



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

April 24th. 1918. *191*

From Assistant Adjutant,
Depot.

To Paymaster and Officer i/c Records,
Department of Militia..

8296 Pte. Merchant, T.

Marginally noted man was recommended for discharge as permanently unfit by Medical Board held on April 23rd. 1918.

I am sending him herewith for your attention and necessary action, please.

L. S. Hamshut
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

COPY

Army Form B. 179.

Medical Report on an Invalid.

Station Military Hospital, Perth

Date 8/3/18

1. Unit **Nfld. Forestry Co.**

2. Regimental No. **8296**

3. Rank **Private**

4. Name **Merchant, Thomas**

5. Age last birthday **18**

6. Enlisted { on **6/8/17**
at **St. John's, Nfld.**

7. Former Trade } **Shoemaker**
or Occupation }

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

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date 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).

NO. 404 A CATARRHAL BRONCHITIS

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. **1/11/17 (Man's statement)**

10. Place of origin of disability. **Dunkeld (do)**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that he suffered from Bronchitis since early boyhood. Since joining the Army he has had periodic attacks His B178 shows that he was in Perth Mil. Hosp. suffering from Bronchitis from 1/11/17 to 8/1/18 and again from 19/1/18 - 15/2/18**

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

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

Aggravated by ordinary mil. service

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

Constitutional and aggravated by ordinary military service

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

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.

He suffers from occasional pain on left side. He has a cough and expectoration. Frequently he has exacerbations which totally incapacitate him for duty

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

None existing

20. Do you recommend—

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

Discharge as Permanently Unfit for military service of any kind

(Sgd) J. N. MEADE, CAPT. R.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except † **not in hospital**

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.

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

Opinion of the Medical Board.

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

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

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

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

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

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

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

Constitutional

(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? **Yes, by ordinary labour service**

23. Is the disability permanent? **Recurrent**

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.

20%

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?

Discharge as Permanently Unfit

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

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

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

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

Signatures:— (Sgd) P. MACLILLAN DEWAR, MAJOR R. A. C. M. President.

Station Edinburgh A. L. MACKINNON, MAJOR

Date 18/3/18 ALEX F. FRASER, CAPT. R. A. M. C. Members.

Approved.

Station DO (SHD) P. MACLILLAN DEWAR, MAJOR R. A. M. C.

Administrative Medical Officer.

Date _____

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. 8296 Army Rank Plt.

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

Corps 4th Field Troop Coy

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age <u>18</u> years _____ months	Descriptive marks. <u>None.</u>
Height <u>5</u> feet <u>8</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fresh</u>	
Eyes <u>brown</u>	
Hair <u>fair</u>	
Trade <u>shoemaker</u>	
Intended place of residence (To be given as fully as practicable) <u>St John's</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
NO. 38. NO. 166/14
DATED 25 MAR 1918

2. The above-named man is discharged in consequence of Sickness

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

[OVER.]

Report of Medical Board.

Station **St. John's, Hfld.** Date **April 23rd., 1918**
 No. and Rank **8296 - Private** Age **18** Height **5'8"**
 Name **Merchant, Thomas** Complexion **Fresh**
 Unit **Hfld. Forestry Co.** Eyes **Brown** Hair **Fair**
 Address
 Former Trade **Shoemaker**
 Enlisted at **St. John's** On **6/8/17** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **NO. 404 A. CATARRHAL BRONCHITIS**

Subsequent

Present Condition (Compare with previous Board)

PULSE 68. TEMPERATURE NORMAL. NO PHYSICAL SIGNS

Has he been employed, and by whom?

Average Weekly Earnings

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

NIL

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) N. S. FRASER**J. S. TAIT****L. PATERSON, Major**

Approving Medical Officer

(SGD) CLUNY MACPHERSON, Major**D. M. S. NEWFOUNDLAND.**

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

MEDICAL HISTORY

Surname Merchant OF Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County _____

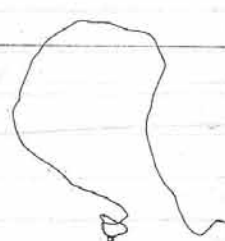
	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>sixth</u> day of <u>aug</u> 191 <u>7</u>	at <u>Headquarters</u>	on _____ day of _____ 191	at _____
Declared Age ...	<u>19</u> years	_____ days	_____ years	_____ days
Trade or Occupation ...	<u>shoemaker</u>		_____	_____
Height	<u>5</u> feet <u>8</u>	_____ inches	_____ feet	_____ inches
Weight	<u>125</u>	_____ lbs.	_____	_____ lbs.
Chest Measurement {	Girth when fully expanded....	_____ inches	_____	_____ inches
	Range of Expansion..	_____ inches	_____	_____ inches
Physical Development ...				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease			<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. NO. <u>1166</u> DATED <u>25 MAR 1918</u></p> </div>	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)				
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at _____	at _____	at _____
	on <u>sixth</u> day of <u>august</u> 191 <u>7</u>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
Joined on Enlistment....	<u>2d</u> Corps.	Regtl. No. _____	Corps.	Regtl. No.
	<u>2d Forestry</u>	<u>Company 7296</u>		
Transferred to ..				
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Military Hospital Perth.	1.	11.	17.	8	1	18	Bronchitis	69.	
Military Hospital Perth.	19	1	18	15	2	18	Bronchitis Pulmonary catarrh tuberc.	28	

list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of 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

J. Mease
CAPTAIN, R.A.M.O.

Sputum examined on this separate occasion with a negative result.

J. Mease
CAPTAIN, R.A.M.O.

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

MEDICAL HISTORY of

Surname Merchant Christian Name Thomas

TABLE I—GENERAL TABLE.

Birthplace ... Parish St John County _____

Examined ... on 6 day of Aug 1917
 at Appt.

Declared Age ... 19 years ... days.

Trade or Occupation ... Shoemaker

Height ... 5 feet, 8 inches.

Weight ... 125 lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.

{ Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right Left
 Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 { L.E.—V= _____

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

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

Approved by (Signature) _____
 (Rank) _____ Medical Officer.

Enlisted ... at St John
 on 6 day of Aug 1917

Joined on Enlistment ...	<u>1st</u> Corps.	Regtl. No. <u>8296</u>
Transferred to ...		

Became non-effective by _____
 on _____ day of _____ 1917
 (Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick L

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
<i>Mil. Hosp. Wash.</i>	<i>1</i>	<i>11</i>	<i>17</i>	<i>8</i>	<i>1</i>	<i>18</i>	<i>Bronchitis</i>	<i>69</i>	
<i>Do.</i>	<i>19</i>	<i>1</i>	<i>18</i>	<i>15</i>	<i>2</i>	<i>18</i>	<i>Bronchitis</i>	<i>28</i>	<i>Spun</i>

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

J. M. Reade Capt. R.A.M.C.

Sputum examined on two separate occasions with a negative result.

J. M. Reade Capt. R.A.M.C.

Descriptive Return of a Soldier discharged on account of Disability.

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

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

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

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

A Name in full Merchant Thomas
 Regiment from which discharged Newfoundland Inf Coy
 Intended address St. John's Newfoundland
 Regimentsal Number 829L
 Date of Discharge 16th Sep 1899

Height on discharge 5 Feet 8 Inches
 Colour of Hair on discharge Fair Colour of Eyes Brown
 Figure on discharge Thin Complexion Fair
 Christian name of Father William (dead) Christian name of Mother Elizabeth
 Wife's Maiden name in full no name
 Date and Place of Marriage not applicable
 Christian names of Children not applicable

Notes Locality of coin employment desired St. John's & St. John's N.F.

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) Thomas. Merchant (Rank) Private
 Station Perth Date 8-3-18

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

Station Perth Date 8-3-18 James Medical Officer i/c Hospital

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

COPY SENT TO
 O.C. H.Q.
 ST. JOHN'S, N.F.L.D.
 N.F.P. 38. No. 4660/24
 DATED 25 MAR 1918

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

This man is being boarded, according to instructions from Ministry of Militia, St John's
Army Form B. 179.

Original

Medical Report on an Invalid.

Station Military Hospital Bath
Date 8. 3. 18

1. Unit NEWFOUNDLAND FORCE
2. Regimental No. 8296
3. Rank Private
4. Name MERCHANT, THOMAS
5. Age last birthday 18
6. Enlisted { on 6. 8. 1917
at St. John's Newfoundland

7. Former Trade or Occupation { Stenographer
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

} N. A.

8. Disability in respect of which invaliding is Proposed.

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

No. 4046 Bronchitis

O.C. H.Q.
ST. JOHNS, N.F.L.D.
MR 38, No. 1166/24
DATED 25 MAR 1918

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. 1. 11. 17 (man's statement)
10. Place of origin of disability. London (man's statement)
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he suffers from Bronchitis since early boyhood. Since joining the Army he has had bronchial attacks.

This B178 shows that he was in Bath at Military Hospital suffering from Bronchitis from 1. 11. 17 to 8. 1. 18 and again from 19. 1. 18 to 15. 2. 18.

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

(a) aggravated by ordinary military service

(b) constitutional and aggravated by ordinary military service

(c) no.

13. What is his present condition? *He suffers from occasional pain in his leg.*
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. *He has a limp and ataxic gait. Frequently he has exacerbations which totally incapacitate him for duty.*
14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty? *N.A.*
15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion? *N.A.*
16. Was an operation performed? If so, what? *N.A.*
17. If not, was an operation advised and declined? *N.A.*
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? *N.A.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. *none existing*

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?
Discharge as permanently unfit for military service of any kind
J. M. M. M.

J. M. M. M. M. M.
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except for the underlined
 Station _____
 Date _____
 Officer in charge of Hospital.

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

Opinion of the Medical Board.

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

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

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

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

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

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

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

No.
No.
No.
Constitutional.

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

2nd. attributable.

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

Yes. G. or duag; labor service Recurrent.

23. Is the disability permanent?

No. attributable.

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?

90% (living for cent.)

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?

2nd. attributable.

27. Do the Board recommend—

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

Discharge, or home with help.

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

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

No.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

Does the man require the constant attendance of another person?

Signatures:—

G. Lumbard

P. Macdonald Dorr President.

A. Mackintosh Major Members.

Abstract, Fraser Capt. M. B. M.

Approved.

Station

G. Lumbard

P. Macdonald Dorr Major

Administrative Medical Officer.

Date

18 March 1918.

C. Lumbard



DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

Ottawa, Ont.
DATE May 6, 1970

NAME **MERCHANT, Thomas** Service No. **8296 WW1** CPC No. **290332**
NOM **MERCHANT, Thomas** Matricule No. **Nfld Forestry Corp.** CCP No.
WVA No. **228150**
AAC No.

Information Received from: **S.P.M.E. C.P.C. St. John's Nfld April 27, 1970**
Information reçue de:

Date of Death **April 18, 1970**
Date du Décès

Place **not stated**
Endroit

Distribution: WSR-DASG
VI - ASS
~~XXXXXXXX~~
HO - BC

Pour le chef,
W.B. Carr
for Chief, Central Registry Division.
Dépôt central des dossiers.