



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 3038 Name James Morris Corps \_\_\_\_\_

### Questions to be put to the Recruit before Enlistment.

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>James Morris</u>              |
| 2. What is your full Address? .....  | 2. <u>50 St. Wm. St.</u>            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your Age? .....   | 4. <u>32</u> Years <u>5</u> Months. |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                       |
| 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. <u>Yes</u>                      |

I, James Morris 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.

James Morris SIGNATURE OF RECRUIT.

E. Dec. 10<sup>th</sup> 1915 Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Morris 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's, 1915.

on this 14<sup>th</sup> day of December 1915 David W. Carr  
Signature of the Attesting Officer.

### † Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the same is 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 \_\_\_\_\_ 1915 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, the Recruit is to be asked the particulars of his former service, and to produce, if possible, a Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in the presence of the Approving Officer. (Name) \_\_\_\_\_ re-enlisted in the (Regiment) \_\_\_\_\_

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name James Moses  
 Age 22 years 5 months. Height 5 feet 5 1/2 inches.  
 Measurement { Girth when fully expanded 34 inches.  
 Range of expansion 3 inches.  
 Scar marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. Julia Ann Moses, Safe Hlv., B.B.  
 | Relationship Mother  
 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	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
					years   days	years   days	
Service towards limited engagement reckons from <u>10-12-15</u>							
Joined at <u>St. John's</u> on <u>December 10/15</u>							
							<p><u>Embarked St. John's Station for det. 25<sup>th</sup> 76</u>     <u>Embarked for B.C. 10/16</u></p> <p><u>Joined Battalion 21-7-16</u>     <u>Admitted by the Royal Commission 14-2-17</u>     <u>Included in the List 7-2-17</u></p> <p><u>Attached to Depot 10-5-17</u>     <u>is transferred for discharge 18-5-17</u></p> <p><u>Wounded Newfoundland 1-6-17.</u></p> <p style="font-size: 1.2em; margin-top: 20px;"><u>Discharged Medically Sept. 26, 18.</u></p>
Total service to <u>26 3/18</u> (date of discharge) <u>2</u> years <u>107</u> days							

2028 Ex 16 J. Moore

Issued with Warrant to Badger

5/21

J. H. Leonard  
Sen

See note for one on discharge

E

Warrant # E 16  
5/21  
E

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Griffith & Sons Ltd. Printers, Old Bailey, E.C. 4.  
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Forms  
 B. 121.  
 22

Regiment of 21st Newfoundland Regiment

Number of Copies

Signature of O. C. Company W. Rendell Capt  
Andg H. Coy

Regimental Notable and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay			
No.	<u>2038</u> <u>Moore J.</u>	Age on	<u>32</u> years <u>5</u> months	Trade	<u>Bookerman</u>				
Joined	Date	Place and Date of Enlistment	<u>St. John's N.F.</u> <u>Dec 10 1915</u>	Religion	<u>C. P.</u>				
Joined	Date	Period of	with Colours <u>2</u> years. with Reserve <u>3</u> years.	Place of Birth	<u>Salt Lake City</u>				
Joined	Date								

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensed with trial	By whom awarded	REMARKS
<u>Newton on Bay</u>	<u>27/4/16</u>	<u>Pte.</u>		<u>Absent from duties until 10.15 p.m.</u>	<u>Cpl. White</u> <u>Po Justice</u>	<u>4 days C.B.</u>	<u>2/5/16</u>	<u>Majr. B. F. Rendell</u>	<u>G. W. A.</u>
	<u>17.6.16</u>			<u>Untidy quarters</u> <u>Failing to comply with an order</u>	<u>Cpl. Hollett</u> <u>Cpl. Tansley</u>	<u>7 days C.B.</u>	<u>17.6.16</u>	<u>Maj. W. F. Rendell</u>	<u>10th</u>
				<u>Medically Unfit</u> <u>26</u> $\frac{3}{18}$					

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHN'S, N.F.  
 REFS NO. 340/16  
 DATED 1 MAY 17

To be carried over

Army Form B. 121.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
Forms B. 121.

Regiment of *Newfoundland*

Signature of O. C. Company *W. S. Leland*  
*Comd'g Coy.*



Regimental Number and Name <i>2028 Moore J</i>	Enlistment Age on <i>23</i> years <i>5</i> months Place and Date of Enlistment <i>St John's Nfld</i> <i>10.12.15</i> Period of <input type="checkbox"/> with Colours years <input type="checkbox"/> with Reserve years <i>1 1/2</i>	Trade <i>Blacksmith</i> Religion <i>C.P.C.</i> Place of Birth <i>St. John's Nfld.</i>	Good Conduct Badges, Service Pay or Proficiency Pay
---	---	--	---

Place	Date of Offence	Rank	Case of Transgression	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Northon-on-Bay</i>	<i>27.4.16</i>	<i>Pte.</i>		<i>Absent from Tattoo until 10.15 pm.</i>	<i>Cpl White Pte Truitt</i>	<i>4 Days C.B.</i>	<i>25.16</i>	<i>Majr W.S. Leland</i>	<i>P.M.S.</i>
	<i>17.6.16</i>			<i>1 Unhappy Quarters 2 Failing to comply with an order</i>	<i>Cpl Gullett Cpl Sawley</i>	<i>7 Days C.B.</i>	<i>17.6.16</i>	<i>Majr W.S. Leland</i>	<i>W.S.L.</i>

To be carried over

RECEIPT.

C.R. 2028

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

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

DATE. Jan 10<sup>th</sup> 20  
PLACE. St. Johns

NO. 2028 NAME James Moores

C.R. 2028

James Moores was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on Dec. 10th 1915.

Regimental No. 2028 was allotted to Pte James Moores.

AUTHORITY:

Record Ledger,

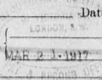
Dept. of Militia,

March 25th 1919

Casualty Form—Active Service.

CR. 1362

Regiment or Corps *2<sup>nd</sup> New Brunswick Regt* Regimental Number *2028*  
 Rank *Sr* Surname *Moore* Christian Name *J.*  
 Religion *E. of E.* Age on Enlistment *24* years *5* months.  
 Enlisted *Dec 10/15* Terms of Service (a) *Duration Spec.* Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended ( ) Re-engaged ( ) Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records. \_\_\_\_\_



COPY SENT  
 ST. JOHN  
 DATE

Date	Report From whom received	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
		Embarked ...	Southampton		9.7.16
		Disembarked...	France		10.7.16
	Unit <i>1st New Brunswick Battalion</i>		France	21 JUL 1916	
29 <sup>th</sup> Dec	<i>1st New Brunswick Battalion</i>	<i>1st New Brunswick Battalion</i>	Belgium	10.9.16	ED 3119
		<i>transferred to 2<sup>nd</sup> New Brunswick Battalion</i>		19.9.16	E.D. 3496
29 <sup>th</sup> Dec	<i>1st New Brunswick Battalion</i>	<i>1st New Brunswick Battalion</i>	France	10.10.16	1st New Brunswick Battalion
	Unit <i>1st New Brunswick Battalion</i>	<i>1st New Brunswick Battalion</i>		22 OCT 1916	1st New Brunswick Battalion
			With BATT.	26.11.17	
	<i>N.Z. Coy. Hosp. Adm. Influenza</i>		Amiens	14.2.17	HA 6791
	<i>12<sup>th</sup> Gen. Hosp. Adm. Do</i>		Rome	19/2/17	HA 6890
	<i>Perone Invalided to England</i>			7.3.17	W 3283

*MB*

*W. Burchard* CAPTAIN

(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 to be given.  
 (b) Signaller, Shoeing-smith, &c.  
 (Printed by W.12012-1136 J. P. & Co., Ltd. Form B. 103.2.)



C.R. 2028

Extract from Medical Roll of R.F.C. Regt. Draft. 8, from  
Genl Hq. Veterinary Depot, to 1st Lt. B.H.P. Embarked  
Southampton. 9-7-16.

2028 Pte; J. Moores.

C.R. 2028



From:- D. M. S.

To:- D. O. C.

2028, Pte. Moores, J.

Reference your note re the marginally noted man, and his board bill.

You say "It is suggested that Dr. Tait was not M. O., Jensen Camp, when man left Camp." This may be so, but the man was given permission by Dr. Tait, when he was M. O. of Jensen Camp, to stay in town at such time as his wife's confinement should occur.

I am glad to know that you have been able to arrange for the payment of board bill.

*Cluny Macpherson*

Major, D. M. S.

C.R. 2028

April 12, 18.

To: Director Medical Services.

#2028 Pte. J. Moores.

I have your communication of 9th inst., and I have instructed the Paymaster to pay Board Bill.

I point out that the points raised in my former communication, re leave of absence and duration thereof have not been dealt with.

Major.

District Officer Commanding.

Newfoundland.

*I'm sure that our part was  
no longer than the help  
Camp.*

April 6, 1918.

To: Director Medical Services.

2028 Pte. J. Mores.

I attach file of correspondence covering this case, having especial reference to board bill. It is noted that no record is in evidence to show that this man was given leave of absence from Jensen Camp, and it is further pointed out that during the period of such absence he was reported on the Nominal Rolls of Jensen Camp as a patient until period for the week ending March 20th. Will you investigate please, and let me have report and your recommendation as to the best way in which to deal with the case.

Major.  
District Officer Commanding.  
Newfoundland.

ENCLOSURE.

C.R. 7026

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

2028 Pte. J. Moorea,

Discharged 26-3-18, Medically unfit

C.R. 2028

*Pem a B*

Extract from Preliminary Report from The Director of  
Medical Services. To Officer Commanding Depot. dated  
March 20, 1918.

#2028 Pte. J. Moores.

3rd Board. Recommended Discharge from Jensen Camp, and  
Discharged from the Army as Permanently Unfit.

2028

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, Dec.18th, 1917.

2028 Pte. J. Moore

Admitted to Jensen Camp Dec.18/17.

Original in M. 9-7

COPY.

November 9th, 1917.

From M.O.

Depot.

To D.M.S.

#2028 Pte. J. Moores.

This man's condition is no better since discharged from Jensen Camp. His Temp. runs from 98.6 to 101.3.

He is now suffering from Tonsillitis with a high temperature.

I would recommend that this man be admitted to some Sanatorium for treatment for Tuberculosis as soon as possible.

He is now living under condition where treatment for this disease be carried out effectively.

Sgd. F.A. Burden.

M.O.

To O.C. Headquarters - for information.



C.R. 2028

Extract from Daily Orders Part 11 Unit The Royal Efld.  
Regt., St. John's, June, 8th, 1917.

Attached to the Strength from Friday June 1st, 1917.

2028 Pte. T. Moores.

C.R. 2028

Extract of Casualties received from Pay & Record  
Office, London, dated May 14, 1917.

With reference to Casualty Report 1358

#2028 Pte. J. Moore.

will proceed from  
Ayr. to be repatriated 18/5/17. from Liverpool.

G.

18th April, 1917.

Dear Madam,

In reply to an enquiry which I cabled to Major Timewell, Newfoundland Pay and Record Office, London, on the 16th instant, I am to-day advised by him that No. 2028, Private James Moores, who is suffering from a relapse of Influenza, has been pronounced unfit for active service, but is not yet well enough to be repatriated.

Yours faithfully,

Colonial Secretary.

Mrs. Mary Moores,  
172 Gower Street.

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TRANSLATION OF CODE MESSAGE SENT BY THE  
COLONIAL SECRETARY TO SYNOPTICAL,  
LONDON, APRIL 16, 1917.

-----

Relatives anxious for news of 2nd Lieut. Snow  
1882 Lee Report by telegraph present condition  
of 2028 Meeres 2932 Brinton What is nature of  
illness Report by telegraph present condition  
of 116 Kley.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated 10th March, 1917.

To Mrs. Julia A. Moores,

Safe Harbor, B. B.  
Regret to inform you that Record Office,

London, officially reports No. 2028, Private James  
Moores, admitted Wandsworth Debility after Diphtheria.

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

J. R. BENNETT,

Colonial Secretary.

C.R. 2028

Extract from Casualties received from P.M.O. Office London,

Mar. 9th, 1917.

At Wandsworth.

2028 Moore.

Debility post diptheria.



C.R. 2028

SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

EXETER RECORD OFFICE.

20600	Pte.	Ansell H.	16th Wants.att. 1st Wants.	Trench Fever. . . . .	To Eng.ex 11 Sty.H. 4th Oct.1916.	<u>LIST No.H.A.3066.</u>
4207	"	Sewell H.C.	2nd M.G.C.Late 9th D.C.L.I.	Perf.of Memb.Tymp. . . . .	Trans.to Con.Dep.Reuen,ex 11 Sty.H.4 Oct.16.	
12212	"	Wicheard F.	6th Wilts.att. 1 Line Transpt. Section.	Beth Bars. P.U.O. slt. . . . .	Adm.13 Sty.H.Boulogne, 4th Oct.'16.	
11257	"	Radford J.	2nd Devons.att.1 Wilts R.	G.S.Face. . . . .	Trans.to Con.Camp,Boulogne,ex 13 Sty.H. 4th Oct.1916.	
15188	"	Clarke E.	6th Dorsets.	P.U.O.& Debility. . . . .	To Eng.ex 13 Sty.H. 4th Oct.1916.	
9827	L/C.	Medlin G.	6th D.C.L.I.	G.S.Frac.R.Ankle. Sh.Wd.Rt.Leg. do.	do. do.	
11525	Pte.	Southwood H.	1 to 2 Devons.	Erysipelas (Arm.) . . . . .	Trans.to 1 Con.Camp,Boulogne,ex 14 Sty.H. 5th Oct.1916.	
22992	"	Selby E.H.	1st Wilts.	Susp.Dysentery. . . . .	Adm.14 Sty.H.Boulogne, 5th Oct.1916.	
24530	"	Trethewey A.	10th D.C.L.I.			

LICHFIELD RECORD OFFICE.

11021	Cpl.	Pratt H.R.	9th S.Staffs.R. (Pioneers).	GSW.L.Side. . . . .	To Eng.ex 11 Sty.H.4th Oct.1916.	<u>LIST No.H.A.3066.</u>
1078	Gnr.	Simons J.	R.G.A.Bermuda Cont:	Debility. . . . .	Trans.to Con.Dep.Reuen,ex 11 Sty.H.4 Oct.16.	
12563	Pte.	Savage D.	8th Leicesters.	Ecilm also Debility. . . . .	Dis.to Rouen,ex 11 Sty.H.4th Oct.1916.	
22846	"	Bellis J.	9th N.&D.R.	Trench Feet & Septic L.Hand. sev. G.S.Face. . . . .	Trans.to Con.Camp,Boulogne,ex 13 Sty.H.4 Oct.16.	
193641	"	Harvey T.	7th S.Staffs.	P.U.O. slt. . . . .	To Eng.ex 13 Sty.H. 4th Oct.1916.	
13568	"	Kelsey W.	8th do.	do. slt.	do.	
9/17808	"	Watkinson T.	9th N.&D.R.att. 8th S.Staffs.	G.S.Frac: Jaw.	do.	
18505	L/C.	Berrington T.	3 to 9 N.&D.R.			

TERRITORIAL FORCE LICHFIELD RECORD OFFICE.

5025	Pte.	Boucher A.F.	6th N.Staffs.	Scabies. . . . .	Trans.to 25 Gen.H.Hardelet, ex 13 Sty.H.4 Oct	<u>LIST No.H.A.3066.</u>
5463	"	Hall R.	3/4 Lincs.att.1/4.	Conv. Paratyphoid."E".	Adm.14 Sty.H.Boulogne, 5th Sept.1916.	
5977	"	Limferd G.W.	1/5 N.Staffs.	Susp.Enteric Fever.	do.	

NEWFOUNDLAND CONTINGENT.

2028	Pte.	Moores J.	1st Newfoundland.R.	Diphtheria Carrier. . . . .	Dis.to Base Dtls."A" Mar 5th Oct.1916.	<u>LIST No.H.A.3066.</u>
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C.R. 2028

Extract from General Hall's Report to St. John's for Services,  
Mar. 20, 1918.

2028 Pte. J. Moore.





S. 2028.

DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

March 26th. 1918.

Re 2028, Private J. Moores.

The O. C.,  
Royal Newfoundland Regiment,  
Headquarters.

Sir,-

The marginally noted man has been discharged  
March 26th. 1918. being no longer physically fit for  
Active Service.

Kindly note and post in Daily Orders, Part II.

I have the honour to be,

Sir,

Your obedient servant,

*M. Howley*  
Capt. & Paymaster &  
Officer i/c Records.

J/H.

March 20th. 1918.

From Officer Commanding,  
Depot.

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

420 Cpl. Fiefield, I.  
2173 Cpl. Murphy, P.  
2028 Pte. Moores, J.  
2571 Pte. Stares, A.

Marginally noted men were recommended for Discharge as permanently unfit by Medical Board held on March 19th. 1918. I am sending them herewith for your attention and necessary action please.

Their accounts have been squared up to and including March 20th. 1918, with the exception of Pte. Moores whose account is not on company Pay Sheets. Allotments current are as follows:-

420 Cpl. Fiefield, I.	55cts.
2173 Cpl. Murphy, P.	50cts.
2571 Pte. Stares, A.	60cts.

Reg. No. 2049 Rank Plt Name Morris J.  
 Attested 12-10-15 Address Lafa St. D.C.  
 Allotment \_\_\_\_\_ Allottee \_\_\_\_\_  
 Date of Allotment \_\_\_\_\_ Returned from Overseas 1-6-17  
 Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

July 6	Rec. 2 mos. Zuloughs.
Aug 9	Rec. and. to Jensen Camp.
Oct 15	expelled - no official notice, Jensen 15/12/17
20-3-18	Sent to paymaster for discharge
19-3-18	3 <sup>rd</sup> Bd. Rec. dis. from Jensen Cp. and disch. from army as pers. unfit.
20-3-18	Discharged. 26-3-18.

INWINGEN  
MILITARY BOARD

April 5th. 1918.

(9).

From Officer Commanding,  
Depot.

To District Officer Commanding,  
Department of Militia.

Sir,

I send herewith correspondence referring to 2028 Private J. Moores which is passed to you for your consideration. This man was before the Standing Medical Board on March 19th. 1918 and was recommended for discharge as permanently unfit. His discharge was carried out on March 26th. 1918 but that referred to occurred while he was still attached to Depot Strength.

I have the honour to be,

Sir

Your obedient Servant,

April 5th. 1918.

From Assistant Adjutant,  
Depot.

(8)

To Officer Commanding,  
Depot.

Sir,-

2028 Pte. J. Moores.

Attached correspondence has occurred over a board bill presented by above noted man for period 1st. to 20th. March, which I declined to pass for payment, as according to our records this man was an inmate of Jensen Camp up to that time. On first presenting his bill I questioned him and he informed me he had been out of Jensen Camp since February 14th. with the permission of Major MacPherson. Upon this information I told him to take the bill to that officer to be certified and on March 29th. 1918 Minute (3) was received from Paymaster. You will note same states Moores' application for leave was referred to Medical Officer Jensen Camp and that he came to Town on February 6th.. On receipt of this information I wrote Dr. Burden and his reply as per Minute (5) states he refused Moores permission to leave the Camp and that the matter was handed over to Major Paterson who about that time assumed charge of this Hospital. Minute (7) from Major Paterson states Moores was not in Jensen Camp when he took charge, and he knows nothing about him.

It would appear from foregoing, that Moores either left the Camp without permission or with permission from someone not in evidence, between February 7th. and time of Major Paterson taking charge, which was about February 14th. Unofficially I have been told that Mrs. Browing interested herself in this case on Dr. Burden's refusal to allow this man out, so that possibly she and Mrs. Paterson (mentioned by Dr. Burden) may be able to throw some light on the subject.

During the period of his absence he was constantly reported on all Nominal Rolls of Jensen Camp as a patient until for week ending March 20th. when he was marked discharged March 20th.

April 5th. 1918.

In view of the above circumstances, I am unable to pass this man's bill, until some competent authority is quoted for his absence from the Camp.

I have the honour to be,

Sir,

Your obedient Servant,

UNRECORDED

APR 11 1918

COPY.

April 4th. 1918.

(7).

From O. C. i/c Jensen Camp,  
To O. C. Depot.

No. 2028 Pte. J. Moores.

Referring to attached correspondence regarding above noted man; I beg to state that this man was not in Jensen Camp when I took charge, and I know nothing whatever about him officially except from attached letter from D.M.S. to Dr. Burden, M.O.

I have the honour to be,

Sir

Your obedient Servant,

(Sgd. L. Paterson.

Major, & O. C. i/c Jensen Camp.

Enclosures.

APRIL 4th. 1918.

From Officer Commanding,  
Depot.

To Medical Officer,  
Jensen Camp.

2028 Pte. J. Moores.

Sir,

I enclose letter received from Dr. Burden, who was Acting Medical Officer, Jensen Camp on February 7th. 1918, in which he states that permission was refused above noted man to leave the Camp and that the matter was passed over to you on your arrival in town. Will you please inform me if you granted this soldier permission to remain in Town, if so, for what period and date of his return to the Camp.

I have the honour to be,

Sir

Your obedient Servant,



COPY.

April 3rd. 1918.

From Actg<sup>d</sup> M. O.

Depot.

To Adjutant,

Depot.

Re 2028 Bte. J. Moores.

I received a communication from the D.M.S. (Feb. 7th.) with copy of letter from above mentioned man asking permission to leave Jensen Camp to look after his wife who was ill at the time. He being an active tubercular case I refused permission. The matron and Mrs. Peterson both rang me up asking if he could go home @ told them I could not allow him out for reason already stated. The M.O. of Jensen Camp came home in the meantime and the correspondence was passed over to Him.

(Sgd.) F. W. Burden.

March 30th. 1918.

From Officer Commanding,  
Depot.

To Doctor Burden.

2028 Pte. J. Moores.

I enclose herewith copy of letter received from Director of Medical Services in connection with a noted man. You will note he states that his case was referred to you as acting Medical Officer Jensen Camp for action. Will you please inform me if you granted this man leave of absence from February 6th. 1918.

COPY.

2028.

March 28th. 1918.

From D. M. S.

To Paymaster and Officer i/c Records,

2028 Pte. Moores, J.

The marginally noted man wrote me on February 2nd. asking that he be given Pass to town during time of his wife's illness.

I forward this letter to the Acting M. O., Jensen Camp asking that he take what action he saw fit in thematter.

He came in town on February 6th. 1918 and was in until his discharge.

Sgd. Cluny MacPherson.

Major, D.M.S.

February 7th. 1918.

From:- D. M. S.

To:- Acting M. O., Jensen Camp.

2028 Pte. J. Moores.

Enclosed is copy of letter from the  
marginally noted man.

Please take what action you see fit in  
the matter.

(sgd.) Cluny MacPherson.

Major, D. M. S.

ENCLOSURE.

Jensen Camp,

February 2nd. 1918.

Major C. MacPherson,  
D. M. S.  
Colonial Building.

Sir:-

As my wife will be sick in short I would like to be passed out. There are many things which I wish to do, which I cannot do other than personally, and I would very much like to be with my wife at the time, or at any rate by the 10th. inst.

I humbly request that you will endeavour to do this for me.

I have the honour to be,

Sir

Your obedient Servant,

(Sgd). PTE. MOORES.

# Proceedings on Discharge.

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

No. <u>2028</u>	Army Rank <u>Private</u>
Name <u>Moores James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge	
Place of discharge	
<b>Description at the time of discharge.</b>	
<p>Age <u>23</u> years _____ months</p> <p>Height <u>5</u> feet <u>6</u> inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion <u>Sandy</u></p> <p>Eyes <u>Dark Blue</u></p> <p>Hair <u>Light Brown</u></p> <p>Trade <u>Deep Sea Fisherman</u></p> <p>Intended place of residence <u>Salt Harbour</u> <u>Braceville Bay</u> <u>Newfoundland</u></p> <p><small>(To be given as fully as practicable)</small></p> <p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>	<p style="text-align: center;"><b>Descriptive marks.</b></p> <p style="font-size: 1.2em;"><u>Old Scar Left Throat</u></p>
2. The above-named man is discharged in consequence of <u>Influenza (Relapsing)</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character :—
	4. Character awarded in accordance with King's Regulations :—
<small>Certified that the above is an accurate copy of the character given by me on Army Form B, 2067* and that Army Form D, 489 was awarded in this case.</small>	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to	

COPY SENT TO  
C. JOHNS  
1915

Original

Medical Report on an Invalid.

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

Station \_\_\_\_\_

Date 15/4/17

1 Unit 1 Newfoundland.  
2 Regimental No. 2028.  
3 Rank Private  
4 Name Moore, J.

5. Age last birthday 23  
6. Enlisted { on Dec. 10<sup>th</sup> 1915.  
              { at St John's Nfld.  
7. Former Trade ( Deep-sea fisherman  
   or Occupation {

8. Disability.

Influenza (Relapsing)



Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Dec 18. 1917  
10. Place of origin of disability. France

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
R.F.P.S. No. 311138  
DATED 2 MAY 1917

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

*was admitted 8.3.17 with diagnosis of Influenza - There have been several relapses of fever with relatively slow pulse & prostration attacks of dyspnoea simulating rheumatism voice continuously hoarse -*

*for Eight weeks service in France*

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

*Active Service*

*Active Service Conditions -*

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

There has been some crackle at base of Right lung.  
He has rather a noisy cough without expectoration -  
Voice hoarse.  
Recurring attacks of fever & rigors  
Pains in Back & Limbs

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

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

No

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

If so—(a) When?

(b) Where?

(c) Opinion?

No

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

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

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

19. Do you recommend

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

Yes

*W. Essex Winter* *Major General*

Officer in medical charge of case.

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

except

3rd London General Hospital,

Station WANDSWORTH, S.W.

*N. E. D. Jones* *Col. R.A.*

Officer in charge of Hospital.

..... Lt. Col. R.A.M.C.T.

Date 14 4 17

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

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



Opinion of the Medical Board.

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

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).
- (iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

*Active Service*  
*Exposure*

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

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?
- (c) Any of the conditions mentioned in Question 20, and if so which?

*no*  
*no*  
*-*

22. Is the disability

23. If not permanent, minimum duration to be stated in months

23a. Is he fit for discharge from the service as an out-patient, and will he require out-patient treatment on discharge from hospital?

*no no*

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

*None*  
*heard.*

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*-*

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

*-*

26. Do the Board recommend

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

*Yes*

Signatures:—

*Leslie Mackenzie* *John* *Richard*  
President.

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

*A. J. Howards*  
*C. G. Galpin* *Cap't R. P. ...*  
Members.

Date 14 April 1917

Approved.

3rd London General Hospital,  
Station WANDSWORTH

*Leslie Mackenzie* *John* *Richard*  
Administrative Medical Officer.

Date 14 April 1917

## Opinion of the Medical Board.

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

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

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

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

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

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

*Active Service*

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

*Exposure*

21. Has the disability been aggravated by

(a) Intemperance?

*No*

(b) Misconduct?

*No*

(c) Any of the conditions mentioned in Question 20, and if so which?

*No*

22. Is the disability permanent?

*No*

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

*Six months*

To be stated in months.

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

*Not at present.*

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

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*No*

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

*No*

26. Do the Board recommend

*Yes*

(a) Discharge as permanently unfit, or

(b) ~~Change to England.~~

Signatures:—

*Leslie Parkington Major R.R.C.* President.

3rd London General Hospital,  
St. ANDSWORTH, S.W.

*A.P. Howards*  
*C. G. Galpin Capt. R.A.M.C.* Members.

Date 14 April 1917

Approved.

Station 3rd London General Hospital,  
St. ANDSWORTH, S.W.

*Leslie Parkington Major R.R.C.* Administrative Medical Officer.

Date 14 April 1917

(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 { Station \_\_\_\_\_  
 or { Date \_\_\_\_\_  
 Embark- { Port \_\_\_\_\_  
 ation {

Name of { Conveyance \_\_\_\_\_  
 { Vessel \_\_\_\_\_  
 { Officer in medical charge \_\_\_\_\_

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

Re-transferred { Date \_\_\_\_\_  
 { Hospital or Station \_\_\_\_\_  
 \_\_\_\_\_ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and }  
 Hospital }  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

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

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

Date of final Medical }  
 Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station *2d*  
 Corps *1st Cavalry*  
 Regimental No. *2-25*  
 Rank *7E*  
 Name *Morris J.*  
 Disability *Impaired (Sulphur)*  
 Date *14 4 07*

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

The original report is invariably accompanied by  
 discharge documents of invalids.  
 (4736.) W. 8830/2774. 8000. 9114. C. P. 144.

Form  
 B. 179  
 14

No. 2078 Name Moores, J. Sq., Batty., or Company } D Corps 1st Infantry Regt Date of enlistment } 10-12-15 G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } 4/7/16 No. and date of last drunk } Period not reckoning towards freedom from extra line } Sheet No. 1 Signature, O.C. Company, etc. } Character }

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
<u>In the Hill</u>	<u>5-11-16</u>	<u>Pvt</u>		<u>Absent from 9 am Parade</u>	<u>Cop Payne</u>	<u>1 extra parade</u>	<u>6-11-16</u>	<u>Wagon</u> <u>1st Lt. Wagon</u>	<u>2 a. out on 10/17</u>

Army Form B. 122

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

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



To the Officer i/c Records 55 Victoria St.  
D.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 7 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname MOORE, Christian names James  
(in full)

Regt. No. and Rank 2028 Pte. Regt. or Corps Newfoundland  
(If T.F. this should be stated)

His address on discharge will be Safe Harbour, Bona Vista Bay  
Newfoundland

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

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

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

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

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

Date 14.4.17

W. H. R. Jones  
President of Board  
(Approving Officer).

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

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

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

# MEDICAL HISTORY

OF

Surname MemoChristian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish

County St. John's

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined .....	on <u>7</u> day of <u>Nov</u> 191 <u>5</u>		on day of 191	
	at <u>St. John's St. John's</u>		at	
Declared Age .....	<u>22</u> years days		years days	
Trade or Occupation .....				
Height .....	<u>5</u> feet	<u>5½</u> inches	feet	inches
Weight .....	<u>125</u> lbs.		lbs.	lbs.
Chest Measurement {	Girth when fully expanded ...		inches	
	Range of expansion .....		inches	
Physical Development .....	<u>3</u> inches		inches	
Vaccination Marks {	Right		Right	
	Left		Left	
When Vaccinated .....	<u>1913</u>			
Vision .....	R.E.—V= <u>4/6</u>		R.E.—V=	
	L.E.—V= <u>4/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>J.W. Burden</u>			
(Rank)	<u>Leut</u>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at on day of 191		at on day of 191	
Joined on Enlistment .....	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1<sup>st</sup> Nfld Reg</u>	<u>2028</u>		
Transferred to .....				
Became non-effective by .....	on day of 191		on day of 191	
(Signature)				
(Rank)				

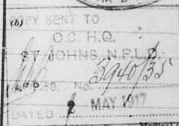


Table II.—Only for admission to hospital or to the quarters in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing especially on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of relapses and readmissions to hospital will be shown. The subsequent progress, including particulars of treatment, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	8	3	11				Influenza. (Relapsing)		<p>Board held - see overleaf.</p> <p>Diagnosis - Influenza, (Relapsing).                      Recurring attacks of fever and erythema. Voice hoarse. Pain in back &amp; limbs. Very weak.                      Some cracks at base of R. lung.</p> <p>Cause - Exposure on Active Service.</p> <p>Total inability at present to earn a living.</p>	H. Tager, Cpl. Quarter 3rd London General Hospital, WANDSWORTH, S.W.

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

Date	Brief Details, and Signature
January 27/16	1 <sup>st</sup> Inoculation
February 9/16	2 <sup>nd</sup>
28. 6. 16.	Vaccination Successful. N. F. W.
7. 7. 16	Fit for Foreign Service N. F. W.
14/11/17.	Board held. Found - Permanently unfit. Board approved.

*N. Fagan Capt R.A.M.C.*  
 3rd London General Hospital,  
 WANDSWORTH, S.W.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. John N. 242	22/2/16	9/4/16			



## Descriptive Return of a Soldier discharged on account of Disability.

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

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

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

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

**A Name in full** Moore - James  
**Regiment from which discharged** 1st Newfoundland  
**Regimental Number** 2028  
**Where born (Parish, Town and County), and when** Safe Harbour, Bone Vista Bay, 8/6/1893 Newfoundland  
**Intended address** Safe Harbour, Bone Vista Bay Newfoundland  
**Height on discharge** 5 Feet 6 Inches  
**Colour of Hair on discharge** light brown **Colour of Eyes** dark grey  
**Descriptive marks** old over L. thumb **Complexion** fresh  
**Figure on discharge** Slender Medium  
**Christian name of Father** Abdiah  
**Christian name of Mother** Jeha Ann  
**Wife's Maiden name in full** Mary Woodforth  
**Date and Place of Marriage** 16/2/18 - St. Johns.  
**Christian names of Children** none  
**Nature and locality of civil employment desired** deep sea fisherman, Newfoundland



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) James Moore

(Rank) Private  
 Date 12.4.17

Station Wandsworth

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.

W. R. W. [Signature] Medical Officer i/c  
 3rd London General Hospital

Station WANDSWORTH, S.W.

Date 12.4.17

**B Period of Service and in what Corps ...**

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed	...	...			
Service towards Pension	...	...			

Date inclusive to which pay has been issued

Sum due on account of advance of pension }

Sums due on account of public debts ...

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

Medals

Other distinguishing marks

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

Station \_\_\_\_\_

Officer in Charge \_\_\_\_\_

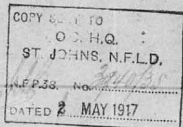
Records, \_\_\_\_\_

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

No. 2028 Rank Private  
 Name (surname first) Spores, James  
 Regiment 1st Newfoundland

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

*Deep Sea Fisher etc*



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

*Capt. Abraham Klane  
 St. Johns.  
 Fisher etc.  
 6. years.*

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

*Fisher etc at St. Johns.*

4. What is the name of your Approved Society?

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

*No*

Date April 11 1917 Signature Spores, J.

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

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

REGIMENTAL NUMBER 2028

COMPANY H

THE  
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's  
Forces under the following conditions.

For the duration of the present war, or until my  
discharge.

Subject to the Army Act. The King's Regulations,  
and to such ordinances as may apply or may be  
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

5 George V.

Chapter IV.

Signed

<sup>his</sup>  
Jas. X. Moores  
mark

Witness

W. R. Rendee  
Major

Dated at

Racecourse Ave

June 30/1916

N<sup>o</sup> 1931

## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James moore, Regl. No. 2028  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
— Dollars and Seventy-five Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins march 22<sup>nd</sup>, 1916.

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
	1869 wife	Mr James moore	206 Newbome St. St. John's N.F.	.75
			Total Allotment, \$	

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

(Sig.) Ired G. A. Ruggell  
for Lieut  
 Officer Commanding  
 H Company

(Sig.) James moore <sup>his</sup> for Lieut  
 (Rank) Private.

St John's N.F.  
march 28 1916



1ST NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, James moores, Regl. No. 2028  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Seventy-five Dollars and five Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz :  
 Allotment begins march 22<sup>d</sup>, 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1869	wife	Mrs James moores	206 New Sawey St. St John's Nfld.	.75
Total Allotment, \$				

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

(Sig.) Ired G. a. Rendell  
for Lieut  
 Officer Commanding  
 H Company  
St John's Nfld  
march 18 1916

(Sig.) James X moores  
with  
 (Rank) Private

Master & O. 1/c records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S. W.



Please remit the sum of £1.00 pounds

00 shillings

to Pte James Lyons

on account of Pay & Allowances that may be due to me.

Regtl No. 2028 Rank Private

Name James Lyons

Approved \_\_\_\_\_

Medical Officer 1/c

3rd London General hospital.

Dated at April 24/17.

Wandsworth. S.W.

191

*Cash paid  
Ad. 24/17*

*Approved  
W. Lyon  
Regiment  
3rd London General Hospital  
WANDSWORTH, S.W.*

Ch. L. J. 10-0  
2/17

3rd London G. Hospital

Wandsworth.

April 20<sup>th</sup> - 17



Dear Sir.

please pay (per moores)

the sum of 1.£. (pound) 5. 10 (shillings)  
on allowance that may be due me

yours respectfully.

no 2028. per moores

2/1 Myourland Regt.

Approved By.



H. J. C.

Registrar, R.A.M.C.

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

Admitted  
8.3.17.

Army Form W. 3202.

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

1st Infld Regiment.

\*The Officer Commanding Infld Contingent  
The Officer in Charge of Records 58 Victoria St. SW  
The Regimental Paymaster 58, Victoria St. S.W.

With reference to No. 2028 Pl6 Moores, J.  
of the above Regiment, who appeared before a Medical Board and was approved by  
the D.D.M.S., [Signature], on the 14-4-17  
for discharge from the Service as permanently unfit, please note that this man has  
been sent to his home on warrant with orders to await instructions as to his final  
discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded to 58 Victoria St. S.W  
on [date] May 5th 1917.

H. Jagan Officer Commanding  
Capt. R.A.M.C. (H) Hospital.

Place Wandsworth  
Date 5th MAY 1917

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



2028 Pte J. Moores.

23/12/16

18/5/17

Liverpool

Metagama

18/5/17

36

.75 147 110 25

1.00 147 147 00  
10 147 14 70

110 25 22 15 2

161 70 33 4 7½

Balance 22/12/16

7 8 6½

===== Advances

1 1 0

P & R. O.

13 7 0

===== Acq. Rolls France

3 15 3

Ration Allowance 5/5/17-10/5/17

12 0

8 9

41 5 2

41 5 2



W

RE-FOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 2028 *hmkh*

*Pte*

Name

*Moore J*

Pay	A. Allow Working	Total
1-	10	110
Less Allotment		75
Net Rate		35

Date	DEBITS			CREDITS		
	£	s	d	£	s	d
	Balance			Balance	22/11/16	7 8 6 1/2
	P.M. ADVANCES:	1/1		Pay & Net Rate:		
	A.B. 64.			23/11/16 to 5/5/17 = 13 1/2 days		
	Acquittance rolls	3 15	3	23 = \$ 46 90		9 12 9
	Hospital Advances	2 1 0	0	2/5/17 to 10/5/17 = 6 days		
	STOPPAGES:			3/0 = \$ Ration Allow		12 0
	Hospital dys =			4/5/17 to 9/5/17 = 4 days		
	Forfeited Pay dys =			23 = \$ 1.40		17 13 3/4
	Miscellaneous					5 9
	Cables					17 4 0
	P.&R.O. PAYMENTS:	2 10 0	0			
	Sundry Bills					
	Cash	8 6	3			
		9 0 0	0			
		9 6 0	3			
		12 0	0			

*CO 5/5/17*  
*Cash 9/5/17*

*W.P.M.*

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

*6/16 am.  
10.5.17*

1st W. Inf. (Regiment).  
No. 2028 Rank Plt, Name Moore, J.

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

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

Place Wandsworth

H. Jagan  
Officer Commanding,  
Capt. R.A.M.C. (F)

Date 5/5/17

Registrar, R.A.M.C. (F)  
3rd London General Hospital,  
WANDSWORTH, S. W.

Hospital

Receipt 2954

NEW BOUNDLAND CONTINGENT

N.F.P/35.

Temporary A/c.

Regtl No. 2028

Pk.

Name

Moore J.

Pay	P. Allow Working	Total
100	10	110
Less Allotment		75
Net Rate		35

Date	DEBITS	£ s d			CREDITS	£ s d		
1917	Balance				Balance	22	12	6 1/2
	P.L. ADVANCES:				Pay & Net Rate:			
	A.B. 64.				23/12/16 to 20/4/17 = 119 days			
	Acquittance rolls	3	15	3	7 35 = \$ 46.65	8	11	2
	Hospital Advances			7	0			
	STOPPAGES:				1/1 to 1/1 = days			
	Hospital dys =				9 = \$			
	Forfeited Pay dys =				1/1 to 1/1 = days			15 19 5/2
	Miscellaneous				9 = \$			
	Cables							
	P.&.R.O. PAYMENTS:							
	Sundry Bills							
	Cash			1	10	0		

## Proceedings on Discharge.

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

No.	2028	Army Rank	Private
Name	James Moores		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	The Royal Newfoundland Regt		
Battalion, Battery, Company, Depot, &c.			
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge	March 26 <sup>th</sup> 1918		
Place of discharge	St John's, Nfld.		
1.	<i>Description at the time of discharge.</i>		
Age	24 years	9 1/2 months	Descriptive marks.  old scar on left thumb.
Height	5 feet	9 1/2 inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	fresh		
Eyes	dark grey		
Hair	light brown		
Trade	fisherman		
Intended place of residence	St. John's, Nfld.		
<small>(To be given as fully as practicable)</small>			
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of <i>being no longer physically fit for war service</i>			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character:—			
4. Character awarded in accordance with King's Regulations:—			
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initial of Commanding Officer.
Army Form B. 2068 has been issued to*			

To be filled in on the soldier quitting the Colours.

\* Strike out if not applicable.

## RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

*No Reservations**J moore*  
*C. C. Oke S.S.M.*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations


Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battalion \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) *J. John's 24th* \_\_\_\_\_ *J. moore* (Signature of Soldier.)

(Date) *March 26<sup>th</sup> 1918* \_\_\_\_\_ *C. C. Oke S.S.M.* (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " \_\_\_\_\_

Total ... .. " " \_\_\_\_\_

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Signature \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

Medical Report on an Invalid. 1

MAY 1917

Station

3rd Battalion General Hospital  
Wandsworth SW

Date

13 April 1917

1. Unit / Newfoundland  
2. Regimental No. 2028  
3. Rank Pte.  
4. Name Moores J.

5. Age last birthday 23  
6. Enlisted { on 10 Dec 1915  
at St John's Newfld  
7. Former Trade { Deep Sea Fisherman  
or Occupation

8. Disability.

Influenza (Relapsing)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

February 18<sup>th</sup> 1917

10. Place of origin of disability.

France

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

Was admitted 8.2.17 with diagnosis of influenza. There have been several relapses of fever with relatively slow pulse & prostration. Attacks of erythema? Simulating measles. Voice continuously hoarse

Note Eight months service in France

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

Actual Service

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

Actual Service Conditions

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

There has been some cracks at base of Right Leg.  
He has rather a noisy cough without expectoration.  
Voice is hoarse.  
Recurring attacks of fever & erythema.  
Faint in Back & Limbs.

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

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

No

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

- If so—(a) When?
- (b) Where?
- (c) Opinion?

No

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

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

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

19. Do you recommend

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

Yes

W. E. W. W. M. M. C. D.

Officer in medical charge of case.

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

Station Wandsworth

Date 14 April 1917

H. C. Bruce Foster M. D. C. D.

Officer in charge of Hospital

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

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

Opinion of the Medical Board.

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

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.  
(iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

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

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

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

Active Service  
Exposure

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

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

No

22. Is the disability permanent?

No

See. Is fit for discharge from the service as an out-patient, and will he require out-patient treatment on discharge from hospital?

Months

present?

Total at present

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, or total incapacity.

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

26. Do the Board recommend

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

Yes

Signatures

Station Wandsworth  
Date 14 April 1917

Sidney Martin M. D. C. D. President  
W. Howard M. D. C. D. Members  
C. G. Griffin M. D. C. D. Members  
Administrative Medical Officer



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

There has been some cracks at base of Right Leg.  
He has rather a noisy cough without expectoration  
Voice is hoarse  
Recurring attacks of fever & erythema  
Pains in Back Limbs.

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

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

No

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

If so—(a) When?

(b) Where?

(c) Opinion?

No.

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

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

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

19. Do you recommend

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

Yes.

See M. Essex Wyke's Reg. M.A.C.S.

Officer in medical charge of case.

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

Station Wandsworth General Hospital

Date 14 April 1917

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

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

Opinion of the Medical Board.

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

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).
- (iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

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

Active Service  
Exposure

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

No

22. Is the disability permanent?

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

To be stated in months.

Six Months

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

In defining the extent of his inability to earn a livelihood, estimate it at 2, 1, 1, or total incapacity.

Total at present

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

26. Do the Board recommend

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

Yes!

Signatures

Station Wandsworth General Hospital

Date 14 April 1917

Station Wandsworth General Hospital

Date 14 April 1917

Station Wandsworth General Hospital

Date 14 April 1917

Station Wandsworth General Hospital

Date 14 April 1917

Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 { Station \_\_\_\_\_ }  
 or  
 Embark- { Date \_\_\_\_\_  
 ation { Port \_\_\_\_\_ }  
 Name of { Conveyance \_\_\_\_\_  
 { Vessel \_\_\_\_\_  
 { Officer in }  
 { medical charge } \_\_\_\_\_

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

Re-transferred { Date \_\_\_\_\_  
 { Hospital or }  
 { Station } \_\_\_\_\_ }  
 \_\_\_\_\_ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and ) \_\_\_\_\_  
 Hospital ) \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

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

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

Date of final Medical }  
 Board, or decision }

Administrative Medical Officer \_\_\_\_\_

Army Form B. 170.

MEDICAL REPORT ON AN  
INVALID.

Station \_\_\_\_\_  
 Corps \_\_\_\_\_  
 Regimental No. \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Name \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Date \_\_\_\_\_

Hospital or Station }  
 transferred to for }  
 final disposal }

Date of final }  
 disposal }

How finally }  
 disposed of }

The original Report is herewith to accompany the  
 discharge documents of Invalid.  
 (a) 48479 W. 1350 47XX E-13 W. B. & L.

Form  
B. 170.  
M

# NEWFOUNDLAND. REPORT OF MEDICAL BOARD ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station ST. JOHN'S NFLD. Date AUGUST 3rd., 1917.  
 No. 2028 Age 23 Height 5'6"  
 Rank PRIVATE Complexion FRESH  
 Name MOORES, JAMES Eyes D. GREY Hair LIGHT BROWN  
 Unit 1ST NEWFOUNDLAND  
 Address SAFE HR., B. B. Former Trade DEEP SEA FISHERMAN  
 Enlisted at ST. JOHN'S NFLD. on DECEMBER 10th., 1915.

Disease or disability INFLUENZA (RELAPSING)

Present condition Temp 99.4 pulse 104. Breathing bronchial  
with dry rales over both lungs

Estimated disability  
*Solit*

Recommendation of Medical Board  
*Return Camp*

Class



Members of Board  
*H. H. Fraser  
B. J. ...  
John D. ...*

Approving Medical Officer.  
*Clayton Macpherson, Major*

**NEWFOUNDLAND.**  
**REPORT OF MEDICAL BOARD**  
**ON SOLDIER OR NAVAL RESERVIST RETURNED**  
**FROM OVERSEAS**

Station ST. JOHN'S Nfld. Date JUNE 6th., 1917.  
No. 2028 Age 23 Height 5'6"  
Rank PRIVATE Complexion FRESH  
Name MOORES, JAMES Eyes D. GREY Hair LIGHT BROWN  
Unit 1ST NEWFOUNDLAND

Address SAFE HR., B. B. Former Trade DEEP SEA FISHERMAN  
Enlisted at ST. JOHN'S Nfld. on DECEMBER 10th., 1915.

Disease or disability INFLUENZA (RELAPSING)

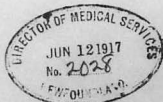
Present condition *Has Couple spots erythema over back  
Some cough at night. Heart sound. General condition  
Good*

Estimated disability

Recommendation of Medical Board

*2 months furlough*

Class



Members of Board

Approving Medical Officer

*R. L. Fraser*  
*L. Patterson*  
*J. Sturges*  
*Clayton Macpherson*

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

**MEDICAL HISTORY**

OF

1 MAY 1917

Surname Moore Christian Name James

Table I.—GENERAL TABLE

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

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined ... ..	on	7 <sup>th</sup> day of Dec 1916	on	day of 191
	at	S. St. John's	at	
Declared age ... ..		22 years	days	years days
Trade or occupation ... ..				
Height ... ..		5 feet 5 1/2 inches	feet	inches
Weight ... ..		125 lbs.		lbs.
Chest { Girth when fully expanded		34 inches		inches
	{ Range of expansion ... ..	3 inches		inches
Physical development ... ..				
Vaccination marks { Arm ... ..	Right		Right	
	{ Number ... ..	1		
When vaccinated ... ..				
Vision ... ..	R.E. - V =	1913 6/6	R.E. - V =	
	L.E. - V =	6/6	L.E. - V =	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature) <u>J. W. Borden</u>				
(Rank) <u>Capt</u>				
		Medical Officer.		Medical Officer.
Enlisted ... ..	at		at	
	on	day of 191	on	day of 191
Joined on enlistment ... ..	Corps		Corps	
	Regt. No.		Regt. No.	
		<u>11th Regt. 2028</u>		
Transferred to ... ..				
Became non-effective by ... ..				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks
	Day	Month	Year	Day	Month	Year			
3 <sup>rd</sup> London General Handsworth Rd.	8	3	17				Influenza (Relapsing)		Discharge Board Discharge
									Cause Total

in the case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

held - see overhead  
- Influenza (Relapsing)  
Recurring attacks of fever and  
Anorexia. Voice hoarse. Pains in  
back & limbs. Hoarse cough.  
Some crackles at base of R. Lung.  
Incapable on Active Service  
Ability at present to earn a livelihood

W. H. D. M. D. C. 11  
1st Battalion General Hospital  
Wandsworth SW8

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

Date	Brief details, and signature
27.1.16 9.2.16	1 <sup>st</sup> inoculation J.S.W. 2 <sup>nd</sup> " " J.S.W.
28.6.16 7.7.16	Vaccination Successful J.S.W. Fit for Foreign Service J.S.W.
14.4.17	Board held - Permanently unfit. Board Approved. J. J. Pagan, Capt. R.A.M.C. 3 <sup>rd</sup> London General Hospital, Wendworth S.W.
6/6/17	Board held at St. John's, Nfld. Recommendation - 2 months furlough Board - Approved. (Sgd) N.S.F. L.P. J.S.T. C.M.
3/8/17	Board held at St. John's, Nfld. Recommendation - Admission to Jensen Camp Board - Approved. (Sgd) N.S.F. J.S.T. J.G.M. C.M.

**Table IV.**—SERVICE TABLE

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St John's Nfld	23.2.16	9.4.16			



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

No. 2028 Rank Private  
 Name (surname first) Moores James  
 Regiment Newfoundland



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

Deep Sea Fisherman

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

Capt Abraham Lane  
John's Fisherman  
6 years

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

Fisherman at John's

4. What is the name of your Approved Society?

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

Date 11 April 1917 Signature J. Moores

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

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

**FIRST NEWFOUNDLAND REGIMENT.****ATTESTATION OF**No. 2028 Name James Moores Corps \_\_\_\_\_

## Questions to be put to the Recruit before Enlistment.

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>James Moores</u>              |
| 2. What is your full Address? .....  | 2. <u>54 St. Wm. B. B.</u>          |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your Age? .....   | 4. <u>22</u> Years <u>5</u> Months. |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? .....                              | 7. <u>No</u>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                       |
| 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. <u>Yes</u>                      |

I, James Moores 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.

James X. Moores SIGNATURE OF RECRUIT.

8. Dec. 10<sup>th</sup> 1915 Charles W. Case Signature of Witness.

## OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Moores 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's, Nfld. on this 14<sup>th</sup> day of December 191 5

Charles W. Case  
Signature of the Attesting Officer.

## † Certificate of Approving Officer.

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

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, the 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) \_\_\_\_\_



**Casualty Form-Active Service.**

Regiment or Corps Newfoundland

Regimental No. 2028 Rank Plt Name Morris

Enlisted (a) 10/12/16 Terms of Service (a) Duration War Service reckons from (a) \_\_\_\_\_

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (iv) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<u>Southampton</u>		<u>9.7.16</u>	
		<u>London</u>		<u>10.7.16</u>	
	<u>Unit</u>	<u>French Battalion</u>	<u>France</u>	<u>21.7.16</u>	
	<u>29 S.I.</u>	<u>"Anti-Diphtheria Corps"</u>	<u>Belgium</u>	<u>10.9.16</u>	<u>E.D. 3119</u>
	<u>do</u>	<u>Camp to 3 Can C.C.S.</u>	<u>do</u>	<u>19.9.16</u>	<u>E.D. 3496</u>
	<u>29 S.I.</u>	<u>French Base Depot</u>	<u>London</u>	<u>10.10.16</u>	<u>Non. List</u>
	<u>Unit</u>	<u>Repaired Battalion</u>		<u>22.10.16</u>	
		<u>Unit</u>		<u>23.1.17</u>	
	<u>19 M. Coy</u>	<u>Amn. Influenza</u>	<u>Amiens</u>	<u>14.2.17</u>	<u>Ad. 6791</u>
	<u>12 M. Coy</u>	<u>do</u>	<u>London</u>	<u>19.2.17</u>	<u>Ad. 6890</u>
	<u>"S.S. Panama"</u>	<u>mod. to England</u>		<u>7.3.17</u>	<u>W3083</u>

*Original Rec'd 1/1/17*



*Sgt J. M. Burchell Capt*  
*to be No. 1 Regular Infantry Section*  
*W3083*  
 I.P.O.

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

### Descriptive Return of a Soldier discharged on account of Disability.

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

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

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

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

**A Name in full** *James Moore*  
**Regiment from which discharged** *Newfoundland*  
**Regimental Number** *2028*  
**Where born (Parish, Town and County), and when** *St. John's, Newfoundland 8.6.1873*  
**Intended address** *St. John's, Newfoundland*  
**Height on discharge** *5* Feet *6* Inches  
**Colour of Hair on discharge** *Light Brown* **Colour of Eyes** *Dark Grey*  
**Descriptive marks** *Old scar L. Thumb* **Complexion** *Dark*  
**Figure on discharge** *Medium*  
**Christian name of Father** *Charles*  
**Christian name of Mother** *Julia Ann*  
**Wife's Maiden name in full** *Mary Woodford*  
**Date and Place of Marriage** *16.2.16 St. John's*  
**Christian names of Children** *none*  
**Nature and locality of civil employment desired** *Sup. Sec. Fisherman Newfoundland*

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) *James Moore* (Rank) *Stn. Apr.*  
**Station** *Woodstock Sar.* **Date** *12 April, 1917*  
 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.

*W. Edgerton* **Medical Officer i/c**  
**Station** *Woodstock Sar.* **Date** *12 April, 1917*  
*3rd Legion General Hospital.*

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

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

**Medals**

**Other distinguishing marks**

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.  
**Station** \_\_\_\_\_ **Officer in Charge**  
**Date** \_\_\_\_\_ **Records.**

NEWFOUNDLAND CONTINGENT

(Substituting A.F.O. 1625). N.F.P. 36.

STATEMENT of ACCOUNT of No. 2028 Pte E. Moores.

Embarked per S.S. Metagama

Company. From 23/12/16 To 18/5/17 (Dates inclusive).

From Liverpool Date 18/5/17

Classification (See Procedure) X

Draft No. 36

Date	Pay Book Ccl.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Ccl.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay	1.00	147	147	00			
	9	Allotments	.75	147	110	25			2	Field Allowances	10	147	14	70			
	10								3	Other Allowances							
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3							
					110	25	22	13	2				161	70	33	4	7 1/2
	13	Fines							6a								
	14	Clothing & Necessaries								Balance 22/12/16					7	8	6 1/2
	15	Arms & Accoutrements															
	16	Damage Damages															
	17	Hospital <del>Stoppages</del> Advances			1	1	0			Ration Allowance 5/5/17-10/5/17					12	0	
	17a	Miscellaneous Stoppages															
	19	General Payments P & R. O.			13	7	0										
	20	<del>Exp. Payment</del> Acq. Rolls France			3	15	3										
	21	2nd "															
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Period						8	9								
	28	" Due by Paymaster								27							
					41	5	2								41	5	2

This account is in accordance with information received at the Pay & Record Office to 17/5/17 and is therefore subject to amendment if, and as may be found necessary.



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CERTIFIED CORRECT.  
NEWFOUNDLAND CONTINGENT

*J. H. Marshall*  
PAYMASTER & OFFICER IN CHARGE  
O.S. " " Company.

CHECKED.  
*[Signature]*

NEWFOUNDLAND CONTINGENT

(Substituting A.F.O. 1625). N.F.P. 36.

Embarked per S.S. Metagama

From Liverpool Date 18/5/17

Draft No. 36

**DUPLICATE MAIL COPY**  
 Posted 24 MAY 1917

STATEMENT OF ACCOUNT of No. 2028 Pte J. Moores.  
 Company No. 1917 From 23/12/16 To 18/5/17 (Dates inclusive).  
 Classification (See Procedure).

	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	Forfeited Pay									1	Pay								
	Allotments	.75	147	110	25					2	Field Allowances	1.00	147	147	00				
	Total Stoppages									3	Other Allowances	10	147	14	70				
										4/5	Total @ 4.86 2/3								
				110	25	22	15	2							161	70	55	4	7½
13	Fines									6a									
14	Clothing & Necessaries																		
15	Arms & Accoutrements										Balance 22/12/16					7	8	6½	
16	Boat Damages																		
17	Hospital Stoppages																		
17a	Miscellaneous Stoppages					1	1	0											
19	Casual Payments																		
20	1st Payment P & R. O.					13	7	0											
21	2nd Acq. Rolls France					3	15	3											
22	3rd "																		
23	Final "																		
24	Balance Debit Last Period																		
28	" Due by Paymaster							8	9	27									
				41	5	2									41	5			

CERTIFIED CORRECT.  
 NEWFOUNDLAND CONTINGENT.  
 Spd. E. W. Marshall, Lieut.



191

O.S. " " Company.

CHECKED  
*[Signature]*

James Moore  
223 Theatre Hill.

Board from March 1<sup>st</sup> to Mar 26<sup>th</sup>

26 days @ 90¢ = \$23.40

not paid  
JM



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

11/4/17.



From, O.C. 3rd London General Hospital.

To, O.C. Records.

58 Victoria St. S.W.



In conformity with instructions contained in A.C.I. No. 2069 of 1916., I beg to report that:-

2028 Pte. J. Moores. / Newfoundland.  
will shortly be brought before a MEDICAL BOARD, and will probably be discharged from the Army or reclassified.

Duplicate documents will not be required, please.

H. Jagan  
Capt. R.A.M.C.(A)

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

THE BOARD OF PENSION COMMISSIONERS  
FOR THE FOUNDATION.

FORM TO BE FILLED IN BY DISABLED PENSIONER IN ORDER  
TO RECEIVE ADVANCE FOR CHILDREN

No. 2028  
(Regimental Number)

Ditch  
(Rating or Rank)

James Mabry  
(Full name)

A Company  
(Ship or Unit)

hereby declare as follows:

1. That I am married, and my wife is alive.  
(Attach marriage certificate) (If not married write the words "Not married" on the next line)

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years. (Attach birth certificates)

Names of Children	Sex	Dates of Birth	Place of Residence Maintained	By whom
Mary Mayb Mabry	Female	16-26 1918	<sup>No 8</sup> <u>blewicks</u>	

(Note: If you have no children write the words "No Children" across the above space)

James Mabry  
Signature of Pensioner.

This is to certify that the foregoing declaration and signature were made by the above named pensioner in my presence this ..... day of ..... 192..... and I believe him to be the person he represents himself to be, and that his children above named are alive.

H. T. Renshaw Signature  
Chas. J. et al Rank or Position

N.B.—It will be necessary for this form to be signed before a Magistrate, Notary Public, Justice of the Peace, or other person authorized to administer an oath.

B.P.C. Form 2.



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. \_\_\_\_\_

Regtl. No. 2028 Name James Moores Rank Pvt.

Corps served with Royal Newfoundland Regt.

Pension Granted: \$24.00 Per month for 7 months.

Total allowance granted a/c of the following children:

One Children @ \$4.00 Per month for 7 Months.

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Civil Re-establishment Committee,  
Room 17, Militia Building,  
St. John's, Oct. 25th, 1918.

The Chairman,  
Board of Pension Commissioners,  
City.

My Dear Sir:-

The Vocational Committee is at a loss to know what to do with the case of James Moores, ex-private No 2028, resident at 8 Clifford Street in the City.

He returned May, 1917, and was discharged March 20th, 1918. During this interval he was:

- (a) at home during June & July, 1917;
- (b) in the Jensen Camp August, September and October (up to the 15th) when he was passed out by the Medical Officer of the Camp;
- (c) at home until Dec. 17th;
- (d) again admitted to the Jensen Camp on Dec. 17th, where he remained until Feb. 5th when he was permitted to go home because his wife was confined and very ill;
- (e) re-admitted to the Jensen Camp June 15th where he remained until August 15th when he was again passed out.

Since August 15th he has been at home on a pension of \$24 a month on which he, wife and child cannot possibly subsist, and he claims that he can do no work. He has tried and every time his strength has failed him.

The Vocational Committee cannot understand how it is that he has been at the Jensen Camp on and off instead of

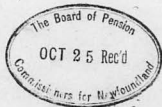
continuously, and cannot make out on what principal his pension is fixed. If he cannot work, his case seems to be one for the Board of Pension Commissioners. At present he is in a poor way, being unable to purchase the necessities of his household.

The Vocational Committee will be glad of the advice of the Board of Pension Commissioners in relation to this difficult case.

Yours faithfully,

*W. S. Mackall*

Vocational Officer.



RNo 2028

~~580~~  
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BOARD OF PENSION COMMISSIONERS FOR NELD.

FORM TO BE SIGNED BY PENSIONER ON RECEIPT OF PENSION  
AND RETURNED TO THE SECRETARY OF THE BOARD.

Received of :

The Board of Pension Commissioners for NELD.

The sum of *Twenty three* — *47* / 100 dollars *23.47* / 100

being payment of Pension ~~or Salary~~ to... *Aug 16th 1918*

Date *Aug 17 1918*

*Jas. Morris* Signature of Pensioner

*A. B. Oke* Signature of Witness

• E.B. This form must be signed, and returned immediately on receipt otherwise your next payment may be delayed.

Form B.P.C.4.

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 inlets. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

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

- Christian name *James* ..... 2. Surname *Moore* .....
3. Rank *Private* ..... 4. Regt. No. *2028* .....
5. Address in full to which future payments of gratuity are to far be forwarded. *8. Clifford Street* .....
6. Date of enlistment in the Regiment. *December 10<sup>th</sup> 1915* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Wife James Moore* .....
8. Relationship of such dependents. *wife* .....
9. Address in full of such dependent. *8 Clifford Street* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable* .....
11. Were you on active service only in Hfld. If so, give dates, and particulars of such service. *Not Applicable* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *Two years and ten months* .....

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

*Not Applicable*

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.....

*Not Applicable*

*Under \$100 and Ten Cents*

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

*Yes*

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.....

*No*

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

*No*

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

*Not Applicable*

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

*March 26<sup>th</sup> 1918*

*Tuberculosis*

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. July 18<sup>th</sup> 1916 left France for Belgium August left Belgium for France Oct. 1917.*

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.....

*Not Applicable*

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: *James Moore*  
 Place of Residence: *N. 3. 6th Street*  
 Declared before me at: *N. J. Jones, N. Fed.*  
 This *28th* day of *Feb* 19. *19*  
*John W. McCarthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits.

POST DISCHARGE PAY.				War Service	Net amount
Date paid	Paid Soldier	Paid Dependent	Gratuity	due	
17.12.18	100.10		5.00	500.00	
31.1.19	60.00		Len P.D.P.	160.10	
	160.10			339.90	
Certified Correct.				Byraster.	



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James moore, Regl. No. 2028  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
— Dollars and seventy five Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

Allotment begins march 22<sup>nd</sup>, 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1869	Wife	Mrs James moore	206 Newbawick St. St. John's. Nfld.	75
Total Allotment, \$				

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

(Sig.) Fred S. A. Russell  
 for Rieck  
 Officer Commanding

(Sig.) James moore  
 his mark  
 (Rank) Private

St John's Nfld  
March 18 1916

No 2028

Name Mauner

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		219 52	509 42	290 10
Oct 26	To Pay				284 85
30	" Allotment		5 25		279 60
	" Pay		23 25		256 35
			20 00		236 35
Nov 23	To Pay				216 35
30	" Allotment	1405	20 00		193 85
	" Pay	1641	22 50		176 35
			17 50		
Dec 15	To Pay	2260	5 25		171 10
31	" "	2757	10 00		161 10
	To allotment		28 25		137 85
Jan 31	To Pay				127 85
	" Allotment		10 00		117 85
Feb 28	" do		23 25		94 60
	To Pay		21 00		73 60
		4425	21 55		52 05
Mar 15	" "	4819	<del>50</del>		
26	" "	5108	62 05		<del>0</del>
	Sub allowance 1-3-18				
	24-2-18. 26 day @ 90¢			23 40	23 40
Apr 16	To Pay		23 40		
	War Service Gratuity				
	5 mo @ 110.00			500 00	500 00
	allowance			20 00	520 00
	Bonus				506 30
Dec 17	To Pay	7026	13 70		492 60
Feb 5	" "		86 40		406 20
			20 00		386 20
Jan 31	P.R. Lip allowance		60 00		326 20
Mar 1	To Pay	10922	60 00		266 20
	D.A.	2485	70 00		196 20
			30 00		166 20
Apr 1	To Pay	13829	70 00		96 20
			882 92	1052 82	169 190

 PAY LEDGER No. 215/43852  
 Date 29.5.21 by AM

 817 W. J. M.

No 2028

Name Morgan J

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
May 15	Bal du 14/10/18				
31	By Pay 15 days @ 1 <sup>00</sup> / <sub>2</sub>			2 12	2 12
June 30	30 do			14 30	16 42
	L.S. 50 <sup>00</sup> @ 6 <sup>00</sup> / <sub>100</sub>			30 00	49 42
July 30	By Pay 31 days @ 2 <sup>00</sup> / <sub>100</sub>			20 00	79 42
Aug 12	12 do			62 00	141 42
31	19 do			24 00	165 42
Sept 30	30 do			20 90	186 32
Oct 15	15 do			33 00	219 32
31	16 do			16 50	235 82
Nov 30	30 do			32 00	267 82
Dec 17	17 do			60 00	327 82
31	14 do			34 00	361 82
Jan 31	31 do			15 40	377 22
Feb 28	28 do			34 10	411 32
Mar 26	26 do			30 80	442 12
	Pay			28 60	470 72
	Reasons			13 70	484 42
	Clothing			25 00	509 42
May 31	do allotment 13 days @ 7 <sup>00</sup> / <sub>100</sub>		9 75		
June 13	do pay		15 00		499 67
30	do allotment		8 00		484 67
28	do pay		22 50		476 67
July 3	do allotment		24 17		454 17
31	do allotment		10 00		430 00
Aug 11	do pay	16	23 25		406 75
31	do allotment		47 50		359 25
Sept 10	do do		33 25		326 00
11	do pay		22 50		303 50
27	do		8 15		295 35
			5 25		290 10
			219 32	509 42	290 10

Admitted Hospital 11-8-17  
 Discharged " 15-10-17  
 Admitted J. Camp. 15-12-17  
 Discharged " 20-3-18

315 A. J. Swaney S. M. M.

No 2088

Name Margaret J

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		882 92	1052 82	169 90
April	Exp. allowance	2808	30 00		139 90
May	To Pay	17902	70 00		69 90
	S.A.	3117	30 00		39 90
June	To Pay	21601	39 90		
			1052 82	1052 82	0

S15 Alvany SSK



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

James Hoover.

12.

conducted at

Millertown.

Dec. 7<sup>th</sup> / 15. Recruiting Officer:

FINDING

1 ho.

2 ho.

3 ho.

4 ho.

5 ho.

6 ho.

7 yes.

8 yes.

9 ho.

10 normal.

11 R.H.B. Good Physique.

12 normal.

13 General defective teeth. - tobacco used. OK.

14 normal.

15 normal.

16 normal.

17 normal.

18 normal.

19 normal. 6-6 both.

20 normal.

21 normal.

22 normal.

23 normal.

24 normal.

25 normal.

26 normal.

27 normal.

28 normal.

29 normal.

30 normal.

31 normal.

32 normal.

33 yes. 1913. 1 scar left arm

34 5 1/2" 5-5 1/2"

35 1-26 estimate. 125 lbs.

36 32" - 35" - 33 1/2" 31-34

37 \$25 per month + keep. John Ann Moore. Sept 1914

38 mother. -

39 Pat. very supple. mother. B.B.

40

2028

OK.  
S.W.B.

Signature of Medical Examiner:

John Hoover

March 26th.1918.

2028, Private J. Moores.

The O. C.,

Royal Newfoundland Regiment,  
Headquarters.

Sir,-

The marginally noted man has been discharged  
March 26th.1918, being no longer physically fit for  
Active Service.

Kindly note and post in Daily Orders, Part II.

I have the honour to be,

Sir,

Your obedient servant,

Capt. & Paymaster &  
Officer i/c Records.

J/H.

Dec 6th 1919.

Major Howley  
O. I. C. Records

Please pay to J. Moores, 2028  
the sum of five dollars and twenty eight cents  
in payment of arrears on allowance to date  
and charge same to Civil Re-establishment Committee

\$5.28

Pension \$20.00

NO. 21616	Red
DATE PAID	INITIALS
PAY TO ORDER	INITIALS
CASH PAID	INITIALS

*Butler*  
Vocational Officer

*J. Moores*



Dec 8th 1919

Major Howley  
O. I. C. Records

Please pay to J. Moores, 2028  
the sum of three dollars and seventy eight cents  
in payment of arrears of allowance for week ended Dec 6th 1919  
and charge same to Civil Re-establishment Committee

\$3.78

5.28

9.06

NO.	DATE
PAY TO THE ORDER OF	
PAY TO THE ORDER OF	
FOR DEPOSIT ONLY	
AMOUNT	

*H. Hunter*  
.....  
Vocational Officer  
*for*  
*J. Moores*

April 20th 1920

Major Howley  
O. I. C. Records

Please pay to J. Moores, 2028  
the sum of forty dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$40.00

Pension

\$20.00

*J. C. R.*

353 00
<i>[Signature]</i>
<i>[Signature]</i>

*W. W. McCall*  
Vocational Officer

*J. Moores*

Civil Re-Establishment Committee.  
( DEPARTMENT OF MILITIA. )

FORM R  
16-12-19-2000

MAJOR HOWLEY

April 10th 1920

Officer in Charge of Pay and Records.

Please pay to J. Moores, 2028  
the sum of nine dollars and thirty three cents  
in payment of allowance for week ended this date  
in connection with re-education.

\$9.33

Pension Monthly

\$20.00

Wages Monthly

ACCOUNT	34513
CHK. NO.	
INTL. LEADER	
PAY LEADER	

*J. C. R.*

*W. W. McNeill.*

EDUCATIONAL OFFICER.

*James W. Moores*

2028  
January 11th.1917

John Sullivan Esq. J.P.

City

Dear Sir:-

I enclose cheque No 2704 for \$25.25,-original and duplicate - both of which have been paid by the Bank of Montreal. The duplicate was issued to Mrs James Moores on the strength of her statement that she had not received the original.

I have been instructed to request that you have the payment of these cheques investigated, with a view to ascertaining who cashed the original.

Yours truly,



Asst. Secretary

2028

February 9th. 1918.

Pte. James Moores,  
172 Gower Street,  
C i t y.

Dear Sir:

I have recently received from London a Kit  
Bag containing effects belonging to you.

Kindly call at this office for same.

Yours truly,









No. \_\_\_\_\_



## 1st NEWFOUNDLAND REGIMENT

## VOUCHER

In Acct. with #2028 Pte. James Moores

Voucher No. 31855.

Cheque No. 31855.

Reg'l A/c No. \_\_\_\_\_ Name \_\_\_\_\_

C.B. Folio No. \_\_\_\_\_

Date	Req'n No.	Invoice No.	Particulars.	Amount
June 28	416.		Balance to June 30th/17.	\$24 17
				\$24 17

## CERTIFICATE

Dissect<sup>n</sup> Sheet No. \_\_\_\_\_

Recap. Sheet No. 416.

Checked by *[Signature]*

*[Signature]*  
PAYMASTER

## RECEIPT

June 28th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of  
 Twenty Four-----Dollars  
 and Seventeen-----Cents in Payment as above stated.

June 1917.

24.17

[Sig.] *[Signature]*







Major Howley  
O. I. U. Records

Please pay to J. Moores                      2028  
the sum of five dollars and twelve cents  
in payment of allowance for three days to date  
in connection with re-education

\$5.12

Pension	\$30.00
Allowance	7.10
Dependent	4.95

*G. C. J.*  
*G. C. J.*  
Vocational Officer

ACCOUNT	<i>G. R. J. Lew</i>
CH. NO.	<i>14591</i>
IND. LEDGER	_____
PAY LEDGER	_____
GEN. LEDGER	_____

*Jas Moores*

7671 J. Moore

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$17<sup>50</sup>/<sub>100</sub>

Nov. 30<sup>th</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Seventeen 50 Dollars.

on account  
balance of Pay to 30/11/17

J. Moore

Ch. No. 1641	Initials J.W.
Pay Ledger 108	Initials J.W.
Gen. Ledger R.D.	Initials J.W.

Regtl. No. Rank

200

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20.<sup>00</sup>/<sub>100</sub>

Nov 27<sup>th</sup> 1917

Received from the First Newfoundland Regiment,  
the sum of Twenty <sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
balance

J. Moores

Regtl. No. 2028 Rank Pte.

Ch. No. <u>101</u>	Initials <u>JW</u>
Pay Ledger <u>108</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

No. 2028

Rank

Pte.

Name

J. Moore.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$  $\frac{25}{100}$

Oct 22<sup>nd</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Five  $\frac{25}{100}$  Dollars.

on account  
balance of Pay to 15/10/17

J. Moore

Ch. No.	528	Initials	JM
Pay Ledger	108	Initials	OC
Gen. Ledger	Ray	Initials	RS

Regtl. No.

Rank

*[Handwritten signature]*

No. 2028

Rank

Pte.

Name

J. Moores.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20.<sup>00</sup>/<sub>100</sub>

Oct 31<sup>st</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Twenty Dollars.

on account  
balance of Pay to 31/10/17

J. Morris

107

Ck. No. <u>716</u>	Initials <u>E. W.</u>
Pay Ledger <u>108</u>	Initials <u>EB</u>
Gen. Ledger <u>R.P.</u>	Initials <u>J.R.</u>

Regtl. No. 2028 Rank C. Co.

No. 2028

Rank

Pte.

Name

J. Moores

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$23.<sup>40</sup>/<sub>100</sub>

April 6<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of twenty three <sup>40</sup>/<sub>100</sub> Dollars.

on account  
balance of Pay Board a/c to 23/3/18

J. Moores

Ch. No. 5701	Initials ew
Pay Ledger 108	Initials JMS
Gen. Ledger JMS	Initials JMS

Regtl. No.

Rank

*[Handwritten signature]*

No. 2028

Rank *Pte*

Name *J. Moore*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$5<sup>25</sup>/<sub>100</sub>

Mar. 15<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Five <sup>25</sup>/<sub>100</sub> Dollars.

on account  
balance of Pay. \$75<sup>25</sup>/<sub>100</sub>

J. Moors

Ch. No.	1819	Initials	ew
Pay Ledger	188	Initials	ew
Gen. Ledger	R	Initials	SR

Regtl. No.

Rank

*[Handwritten signature]*

No. 2028 Rank Pte

Name J. Moore



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 62  $\frac{05}{100}$

Mar 26<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Sixty Two  $\frac{05}{100}$  Dollars.  
~~on account~~  
balance of Pay when Discharged.

J. moore

Ch. No.	S 108	Initials	JH
Pay Ledger	108	Initials	JH
Gen. Ledger	R	Initials	

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

JH

No. 2028

Rank

Pte

Name

J. Moore

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE September 9, 1977

NAME *Maorus, James* Service No. *2028* CPC No.  
NOM *Maorus, James* Matricule No. *Reg. Regt. (W.W.13)* CCP No. *260866*  
WVA No. *224405*  
AAC No. *224405*

Information Received from:

Information reçue de: *C.P.C. ST*

Date of Death  
Date du Décès *10-6-77*

Place  
Endroit *N/S*

Distribution: WSR-DASG

VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
*L. Lavergne*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.