

MEDICAL OFFICER'S REPORT
FINAL EXAMINATION



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 637

Name in full Joseph Michelin Age 19
Hamilton Inlet Grand River Labrador

Address _____
Married _____ Single _____
Color Dark Hair Black Eyes Brown

Other distinguishing marks _____
Nearest relative Joseph Michelin (Father)
Address Hamilton Inlet, Labrador.

Dependents _____
Occupation Student Present Wage _____

Previous service _____
Decorations _____

General Remarks _____
Date of Enlistment Dec. 14/14

I, Joseph Michelin, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Joseph Michelin

Declared before me this 15 day
of Dec. 1914

Enc. Shyne

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 657

Name Joseph Michelin
 Apparent age 19 years months. Height 5 feet 4 1/2 inches.
 Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.
 Distinctive marks Color: Dark, Hair: Black, Eyes: Brown

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Joseph Michelin, Hamilton Inlet, Labrador
 | 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Ration served 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>14/12/14</u>									
Joined at <u>St. John's</u> on <u>14th December '14</u>									
<u>Dischd.</u>	<u>St. John's</u>	<u>11/4/17</u>							
<u>Embarked</u>	<u>St. Domin's</u>	<u>for</u>	<u>Lt 20</u>	<u>3</u>	<u>15</u>	<u>Embarked</u>	<u>Lt 20</u>	<u>15</u>	
<u>Embarked</u>	<u>Here</u>	<u>and embarked for</u>	<u>Caixa</u>	<u>31-8-15</u>	<u>Embarked for</u>	<u>Caixa</u>	<u>31-8-15</u>	<u>Embarked for</u>	<u>Caixa</u>
<u>Wounded</u>	<u>10-9-15</u>	<u>Landed</u>	<u>late day night of</u>	<u>19-20</u>	<u>Sept 15</u>				
<u>LEFT LEG</u>	<u>19-11-15</u>	<u>Admitted</u>	<u>General Hospital</u>	<u>22-3-16</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>	<u>14-3-16</u>	
<u>Wounded</u>	<u>22-3-16</u>	<u>with</u>	<u>Barbadoes</u>	<u>7-3-16</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>	<u>14-3-16</u>	
<u>Admitted</u>	<u>5 MOS.</u>	<u>SHELL WOUND</u>	<u>LEFT THIGH</u>	<u>13-10-16</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>	<u>11-4-17</u>	
<u>Admitted</u>	<u>Hospital</u>	<u>9-11-16</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>	<u>11-4-17</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>
<u>Admitted</u>	<u>Hospital</u>	<u>22-2-17</u>	<u>MEDICALLY UNFIT</u>						
<u>Embarked</u>	<u>for</u>	<u>St. John's</u>	<u>10-12-17</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>	<u>10-12-17</u>	<u>Embarked</u>	<u>for</u>
<u>SERGEANT</u>	<u>16-8-18</u>	<u>Re-established</u>	<u>St. John's</u>	<u>for</u>	<u>St. John's</u>	<u>16-8-18</u>	<u>Embarked</u>	<u>for</u>	<u>St. John's</u>
<u>Admitted</u>	<u>Hospital</u>	<u>31-12-18</u>							
Total Service forfeited as above									
Total Service towards Engagement to									

31 20 69

Total Service towards Engagement to 11-4-19 (date of discharge) 2 years 119 days
 Re-attested 10-2-17 Pension Dis. 20-2-19 (") 1 " 73 ") 3 192
365

J. Michelin

637

P.R.O.



Newfoundland Forestry Companies

ATTESTATION OF

No. 637 Name Joseph Michelin

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph Michelin
2. What is your full Address? 2. Grand Village
Hamilton Inlet Labrador
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years Months
5. What is your Trade or Calling? 5. Timberman
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. Yes 2 yrs. 119 Day 1st Nfld.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. What is your Religion? 9. Cof S.
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? 10. Yes { Name
Corps

I, Joseph Michelin 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.

Joseph Michelin SIGNATURE OF RECRUIT.
B. D. Ellis Signature of Witness.

11/12/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Michelin 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Hamilton Inlet on this 11th day of Dec 1917.
Signature of Attesting Officer B. D. Ellis Capt.

†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 compiled with. I accordingly approve, and appoint him to the
If exhibited by proper authority, such will be attached to the original attestation.
Date Dec 15 1917
Place Grand Village } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Michelin
 Apparent age _____ years _____ months. Height 5 feet 5/2 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches weight 140
 Distinctive marks Black Hair Brown Eyes scar left knee one trace scar left arm

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Michelin Sr
Grand Village | Relationship Father
Idamilton Ind Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

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



Newfoundland Forestry Companies

ATTESTATION OF

No. 637 Name Joseph Michael Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Joseph Michael</u> |
| 2. What is your full Address? | 2. <u>Grand Village</u>
<u>St. John's, Newfoundland</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Timberman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>Yes 2 yrs 11/2 Aug 1914-1915</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. What is your Religion? | 9. <u>Catholic</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>Yes</u> { Name |
| | { Corps |

I, Joseph Michael 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.

Joseph Michael SIGNATURE OF RECRUIT.
G. H. Ellis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Michael 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 11 day of Dec 1917.
G. H. Ellis Signature of Attesting Officer

†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 10th.
 If enlisted by special authority, such will be attached to the original attestation.
 Date 11 Dec 1917
G. H. Ellis Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Michaelm
 Apparent age Joseph years Michaelm months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 5 inches 5 1/2 inches
 Range of expansion 140 inches

Distinctive marks Black Hair Brown Eyes scar left knee one
scar left arm
 INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Michaelm Sr.
Grand Village Relationship Father
 Regulars 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) La Factor (c) (d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

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

No. 637

Rank Pte

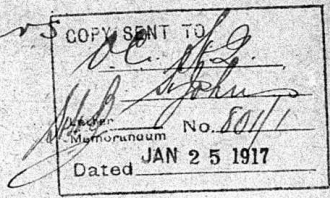


Name (surname first) Michelin Joseph

Regiment 1st Newfoundland

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

Trapper for about 7 years



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Trapper.
short time student

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

clerical

4. What is the name of your Approved Society? no

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

Machine Gunner

Date 1/1/17

Signature J. Michelin

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

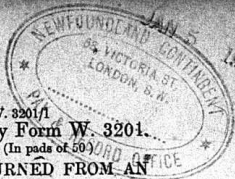
When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

(9 38 41) W 1 751-6539/1 75,000(6) 10/15 H W V(M 531)
16.92-191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3201

(In pads of 50)



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

1st Wfld. (Regiment).

No. 637, Rank Pte, Name Michelin J.

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

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

Place Wandsworth Horace Sagan Officer Commanding Wandsworth
Wandsworth Registrar, R.A.M.C. (T.F.)

Date 5/1/17

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

C9

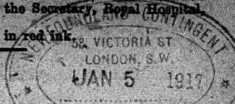
Descriptive Return of a Soldier discharged on account of Disability.

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 Michelin - Joseph
Regiment from which discharged 12 Newfoundland
Regimental Number 637
Where born (Parish, Town and County), and when Grand Village, Hamilton Inlet, Labrador
Intended address Musgrave Farm, Grand Village, Hamilton Inlet, Labrador
Height on discharge 5 Feet 5 1/2 Inches
Colour of Hair on discharge Dark brown
Descriptive marks Stiff L. knee
Figure on discharge Medium
Christian name of Father Joseph
Christian name of Mother Mary
Wife's Maiden name in full —
Date and Place of Marriage —
Christian names of Children —
Nature and locality of civil employment desired Uncertain - probably clerical.

Colour of Eyes Brown
Complexion rather dark
 CORP. NO. 8011
 DATED JAN 2-5 1917

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)

Station WANDSWORTH

(Rank) Private
 Date 2/1/17
Joseph J. Michelin

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.

L. C. C. L. W. Medical Officer *i/c*
 3rd Genl Hospital

Station WANDSWORTH, S.W.

Date 2/1/17

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

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

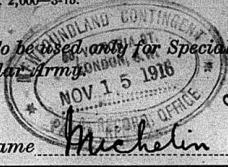
Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

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



MEDICAL HISTORY

Surname Michelin OF Christian Name Joseph

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 10 th day of Dec 1914		at day of 191	
	at St John's		at	
Declared Age	19 years		days	
Trade or Occupation	Student			
Height	5 feet	4 1/2 inches	feet	inches
Weight		136 lbs.		lbs.
Chest Measurement	Girth when fully expanded... 33 inches		No. 3011	
	Range of expansion... 36 inches		Dated JAN 25 1917	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V==		R. E.—V==	
	L. 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)	Cluny Macpherson			
(Rank)	Capt.			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's		at	
	on 14 th day of Dec 1914		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1 st Inf. Regt.	637		
Transferred to				
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

COPY SENT TO
 [Signature]
 [Signature]
 No. 3011
 Dated JAN 25 1917

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.							G.S.H. X. I. Axillary artery X II. Median nerve.		Board held - see overleaf Disability - G.S.H. X. I. Axillary artery X II. Median nerve. Probably to some months before the hand is of any use. Cause - G.S.H. on Active Service Capacity for earning a livelihood lessened by three quarters	
3rd London General Hospital, WANDSWORTH, S.W.		9	11/16				G.S.H. XI. L' knee		Board held - see overleaf Disability - G.S.W. XI. L' knee, movements are limited. Flexion only 60°. Cause - G.S.W. on Active Service Total - Capacity to earn a livelihood at present.	3rd London General Hospital, WANDSWORTH, S.W. H. Jagan Capt R.A.M.C. 3rd London General Hospital, WANDSWORTH, S.W.

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 Signature
	<i>J. V</i>
<i>27.4.15</i>	<i>Vac.</i>
<i>16.8.15</i>	<i>Fit for foreign service</i>
<i>4-1-17</i>	<i>Board held — 4/1/17</i> <i>Found — Permanently unfit</i> <i>Board — Approved 4/1/17</i>
	<i>H. Sagan Capt R.A.M.C.</i> <i>3rd London General Hospital,</i> <i>WANDSWORTH, S.W.</i>

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
<i>S.S. Johnus Wood</i>	<i>Dec. 14th 14</i>	<i>20 MAR 1915</i>			
<i>T.S. "Stephano"</i>	<i>20 MAR 1915</i>	<i>22 MAR 1915</i>			
<i>T.S. "Orduña"</i>	<i>22 MAR 1915</i>	<i>30 Mar 15</i>			
<i>Edinburgh Castle</i>	<i>30 Mar 15</i>				

Admitted

4-11-14

Army Form W. 3202.

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

1st Field

Regiment.

~~The Officer Commanding~~ O. B. Meds Coy

The Officer in Charge of Records 58 Victoria Street S.W.

The Regimental Paymaster 58 Victoria Street S.W.

With reference to No. 637 Plé Michelin J. of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London Command, on the 4-1-14, for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria Street S.W.

on [date] 5-1-14

Honour Jagan Capt R.A.M.C.(F)

Officer Commanding Registrar, R.A.M.C.T.

3rd London General Hospital, Hospital.

Place Wandsworth WANDSWORTH, S. W.

Date 5-1-14

* In case of Territorial Force "Officer Commanding the Administrative Centre." Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records

58 Victoria St W

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹ ~~N~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Michelin, Christian names Joseph
(in full)

Regt. No. and Rank 637 Pte. Regt. or Corps 1st Newfoundland
(If T.F. this should be stated)

His address on discharge will be Grand Village, Hamilton Inlet
Labrador

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

The Soldier states that* no allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

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

Date 4/1/17

W. Elwyler May Ramet

President of Board
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Proceedings on Discharge.

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

No. 137 Army Rank Private

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

Corps 1st Newfoundland

Battalion, Battery, Company, Depôt, &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

COPIES SENT TO

A.C. 10/2

100

NO. 2041

100

Dated JAN 25 1917

1. Description at the time of discharge.

Age 20 years _____ months
 Height 5 feet 5 1/2 inches
 Chest measurement (girth when fully expanded _____ ins.
 range of expansion _____ ins.)
 Complexion Rather dark
 Eyes Brown
 Hair Dark Brown
 Trade Shedget
 Intended place of residence Grave Village
 (To be given as fully as practicable) Hamilton Islet
Labrador

Descriptive marks.

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

2. The above-named man is discharged in consequence of Gunshot wound
off knee

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

3. Military character :—

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

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

Initials of Commanding Officer.

Army Form B. 2068 has been issued to*

Original

Army B

Medical Report on an Invalid.



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

Date 1st Jan 1917

- 1. Unit 1st Newfoundland
- 2. Regimental No. 637
- 3. Rank Plt.
- 4. Name Fruchelini J
- 5. Age last birthday 20.
- 6. Enlisted { on 14th Dec. 1914
at St. John's Newfoundland.
- 7. Former Trade or Occupation { Student at college.

8. Disability.

S.S.W x 1. L^t knee

COPY SENT TO

Mr. [Signature]

Mr. [Signature]

Number No. 8071

Dated JAN 25 1917

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. 12 Oct 1916.

10. Place of origin of disability. France. — Fiers

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Wound just above knee on inner side. No exit wound.

In France knee was aspirated and irrigated with 3% creolin & formalin. Shrapnel bullet removed from knee 16/11/16. Adhesions were broken down under gas 15/12/16.

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

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

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.

Knee not swollen; movements limited. Not complete extension

Flexion only 60°

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

Bullet removed 16/11/16.
Nolesion bullet 15/12/16.

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

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

19. Do you recommend

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

L. B. Clark
Officer in medical charge of case.

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

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

H. E. Donnelly
Officer in charge of Hospital
Lt. Col. R.A.M.C.T.

Date 3rd Jan 1917

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless it can be shown to be due to other cause.

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

No.

18

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM



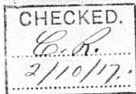
Prefix		Code		SENT		FOR STAMPS		
WORDS		CHARGE		At _____		To _____ By _____		
19		13 11/2		VIA WESTERN UNION				THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
6/1/17								

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

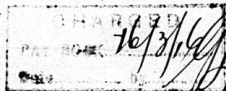
To
EPN., BANK # MONTREAL, ST. JOHN'S.
(NEWFOUNDLAND)

CABLE SIX POUNDS NO. 637 MICHELIN FIRST NEWFOUNDLAND REGT CARE BANK
 MONTREAL LONDON.

J. MICHELIN.



Charge
 637 Michelin



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 **66, VICTORIA St., S. W.**

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.

No. _____

Regt. No. 637

Rank Private

Name Archibald J.

Regiment 1st Field

Date from 5-11 1917

to 15-1 1917

To proceed to _____

~~N.A.A.~~
I/o _____

Hospital

Station London

Date Jan 5 1916

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

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 637 Pte. Michelion J.

(Substituting A.F.O. 1325) N.F.P./Ka

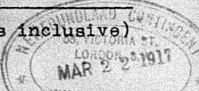
"H" Company. From 17/2/17 To 9/3/17 (Dates inclusive)

Embarked per S.S. Missandic

DR. Classification (See procedure) A

From Liverpool Date 9.3.17

Draft No. 31 CR.



Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1.00	21	21	00	
	9	Allotments	.75	21	15	75			2	Field Allowances	.10		2	10	
	10								3	Other Allowances					
11/12		Total Stoppages			15	75	3	4	4/5	Total @ \$4.86 2/3			23	10	4 14 11
13		Fines							6a	Ration Allowance			1	0	0
14		Clothing & Necessaries													
15		Arms & Accoutrements													
13		Barrack Damages					6								
17		Hospital Stoppages													
17a		Miscellaneous Stoppages					1	8							
19		Casual Payments					1	13	0						
20		1st Payment						7	6						
21		2nd "													
22		3rd "													
23		Final "													
24		Balance Debit Last Period													
28		" Due by Paymaster						5	14	11					
										27					
										Balance Due to Paymaster					
											£		5	14	11

CHECKED
 1125
 7/11
 [Signature]

Racourse, Aye
March 7th 1917

CERTIFIED CORRECT.

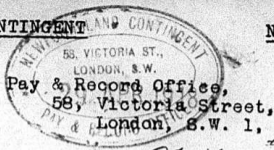
W. M. Greene
 O.C. "H" Company.

No. 6065

NEWFOUNDLAND CONTINGENT

N.F.P./55.

Postal Draft, A027929



To: Office Commanding
Newfoundland Forestry Corps.

April 15th 1918

Quirkeld

Herewith Postal Draft 5/8 in favour 637 Capt J Michelin on account of
balance due from Headquarters period ended 11th - Reference M.F.P./18. No: 41

Please acknowledge receipt hereon.

(Sig.) J. Michelin Corp.

(Date) 20.4.18

A. A. [Signature]
Chief Paymaster & Officer i/c Records.

File 637 Michelin

038381

No. 6907/130

NEWFOUNDLAND FORESTRY CORPS

N. F. P. / 170.

From

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

To

Officer Commanding,
Newfoundland Forestry Corps,
Dunkeld.

Subject: 4th May 1918

May 6/18 191

Subject: 637, Cpl. J. Michelin,
att. Newfoundland For. Corps.

Receipt hereunder.

W. H. Adams Capt. 4th
Officer Comdg Forestry Corp.
1st Newfoundland Regiment

With reference to the follow-
ing telegram (4006) from the Hon.
Minister of Militia, received
3/ 5/18

received the sum of Eight
Pounds on account of

Pay to 637 Michelin, £8:0:0

cable remittance from Newfoundland.

Draft £8:0:0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Jos. Michelin
No. 637 Rank Pl. Cpl

J. B. Anderson Lieut

Chief Paymaster & O. i/c Records.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

.....

ST. JOHN'S, NEWFOUNDLAND.

May 14th 1920.

.....

Dear Sir:-

In furtherance to my letter of Feb. 16th 1920 re 1914-15 STAR which was forwarded you by Registered Post in December 1919, no acknowledgement has been received by this Office for same.

Kindly give this matter your earliest attention, and in case the STAR has not been received please notify this office and we will endeavour to have it traced.

Yours sincerely,

A. G. James 2/Lieut.
CASUALTY OFFICER.

637, Ex. Pte. J. Mitchelin,
Hamilton Inlet,
Labrador.

PPPPPP

CR.

637

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name.....

Jos. Michelin

Date.....

Place.....

25/3/14
W. Paris

Please sign, and return to Dept. of Militia.

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

Lieut. Colonel,

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of
1914-15 Star.

I certify that I am entitled to this issue,
having served on* *Gallipoli Madras Egypt*
from *19 Sept* 1915 to *31 Dec* 1915.
(Date) *19 Sept* (NO) *687* (Rank) *Lt.* (Name) *J. Michelin*
(Place) *General Hospital*

*Fill in theatre of War where you served in
Gallipoli, Madras, Lemnos, or Western Egyptian
Frontier.

B

C.R! 637

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated March 3rd/19.

Discharge on Demobilization Confirmed by Officer i/c
Records on
20/2/19.

#637 Sgt. Jos. Mitchelin.

C.R. 637

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. St. John's, Feb. 20th, 1919.

Discharge on Demobilization APPROVED by O.C. Discharge
Depot on 6-2-19.

637 Sgt. Jos. Michelin,



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Feb. 5th, 1919

191

From Officer Commanding,
Discharge Depot

Office of D.M.S.
To ~~Board of Pension Commissioners,~~
Militia Building

637 Sgt. Jos. Michelin

Above noted man was before the Standing Medical Board
on 28-1-19 and was recommended for discharge as perman-
ently unfit and admission to General Hospital.

His discharge on demobilization has been approved by the
Officer Commanding, effective from 6-2-19 and I am send-
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due
course.

Stanley Case

Captain
Asst. Adjt. Discharge Depot

Copy to Bd. of Pension Commissioners

The Royal Newfoundland Regiment

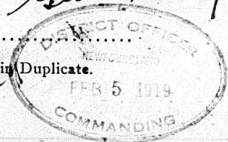
CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 637 Rank Serjeant Name Joseph Truchon
 Former Occupation Summitron Address 3. Carter Hill District St John
 Class B Medical Category P Disability Rating 100%
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Courier of Marine Engineering. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 3 2/19 Geo L. Leahy
W. S. White Capt
 Demobilization Officer

To be forwarded Orderly Room in Duplicate.



C.R.

637

Extract of Daily Orders Part II, dated Jan.13th 1919.

Duty

637 Sgt.J.Michelin.

Returned from leave and reported to Depot for duty 9-1-19

C.R. 637

Extract from Nominal Roll of repatriation draft No. 79 of the
Newfoundland Forestry Corps per S.S.CORSICAN, which embarked
at Tilbury Docks 12/12/18.

#637 Sergt. J. Michelin.

C.R. 637

Extract from FORESTRY ORDERS by Major M. S. SULLIVAN
officer Commanding Newfoundland Forestry Companies
dated 9/18/18.

The undermentioned having proceeded to Wincheters
is struck of the strength ~~and~~ from 10/12/18:-:-:-/.

637 Sgt. J. Mitchelin.

C.R. 637

Extract of Casualties received from Pay & Record Office,
London, dated January 22, 1918.

The undermentioned ex- xpeditionary Force man returned to
Great Britain with the draft which arrived 31/12/17

(No. 17 from Bfld.)

ATTACHED TO FORESTRY CORPS.

#637 Cpl. Michelin ✓

Discharged in New oundland as medically unfit 11/4/17.

Auth:- Records Branch Pay & Record Office..

C.R! 637

Extract from Daily Orders part LL,
Unit St. John's dated 12-12-17.

Forestry

637 Pte. J. Michelin.

To be Corporal from 10-~~21~~-17.

C.R. 637

(Forestry)

Extract from Daily Orders part
II, Depot St. John's dated 12-12-17.

Attested for Service with the Forestry Coys and
retaining Regt. Numbers from 10-12-17.

637 Pte. J. Michelin.

C.R. 637

Extract from Draft Newfoundland Forestry Co., embarked S.S. Florisel
December 11 h 1917.

"b.l."

#637 Cpl. J. Michelin.

C.R. 637

Forestry Extract from Daily Orders part II, Unit
St. John's dard 12-12-17.

The u/n embarked for overseas on the S.S. FLORIZEL
on Dec. 11th. 1917.

#637 Cpl. J. Michelin.

C.R. 637

Extract from list of men of the Royal Newfoundland discharged
on various dates.

637 Pte. J. Michelin

Discharged Dec. 8th 1917, Medically unfit

C.R. 637

Extract from Roll Officers N.C.O's and Men DISCHARGED from
The Royal Nfld. Regt.

Regtl.No.	Rank	Name	Date	Reason.
637	PTe.	Michelin J.	Dec.8/17	Med.Unfit.

637

PCR

Extract from Daily Orders Part 1, Unit The Royal Newfoundland
Regt., St. John's, Dec. 3rd, 1917.

637 Pte. J. Michelin.

Reported back from Recruiting on Dec. 3rd.

D. 637

December 10th. 1917.

From C.C. Companies.
Depot.

To Paymaster and Officer i/c Records.
Dept. of Militia.

Sir,

Re 637 Pte. J. Mitchelin.

The above mentioned man has been squared up to and including November 30th. 1917. He has an allotment current of eighty cents (80cts.) per day.

C.R.

637

Extract from Daily Orders Part II Unit The Royal Rifle
Regt., St. Jean's, Oct. 16th, 1917.

The following man proceeded on Special Duty RECRUITING
on Oct. 16th, 1917.

637 Pte. J. Michelin.

C.R.

637

Extract from list of men discharged from the Royal Newfoundland Regiment on various dates.

637 Joseph Michelin discharged April 11th 1917

Medically unfit

C.R.

637

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt., St. John's, March, 27th, 1917.

637 Pte. J. Michelon.

Attached to the strength from Mar. 26th-17.

TRANSLATION OF CODE MESSAGE SENT TO
SYNOPTICAL, LONDON, ON THE
5TH MARCH, 1917.
6666

Telegraph whereabouts of 1815 Healey
738 Davis What is address of What is
nature of illness of 1804 Cummins Report
by telegraph present condition of 2200
Evey What is address of Report by tele-
graph present condition of 657 Michelin.

G.

8th March, 1917.

Dear Sir,

On the 5th instant I cabled the Newfoundland Pay and Record Office, London, for information concerning No. 637, Private Joseph Mechelin, and am to-day in receipt of a reply, which states that he is at present at the Depot, awaiting repatriation.

Yours faithfully,

Colonial Secretary.


Mr. J. O. Williams,
21 Circular Road.

637 Mechelin

C.R. 637

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R.O. Nov 16th 1916.

637, Pte J. Michelin. 

1 Battm D. Co. GSW. Left Thigh To Eng ex St. John Amb Brig Hoş. 8th Nov 1916

FOUNDLAND 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) *And M. Shubey*
Signature of Sender _____ Address ¹ _____

Line Number	Rcd	By	Sent by	Check

Dated 11 November 1916.
To Mr. Joseph Michelin,
Hamilton Inlet.

Record Office London today reports No.637 Michelin admitted Wandsworth Hospital Gun shot wound left knee.

J.R.BENNETT
COLONIAL SECRETARY.

CR 637

Extract of Casualty List received from P.&R.O.
November 11th. 1916.

637, Pte J. Michelin.

At 3rd London General Hospital Wandsworth 8/11/16.
G.S.W. L. Knee.

C.R. 637

Extract of Casualties received from Pay & Record
Office, London, dated October 30, 1916.

#637 Pte. J. Micholin. ✓

Wounded 12/10/16 and reported by O.C.Bn, 14/10/16.

46

COPY OF TELEGRAM.

Dated

24th October, 1916.

**Mr. Joseph Michelin,
Hamilton Inlet, Labrador.**

Regret to inform you that the Record Office,
London, officially reports **No. 637 Private Joseph Michelin**
at St. John Hospital Etaples October fourteenth Gunshot
Wound Left Thigh Severe.

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

J. R. BENNETT,

Colonial Secretary.

C.R. 637

Extract of Casualties received from Pay & Record Office,
London, dated October 24, 1916.

The following Casualty in the 1st. Nfld. Regt. with the
British Expeditionary Force is reported under various date:

#637 Pte. J. Michelin.

Wounded.

C.R. 637

Extract from Casualties received from P.&.R. Office, London,
Oct. 24th, 1916.

St. John Ambulance Brigade Hospital, Etaples.

Gunshot wound: left thigh severe.

637 Michelin.

C.R. 637

Extract of Casualties received from Pay & Record Office,
London, dated October 23, 1916.

#637 Pte. J. Michelin.

Gunshot wound Left Thigh severe.

Admitted St. John Ambulance Brigade Hospital, Staples,
October 14, 1916.

M

June 30, 1916.

Dear Sir,

I beg to acknowledge your letter of the 21st regarding your son and I shall be glad to give you any further news that we may receive of him.

Yours truly,

Colonial Secretary.

Mr. Joseph Michelin,
Travershine,
Grand River.

Troubling.
Grand River
May 23. 1916.

Pay his Bill. For I had a letter from the College before that saying that he did not have enough to pay his bill. Well I never had a word about it yet. I hope it is not gone a stray. Well about my son Joseph Michelin. I would thank you very much, to hear from him any time. are about him.

Please when you write to one Fats Putony name down in all the letters for I have a Beeth called John. I get some letters of need.
My name is Joseph Michelin

Dear J. R. Binnett

I received your welcome letter of Feb 18. 1916. and was so glad to hear about my son Joseph. I have three notes, are letters from you now. I thank you so very much, for letting me know where, and how he is. It is very kind of you I think so. Well I suppose the done his ^{best} to help our side. We all hope for the Best, and pray for peace in the present time for it. I had a letter telling me that Joseph Michelin paid his bill in Bishop College. Just before that I sent one Ten Dollars Bill to help

I am your well wisher
Joseph Michalek

FEB 18 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 637, Private Joseph Michelin, who was reported at Malta on December 7th suffering from gunshot wound in shoulder and left thigh, was transferred to Ghair Tuffieha Convalescent Camp, Malta, on January 6th.

This information has been received by mail.

Yours faithfully,

Mr. Jos. Michelin,
Hamilton Inlet,
Labrador.

Colonial Secretary.

C.R. 637

Extract from War Office List.No.H.6434.

657 Pte.Michelin, J.

1/Nfld.R. @SW Shoulder..Trans, to L Of C.per H.T."SIMLA" ex
St.Peter's H.Ghain Tuffieha Malta. 13th Feb'16.

January 14, 1916.

Dear

Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

the injuries sustained by No. 637, Private Joseph Michelin, of which you have already been notified, consist of a gunshot wound in the shoulder and left thigh and that he was admitted to the Military Hospital, Gottonera, Malta, on 7th December.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Joseph Michelin,
Hamilton Inlet,

Extract of Casualty List received from P.&R.O.
January 9th 1916.

#637. Pte J. Michelin . ✓

Shrap. Wound L. Leg & Right Arm. 29/11/15. 3rd Echelon,
Base Egypt. December 25th 1915.

C.R. 637

Extract of Casualties received from Pay & Record Office,
London, dated December 24, 1915.

#637 Pte. J. Michelin.

Shrapnel wounds right shoulder and Left Thigh.

Admitted to Hospital in Malta ex; H.S. "Dunluce Castle"
7th December 1915.

v
M(46)

December 23, 1915.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 637.

Private Joseph Michelin, has been wounded slightly

(no date given).

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Joseph Michelin,
Hamilton Inlet,
Labrador.

Colonial Secretary.

C.R. 637

Extract from Casualties.....List No. H. 16776.

Telegram from Third Echelon, Alexandria, dated 24th December
1915. (M.F.C. Received 25th December, 1915).

Reported wounded 29th November 1915.

637 Pte. J. Michelin.

C.R. 637

NEWFOUNDLAND CONTINGENT.

Extract of casualty list received from Pay and Record
office London Dated Dec.29th.1915.

Telegram from third Echelon, Alexandria dated 24th.Dec.
1915.(M.F.C.32756. Received 25th.December 1915.)

637 Pte.J.Michelin ✓

Reported wounded the 29th.November 1915.

C.R. 637

Extract from Nominal Roll of "D" Co. 1st Bn. Nfld.
Regt. Embarked at Devonport for Active Service
20-8-15.

637 Pte. J. Michelin.

Disembarked Alexandria 31-8-15 Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli,
13-9-15.

C.R. 637

Extract from Nominal Roll embarked for overseas
per S.S. Stephens March 20th, 1915

#637 Pte. Joseph Michelin.

C.R.

637

Jos. Michelin was attested for General Service
with the NEWFOUNDLAND REGIMENT on .December.14th.1914
Regimental No. 637 was allotted to Pte Jos. Michelin

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **F. 637**.....Rank **Sgt.**.....Name **Jos. Michelin**
 Intended place of residence..... **5 Carter's Hill**

2. Occupation **Lumberman**
 Classification of soldier **B.**.....Medical Category **B.**

3. The above named man is discharged in consequence of.....
ELIGIBLE FOR POST-DISCHARGE PAY

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 **Feb. 10th. 1919**.....
 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 and date **ST. JOHN'S**.....
5-2-19.....
(sgd) Jos. Michelin
 Signature of soldier
(sgd) C. B. Dicks 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 and Date **ST. JOHN'S**.....
5-2-19.....
(sgd) Jos. Michelin
 Signature of soldier
(sgd) W. J. Eaton RQMS
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service ~~10-12-19~~ **10-12-19**..... No of days on Military
 Discharged from service **6-2-19 Plus 14 days.**..... Service **438**

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 **Feb. 6th. 1919**.....
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place.....
 Date.....
 Officer in Charge Records
 The Royal Newfoundland Regiment



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) 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 **JAN. 28th. 1919.**

- | | |
|-----------------------------------|---|
| 1. Unit Royal Newfoundland | 5. Age last birthday 22YEARS |
| 2. Regimental No. 637 | 6. Enlisted on DEC. 14th. 1914. |
| 3. Rank SERGT. | at ST. JOHN'S |
| 4. Name MICHELIN, JOSEPH. | 7. Former trade or occupation TRAPPER. |

8. Disability

G.S.W. LEFT KNEE.

9. History **WAS WOUNDED IN FRANCE OCT 12th. 1916. THROUGH KNEE. WAS ALSO WOUNDED AT GALLIPOLI NOV 1915 LEFT THIGH & RIGHT SHOULDER SHRAPNEL.**

10. What is his present condition? **ENTRANCE SIDE OF WOUND ON INNER SIDE OF LEFT**

THIGH ABOUT 3" ABOVE KNEE JOINT EXIT OPERATION

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.) **WOUND ON OUTER SIDE OF LEG 1 1/2" BELOW JOINT HEALED. PIECE OF LOOSE BONE OR CARTILAGE**

ON INNER & OUTER SIDES OF MIDDLE OF LEFT THIGH HEALED. COMPLAINS OF PAIN IN LEFT KNEE JOINT- HE STATES HIS KNEE LOCKS AT TIMES.

Medical Report on an Injured

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as **YES.**
permanently unfit?

Signature **F.W. BURDEN**

Rank or Qualification **ACTG. M.O.**

Remarks if any by Officer in Charge 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 **MAY** 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?

40%

(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?

(State in percentage.)

40% 6 MONTHS.

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence **NO** (b) Misconduct **NO.**

18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital **YES FOR OPERATION.**
Naval and Military Con-
valent Hospital
Nurse, N. B. P. 1919 Camp

20. We recommend discharge from the Army **PERMANENTLY UNFIT.**
~~retention in~~

Remarks if any:—

N. S. FRASER.

President

Signatures **J. S. TAIT.**

L. PATERSON. MAJOR.

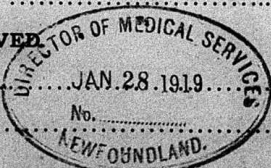
Place **ST. JOHN'S**

Date **JAN. 28th. 1919.**

APPROVED

Station **JAN. 28. 1919.**

Date **No.**



(SGD) CLUNY MACPHERSON. MAJOR.

Administrative Medical Officer

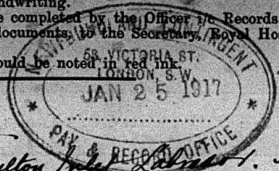
Descriptive Return of a Soldier discharged on account of Disability.

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

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his affirming 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 of 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 *Michelle Joseph*
Regiment from which discharged *1st New Brunswick*
Regimental Number *637*
Intended address *Grand Village Hamilton Inlet Labrador*

Height on discharge *5 1/2* Feet *Inches*
Colour of Hair on discharge *Dark brown*
Figure on discharge *Medium*
Christian name of Father *Joseph*
Christian name of Mother *Mary*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____

Nature & Locality of Civil Employment desired. *Uncertain - probably Clerical*

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) *J. Michelle*
 (Rank) *Pl*
 Station *Wandsworth SW.* Date *2.1.17*

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

H. D. Clark Capt for Medical Officer i/c
3rd London Guard Hospital
 Station *Wandsworth SW.* Date *2.1.17*

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

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

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

Certified true copy

No. 637

Rank Pl

Name (surname first) Michelin. Joseph

Regiment 1st Newfoundland



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

Trapper for about 7 years

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Trapper
A. Short time Student*

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

Clerical

4. What is the name of your Approved Society? *No*

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

Machine Gunner

Date 1.1.17

Signature Sgt J. Michelin

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



DEPARTMENT OF MILITIA
ST. JOHN'S, NEWFOUNDLAND

ROYAL REG
April 11th., 1919.

From:- D. M. S.
To:- The Paymaster.

637, Sergt. Michelin, R.

[Handwritten signature]
Please note that the marginally noted man was
discharged from the St. John's General Hospital
April 11th., 1919.

[Handwritten signature]
Major, D. M. S.

The Royal Newfoundland Regiment

637

DEMOBILIZATION OF

Reg. No. 637 Rank Serjeant Name Michelle Joseph
 Date of Enlistment 10-12-17 Address Marbleton Hotel District Labrador
 Occupation Lumberman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating 40% for 6 months
 Passed to Demobilization Officer with following documents:—

N.F. P/36	1	B 268		B 121	1	N.F. Med.		D.F. 1	
B 178		W 3494		B 122		Board 1st		" 2	
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	3
B 179	2	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 3-2-19

W. S. Alley Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 3-2-19

Assistant Capt

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Joseph H. Snowbird

Date 5-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. *797* issued

Date *5-2-19* *Obdriks Capt*
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 *20-2-19*

Date *5-2-19* *Wesley Capt*
Depot Paymaster

Discharge approved for. *6-2-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36. ✓	B 268.	B 121. ✓	N.F. Med.	D.F. 1. ✓	
F 178. ✓	W 3494.	B 122.	Board 1st.	" 2. ✓	<i>1000</i>
B 178a. ✓	D 400A. ✓	B 1915.	do 2nd.	" 3. ✓	<i>12</i>
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 *14.2.19* *Obdriks Capt*
Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date *FEB 6 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date *Feb 22nd 1919* *[Signature]*
Pension Records

Casualty Form—Active Service.

583

Regiment or Corps Newfoundland

Regimental No. C.R. 637 Rank Plt Name Mechelin J

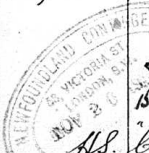
Enlisted (a) Dec 14/14 Terms of Service (a) 1 year Service reckons from (a) Dec 14/14

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

Extended _____ Re-engaged Aug 15/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 35, or other official documents.
Date	From whom received				
30/11/15.	Unit.	Shrap. W., I. Log, R. Arm	Gallipoli	29/11/15.	B 213.
20/12/15	Comdt., Malta.	Admitted	Cottonera Hosp., Malta.	17/12/15.	F 410.
11/3/16.	<u>and</u>	<u>with Battalion</u>	<u>and</u>	7/3/16	B213
		Emb'k'd	Port Suez	14.3.16	
		Disemb'k'd	MARSEILLES	22.3.16	
		<u>and with Battalion</u>	<u>and</u>	4.7.16	B213.
		<u>sent ad per 29th Reg trans</u>	<u>and</u>	13.10.16	B.O. 4489
		<u>St. "Cambria" to England 9/11/16</u>	<u>and</u>		St. John Amb Bnd Hosp. Staples
		<u>Gen. Inf knee W 3083</u>			

Report No. 801/1
Dated JAN 25 1917



[Handwritten signature]

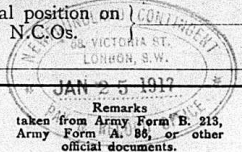
J. H. Rendell
CAPTAIN.
for Officer in Charge

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 637Rank PteName Michelin JEnlisted (a) Dec 14/14Terms of Service (a) 1 yearService reckons from (a) Dec 14/14Date of promotion }
to present rank }Date of appointment }
to lance rank }Numerical position on }
roll of N.C.Os. }Extended Warrior No. 1Re-engaged Aug 15/15

Qualification (b) _____



Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks
		Embarked <u>St John's Nfld</u>		<u>3.2.15</u>	
		Disembarked <u>Gallipoli</u>		<u>1.9.15</u>	
<u>30.11.15</u>	<u>Unit</u>	Embarked for <u>Gallipoli</u>	<u>Gallipoli</u>	<u>13.9.15</u>	
		Sharp. W. & Leg. A. Arm		<u>29.11.15</u>	<u>B 213</u>
<u>20.12.15</u>	<u>Comd Malta</u>	Admitted <u>Cottonera</u>	<u>Malta</u>	<u>27.12.15</u>	<u>F.410</u>
<u>11.3.16</u>	<u>Unit</u>	With <u>Battalion</u>	<u>Unit</u>	<u>7.3.16</u>	<u>B 213</u>
		Embarked <u>Port Suez</u>		<u>14.3.16</u>	
		Disembarked <u>Marseilles</u>		<u>23.3.16</u>	
	<u>Unit</u>	With <u>Battalion</u>	<u>France</u>	<u>4.7.16</u>	<u>B 213</u>
<u>15</u>		Ad. W. 2 High <u>France</u>	<u>Col.</u>	<u>13.10.16</u>	<u>G.O.4489.</u>
<u>Ms. Cambria</u>		To <u>England</u> 9.11.16	<u>Ed. Kipling Amb. Brig. Hosp.</u>		<u>Steples</u>
		<u>P.O.W. St. Louis W. 3083</u>	<u>See J.P. Burchell</u>		
					<u>Capt</u>
					<u>For No. 1 Regular Infantry Section</u>
					<u>J.P. Burchell</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shaping Heath, etc., etc., also special qualifications in technical Corps duties.

I.P.T.O.

C.R.

637
Dec. 5th 22

Mrs. Hettie Clarke,
67 Souvenir Avenue,
Montreal, P.Q.,
Canada.

Dear Madam:-

In reply to your letter of 28th Nov.,
enquiring for the address of Sergt. Jos. Michelin,
I regret that this Department cannot locate this man.

There are service medals in this office
belonging to him, and we have endeavoured to find him,
by advertising in the press, and other ways, but have
not been successful.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

67 Souvenir Avenue,
Montreal, Canada.

Nov. 25th / 22.

~~Q. No.~~

C.R. 637
Colonel Rendell:

Dear Sir:—

Having no means
of ascertaining the where-
abouts of "Sergt. Joseph
Michelin."

It occurs to ^{me} that you
may be informed of his
monuments, and I shall
be greatly obliged if

you will let me know
where I may address
a letter to reach him
in the course of a few
days.

Apologising for the
trouble I am causing
you, but having nursed
him at the General Hospital
St. John's. and a great friend
of his. I am anxious to
communicate with him.

I am,
Yours faithfully,
(Mrs) Hetie Clarke

Certified Copy
J.S.D.

Jan 15 '17

Army Form B. 179.

Medical Report on an Invalid.

Station 3rd London General Hospital
Wayside Lane S.W.

Date 1 Jan 1917



1. Unit 1st Newfoundland
2. Regimental No. 637
3. Rank Pte
4. Name Mitchell J

5. Age last birthday 20
6. Enlisted on 14 Dec 14
at St John's Africa
7. Former Trade or Occupation Student at College

8. Disability.

G.S.W. XI L Knee

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. 12 October 1916
10. Place of origin of disability. France - Fless.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Wound just above knee on inner side? No exit wound. In France knee was aspirated and infected with Glycerine & formaline. Shrapnel bullet removed from knee 16.11.16. Adhesions were broken down under gas 15.12.16

- 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).

Active Service
G.S.D.

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.

Knee not swollen; movements limited. Not complete extension Flexion only 60°

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

Yes
Yes
Yes

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

Bullet Removed 15.11.16
Adhesions Broken 15.12.16

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

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

19. Do you recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Yes

Sigs

L. C. Cebit Capt. R.A.M.C.S.
Officer in medical charge of case.

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

Station Wandsworth S.W.

A. E. Bruce Porter
Officer in charge of Hospital
Comdant London General Hospital

Station

Date

3 Jan'y 1917

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

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

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

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

Active Service
G. S. W.

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

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

22. Is the disability permanent? *Yes*

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

To be stated in months. *✓*

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

Total at present

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

25. If an operation was advised and declined, was the refusal unreasonable? *Vide 16*

26. Do the Board recommend

(a) Discharge as permanently unfit, or *Yes*

(b) Change to England? *See*

Signatures: *See*

3rd London General Hospital
Station *Wauasworth Sw.*

Date *4. 1. 17.*

W. E. Dyate *Maj. R.A.M.C.* President.
J. F. Wetheres *Capt. R.A.M.C.* Members.
A. J. Stoward *Ct.*

3rd London General Hospital
Station *Wauasworth Sw.*

Date *4. 1. 17*

W. E. Dyate *Maj. R.A.M.C.*
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

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

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

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision } _____

Administrative Medical Officer. _____

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station _____
 Corps *1st West Lancashire*
 Regimental No. *637*
 Rank *4th*
 Name *Richard H. Asher*
 Disability *9. 11. 17*
 Date *4. 1. 17*

Hospital or Station } _____
 transferred to for final disposal }
 Date of final disposal } _____
 How finally disposed of } _____

This original Report is invariably to accompany the Exchange documents of INVALID.
 Form B. 179.
 xi. (88579) W. A. 1886 472X 5-15 W B & L
 34



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) 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. Johns*

Date *28th January 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>22 years</i> |
| 2. Regimental No. <i>634</i> | 6. Enlisted on <i>14th Dec 1914</i> |
| 3. Rank <i>Sergeant</i> | at <i>St. Johns</i> |
| 4. Name <i>Michelin, Joseph</i> | 7. Former trade or occupation <i>Trapper</i> |
| 8. Disability | |

G.S.D. Left knee -

9. History *Was wounded in France Oct. 12 1916. Right knee was also wounded at Gallipoli Nov. 1915. Left thigh & Th. Should. (Shrapnel)*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note 1 above.)

Entrance wound on inner side of left
knee about 3" above knee joint with
operation wound, on outer side of
leg 1 1/2" below joint - healed -
piece of loose bone or cartilage inner side of
joint - has other small wound on inner and
outer side of malleolus of left. Right Healed
Complains of pain in left knee joint - he states
his knee locks at times.

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as
permanently unfit?

Yes -

Signature

J. E. Burden

Rank or Qualification

ADJUTANT

Remarks if any by Officer in Charge 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 may 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.

The loose cartilage can be felt slipping in & out & causes knee to lock at times

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 40%
- (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? 40% six months
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by _____ (a) Intemperance no (b) Misconduct no

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 Con-
 valescent Hospital,
 Jensen Tuberculosis Camp. *yes for operation*

20. We recommend discharge from retention in the Army permanently unfit

Remarks if any:—

.....
 Signatures..... *W. Sinclair* President
 *W. Patterson*

Place *S. Johns*

Date *Jan 28/19*

APPROVED

Station *Director of Medical Services*

Date *JAN 28 1919*



Clayton Macpherson
 Administrative Medical Officer

60 Calhoun St
Sault Ste Marie
Oct. 15. 10. 19

7032

Dear Sir,
Received the gratuity
\$109.00 that was sent to
the Bank of Montreal.
Thanks very much for
same. But I missed over
three years & received
four payments of \$70.00 & one
of \$39.00 total \$319.00.
I would like to know
why I did not receive
my full amount of \$420.00
Trusting to hear from
you soon.
Yours
D. J. J. J.

James J. J. J.
637 Jos. Michelin

Send statement

Bonus date of discharge	12.95
Jan 22 Post discharge pay	87.15
Mar 1 Pay	70.00
Apr 7	70.00
May 12	70.00
June 12	70.00
July 12	39.90
	<hr/>
	\$420.00

Sault Ste Marie

Capt Jm Hawley 21.7.19

5920

Dear Sir:-

would you kindly forward the remainder of my gratuity to the Bank of Montreal Sault Ste Marie Ont. Canada.

& oblige

Yours Truly
Jos. Michelin.

637

Bonus	1295
July 22	8715
Mar 1	7000
Apr 7	7000
May 12	7000
Jun 12	7000
July 12	<u>3990</u>

16/9/19 JMT

.Michelin. f.

637

Ray Dorn

No. 637

Name Michelin Joseph Return

9/3/17 Reckoned 10/18/17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Nov 20	By Pay 15 days @ 1 ⁵⁰			16 50	16 50
31	" " 7 " @ 1 ⁵⁰			12 95	29 45
Apr 11	" " " do			20 85	49 80
	Bonus			12 95	62 75
	Glacung			25 00	87 75
Mar 26	To Pay		15 00		72 75
31	" allotment 22 days @ 75¢		16 50		56 25
Apr 12	To Pay		87 95		18 30
19	Boal for Boal from London		16 30		2 00
			2 00		
1918 Dec 31	By Pay 19 days @ 1 ⁵⁰ Boal from London To allotment		13 80	28 50 15 14	28 50 43 64 30 34
Jan 31	By Pay 31 days @ 1 ⁵⁰ To allotment To Pay		21 70 40 00	46 50	76 84 55 14 15 14
Feb 5	By Pay 5 days @ 1 ⁵⁰ Sub allowance B allowance 14 days @ 1 ⁵⁰ To allotment To Pay		9 80 85 60 12 64	7 50 14 40 60 00 21 00	22 64 37 04 97 04 11 8 04 108 24 12 64
	" "				
			280 79	280 79	

Sig. A. Looney

Returns from overseas 24/3/17
 Discharged 1st 11/4/17
 Reckoned 10/18/17 Jometry
 Returns from overseas 21-12-18

No. 637

Name Michelle Joseph

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		280 79	280 79	0
	War Service Gratuity				
	6 Mos @ 70.09			420 00	420 00
	Bonus		12 95		407 05
	Chattanooga				
Jan 22	20 Day	8682	87 15		329 90
Mar 1	" "	10916	70 00		259 90
Apr. 7	" "	15717	70 00		179 90
May 12	" "	18994	70 00		109 90
June 12	" "	22225	70 00		39 90
July 12	" "	1138	39 90		0
	Under br. with pay		13 52	13 52	13 52
	20 Day				0
			714 31	714 31	0

199/T
 PAY LEVY
 DATE

515 Albany St

Sept.17,1919

Bank of Montreal,
Sault Ste.Marie, Ont.

Re #637 Joseph Michelin

Dear Sirs:-

At the request of the above mentioned man
I enclose two cheques for Seventy dollars (\$70.00)
and Thirty-nine dollars and ninty cents (\$39.90)
respectively, which please place to his credit in
your Bank, and oblige.

Yours truly

Major & Paymaster.

9 ties for
Major Bowley

Date	Initials
3. 6. 20	W.P.

8906 X.
Wm. F. F. F. F. F.

Joe Batt's Arm.
Apr ^{to} 24 1920

Dear Sir:

If that Certificate
of my deceased son William
F. F. F. F. F. which I send to
you a few weeks ago is of
no value to you: will you kindly
return it to me. I is I no
in letter for the separation allowance
I filled out the forms as well
as I hoped. Now I hope
that you will send me the money
as I am in need of it
I remain yours truly
Sarah R. F. F. F.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 637 Rank Serjt Name Jos Michelin
 Intended place of residence 5 Camp Hill
 2. Occupation Lumberman
 Classification of soldier B Medical Category B

3. The above named man is discharged in consequence of DEMOBILIZATION

ELIGIBLE for POST DISCHARGE PAY

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

Place Feb
 Date MAR 10 1919
W. H. S. Capt
 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 and date St John's 5.2.19
Jos Michelin
 Signature of soldier
W. J. Calton RQM
 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 and Date St John's 3-2-19
Sgt Jos Michelin
 Signature of soldier
W. J. Calton RQM
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-12-17 No of days on Military
 Discharged from service 6-2-19 Plus 14 days Service 438 450 days

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
R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date FEB 6 1919

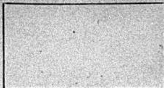
CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St John's
 Date February 26 1919
W. H. S. Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

18
31
28
31
11
139
73
112
7
1
22
31
30
73

This space to be left blank for the Chelsea Number.



Army Form B. 268.



Proceedings on Discharge.

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

No. <u>637</u>	Army Rank <u>Private</u>
Name <u>Michelin Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>April 11th 1917</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. <u>21</u> years <u>2</u> months 28	
Age	Description at the time of discharge.
Height <u>5</u> feet <u>5 1/2</u> inches	Descriptive marks. <u>scar above knee inside left leg and below knee outside.</u>
Chest measurement (girth when fully expanded) _____ ins.	
range of expansion _____ ins.	
Complexion <u>Rather dark</u>	
Eyes <u>Brown</u>	
Hair <u>Dark Brown</u>	
Trade <u>Student</u>	
Intended place of residence <u>Grand Village</u>	
(To be given as fully as practicable) <u>Hamilton Hotel</u>	
<u>Labrador</u>	
<small>(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.)</small>	
2. The above-named man is discharged in consequence of <u>Quarrel wound left knee</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

Forms
C. 348
61

MEMORANDUM.

From Adjutant
Depot.

From

To Paymaster,
Colonial Building.

To

ANSWER.

~~St. Johns~~

~~Dec, 8th/17.~~ 191 .

191

Will you please

let us have 637, Pte. J. Michelin's
papers, as this man has to
have a medical examination,
before being transferred to the
Forestry Coy's

J. J. O'Keefe
Capt. &

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

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 637 Pte. Micholin J.

(Substituting A.F.O. 1325) N.F.P/Ka

"H" Company. From 17/2/17 To 9/3/17 (Dates inclusive)

Embarked per S.S. Missanabie

From Liverpool Date 9.3.17

DR. Classification (See procedure) A.

Draft No. 31 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	8	Forfeited Pay									1	Pay	100	21	21	00				
	9	Allotments	.75	21	15	75					2	Field Allowances	.10		2	10				
	10										3	Other Allowances								
11/12		Total Stoppages			15	75	3	4	9	4/5		Total @ \$4.86 2/3			23	10	4	14	11	
13		Fines								6a		Ration Allowance					1	0	0	
14		Clothing & Necessaries																		
15		Arms & Accoutrements																		
16		Barrack Damages							6											
17		Hospital Stoppages																		
17a		Miscellaneous Stoppages							1											
19		Casual Payments							13											
20		1st Payment							7											
21		2nd "							7											
22		3rd "							7											
23		Final "																		
24		Balance Debit Last Period																		
28		" Due by Paymaster							5	14	11						£	5	14	11
											27	Balance Due to Paymaster								

This account is in accordance with information received at the Pay & Record Office to 10/3/17 and is therefore subject to amendment if, and as may be found necessary.

CHECKED
[Signature]
 1917

Racecourse, Guy
March 7th 1917



CERTIFIED CORRECT.

[Signature]
 O.C. "H" Company.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 637 Pte. Michelin J.

(Substituting A.F.O. 1325) N.F.P/Ka

"H" Company. From 17/2/17 To 9/3/17 (Dates inclusive)

Embarked per S.S. Missaukee

From Liverpool Date 9.3.17

DR. Classification (See procedure) A.

Draft No. 31 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	£	s	d	
	8	Forfeited Pay								1	Pay	100	21	21	00			
	9	Allotments	.75	21	15	75				2	Field Allowances	.10		2	10			
	10									3	Other Allowances							
11/12		Total Stoppages			15	75	3	4	9	4/5	Total @ \$4.86 2/3			23	10	4	14	11
13		Fines								6a	Ration Allowance					1	0	0
14		Clothing & Necessaries																
15		Arms & Accoutrements																
13		Barrack Damages																
17		Hospital Stoppages																
17a		Miscellaneous Stop																
19		Casual Payments																
20		1st Payment																
21		2nd "																
22		3rd "																
23		Final "																
24		Balance Debit Last Period																
28		" Due by Paymaster								27	Balance Due to Paymaster							
					2	5	14	11						£	5	14	11	

CHECKED
[Signature]
 7/4/17

Racecourse, Ayr
March 7th 1917



CERTIFIED CORRECT.

[Signature]
 O.C. "H" Company.

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

MEDICAL HISTORY

Surname *Michelin* OF Christian Name *Joseph*



Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>10</i> day of <i>Dec</i> 191 <i>4</i>		on day of 191	
	at <i>St John's</i>		at	
Declared age	<i>19</i> years days		years	days
Trade or occupation	<i>Student</i>			
Height	<i>5</i> feet <i>4 1/2</i> inches		feet	inches
Weight	<i>136</i> lbs.			lbs.
Chest Measure- ment	Girth when fully expanded .. <i>33</i> inches			inches
	Range of expansion .. <i>36</i> 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	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Clayton Macpherson</i>			
(Rank)	<i>Capt</i>		Medical Officer.	
Enlisted	at <i>St John's</i>		at	
	on <i>12</i> day of <i>Dec</i> 191 <i>4</i>		on day of 191	
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>4th Regt.</i>	<i>637</i>		
Transferred to				
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital Wandsworth SW.	9	11	16				G.S.W. II Lacer		Apard held — see overlap. Disability — G.S.W. II Lacer, movements are limited. Flexion only 60° Cause — G.S.W. on Active Service Total — inability to earn a livelihood at present.	J. N. Jagan, Capt. R.A.M.C. 3rd London General Hospital, Wandsworth SW.

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

Date	Brief Details, and Signature
27.4.15 16.8.15	<p>27/4 Yace Fit for Foreign Service</p>
4.1.17	<p>Board held - 4.1.17 Young Board - Permanently unfit Approved 14.1.17 Sgt. S. Sagan, Capt. R. C. C. C. 3rd London General Hospital Haustraworth, W.</p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Sgt. S. Sagan	Dec 14/15	30. 5. 15			
2. S. Stepland	20. 3. 15	22. 3. 15			
2. S. Orduna	22. 3. 15	30. 3. 15			
Edinburgh Castle	30. 3. 15				

5 Carters Hill
City July 13/17

Dear Sir:-

Please would
you make my pension
payable per Bank
Montreal.

Please reply.

Yours Truly
J. Michelin



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, J. Michelin, Regl. No. 637

hereby agree, until further notification by me, and in similar official form, to make an Allotment of seventy five Dollars and seventy five 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
878	Father	To be placed to credit in Bank of Montreal St. John's in name of self and Joseph Michelin by order <u>Hamilton</u>		75
<p><u>Replacing no. 625</u></p>				
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.) [Signature]
Officer Commanding

Company

(Sig.) Joseph Michelin

(Rank) Private

St. John's
Mar 3rd 1915

be rendered for all ranks on discharge, transfers to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Sl. NO. 637 Rank Sergeant Name Michelin, J. Unit Nfld. Forestry Corps who was sent
to Newfoundland on 12/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

PERIOD: From 22/12/18 To 12/12/18	PARTICULARS	£ s d				PARTICULARS				£ s d			
		£	s	d						£	s	d	
	Balance Dr. from					Balance Cr. from							
	Allotment 20 days @ 7P	14	00	2	17	6	Pay 20 days @ £1.45	29	00				
	Cash Payments:						Field Allow 20 days @ £1.20 p	4	00				
	Other Debits:						Other Allowes days @ £	33		6	15	8	
					3	6	Other Credits:						
	Total Debits				3	1	Total Credits			6	15	8	
	Balance due by Paymaster				3	14	8	Balance due by to Paymaster			6	15	8
					6	15	8						

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

191

(Place)

(Date)

O.C. " " Company.

made up and checked in accordance with information received in the Pay & Record Office London to 10/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, S.W. 1.

1919

Chief Paymaster & O. i/c Records.

Amended Account

LAST PAY CERTIFICATE

 DUPLICATE
 N.F.F./94.
 MAIL COPY

To be rendered for all ranks on discharge, transfers to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

 Regtl No. 637 - Rank Sergeant Name Michellin, J. Nfld. Forestry Corps Unit Authority Cause
 Newfoundland 12 12 18n / / Cause

Posted sent who was

STATEMENT OF ACCOUNT

To	From	PARTICULARS				PARTICULARS			
		£	£	s	d	£	£	s	d
		Balance Dr. from				Balance Cr. from			
		Allotment days @ 20			20	Pay 1.55 days @ \$	29	00	
		Cash Payments: 14 00 2 17 6				Field Allowance 20 days @ \$ 2.20	4	00	
							33	6	15
		Other Debits:				Other Allowances days @ \$			
						Other Credits:			
		Total Debits	3	1	0	Total Credits	6	15	6
		Balance due by Paymaster	3	14	8	Balance due to Paymaster	6	15	6
			6	15	8				

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

191

(Place)

(Date)

O.C. " " Company.

Made up and checked in accordance with information received in the Pay & Record Office London to / / and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, S.W. 1.

7 2 1919

 London 10 12 18
 Chief Paymaster & O. i/c Records.

22/12/18 12/12/18

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY
N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 637 Rank Sergeant Name Michelin, J. Unit Wild Forestry Corps who was sent
to Newfoundland on 12/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$			£			PARTICULARS	\$			£			CR.	
		d	c		d	s			d	c		d	s			
PERIOD: From 12/12/18 to 22/12/18	Balance Dr. from							Balance Cr. from								
	Allotment 20 days @ 70	14	00		2	17	6	Pay 20 days @ \$1.35	27	00						
	Cash Payments:							Field Allow 20 days @ \$.15	3	00						
									30	00		6	3	3		
	Other Debits							Other Allowces days @ \$								
								Other Credits:								
					3	6										
	Total Debits					3	1	0	Total Credits					6	3	3
	Balance due by Paymaster					3	2	3	Balance due to Paymaster							
						6	3	3						6	3	3

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

191

Made up, checked 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,
10/12/18 191

O.C. " " Company,
London to 10/12/18

per W. Rawlinson & Co.
Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE ORIGINAL N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. **637** Rank **Sergeant** Name **Michelin, J.** Unit **Nfld Forestry Corps** who was sent to **Newfoundland** on **12/12/18** Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

	PARTICULARS				PARTICULARS				CR.			
	\$	¢	£	s	d	\$	¢	£	s	d		
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">PERIOD FROM 22/12/18 TO 12/12/18</div>	Balance Dr. from				Balance Cr. from							
	Allotment 20 days @ 70				Pay 20 days @ \$ 1.35				27	00		
	Cash Payments:				Field Allow 20 days @ \$.15				3	00		
		14	00	2	17	6	30	00	6	3	3	
	Other Debits				Other Allowes days @ \$							
					Other Credits:							
	Total Debits				Total Credits							
					3	1	0					
	Balance due by Paymaster				Balance due to Paymaster							
					3	2	3					
					6	3	3					
									6	3	3	

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

(Place) _____ (Date) 191

Made up, checked in accordance with information received in the Pay & Record Office _____ O.C. " " Company, _____ London to 10/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
10/12/18 191

for W. Crawford Chief Paymaster & O. i/c Records.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 637 Rank Serjeant Name Richard Joseph
 Date of Enlistment 10-12-17 Address Newfoundland District Labrador
 Occupation Lumberman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently Unfit Disability Rating 40% of 6 Months
 Passed to Demobilization Officer with following documents:—

N.F. P/36	<u>1</u>	B 268	B 121	<u>1</u>	N.F. Med.	D.F. 1		
B 178		W 3494	B 122		Board 1st	" 2		
B 178a	<u>1</u>	D 400A	B 1915	<u>1</u>	do 2nd	" 3	<u>3</u>	
B 179	<u>2</u>	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 3-2-19

W. W. Cap
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 3-2-19

W. W. Cap

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied. Joseph A. Snowling

Date 5-2-19

O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 797 to his home at and Release Certificate No. 797 issued.

Date 5-2-19 *Edwards Capt*
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 20-2-19

Date 5-2-19 *Whealey Capt*
Depot Paymaster.

Discharge approved for 6-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>Form B</i>
F 178	W 3494	B 122	Board 1st	" 2	
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 14.2.19 *Edwards Capt*
Demobilization Officer.

APPROVED.

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

ELIGIBLE for POST DISCHARGE PA

Date FEB 6 1919 *R.H. Sait Capt*
O. C. Discharge Depot.

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

Date

20179

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

MEDICAL HISTORY

Surname Michelin OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Hamilton Inlet County Lanarkshire Hls.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10</u> day of <u>Dec</u> 191 <u>7</u>	on	day of	191
	at <u>Headquarters</u>	at		
Declared Age	<u>22</u> years — days		years	days
Trade or Occupation	<u>Lumberman</u>			
Height	<u>5</u> feet <u>5 1/2</u> inches		feet	inches
Weight	<u>140</u> lbs.			lbs.
Chest Measurement {	Girth when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks {	Arm			
	Number	<u>m</u>		
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. 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)				
[Rank]				
Enlisted	at <u>Headquarters</u>	at		
	on <u>10</u> day of <u>Dec</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps. <u>5th Infantry</u>	Regtl. No. <u>637</u>	Corps.	Regtl. No.
	<u>Company</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

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 Signature
	<p style="text-align: right;"> <i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as</i> <i>7B for discharge on Demobilisation. Medical category</i> <u>E</u> <u>28-1-19</u> <small>Date of S.M.B.</small> </p> <p style="text-align: right;">  <small>Captain Assistant Adjutant General Discharge Inspector Newfoundland</small> </p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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 take course in Civil Engineering

Geo. Michelin

Signature of Man.

Reg. No.

637

A. Hunter

Signature of the Vocational Officer or his Representative.

Place

St John's n.f.

Date

Feb 4th 1919



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

Joseph Michelin

Regiment from which discharged

Royal Newfoundland

Regimental number

637

Intended address

St. John's

Height on discharge

5 Feet 6

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Grey

Descriptive Marks

Figure on discharge

medium

Christian name of Father

Joseph

Christian name of Mother

Mary

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Hamilton Inlet Labrador 1896

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)

Joseph Michelin

Station

St. John's

Date

6. 1. 19

(Rank)

*Pfc
Serge*

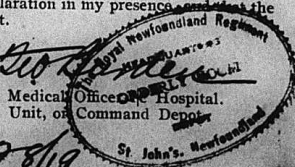
I certify that the above named soldier signed the foregoing declaration in my presence and that the above description and details are, to the best of my knowledge correct.

Station

St. John's

Date

Jan 28/19



WWB/ME

July 3. 1919.

To:- Captain Howley,
O. I. C. Pay and Records.

From:- V. O.

Joseph Michelin 637

This is to certify that the man named in
the margin is abandoning his course under the
Civil Re-establishment Committee for the purpose
of proceeding to Canada.

W. W. McNeill
Vocational Officer.

1/3
7/4
12/5
12/6



copy
6064

ORIGINAL



DEPARTMENT OF MILITIA

MEMORANDUM OF STOPPAGES/ Credits ON ACCOUNT OF

Balanced due account.

REG. No.	RANK AND NAME	PARTICULARS AND AUTHORITY	AMOUNT			
			\$	cts.	\$	cts.
637	Cpl Michelin, J	Cr. Bal. due a/c period ending 11/4/17			2	00
			8		= 8/3	
	<i>Not</i>	<i>Requirement has been made in the Soldier's account as per Postal Draft No A 027929 Sent to Office Commanding, Newfoundland Forestry Corp. Dandfield.</i>				
						\$2 00

Department of Militia,
St. John's, Newfoundland.

M. Howley Capt
Paymaster.

Credits

Certified that the above ~~stoppages~~ have been made and Debited.....

Department of Militia, St. John's, Newfoundland.

Dated at London,
18 APR 1918 1917.

NEWFOUNDLAND CONTINGENT.

M. M. M. M. M.
Chief Paymaster and officer in charge Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *Joseph* 2. Surname *Michelin*
3. Rank *Private* 4. Regt. No. *637*
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded *5. Carvers Hill*
St. John's Newfoundland
6. Date of enlistment in the Regiment *14. Dec. 1914*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*
8. Relationship of such dependents *Not applicable*
9. Address in full of such dependent *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *With Regt. 2 yrs 119 days*
9 in Forestry from Dec 11. 1917. To Feb. 20. 1919.

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

Re-enlisted 10 Dec 1917 in Forestry Regt No 637. R. Rank. Sgt. was also detached as trucking ^{guard} here from June 1917 to Dec 1917

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.....

No

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

Yes

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

No

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

No

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

No

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

Not applicable

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

11 Oct April 1917. Wounds received in action

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.....

Dardnells 1915. France (Somme) 1916

Ypres 1916. Frycoed France 1916

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.....

Am waiting for treatment

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: *Joseph Michelini*
 Place of Residence: *Carters Hill N. Johns*
 Declared before me at: *N. Johns, used*
 This *3rd* day of *March* 19*19*

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>22-1-19</i>	<i>100.10</i>		<i>6 mos</i>	<i>420.00</i>
			<i>Len. P.D.P.</i>	<i>100.10</i>
				<i>319.90</i>
Certified Correct.				Paymaster.

60 Colkard St
South St. Marie
6447 Ont Canada.

Dear Sir:-


I wrote you some
time ago asking you to
forward the remainder
of my gratuity to
Bank of Montreal
South St. Marie.

But I am informed
there that none has
arrived. There is still
three ^{paid} due me, & if it is
over two months since
I received the last pay.

Why is it that it is not
forwarded monthly?

Trusting you will
abide & forward it
as soon as possible.

Yours Truly
637. Joseph Melkin

Sent 

27 Woodward Terrace
Detroit
Mich.
6-8-20

0124

Dear Sir:-

I was discharged
Feb. 1919 from the
Forestry company, but
have received no dis-
charge papers.

I would like to know
if there were any
made out for me,
& if so what has become
of them.

I am sure to hear
from you.

I remain

Respectfully,
James Buckley
* Lt Sgt Joseph Michelin

Send in first discharge. & next
one will be forwarded

March 24, 1920

Jos. Michelin,
27 Woodward Terrace,
DETROIT,
Mich.

Dear Sir:

In reply to your
letter of March 6th. please have your first
Discharge Certificate returned to this
Office, and a new one will be forwarded
to you with your complete term of services
stated thereon.

Yours truly,

Capt.
Mor Paymaster.

HBM/LM

May 22, 1920

Mr. Joseph Michelin,
#27 Woodward Terrace,
Detroit, Mich.

Dear Sir:-

With reference to
your letter of March 6th., I enclose
Discharge Certificate covering your
period of service with the Nfld. Forestry
Companies, and also one covering your
period of service with the Royal Nfld.
Regiment.

Yours truly

Major

Paymaster.

5

May 21, 1920

Mr. Joseph Michelin,
#27 Woodward Terrace,
DETROIT, Mich.

Dear Sir:-

I enclose cheque
for Thirteen dollars and fifty two
cents (\$13.52), representing balance
due you by the London Pay & Record
Office.

Yours truly

Major

Paymaster.

November 17, 1919

Joseph Michalin,
60 Cathcart Street,
Sault Ste. Marie, Ont.

Dear Sir:

637
With reference to your letter of recent date, I beg to inform you that you are entitled to \$420.00 War Service Gratuity, which has been paid in full, and is computed as follows:

Bonus at date of discharge	12.95
Jan. 22. Post Discharge Pay	87.15
Mar. 1	70.00
Apr. 7	70.00
May 7	70.00
March 12	70.00
May 12	39.90
	<u>\$400.00</u>

Yours truly,

Lieut.
For Paymaster.

Mr. Jos. Michelin
60, Cathcart Street,
Sault Ste. Marie,
Ont.

Dear Sir:

With reference to your letter
of recent date, I beg to inform you that you
are entitled to \$420.00 War Service Gratuity
which has been paid, and is computed as follows:

637

Bonus at date of discharge	12.95
Jan. 22. Post Discharge Pay	87.15
Mar. 1	70.00
Apr. 7	70.00
May 12.	70.00
June 12	70.00
July 12	39.90
	<u>\$400.00</u>

Yours truly,

Lieut.
For Paymaster.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Michelin, Regl. No. 637
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of
65 Dollars and 65 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
706		Deposit to credit of Alotee in Bank of Montreal		65¢
Payable from 27 th March/15				
Total Allotment, \$				65¢

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.) Eric Shupe Capt.

Officer Commanding

Company

(Sig.) Joseph Michelin

(Rank) Private

St. John's
Jan 29th 1915

637 General Hospital
11/3/19

Dear Sir

would you
kindly send all
my papers for me
to. 5 Lakes Hill
instead of home
Thanking you
with oblige

I remain

Yours truly

Jos. Michelin

April 26th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. J. Michelin, No 637**
the sum of **eleven dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension N11

ACCOUNT	
CN NO.	18337
IND. LEDGER	
PAY LEDGER	
GEN. LEDG.	

C. P. Howley
Vocational Officer.

Joseph Michelin

May 17th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. J. Michelin, No 637, the sum of two dollars and thirty four cents in payment of balance of allowance for week ended this date in connection with re-education.

\$2.34

W. J. McCall

Vocational Officer

ACCOUNT	<i>C. R. L. Lew</i>
CH. NO.	<i>20438</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

J. Michelin

ST. JOHN'S, FEB 7 - 1919

Newfoundland Forestry Companies

Billeting Account,

To M^{rs} J. Gibbons
Carters Hill

Billeting Soldiers as undermentioned

from Jan 24th / 19 to Feb 7th / 19

637 - Sgt. J. Micheline 14 40

ACCOUNT	<u>12 4m</u>	
GH NO	<u>416</u>	INITIALS
IND LODG		INITIALS
PAY LODG		INITIALS
GR LODG		INITIALS

Certified correct for \$ 14.40

R.J. Joseph H. Crawford
for Billeting Officer.

March 7th. 1919

Mrs. J. Gibbons,
Carter's Hill,
C i t y.

J. C. R.

Dear Madam:

I enclose herewith cheque
for \$14.40 being amount due you for Board
ing 637, Sgt. J. Michelin for period from
Jan. 24th. to Feb. 7th.

Yours truly,

Capt.
Paymaster.

LM/-
Encl. 1-

MAY 8 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. J. Michelin, No 637**
the sum of **eleven dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension Nil

W. H. Hall
Vocational Officer

Joseph Michelin

MAY 10 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. Michelin No. 637
the sum of eleven dollars and sixty six cents.
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Allowance \$11.66

W. N. Keckell
Vocational Officer

Joseph Michelin

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Michelin, No 637
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10

G. W. Mitchell
Vocational Officer

Joseph Michelin

MAY 31 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Michelin, No 637
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10

B. W. McCall
Vocational Officer

Joseph Michelin

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Michelin, No 637
the sum of eleven dollars and sixty six cents
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension \$10.00

W. W. Ketchall
Vocational Officer

Jos. Michelin

JUN 21 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Michelin, 637.
the sum of eleven dollars and sixty six cents.
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension \$10.

E. W. Nicholl
Vocational Officer.

Jos. Michelin

JUN 7 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Michelin, No 637
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10

bw McCall
Vocational Officer

Joseph Michelin

JUN 14 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. Michelin, No 637
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10

B. W. Beckell
Vocational Officer.

J. Michelin

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 87 ¹⁵/_{x-}

January 22 1919

Received from the First Newfoundland Regiment

the sum of Eighty Seven ¹⁵/_{x-} Dollars.

~~amount~~
balance of Pay. P.D.O.

Joseph Michelin

Regtl. No.

637

Rank

Sgt

Ch. No.	8682	Initials	JSM
Pay Ledger	199	Initials	aw
Gen. Ledger		Initials	

No. 634

Rank Sgt-

Name Michelin J