



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 742

Name in full Henry Diffler Age 19

Address Amherst Cove R.S.

Married  Single  Height 5' 1/2 Weight 135

Color Fair Hair light brown Eyes grey

Other distinguishing marks Deformed thumb on right hand

Nearest relative George R.S. Diffler (Father)

Address Amherst Cove R.S.

Dependents none

Occupation labourer Present Wage \$100<sup>00</sup> per year

Previous service none

Decorations none

General Remarks

Date of Enlistment Dec. 18<sup>th</sup> /14

I, Henry Diffler, 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.

Henry Diffler

Declared before me this 18<sup>th</sup> day of Dec. 1914

Ernest [Signature]

**DESCRIPTIVE REPORT ON ENLISTMENT.**

(To correspond with Entries on the Medical History Sheet.)  
Applicable to all ranks.

Reg. No. 742

Name Henry Mifflin

Apparent age 19 years      months. Height 5 feet 7 1/2 inches.

Chest measurement { Girth when fully expanded      inches.  
Range of expansion      inches.

Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Grey

Other distinguishing marks: Deformed thumb on right hand

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin George B. Mifflin, Amherst Cove, B. Bay, Nfld.

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 Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>18/12/14</u>									
Joined at <u>St. John's</u> on <u>18th December '14</u>									
Total Service forfeited as above									

Total Service towards Engagement to      (date of discharge)      years      days;  
 " " Pension "      ( " " ) " " " "

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

# MEDICAL HISTORY

Surname Miffles OF Christian Name \_\_\_\_\_

Table 1.—GENERAL TABLE.



Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

### SPECIAL RESERVE.

Examined	on <u>12<sup>th</sup></u> day of <u>Dec</u> 191 <u>4</u>	on _____ day of _____ 191
	at <u>Bonaivista</u>	at _____
Declared Age...	<u>18 1/2</u> years _____ days	_____ years _____ days
Trade or Occupation...	<u>Labourer</u>	_____
Height	<u>5</u> feet <u>7 1/2</u> inches	_____ feet _____ inches
Weight	<u>122</u> lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded... <u>35</u> inches	_____ inches
	Range of expansion... _____ inches	_____ inches
Physical Development...	_____	_____

Right	Left	Right	Left
-------	------	-------	------

Vaccination Marks { Arm \_\_\_\_\_  
Number \_\_\_\_\_

When Vaccinated \_\_\_\_\_

Vision { R.E.—V= \_\_\_\_\_  
L.E.—V= N

Never

R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause Rejection

(a) \_\_\_\_\_

(b) \_\_\_\_\_

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O.C. 1st. Bn.		
.. 2ND. Bn.		

Approved by (Signature) Cluny Macpherson  
(Rank) Capt.  
Medical Officer.

Enlisted at St Johns. on 18<sup>th</sup> day of Dec. 1914

Corps.	Regtl. No.	Corps.	Regtl. No.
<u>1st Nfld Regt</u>	<u>742</u>		

ROYAL NEWFOUNDLAND REGIMENT.

Transferred to.. \_\_\_\_\_

Became non-effective by .. \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191 \_\_\_\_\_

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Lairburngh	20	3	15	22	4	15	measles.	33	Treated in City Hospital	M. Lewis Esq. Capt Rank
3rd London General Hospital, WANDSWORTH, S. W.	3	6	18				G.O.W. of Right Thigh producing Lameness.		Board held - see overleaf. Disability - G.O.W. 1/2 shortening stiffness in movements of thigh (lt). Cause - G.O.W. on Active service Total - incapacity for earning a livelihood assessed by 40%	<i>G. E. Evans</i> Captain 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
23-8-16	Dental treatment completed <i>R.H.W.</i>
10-7-15	Board held Found Permanently Unfit Board - Approved 10/7/15
	<p><i>B.S. Sam</i> Captain Raine</p> <p>3rd London General Hospital, VALENTIA WORTH, S.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
St. Johna.	Dec 18/14	Feb 5/15			
2d. " Dominion	Feb 5/15	" 16/15			
Edinburgh Castle	" 16/15				

Originals

This space to be left blank for the Chelsea Number.



Army Form B. 268.

### Proceedings on Discharge.

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

No. <u>742</u>	Army Rank <u>Sergeant.</u>															
Name <u>Miffles Harry.</u> <small>(The name must agree exactly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>																
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>																
Date of discharge _____																
Place of discharge _____																
1. <span style="float: right;">Description at the time of discharge.</span>																
Age <u>20</u> years _____ months Height <u>5</u> feet <u>10</u> inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>Fresh</u> Eyes <u>Grey.</u> Hair <u>Fair</u> Trade <u>Fuerman</u>	Descriptive marks. <u>Scars on Right Shoulder.</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">COPIES SENT</th></tr> <tr><td>To</td><td>No.</td><td>DATE</td></tr> <tr><td>M. 135/134/134</td><td></td><td>23 AUG 1918</td></tr> <tr><td>O.C. 1st Bn.</td><td></td><td></td></tr> <tr><td>2nd Bn.</td><td></td><td></td></tr> </table>	COPIES SENT			To	No.	DATE	M. 135/134/134		23 AUG 1918	O.C. 1st Bn.			2nd Bn.		
COPIES SENT																
To	No.	DATE														
M. 135/134/134		23 AUG 1918														
O.C. 1st Bn.																
2nd Bn.																
Intended place of residence (To be given as fully as practicable) <u>Stonavista Newfoundland</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>Wounds received in Action</u>																
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>																
3. Military character:—																
4. Character awarded in accordance with King's Regulations:—																
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>																
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.																
Initials of Commanding Officer.																
Army Form B. 2088 has been issued to*																







**Casualty Form - Active Service.**

Regiment or Corps Newfoundland

Regimental No. 742 Rank Pte Name A. Mufflin

Enlisted (a) 18/12/15 Terms of Service (a) one year Service reckons from (a) \_\_\_\_\_

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

Extended \_\_\_\_\_ Re-engaged 12/8/15 Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Embarked St. John's, NFLD. 3.2.15

Disembarked Alexandria 1.9.15

Embarked for Gallipoli 13.9.15

Embark'd Port Suez 14.3.16

Disembark'd MARSEILLES 22.3.16

8774 Admitted Pleury France 18.5.16

do Transferred do 29th. L.L.S. 21.5.16

do Admitted do No. 19. N. E. Street 25.5.16

Invalued to Coy. France 1.6.16

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O.C. 2ND. BN.		

*[Handwritten signatures and notes]*

*[Handwritten signature: H. Mufflin]*  
*[Handwritten text: Major for local Officer Infantry Records]*

(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.



**COPY.**

Medical Report on an Invalid  
3rd London General Hospital

Station WANDSWORTH S W

Date 7-8-18

1. Unit **ROYAL NEWFOUNDLAND REGIMENT.**

2. Regimental No. 742

3. Rank Sergeant

4. Name Wiffen Henry.

5. Age last birthday 20

6. Enlisted { on 15th Decr 1914

at Bonavista

7. Former Trade or Occupation } Schoolboy

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

- (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.
- } N.A.

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

(Other disabilities should be reported upon in answer to question No. 10)

GSW of Right Thigh  
Producing Lameness



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. 12-4-18

10. Place of origin of disability. Armentieres.

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

He was holding the line when hit in the R Thigh by a Machine Gun Bullet which produced an oblique fracture of the femur. He was taken to the 1st Canadian Hosp. Etaples where he remained about 9 weeks with his thigh in a splint & was then transferred here. Went to Barkham Convalescent Home on 9th June & has just been readmitted here for board

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

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

Active Service & GSW

N.A.

The X Ray photograph shows an oblique fracture of the femur with fragments in good position - united. Wounds have healed up. There is 1 in of shortening & some stiffness in movements of thigh due to the wound & fracture. He can walk about a mile with the help of a stick.

13. What is his present condition?  
 Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—  
 (a) In action?  
 (b) On field service?  
 (c) On duty?  
 (d) Off duty?  
 } Yes

15. Was a Court of Inquiry held on the injury?  
 If so—(a) When?  
 (b) Where?  
 (c) Opinion?  
 No

16. Was an operation performed? If so, what?  
 No

17. If not, was an operation advised and declined?  
 No

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

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

20. Do you recommend—  
 (a) Discharge as permanently unfit, &c.  
 (b) Change to England?  
 Yes

(Sp) W. L. Holyoak Capt  
 Officer in medical charge of case.

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

Station Wandsworth (Sp) H. Fagan Major R.A.M.C. †  
 Date 10/8/18 Officer in charge of Hospital.

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

Opinion of the Medical Board.

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

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

Yes  
No  
No  
No  
No

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

*GSW Right Thigh*

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

No  
Yes

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

✓

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

40

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

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

✓

27. Do the Board recommend—

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

Yes

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

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

*OP for six months*

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

No

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

3rd London General Hospital

Station WANDSWORTH S W

Date 10-8-18

*Capt J. P. Shaw* President.  
*Capt A. H. Morrison Davies* Members.

3rd London General Hospital

Station WANDSWORTH S W

Date 10-8-18

*Capt J. P. Shaw* Administrative Medical Officer.



Hand 3

*Original*



Medical Report on an Invalid.

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

Date 9/8/18

- 1. Unit 1 Newfoundland
- 2. Regimental No. 742
- 3. Rank Sergeant
- 4. Name Hiffen Henry
- 5. Age, last birthday 20
- 6. Enlisted on 15<sup>th</sup> December 1914  
at Bonavista

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

8. Disability in respect of which invaliding is Proposed.

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

*G.S.W. of Regt. The ... producing Lameness.*

Statement of Case.

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M. of M.	<u>13513/34</u>	<u>23 AUG 1918</u>
O.C. 1st. Bn.		
" 2nd. Bn.		

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. Apr. 18.
- 10. Place of origin of disability. Bonavista

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

*He was holding the line when hit in the R. thigh by a machine gun bullet, which produced an oblique fracture of the femur. He was taken to the 1st Canadian Hosp., Etaples, where he remained about 9 weeks with his thigh in a splint, & was then transferred here. Went to Barham Convalescent Home on 9<sup>th</sup> June, & has just been readmitted here for board.*

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

*Active Service & G.S.W.*

*NO.*

- The X-Ray photograph shows an oblique fracture of the femur, with fragments in good position - united. Wounds have healed up. There is 1 inch of shortening, & some stiffness in movements of thigh, due to the wound of fracture. He can walk about a mile with the help of a stick.
13. What is his present condition? *Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*
14. If the disability is an injury, was it caused—  
 (a) In action? *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? *NO*  
 (c) Opinion?
16. Was an operation performed? If so, what? *NO*
17. If not, was an operation advised and declined? *NO*
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? *✓*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. *✓*

20. Do you recommend—  
 (a) Discharge as permanently unfit, or *yes*  
 (b) ~~Change to England?~~

*W. L. Holyoak*  
 Officer in medical charge of case.

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

Station *Wandsworth*  
 Date *15/8/18*

*H. J. Hagan*  
 Officer in charge of Hospital.  
 Col. A. M. S. T. F.  
 Comdg. 3rd. London Gen. Hospital,

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

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

Opinion of the Medical Board.

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

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

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

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

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

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

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

*Yes*  
*No*  
*No*  
*No*  
*No*

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

*S.P. High*

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

*No*  
*Yes*

23. Is the disability permanent?

*Yes*  
*No*

24. If not permanent, how soon do the Board recommend re-examination?

*No*

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

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

*40.*

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

*No*

27. Do the Board recommend—

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

*Yes*

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

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

*S.P. L*

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

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

*No*

Signatures:—

Station *London Gen. Hosp*

Date *Wandsworth 19/8/18*

*Arthur C. P. M. M. C.* President.  
*H. D. M. C. M. C.* Members.

Approved

Station *3 L 2 H*

Date *19/8/18*

*Arthur C. P. M. M. C.*  
Administrative Medical Officer.



*admitted 3/6/18*

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

Soldier's } *742* Rank } *Sgt*  
Regtl. No. }

Name *Triffles*  
(Surname first)

Corps or Regiment } *R.M.A.*  
(also Unit if known) }

To Officer i/c of Records *55 Victoria St*

Regimental Paymaster \_\_\_\_\_

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the *12/5/18*, has been sent to ~~his home~~ *the address below* to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) *12/5/18*

to (full address) *55 Victoria St*

Date *12/5/18* *g call* } Officer  
} Comm.

Place *Wandsworth* *Capt* } Registrar, R.A.M.C.I. Hospital.

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

admitted 3/6/18

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



Soldier's Regt. No. } 442 Rank Sgt

Name Triffler, H  
(Surname first)

Corps or Regiment (also Unit if known) } Rifles

To Officer i/c of Records 55 Victoria St

Regimental Paymaster \_\_\_\_\_

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the

10/8/18

has been sent to ~~his home~~ <sup>the address below</sup>

~~to~~ to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes~~

He proceeded on (date) 12/8/18

to (full address) 55 Victoria St

Date 12/8/18 g call { Officer  
Comm.

Place boundwell Capt Registrar, R.A.M. Hospital.

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

# Transfer Statement of Clothing and Necessaries.

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

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

Rank and Name) 2nd Sgt. Miffelen

proceeding from the 3rd LONDON GENERAL HOSPITAL,

to the Royal

Date of Enlistment \_\_\_\_\_ Date of Transfer \_\_\_\_\_ 191

**FOR DETAIL OF ARTICLES, see overleaf.**

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

WANDSWORTH

(1) Station Wandsworth Hospital & Qr. Mr. R.A.M.C.T.  
3rd Gen. Hospital Commanding Squadron, Battery, &c.

Date 12 AUG 1918 Royal Victoria Patriotic School,  
WANDSWORTH.  
Name of Unit man is leaving.

(2) Station \_\_\_\_\_  
Commanding Squadron, Battery,  
or Company

Date \_\_\_\_\_  
Name of Unit man is joining.



# Articles of Clothing & Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing	No.	Necessaries	No.
<del>Aprons, kilt</del> .. ..	/	<del>Badge, cap</del> .. ..	/
Boots, ankle, pairs .. ..	/	Bag, Kit .. ..	/
Caps, Service Dress .. ..	/	Braces, pairs .. ..	/
<del>Caps, Glengarry</del> .. ..	2	<del>Brass, Button</del> .. ..	
Drawers, pairs .. ..	/	Brush, Brass .. ..	
<del>Frocks, Canvas</del> .. ..	/	"  Blacking .. ..	
Greatcoat, D.M. .. ..	/	"  Clothes .. ..	
Jackets, Service Dress .. ..	/	"  Hair .. ..	
<del>Kilts</del> .. ..		"  Polishing .. ..	
<del>Pantaloon, cord, pairs</del> .. ..		"  Shaving .. ..	
<del>Putties, pairs</del> .. ..		"  Tooth .. ..	
Spurs, Jack, pairs .. ..		Cap, Comforter .. ..	
Trousers, Service Dress, pairs .. ..	/	Comb, hair .. ..	
Trousers, Canvas or Khaki		Disc, identity, with cord .. ..	
Drill Overalls, pairs .. ..		Fork .. ..	
Waistcoat, cardigan .. ..	/	Garters, Highland, pairs .. ..	
<del>Coat, waterproof</del> .. ..		Holdall .. ..	
Gloves, leather, pairs .. ..		Hose Tops, pairs .. ..	
Gloves, Motor Cyclist, pairs .. ..		Housewife .. ..	
<del>Goggles, pairs</del> .. ..		Knife, Clasp .. ..	
		Knife, Table .. ..	
		Laces, leather, spare, pairs .. ..	
		Shirts, flannel .. ..	2
		Socks, worsted, pairs .. ..	2
		Spoon .. ..	
		<del>Titles, metal, pairs</del> .. ..	
		Towels, hand .. ..	
		Wax Polish, tin .. ..	

I certify that this statement is correct.

Date 12 AUG 1918

Signature of the Soldier Amfflon. H. J.

Temporary

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



# MEDICAL HISTORY of

Surname Inffler Christian Name H

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or occupation ... \_\_\_\_\_

Height ... feet \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
Number ... \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... {  
(b) Slight defects but not sufficient to cause rejection ... {

COPIES SENT		
To	No.	DATE
M. of M.	13513/34	23 AUG 1918
O.C. 1ST BN.		
" 2ND BN.		

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Corps.	Regtl. No.
12 <sup>th</sup> h. F. L. D.	742

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_





**COPY.**

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. G. Smith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (1454) W2937/512389 250m 7/17x 93 58

Forms  
 B. 121  
 41.

Regiment of ROYAL NEWFOUNDLAND REGIMENT.

Number of Sheet  
 Signature of O. C. Company  
*Ed. A. Kelly Capt*

Regimental Number and Name No. <i>742</i> <i>Moffen A.</i>		Enlistment Age on <i>18</i> years <i>7</i> months		Trade <i>Fireman</i>	Good Conduct Badges, Service Pay or Proficiency Pay <i>Apptd Corp 15/3/17</i> <i>Pr. a/corpl July 1st 1917</i>
Place and Date of Enlistment <i>18-12-18</i>		Religion <i>CP E</i>		Place of Birth <i>Winkfield Cove</i>	
Joined Date	Period of (with Colours <i>3</i> years with Reserve <i>5</i> years <i>4</i> months)	Place of Birth			
Joined Date		Place of Birth			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
				<i>Medically Unfit</i>	<i>11/3/18</i>				
				<i>Scattered</i>	<i>22/10/18</i>				
				<i>Demobilized</i>	<i>9/19</i>				



To be carried over

Army Form B. 121.



**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.1.

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

**A** Name in full Miffen Henry  
 Regiment from which discharged R. Newfoundland  
 Regimental Number 742  
 Where born (Parish, Town and County), and when Bonavista Bay. Hld. 1898.  
 Intended address Bonavista  
Newfoundland  
 Height on discharge Five Feet Two Inches  
 Colour of Hair on discharge Fair Colour of Eyes Blue  
 Descriptive marks Scar on R. Thumb. Complexion Fresh  
 Figure on discharge Medium  
 Christian name of Father George Brown  
 Christian name of Mother Dorcas  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_  
 Nature and locality of civil employment desired \_\_\_\_\_

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) Miffen Henry  
3rd London General Hospital,

Station WANDSWORTH, S.W.

(Rank) 2nd Lt  
 Date 8/8/18

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

3rd London General Hospital,

Station WANDSWORTH, S.W.

W.R. Holyoak Medical Officer i/c  
Calver Rader Hospital.  
 Date 8th Aug. 18

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

India	To	No.	DATE
M. OF M.		13513	23 AUG 1918
S. Adm. ST. EN.			
" 2ND. BR.			

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.

No. 742 Rank Sgt Regiment R. Newfoundland  
 Name Griffen Henry  
(Surname first)

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

COPIES SENT		DATE
To	No.	23 AUG 1918
M. OF M.	3513/134	
O.C. 1ST. BN.		
" 2ND. BN.		

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.

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

The nature of the employment is  
Engineering.

4. What is the name of your Approved Society?

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

Date 9/8/18

Signature

Griffen. Henry

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 or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve 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. 3 (ii), item 3, of Army Council Instruction No. 1912, 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.

# Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 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 \_\_\_\_\_

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

Soldier's surname Miffen, Christian names Henry  
(in full)

Regt. No. and Rank 742. Sgt Regt. or Corps 1<sup>st</sup> Newfoundland  
(If T.F. this should be stated)

His address on discharge will be Bonavista, Newfoundland.

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

The Soldier states that\*  allowance is being issued in respect of him.

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

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

Station 3<sup>rd</sup> London General Hospital [Signature] President of Board  
Date 10<sup>th</sup> August 1918. Wandsworth. (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.



Temporary Sheet

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
(686) W:017/2124 1000m 6/15es 23 58

Forms  
B. 121.  
29.

Regiment of 1<sup>st</sup> P. in P. Amoland

Number of Sheets 1

Signature of O. C. Company C. P. Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>Miffline H</u>	Age on	18 years 7 months	<u>Fireman</u>	<u>appointed Pipe March 18<sup>th</sup> 1914</u> <u>promoted A/Corp July 1<sup>st</sup> 1914</u>		
Joined	Date	Place and Date of Enlistment	<u>St. Johns 18-12-14</u>	Religion			<u>R of E.</u>
Joined	Date	Period of	{ with Colours years. { with Reserve years.	Place of Birth			<u>Dunstable Coe</u>
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS												
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; margin: 0;">COPIES SENT</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 0;"> <tr> <th style="width: 30%;">TO</th> <th style="width: 20%;">NO</th> <th style="width: 50%;">DATE</th> </tr> <tr> <td>M of M.</td> <td style="text-align: center;"><u>13573/34</u></td> <td style="text-align: center;"><u>23 AUG 1918</u></td> </tr> <tr> <td>O.C. 1st. BN.</td> <td></td> <td></td> </tr> <tr> <td>.. 2nd. BN</td> <td></td> <td></td> </tr> </table> </div>										TO	NO	DATE	M of M.	<u>13573/34</u>	<u>23 AUG 1918</u>	O.C. 1st. BN.			.. 2nd. BN		
TO	NO	DATE																			
M of M.	<u>13573/34</u>	<u>23 AUG 1918</u>																			
O.C. 1st. BN.																					
.. 2nd. BN																					
<p>To be carried over</p>																					

Army Form B. 121.



Regt. No. 742

Name - Henry Mifflin.

STATEMENT OF THE SERVICES.

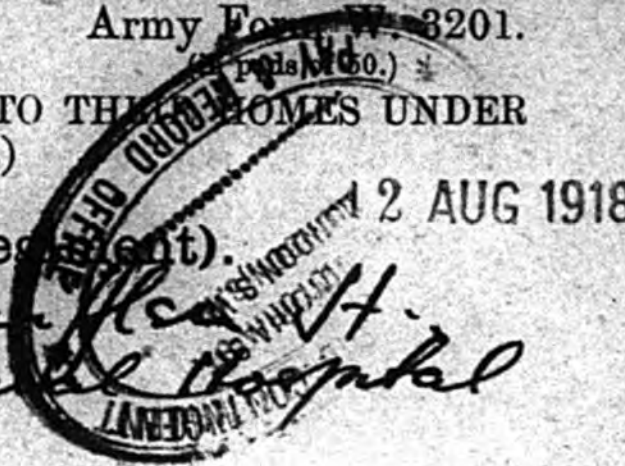
Service towards limited engagement reckons from 18/12/14  
Joined at St. John's on 18th. December '14.  
Discharged St. John's Sept. 30/1918.  
Embarked S.S. Dominion St. John's 3-2-15. Embarked in E.F. 20-8-15.  
Disembarked Alex and entrained for Cario 31-8-15. Embarked for  
Gallipoli 13-9-15. Landed Sulva Bay night of 19-20 Sept. 1915.  
Evacuated and arrived Alex 15-1-16. Proceeded to Suez. 16-1-16.  
Embarked Fort Suez 14-3-16. Disembarked Marseilles 22-3-16.  
Admitted 87 F.A. Pleursy 18-5-16. Invalided to England 1-6-16.  
Admitted Wansworth 2-6-16. Furlough then attached Depot 6-8-16.  
L/Cpl. 15-3-17. A/Cpl. 1-7-17. Corporal 1-7-17. Embarked S.  
Hampton 5-8-17. Disembarked Rouen 7-8-17. Joined Battalion 28-8-17.  
Wounded 13-4-18. A/Sgt. 8-2-18. Admitted 57 F.A. trans to C.C.T.  
13-4-18. Invalided to England 2-6-18. Admotted Wansworth 3-6-18.  
Furlough then attached Depot 23-8-18. To Nfld. for discharge per  
S.S. Corsican 24-8-18. Arrived Nfld. Sept. 1918. Discharged  
Medically Unfit 30-9-18. Reattested for Special Duty 22-10-18.  
Demobilized 9-1-19.  
Total Service towards Engagement to 30-9-18 (date of discharge)  
3 years 287 days. Reattested 22-10-18. Discharged 9-1-19.  
79 days. - 4 years.

CERTIFIED TRUE COPY

23-3-53.



FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THE HOMES UNDER A.C.I. 1011 OF 1916, PARA. 2(ix.)



R. Newell

(Resident)

No. 742, Rank Sgt, Name W. H. ...

is discharged from\* 3rd London General Hospital

with orders to proceed to ~~his home~~

(Address)

*Handwritten notes:*  
10th A.I. Force  
2nd

18, Victoria St. S.W.

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

W. H. ...

Officer Commanding.

Capt. Ramey

Place Wandsworth

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

Date 12-5-18

3rd London General Hospital,

WANDSWORTH, S.W.

\*Here enter name of Hospital or Unit from which the Soldier is discharged.

Admitted to Hospital  
2.6.16.

Army Form W. 3016.

No \_\_\_\_\_

Date July 11<sup>th</sup> 1916

(1) To the Officer i/o Records,

58 Victoria St-

SW (Station)



(2) The Officer Commanding,

Newfoundland Contingent

Camp

(Station)

(3) The Paymaster,

58 Victoria St-

SW

(Station)

Regimental No. 742

Rank and Name Plt. Miffles H

Regiment or Corps 1<sup>st</sup> Newfoundland Contingent

has been granted a furlough from July 11<sup>th</sup> to July 20<sup>th</sup>

His address while on leave will be:-

58 Victoria St- SW

This man has been furnished with a Warrant to Victoria and given an advance of £1 (one pound)

I consider he is fit for ( Duty  )

Officer in Charge S. A. Cobb Hospital.

Cpl. (Station)

x Strike out that which is inapplicable.

Assistant-Registrar, R.A.M.C.T.  
3rd London General Hospital,  
WANDSWORTH, S.W.

# COPY.

Army Form W. 3494.

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. 742 Rank Sgt Regiment ROYAL NEWFOUNDLAND REGIMENT.

Name Miffles Denry.  
(Surname first)

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



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.



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

The Nature of the employment is  
Engineering

4. What is the name of your Approved Society?

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

Date

9/8/18

Signature

Gd/ Myler Henry

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 or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve 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. 3 (ii.), item 3, of Army Council Instruction No. 1912, 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.

**COPY**

**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.1.

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

**A Name in full** Miffen Henry  
**Regiment from which discharged** ROYAL NEWFOUNDLAND REGIMENT.  
**Regimental Number** 742  
**Where born (Parish, Town and County), and when** Bonavista Bay Nfld 1898  
**Intended address** Bonavista Newfoundland.

**Height on discharge** 5 Feet 10 Inches  
**Colour of Hair on discharge** Fair **Colour of Eyes** Grey  
**Descriptive marks** Scar on R Thumb **Complexion** Fresh  
**Figure on discharge** Medium  
**Christian name of Father** George Brown  
**Christian name of Mother** Dorcas  
**Wife's Maiden name in full** \_\_\_\_\_  
**Date and Place of Marriage** \_\_\_\_\_  
**Christian names of Children** \_\_\_\_\_  
**Nature and locality of civil employment desired** \_\_\_\_\_



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) Sgt Miffen Henry  
3rd London General Hospital (Rank) Sgt  
 Station WANDSWORTH S.W. Date 8/8/18

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

3rd London General Hospital Sgt W L Shyrak Medical Officer i/c  
 Station WANDSWORTH S.W. Date 8/8/18 Capt Lambert Hospital.

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.

**COPY.**

**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT  
 Rank Capt Surname Miffen Christian Name Henry  
 Religion C of E Age on Enlistment 18 years 7 months  
 Enlisted (a) 15-12-14 Terms of Service (a) duration of War Service reckons from (a) 15/12/14  
 Date of promotion to present rank 1-7-17 Date of appointment to lance rank 15-3-17  
 Extended { } Re-engaged { } Qualification (b) { }  
 or Corps Trade and Rate { }  
 Occupation Fireman Signature of Officer Ged Haley Capt



Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
From whom received				
	Embarked	<u>Shamilton</u>	<u>5/8/17</u>	
	Disembarked	<u>Rouen</u>	<u>7/8/17</u>	
<u>29/12/17</u>	<u>Wentworth 30/12/17</u>	<u>Joined Battalion</u>	<u>28/8/17</u>	<u>B213</u>
<u>9-2-18</u>	<u>of Unit</u>	<u>France</u>	<u>1-7-17</u>	<u>B213</u>
	<u>do</u>	<u>Field</u>	<u>8-2-18</u>	<u>B213</u>
	<u>Pro Sgt.</u>			
	<u>Wounded in Action</u>		<u>13/4/18</u>	<u>B213 23/4/18</u>
<u>57 AA</u>	<u>Ad SW thigh trans</u>	<u>CS</u>	<u>13/4/18</u>	<u>ED 164 14/4/18</u>
<u>John RB Ap</u>		<u>Etaples</u>	<u>14/4/18</u>	<u>AA 21993</u>
<u>Wan Gen Ap</u>		<u>- " -</u>	<u>18/4/18</u>	<u>AA 22193</u>
<u>H's Princess Elizabeth</u>	<u>To England</u>		<u>2/6/18</u>	<u>W3083</u>
	<u>Ged M7 Fulgate Major Gen</u>			
	<u>of 1st Infy Seat</u>			
	<u>Ged 3rd Echelon</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) Signaller, Shoeing-Smith, &c.  
 W.13863—M1477 x000m 1/17 (27612) S P & Co, Ltd. Forms B./103/4 E./354. [P.T.O.]



**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT

**COPY.**

Rank Pte Surname Moffen Christian Name A

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months

Enlisted (a) 18/12/15 Terms of Service (a) one year Service reckons from (a) \_\_\_\_\_

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { 15/8/15 } Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate \_\_\_\_\_

Occupation \_\_\_\_\_ Signature of Officer \_\_\_\_\_



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ... <u>Adm. Hld</u>	<u>2/2/15</u>	
			Disembarked... <u>Alexandria</u>	<u>1-9-15</u>	
			Embarked <u>Gallipoli</u>	<u>13-9-15</u>	
			" <u>Port Suez</u>	<u>14-3-16</u>	
			Disembarked <u>Marseilles</u>	<u>22.9.16</u>	
	<u>87 AA</u>	<u>Adm Pleurisy</u>	<u>France</u>	<u>18/5/16</u>	<u>2D 1018-23 5/16</u>
	<u>do</u>	<u>Trans. do</u>	<u>29th CCS</u>	<u>2/5/16</u>	<u>8D 10295 305/16</u>
	<u>Etretat</u>	<u>Admitted do</u>	<u>No 134 Etretat.</u>	<u>25/5/16</u>	<u>A 9026</u>
	<u>1/5 Panama</u>	<u>Invalided to England</u>	<u>France</u>	<u>1/6/16</u>	<u>W 9083</u>
		<u>Cgd H Manuel.</u>	<u>Major J. L. Col</u>		
			<u>94 Infy Records</u>		
			<u>3rd Echelon DE F.</u>		

10/6/16

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