



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3669 Name Robert Miller Corps CofR

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Miller
2. What is your full Address? 2. Champrings East T. B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 2 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Robert Miller 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.

Robert Miller SIGNATURE OF RECRUIT.

8-23-4-17

Wm. Conaghan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 23 day of April 1917

Signature of Attesting Officer

Wm. Conaghan

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the†.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....

Place.....

} 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 Robert Miller

Apparent age 13 years 2 months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 58 inches
Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Miller
Chambers E. I.B. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon 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 " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3669 Name Robert Miller Corps CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Miller
2. What is your full Address? 2. Champneys East T. B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 2 Months
5. What is your Trade or Calling? 5. Fireman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Robert Miller 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.

R 23-4-17 Robert Miller SIGNATURE OF RECRUIT.
R. M. Conaghan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 23 day of April 1917
Signature of Attesting Officer H. House

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.
Date.....191..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Miller
 Apparent age 33 years 2 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 58 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Miller
Chambers E. I. B. | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names -	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-4-17</u>									
Joined at <u>St. John's</u> on <u>April 23 1917</u>									
<u>April 24 1919 Discharged</u>									
<u>Embarked St. John's S.S. Royal to Halifax N.S. 19 17</u>									
<u>for No 6 6-11-17, Disembarked Rovers 7-11-17, joined</u>									
<u>Bath in the field 14-11-17 Wounded 20-11-17 Admitted</u>									
<u>37th A.S.W. Bn. 21-11-17 Invalided to England 26-11-17 Admitted</u>									
<u>Richmond Military Hosp. 27-11-17 Transferred to Military Hosp</u>									
<u>Reading 22-1-18 Transferred from those Military Hosp. to 3rd Lt. Woodcock 9-12-18</u>									
<u>Surgeon the post to May Winchester 16-1-19. To H.Q. for demobilization 20 19.</u>									
<u>Arrived Newfoundland 7-2-1919</u>									
<u>Demobilization St. John's 24-4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 24-4-19 [date of discharge] 2 years 2 days
 " " Pensions " " " " " " " "

C.R. 3669

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt., St. John's, Apr. 23rd, 1917.

3669 Pte. R. Miller.

Attested this day, posted P. Company and assigned
number as shown.

C.R. 3669

Extract from Daily Orders part II, Depot St. John's dated April 28, 1919

The discharges of the undernoted on demobilization has been CONFIRMED
by Officer i-C Records on 24-4-19.

3669 Pte. Robert Miller.

C.R. 3669

Extract from Daily Orders part II, Depot St. John's dated
12-4-19.

The discharge of the undernoted on demobilization has been
APPROVED by C. C. Discharge Depot on 10-4-19.

#3669 Pte. Robert Miller.

C.R. 3669

Extract of Preliminary Report of a Medical Board
held on Friday Afternoon April 4th. The following
was the finding.

Recommended Discharge from the Army.

REQUIRES TREATMENT.

3669 Pte. R. Miller.

C.R. 3669

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. Johns, 11-2-19.

The undernoted returned from Overseas and reported to
Depot 7-2-19.

Repatriated on A.F. B179.

3669 Pte. Robert Miller.

C.R. 3669

Extract from Minutes Book of the Royal Society
dated 18th June, 1869.

3669 Miller.

C.R. 3669

Extract from telegram from Gen. to Mil. dated Feb. 2nd., 1919.

3669 Miller.

In answer to your telegram Jan. 15th., soldiers ~~xxxxxxxx~~
requiring special attention on arrival at Noumea.

3669 Miller.

G.S.W. arm Paralysis.

C.R. 3669

Extract of Daily Orders by LT. COL. B. J. HARTON, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,
17/1/19.

The following having reported back from the 1st Battalion
is taken on the strength and posted to "H" Company from
16/1/19.

#3669 Pte. R. Miller.

C.R. 3669

Extract of Casualties from P & R.O. London ^{Jan} Dec 1919.

The undermentioned, ex 3rd London General Hospital 7/1/19 is granted furlough to 16/1/19; he is marked unfit for further Military Service.

3669 PTE. R. Miller.

A.Fs. W.3201 from 3rd L.G.H.

C.R. 3669

Extract from Casualties received from Pay & Record
Office, London, Dec. 13th, 1918.

3669 Pte. Miller.

Was transferred from the Spec. Mil. Surgical Hospital
Tooting, to the 3rd London G. Hospital on 9-12-18.

C.R. 3669

Extract from Casualties received from Pay and Record Office
London, dated 11th December 1918.

#3669 Pte. R. Miller.

Was transferred from Grove Mil. Hos. to 3rd., London G. Hospital
on 9/12/18.

AUTHORITY Memo from 3rd., L. G. H.

C.R. 3669

NEWFOUNDLAND CONTINGENT.

Extract of casualties from P.&R.O., London dated April 29th. 1918.

3669 Pte. R. Miller

was transferred from Richmond Military Hospital, Grove rd., Richmond to Military Hospital Tooting, 23/1/18.

Authority: Memo from Richmond Hospital.

C.R. 3669

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated 29th. Dec. 1917.

STRENGTH.

3669 Pte. R. Miller.

Invalided to U.K. 26/11/17. Wded.

C.R. 3669

Extract of Casualty received from Pay & Record Office,
London, dated ~~20/11/17~~ December 4, 1917.

#3669 Pte. R. Miller. ✓

Wounded 20/11/17.

NEWFOUNDLAND POSTAL TELEGRAPHS.

265



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Wm. A. Squires Address For 3669

Line Number	Rcd	By	Sent	by	Check

Dated **November 30, 1917.**
To **Mr. William Miller,**

Champneys East. T.B.

Regret to inform you that Record Office, London, officially reports No. 3669, Robert Miller, has been admitted to Military Hospital, Grove Road, Richmond, suffering from gunshot wound right arm.

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

R. A. SQUIRES,
Colonial Secretary.

FOR TYPEWRITER

C.R. 3664

NO. 3669 PTE. ROBERT MILLER.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD
OFFICE LONDON DATED NOVEMBER 30th, 1917.

"AT MILITARY HOSPITAL GROVE ROAD RICHMOND GUNSHOT WOUND RIGHT
ARM."

C.R. 3669

Extract from War Office List No. G. 1400

#3669 Pte. R. Miller..

WOUNDED 20/11/17/

BC.

C.R. 3669

Extract from Nominal Roll Draft No.32: 113 Other Ranks from 2/1st
Newfoundland Regt., Ayr, to 1/1st Hfld.Regt., B.E.F. Embarked
Southampton 6/11/17.

3669 Pte.Miller, R.

MP.

C.R. 3669

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17

#3669 Pte. R. Miller.

R Miller

C.R. 3669

PRD



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

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

Examination of Robert Miller
aged 27 years conducted at Adgwa
Date: April 28th 1914 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	no
8	yes
9	no no
10	"
11	"
12	"
13	"
14	"
15	"
16	"
17	"
18	"
19	6/9 Rt. 6/6 left.
20	"
21	"
22	"
23	"
24	"
25	"
26	"
27	"
28	"
29	"
30	"
31	"
32	"
33	no
34	5 ft 8 in
35	131 lbs
36	35-38
37	\$150 per year
38	Father William Champenets
39	yes Parents

3669

Signature of Medical Examiner:

W. Berden

Hi

No. 3997



H 1ST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, Robert Miller, Regl. No. 3/669

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins June 1st 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2940</u>	<u>Father</u>	<u>Wm Miller</u>	<u>Champrays St J.B.</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

(Sig.) Chas. A. Coy. Capt.
Officer Commanding
J. Company
St John
May 16 1917

(Sig.) Robert Miller
(Rank) Pt

4759/1

28th March

8

Miss A Treacher,

29, Kenlon Road,

Tooting, S. W. 17.

1:0:0

3869, Pte. R. Miller,

Royal Newfoundland Regt.

7941.

4754/1

27th March

8

3669, Pte. R. Miller,

Royal Newfoundland Regt.

Tooting Military Hosp.

Church Lane, Tooting.

22 3 18 2774

1: 0: 0

Miss A Treacher, 89, Kenlon Road, Tooting, S. W.17

7946

March 22nd 1918.

Pvt. P. Miller 3669.
Newfoundland Regt.
No 13 Ward.
Tooting Military Hospital.
Church Lane
S.W.14.

To the Paymaster

Newfoundland Regt.
Victoria St.

Dear Sir,

Will you please forward to Miss A. Treacher
29 Kenlon Rd.
Tooting S.W.14.

the sum of one pound (£1) from my credit.
Yr oblige.

I remain, Sir,

Your obedient servant.
P. Miller (He)

£1-0-0
Ad 26/3/18



NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.
Pct. Nos. IN 2774
Rec'd 24 MAR 1918
Ack'd
Ref. Nos. OUT

ACTED UP

BRANCH	DATE
Comd.	
P & A.	
R. & C.	
B & E	
P. S.	

27/3/18,
Edmund J. Ken
Capt Ramet.

for o/p

25/3/18
25/3/18



FILE	BRANCH
	INITIAL



pt Miller. R. 3669
 R.N.F.L.D. has
 permission to draw
 £3 for boots etc.

Change
 notation.

Lieut. R. Miller
 with

W. H. Chamberlain
 29 MAY 1918
 O.K. £300
 30th/18 Receipt No 7469

O.K. 3rd London G. Hosk
F/1-0-0
M.R. 27/12/18 Wandsworth SW 18
Recup No 98 27/12/18

To Chief Paymaster

Q. 7 I to Pay Office

please advance me the sum of
1 me Pound due to my credit

£ 669 P to R Miller

J. B. Carlyle

Registrar, R.A.M.
3rd London General Hospital,
WANDSWORTH, S.W.

~~May~~ May 17th 1918
To Regimentals
1st Newfoundland
Paymaster

P. R. Miller
3669 Ward St
B. Block 1st
Newfoundland
Tooting Kil, Hoos
Church Lane
Tooting S. W. 14

Sir

Will you be so kind as to
forward Mrs. F. Thresh £2

Conduit Residences
London Street
Puddington No 4581
London

OK £ 2.0.0.
21-5-18

NEWFOUNDLAND CONTINGENT.	
PAY & RECORD OFFICE.	
Ref. Nos. in	
No 20 MAY 1918	
Ref. Nos. Out	
50X 11	
50X 11	
99/5/8	



for P. Thome MAJOR, R.A.M.C.
O. 1/6 TOOTING MILITARY HOSPITAL.

8042/1

22nd May 8

3669, Pte. R. Miller,
Royal Newfoundland Regt.
Tooting Mil. Hospital, Tooting, S.W.

18 5 18 4581

2:0:0

Mrs. F. Thresh, 18, Conduit Residences, London Street,
Paddington,

8109

8041/1

22nd May

8

Mrs. F. Thresh,

18, Conduit Residence,

London Street, Paddington.

2:0:0

3669, Pte. R. Miller, Royal Newfoundland

Regt.

8109.



BRITISH RED CROSS SOCIETY.

COUNTY OF SURREY BRANCH.

PRESIDENT: THE HON. MRS. CUBITT.

NORTH SURREY DIVISION.

ASSISTANT COUNTY DIRECTOR AND VICE-PRESIDENT: MRS. LOCKE KING.

TELEPHONE NO. 523 WEYBRIDGE.

From

BROOKLANDS MILITARY HOSPITAL,

WEYBRIDGE.

R.H.L.G.

3669 Pte Miller has permission

*to draw two pounds £2.
from his pay book*

Chas. M.

Miller R.

Matron

R.H.

£2-0-0

Receipt No 7928

RP 4/7/18



3669

Mr. Miller

R N F L d. Regt.

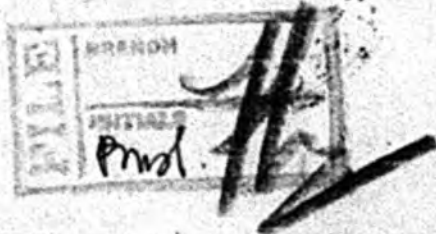


has permission to draw
£2 two pounds from
his pay book

Signed

Mayne
Watson

①
£2-0-0
Receipt No. 8518
24/8/18



No 3869. 1st Newfoundland Regt

Ward 6.10

Brooklands Military Hospital

Weybridge

Surrey

Monday

9/9/18

To Regimental Paymaster
Sir

Will you kindly forward me the sum
of £2 for urgent private affairs please & oblige

Your Obedient Servant

3669. R. Miller. Pte

C. R. Sparks M.C.



C.R.

£2.0.0

10/9/18

Receipt No.
M.R. 8770

AKB

3669

(2401). W6481-P502. 3m. 9-9-18. C.P.&S.Ltd

NEWFOUNDLAND CONTINGENT
AR. VICT.
1918
Army Form W. 13068.
& RECORD OF

Transfer Statement of Clothing and Necessaries.

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

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

Rank and Name)

Pte Miller R Rnfl

proceeding from the ~~3rd~~ LONDON GENERAL HOSPITAL

to the

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.

(1) Station

Thasbamben Capt

Commanding Squadron, Battery, &c.

Date

7 JAN 1919

Name of Unit man is leaving

(2) Station

Commanding Squadron, Battery,
or Company.

Date

7 JAN 1919

Name of Unit man is joining.

Articles of Clothing and 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.
Aprons, kilt		Badge, cap	
Boots, ankle, pairs	1	Bag, Kit	1
Caps, Service Dress	1	Braces, pairs	1
Caps, Glengarry		Brass, Button	
Drawers, pairs	2	Brush, Brass	
Frocks, Canvas		" Blacking	
Greatcoat, D.M.	1	" Clothes	
Jackets, Service Dress	1	" Hair	
Kilts		" Polishing	
Pantaloon, cord, pairs	1	" Shaving	
Putties, pairs	1	" Tooth	
Spurs, Jack, pairs		Cap, Comforter	
Trousers, Service Dress, pairs	1	Comb, hair	
Trousers, Canvas or Khaki }		Disc., identity, with cord ...	
Drill Overalls, pairs }	1	Fork	
Waistcoat, cardigan		Garters, Highland, pairs ...	
Coat, Waterproof		Holdall	
Gloves, leather, pairs		Hose Tops, pairs	
Gloves, Motor Cyclist, pairs...		Housewife	
Goggles, pairs		Knife, Clasp	
		Knife, Table	
		Laces, leather, spare, pairs	2
		Shirts, flannel	2
		Socks, worsted, pairs	
		Spoon	
		Titles, metal, pairs	
		Towels, hand	
		Wax Polish, tin	

I certify that this statement is correct.

Date 7 JAN 1919

Signature of the Soldier

Miller R

F E

C.R. F. 1-0-0 M.R. 2/12/18

Receipt No 2



3rd London & Hospital
Wansworth St 18
2/12/18

To Chief Registrar

N.Y. 2nd Post Office

Please Advise me the
sum of [£] one pound
due to my credit

3669 Pto R Miller

Approved
Wm
Wm
P.D.

3 Lond gen.
Hospital

Dear Sir:—

Will you kindly
allow me ^{one} 1/2 Pound
from my credit:—
Yours sincerely

3449 Pte A Miller
Royal Newfoundland

58 Victoria
London

OK
W.H. 31/12/18
R168



W. B. Lanyon
Registrar, R.A.F.
General Hospital
M. S. R. 111

O.K.

£3.0.0

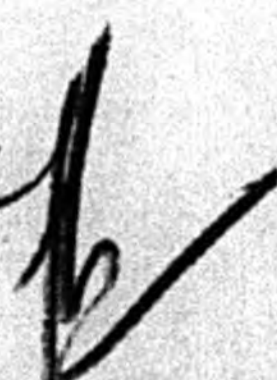
27/9/18 M.R.

Receipt No. 8932.



Pte Miller R.N.F.L.A. Rgt
has permission to
draw £3 - Three pounds
from his pay book.

Mayne

3662 uation

P.P.A.

This man
has a bad hand
and is unable to write.



3669. Mr Miller R.N.F.L.d.

has permission to draw £3

three pounds from his pay book.
He requires book.

Charge
nation

£3-0-0
31-10-18
Receipt no 9414

AC



P.P.1

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

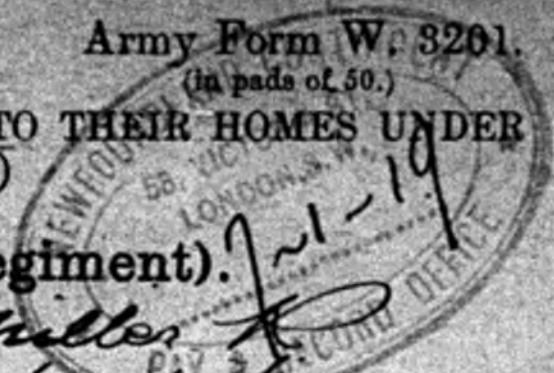
R. Newfoundland (Regiment).

No. 3669, Rank Private, Name Miller R.
is discharged from* 3rd London General Hospital

with orders to proceed to ~~his home~~:

(Address

58 Victoria Street



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

[Signature] Officer Commanding.
Capt. RAMEY

Place

Wandsworth

Registrar, R.A.M.C.W.

Date

7/1/19

3rd London General Hospital,

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

WANDSWORTH, S. W.

Furlough to 16-1-19

3/11/18

Pte R Miller 3669
1st R 7429



Sir/

Will you kindly ~~pay~~ pay Mr Miller the sum of three pounds (3.0.0) from his account

Signed

Mr Carter
7/11/18

Miss Miller
Pte R Miller x

O.K. £ 3-0-0

M.R. 3/12/18

Receipt No 10107.

P.P.A.

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

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

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

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

Part II. (Continued of Part I.)

A.F.W. 3977a has been sent to
O.O.A.F.W. 3977a has been sent to
The Officer i/c Records,

The Regimental Paymaster,

58 Victoria St

58 Victoria St

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 3669 Rank SgtName Miller Robert (Surname). (Christian names in full).Unit and Corps 1st Newfoundland Reg

MEDICAL BOARD. Officer i/c Hospital.

Date 17 DEC. 1918 191

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

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

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

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

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

Station _____

Date _____ 191

Officer i/c Hospital.

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

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

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

Part I.

A.F. W. 3977A has been sent to
O.C.

The Officer i/c Records.

A.F. W. 3977c has been sent to
The Regimental Paymaster.

58 Victoria St

58 Victoria St

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

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

No. 3669 Rank Sgt

Name Miller Robert

(Surname).

(Christian names in full).

Unit and Corps BRD LONDON GENERAL HOSPITAL

Station MEDICAL BOARD.

Date 17 DEC 1918

Date 1918

WANDSWORTH, S.W. 18

Strike out if inapplicable.

Officer i/c Hospital.

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

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

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

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

Part II.

Officer i/c Hospital,

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

Station _____

Date 1918

Officer i/c _____ Records.

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

Army Form W. 3016
In Books of 1917

No. N 2 Date 11th December 1918

- * (1) ~~To the Officer i/c Records~~ Newfoundland Regt.
- * (2) ~~The Officer Commanding~~ 58, Victoria St. Station.
- * (3) ~~The Paymaster~~

* Strike out that which is inapplicable.

Regimental No. 3669

Rank and Name Pte. Miller.

Regiment or Corps 1st Newfoundland Regt.
was transferred to 3rd London Gen. Hpl. on the
has been granted a furlough from 9th instant. to

His address while on leave will be

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

I consider he is fit for

B. H. [unclear]
Officer in charge Spec. 11. Surgical Hospital.
Lt. Col. R. A. M. C.
Tooting, S.W. 17 Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

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

admitted 9-12-18

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

Soldier's } *3669.* Rank *Pte*
Regtl. No. }

Name *Miller R*
(Surname first)

Corps or Regiment } *Rifles Regt*
(also Unit if known) }

To Officer i/c of Records *58 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 *4-1-19*, has been sent to ^{*the address below*} ~~his home~~ ~~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) *7-1-19*

to (full address) *58 Victoria Street*
No

Date *London 8/1/19* } Officer
} Comm.

Place *7/1/19 Capt Registrar, R.A.M.C.F.*
3rd London General Hospital,

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

3rd London Gen'l Hospital

17/12/18

Please Sir pay ~~the~~
Sum of £1 one pound from
my account.

3669. Pte R Miller,

121 R.N. 4, L. D Reg't

to Regimental paymaster

68 Victoria Street,

London S.W.

RM

C.N. 1-0-0
M.R. 17/12/18

Receipt No 10380

*La M...
cust...
R...*

P.S. 1.

Miller, Robert

3669

Pay sept.

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 attend school

^{his}
Robert X Miller
^{mark} Signature of Man.

Reg. No. 3669

[Signature]

Signature of the Vocational Officer or his Representative.

Place St Johns

Date Apr 8th 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 3668

Name Muller, Robert Pte

Address Chapman's

Present Medical Category F

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

RH Lait Capt
O.C. Discharge Depot.

Paterson
Senior Medical Officer

M. O. Depot

April 24, 1919

#3669 Pte. Robert Miller,
Champney' st.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2048."

Yours truly

Captain,
Paymaster & O.i/c Records

April 28, 1919

#3669 Rte. Robert Miller,

Champney's, T.B.

Dear Sir:-

Referring to your application I enclose cheque
for Seventy dollars (\$70.00), being amount of first payment
due you on account of the "War Service Gratuity."

Yours truly

Capt.
Paymaster & U.i/c Records

19335

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 20th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Robert* 2. Surname *Miller*
3. Rank *Pte* 4. Regtl. No. *3669*

6. Address in full to which future payments of gratuity are to be forwarded. *Chambers West J. B.*

6. Date of enlistment in the Regiment. *Apr. 23/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

8. Relationship of such dependents. _____

9. Address in full of such dependents. _____

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

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. *From Apr. 23/17 to Apr. 8/19 date of temporary discharge*

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

Clothing allowance back pay \$80.

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

No

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

No

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

No

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

No

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

No

19. Are you now serving in the Reserve? If not give - (a) date of discharge

*Apr 5/19
Temporary*

(b) Reason for discharge
Demobilization

20. Did you at any time serve at the front in an actual theatre of war? If so give particulars of places, and dates of such service.

*France - Nov 5/17 to Nov 26/17
Cambrai*

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

No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

his
Robert X Miller

Place of Residence:

Champaigne Co. Vt

Declared before me at:

M. Jones Vt

This

8th

day of

April 1919

John McCauley

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
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>5 mos.</i>	<i>250 00</i>
.....
.....

Certified Correct.

Paymaster. *[Signature]*



4/ **1ST. NEWFOUNDLAND REGIMENT** 6

ALLOTMENTS

I, Robert Miller, Regl. No. 37669

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins June 1st 1919

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
2940	Father	Wm. Miller	Stamps		60
				Total Allotment, \$	
				<u>60</u>	

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

(Sig.) Chas. A. [Signature]
 Officer Commanding
[Signature] Company
May 16 1919

(Sig.) Robert Miller
 (Rank) [Signature]

Miller R.

1 Suit Underwear
4 Collars
1 Suit (Lather)

4.50

1.00

43.00

\$48.50

O.K. for \$48.50
W.P.R.

W.P.R.

ACCOUNT	R. Equip
CH. NO.	24690
INITIALS	W.P.R.
INCL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

R. Miller

I, *R. Miller* being duly sworn
depose and say, that the attached statement of claim for
property lost in the fire at the Empire Hospital, is a
correct statement of my losses.

R. Miller
.....

Sworn before me at

Department of Militia, St. John's,

this... *16th* ... day of... *December*

A.D. 1919.

C.C. Byrne
Capt.

ST. JOHN'S, Apr 9th /19

Royal Newfoundland Regiment.

Billeting Account,

To St. R. Miller

Billeting Soldiers as undermentioned

from Feb 8th /19 to April 10th /19

J. C. S.

3669 - St. R. Miller 64 20

AMOUNT	15465	INITIALS	<i>EW</i>
IND. LEADER			
PAY LEADER			
DATE			

Certified correct for \$ 64.

R. J.

W. C. S.

Billeting Officer.

R. Miller
mark with EW

St Johns Nov 26 1919

3669 R. Miller.

Amount of clothes burned in hospital

4 suits of underwear ^{CCB}	4.50
2 pairs of socks ^{CCB}	2.00
6 collars	\$ 1.80
1 pair of gloves	\$ 3.50
1 suit of clothes ^{CCB}	4.50
	4.30

Total \$52.80

	57.00
	3.50
	1.80
	4.50
	8.00
Approx. Value	\$ 65.80

July 10 1920

Major Howley
O. I. C. Recofrds

Please pay to R. Miller, 3669
the sum of four dollars
in payment of four days allowance to date
and charge same to Civil Re-establishment Committee

\$4.00

Pension \$30.00

J.P.A.

ACCOUNT		INITIALS
CH. NO. 456		<i>[Signature]</i>
INT. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

[Signature]
Vocational Officer

R Miller

Sept 29 1920

Major Howley
O. I. C. Records

Please pay to R. Miller, 3669
the sum of four dollars
in payment of allowance for four days to date
and charge same to Civil Re-esrablishment Committee

\$4.00

Pension \$30.00

F. C. S.

ACCOUNT		INITIALS	<i>OH</i>
CH. NO.	2799	INITIALS	
INL. LEDGER		INITIALS	
PAY LEDGER		INITIALS	<i>AM</i>
GEN. LEDGER		INITIALS	

W. W. Shekell

Vocational Officer

R. Miller

Sept 29 1920

Major Howley
O. I. C. Records

Please pay to R. Miller 3669
the sum of thirty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$30.00

~~40.00~~
~~10.00~~
Pension

\$30.00

J. C. S.

W. H. Mackell

Vocational Officer

R. Miller

ACCOUNT	_____
CH. NO.	_____
INITIALS	_____
INT. LEDGER	_____
INITIALS	_____
PAY LEDGER	_____
INITIALS	_____
GEN. LEDGER	_____
INITIALS	_____

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

MEDICAL HISTORY

OF

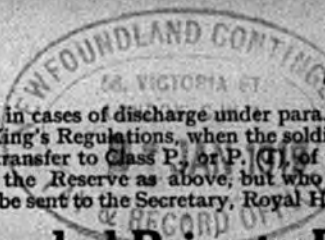
Surname Miller Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Champfneys East County Trinity Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12</u> day of <u>April</u> 191 <u>7</u>	on	day of	191 <u>7</u>
	at <u>Headquarters</u>	at		
Declared Age	<u>28</u> years <u>2</u> months <u></u> days			
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>131</u> lbs.			lbs.
Chest Measurement {	Grith when fully expanded	<u>38</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks {	Arm	<u>—</u>		
	Number	<u>—</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/9</u>		R.E.—V= <u>—</u>	
	L.E.—V= <u>6/6</u>		L.E.—V= <u>—</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>W. E. Proemier.</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at		
	on <u>23</u> day of <u>April</u> 191 <u>7</u>	on	day of	191 <u>7</u>
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/125 Nfld</u>	<u>3669</u>		
Transferred to				
Became non-effective by				
	on	day of	191	on
	(Signature)			(Signature)
	(Rank)			(Rank)





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

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

- 1. Unit and Corps. *1. St. Newfoundland Regt.:*
- 2. Regtl. No. *3669.* 3. Rank... *Pte*
- 4. Name *Miller Robert.*
(Surname) (Christian Names)
- 5. Age last birthday... *23*.....
- 6. Posted for duty on... *23 Apr 1917* at... *St. John's, Newfoundland.*
in category (or grade)... *A*.....
- 7. Former Trade or Occupation } *Sailor*
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. 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? *No*
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *9 Nov. 1917* *Injury to median nerve*
- 12. Place of origin of disability. *Cambrai*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Was advancing to attack when hit by bullet Taken I. D. S. then 9 Grad? & from there to England

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

Has wrist drop, limited movements of forearm, supination of R. arm due to injury of median nerve from G.I.W. He has no power of pronating, is unable to raise his head & his head - still complains of dragging pain in chest from G.I.W.

22. State whether the disabilities are:—

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

(a) Attributable to

(b) Aggravated by

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

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

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

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

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

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

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

After a large operation Scar on lower back & Plu. Great drop. Pronation & supination limited. Is unable to place hand on the head. Husband is practically useless, and is anaesthetised. Test applicable

All wounds are healed. Has no grasp.

16. Was an operation performed? If so, when and what was its nature? *Yes. Fingers & thumb*

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

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

G.I.W. R. Chest. with protruding.

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Yes.

Thos B Carlyon Cape
Medical Officer in charge of case.

Station *Wandsworth*

Date *2-1-19*

* 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.

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

as a soldier 100%
as a worker 80%

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

order 16:

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

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

Yes.

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:—

..... *George Gillin* } President or Chairman.
..... *W. H. D. ...* } Members.

Station ... *Wandsworth*

Date ... *4-1-19*

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

Station ... *3rd London General Hospital*
Officer in charge, Central Hospital.

Date

OR

Discharge Approved under Para. 392 () King's Regulations. *Wandsworth, S.W. 18.*
or Transfer Approved to Class of the Reserve.

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

Station

O.C. Discharge Centre.

Date

Report of Medical Board.

Station *St. John's, Nfld* Date *4th April 1919*
 No. and Rank *3669 Private* Age *26 yrs.* Height *5 ft 9.*
 Name *Miller Robert.* Complexion *Dark*
 Unit *Royal Newfoundland* Eyes *Brown* Hair *Black.*
 Address *Champs*
 Former Trade *Sailor*
 Enlisted at *St. John's* On *23rd April 1917* (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability *Original*
S.S.W. right arm. Paralysis (median)
 Subsequent

Present Condition (Compare with previous Board)

Two scars crossing one another upper arm near axilla quite healed. Hypersensitive from wound all the way down the inner side of arm to the hand. No feeling in fingers except little finger. Cannot extend elbow fully. Cannot pronate or supinate. No motion in wrist or any fingers except little finger & can barely move that. Scar right side of chest about level level of axilla - penetrating flesh wound. Sensitive but no other disability from this

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *60%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *60% Six months & treatment*

Recommendation of Medical Board *Disch permanently unfit.*

Members of Board

Cluny Macpherson,
Major

J. H. Case
Archie Blair.
H. Peterson

Approving 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 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 *Robert Miller*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3669.*

Intended address *Champneys East. L.B.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black.*

Complexion *Dark.*

Color of eyes *Brown.*

Descriptive Marks *Right Arm, Right Breast.*

Figure on discharge *Tall.*

Christian name of Father *Wm.*

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 *Champneys 19th February 1893*

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) *Robert Miller* *Wm. Eastheadly* *Plt*
rank. Wm. Eastheadly (Rank)

Station *St. John's* Date *24-3-93*

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.

The Royal Newfoundland Regiment
 HEADQUARTERS
 ST. JOHN'S, NEWFOUNDLAND
 ORDERLY ROOM

Medical Officer i/c Hospital.
 Unit, or Command Depot.

Station _____ Date _____

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

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

16. Was an operation performed? *no*

If so, what!.....

Date..... *22/12/18*.....

J. B. Carby
.....
Officer in Medical charge of
case.

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

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

admitted 9-12-18

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

Soldier's } 3669. Rank P^o
Regtl. No. }

Name Miller R
(Surname first)

Corps or Regiment } Rifles Regt
(also Unit if known) }

To Officer i/c of Records 58 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

4-1-19, has been sent to ^{*the address below*} ~~his home on~~ ~~warrant~~ 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) 7-1-19.

to (full address) 58 Victoria Street

Date London 8/1/19 { Officer
Comm.

Place 7/1/19 Capt Registrar, R.A.M.C. Genl.

Three copies to be made; London General Hospital, mentioned, and WINDSWORTH, S. II.

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

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

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

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

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

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

PART Soldier's Name Miller Robert
(Surname) (Christian names in full)

A. Unit from which discharged 1st Newfoundland Regt.

Regimental Number 3669 Rank on discharge Pte. Age on discharge 23.

Married, widower with children, or single Single

Occupation before enlistment Sailor Fishing Service Newfoundland

Special qualifications (if any) for employment in civil life } Sailor Fishing Service

Nature and locality of employment desired St John's Newfoundland

Full postal address to which proceeding on discharge } Champsneys, Trinity Bay, Newfoundland.

Name of Approved Society (if any) None

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

Number of G.C. badges medals

PART C. Wounds and actions in which received

PART D. Where born (parish, town and county), and date

Colour of hair on discharge Dark Brown Colour of eyes Brown Complexion Fair

Christian name of father William

Christian name of mother Mary Paul

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

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

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

(Signature in full)

Station

Rank

Date

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

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para.

King's Regulations

or

Transferred to Class * of the Reserve.

Strike out
whichever
is inapplicable.

Military character

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

Officer i/c Records.

Station

Date

191

* Insert P., or P.(T).

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

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

Regimental No. 3669.....Rank..... Pte.....Name Miller..... Robert.....
(Surname) (Christian Names)Unit and Corps } 1 Newfoundland Regt

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

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

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

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

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

France. 3 Months

(b) In what capacity?

Soldier

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

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

Wounded,
Right Arm, injury to Median
nerve severe.
20.11.17. Gun Chat Wound,

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

1 General Hospital, France,
Richmond Military Hospital
Tosney Military Hospital
3rd London General Hospital

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

No

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

Nil

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

Nil

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

James Kendall
Port Newton
Newfoundland.

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

Sailor Fishing Service

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

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

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

Station 3rd London General Hospital Signed (Soldier) Robert Miller

Date December 20th 1918 Signed J. Price Witness

Temporary.

Regional No.

MEDICAL HISTORY of—

A.F. B.178

Regimental No.

Region

Surname Miller

Christian Names Robert

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.

Colour of Hair _____ Complexion _____

” Eyes _____

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 = _____ With Glasses { R. _____
L.E.—V = _____ L. _____

Identification Marks, such as Tattoo, Moles, Scars, etc:—

Defects or Ailments:—

Examined and found—

Fit for Grade { I.
II.
III.
IV.

(Strike out those which do not apply.)

Signature _____
Chairman of Medical Board.

Re-examined for posting at _____

On _____ day of _____ 191____

Enlisted { at _____
on _____ day of _____ 191____

	Corps	Regtl. No.
Joined on enlistment	<u>Newfoundland</u>	<u>3669.</u>
Transferred to	_____	_____
	_____	_____
	_____	_____

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

Date	Brief details and Signature
<u>6-1-19</u>	<u>Permanently unfit.</u>
	<u>W. H. King, Captain, 1st London General Hospital, WANDSWORTH, S.W.</u>

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

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

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

TABLE II.—Only for admissions 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 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Spice Mill Surg. Hl. Looting	27	11	18	9	12	18	G.S.W. R. lum. Inj. am. D. Med. relns Cl. Ext. El. sh. slip	12	<p>Inj. Nov 20-17</p> <p>Incubated - ul - effusion. Pain in am. & hand partial - inert. Anesthesia Middle & ring fingers. Some relief from Op. but not decided. Found to be a case of Med. Ext. T. E. used as prof. Some relief from Med. no improvement in pain. Alcohol 60% inject into med. Less pain relief from returning 14th Dec 1872</p>	
3rd London General Hospital, WANDSWORTH, S.W.							G.S.W. Ram		<p>Board held - see overleaf</p> <p>Disability G.S.W. am - hand & inj. of median nerve no power of grasping & his hand movement is limited.</p> <p>Cause - G.S.W. in action</p> <p>Dis. allowed - 80%</p>	<p>Signature of Medical Officer</p> <p>3rd London General Hospital, WANDSWORTH, S.W.</p>

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3669 Rank Plt Name Miller Rott
 Date of Enlistment 23.11.17 Address Champsuys District Trinity
 Occupation Fisherman Classification for Discharge M Medical Category E
 Recommendation S.M.B. Ret. medically unfit Disability Rating 60% 6 mva

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	2	2
B 178a	D 400A	B 1915	do 2nd	3	3
B 179	D 400B	Form L	do 3rd	4	
B 179a	D 400C	Form K	do 4th	5	
B 179b	B 103	ME 2	3202	6	
B 179c	B 120	M 93			

Date 8.11.19

H. W. H.
for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Rott & Miller
mark.
with W. J. Eaton

Particulars passed to Vocational Officer for information and action.

Date 8-11-19

A. M. Bloustein Lt.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied A. M. Bloustein Lt.

Date 8-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me*.....to his home at *Champaign*..... and Release Certificate No. *2038*..... issued.

Date *8-4-19*..... *J.A. Shawlain*
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 *24-4-19*.....

Date *8-4-19*..... *H.M. [unclear]*
Depot Paymaster.

Discharge approved for..... *10-4-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<i>1</i>
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>1</i>
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	<i>2</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.....	<i>3-202</i>	" 6.....	
B 179c.....	B 120.....	M 93.....			

Date *8-4-19*..... *J.A. Shawlain*
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

APR 10 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3669 Rank Private Name Muller, Robt
 Intended place of residence Chapman
 2. Occupation Overseer
 Classification of soldier B Medical Category 2

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date APR 8 1919
 J. H. M. [Signature]
 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
APR 8 1919
 [Signature] Robert Muller
 Signature of soldier
 [Signature] J. P. [Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{not} in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
8-4-19
 [Signature] Robt. Muller
 Signature of soldier
 [Signature] J. P. [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2.3.17 No of days on Military
 Discharged from service 10.4.19 Service 7.32
14 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date APR 10 1919
 [Signature] R. H. [Signature] Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.
 Date April 24/1919
 [Signature] M. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

29.3.2079/2048

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

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

Royal Newfoundland.

1. Unit and Corps..... 7. Former Trade } **Sailor-**
or Occupation } **fishing service.**
2. Regtl. No. **3669**... 3. Rank... **Private.** 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name **Miller Robert.**.....
(Surname) (Christian Names)
5. Age last birthday. **23 yrs.**
6. Posted for duty on. **23/4/17** at **St. John's Newfoundland.**
in category (or grade). **A.**.....
8. 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? **No.** (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

G.S.W.Rt. arm severe Injury to Median nerve.

11. Date of origin of disability. **20/11/17**
12. Place of origin of disability. **Cambrai.**
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. **Was advancing to attack when hit by a bullet. Taken to F.D.S. then to 4th. General and from there to England.**

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

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

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

Has a large operation scar on inner side of arm. Wrist drop-pronation & supination limited. Is unable to place hand on head. The hand is practically useless and is anaesthetic. All wounds are healed-has no grasp.

16. Was an operation performed? If so, when and what was its nature? **Yes. Freeing of Median nerve.**

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? **N/A.**

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

20. Do you recommend—

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

(b) Change to United Kingdom? **-**

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

Signed.

H.S.B. Carlyon Capt. RAMC(T).

Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof. **He wrist drop and limited movements of pronation and supination of R. arm due to injury of median nerve from G.S.W. He has no power of grasping and is unable to raise his hand to his head. Still complains of dragging pain in chest from G.S.W.c**

22. State whether the disabilities are:—

- | | (a) Attributable to | (b) Aggravated by |
|--------------------------------------------------------------------------|---------------------|-------------------|
| (i) Service during the present war | Yes | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the part of the soldier | | |
- Give details:

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

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

Yes.

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

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

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

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

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

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

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:—

Sgd. G. Gore-Gillon. Lt. Col. R. A. M. C. T. President or Chairman.

Station *Wandsworth* A. B. Dodson Capt. R. A. M. C. T. Members.

Date *4.7.19*

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

Station } Only applicable in cases of Patients in Hospitals.

Date Officer in charge, Central Hospital.

OR

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

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

Station O.C. Discharge Centre.

Date



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

April 8th, 1919 191

From Officer Comanding,
Discharge Depot
Office of D.M.S.
To ~~Board of Pension Commissioners,~~
Militia Bldngg

3669 Pte. R. Miller

Above noted man was before the Standing Medical Board
on 4-4-19 and was recommended for discharge as perman-
ently unfit and **requires treatment.**

His discharge on demobilization has been approved by the
Officer Commanding, effective from 8-4-19 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.

A. Bailey Capt

Adjutant

Discharge Depot

Copy to Bd. of Pension Commissioners

Reg. No. 3699 Rank Pfc Name Miller Robt.

Attested Address Chambers East. F.B.

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 7-2-19

Embarked for Overseas Corsican Cause Discharge

4.3.19 Rec. Dis. from the Army requires
Treatment!

8.4.19.

10.4.19.

PASSED TO DEPARTMENT OF DEFENSE OFFICE

DISCHARGE APPROVED BY DEMOBILIZATION

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3669 Rank Private Name Miller Robert
 Former Occupation Fisherman Address Champsy District Trinity
 Class B Medical Category 2 Disability Rating 60% Gen

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 Student. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 8-4-19

W. Muldowney
 Demobilization Officer

To be forwarded Orderly Room in Duplicate.

13669

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3669 Rank RtE Name Miller Robt
 Date of Enlistment 23.4.17 Address Chapneys District Trinity
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 60% 6 mos.

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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	3202	" 6	
B 179c	B 120	M 93			

Date 8.4.19 for H. H. H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Robt. Miller
mark. wkt. to labor

Particulars passed to Vocational Officer for information and action.

Date 8-4-19 Ambleton St.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~ Ambleton St

Date 8-4-19 O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *711* to his home at *Chapin* and Release Certificate No. *2138* issued.

Date *8-4-19* *J.A. Crawford*
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 *24-4-19*

Date *8-4-19* *H. M. [unclear]*
Depot Paymaster.

Discharge approved for *10-9-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<i>1</i>
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>1</i>
R 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	<i>2</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.....	<i>3202 1</i>	" 6.....	
B 179c.....	B 120.....	M 93.....			

Date *8-4-19* *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **APR 10 1919** *R.H. [unclear]*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. *J.P. Brown*
Date *15/4/19* *J.P. Brown*
Officer i/c Records

Casualty Form—Active Service.

Regiment or Corps **Newfoundland**

Rank **pte** Surname **Miller** Christian Name **Robert**

Religion **Church of England** Age on Enlistment **23** years **2** months

Enlisted (a) **23/4/17** Terms of Service (a) **Duration** Service reckons from (a) **23/4/17**

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

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation **Fisherman** Signature of Officer **Harold Knight**

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 Smythampton	14/1/17	
			Disembarked Rouen	14/1/17	
			Joined Battalion	14-11-17	
26 NOV 1917	O.C.	WOUNDED IN ACTION		20 NOV 1917	A.F.B. 213.
<i>26/11/17</i>	<i>37 FA</i>	<i>at GSWthms Sea tram</i>	<i>21 Oct</i>	<i>21/11/17</i>	<i>E.O. 3827</i>
	<i>Haleside U.S.A. South</i>	<i>Do</i>	<i>Rouen</i>	<i>22/11/17</i>	<i>AA 16753</i>
	<i>Sturwida</i>	Transferred to England		<i>26/11/17</i>	<i>W 3083</i>
			J. Meaney	MAJOR	
			G. I/c No. 1	Infantry Section	
			G.H.O. 3rd	Electron	



(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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet *First*

Regiment of *1st Newfoundland.*

Signature of O. C. Company *Mark Dyer Capt.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Miller Robert.</i>	Age on	<i>23</i> years <i>2</i> months	<i>Soldierman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<i>St. John's.</i>	
Joined		Date	Period of	with Colours <i>2 3/4</i> years.	Place of Birth
Joined	Date	with Reserve <i>2 3/4</i> years.			

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
<i>Demobilized St. John's, 24 ⁴/₁₉</i>									
To be carried over									

Receipt for Army Book 64

No. 3669 Name R Miller

To Certify that I have received the AB 64 of the above
named Soldier.

Name Robert Miller

Date Aug. 16 1920

Place St Johns

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

10

Com. Rank: 3669
July 21st: 1920.

Dear Mr. Somerton,

William Miller has asked me to give him a note to you certifying that he suffers from hernia, (for which he wears a truss). He wishes to put in a claim on the military authorities.

Your faithfully

B. I. Fitzgerald

Magistrate's Office.



Trinity

21 July

1920

Rev. Col. W. F. Kuedelb
St Johns

Dear Sir

Wilhelm Miller thinks he has a claim
on the Militia Dept on account of his son
Robert who was wounded during the War
The man is suffering from Hermsia Perhaps
you can send him a Form of Application

Yours truly

J. S. Lountou

C.R. 3669

July 23rd, 1920

F. Somerton, Esq.,
Stipendiary Magistrate
Trinity, East

Dear Sir:-

I am in receipt of your letter of 21st July referring to the case of William Miller of Trinity, East, who wishes to make some claim for assistance on this Department.

I am afraid in the first place that the disability from which Mr. Miller is suffering, could not be claimed to totally incapacitate him as an earning power, and he would, therefore, have no claim on this Department for financial assistance. Further than that his claim is made four months late; you will no doubt have seen the Notice published in the papers by this Department stating that all claims had to be filed by March 31st. I regret that his case cannot be considered.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.