ner of ide.



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF
10. SS 87 Name William Hellathy Corpo 16.
Questions to be put to the Recruit/before Enlistment.
I. What is your name? I. William filesofting
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac- 8.
9. Are you willing to be enlisted for General Service? · 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as embedied in the roll of service to be 11.
I. ANNULISMAN N. C. C. C. M. 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.
OSLO Film Signature of Witness.
OATH TO BE TAKEN BY RECRUT ON ATTESTATION. I
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 Arthy 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 due to the description of the standard o
as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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
† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
† The signature of the Approving Omeer is to be amxed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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THE ROYAL NEWFOUNDLAND REGIMENT

(0. 0 0	Questions to be put to the	n Meliny	Corps / C	<i>ا</i> کا
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1. What is your name:	HINGH A A.	D	be See	
2. What is your full A	ddress?	} 2	C	13
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			arsMonth	ns
	or Calling?		men	an
			no.	••••••
7. Have you ever served jesty's Forces, naval	in any Branch of His Ma or military, if so,* which?	} 7	no	
8. Are you willing to cinated?	be vaccinated or re-vac-	8	nes	
9. Are you willing to be	enlisted for General Service?	· 9	ne	
O. Did you receive a Noti	ice, and do you understand gave it to you?	10	rps	
I	Questions are true, and datagraphic of the control	do solo solo many dilling to hin, the contract of the contract	omnly declare that the sengagements made. Signature of V ATION. ACTION. ACTION.	OF RECRUI
The Recruit above name	ned was cautioned by me that nished as provided in the Arm	if he made one false	answer to any of the al	bove question
	ere then read to the Recruit	y Act.		. /
I have taken care that	he interstands each question,	and that his answer to	each question has been	n de la
s replied to, and the said r	ecrat has made and signed th	e declaration and take	n the oath before me a	NA.
this day of	19	18 apr	rich 6	. /.
U	Signature of Attesting	Officer	he he	eu
		APPROVING OFFICER		
I certify that this Atte	station of the above-named Re	ecruit is correct, and I	roperly filled up, and	that the re
med forms appear to have	e been complied with. I accomplied with. I accomplied with the attached	to the original attent	point him to the	
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Promotion, Reductions, Casualties, &c.	Army Rank	Dates	lowed to reckor for fixing the rate of pension	serve not ed to rec wards G.	allow- kon to- C. Pay	Signature of Officers of fying correctness of entries
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C.R. 587

Extract from Daily Orders part II, "epot St. John's dated Feb. 20th., 2122x 1919.

Discharge on demobilization have been CONFERED by Officer i/c Records on 18-2-19.

#5587 Pte. W. McCarhty.

C.R. 551)

Extract from Daily Orders part 11. Depot St. John's dated Feb. 5th?. 1919.

The discharge of the undernoted in demphilisation have been approved by 0. C. Bischarge dopot on noted dates.

#5587 Pte. Wm. McCarthy.

C.R.5/5/87

Extract from Neminal Roll of repatriation draft No. 79 from the End., Battalian of the Newfoundland Regiment per F.S.GORTICAN. which embarked at Tilbury Docke 12.15.16.

#5587 Pte. W. McCarthy.

Agtree: from Deily Orders Bart 11, Depot St. Jonn's dated Dec.25/1918

The u/s returned from Oversons and reported to Danot 21-11-15.

#5587 Pte. W. McCarthy.

C.R. 5587

Extract from Nominal Roll of Casualties by 0.0. Embarkation Casualty Section, No.6 District Depot. Aldershot, Canada.

5587 Pte. McCarthy, Reported from Aldershot 15-8-18 Overseas 27-8-18.

Extract from Daily Orders part 11, from Unit The Royal Mild.Regt.St.John's dated July 25,1918

The following , an embarked for overseas on H.M.S. "Columbells" July 22,1918.

#5588 Pte. Wm.MeGarthy.

C.D 284

#### BARRAGARASAN

Details of Draft under Capt. Murphy, admitted Quarantine at Aldershot. (no date given).

> #5587 #5742 Pte. N. McCarthy.

Extract frm Baily Ordes part 11, from Unit The Royal Effd. Regt. St. John's dated June 5,1918.

#5587 Pte. W. McCarthy.

Attosted for Concrel Service with the Royal Hilld.Regt.

Extract from Orders, Partll, by Lt. Col., B.J. Barton. D.S.C., commanding 2nd En. Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18 is taken on the Strength from that date:

5587 Pte. W. McCatrthy.

w h barthy 5581

### Medical Report on an Invalid.

Station HAZELEY DOWN 11.5.

Date 15 DEC 1918

1. Unit ROYAL NEWFOUNDLAND REG.

2. Regimental No. 78)

3. Rank OK

4. Name MC ARTHY

5. Age last birthday

A. Enlisted on

7. Former Trade { or Occupation }

8. Disability.

Delatation Heart

#### Statement of Case.

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

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the Shortly after forming Depot history of the disability, noting entries complained such weathers on on the Medical History Sheet bearing Complained such weathers on the case.

  Two days ago in after a homester collapter 10 am after a homester collapter 10 am where displacegoment of gulated heart was confirmed and after after a hode aft. note.

- 12. (a) Give your opinion as to the causation of the disability.
  - (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

approate ly steam problem,

13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it caused (a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so—(a) When? (b) Where? (c) Opinion ? 16. Was an operation performed? If so,

Officer in medical charge of case.

Officer in charge of Hospital.

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

Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.
 + Delete this word if no exceptions are to be made.

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

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

(b) Change to England?

(a) Discharge as permanently unfit,

19. Do you recommend

except†
Station

Date_

FORM K
Nº 6095



### 1ST NEWFOUNDLAND REGIMENT

No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
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# 1ST NEWFOUNDLAND REGIMENT

	Whether Wife, Child. other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
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2.6	quired payments o	completed by the Officer Commanding Commanding Company and handed n application.  (Sig.) ficer Commanding Company (Rank	Company, signed by the Volunt to the Paymaster as authority	to make the

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From:

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

To:

Officer Commanding. 2/En Royal Neld. Regt.

Winchester.

21st November 1918

Subject: 5587, Pte. W. McCarthy

With reference to the following telegram (9984 ) from the Hon. Minister of Militia, received

Pay to 5587 McCarthy £4:2:0

Draft £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon

Musicall Puge Chief Paymaster & O. 1/c Records.

1	tou,	27	~0
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1918

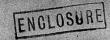
Receipt hereunder. Chann 1 -

LIEUT. LULUNEL. COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT. Officer Commdg. Batt'n.

Royal Newfoundland Regiment. Received the sum of four

lound. Iwa Shellings on account of cable remittance from Newfoundland.

No. 5387 Rank, 1



N. F. P/88.

ORIGINAL.

#### CONTINGENT. NEWFOUNDLAND

Telephone: VICTORIA 4923 & 4. Communications to be addressed to the CHIEF PAYMASTER & OFFICER 1/0 RECORDS.

### MEMORANDUM.

No. 7874/334/P&A. (5578)

PAY AND RECORD OFFICE,

58, VICTORIA STREET.

LONDON, S.W.1.

The Hon. The Minister of Militia, St. John's, NEWFOUNDLAND.

FM/FK.

24th May

191 9 .

SUBJECT:

5578 PTE. J. ROBERTS

Reference Nos.

REPLY

June 22nd .1919 Dated

191

Please return ORIGINAL and retain DUPLICATE.

Copy of memorandum to
Officer Commanding, 2/Bn. Royal
Newfoundland Regiment, 7683/1506/Paperiod - 1/8/18 to 22/4/19 - has 19/5/19 and the above soldier's statement thereon 23/5/19 is enclosed together with N.F.'s P/11 for your information and attention.

Stoppages have been made in Robert's account for the period from 1/8/18 to 22/4/19 and a note given to S/Sergt. Baggs to make further stoppages for the period 23/4/19 to the date of disembarkation ex "Corsican".

Chief Staff Officer (London).

a Stehman

Minister of Militia.

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Carthy W" Hay Leph.

#### February 17.1919

#5587 Pte. William McC rthy.

Upper Island Cove. C.B.

Dear Sir:-

Please find enclosed "Discharge Certificate No.1013."

Yours truly.

Captain, Paymester & 0. 1/c Records

Enc'l 1.

### The Royal Newfoundland Regiment

PROCEEDINGS (	ON DISCHARGE
No. 5587. Rank	Name W h Contract
Classification of soldier	Medical Category
The above named man is discharged in consequence of	T DISCHARGE PAY
His accounts are correctly balanced and I have impar accordance with Regulations.  PlaceFEB 3 · 1919 ···· Date	tially inquired into all matters brought before me, in  Comanding Vischauge Depot.  The Royal Newfoundland Regiment
Thereby advantage that I have received all my nav	BY SOLDIER ON DISCHARGE  and allowances (including clothing allowance) and all se the Discharge Depot, Royal Newfoundland Regiment,  Signature of soldier  Signature of witness
5. I hereby certify that Lam in a position to resume civil Place and Date 1919	IFICATE TO BE SIGNED BY SOLDIER ilian occupation immediately on discharge.  What Hamiltonian Signature of soldier  Signature of witness  OF SERVICE
7. Enlisted for service	No of days on Military  Service 163 Day
APPROVAL O	eby approved to be confirmed by the Officer ile Records, ays from date.  Officer Commanding Discharge Delot The Royal Newfoundland Regiment.
9. The discharge of above mentioned soldier is hereby Place Hours, Ned.	of DISCHERGE  confirmed. M Howley bast  Officer ijc Records  The Royal Newfoundland Regiment

WOB 207/1013

### The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 35 3 7 Rank Name Menty W.
Date of Enlistment Address
Occupation Leading Classification for Discharge Medical Category
Recommendation S.M. P. Surmanen Huffi Disability Rating
Passed to Demobilization Officer with following documents:—
mandre netre
N.F. P355 A. B 268 B 121 N.F. Med D.F. 1
B 178 W 3494 B 122 Board 1st 2 B 178a D 400A B 1915 do 2nd 3
B 178a
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6
B 179c B 120 M 93
Marky
Date
O. C. Discharge Dopot.
PARTICULARS FOR DEMOBILIZATION
r. Civil Re-Establishment
I amin a position to resume civilian occupation.
11 4 2 4 1
W. m carthy
Particulars passed to Vocational Officer for information and action.
D
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable & 66
(b) Glothing Supplied Joseph H Unany
Date 3 - 2 - 19
Date. Oilc Re-clothing

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 576 to his home Appearant Sery and Release Certificate No. 330 issued.
Date 3-2-19 Demobilization Officer 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
Date 3. 2-19 Master Depot Paymaster.
Discharge approved for 4-2-19  Forwarded with following documents to O.C Discharge Depot.
N.F. V64. 2
Date 3/2/19 Control of Copul
APPROVED.  Documents as above forwarded to:—  Officer ilc Records. Board of Pension Commissioners.  with following additional documents.  ELICIBLE for POST DISCHARUE PAY  FEB 4 1919  Date  OO. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.  halfoned syndroid (d)

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

### MEDICAL HISTORY

Surname Melan	Christian Na	ume William					
	Table I.—GENERAL TABL	7 0 0					
Birthplace:—Parish Uppe	Island Cove CB. Cour	ity / Newformaland	V.				
	SPECIAL RESERVE	REGULAR ARMY					
Examined	on day of June 1918	on day of.	191				
sxammed	at Expohub	at					
Declared Age	20 years — days	years	days				
rade or Occupation	Fakerman						
leight	feet functions	feet	inches				
Veignt	/26 lbs.		lbs.				
Chest (Girth when fully expanded	35 inches	***************************************	inches				
leasure- ment Range of Expansion	of inches		inches				
hysical Development							
	Right Left	Right	Left				
accination Marks Arm							
hen Vaccinated	6/1		1				
ision	RE.—V // L.E.—V = // C	R.E.—V= L.E.—V=					
	1 6/6						
	(4)						
i) Marks indicating congenital peculi-	(a)	(a)					
arities or previous disease							
	1						
	·(b)	(b), d					
5) Slight defects but not sufficient to cause rejection	4.						
		,					
Approved by (Signature)	LamnsPaturen						
(Rank)	- Thirty areas						
()	Medical Officer.		Medical Officer.				
	at Etgenis.	at	•				
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	A. Corps. Regtl. No.	Corps	Regtl. No.				
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(Signature)	on day of 191	on day of	191				

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

Date	Brief Details, and Signatures
3.6.18.	You yo
13.6.18	TAB YO
20.6.18.	TAB YP
4.7.18	TAIS Y
DEC 1018	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}}}}}}$
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DEC 1018	It is hereby or right at the state this state has been before the Standbox Medion Board, and has been classified.
5 DEC 1918	It is hereby or right at this state has been before the Standing Media.  Board and has been classified of for discharge on Demobilish
DEC 1018	It is hereby or right at the state this state has been before the Standbox Medion Board, and has been classified.

### 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
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				N a Constitution	

# 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:

Flace Af Johns

Date 3/2/19 191

### Medical Report on an Invalid.

HAZELEY DOWN BAMP. Station_ 5 DEC 1918 Date ROYAL NEWFOUNDLAND REG. 7. Former Trade or Occupation

1. Unit

2. Regimental No. 558

4. Name Mc CARTHY.

5. Age last birthday

6. Enlisted on

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

(a) Former Unit;

(b) Regimental No.;

(c) Dote of Discharge;

(d) Cause of Discharge.

### 8. Disability in respect of which invaliding is Proposed.

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

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#### Statement of Case.

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

- 9. Date of origin of disability.
- 10. Place of origin of disability.

Give concisely the essential facts of the shistory of the disability, noting entries on the Medical History Sheet bearing combelaine size. a state or

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

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no.

13. What is his present condition? Weight should be given in all cases when it is likely to afford training of the progress of the disability. 14. If the disability is an injury, was it caused-(a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, what? 17. If not, was an operation advised and declined? In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present 20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England? ROYAL NEWFOUNDLAND REG. Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Station Officer in charge of Hospital. Date_

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is, (1) caused or aggravated by service in the present var, (1) due to causes not connected with present var, vis. (1) earlier active service, (2) climatic disease in pre-var service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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

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

- 21. (a.) State whether the disability is clearly attributable to-
  - (i.) Service during the present war ;
  - (ii.) Climate;
  - (iii.) Ordinary military service;
  - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
  - (v.) Whether it is constitutional or hereditary.
  - (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

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

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend-
  - (a) Discharge as permanently unfit, or
  - (b) Change to England?
- 28. If discharge is recommended it should be stated whether further medical treat-ment (including orthopædic training) is desirable in a-
  - (a) Sanatorium;
  - (b) Hospital;

Station 6

Date

- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- With reference to Army Council In-struction No. 1275 of 1917, is any surgical appliance recommended?
- 30. Does the man require the constant attendance of another person?

President. Members.

Date. NEWFOUNDLAND. Administrative Medical Officer

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# 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. i | 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 Wm McCarthy

Regiment from which discharged Royal Newfoundland
Regimental number 5587
Intended address upper d sland love
Height on discharge 5 Feet 5
Color of hair on discharge
Complexion Fair
Color of eyes Blue
Descriptive Marks
Figure on discharge Medium
Christian name of Father James.
Christian name of Mother Fannie
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth upper Island love Dec 14 1897
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) // McConthy
8.11 (Rank) 116.
Station Sylvhno Date January 22/19
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 Office of lost
Medical Office Solve Copy and Copy of the
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to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance mith C.L./19, 26/5/17. megtl No. 5587 Rank Private Name McCarthy. Unit 2/Bn. R.Nfld.Regt. who was Repatriated onl2 /12/18 Authority Part 2 Orders. Newfoundland Cause STATEMENT OF ACCOUNT PARTICULARS PARTICULARS Balance Dr. from Pay Book Balance Cr. from 11 Pay77 days @ \$ 1.00 Allotment 77 days @ sod 10 48 20 70 Cash Payments: Field Allce 77 days @ \$10¢ 11/12/18 70 17 81/6/18 Other Allces days @ g 11 Other Credits: Other Debits 35/11/18 Total Debits Total Credits 19 12 Balance due to Paymaster Balance due by Paymaster 17 I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of Hazeley Down Camp W.I.LONG. Captain Winchester December 10th " Company. (Place) (Pate)

**Bade up, Unecked in secondance with information received in the Pay & Record Office | Joulan and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, Chief Paymaster & O. i/c Records. Dec. 19/h, 1918.

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Winchester S.	ec /e						0.0	14	431	G Ompa	C

LAST PAY CERTIFICATE N.F.P. /94. to be rendered for all ranks on discharge, transfer to other Units, or on return to New coundland in accordance th C.L./19, 26/5/17. 2/Bn. R.Nfld.Regt. Repatriated Regt 15587. RaniPrivate ... McCarthy. Authority 2 Orders. t. Newfoundland STATEMENT OF ACCOUNT PARTICULARS PARTICULARS Balance Dr. fray Book Balance Cr. from Allotment day 60 Pay Cash Payments: Field Allce days @ 70 Other Allces 11 Other Debits Other Credits: Total Debits 19 Total Credits Balance due by Paymaster Balance due to Paymaster I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of Hazeley Down Camp W.J.LONG. Captain December 10th Winchester Made up/Unecked in accordance with information received in the Pay & Record Office. and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, Chief Paymaster & O. i/c Records.

5584. Ot Mos Barthy W Dear Knight, I think the above main has a shiplitty dilated heart, due to otran of military training which should completely recover with hest. Should advise repetuation Wleglet while waiting duty sent home to be 68 Nivian Capit Rame.

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Received from Store, Col. 3

Commanding Company.

Station Quartermaster.

(1499). Wt. W.10308/R667. 11/16. P.P.Ltd. Est. 655 • Delete whichever is inapplicable.

Date

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#### DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's Newfoundland.

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

A complete reply must be given to every question in this Declaration There must be no blanks and no dekhos, 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

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
······································
14. Have you already received any payment of Post Discharge pay or
War Service Gratuity? If so, state amount you and your dependents
have already received and by whom paid
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Borces.
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled
•••••••••••••••••••••••••••••••
18. Did you revert Overseas to a rank lower than the substantive
renk hold by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or
incfficiency?
19. Are you now perving in the Rost. ? In not give? - (a) date
of discherge. Heb. 1919.(b) Recison for discherge.
Almobilization,
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
<i>VV</i> 0}
***************************************
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Cormittee
And I she this solem decleration, 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:

Place of Residence:

Declared before ne at:

May of Long to Supreme Court. Stipondiary Hearistrate Heart Treate Heart Treate Heart To affide vits.

POST DYSCULTED PAN.

Date paid Haid Paid Soldier, Supreme Laborate Manager of May Sayvice and Manager of Supreme Court. Stipondiary Hearistrate Heart Treate Heart Suprementationer of affidevits.

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Cortified correct.

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Nº 6095



### 1ST NEWFOUNDLAND REGIMENT

Pertificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
99-	mother	mm James M. Carthy	hope Island bor	e 60
	*			
		* * * * * * * * * * * * * * * * * * * *		
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si	gned by the Office	completed by the Officer Commanding Cor Commanding Company and handed to application.  (Sig.)	ompany, signed by the Volunt	to make the

#### DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

\$ 21000	PAY VC	OUCHER.	w 27 1919
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the sum of two	Losse,	Alex-	Dollars :
Ch. No. 2062 Initials  Pay Ledger. 37.) Initial	Faw or	W M Bass	Rank Rank
Gen. Ledger Initials			

No. 5587. Rank Of.

Squadron, Troop, Battery and Company Conduct Sheet. Army Form B. 121. Forms B 121. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay No. disherman 5581 Place and Date Wohus Joined Date Joined Date with Colours 163 Joined Date years. Waker Soland Come CB Date Toined Date of award or of order dispensing with trial Date of Name of Place Rank OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses Demobilized Septimis 18 79 To be carried over.

AN87

## The Royal Newfoundland Regiment

Reg. No. 535 7. Rank DEMOBILIZATION OF Name M. Carthy W.
Date of Enlistment
Occupation
Recommendation S.M.B. Surmanes Sylvey Disability Rating / Williams
Passed to Demobilization Officer with following documents:—
N.F. P 359/24 . A. B 268 B 121
B 178 B 122 Board 1st " 2
B 178a
B 179
B 179b B 103
_B 179c B 120 M 93
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable to be a final fin
(b) Glothing Supplied The left of the supplied
Date. 3-2-19 Oilc. Re-clothing.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to	at Apansara Bay and Release	Certificate No	Association Of	- Cap
therewith settled. He has received pay and allowances to  3 2 19  Depot Paymaster.  Discharge approved for.  Forwarded with following documents to O.C Discharge Depot.  N.F. P18694 2 B 268. B 121. N.F. Med. D.F. 1  3 1784. D 400A. B 1915. do 2nd. 3  3 1789. D 400B. Form L. do 3rd. 4  3 1799. B 103. ME 2. 6  3 1790. B 103. ME 2. 6  Documents as above forwarded to:—  Officer ile Records. Board of Pension Commissioners.  with following additional documents.  ELICIBLE for DOST DOST DATE PAY  FEB 4 1919  Page 1904.  Received the above noted documents from O. C. Discharge Depot.				
Discharge approved for H-2-19  Forwarded with following documents to O.C Discharge Depot.  N.F. P 8694 2 B 268 B B 121 N.F. Med D.F. 1 Form B 122 Board 1st 2 Form B 13 178a D 400A B B 1915 do 2nd 3 Z Form B 13 179a D 400B Form L do 3rd 4 5 179a D 400C Form K do 4th 5 5 179b B 103 ME 2 6 6 D B 103 M 93 D Date 3 2 19 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents as above forwarded to B 120 M 93 D Documents B 120 M 93 D Documents B 120 M 93 D D D D D D D D D D D D D D D D D D			ced and all matte	rs in connection
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Date 3 2 1 9 Demobilization Officer.  Documents as above forwarded to:  Officer i c Records. Board of Pension Commissioners.  with following additional documents.  ELICIBLE for POST DISCHAELE PAY  FEB 4 1919  Date O. C. Discharge Depot.  Received the above noted documents from O. C. Discharge Depot.	3 179 D 400B Form L	do 3rddo 4th	" <b>4</b>	
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