

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Oletha Mayo
 Apparent age 20 years 11 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks.....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Mayo
Samuel Bulls Cove | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon forwards G.C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>8-8-16</u> Joined at <u>St John's</u> on <u>August 8/16</u>									
<u>Discharged August 15/19</u>									
				<u>Embarked St John's St. George to Wexford 31-1-17</u>				<u>Embarked for Blk 11-6-17</u>	
				<u>Joined 15-6-17</u>				<u>Re-embarked 63 COS 1st 10-7</u>	
				<u>Attached to England 20-9-17</u>				<u>Admitted 28-9-17</u>	
				<u>Admitted 11 London</u>				<u>Embarked for 23-9-17</u>	
				<u>Attached 12th Depot 10-11-17</u>				<u>Embarked for 22-11-17</u>	
<u>Transferred from 3rd to 1st Depot 27-1-18 to St John's 1st Depot</u> <u>Transferred to 3rd to 1st Depot 16-5-19</u>								<u>Embarked for 27-5-19</u>	
<u>Demobilization St John's 15-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>15-8-19</u> [date of discharge] <u>3</u> years <u>8</u> days									
Pension " " " " " " " " " " " " " "									

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Mayo
 Apparent age 20 years 11 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks.....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Mayo
Samuel Bulls Cove Relationship Father
Business Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Regt. or Depot	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>8-8-16</u>				
				Joined at	<u>St John's on August 8/16</u>				
				<u>Discharged August 15 1919</u>					
				<u>Embarked St John's St George to Wonders</u>	<u>21-1-17</u>	<u>Embarked for 13th</u>	<u>11-6-17</u>	<u>Lisenbaker</u>	
				<u>Joined 12-6-17</u>	<u>12-6-17</u>	<u>Joined 12th</u>	<u>2-7-17</u>	<u>Admitted 63005</u>	<u>11-10-17</u>
				<u>Invalided to England</u>	<u>20-9-17</u>	<u>Admitted</u>	<u>4 London</u>	<u>Herbert Pension</u>	<u>20-9-17</u>
				<u>Attached command depot</u>	<u>10-11-17</u>	<u>Attached</u>	<u>11th Depot</u>	<u>20-11-17</u>	<u>Admitted 324</u>
				<u>Transferred from 2 Ltn</u>	<u>27-5-19</u>	<u>to St John's</u>	<u>Hospital Coy</u>	<u>Reg. disqualification</u>	<u>in the upper third of High.</u>
				<u>Transferred to 3 Ltn</u>	<u>16-5-19</u>	<u>to 13th</u>	<u>for discharge</u>	<u>27-5-19</u>	<u>Arrived 13th</u>
				<u>Demobilization at John's 15-8-1919</u>					
				Total Service forfeited as above.....					

Total Service towards Engagement to 15-8-19 (date of discharge) 3 years 8 days
 " " Pension " " " " " " " " " " " " "



FIRST NEWFOUNDLAND REGIMENT

Meth.

ATTESTATION OF

No. 3017 Name Hletcher Mayo Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Hletcher Mayo
2. What is your full Address? 2. Bulls Cove
Burin
3. Are you a British Subject? 3. ye
4. What is your age? 4. 20 Years 11 Months
5. What is your Trade or Calling? 5. Discharge
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. ye
9. Are you willing to be enlisted for General Service? 9. ye
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. ye

I, Hletcher Mayo do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

E. Aug 9/16 SIGNATURE OF RECRUIT.
Hletcher Mayo Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hletcher Mayo do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 5th day of August 1916.

Signature of Attesting Officer Chas. A. [Signature]

† 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 } Approving Officer.
Place

† 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)



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

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

Examination of *Fletcher Prays*
aged *20-11 mon* conducted at *C.H.P.*
Date: *Aug 8/16* Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no - no.*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *by Both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *no*

W. J. Burden

*5-4 1/2"
128 lbs
34-38"
400
Parents in Samuel Prays Burden
note.*

Signature of Medical Examiner:

W. J. Burden

C.F.

C.

3017

Fletcher Mayo was attested for General
Service with the NEWFOUNDLAND REGIMENT ON August 8th 1916
Regimental No. 3017 was allotted to Pte.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

J. Mayo

3014

P.R.O.



3 1st. NEWFOUNDLAND REGIMENT 13

ALLOTMENTS "

I, Fletcher Mayo, Regl. No. 3017

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 7 1/2 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 Aug 8th

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
				50
<u>2825</u>		Banks of Montreal in name of Fletcher Mayo, and. of Mrs Frances Mayo.	Bulls Bow Bourin	
		Molter		
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.) Chas R Cape Capt.
 Officer Commanding
 Company
Aug 10th.
S. Johns 191

(Sig.) Fletcher Mayo
 (Rank) pte

Capt. J. J. O'Grady
Head quarters St Johns. N.F.I.D.

Nov 10th /17

Dear Sir

please wire me the sum of £5
money in bank

11/3³ Sent

Pte Fletcher Mayo 3017

1ST N. WESMOUNTAIN REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	V 6728
Rec'd.	NOV 12 1917
Ack'd.	17/11/17
Ans'd.	
File No.	

BLANCHET	1st Lt J. L. D. Regt
Reb	Command depot
STATION	UPON Ripon North Yorks
DATE	

O/C
 Newfoundland Regt
 today 58 Victoria Street

~~To be Discharged from Hospital to~~ ~~tomorrow.~~

Victoria
P.W.

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.
1st Newfoundland Regt	C	3017	Pte Mays

The above man was admitted to the Hospital from
 force on 23rd Sept 17. He is now classified under
 1910/1916 II Command Depot and returned to
 you for disposal please.



Furlough to 9.11.17 11 Command
 A. J. Joseph
 MAJOR, R.A.M.C. (I.)



O/C
Newfoundland Mrs
today 58 Victoria Street

To be Discharged from Hospital to-morrow.

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.
1st Newfoundland	Reg C	3017	Pte <u>Mayo</u> W.

Victoria
P.W.

The above man was admitted to this Hospital from
France on 23rd Sept 17. He is now classified under
1910/1916 II. Command Depot and returned to
you for disposal please.



A. Foster
MAJOR, R.A.M.C. (F.)

Registrar, 4th London General Hospital.

No. 3017 Rank Plt Name Mayo J.

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			50
Net Rate			60

M.P.P./33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d					
						From	To								
4-1-6 Balance			4	6	Balance		8/6/17					10	9	✓	
Acquittance Rolls		3	17	0	Pay @ Net Rate	9/6/17	30/9/17	144	60	86	40	17	15	1	✓
Hospital Advances					Ration allow.										
A.B. 34					10 days @ 2/-	8/1/17	9/11/17	10	2			1	0	0	✓
P. & R.O. Payments					(15-4-4) ✓										
4-1-6 Cash Receipts No 4306	30/10/17	15	0	0											

19-5-10

CHECKED
 P.M.
 30/10/17

No.

Regtl. No. 3017

Rank Private

Name Mayo. A.

Regiment

Date from 31-10- 1917

to 9-11- 1917

To proceed to Deatland

I/c.....Hospital

Station

Date 30-10-17

Address whilst on furlough to which any orders will be sent.

Wey

123 18/9

Forms
G. 348
62



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

From

To Officer Commanding,
Comm'd. Depot,
No. 7, Company,
Ripon, Yorks.

To

*Paymaster, Newfoundland Contingent,
ANSWER, London.*

Pay and Record Office,

17th November, 1917.

*Ripon.
20-11-1917*

No. 3017, Pte Mayo, F.

1st Newfoundland Regt.,

With reference to the following telegram from the Hon. Minister of Militia, (6894) received 16 / 11 / 17,

"Pay to 3017 Mayo £5"

Draft £5 : 0 : 0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Receipt hereunder.

*S. P. Mather, Capt.
Officer Commanding, No. 7 Coy, N.F.C.D.*

Received the sum of £5-0-0

only on account of cable remittance from Newfou

A. A. Mearns

1st Paymaster & O. i/c. Records. Major.

*Fletcher Mayo
No. 3017, Rank Plt*

No.
1157

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM

SENT

FOR STAMPS

Prefix	Code	At	
WORDS	CHARGE	To	By
<i>W</i>		VIA ANGLO.	

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

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

12/11/17.

To E.F.M. CAPT. J.J. O'GRADY,
HEADQUARTERS, NEWFOUNDLAND REGT.
ST. JOHN'S (Newfoundland).

PLEASE WIRE ME FIVE POUNDS MONEY IN BANK.

3017, PRIVATE FLETCHER MAYO.



Authorised:

Charge 3017 Mayo.

21
2 1/2

43
10 1/2

52 1/2
4/4 1/2 ✓

NOT TO BE
TELEGRAPHED.

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

Signature

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

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

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

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

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

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

Part I.

A.F.W. 3977a has been sent to O.O.	A.F.W. 3977a has been sent to The Officer i/o Records, 59 Victoria St. Westminster	The Regimental Paymaster, Victoria St. Westminster
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The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 3014 Rank Private
 Name MAYO FLETCHER
 (Surname) (Christian names in full).
 Unit and Corps Royal Newfoundland
St. John's, Cap. King
 Station LONDON GENERAL HOSPITAL
 Date MEDICAL BOARD
28 NOV. 1918
 Officer i/o Hospital.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the time of the award of a gratuity, the Officer i/o Hospital has been instructed to complete each of the following particulars as the soldier can furnish. This information is required by the Officer i/o Records to enable him to verify the claim.

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

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

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

Station _____
 Date 191 _____
 Officer i/o Hospital.

Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

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

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

Part I.

A.F. W. 3977a has been sent to O.C.	The Officer i/c Records, <i>58 Victoria St Westminster</i>	A.F. W. 3977c has been sent to The Regimental Paymaster, <i>58 Victoria St Westminster</i>
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The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary documents, for the soldier.*

No. 3014 Rank Private
 Name MAYO FLETCHER
 (Surname) (Christian names in full).
 Unit and Corps Royal Newfoundland
8th Supply Coy R.A.M.C.
 Station NEWFOUNDLAND
BRD LONDON GENERAL HOSPITAL
MEDICAL BOARD.
 Date 28 NOV. 1918 * Strike out if inapplicable.
 Officer i/c Hospital.

HOWARDSWORTH NEWFOUNDLAND is repatriated abroad and is prepared to embark at the first available opportunity. The Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records:—

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

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

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

Part II.

Officer i/c Hospital,

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

Station _____
 Date _____ 191____
 Officer i/c _____ Records.

Letters should be addressed to—

The Secretary,
National Health Insurance
Commission (England),
Buckingham Gate,
London, S.W. 1.

NEWFOUNDLAND CONTINGENT, ENTERED.
OFFICE OF THE SECRETARY
1133
FEB 13 1919
NATIONAL HEALTH INSURANCE
COMMISSION (ENGLAND),
BUCKINGHAM GATE,
LONDON, S.W. 1.

Telegraphic Address:—
"REMEDYING, SOWSER, LONDON."

3rd February, 1919.

Please write at the head

of any reply:— DS/M/1619.

Sir,

I am directed by the National Health Insurance Commission (England) to refer to Part II of Army Council Instruction 1419 of 1918, and to state that in accordance with paragraph 5 of the Instruction the Commissioners have arranged for the treatment for tuberculosis of Fletcher Mayo, 3017 Pte. 2nd Royal Newfoundland Division, in respect of whom an application for sanatorium treatment under the special arrangements was furnished by the authorities of the 3rd London General Hospital, Wandsworth Common, S.W. The man was admitted to the St. Anthony's Hospital, Cheam, Surrey, on the 29th ultimo.

I am to inform you that the accounts in respect of the treatment will be rendered by the institution to this Department and that in accordance with paragraph 6 of the above Army Council

Instruction

The Officer in Charge of
Pay and Records,
Newfoundland Contingent,
58, Victoria Street,
S.W. 1.

F. J. C.

Instructions the cost of the
treatment in excess of one
month will be recovered by the
Commissioners from the Colony

I am, Sir,
Your obedient Servant,

J. N. Dark

Letters should be addressed to—

The Secretary
National Health Insurance
Commission (England),
Buckingham Gate,
London, S.W. 1.

NATIONAL HEALTH INSURANCE
COMMISSION (ENGLAND),

BUCKINGHAM GATE,

LONDON, S.W. 1.

Telegraphic Address:—

"REMEDYING, SOWEST, LONDON."

20th February 1919.

Please write at the head

of any reply:—

Sir,

D.S. 11/1819.

I am directed by the National Health Insurance Commission (England) to advert to yesterday's telephonic conversation with reference to the case of Fletcher Mayo 3017 Private 2nd Royal Newfoundland Division and to state that they are informed by the authorities of the St. Anthony's Hospital, Cheam, of which the man is at present an inmate, that the surgeon in charge of the case is of opinion that amputation of the leg is necessary and that the operation will be performed in a few days time. As intimated in the telephonic conversation referred to above the patient desires to be informed as to the arrangements to be made for the provision of an artificial limb and the Commissioners understand that you

Officer in Charge of Pay
and Records,
Newfoundland Contingent,
58, Victoria Street,
S.W. 1.

7
see tel. to Hooper
25/2/19.

you will be good enough to communicate
with the authorities at Roehampton
and with the Reverend Mother of
the St. Anthony's Hospital, with a
view to the necessary action being
taken in the matter.

I am, Sir,
Your obedient Servant,

James Aae

3508/1/R.&.C.

4th March,

9.

The Secretary,
National Health Insurance Commission, (England)
Buckingham Gate,
S.W. 1.

Sir,

3017 Pte. F. Mayo
Royal Newfoundland Regiment.

Referring to your D.S./M./1619 of 20/2/19 (1589)
on the subject of the above-named man: I beg to inform
you that application for his admission (when his condition
permits) to Roshampton House was made on 23/2/19 to the
Registrar, Thorney House, Smith Square, S.W. 1. *The Resd.
Mother of St. Anthony's Hosp. has been informed accordingly.*

I am,

Sir,

Your obedient servant,

Capt.,

HA/NV

For Chief Paymaster & O.i/c Records.

3508/1/R.&.G.

4th March,

9.

The Secretary,
National Health Insurance Commission, (England)
Buckingham Gate,
S.W. 1.

Sir,

3017 Pte. F. Mayo
Royal Newfoundland Regiment.

Referring to your D.S./M./1619 of 20/2/19 (1589)
on the subject of the above-named man: I beg to inform
you that application for his admission (when his condition
permits) to Roehampton House was made on 23/2/19 to the
Registrar, Thorney House, Smith Square, S.W. 1. *The Res?*
Mother of F. Mayo, Hosp. has been informed
accordingly

I am,

Sir,

Your obedient servant,

Capt.,

HA/NV

For Chief Paymaster & O.i/c Records.

5509/1/R.&.C.

4th March,

9.

The Reverend Mother,
St. Anthony's Hospital,
Cheam.

Madam,

3017, Pte. F. Mayo
Royal Newfoundland Regiment.

Application was made, on 22/2/19 for the admission of the above-named man to Roshampton House when he is ready to be fitted with an artificial leg. This was done at the request of The Secretary, National Health Insurance Commission.

Will you be good enough to inform me of Pte. Mayo's present condition, and of the precise nature of the operation? And will you kindly state when his condition will probably permit of the fitting?

I am,

Madam,

Your obedient Servant,

Capt.,

For Chief Paymaster & O.i/o Records.

HA/NV

3509/1/R.&G.

4th March,

9.

The Reverend Mother,
St. Anthony's Hospital,
Cheam.

Madam,

3017, Pte. F. Mayo
Royal Newfoundland Regiment.

Application was made, on 22/2/19 for the admission of the above-named man to Roehampton House when he is ready to be fitted with an artificial leg. This was done at the request of The Secretary, National Health Insurance Commission.

Will you be good enough to inform me of Pte. Mayo's present condition, and of the precise nature of the operation? And will you kindly state when his condition will probably permit of the fitting?

I am,

Madam,

Your obedient Servant,

Capt.,

For Chief Paymaster & O.i/c Records.

HA/NV

3121/1/R.&.C.

23rd February, 9.

The Registrar,
Thorney House,
Smith Square, S.W. 1.

Sir,

3017 Pte. F. Mayo
Royal Newfoundland Regt.

I am informed by the National Health Insurance Commission (England) that the above-named man, who is presently at St. Anthony's Hospital, Cheam, will shortly have a leg amputated. Will you be good enough to inform me if it is possible to provide this man with an artificial limb when he is ready to be fitted, and if so, when he could be admitted to Roehampton House?

I am,

Sir,

Your obedient servant,

Capt.,

For Chief Paymaster & O.I/c Records.

HA/NV

SH/

Any further communication on this subject should be addressed to—

The Secretary,
War Office,
Adastral House,
Victoria Embankment, E.C. 4,
and the following number quoted.

NEWFOUNDLAND CONTINGENT,
WAR OFFICE.

1795

War Office,

Adastral House,

Victoria Embankment,

E.C. 4.

27th. February, 1919.

A.M.D.2a/6097.

Sir,

With reference to your letter dated the 23rd instant number 3121/1/R & C addressed to the Registrar, Central Registry for Limbless Soldiers regarding No. 3017 Private F. Mays, Royal Newfoundland Regiment, I am directed to inform you that St. Anthony's Hospital, Cheam, is not shown on the official list of Military Hospitals, and to enquire whether you can please say how this man came to be admitted thereto.

I am also to enquire whether arrangements should be made for his transfer to the 3rd London General Hospital, Wandsworth Common, for operative treatment, and when ready for fitting of an artificial limb he should be transferred to Queen Mary's Convalescent Auxiliary Hospital, Roehampton.

I am,
Sir,

Your obedient Servant,

O'Hallie

Major,
for Director General,
Army Medical Service.

The Officer in Charge Records,
Newfoundland Contingent,
58, Victoria Street,
S.W.1.

Letter A.M.D. 2a/6097, from
Secy W.O. Adair House, dated
7/3/19 with H.S.B.

2 15/3/19

3465/94/R.&.G.

3rd March,

9.

The Secretary,
War Office,
Adastral House,
Embankment, E.C. 4.

Sir,

3017 Pte. P. Mayo
Royal Newfoundland Regiment.

With reference to your letter A.M.D.2A/6097 of 27/2/19 (1785) on the subject of the above-named man: I beg to state that Pte. Mayo was admitted to St. Anthony's Hospital, Okeham ~~am~~ from the 3rd London General Hospital on 29/1/19 suffering from tuberculosis, on the authority of the National Health Insurance Commission.

I enclose copy of letter dated 20/2/19 (1589) from the National Health Commission for your information.

It may be observed that in the case of Newfoundlanders, soldiers admitted to Sanatoria are not finally discharged until they return to the Dominion, and are still regarded as soldiers. In the circumstances, would it be possible, please, to arrange for the admission of Pte. Mayo to Roehampton House, ^{11, 12, 13} from St. Anthony's Hospital, where the operation is being, or possibly has been already performed?

I am,

Sir,

Your obedient servant,

Capt.,

For Chief Paymaster & C.i/o Records.

HA/NV

3rd March,

The Secretary,
War Office,
Adastral House,
Embankment, E.C. 4.

Sir,

3017 Pte. F. Mayo
Royal Newfoundland Regiment.

With reference to your letter A.M.D.2A/6097 of 27/2/19 (1785) on the subject of the above-named man: I beg to state that Pte. Mayo was admitted to St. Anthony's Hospital, Cheam ~~xx~~ from the 3rd London General Hospital on 29/1/19 suffering from tuberculosis, on the authority of the National Health Insurance Commission.

I enclose copy of letter dated 20/2/19 (1589) from the National Health Commission for your information.

It may be observed that in the case of Newfoundlanders, soldiers admitted to Sanatoria are not finally discharged until they return to the Dominion, and are still regarded as soldiers. In the circumstances, would it be possible, please, to arrange for the admission of Pte. Mayo to Roehampton House, ^{discharge} from St. Anthony's Hospital, where the operation is being, or possibly has been already performed?

I am,

Sir,

Your obedient servant,

Capt.,

For Chief Paymaster & O.I/c Records.

3rd March,

The Secretary,
War Office,
Adastral House,
Embankment, E.C. 4.

Sir,

3017 Pte. F. Mayo
Royal Newfoundland Regiment.

With reference to your letter A.M.D.2A/6097 of 27/2/19 (1785) on the subject of the above-named man: I beg to state that Pte. Mayo was admitted to St. Anthony's Hospital, Chelsea from the 3rd London General Hospital on 29/1/19 suffering from tuberculosis, on the authority of the National Health Insurance Commission.

I enclose copy of letter dated 20/2/19 (1589) from the National Health Commission for your information.

It may be observed that in the case of Newfoundlanders, soldiers admitted to Sanatoria are not finally discharged until they return to the Dominion, and are still regarded as soldiers. In the circumstances, would it be possible, please, to arrange for the admission of Pte. Mayo to Roehampton House, from St. Anthony's Hospital, where the operation is being, or possibly has been already performed?

I am,

Sir,

Your obedient servant,

Capt..

For Chief Paymaster & O.i/c Records.

COPY

NATIONAL HEALTH INSURANCE
COMMISSION (England)
Buckingham Gate,
London, S.W. 1.

20th February, 1919.

D.S./M./1619.

Sir,

I am directed by the National Health Insurance Commission (England) to advert to yesterday's telephonic conversation with reference to the case of Fletcher Maye 3017 Private 2nd Royal Newfoundland Division and to state that they are informed by the authorities of the St. Anthony's Hospital, Qheam, of which the man is at present an inmate, that the surgeon in charge of the case is of opinion that amputation of the leg is necessary and that the operation will be performed in a few days time. As intimated in the telephonic conversation referred to above the patient desires to be informed as to the arrangements to be made for the provision of an artificial limb and the Commissioners understand that you will be good enough to communicate with the authorities at Roehampton and with the Reverend Mother of the St. Anthony's Hospital, with a view to the necessary action being taken in the matter.

I am,

Sir,

Your obedient servant,

(Sgd) JAMES RAE.

Officer in Charge of Pay & Records,
Newfoundland Contingent,
58, Victoria Street,
S.W. 1.

1589
21/2/19

~~Translat~~ Extract Cable No.88, 21/2/19, to Minister of Militia:-

3017 Mayo- suffering from- Tuberculosis- he will have-
amputation of- leg- soon.

7-4-19.

Dear Sir.

3017. Plé. F. Inago.
Royal Newfoundland Regiment

This man has had amputation ¹⁹⁸⁸ of leg in the upper $\frac{1}{3}$ of thigh, only 2 weeks ago. he is making good progress but will not be fit to go to Roehampton House for fitting for a couple of months yet. Our doctor will notify you when he is fit for the journey.

Yours truly

S. Mc for Rev Mother.

Wm. J. Mc
10/10/19

Admitted 16.5.19.

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200)

No. _____ Date 19-5-19 1919
* (1) To the Officer i/c Records 58 Victoria St
R. Ryd. Winchester
* (2) The Officer Commanding 58 Victoria St Station
* (3) The Paymaster

* Strike out that which is inapplicable.

Regimental No. 3017

Rank and Name Pte Mayo. J.

Regiment or Corps R. Ryd.

has been transferred on 19-5-19
on leave from to

His address while on leave will be Western General Hosp.
Fazakerley, Sverpool

Nearest Railway Station Sverpool

I consider he is fit for

- I. DUTY
- II. COMMAND DEPOT.
- III. EMPLOYMENT.

* Strike out that which is inapplicable

Officer in charge. John G. Hospital.
Registrar, R.A.M.C.I. Station.

Four copies to be made, and one copy sent to the London General Hospital, in the office.

In the case of men of the Royal Air Force, two copies of Army Form W.3016 will be sent to the Officer in charge RAF concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

C.R. 3017

Extract from casualties from Pay & Record Office, London

Dated 19/5/19.

3017 Pte. F. Mayo

was transferred from St. Anthony Hospital, Cheam, Surrey,
to the 3rd London General Hospital on 16/5/19.

Authority:

Memo from 3rd. L.G.H.

C.R. 3017

Extract from casualties from Pay & Record Office, London
dated 23/5/19.

The undermentioned was transferred from 3rd London
General Hospital to 1st Western G. Hospital,
Liverpool, on 18/5/19.

3017 Pte. F. Mayo.

Authority:

A.Fs. W.3016 from 3rd L.G.H.

C.R. 3017

Extract from Medical Board held on Thursday July 24th, 1919.

3017 Pte. Mayo, F.

Recommended discharge from the Army.

REMAIN IN ESCASONI HOSPITAL.

C.R. 3017

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 9th 1919.

The discharge of the undernoted on demobilization has been

APPROVED by U.C. Discharge Depot from noted date

1-8-19.

3017, Pte. F. Mayo.

C.R.3017

Extract from Daily Orders Part II Royal Newfoundland
Regiment dated June 18th 1919.. Depot St. John's.

Admitted to Escasoni Hospital 1/6/19.

3017, Pte. F. Mayo.

C.R. 3017

Extract from daily orders part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 2nd 1919.

The discharge of the undernoted on demobilisation has been
CONTINUED by Officer A/c Records from noted date 15-2-19.

3017, Pte. Fletcher Mayo.

C.R. 3017

Extract from Rally Orders Part 11 Depot, St. John's,

Date June 18th 1919.

3017, Pte. B. Mayo.

Reported at Headquarters 1/6/19.

nr "Corsican"

which sailed Liverpool. May 22/1919.

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	Red	By	Sent	by	Check

Dated

May 14th 1919

To

Samuel Mayo, Burin

Draft leaves United Kingdom about May 20th list of names of those in draft will be published in daily papers as soon as received.

J. R. Bennett,

Minister of Militia

C.R. 3017

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by Ry Rec'd by Check 22 No.

Place from St John

To J.P. Bennett



When do you expect
Johes Fletcher and James
Mays to arrive St Johns
please wire reply
would like to meet
them at St Johns
Samuel Mays

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

CR 3011

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.

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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 NEW

Line Number	Red	By	Sent	by	Check

Dated

Mar 14th, 1919

To

Samuel Mayo, Bulls Cove, Burin

Regret to inform you that Record Office, London,
officially reports **Ms. 3017, Private Fletcher**
Mayo progressing satisfactorily

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

J.R. Bennett

Chgo Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.N. 3017

Extract from Telegram received from Synoptical, London,
Mar. 12th, 1919.

Progressing satisfactorily 3017 Hays.

CR 3017

Extract from Casualties received from Pay & Record
Office, Mar. 10th, 1919.

3017 Pte. F. Mayo.

Had amputation of leg in the upper third of thigh
about 2 weeks ago at St. Anthony's Hospital, Cheam,
Surrey. He is making good progress.

C.R. 3017

February 22nd., 1919.

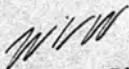
Samuel Mayo, Esq.,
Bulls Cove,
Burin.

Dear Mr. Mayo.

I regret to inform you that we have been advised by cable from War Pay and Record Office, London that your son #3017 Private Fletcher Mayo is suffering from tuberculosis and will have his leg amputated very soon.

Any further information that we get concerning him will at once be communicated to you.

Yours faithfully,


Lieut.
CASUALTY OFFICER.

WW/BC.

C.R. 3017

Extract from Telegram from SYN. TO MIL. dated Feb. 21st. 1919.

3017 Mayo suffering from Tuberculosis will have
amputation of leg soon.

G.R. 3017

Extract from CASUALTIES Received from Pay and Record Office,
London, dated 21st., February 1919.

3017 Pte F. Mayo, now at St. Anthony's Hospital, Cheam,
suffering from tuberculosis, will shortly have a leg
amputated.

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NEWFOUNDLAND CONTINGENT.

C.R. 3017

CASUALTIES.

Transferred ex 3rd.London General Hospital to St.Anthony Hospital,

Cheam, Surrey, 29/1/19:-

3017. Pte. Mayo, F. 2nd.R.Nfld.

Authority:- Memo. from O.C.Hospital.

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NEWFOUNDLAND CONTINGENT.

C.R. 3017

CASUALTIES.

3017 Pte. Mayo, was transferred from the 3rd. London General Hospital to St. Anthony's Hospital, Okeham, Surrey, on 29/1/19.

AUTHORITY:- Letter from National Health Insurance Commission dated 3/2/19 (1133).

C.R. 3117

May 16th, 1918.

Sammel Mayo Esq.,
Bulls Cove,
Burin.

Sir:-

Notification has been received by mail, that
your son #3017 Pte Fletcher Mayo, was admitted Wandsworth
Feb. 26th, suffering from Synovitis.

Yours faithfully,



Major,

Chief Staff Officer.

C.R. 3017

Extract from CASUALTIES from P.&R.O., London, dated 28th. Feb.
1918.

O.C., 3rd London General Hospital, S W. 18, reports 27/2/18. (2nd. Bn.
from Winchester.)

Admitted Hospital 26/1/18. Nature of Casualties not stated:

3017 Pte. F. Mayo

2nd. Bn. Royal Wfld. Regt.

Authority: Memo from 3rd L.G.H;

STANDFORD BOND

C.R. - 3017

Extract of Casualties received from pay & Record Office,
London, dated February 28, 1918.

O.C. 3rd London General Hospital, S.W.18, Reports 27/2/18.

#3017 Pte. F. Mayo. ✓

Admitted Hospital 26/1/18 Nature of Casualty not stated.

3017 Pte.F.Mayo.

Ext.of daily Orders part 2 from G.H.Q.

3rd.Echelon,6/10/17.

Invalided to England 23/9/17. Sick

For information see file Daily Orders,Nfld Regt.

Letter No.4357.

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 _____ Address _____

Line Number _____	Red _____	By _____	Sent _____	by _____	Check _____
-------------------	-----------	----------	------------	----------	-------------

Dated **September 27, 1917.**

To **Mr. Samuel Mayo,
Bull's Cove,
Burin.**

Regret to inform you that Record Office London, officially reports **No. 3017, Private Fletcher Mayo, is at Fourth London General Hospital suffering from a severe attack of pleurisy.**
Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

JOHN R. BENNETT, R.A. SQUIRES
Colonial Secretary.

FOR TYPEWRITER

3017, Pte. Fletcher Mayo. ~

Ext. of Casualty list received Sept 27, 1917.

Pleurisy Severe. at 4th London General Hospital.

C.R. 3017

Extract from Serial Roll of Draft No. 25; embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.C.F.

3017 Pte. Mayo. F.

MP.

C.R. 3017

Extract of Nominal Roll of Officers and men embarked St. John's

Sl-7-17 Sailed Halifax 16-4-17. S. S. AUSONIA.

#3017 Pte. F. Mayo.

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

MEDICAL HISTORY

OF

Surname Mayo Christian Name Blatchley

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 8 th day of Aug 1916	at St John's R.F.	on 13 JUN 1917	at 55, VICTORIA ST. LONDON, S.W.
Declared Age	20 years 11 months		1 - NOV 1917	days
Trade or Occupation	Fitterman		PAY & RECORD OFFICE	
Height	5 feet 4 1/2 inches		inches	
Weight	120 lbs.		lbs.	
Chest Measurement	Grith when fully expanded	35 1/4 inches	inches	
	Range of Expansion	4 1/4 inches	inches	
Physical Development			PAY & RECORD OFFICE	
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V=	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)	L. M. P. Paterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's R.F.	at		
	on 5 th day of Aug 1916	on	day of	191
Joined on Enlistment	Corps.	Regt. No.	Corps.	Regt. No.
	R. F. 10 Regt.	3017		
Transferred to	R. F. 10 Regt.			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

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



Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4th LONDON GENERAL HOSPITAL R.A.M.C. DENMARK HILL S.E. 6	23	9	17	30	10	17	Pleurisy	37	Patient complained of acute pain in left side. He had nausea and headache. Signs of pleurisy with effusions Res. Cond. No pain or P.S. noted. Hospital treatment. Discharged to Command Depot 10 days leave.	<i>J. Harebell</i> CAPTAIN, R.A.M.C. (T.), Assistant Surgeon 4th London G.
3rd London General Hospital, WANDSWORTH, S.W.	26	2	18				Tuberculosis of knee		Board held in overtop Disability Tuberculosis of R knee joint uniformly protracted Cause—Aggravated by disease (not possibly constitutional). Treatment none	<i>W. H. M. G. C. P. O. S. W.</i> 3rd London General Hospital WANDSWORTH, S.W.

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

Date	Brief Details, and Signature
21-8-16	} T.A.B. <i>SP</i> 3 <i>SP</i> <i>SP</i>
15-11-16	
20-11-16	
12-9-16	Vaccination <i>SP</i>
7-7-18	Boarded Permanently unfit. <i>Missing by capture.</i> No. 7 3rd London General Hospital, WANDSWORTH, S.W.

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
S.S. <i>Thorge</i>	Jan 31	Feb 3			
Windsor 15	Feb 3	1917 16.4.17			
S.S. <i>Armonia</i>	16.4.17				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.Number of Sheets *1/2*Regiment of *1st Newfoundland*Signature of O. C. Company *W. K. Dyer Capt*

Regimental Number and Name			Enlistment		Trade <i>Seaman</i>	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3077 Mayo 3rd</i>		Age on	months		
Joined	Date		Place and Date	of Enlistment	Religion	
Joined	Date		<i>St. John's, N.S.</i>		<i>U.C.T.</i>	
Joined	Date		<i>8.8.16</i>		Place of Birth	
Joined	Date		Period of	{ with Colours years.		
				{ with Reserve years.		

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
<i>St. Johns.</i>	<i>27/10/16</i>	<i>Pvt.</i>		<i>absent without leave from 7pm Parade.</i>	<i>Co Bennet</i>	<i>2 days C.B.</i>	<i>29/1/16</i>	<i>G. Y. Garty Major</i>	<i>forfeit 1 day Pay Red</i>
<i>St. Johns.</i>	<i>19/11/16</i>	<i>Pvt.</i>		<i>absent from 10am Parade to 9am 20-11-16</i>	<i>Capt. Kern</i>	<i>3 days C.B.</i>	<i>29/1/16</i>	<i>G. Y. Garty Major</i>	<i>forfeit 2 days Pay Red</i>
To be carried over									

Army Form B. 121.

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

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

1. Unit and Corps. Royal Newfoundland.....
2. Regtl. No. 3047. 3. Rank. Pvt......
4. Name Mayo..... Fletcher.....
(Surname) (Christian Names)
5. Age last birthday. 23.....
6. Posted for duty on 8.8.16 at St. John.....
in category (or grade) A1.....
7. Former Trade or Occupation } Fisherman
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

COPIES SENT		
TO	NO.	DATE
M. OF M.		<u>20/6/19</u>
D.C. 1ST. BN.		
" 2ND. BN.		

(b) Date of Discharge;
(c) Cause of Discharge.

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

Statement of Case.

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

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

TUBERCULOSIS OF RIGHT KNEE

11. Date of origin of disability. About November 1917.
12. Place of origin of disability. Scotland.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- Whilst on furlough his knee became swollen and painful. It got worse and he was admitted into Hospital on February 26th, 1918. He has been laid up ever since, the knee never substantially improving.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service.. .. . | No. | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition ?

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

The knee is uniformly en-aign'd, is tender to touch, and subjectively painful. No treatment local or otherwise has any material effects. The man has a poor cachexia.

16. Was an operation performed? If so, when and what was its nature? No

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? NOT APPLICABLE.

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

H.C.S. Carlyole Capt.

Medical Officer in charge of case.

Station

Date 7.2.8.

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

Tuberculous Arthritis R. Knee.
Joint improving uniformly swollen

(b) The present condition thereof.

Confined to bed.

22. State whether the disabilities are:—

(i) Service during the present war

(a) Attributable to

(b) Aggravated by

No.

Yes

(ii) Previous active service

(iii) Climate in pre-war service

(iv.) Ordinary military service before the war ..

(v.) Serious negligence or misconduct on the part of the soldier

Give details:

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

constitutional

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

(a) How long is the present degree of disability likely to last?

Twelve months.

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

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

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

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

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

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

- (a) An attendant for his journey home? YES.
- (b) Transport from railway station to his home? YES.
- (c) The constant attendance of another person in his own home? No.

Signatures:—

G. Gore-Gillon Lt. Col. (President or Chairman) P.A.M.O.

Station Wandsworth S.W.

W.E. Wynter Major. P.A.M.O. Members.

Date 7.12.18

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

Station Wandsworth S.W. J. B. Somers Major. Officer in charge, Central Hospital. Only applicable in cases of Patients in Hospitals.

Date 9/12/18

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

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

Station

O.C. Discharge Centre.

Date

MEDICAL TRANSFER CERTIFICATE. (To accompany a Man Transferred from one Hospital to another).

Army Book 172

Extract from Admission and Discharge Book of..... Hospital at **LONDON GENERAL HOSPITAL** **WANDSWORTH**..... Date.....

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	<i>Bluffs</i>		<i>307</i>	<i>PIK Mayo F.</i>	<i>21</i>	<i>1 7/12</i>		<i>16/5/19</i>	<i>18/5/19</i>		<i>T.B. Knu left Camp.</i>	<i>19 W. Gen Hosp Fayshley.</i>

State whether the Patient

- (a) Was transferred from an Expeditionary Force.....
- (b) Has already been granted 10 days furlough.....
- (c) Was admitted whilst on short leave from Overseas.....
- (d) Was admitted from a Home Service Unit.....

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

W. Mayo
Wandsworth

Medical Officer in Charge

Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

STATEMENT showing the Articles in possession of (*Regimental No.*,

Rank and Name) 3014 Pte Mayo

proceeding from the Rn Ald.

to the _____

Date of Enlistment _____ Date of Transfer 17 MAY 1919

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station _____
Commanding Squadron, Battery, &c.

Date _____ *Proctor*
Dr. Mr. R.A.M.C.I.

(2) Station _____
3rd Genl Hospital, is leaving
Royal Victoria Patriotic School,
WANDSWORTH.
Battery, or Company.

Date 17 MAY 1919 _____
Name of Unit man is joining.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3017.	Pte.	Mayo	Z.
Year	Unit.	Age.	Service.	
	R. Newfoundland.	21.	1 7/12	
Station and Date.	Disease	Tuberculous disease of knee L.		
16. 5. 19	Sent here by order of J. D. W. to await transfer to Liverpool for repatriation. Since discharge from this hospital 25-1-19 to 5 ² Anthony's Hoapl. Cream has had leg amputated above knee no notes received from Cream			

Empy

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

MEDICAL HISTORY of

Surname Mayo

Christian Name J.

TABLE I.—General Table.

Birthplace { Parish _____
County _____

Examined { on ____ day of ____ 191____
at _____

Declared Age _____ years _____ days.

Trade or Occupation _____

Height _____ feet _____ inches.

Weight _____ lbs.

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

Physical Development _____

Vaccination Marks { Arm RIGHT | _____
LEFT | _____
Number _____ | _____

When Vaccinated _____

Vision { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease—

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

Approved by _____
Rank _____
Medical Officer.

Enlisted { at _____
on ____ day of ____ 191____

Joined on enlistment { Corps Newfounders
Regt. No. 3014

Transferred to { _____

Became non-effective by _____
on ____ day of ____ 191____
(Signature) _____
(Rank) _____

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

Date	Brief details, and Signature
<u>24.11.14</u>	<u>Col. Atter</u> <u>M.O. i/c Northern Command</u> <u>RIPON.</u>

TABLE IV.—Service Table.

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

Original

10

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

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

1. Unit and Corps... *Royal Newfoundland Land Regt.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *3017* 3. Rank... *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *MAYO Hatcher* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *23*
6. Posted for duty on, *8/8/16* at... *St. John's* in category (or grade)... *A.1*
8. If the disability is an injury was it caused
(a) in action (b) on field service (c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

Tuberculous lesion of right knee.

11. Date of origin of disability. *About November 1917.*
12. Place of origin of disability. *Scotland.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Witch of the Fox caught his knee because swollen, painful. It got worse and the man was admitted into hospital on Feb 26, 1918. He has been laid up ever since. The knee never substantially improving.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *ho.* *Yes*
- (ii.) Previous active service } }
- (iii.) Climate in pre-war service } }
- (iv.) Ordinary military service before the war } *ho.* }
- (v.) Serious negligence or misconduct on the } }
man's part.
- 14 (a). If not due to any of these causes, to what } *Constitutional.*
specific condition do you attribute it ?

In all cases such as facial injury, ear, nose and throat, disability, etc., a specialist's report is to be attached with radiographs where possible and in cases of amputation the exact position should be stated.

15. What is his present condition ?

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

The knee is uniformly enlarged, is tender to touch and subjectively painful. No treatment local or otherwise has any material effect. The man has a poor Calcevia.

16. Was an operation performed ? If so, when and what was its nature ? *ho*
17. If not, was an operation advised and declined ? *✓*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? *Not applicable.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? *✓*

20. Do you recommend—

(a) Discharge as permanently unfit ? *Yes.*

(b) Change to United Kingdom ?

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

H. B. Carlyle Capt. 56
Medical Officer in charge of case.

Station *Manama*

Date *5/1/18*

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

Tuberculous Arthritis R.K.M.
Joint uniformly swollen
Confined to bed.

22. State whether the disabilities are:—

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

(a) Attributable to

(b) Aggravated by

no *Y. 26*

.....

.....

.....

.....

.....

Give details:

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

Constitutional

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

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

Twelve months

✓

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

100

20%

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

yes

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

yes
 yes

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

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

yes

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

29. Does the soldier require:—

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

yes
 yes
 no

Signatures

W. E. D. J. Major President or Chairman

Station *Wandsworth*
 Date *7.12.18*

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

Station *Wandsworth 8518* *W. E. D. J. Major* Officer in charge, Central Hospital
 Date *9/12/18*

OR
 Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 Insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T).

Station
 Date
 O.C. Discharge Centre.

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

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

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

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

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

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

PART A. Soldier's Name Mayo (Surname) Fletcher (Christian names in full)

Unit from which discharged Royal Newfoundland

Regimental Number 3017 Rank on discharge P.C. Age on discharge 23

Married, widower with children, or single single

Occupation before enlistment Fisherman

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

Nature and locality of employment desired as above Nfld.

Full postal address to which proceeding on discharge Burin - Bulls Cove - Newfoundland

Name of Approved Society (if any)

PART B.

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

Number of G.C. badges medals

PART C. Wounds and actions in which received

PART D. Where born (parish, town and county), and date Burin - Nfld 6/9/1895

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

Christian name of father James

Christian name of mother Francis

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

[P.T.O.]

Wife's maiden name in full
Date and place of marriage

N/A

Christian names
of children and
dates of birth

N/A

Date and place of 1st enlistment

8/8/16 St John's Wld

Figure on discharge

Slim 5' 5"

Descriptive and other distinguishing marks

2 scars marks lt arm

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

(Signature in full)

Edith Hoare

Rank

Pte

Station

Wardsworth

Date

2/12/18

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

G. G. Gillen Adkams (Rank) Adkams
O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
is inapplicable.

Military character

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

Station

3rd London General Hospital Wardsworth

Date

2/12/18

191

* Insert P, or P(T).

Officer i/c Records.

To be attached to Page 2 of A.F. B. 179A. A.F. B. 179P. (Additional).

The answer to this question 16 should be copied from A.F. B. 179A and signed by the Officer in Medical charge of the case and the Officer in charge of Hospital before the papers are despatched from the Hospital.

16. Was an operation performed? *no*

If so, what?.....

Date.....*2/21/09*.....

[Signature]
.....
Officer in Medical charge of
case.

To be detached and handed to
the man on his discharge
from the Hospital.

.....
Officer in charge of Central
Hospital.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

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

Regimental No. 3017.....Rank Pte.....Name Mays.....
(Surname)Plate hier.....
(Christian Names)Unit and
Corps} Royal West Surrey
Regt

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

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

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

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

Served in France four months during this war

- (b) In what capacity?

Infantry

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

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

Synovitis right knee
Started 3/11/17
don't know the cause of it

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

3rd London general Hospital
Wandsworth
London SW

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

No

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

None

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

None

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

H. A. Buffett Grand Bank
Fortune Bay
Newfoundland

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

fisherman

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

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

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

Station 3rd London general Hospital Wandsworth Signed (Soldier) F. C. Tucker Mays

Date 2/12/18 Signed _____

Mary F.

3017

Pay Dept

August 18, 1919

#3017 Pte. F. Mays,
Harber Grace.

Dear Sir:-

Please find enclosed Discharge Certificate #3788.

Yours truly

Captain & Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3017 Rank. Private Name. Mays J.
 Intended place of residence. Harbor Grace
 2. Occupation Fisherman
 Classification of soldier. B Medical Category. C

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date ~~JUL 28 1919~~ 1-8-19

H. Mays Lt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 1-8-19

J. Mays
 Signature of soldier

J. A. Mays Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 28-7-19

J. Mays
 Signature of soldier

W. A. Mays Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 8-8-15 No. of days on Military
 Discharged from service. 28-7-19 Plus 14 days Service. 1469

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date Aug 15 1919

H. R. Cooper Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 15/1919

J. M. Bowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

UFR 20791 2258

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 3074 Rank Plt Name Mayo J
 Date of Enlistment August 3rd 1915 Address St. John's District St. John's
 Occupation Tradesman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating Total white in Neck
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122	Board 1st.	" 2.	3
B 178a	D 400A	B 1915	do 2nd.	" 3.	
B 179	D 400B	Form L.	do 3rd.	" 4.	
B 179a	D 400C	Form K.	do 4th.	" 5.	
B 179b	B 103	ME 2.		" 6.	
B 179c	B 120	M 93			

Date July 26th 1919

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Mayo

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied Shawls

Date 29-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at St. Grace and Release Certificate No. 3779 issued.

Date 1-8-19

J. H. Sawloff
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 15-8-19

Date 1-8-19

H. M. Wurst
Depot Paymaster

Discharge approved for 1-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	2
B 179a	D 400C	Form K	do 4th	" 5	2
B 179b	B 103	ME 2		" 6	2
B 179c	B 120	M 93			2

2 forms B

Date 1-8-19

J. H. Sawloff
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date AUG 1 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



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

To resume former occupation
upon discharge from Hospital

J. Mayo

Signature of Man.

Reg. No. 2017

J. H. Brewster

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

28-7-19

191



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Mayo, Fletcher.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3017.*

Intended address *Hastings, Durin*

Height on discharge *5.* Feet *6."*

Color of hair on discharge *Light brown.*

Complexion *Fair.*

Color of eyes *Grey.*

Descriptive Marks *Amputation of R. leg.*

Figure on discharge *Small*

Christian name of Father *Samuel.*

Christian name of Mother *Francis*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bulls Cove Durin 6th Sept. 1895*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Fletcher Mayo*

(Rank) *Pte*

Station *St John* Date *1-8-19*

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.

Medical Officer of Hospital,
Unit, or Command Depot.

Station

Date

POSTAL DEPARTMENT, NEWFOUNDLAND.

Post Office at St. John's Aug 26/19

Department of Militia
St. John's

We received from your dept
last week a registered
letter addressed # 3019. To
St. Mayo - no person of
that name here as far as
we can ascertain. if
wrongly addressed please
send us the correct one
and we will forward
it

Respectfully Yours
John Foley
P.M.

Return
2



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps," "possibly," "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... **ST. JOHN'S**
Date..... **JULY 24th., 1919.**

1. Unit *Royal Newfoundland* 5. Age last birthday **23**
2. Regimental No. **3017** 6. Enlisted on **AUGUST 8th., 1915**
3. Rank **PRIVATE** at **HARBOUR GRACE**
4. Name **MAYO FLETCHER** 7. Former trade or occupation **FISHERMAN**

8. Disability

PULMONARY TUBERCULOSIS

9. History

IN FRANCE SEPT. 1917 DEVELOPED PLEURISY. WAS INVALIDED TO ENGLAND. REMAINED IN HOSPITAL FIVE WEEKS THEN GIVEN FURLOUGH AND REPORTED LATER COMMAND DEPOT. IN FEBRUARY 1918 ADMITTED HOSPITAL WITH TUBERCULOUS KNEE AND REMAINED THERE UNTIL FEBRUARY 1919 WHEN LEG WAS AMPUTATED ABOVE THE KNEE. WAS IN HOSPITAL UP TO THE TIME OF DEPARTURE FOR NEWFOUNDLAND

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

GENERAL CONDITION POOR. IS EMACIATED AND HAS NECROTIC FLUSH ABOUT CHEEKS. COMPLAINS OF TROUBLESOME COUGH IN MORNINGS WITH SLIGHT AMOUNT EXPECTORATION. PULSE 144. RESPIRATION 30. TEMP. 99. RESPIRATORY SYSTEM: CHEST MOVES FREELY ON RESPIRATION. VOCAL FREMITUS TO RIGHT SIDE. SOME DULNESS OVER LEFT APEX POSTERIORLY. BREATH SOUNDS OVER LEFT APEX REVEALS MOIST RALES AT HEIGHT OF INSPIRATION AND EXPIRATION PROLONGED. OVER RIGHT CHEST BREATH SOUNDS ARE HARSH IN CHARACTER. VOCAL RESONANCE ABOUT EQUAL OVER BOTH APICES. HEART NEGATIVE. SAVE SOMEWHAT RAPID.

RIGHT LEG HAS BEEN AMPUTATED ABOUT JUNCTION OF UPPER AND MIDDLE THIRDS. STUMP IN FAIR CONDITION BUT TOWARDS LATERAL SURFACE A PURULENT DISCHARGE PRESENT. HAS BEEN DISCHARGING SINCE OPERATION. OTHER WISE FAIRLY GOOD STUMP.

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ?

Signature (Sgd) J. B. GIBBILLY

Rank or Qualification CAPT.

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x be considered as aggravated by :-
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
- Remarks if any :-
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

YES

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **TOTAL WHILE IN HOSPITAL.**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **TOTAL WHILE IN HOSPITAL.**
- (State in percentage.)

Remarks if any :-

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is :- (a) Reasonable (b) Unreasonable

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to
- | |
|--|
| { General Hospital
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp. |
|--|

20. We recommend discharge from the Army
~~retention in~~

Remarks if any :-

REMAIN IN SANATORIUM (ESCASONI)

(SGD) L. PATERSON, MAJOR.

J. SINCLAIR FAIT

President

Signatures.....

J. B. O'RILEY.

Place ST. JOHN'S

Date JULY 24th., 1919.

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, MAJOR.

Administrative Medical Officer.

The Royal Newfoundland Regiment

Class for Demobilization:—

B

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 24/19

Regimental No.

3017

Name

Major Fletcher

Address

Barrie

Present Medical Category

E

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

O. C. Discharge Depot.

H. Peterson
Senior Medical Officer

M. O. Depot

DEPARTMENT OF MILITIA.

WAR SERVICE GRANTNEY.

St. John's, Newfoundland.

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

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

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

- Christian name *Fletcher*.....*Maps*
3. Rank.....*3017*.....4. Regtl. No.....
5. Address in full to which future payments of gratuity are to be forwarded.....*Burn, Burn District*
.....
6. Date of enlistment in the Regiment.....*Aug. 8/16*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
.....
8. Relationship of such dependents.....
.....
9. Address in full of such dependents.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service.....*Overseas*
.....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas.....*From Aug. 8/16 to Aug. 15/19*.....*1 1/2*

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

No

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.

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

No

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

No

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

No

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

No.

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

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

Aug. 15/19

Demobilization and wounds.

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....

France & Belgium - from June 1917 to Sept 23/17

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

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.

Signature of Applicant: *Hutches Mayo*
 Place of Residence: *Burin, Burin District*
 Declared before me at: *St John's, Nfld.*
 This *15th* day of *Oct* 19*19*.

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
Certified correct.				Paymaster

3 1st. NEWFOUNDLAND REGIMENT 13

ALLOTMENTS

I, Fletcher Mayo

, Regl. No. 3017

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty 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 Aug 8th/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2825		Bank of Montreal,		50
		in name of Fletcher Mayo,		
		and of Mrs Francis Mayo,	Bulls Cove	
		Mother	Burin	
			Total Allotment, \$	

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

(Sig.)

Chas. N. Ayles Copt.

Officer Commanding

Company

(Sig.)

Fletcher Mayo

(Rank)

pte

Aug 10th

St Johns 191

Feb. 14, 1920

Cashier,
Nfld. Government Savings Bank,
City

Dear Sir:-

I enclose five cheques for seventy
dollars (\$70.00) each, payable to: F. Mayo,
#3017, Royal Nfld. Regiment.

Please open Savings Bank account
for Mr. Mayo, and let me have "Pass Book"
for same.

Yours truly

Major

Pagmaster.

J. M. S.
Newbury

30.7 Mayo.

On balance up to this

20/5/19 £ 49-18-6.

AM 14⁰/19

~~OK~~
~~W~~

3017 7. Mayo is proceeding
home on leave -
woud not, with any pay,
due him be paid.

W. J. B. [Signature]

04. 10. '9

Tuberculosis Public Service

MEDICAL OFFICER
DR. H. RENDELL

THE SANATORIUM



P.O. Box 25, Water Street West
ST. JOHN'S, NEWFOUNDLAND

March 29th 1921₉

To the Militia Department.

No 3017 Private Mayo Fletcher
requires the su, of forty dollars for personal use.

H Rendell.

Recd Gov Savings Bank Book No 4858
Fletcher Mayo



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Dec 15th, 1919

WHEN REPLYING
QUOTE No. 3017

To: Major Howley, O.B.E
Paymaster

Dear Sir:-

I should be glad if you will make
a cheque payable against War Service Gratuity of No:
3017 Private Mayo. for the sum of \$55.00 to the order
of No.4557, Private. Healey, who is now in the M.I.D.
Hospital, Military Road

Yours truly

W. A. Reade

Lieut- Col.,

Chief Staff Officer.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 55⁰⁰

Dec 16 1919

Received from the First Newfoundland Regiment
the sum of Fifty five ⁰⁰ Dollars.
on account of Pay. 10²⁴ ^{paid}
balance of Ed. J. Healy, 18/12/19

CA. No.	24649	Initials	Ed
Pay Ledger	312	Initials	Ed
Gen. Ledger		Initials	

Regtl. No. 4557

Rank 1st Lt.

No. 3017.

Rank

Pt

Name

F Mayo

A. E. Healey No 4557

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 242 ⁹⁶/₁₀₀

Oct 14 19 19

Received from the First Newfoundland Regiment
the sum of two hundred forty two ⁹⁶/₁₀₀ Dollars.
on account of Pay.
balance

J. Mays

Ch. No. 14746	Initials. ELL
Pay Ledger 312	Initials. WR
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

No. 3017

Rank

Pt

Name

F Mayo

1867

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 5

1921.

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

Fletcher Mayo

in respect of his service as No. 3017 Rank Pte/

Name _____

F. Mayo

Royal Nfld. Regt.

~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received OK

Signature F. Mayo

Date 25th Nov

Address Sanatorium Topsail Road

[P.T.O.]

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here

July 5th., 1921^{1917.}

The accompanying King's Certificate, on his discharge,

(No. 1072), is forwarded herewith to

Private Fletcher Mayo

in respect of his service as No. 3017 Rank Pvts.

Name F. Mayo Corp Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received OK

Signature Mayo Fletcher 169

Date the 29 Nov

Address Sanatorium Topsail Road

Casualty Form—Active Service.

Regiment or Corps... **1st Newfoundland**
 Rank... **Pte** Surname... **Blays** Christian Name... **Hitcher**
 Religion... **Methodist** Age on Enlistment... **20** years... **11** months
 Enlisted (a)... **8-8-16** Terms of Service (a)... **Duration** Service reckons from (a)... **8-8-16**
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation... **Fisherman** Signature of Officer... **G. H. W. Exton**

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	Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked Hampton	11.6.17	
			Disembarked... Rouen	12.6.17	
			Joined Battalion	2 JUL 1917	B 213
10.9.17	6366-1	Ad. P.U.C.		10.9.17	SA 435
	Hospital Ship	Transferred to England	20 Gen Hospital	23.9.17	W 3082
			Canniers		
			Secretary		
			G. H. W. Exton		MAJOR
			Infantry Section		
			G. H. W. Exton		

(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.

(6220) W. 13863/11477 2,400,000 1/17 MoA & W Ltd Forms B/103/4 (R. 886)

[P.T.O.]

C.R. 3017

Dec 15th, 1919

To: Major Howley, O.B.E
Paymaster

Dear Sir:-

I should be glad if you will make a cheque payable against War Service Gratuity of No. 3017 Private Mayon, for the sum of \$55.00 to the order of No. 4557, Private Healey, who is now in the M.I.D. Hospital, Military Road

Yours truly

Lieut- Col.,

Chief Staff Officer.

COPY

C.R. 3017

Dec. 15th, 1919.

To: Major Howley, O.B.E.,
Paymaster

Dear Sir:-

I should be glad if you will make a cheque payable against War Service Gratuity of No. 3017 Private Mayo for the sum of \$55.00 to the order of No. 4557, Private Healey, who is now in the M.I.D. Hospital, Military Road.

Yours truly

(Sgd) W.F. Rendell,

Lieut. Col.,

Chief Staff Officer.

(Copy in 4557)

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3017 Rank Plt Name Mayo J
 Date of Enlistment August 8th 1915 Address St. John's District St. John's
 Occupation Fisher Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Total while in Army

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 26 1919 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J Mayo

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 10.00
 (b) Clothing Supplied Shawlcap

Date 29-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at Mr. Grace and Release Certificate No. 3779 issued.

Date 1-8-19 J. A. Sawloff
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15-8-19

Date 1-8-19 H. M. Missett
Depot Paymaster.

Discharge approved for 1-8-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	2
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	4
B 179a	D 400C	Form K	do 4th	" 5	5
B 179b	B 103	ME 2		" 6	6
B 179c	B 120	M 93			

Date 1-8-19 J. A. Sawloff
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date AUG 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Aug 11 1919 [Signature]

Aug. 1st, 1919

From Officer Commanding,
Discharge Depot

To Office of B.M.S.,
Military Department

The undermentioned men, patients of Beaconsfield Hospital, were before the Standing Medical Board on 24-7-19 and were recommended for discharge but to remain in Beaconsfield Hospital. They have been discharged today. -

6288	Pvt.	C. Davis
6488	"	H. Curran
6218	"	H. Chaffoy
6287	"	H. Hays
6288	"	H. Hunt
210	Spl.	R. Good