/17 G. C. Hall Hospital.

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office.

No. 2161 Name Matthews W. Sqn., Batty., or Company } A Corps 1st Newfoundland Regt Date of enlistment } 23-2-16 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } 5/26/16 No. and date of last drunk } 1/27/4/16 Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. } W. Rendell Character } Major

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
<u>The field</u>	<u>21-7-16</u>	<u>Pte</u>		<u>Deficient Cap badge.</u>	<u>C. C. W. S.</u>	<u>Pay of -</u>	<u>22-7-16</u>	<u>Local</u>	<u>C. M. S.</u>
<u>The field</u>	<u>25-5-16</u>	<u>Pte</u>		<u>Loss of Steel helmet</u>	<u>Harrison</u>	<u>Pay of -</u>		<u>St. Harde</u>	<u>C. M. S.</u>
<u>The field</u>	<u>28-5-16</u>	<u>Pte</u>		<u>Loss of Steel helmet</u>	<u>C. C. W. S.</u>	<u>Pay of -</u>	<u>28-5-16</u>	<u>Local</u>	<u>C. M. S.</u>
					<u>Andrews</u>			<u>Hadden</u>	<u>C. M. S.</u>
						<u>COPY SENT TO</u>			
						<u>O. H. G.</u>			
						<u>ST. JOHNS, N.F.L.D.</u>			
						<u>EXPIRES - NO. 8/1/16</u>			
						<u>9-AUG-1917</u>			
						<u>DATED</u>			

Army Form B. 122

71.4.22



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Matthews, Regl. No. 2161
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 70 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 March 22nd 1916.

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1933	wife	Mrs Robert Matthews	Grand Falls	70
Total Allotment, \$				

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

(Sig.) R.P. Hallaway
For Officer Commanding
H. Company
St. John's
March 21st 1916

(Sig.) William Matthews
 (Rank) Pte.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Matthews, Regl. No. 2161

hereby agree, until further notification by me, and in similar official form to make an Allotment of 70 Dollars and 70 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 March 22nd 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1933	mother	Mrs Robert Matthews	Grand Falls.	70
			Total Allotment, \$	

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

(Sig.) R.P. Hallaway
For Officer Commanding
H. Company
March 21st 1916

(Sig.) William Matthews
 (Rank) Pte.

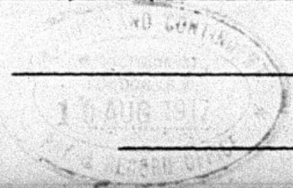
NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2101, Pte. W. Matthews
 Company. From 9/8/17 To 10/8/17 (Dates inclusive).
 DR. Classification (See Procedure).

(Substituting A.F. O.1625). N.F.P./36.
 Embarked per S.S. Scotian
 From Liverpool Date 10/8/17
 Draft No. 45 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments	.70	63	44	10			2	Field Allowance	1.00	63	63	00	
	10								3	Other Allowances	.10		6	30	
	11/12	Total Stoppages		44	10	9	1	3	4/5	Total @ 4.86 2/3			69	30	14
	13	Fines							6	Balance Credit Last Period			11	15	9
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u> 8/8/17					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages							30	7/17 to 10/8/17					
	17	Hospital Stoppages			2	1	0			= 12 days @			1	4	0
	17a	Miscellaneous Stoppages													
	19	Casual Payments P & R. O.			17	0	0								
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster			17	0	
					28	2	3						28	2	3

CHECKED
 PAID
 9/8/17



CERTIFIED CORRECT.

O.C. " " Company.

2161, Pte. W. Matthews

9/8/17

10/8/17

A

Liverpool

Scotian

10/8/17

45,

.70 65 44 10

1.00 65 63 00
.10 " 6 30

44 10 9 1 3

69 3014 4 10 1/2

8/6/17

11 15 9

----- Advances 2 1 0

30 7 10 8

P & R. O. 17 0 0

12 2 1 4 0

23 2 3

17 8
23 2 3

CHECKED
PAID
1186
9-8-17



No. 2161 Rank Oke Name Matthews W.

Pay	F.A	VEg	Total
<u>100</u>	<u>10</u>		<u>110</u>
Less Allotment			<u>20</u>
Net Rate			<u>40</u>

R.F.P/35.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance		8 ⁶ / ₁₇					11 15 9
Acquittance Rolls					Pay @ Net Rate	9 ⁶ / ₁₇	30 ⁷ / ₁₇					
Hospital Advances		5	1	0	Station allowance			52	40	20	80	4 5 5
A.B. 64					30 ⁷ / ₁₇ to 8 ⁸ / ₁₇			10	2/-			1 0 0
P. & R.O. Payments	9.10	7	0	0	31-7-17 to 7-8-17			8	40	3	20	13 2
	30 ⁷ / ₁₇	7	0	0								
	2 ⁸ / ₁₇	1	0	0								
	17-1-0	7	8	0								
		7	8	0								

CHIEF CLERK
20/7/17

17-1-2
part

No. 2161

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to

Pte W Matthews

the sum of two pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No. 2161 Rank Pte

Name W Matthews

Approved W. J. ...
for Officer i/c.,

3rd London General Hospital.

Dated at 28/6/17

1917.

Receipt 3481

OK L2.
28/6/17

Matthews, W.

2161

Ray Sept

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>2161</u>	Army Rank <u>Private</u>
Name <u>Matthews William</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>September 24th 1917</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>21</u> years <u>6</u> months Height <u>5</u> feet <u>2 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>grey</u> Hair <u>fair</u> Trade <u>Tape making</u> Intended place of residence <u>Grand Falls</u> (To be given as fully as practicable) <u>Newfoundland</u>	Descriptive marks. <u>Loss of index finger of hand</u>
2. The above-named man is discharged in consequence of <u>Wounds received in Action</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

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.

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 Wood William Matthews (Signature of Soldier.)

(Date) Sept. 25th 1917 C. C. Cole (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!—
William ^{his} Matthews
mark.

C. C. Oke.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2161, Pte. W. Matthews

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

Company. From 9/6/17 To 10/8/17 (Dates inclusive).

Embarked per S.S. Scotian

From Liverpool Date 10/6/17

DR. Classification (See Procedure).

Draft No. 45 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay					
	9	Allotments	.70	63	44	10			2	Field Allowance	1.00	63	63	00	
	10								3	Other Allowances	.10	"	6	30	
	11/12	Total Stoppages			44	10	9	1	3	4/5	Total @ 4.86 2/3		89	30	14
	13	Fines							6	Balance Credit Last Period					
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages								30 4/17 to 10 6/17					
	17	Hospital Stoppages Advances			2	1	0			30 days @					
	17a	Miscellaneous Stoppages													
	19	Casual Payments p & R. O.			17	0	0								
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster			1	17	8
					28	2	3								

This account is in accordance with information received at the Pay & Record Office to 10/8/17, and is therefore subject to amendment if, and as may be found necessary.

CHECKED
M.H. P. 9.5.17



DUPLICATE MAIL COPY
Posted 16 AUG 1917

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

O.O. " " Company.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2161, Pte. W. Matthews

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

Company. From 9/8/17 To 10/8/17 (Dates inclusive).

Embarked per S.S. Scotian

DR.

Classification (See Procedure). A

From Liverpool Date 10/8/17

Draft No. 45 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	83	83	00				
	9	Allotments	.76	63	44	10					2	Field Allowance	.10	"	6	30				
	10										3	Other Allowances								
	11/12	Total Stoppages			44	10	9	1	3		4/5	Total @ 4.86 2/3			69	30	14	4	10 1/2	
	13	Fines									6	Balance Credit Last Period					11	15	9	
	14	Clothing & Necessaries									6a	<u>OTHER CREDITS:</u>								
	15	Arms & Accoutrements										Ration Allowance,								
	16	Barrack Damages										30 /7/17 to 10 /8/17								
	17	Hospital Stoppages Advances					2	1	0			= 12 days @ 2 /					1	4	0	
	17a	Miscellaneous Stoppages										This account is in accordance with information received at the Pay & Record Office to 10/8/17. and is therefore subject to amendment if, and as may be found necessary.								
	19	Casual Payments P & R. O.					17	0	0			27	Balance Due to Paymaster					17	8	
	20	1st Payment																		
	21	2nd "																		
	22	3rd "																		
	23	Final "																		
	24	Balance Debit Last Period																		
	28	" Due by Paymaster																		
							28	2	3											

CERTIFIED CORRECT.

10 AUG 1917

191

O.C. " " Company.

CHECKED
M.M. Calk
9-8-17

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 in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary of the Hospital, Chelsea, London, S.W.

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

A Name in full *Matthews William*
Regiment from which discharged *1st Newfoundland*
Regimental Number *2161*
Where born (Parish, Town and County), and when *Silome Green Bay, Nfld 29 March 1896*
Intended address *Grand Falls, Newfoundland*

Height on discharge *5* Feet *2½* Inches
 Colour of Hair on discharge *fair* Colour of Eyes *Grey*
 Descriptive marks *Loss of index finger R hand* Complexion *fair*
 Figure on discharge *slim*
 Christian name of Father *Robert*
 Christian name of Mother *Jane*
 Wife's Maiden name in full *—*
 Date and Place of Marriage *—*
 Christian names of Children *—*
 Nature and locality of civil employment desired *Paper making at Grand Falls.*



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) *William Matthews* (Rank) *Pte.*

Station *Handsworth* Date *26. 7. 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.

Station *2nd London General Hospital.* *G. Hall* Medical Officer i/c
Cap. M.S. Hospital.
 Station *Handsworth, LNW* Date *26. 7. 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
 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.

CERTIFIED TRUE COPY

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

No. 2161

Rank _____

Name (surname first) Matthews William

Regiment 1st Newfoundland



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

Paper Making.

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?

*Anglo. Newfoundland Development Co. Ltd.
Grand Falls,
Newfoundland
Paper Making.
5 years.*

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

Paper Making.

4. What is the name of your Approved Society?

Nil

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

No

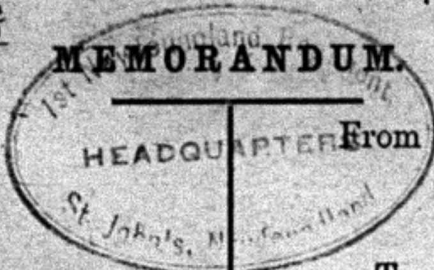
Date 24th July

(Signed) Signature Matthews W.

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.

Forms
C. 348
61



From Adjutant

From

To Commanding Officer

To

ANSWER.

Headquarters.

Sept. 24th/17. 191 .

191

This man was boarded on Sept. 12th, and was recommended for discharge. He went to his home at Grand Falls, and was informed that his papers would be forwarded. Up to this time he has not received them. They were detained I presume by the new Order issued regarding the retaining of all returned men for recruiting.

He is anxious to secure his discharge, that he may take a position in Canada with his Uncle. I thought it advisable for him to see you regarding the matter.

H. B. [Signature]
Capt.

Adjutant

Depot, First Newfoundland Regiment,
St. John's, Nfld.

2161 to Macpherson
[Signature]

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

MEDICAL HISTORY



Surname Matthews OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish		County			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on	19 day of February 1916	on	day of	191
	at	St Johns, Nfld	at		
Declared age		years	days	years	days
Trade or occupation					
Height		5 feet 2½ inches		feet	inches
Weight		112 lbs.			lbs.
Chest Measure- ment {	Girth when fully expanded	35½ inches			inches
	Range of expansion	3½ inches			inches
Physical development					
Vaccination marks {	Arm				
	Number				
When vaccinated					
Vision	R.E.—V.=	6/6		R.E.—V.=	
	L.E.—V.=	6/6		L.E.—V.=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)		<i>J. W. Garden</i>			
(Rank)		Plut.	Medical Officer.		Medical Officer.
Enlisted	at		at		
	on	day of 191	on	day of	191
		Corps		Corps	Regtl. No.
Joined on enlistment		1 st Nfld Reg.		2161	
Transferred to		Newfoundland			
Became non-effective by	on	day of 191	on	day of	191
(Signature)					
(Rank)					

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital Hands worth, S.W.	20	11	17				G.P.W. R. metacarpals of 1 st & 2 nd fingers. Amputation of 1 st finger		<p>Board held - see overleaf.</p> <p>Disability - G.P.W. R. metacarpals of 1st, 2nd fingers. Amputation of 1st finger middle finger swollen stiff.</p> <p>Hand blue & cold</p> <p>Cause - G.P.W. while on Active Service Capacity for earning a livelihood lessened by three quarters.</p>	G.C. Hall, M.B. Capt. 3rd London General Hospital Hands worth, S.W.

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
5. 5. 16	1 st Inoculation D.M.W.S.
14. 6. 16	Successful Vaccination completed.
17. 6. 16	T.A.B. H.F.W. 2
6. 7. 16	Fit for foreign Service H.F.W.
27. 7. 17	Board held Found — Permanently unfit. Board — Approved 27. 7. 17.

H.F. Wilson
to R.A.M.O.

G.C. Hall
Capt. M.D.
3rd London General Hospital.
Handsworth S.P.A.

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 Johns N.	23. 3. 16	9. 4. 16			

Casualty Form—Active Service.

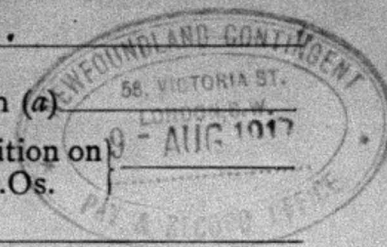
CERTIFIED TRUE COPY

Regiment or Corps Newfoundland
 Regimental No. 2161 Rank Plt. Name Matthews W.

Enlisted (a) 22.2.16 Terms of Service (a) Duration of War Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on }
 present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Southampton		9.7.16	
		Disembarked France		10.7.16	
	Unit 382 A.S.	Joined Battalion	France	21.7.16	
	29 L.S.D.	Transf. inflam of stomach	15 C.C.S.	14.10.16	C.D. 4458
	8 Co. H.A.S.	Joined France		23.10.16	Non loc
	Trans to Cow Dep	Adm. of stomach	France	19.10.16	H.A. 3478
	Unit	do. Dyspepsia	"	20.10.16	"
	Unit	Rejoined Battalion	France	18.11.16	B213
15.4.17	Unit	Wounded in action	France	23.1.17	B213
16.4.17	872 A.S.	Ad. & Trans. G.W.R. Hand	C.C.S.	14.4.17	C.D. 3085
30.4.17	11. G. H.	do	General Carrier	15.4.17	H.A. 8645
	Jan. Breydel	Int. to England		22.4.17	W 3083
					H.A. 8645
					W 3083
					H.A. 8645
					W 3083

(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.

Handwritten notes:
 Sgt. S. J. ...
 H.A. 8645
 W 3083
 3rd Echelon

CERTIFIED TRUE COPY

Medical Report on an Invalid.



Station 3rd London General Hospital, Wandsworth SW.
Date 26th July 1917

1. Unit 1st Newfoundland
2. Regimental No. 2161
3. Rank Pte
4. Name Matthews

5. Age last birthday 21
6. Enlisted { on 14th Feb 1916.
 { at St Johns. N.Y. U.S.
7. Former Trade { Paper-making.
 or Occupation {

8. Disability.

C.S.M. VIII 4 R. Metacarpals of 1st & 2nd fingers.
Amputation of 1st finger.

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. 14. 4. 17.

10. Place of origin of disability. Arras. France.

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

Very severe suppurating state of hand was existing when admitted here and on 7.6.17. 1st finger was amputated and that metacarpal bone cut thro. diagonally.

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

Active Service

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

C.S.M.

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.

Wound soundly healed but thro' the middle finger is sound it is swollen + stiff. Hand is blue and cold.

Normal condition good.

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

(a) In action?

Yes.

(b) On field service?

Yes.

(c) On duty?

Yes.

(d) Off duty?

-

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?

vide "

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,

Permanently unfit.

(b) ~~Change to England?~~

(Signed) C. C. Hall. 26. 7. 17. Officer in medical charge of case.

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

Station 3rd London General Hospital. Wandsworth S.W.

H. C. Bruce Porter. Lt. Col. Officer in charge of Hospital. Condy 3rd London General Hospital.

Date 24. 7. 17.

* 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 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 1163, Pay Warrant, 1913).

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

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

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

Active Service

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

C.G.M.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

Yes.

23a. Is fit for discharge from the service as an out-patient, and will he require outpatient treatment on discharge from Hospital?

Yes. Yes.

Lessened by three quarters.

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

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

vide 16.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Yes.

(b) Change to England?

Signatures:—

(Signed) Sidney Martin Major R.M.C.
W. Wethead. Capt. R.M.C.

Station *3rd London General Hospital*
Wandsworth. 1917.

Date *27. 7. 1917*

Members.

Approved.

(Signed) Sidney Martin Major R.M.C.
Administrative Medical Officer.

Station *3rd London General Hosp.*

Date *27. 7. 1917*

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1163, Pay Warrant, 1913).

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

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

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

Active Service

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

C. G. M.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

Is the disability permanent?

Yes.

If not permanent, what is its probable minimum duration?

be stated in months.

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

Lessened by three quarters.

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.

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

Yes.

(b) ~~Change to England?~~

Signatures:—

(Signed) Lt Col Martin Major President

Station *3rd London General Hospital*
Wandsworth. 1917.

W. Wethead. Capt. Members.

Date *27. 7. 17*

Approved.

Station *3rd London General Hosp.*

(Signed) Lt Col Martin Major Administrative Medical Officer.

Date *27. 7. 1917.*

(On leaving Corps or Station where invalided.)

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

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

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted 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 _____
 Regimental No. _____
 Rank _____
 Name _____
 Disability _____
 Date _____

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.
 (xx) (83579) Wk. 1386 470K E-15 W B & L
 Form B. 179
 58

1st Newfoundland
 2161
 Re.
 Mr. Matthews.
 G. G. M. Ambulation
 of 1st Lt. Kingou.
 27. 7. 17.

NEWFOUNDLAND.

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

Station ST. JOHN'S NFLD.

Date AUGUST 28th., 1917.

No. 2161

Age 21 Height 5'2½"

Rank PRIVATE

Complexion FAIR

Name MATTHEWS, WILLIAM

Eyes GREY Hair FAIR

Unit 1ST NEWFOUNDLAND

Address GRAND FALLS

Former Trade PAPER-MAKING

Enlisted at ST. JOHN'S NFLD.

on FEBRUARY 14th., 1916

Disease or disability GSW Vlll.4 R. METACARPALS OF 1st & 2nd FINGERS
AMPUTATION OF FIRST FINGER

Present condition *hooked scar result of amputation
of 1st finger including part of metacarpal bone
2nd finger stiff but can be bent slightly at both phalangeal
joints, but severely at all at metacarpo-phalangeal joint.*

Estimated disability

60% 3 months

40% A.S.T

Recommendation of Medical Board

Discharge

Class



Members of Board

Approving Medical Officer.

*A.S. Fraser
J. Sinclair, Dent
Cluny Macpherson, Major
Cluny Macpherson, Major.*



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

In replying please mention Date and

No. **M - 2161**

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

St. John's, Newfoundland
November 15th., 1917.

Sir:--

The Pension and Disabilities Board, re-
quiring a report on the Pensioner named in the
margin, kindly notify him to appear before you
during the week of November 19th. - 26th.

2161 Pte. Wm. Matthews
Grand Falls

A form of examination for you to fill out is en-
closed herewith.

Pensioner will be notified to appear
before you on whatever date you find convenient.

If another Registered Medical Practiti-
oner is in your neighbourhood, or likely to be
there during the week, it is preferable that you
should both examine the Pensioner at the same
time, and both sign report

The fee laid down by the Pensions and
Disabilities Board for such examination is one
dollar (\$1.00) for each Doctor for each examina-
tion.

I have the honor to be,

Sir,

Your obedient servant,

Cluny Macpherson

Major-Secretary.

Thomas D. Moore, Esq., M. D.,

Grand Falls.

To the Medical Board, or Medical Examiner.

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

2161 Pte. Wm. Matthews

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

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

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

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

Apparent age **21 on February 14th., 1916**

Height **5'2½"**

Complexion **Fair**

Colour of Eyes **Brey**

Colour of Hair **Fair**

Mark of Identification **Loss of index finger right hand**

**G.S.W. Vlll. & R. Metacarpals of 1st and 2nd fingers
Amputation of first finger**

Condition **August 28th., 1917. Puckered scar result of amputation of first finger including part of metacarpal bone. Second finger stiff but can be bent slightly at both phalangeal joints, but scarcely at all at metacarpophalangeal joint**

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

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

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

I have the honour to be,

Sir,

Your obedient servant,

Cluny Macpherson

Major

Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is the man named above. *Yes.*
- (2) What employment does he follow?
Paper-making.
- (3) What have been his average weekly earnings the past year? *Idle.*
- (4) What are his present weekly earnings? *\$ 25.00*
- (5) Name and address of present employer, or if unemployed, of last employer.
Anglo-Newfoundland Development Co., Grand Falls.
- (6) The present state of the disabling condition.

Absence of entire forefinger and portion of corresponding metacarpal bone of right hand. Puckered scar, with exposed nerve ending, which is quite sensitive. Only slight motion in metacarpophalangeal and phalangeal joints of second finger.

- (7) Is the Disability permanent? *Yes.*
- (8) Has it become better, or worse, during the past year? *Unchanged.*
- (9) Will it materially improve, or get worse? *Neither.*
- (10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?
(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.) *-as far as present occupation is concerned.*
- (11) Is the pensioner married, or a widower, and if so, and he has children, give names and ages. (Pensioner's statement may be accepted).

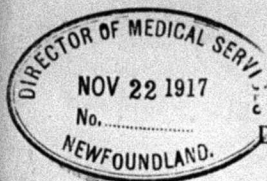
Single.

- (12) Are any others dependent on Pensioner? Give names and relationship.

None.

(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear? *Sept. 24th, 1917.*

Signature of Pensioner (to be procured at examination).



W. Matthews
Date. *Nov. 19th, 1917.* *S. S. Smith* M. D.
Place. *Grand Falls, Nfld.* *Thos. Moore* M. D.

Approved.

Date. *22.11.17*

Cluny Macpherson, Major

D. M. S. NEWFOUNDLAND,

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

Class 1.—Total disability, 100 per cent.

For example—Loss of both eyes.

Loss of both hands, or all fingers and thumbs.

Incurable tuberculosis.

Loss of both legs, at or above knee joint.

Insanity.

Permanent extreme leakage of valves of heart

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

Pension 80 per cent of Class 1.

For example—Loss of one hand and one foot.

Loss of both feet.

Disarticulation of leg at hip.

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

Pension 60 per cent of Class 1.

For example—Loss of one hand.

Loss of leg at or above knee.

Loss of tongue.

Loss of nose.

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

Pension 40 per cent of Class 1.

For example—Loss of one eye.

Loss of one foot.

Total Deafness.

Loss of two thumbs.

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

Pension 20 per cent of Class 1.

For example—Loss of one thumb.

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

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

For example—Total deafness in one ear.

Partial deafness in both ears.

Loss of index or other finger.

March 22, 1919

#2161 Pte. William Matthews,
Grand Falls.

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,

Captain,
Paymaster & O.I /c Records

10929

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 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.

1. Christian name *William*..... 2. Surname *Matthews*.....

3. Rank *Private*..... 4. Regtl. No. *2161*.....

5. Address in full to which future payments of gratuity are to be forwarded. *William Matthews*.....

Grand Falls Nfld.....

6. Date of enlistment in the Regiment... *Feb. 1916*.....

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

has been issued to my Mother Mrs R. Matthews.....

8. Relationship of such dependents..... *Mother*.....

9. Address in full of such dependent..... *Grand Falls*.....

Newfoundland.....

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... *Actual Service*.....

France.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 Year 214 days*.....

✓ 4

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....
None

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...
None

15. Have you been issued with a War Service Badge? *Yes # 387*

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.. *10.00 per Month*

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?.....
No

19. Are you now serving in the Regt.? *No*... If not give:- (a) Date of discharge. *Sept. 1917*..... (b) Reason for discharge. *wounded*

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. *12th*
Oct. 1916 - I. St. Etienne Bapaume - in France
Apr. 1917 - none

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No*
(b). If so, are you in receipt of full pay and allowances from that Committee.....
No

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.

William Matthews

Signature of Applicant: *William Matthews*
 Place of Residence: *Wana Falls*
 Declared before me at: *Wana Falls N.S.A.*
 This *seventh* day of *Mar* 19*19*

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

Wm. Pike J.P.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.00</i>	<i>280.00</i>
.....
.....
Certified Correct.			Barrister.	

No. 1990 ✓



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Matthews, Regl. No. 2161
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
70 Dollars and 70 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 March 22nd 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
1933	Wife	Mrs Robert Matthews	Grand Falls		70
Total Allotment, \$					

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

(Sig.) R.P. Holloway
 for Stent Officer Commanding

(Sig.) William Matthews

(Rank) Pte

H. Company
M. Johns
March 21st 1916

H.F.P./54

No.417.

From Pay & Record Office,
London.

To Minister of Militia,
St. John's, Nfld.

#2161 Pte.W.Matthews

Overcredited Ration Allowance as per Claim 156 2s.6d.

No. 2161 Name Matthews W. Sqn., Batty, or Company A Corps, Newfoundland Regt Date of enlistment 22.2.16 G.C. Badges Service or Proficiency Pay
 Date of last entry in Company Conduct Sheet 16.5.16 No. and date of last drunk 1/27.4.16 Period not reckoning towards freedom from extra fine Sheet No. 1 Signature O.C. Company, etc. W. Russell Character Major.

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
The field	21.7.16	Plc		Deficient of Cap badge C.A.S.	C.A.S.	Fay 1/-	22.7.16	Field Adm	P.A.C.
"	28.8.16	"		Loss of Steel Helmet	C.A.S. Andrews	Fay for same	28.8.16	do	P.A.C.

CERTIFIED TRUE COPY

9 - AUG 1917

Army Form B. 122

This Form is to be used in connection with Pamph.

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

Examination of *Wm Matthews*

aged *21* conducted at *Grand Falls*

Date: *Feb 19/16* Recruiting officer:

NO. OF TEST

FINDING

recommended.

1

no defect

2

"

3

"

4

"

5

"

6

"

7

yes

8

yes

9

no defect

10

no defect

11

age 21 - Foreign Service

12

no defect

13

teeth only fair - has upper plate

14

no defect

15

"

16

"

17

"

18

"

19

" *tooth*

20

"

21

"

22

"

23

"

24

"

25

"

26

"

27

"

28

"

29

"

30

"

31

"

32

"

33

"

34

yes *5-2 1/2* *now fit*

35

5' 4" *112 lbs.* *Sw Sweden*

36

108 *32-35 1/2*

37

35" *\$1.80 a day*

38

mother

39

nobody

Signature of Medical Examiner:

Sw Sweden

Wm Matthews

2161

333

Wm Matthews

Sept. 25th, 7

Officer Commanding,
Headquarters.

#2161 Private
William Matthews. DEAR

Dear Sir,-

The marginally noted man has been found
Medically Unfit, discharged and struck off the
strength from September 24th, 1917.

I have the honour to be,

Sir,

Your obedient servant.

Liwut.

D/Paymaster



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 54 Sent by R G Rec'd by [Signature] Check 10/- No. _____

Place from Grandfalls 3.

To J. H. Bennett



Min. of Militia

*Kindly mail me a
claim form for war
service gratuity.*

2161 Pte Wm Matthews

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20⁰⁰

April 17, 1919

Received from the First Newfoundland Regiment
the sum of twenty 00/100 Dollars.

~~on account~~
balance of Pay. Clothing

William Matthews

Ch. No. 16489	initials EW
Pay Ledger 231	initials EW
Gen. Ledger	initials

Regtl. No.

Rank

A. C. S.

No. 2161

Rank *Pl*

Name *Matthews W W*

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2161 Pte. William Matthews

Voucher No. 1537

Cheque No. 1537

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount
Aug. 27	49		Pay a/c	\$15.00
				\$15.00

CERTIFICATE

Dissectⁿ Sheet No.

Recap. Sheet No.

Checked by W.E.B.

W. Bowley
PAYMASTER

RECEIPT

August 27th. 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Fifteen Dollars and ----- Cents in Payment as above stated.

August 1917.

\$ 15.00

[Sig.] *Wm. X Matthews*
mark
W. J. Bolland.

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2161 Pte. William Matthews

Voucher No. 2120.

Cheque No. 2120.

Reg'l A/c No. Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount
Sept. 24	69		Balance of pay	\$43.41
			Bonus 1 week @ \$1.10.p.d.	7.70
			Sub. Allee.	6
			Clothing	25
				<u>\$82.11</u>
				\$82.11

CERTIFICATE

Dissectⁿ Sheet No.

Recap. Sheet No. 69

Checked by *[Signature]*

[Signature]
PAYMASTER

RECEIPT

September 24th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Eighty Two ----- Dollars
 and Eleven ----- Cents in Payment as above stated.

September 1917.

\$ 82.11

[Sig.] *[Signature]*

Casualty Form—Active Service.

1360
7161

Regiment or Corps *1st Newfoundland Regt* Regimental Number *C.R. 7161*

Rank *Pte* Surname *Matthew* Christian Name *W.*

Religion *R. C.* Age on Enlistment *21* years *0* months.

Enlisted *Feb. 23/16* Terms of Service (a) *duration of war* Service reckons *15* months (b)

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____



Signature of Officer i/c Records.

COPY SENT TO
ST. JOHN'S, N.F.I.
DATE: 9 - AUG 1917

Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
	Embarked ...	<i>Saythampton</i>	<i>9.7.16</i>	
	Disembarked...	<i>Rouen</i>	<i>10.7.16</i>	
<i>unit</i>	<i>Joined Battalion</i>	<i>France</i>	<i>21 JUL 1916</i>	
<i>387A</i>	<i>Chief Sufferer of Stomach</i>	<i>B.C.C.</i>	<i>14/10/16</i>	<i>E.O. 4458</i>
<i>29 T.B.A.</i>	<i>Joined</i>	<i>Rouen</i>	<i>23/10/16</i>	<i>New Rec.</i>
<i>8 Gen Hosp.</i>	<i>Adm Inf. Stomach</i>	<i>Rouen</i>	<i>19/10/16</i>	<i>H.A. 3478</i>
<i>Trans to Con Dep.</i>	<i>Do Dyspepsia</i>	<i>Rouen</i>	<i>20/10/16</i>	<i>H.A. 3478</i>
<i>Unit</i>	<i>Re Joined Battalion</i>	<i>France</i>	<i>18/11/16</i>	<i>B213</i>
		<i>With BATT.</i>	<i>25. IVY</i>	
<i>15.4.17</i>	<i>Unit</i>	<i>Wounded in Action</i>	<i>France</i>	<i>1 APR 1917 B 213</i>
<i>16.4.17</i>	<i>87 F.A.</i>	<i>Ad. & trans. S.W. R. Hand</i>	<i>C.B.S.</i>	<i>14.4.17 E.A. 3085</i>
<i>30.4.17</i>	<i>11 S. Hosp.</i>	<i>Ad do</i>	<i>Dannes Camiers</i>	<i>15.4.17 H.A. 8645</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-smith, &c.
(B99129) W 15012-5156 J. P. & Co., Ltd. Forms D102/3. [P.T.O.]

3161 pte. Matthews, W.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	for Braydel	Invalided to England		22.4.17	W 3083

[Signature]
FOR

O, i/c No. 1 Reg. Infantry Section
G.H.Q. 3rd Echelon

[Signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

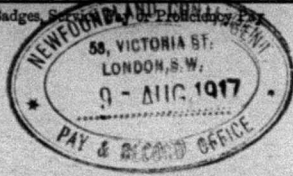
W. P. Grimshaw & Sons Ltd., Printers, Old Bailey, E.C. 4.
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 Forms B. 121. 41.

Regiment of 2/1st Newfoundland

Number of Sheet 1

Signature of O. C. Company W. Rendell

Andy. H. Coy.

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges			
No.	<u>2161</u>	Age on	<u>21</u> years	months	<u>Paper Maker</u>				
Joined	Date	Place and Date of Enlistment	<u>St. John's Nfld. 23 1916</u>		Religion				
Joined	Date	Period of	with Colours <u>1 1/4</u> years.		Place of Birth				
Joined	Date		with Reserve <u>3 1/2</u> years.					<u>Grand Falls</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
<u>Proton on Ave</u>	<u>1916</u> <u>27.4.16</u>	<u>Pte</u>	<u>1</u>	<u>Drunk & disorderly</u>	<u>Lt. Thelaw</u>	<u>Admonished</u>	<u>29.4.16</u>	<u>Major W. Rendell</u>	<u>G.S.</u>
<u>Accourse</u>	<u>May 26</u>	<u>"</u>		<u>Absent from Tattoo until 10.30 pm.</u>	<u>Corp Mornell</u>	<u>7 days C. P.</u>	<u>27.5.16</u>	<u>Major W. Rendell</u>	<u>A.S.</u>
				<u>Medically Unfit</u>	<u>24 9</u>				

To be carried over

CERTIFIED TRUE COPY

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [6-6] W:017/2124 1000m 6/15as 93 50

Forms
 B. 121.
 39.

Regiment of 2/1st Newfoundland Regiment

Number of Sheet 1
 Signature of O. C. Company W. Rendell Cap
Cady & Co

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>2161</u>	Age on	<u>21</u> years <u>00</u> months	<u>Saper Maker</u>	
Joined _____ Date _____		Place and Date of Enlistment	<u>St. John's Nfld</u>	Religion	
Joined _____ Date _____			<u>Feb. 23rd 1916</u>	<u>R. C.</u>	
Joined _____ Date _____		Period of	with Colours	years.	Place of Birth
Joined _____ Date _____			with Reserve	years.	

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
	<u>1916</u>								
<u>Newton n. n. n.</u>	<u>27/4/16</u>	<u>Pte.</u>	<u>1</u>	<u>Drunk & Disorderly</u>	<u>Sgt. Whelan</u>	<u>Admonished</u>	<u>29/4/16</u>	<u>Major D. F. Rendell</u>	<u>s.b.a.</u>
<u>Racecourse</u>	<u>May 26</u>	<u>"</u>		<u>Absent from Duties until 10.30 P.M.</u>	<u>Cap. Rendell</u>	<u>7 Days C. B.</u>	<u>27/4/16</u>	<u>Major W. F. Rendell</u>	<u>abs.</u>

COPY SENT TO
 O. C. H. Q.
 ST. JOHNS, N. F. L. D.
 N. F. P. 38 No. 806/96
 DATED 9 - AUG 1917

To be carried over

Army Form B. 121.