


FIRST NEWFOUNDLAND REGIMENT 1

ATTESTATION OF

CR 4301

No. 4301 Name Sydney Milley Corps S.A.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Sydney Milley
2. What is your full Address? 2. Exploits
3. Are you a British Subject? 3.
4. What is your age? 4. 21 Years 6 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 S.A.
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. 

COPIED
Archives
FOR THE DURATION OF THE WAR

I, Sydney Milley 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.

H
7/11/18
Sydney Milley SIGNATURE OF RECRUIT.
Frank G. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sydney Milley 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 Exploits on this 7 day of January 1918
Signature of Attesting Officer W. H. ...

†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 Jan 7 1918 } Approving Officer.
Place Exploits }

† 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.

8653

Name Sydney Melley
 Apparent age 21 years 6 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Melley
Exports | 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>7-1-1918</u>									
Joined at <u>Melbourn</u> on <u>January 7-1918</u>									
<u>Embarked for France</u>									
<u>Embarked for Halifax N.S. 28³/₁₈</u>									
<u>Embarked for M.C. 31.8-18. Landed France 31.8-18. Joined 2nd Bn. 5⁹/₁₈</u>									
<u>Wounded 14-10-18. Admitted to Hospital 16-10-18. Transferred to Coy. 16¹⁰/₁₈</u>									
<u>Admitted to H.Q. 16-10-18. Served in the trenches until 16-4-19.</u>									
<u>Wrote for discharge 12.5-19. Arrived home 1-6-1919</u>									
<u>Demobilization 25-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 25-7-1919 (date of discharge) 1 years 200 days
 " " Pensions " " " " " " " " " " " "

S. M. H. H. H.

C.R. 4301

R. H. H.

1065/9/P&A

3rd. London General
Wandsworth, S.W.18.

17th. January. 9

4301

Private

S. Milley.

5:0:0

Cheque no
Dato

11544
20/1/19

14/1/19

NEWFOUNDLAND GOVERNMENT
PAY & RECORD OFFICE
Ref. Nos. 512
Rec'd 16 JAN 1919
Ack'd
Ref. Nos. 001 1065/9/RA.

3 London Gen. Hos.
Wandsworth S.W. 18
Ward 12.

please pay to Pte S. Killey H 301
the sum of £.5. pay master
and record office.

88 LONDON GENERAL HOSPITAL
15 JAN 1919
No. 512
WANDSWORTH S.W. 18

5-8 Victoria Street. S.W. P/46

1st. Royal Newfoundland
Regt.

15.1.19
O.K. £ 5.00 W.R. 14/1/19

Our Bond only to be given
to the holder at a time
The Cashier.

88 LONDON GENERAL HOSPITAL
WANDSWORTH S.W. 18

TO,- The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4501	Cpls	Milley S.	\$2.50	

I have the honour to be, Sir,
~~Very truly yours,~~
Your obedient servant.

Date

June 20th 18

S. Milley

to pay Master
pay & record
office. Royal Field
Regt.
Please pay to
the bearer the
sum of £.2.

4301 Wm S. Willey

OK
Receipt
21/2/19
10-0-0
1273

one found
appeared

William Post
RA MCT
21/2/19

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix		Code		SENT		FOR STAMPS	
WORDS	CHARGE	At	To		By	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
11		VIA WESTERN UNION					

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS. J. MILLEY

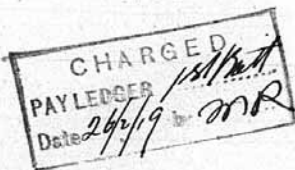
25/2/19.

EXPLOITS (NEWFOUNDLAND)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA.

MILLEY.

Charge to
4301 Milley



Authorised.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address 89, Victoria St., S.W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Shelton
No. 3342/25.

From: NEWFOUNDLAND CONTINGENT

12
NEWFOUNDLAND CONTINGENT
N.F.P./80.
RECORD OFFICE

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

To: Officer Commanding

5-MAR 1919

3rd L. B. H.

3rd March 1919

4301. Pte. Milley. S.

With reference to the following
telegram from the Minister of
Militia, / / (54.)

"Pay to- 4301. Milley.

£5. 0. 0.

Kindly advise whether this re-
mittance should be

- (1) forwarded to you for payment
to this Soldier;
- (2) retained to credit of his
account; or
- (3) otherwise dealt with.

W. B. Minahan Maj.
Chief Paymaster & O. i/c Records

Deposited 28/2/19

Mar 5th 1919

*Kindly place this
remittance to the
credit of Pte Milley
4301 etc please.*

H. J. G. [Signature]

for C. C.

NEWFOUNDLAND GENERAL HOSPITAL
MANWORTH

Man admitted 26/10/19 Army Form W. 3202.
(In books of 100.)

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

Soldier's Regtl. No. } 4301. Rank Private
Name Miller S.
(Surname first)
Corps or Regiment } R.N.W. Regt.
(also Unit if known) }
To Officer i/c of Records 58 Victoria St. S.W.
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 5-4-19, ^{*the address is*} has been sent to ~~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) 7th April 1919
to (full address) 58 Victoria St S.W.

Date 7th April 1919 *W. J. M. Registrar, R.A.M. & Comm. Officer*
Place London General Hospital, EDSWORTH, S.W. *Hospital.*

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

admitted 26/10/15

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

Soldier's Regtl. No. 4301. Rank Private
 Name Miller S.
 (Surname first)
 Corps or Regiment (also Unit if known) R.N.K. Coy
 To Officer i/c of Records 58 Victoria St SW
 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 5-4-19, ~~has been sent to his home~~ ^{He is discharged} 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) 7th April 1919
 to (full address) 58 Victoria St SW

Date 7th April 1919 Registrar, R.A. Comm. Officer
 Place London General Hospital, 58 Victoria St SW Hospital.

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

O.K. 1-0-0 M.R. 25/19
Receipt No. 1855

Pay Master pay
Record office.
Royal W. Field Regt
to pay to bearer
the sum of £1.

4301 Pte. S. Milley



Handwritten signatures and initials

SEA

O.R. # 1-0-0 W.R. 25/3/19 Receipt No. 1810

To the Chief Paymaster
Royal Newfoundland Regt

Please pay to the sum
of one pound + charge
to his account.

approved

Wilmas Capt
25/3/19

4301 Pte. S. Milley



O.K. W.D. £2-0-0
Receipt # 1484

Chief pay master
pay & record office
Royal New Zealand
to please pay to
the bearer the
Sum of £.2.

4301 Pte S. Gilley

Approved.

one Pound

[Signature]
Capt

Milley, S.

4301

Hay Sept.

ST. JOHN'S, JUL 4-1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte S. Milley

Billeting Soldiers as undermentioned

from June 14/19 to June 30/19

4301 Pte S Milley 28.20

B m	
2304	
IND LEDGER	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$ 28.20

Amblin

Billeting Officer.

S. Milley

l. 101.

July 25th 1919.

#4301, Pte.S.Milley,
Exploits, Twillingate.

Dear Sir:

Please find enclosed Discharge Certificate #3216.

Yours truly,

Capt. & Paymaster.

RB/.

RECEIPT.

4301

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4301. NAME

S. Gilley

DATE *23.1.25.*

PLACE

Exphite St

C.R. 4301

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated July 29th 1919.

The discharge of the undernoted on demobilization has
been confirmed by Officer i/c records from noted date
25-7-19.

4301, Pte. S. Milley.

C.R. 4301

Extract from Daily Orders Part 11 Unit ⁴he Royal Nfld.
Regt. St. John's July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED ^u by O.C. Discharge Depot with effect from ~~15~~ 7-19

4301 Pte. S. Milley.

1087 C.R.

Extract from Medical Board held on Friday July 4th, 1919.

4201 Pte. S. Milley.

Recommended Discharge from the Army.

Requires Treatment (Empire)

C.R. 4301

Extrac from Medical Board held on Friday afternoon July 4th, 1919.

4301 Pte. S. Milley.

Recommended discharge from the Army

Requires Treatment (Empire)

C.R. 4301

Extract from Daily Orders Part II Depot, Sjt. Johns,

Date June 18th 1919.

4301, Pte. S. Mille'y.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4301

Extract from casualties received from Pay & Record Office,
April 7th., 1919.

The u/m were discharged from the 3rd London General Hospital on
7 /4/19. They reported at the P.&R.O. on same date and were granted
furlough to 16/4/19. Both are marked unfit for further service, and
have been ordered to report to O.C. 2nd. Bn. on 16/4/19 for repatriation to Newfoundland.

3861 Cpl. G. Rendell,
4301 Pte. S. Milley.

C.R. 4301

Jan. 7th, 1919

Mr. John Milley

Exploits

Dear Sir:-

I beg to inform you that additional information has to day been received from the Visiting Committee of the Newfoundland War Contingent Association to the effect that your son, No. 4301, Private Sydney Milley is progressing favour-ably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer

C.R. 4301

Extract from Nominal Roll of Sick and Wounded from the Franco
Expeditionary Force to the 3rd., London General Hospital
admitted 26/10/18.

#4301 Pte/ S. MILLEY.

G.S.W. R. LEG.

C.R. 4301

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 21/11/18.

TO ENGLAND.

#4301 Pte. S. Milley.

26/10/18.

C.R.

4301

Extract from: War Office List No. 07 1732 dated 19 11. 18.

#4301 Pte. S. Milloy.

Wounded 10. 11. 18.

BC.

C.R. 4301

Nov. 6th., 1918.

Mr. John Milley
Exploits, N.D.N.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No.4301 Private Sydney Milley, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. **C.R. 4301**



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 _____ Address **Dept of Militia**

Line Number	Red	By	Sent	by	Check

Dated **Oct 24th 1918**

To **John Milley, Exploits**

Regret to inform you that Record Office, London, officially reports **No. 4301, Private Sydney Milley** at **7th Stationary Hospital Boulogne Oct 16th suffering from G.S.W. right leg severe**

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

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

extract from War Office List No. H.A. 50415.

ADMITTED 7 STY. H. BOULOGNE 16th OCT. 1918.

#4301 Pte. S. Milley.

BC.

G.S.W. LEG RT. SEVERE.

C.R. 4301

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
Dated 5/9/18.

The following arrived today and is posted to the following
Company.

B. COMPANY.

4301, Pte. S. Milley.

C.R. 4301

Extract from Nominal Roll Draft #51, to B.E.F. Embarked
Folkestone, 51-9-18.

4301 Pte. Milley S.

C.R. 4301

Extract from Nominal Roll Embarked St. John's for Overseas
Mar. 28th, 1918.

4301 Pte. Milley S.

Extract of Daily Orders part 11, from Unit 4/1st
Royal Newfoundland Regiment, Headquarters, dated
January 8, 1918.

#4301 Pte. S. Milley.

Attested for General Service with the 1st Wld.
Regiment, posted to H. Coy' and given Numbers as shown
with effect from January 7, 1918.

Royal Newfoundland Regiment
EMPIRE BARRACKS HOSPITAL

July 11th 1919

To Capt Snow

The marginally noted man,

4301 St. Millay St.

In discharge from hospital

Please

H. R. [unclear]

In Medical Officer

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte,
Newfoundland

June 29 1919

#4301 Pi. S Miley

Dr. Manuel Hotel.

	#	7
<i>June 28 1919</i> To Board and Lodging	2	50
Motor Boat Hire		
Charge	<i>Paid Just 29/19</i>	
Storage	<i>R. W. Manuel</i>	
Extras		

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte,
Newfoundland

June 9 1919

M. Prot. Sidney Miley # 4300

Dr. Manuel Hotel.

June
4 To 8

	\$.	¢.
To Board and Lodging # 1/2 day 180	8	10

Motor Boat Hire

Cartage

Storage

Extras

Paid in full S.D.

R. W. Manuel

THE ROYAL NEWFOUNDLAND REGIMENT DR
TO #4301 Pte. S. Milley

To Board & Lodging while enroute to St. John's.....

\$10.60

As per vouchers attached.

M. C. S.

CERTIFIED CORRECT,

W. C. Coogan Capt. Adjt.

Acty S. Milley



ACCOUNT	<i>Btm</i>
CH. NO.	<i>2477</i>
IND. CLASS.	
PAY CODE	
GEN. LEV.	

S. Milley

11
DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$7000

Aug 14 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W.S.G.
~~balance~~

Ch. No. <u>4760</u>	Initials. <u>J.H.</u>
Pay Ledger <u>36</u>	Initials. <u>W</u>
Gen. Ledger.....	Initials.....

A.C.P.
Regtl. No. Rank

No. 4301

Rank Pt

Name S. Wiley

W. Spurrall Bros

First-class line of Overcoatings, Suitings,
and Trouserings always in stock.

Cleaning, Pressing, Altering and
Repairing all kinds of Garments

365 WATER STREET

Next door to Parker & Monroe's West End Store

ST. JOHN'S, N. F.

Aug 12 1917

M^r Sidney Mully # 4301

SPURRELL BROTHERS

E. D. SPURRELL, MANAGER

GENTLEMEN'S TAILORING

TELEPHONE 574

Parcels called for and delivered promptly

by
to sent.

70 02

Paid Spurrell Bros
per Harold Wiseman

10/8/19

Army Form 'B. 179a

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. *R. No. F.F. D.*
2. Regtl. No. *H 301.* 3. Rank. *Private*
4. Name *McIlroy* *McIlroy*
(Surname) (Christian Names)
5. Age last birthday. *22.*
6. Posted for duty on *Jan 1918* at *St. John's*
in category (or grade) *A.I.*
7. Former Trade or Occupation } *Fisherman.*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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."

- 4 S. wds R thigh, calf, buttock left buttock*
11. Date of origin of disability. *14 Oct 1918*
12. Place of origin of disability. *Yves, France*
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. *Exclusive wd. R calf. Superficial wds R thigh & R.C. buttocks*

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

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.)

Superficial wounds healed. Large Scar on outer side of right leg in centre of which is minute granulating area. Scar firmly adherent to subjacent muscles. Patient walks with slight limp.

16. Was an operation performed? If so, when and what was its nature?

12/12/18 Skin graft to calf wound.

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?

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?



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.

Hester Banerjee Carr

Medical Officer in charge of case.

Station 3 London 4th 44

Date 31/3/19.

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

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.

G. S. M. R. Knight & Bultoch.

All wounds on head. There is a large scar on outer side of right leg with loss of muscle and is adherent to subjacent parts. The skin below is anaesthetic. The movement of the foot are restricted. Cannot walk fairly well with a limp. The other wounds cause no disability.

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

- (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) G. S. M. in action.

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

23. Is the disability in a final stationary condition? If

(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.



12 months

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

80% (thirty?)

V

V

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)?

Grade IV

V

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?

No.

- 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?

} No.



Signatures:—

Handwritten signatures: President or Chairman, Members.

Station ... Date ...

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

Station ... 3rd LONDON GENERAL HOSPITAL WANDSWORTH. Date ...

Handwritten signature: Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

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 ... Date ... O.C. Discharge Centre.

Demobilisation Form 2

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 4301 Rank PL- Name Shelley S.
 Intended place of residence Exploist - Tullaghan

2. Occupation Fashioner
 Classification of soldier B Medical Category E

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 JUL 11 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date 8-7-19
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date 8-7-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 4-1-18 No. of days on Military Service
 Discharged from service 15-7-19 Plus 14 days Service 395

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 11 1919
 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
 Date July 25/1919
 Officer in Charge
 The Royal Newfoundland Regiment

25
28
31
30
31
30
24
D

25 B 20 79/326

The Royal Newfoundland Regiment



DEMobilIZATION OF

Reg. No. H307 Rank Plt Name Milley S
 Date of Enlistment 7 1 18 Address Capit District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 60% 3 mo
 Passed to Demobilization Officer with following documents:—

N.F. P36	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		" 6.	
B 179c	B 120	M 93			

Date 8-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.75

(b) Clothing Supplied /

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2422 R. to his home at St Johns and Release Certificate No. 3408 issued.

Date 8-7-19



J.A. Snowcroft
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 25-7-19

Date 8-7-19

[Signature]
Depot Paymaster.

Discharge approved for 11-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 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	1		" 6	
B 179c	B 120	M 93				

Date 11-7-19

J.A. Snowcroft
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

JUL 11 1919

K.R. Cooper Capt.
O. C. Discharge Depot.

Date

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

Date

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. 4301.....Rank... Pte.....Name... Smiley Sidney.....

(Surname)

(Christian Names)

Unit and
Corps } R. N. Gld

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 & Belgium
Sergeant major.

- (b) In what capacity?

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.)

Shell wounds
Oct. 14. 1918.

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

7th Stationary Brigade
3rd London Gen. Hos.
8653

4. Did you suffer from the disease or injury mentioned in above answer to Question 3, or anything like it, before joining the Army? If so, give details and dates.

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.

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

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

Lesly Manuel 40
Exploit Ave
Notre Dame Bay
Fishing

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

(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 Gen. Hos. Signed (Soldier) Sidney Miller

Date 29.3.19 Signed H. P. Randall

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. 4301

Name Millery, Sidney Rank Pte

Address Exploits

Present Medical Category E

Recommended for:— (a) ~~Immediate discharge~~
(b) Standard Medical Board

Members of Board

R. H. East Major
O.C. Discharge Depot.

P. Paterson
Senior Medical Officer

S. L. S. S. S.
M. O. Depot

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve. 8653

INSTRUCTIONS.—Parts A. and B. 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 A. (Soldier's Name *M. Kelly* (Surname) *J. James* (Christian names in full))

Unit from which discharged *R. M. F. L. D.*

Regimental Number *4201* Rank on discharge *Private* Age on discharge *28*

Married, widower with children, or single _____

Occupation before enlistment *Fisherman*

Special qualifications (if any) for employment in civil life _____

Nature and locality of employment desired *Not known*

Full postal address to which proceeding on discharge *Exploits Harbour, Notre Dame Bay, Newfoundland*

Name of Approved Society (if any) *None*

PART B.

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

Number of G.C. badges _____ medals _____

PART C. Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date *Exploits Harbour, 12/18/1896*

Colour of hair on discharge *Dark* Colour of eyes *Grey* Complexion *Fair*

Christian name of father *John*

Christian name of mother *Lucinda*

NOTE.—Army Forms D. 400 and W. 3463a and n 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 Forms W. 3463a and n 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.

8653

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 Jan 1918 St. John's.

Figure on discharge 5 10 1/2

Descriptive and other distinguishing marks Wound Scars - R + L. High

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) Sidney Ashley Rank Private

Station _____ Date 5.4.19

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

H. B. Carlson (Rank) Capt.
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 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).

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Moilly, Sidney* (Surname) *Sidney* (Christian Name) Regtl. No. *4201* Rank *Pte* Unit and Corps *R. N. 3710*

1. State the nature of the disability or disabilities from which this man is suffering.

*G. S. R. Leg
& Buttocks*

2. What is the present condition of such disability or disabilities?

*All wounds healed
Large adherent scar on leg
with loss of muscle*

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

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity mainly certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis
(b) Hospital, and if so, what class?
(c) Convalescent Home
(d) Asylum, or
(e) Other institution
(f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

V

4. With reference to Army Council Instructions, is any surgical appliance recommended?

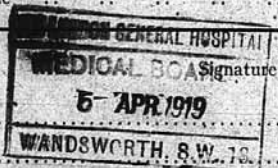
V

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable.

V

Station

Date



Monumentation Col. President.
John B. Carlyon Capt. Members.

Approved

Station

Date

Officer in charge, Central Hospital.



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....

Date..... *July 4th 1919*

1. Unit *Royal Newfoundland*

5. Age last birthday *23*

2. Regimental No. *#801*

6. Enlisted on *Jan 1918*

3. Rank *Plc*

at *St. Johns*

4. Name *Halley Sydney*

7. Former trade or occupation *Fisherman*

8. Disability

G.P.W. both legs

9. History

10. What is his present condition ?

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

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ?

Signature

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by due to

(a) Service during this war. (b) ~~Climate~~ (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

*Large scar on the side of leg below the knee 6 x 2 1/2
upper skin was grafted from left thigh. Healed but adherent
to muscle beneath. Anesthetic below the wound. Three
scars upper part of right thigh posteriorly, all healed.
Scar over each ankle healed
feels as if the scar were starting out when attempts to
raise the heel. Wearing a dressing*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 60%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

60% 3 months treatment (Empire)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

H. S. Kane
.....
President

Signatures *J. S. ...*
.....
J. P. ...
.....

Place *S. S. ...*
.....

Date *July 4/19*
.....

APPROVED

Station *.....*
No. *.....*

Date *.....*



Clay Macpherson
.....
Administrative Medical Officer. *Major*

Reg. No. *4301* Rank *Pvt* Name *Murphy S.*
Attested Address *Exploits*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

11 7 19

PASSED TO DEMOBILIZATION OFFICER

11 7 19

DISCHARGE APPROVED ON DEMOBILISATION.

Duplicate

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. *R. Newfoundland*.....
- 2. Regt. No. *4301* 3. Rank. *Pte.*.....
- 4. Name *Miller*..... *Sidney*.....
(Surname) (Christian Names)
- 5. Age last birthday... *22*...
- 6. Posted for duty on... *Jan. 1918* at... *St. J. Area*...
in category (or grade).... *A.I.*
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
- 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

1932

- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 (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."

SSH R. thigh calf. Buttock & L. Buttock.

- 11. Date of origin of disability. *14-10-18.*
- 12. Place of origin of disability. *Ypres France.*
- 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.
*Extensive wound R. calf
Superficial wds R. thigh &
+ R & L Buttocks*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

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.)

Superficial wounds healed
Large scar on outer side of right
leg in centre of which is
minute granulating area
Scar partly adherent to subjacent
muscles. Patient walks with
slight limp

16. Was an operation performed ? If so, when and what was its nature ?

12/12/18 Skin graft to calf wound

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 ?

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 ?

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

Sq. Fletcher Barrett Capt.
Medical Officer in charge of case.

Station 21/11/18

Date 21/11/18

* 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.—(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:— *S.S.W.R. thigh & buttock.*
 (a) Any disability claimed or discovered. *All wounds are healed.*
 (b) The present condition thereof. *There is a large scar on outer side of Right leg with loss of muscle, is adherent to subjacent parts, the skin below is anaesthetic. The movements of the foot are restricted, but he walks fairly well with a limp. The other wounds cause no disability.*

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:

(a) Yes in action.

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? *12 months*

(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). 30%
(Thirty)
- (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? ✓

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? Grade IV
- 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? No

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? No

Signatures:—

Station Wandsworth Sy. Frank Bates } President or Chairman.
 " Thos B. Carlyn } Members.
 Date 5/4/19

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

Station Sy. H. Fagan } Only applicable in cases of Patients in Hospitals.
 Date 8.4.19 Officer in charge, Central Hospital.

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
 Date
 O.C. Discharge Centre.



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... **St. John's,**
Date..... **July 4th., 1919.**

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. **4301**
- 3. Rank **PRIVATE**
- 4. Name **MILLEY SIDNEY**
- 5. Age last birthday **33**
- 6. Enlisted on **JANUARY 1918**
at **ST. JOHN'S**
- 7. Former trade or **FISHERMAN**
occupation

8. Disability

G.S.W. BOTH THIGHS

9. History

**RETURN THESE DOCUMENTS
TO WAR SERVICE RECORDS
DEPT. OF VETERANS AFFAIRS**

10.12.51

10. What is his present condition ?

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

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ?

Signature

Rank or Qualification

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as ~~aggravated by~~
due to

(a) Service during this war. (b) ~~Climate~~. (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

LARGE SCAR OUTSIDE RIGHT LEG BELOW THE KNEE 6x2½" WHERE SKIN WAS GRAFTED FROM LEFT THIGH. HEALED BUT ADHERENT TO MUSCLE BENEATH. ANAESTHETIC BELOW THE WOUND. THREE SCARS UPPER PART OF RIGHT THIGH POSTERIORLY, ALL HEALED. SCAR OVER EACH BUTTOCK. HEALED. FEELS AS IF SCAR WERE BURSTING OUT WHEN HE ATTEMPTS TO RAISE THE HEEL. WEARING A DRESSING

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

60%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

60% 3 MONTHS AND TREATMENT (EMPIRE)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~XXXXXXXX~~ the Army

Remarks if any:—

(SGD) N. S. FRASER

President

J. SINCLAIR TAIT

Signatures

L. PATERSON, MAJOR

Place **ST. JOHN'S**

Date **JULY 4th., 1919.**

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, MAJOR

Administrative Medical Officer.

4301

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4301 Rank Plt Name Mulley S
 Date of Enlistment 7.1.18 Address St. John's District Twelfth
 Occupation fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 60% 3 mo

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	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	1		" 6	
B 179c	B 120	M 93				

Date 8-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing Supplied~~

Date 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 24.22.R. to his home at 21 Johns and Release Certificate No. 2.4.0.8 issued.

Date 8-7-19
J.A. Snowcroft
 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 25-7-19

Date 8-7-19
 Depot Paymaster.

Discharge approved for 11-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19
J.A. Snowcroft
 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 JUL 11 1919
H.R. Cooper Capt.
 O. C. Discharge Depot.

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

Date July 26/19
Albany
Sous

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 resume former Occupation,

S. Drilley

Signature of Man.

J. P. Shawcroft

Signature of the Vocational Officer or his Representative.

Reg. No. 4301

Place *Al-john*

Date *8-7-19*

191

July 29th 1919.

Mr. Sidney Milley.

Exploits.

Dear sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war Ser-
vice Gratuity.

Yours truly,

Capt. E Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any 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..... *Sydney* 2. Surname..... *Miles*

3. Rank..... *Pte* 4. Regtl. No..... *4301*

5. Address in full to which future payments of gratuity are to be forwarded..... *Esplanade*

6. Date of enlistment in the Regiment..... *January 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *no*

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?.....

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..... *thirteen mo*

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

.....
.....
.....
.....

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

.....
.....

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

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

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.

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

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

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge.....
July 26/19 (b) Reason for discharge.....
Remob

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 + Belgium

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.....

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:

Place of Residence:

Declared before me at:

This

17

day of

July

19*.19...*

S. Gilley
Essex, Mass.
St. John's

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

John W. Corby
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Paymaster



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 *Sidney Milley*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4301*

Intended address *exploits*

Height on discharge *5 Feet 10 1/2*

Color of hair on discharge *dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Left tooth. Right. thigh*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Lucinda*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *exploits 12-8- age. 23-1894*

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)

Sidney Milley

(Rank) *Plt*

Station *Plt John*

Date *July 2-7-19*

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

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

Station

Date

PARTICULARS OF SERVICE
IN
THE ROYAL NEWFOUNDLAND REGIMENT
OF

not cert.

4301, Private Sidney MILLEY

- ① Date and Place of Birth: 12 August 1896, Exploits ^{Harbour} Nfld.
- ② Date and Place of Enlistment: 7 January 1918 St. John's, Nfld.
- ③ Theatres of Service: Newfoundland, Canada, Britain and France
- ④ Date and Place of Discharge: 11 July 1919 St. John's, Nfld.
- ⑤ Type of Discharge: Honourable
- Service Awards: British War Medal and Victory Medal.
- Remarks: Nil.