



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1367

Name in full Albert Myers Age 24

Address Pennywell Road

~~Married~~ Height 5ft 4 Weight 125

Single Color Dark Hair Brown Eyes Blue

Other distinguishing marks none

Nearest relative Father (John Blake)

Address Field Street

Dependents none

Occupation Labourer Present Wage \$1.40 per day

Previous service

Decorations

General Remarks

Date of Enlistment March 12/15

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

Albert X Myers
his mark

Declared before me this 18 day
of April 1915

Witness
Edward Wellman
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1567

Name **Albert Myers**

Apparent age **24** years _____ months. Height **5** feet **4** inches.

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

Distinctive marks **Color: Dark, Hair: Brown, Eyes: Blue.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **John Charles Myers, Field St., St. John's**

Relationship **Father.**

Particulars as to Marriage.

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

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot,	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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 Mar-12/15									
Joined at St. John's on Mar-12/15									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ year _____ days									
" " " Pension " _____ (") " " "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1387

Name **Albert Myers**
 Apparent age **24** years **0** months. Height **5** feet **4** inches.
 Chest measurement { Girth when fully expanded _____ inches.
 { Range of expansion _____ inches.
 Distinctive marks **Color: Dark, Hair: Brown, Eyes: Blue.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **John Charles Myers, Field St., St. John's**
 | Relationship **Father.**

Particulars as to Marriage.

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

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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 Mar-12/15									
Joined at St. John's on Mar-12/15									
<i>Discharged June 9/19</i>									
<i>Embarked St. John's St. Stephen's 22nd 15. Embarked to S. 11th 15. Landed S. 11th 15.</i>									
<i>Evacuated and arrived Koyandua 15th 16. Proceeded to Sing 16th 16. Embarked Talley 14th 16.</i>									
<i>Disembarked Koyandua 22nd 16. With Battalion 4th 16. Wounded 12-10-16</i>									
<i>Admitted 140 F.A. Coy. C.O.S. S.N. Dock 12-10-16. Admitted 9th Coy. Royal Fusiliers 14-10-16</i>									
<i>Admitted 2nd Coy. Depot 20-10-16. Dis. to base depot 4-11-16. Rejoined Battalion 13-11-16. Wounded 21-8-17</i>									
<i>Admitted 470 C.S. S.N. Dock 21-8-17. Admitted 53rd Coy. Royal Field Artillery 22-8-17. Rejoined unit 12th 17</i>									
<i>Appointed S. 11th 17. Transferred to S. 11th for repatriation 16-4-19. Arrived Gibraltar 2-4-19</i>									
<i>Rejoined S. 11th for demobilization 22-5-19. Arrived Liverpool 1-6-19.</i>									
<i>Demobilization St. John's 29-6-1919</i>									
Total Service forfeited as above									

Total Service towards Engagement to **29-6-19** (date of discharge) **4** years **10** days
 " " " Pension " " " " " " " "

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No 13678

Name Myers - Albert Rank Pte.

Address Field St

Present Medical Category A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

RH Lat Cap

O.C. Discharge Depot.

J Peterson

Senior Medical Officer

Jew Berden

M. O. Depot

The Royal Wld. Regiment

DEMOBILIZATION

No. 1367 Rank _____

Name Keyes A

Warned for demobilization on

JUN 13 1919

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

Abgers A.

Signature of Man.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *1367+*

Place

N. Johns

Date

13-6-19.

191

June 29, 1919

#1367 Pte. Albert Meyers,

Penneywell Road,

City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 25001

Yours truly

Paymaster & Officer I/C Records.
Captain.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1367 Rank Plt Name Weyers A
 Date of Enlistment 11-3-15 Address Penningsburg District H/1
 Occupation Labourer Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 12-6-19 for H/1 West C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

hit newman

Weyers
mark

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied new cap

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Pennycuik Rd. St Johns and Release Certificate No. 2728 issued.

Date 13-6-19

J.A. Brown
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-6-19

Date 13-6-19

H. H. H. H.
Depot Paymaster.

Discharged approved for 13-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 13-6-19

J.A. Brown
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

R.H. Sait

O. C. Discharge Depot.

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

Date

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT 1367- MYERS, Albert
(Royal Infld Regt)

File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

WIN/

Departmental Secretary.

- (1) Service number 1367
- (2) Surname MYERS
- (3) Christian names Albert
- (4) Date of Birth 15 Apr 1892
- (5) Religion R C
- (6) Unit of enlistment Royal Infld. Regt.
- (6a) Highest corresp. rank Pte
- (7) Units overseas Royal Infld. Regt.
- (7a) Highest corresp. ranks Pte
- (8) Rank on day of discharge Pte
- (8a) Corresp. unit -
- (9) Military honours Nil

PUBLIC ARCHIVES RECORDS CENTRE
 NOV 20 1961
 OTTAWA, ONT., CANADA

(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date

for Supervisor, War Service Records.

Leyers, A.

1367

Ray Sept.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *Albert* 2. Surname..... *Myers*
3. Rank..... *Private* 4. Regt. No. *1367*
5. Address in full to which future payments of gratuity are to be forwarded..... *Pennycuill Road. St. Johns.*
6. Date of enlistment in the Regiment..... *February 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *not applicable*
8. Relationship of such dependents..... *not applicable*
9. Address in full of such dependents..... *not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *four years and four months* 1. *1*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments and under what regimental numbers.
*Enlisted 1st Reg. No. 367. Discharged
and re-enlisted... Reg. No. 367.*

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

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces. *No*

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

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

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

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

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.

Yallipoli France

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Signature of Applicant:

his
Albert X Myers

Place of Residence:

Pennycuik ^{mark} Road. St Johns

Declared before me at:

St Johns

This

13th

day of

June

19.19....

Robert Alsop.

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

SEPARATION ALLOWANCE.

Claimant. John Myers Brother
On account of Albert Myers No. 1367 .. Rank. Co

Decision. Refused
to claim whatever
.....
.....

Date. March 18/1920
W. A. Ruddle Secy. Co.
M. Bowley Major

Instructions.....
.....
.....

Allotment of 50¢ per day payable to John Myers
his Brother from Apr 15 to 29/6/19.
Discontinued on account of being discharged.

C. D. Hefferlon S. P. T. 7

1131

(STATUS) Brother

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH
(Information for Board of Review)

NOTICE.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,
Separation Allowance Branch,
St. John's Newfoundland.

1. Name in full of Soldier. Rank Reg't. or Unit. Reg. No.
 *Albert Meyers* *Private* *R. 7th Bn. Regiment* *1367*

2. Age of Soldier *28* Married or Single *X*

3. Name in full of ~~sister~~ ^{brother} of *John Meyers* Age *38* Occupation *Rope maker* Permanent Add. *Pennycuill Rd.*

4. Give name of Father and Mother *John Chas. Meyers* *Margaret M. (decd)* Age *76* Occupation *Labourer* Permanent Address *Pennycuill Rd.*

5. Names of other Brothers and Sisters. Address in Full. Age. Occupation. Married or Single.
 *none* - - -

6. State amount earned by you per month.
 *6 4 approximately.*

7. Are you a chronic invalid and incapacitated? State nature of ill-ness. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.)
 *no*

8. State amount and source of any other income.
 *none*

9. What is the value of your (A) real property (B) personal property.
 *none*

10. Are you married?
 *Yes*

11. State actual amount contributed by soldier during the year prior to enlistment.
 *\$6 per week*

12. Was this amount contributed weekly or monthly?
 *weekly.*

13. Did this amount include payment of Brother's Board &c.?
 *Yes*

14. State your brother's trade or occupation prior to enlistment.
 *Labourer*

15. With whom are you residing at present?
 *wife & family*

16. State amount of his wages per week. *# 6.*
17. State name and address of his last employer. *Rosewalt.*
18. State amount of support monthly from brother since enlistment. *# 15 per month.*
19. State amount of "Allotment" received by you from brother monthly. *no*
20. From what date have you received Allotment. *1915*
21. Actual amount contributed by other Brothers and Sisters. } Weekly Monthly.
22. If not receiving support from other Brothers and sisters, state cause. *none.*
23. Have you made previous claims for Separation Allowance, if not, why? Give particulars. *No.*
24. Was the soldier, at the time of his enlistment an employee of the Nfld. Government? *no.*
25. In what capacity and in what place. *no*
26. Is he in receipt of a salary as such while ~~serving in the~~ Nfld. Regiment, if so, how much.
27. Are you already in receipt of Separation Allowance from any source? if so, how much? *no*
28. Are you in receipt of Payment from any Patriotic Fund, if so, how much? *no*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant *John Myers*

Place and Residence *Pennycuik Rd. St. John's*

Declared and subscribed before me at *St. John's*

this *20th* day of *January* 19*20*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman *H. T. Pennington*

Signature of Member of Patriotic Fund Committee *Chas. [Signature]*

Mar. 27, 1980

Mr. John Myers,
Penneywell Rd.,
City

Dear Sir:-

Referring to your application for Separation Allowance on account of your brother Albert Myers, I have been directed to state that same cannot be granted to you. It is not understood how you an abled bodied young man earning, as you state, sixty four dollars (\$64.00) per month approximately, can consider yourself entitled to Separation Allowance on account of your brother, as Separation allowance is only granted in cases where the claimant is totally dependent.

Yours, truly

Major

Paymaster.

C.R. 1367

1367 Myers,

C/O Mr. Milley,

Pennywell Road

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1367 Name A M GERS 1967

Witness. A. Joyce
sgt

Date July 7th / 20.

Place Room #3 Militia Bldg.

RECEIPT.

C.R.

1367

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

1367 *Amey*

NO.....NAME.....

DATE... *15/1/20*

PLACE... *90. Rope Walk*

No.

659

Received from

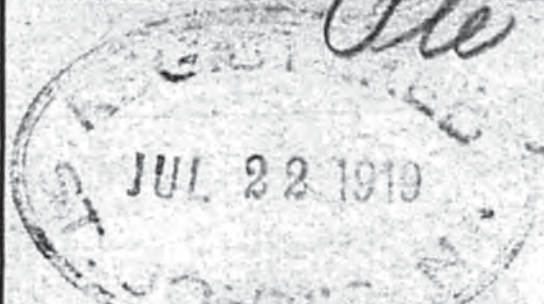
Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office

Stamp

A REGISTERED POSTAL PACKET

Addressed—



Received a Registered Postal Packet addressed as above.

*Pte A Meyers
Field St
City*
1367

C.R. 1367

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer -1/c Records from 29-6-19.

1367 Pte. Albert Myers.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 5 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Albert Meyers

in respect of his service as No. 1367 Rank Pte.

Name A. Meyers Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received both Medals

Signature A Meyers

Date 4/1/21.

Address 9 Colonial Bodega Co.

[P.T.O.]

C.R. 1367

July 21st. 1919.

1367 Pte. Albert Meyers,
Field Street.

Dear Sir:-

I am forwarding to you by bearer, one package containing some effects belonging to you which arrived by the S.S. Sachem, on July 10th.

I enclose herewith receipt, will you kindly sign same and return to this Department at your earliest convenience.

Yours faithfully,

Casualty Officer.

BC.

C.R. 1369

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

1367 Pte. M. Myers.

C.R. 1367

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 18th 1919.

1367, Pte. A. Myers.

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

C.R. 1367

Extract from Reinforcement Draft to 1st Bn. M.H.F.
marked for Gallipoli 14-11-18.

1367 Pte. Albert Myers.

153

G.

29th November, 1917.

Dear Sir.

In reply to an enquiry made of the Newfoundland Pay and Record Office, London, I am to-day informed that No. 1367, Private Albert Myers is at present with the British Expeditionary Force.

Yours faithfully,

Colonial Secretary.

Mr. John C. Myers,
Ropewalk.

Extract of Telegram received from Pay & Recodt Office,
London, dated November 23, 1917.

1367 Myers.

to B.E.F.

In answer to your Telegram of November 21st,

August 29, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1367, Private Albert Myers, was at the 53rd General Hospital, Boulogne, August 22nd, suffering from gunshot wound in the back.

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

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

Yours faithfully,

Mr. John C. Myers,
Field St.

Colonial Secretary.

1367 Pte. Albert Myers. ✓

C.R. 3500

Ext. of Casualty list received Aug. 29th 1917.

"Admitted 53rd General Hospital Boulogne, Aug. 22,

Bunshot wound Back."

H

March 21, 1917.

Dear Sir,

In reply to a cablegram of enquiry which I forwarded to the Record Office, London, on the 19th instant, I am to-day informed that No. 1367, Private Albert Myers, is at present with the First Battalion.

Yours faithfully,

Colonial Secretary.

Mrs John C. Myers,
Field St.

REMITICO PRESENT LINE

TRANSLATION OF CODE MESSAGE SENT TO SYNOPTICAL
March 19, 1917.

What is address of; report by telegraph present
condition of Second Lieut. Barrett, 386 Wyatt, 1367
Myers. Report by telegraph present condition of
1747 Stacey, 270 Bartlett, 899 Power, 2938 Butler.
What is extent of injuries sustained by, report by
telegraph ^{of 899} condition of 2534 Mesh.

COL. SEC.

C.R. 1367

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
November 13th. 1916.

1367, Pte A. Myers.

1/Newfoundland Inf. Dis Class A. to Base Dep. Rouen
ex 2 Con. Dep. 4th. November 1916.

C.R. 1367

Extract from Casualties List No. 3924

1367 Pte. Myers, A.

Dis. Class A to Base Dep. Rouen ex 2 Con. Dep. 4th Nov. 16.

C.R. 1367

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

#1367 Pte. A. Myers. ✓

Wounded 13/10/16 and reported

by G. C. Bn., 14/10/16.

C.R. 1367

Extract from Casualties from London District. dated 27-10-16 No.. C. 997.

1367 Pte. A. Myers.

WOUNDED

12-10-16

BC.

C.R. 1367

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.
October 27th, 1916.

1367, Pte A. Myers.

1/Newfoundlands GSW Chest Trans. to Con. Dep. ex 9 Gen. Hs
Hos. 20th October 1916.

C.R. 1367

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.
October 27th, 1916.

1367, Pte A. Myers.

1/Newfoundland GSW Chest ~~Adm.~~ 2 Conv. Dep. Rouen ex 9
Gen. Hos. 20th October 1916.

✓

C.R. 1367

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

The following Casualty in the 1st. Bn. Regt. with the
British Expeditionary Force is now reported under
various dates:-

#1367 Pte. A. Myers.

Wounded.

24th October, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1367, Private Albert Myers, was admitted to 9th General Hospital, Rouen, on the 14th October, suffering from Gunshot Wound in the Chest.

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

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

Yours faithfully,

**Mr. John C. Myers,
Field Street.**

Colonial Secretary.

C.R. 1367

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

9th General Hospital, Rouen, Oct. 14.

Gunshot wound. Chest.

1367 Myers.

C.R.

1367

Extract of Casualty received from Pay & Record Office,
London, dated October 2, 1916.

#1367 Pte. A. Myers.

Gunshot wound Chest left.

Admitted 9th General Hospital, Rouen, 14 October 1916.

C.R. 1367

Exyract from Nominal Roll, 1st Draft yo M.E.F. received
from Governor July 8, 1916.

#1367 Pte. Albert Myers.

C.R. 1367

Extract from Nominal Roll Embarked St. John's, for Overseas, per
S.S. "Stephano" April 22, 1915.

1367 Pte. Myers Albert.

C.R. 1367

Albert Myers was attested for General Service
with the NEWFOUNDLAND REGIMENT on March 12th 1915.
Regimental No. 1367 was allotted to Pte Albert Myers.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

The Royal Newfoundland Regiment

1367

DEMOBILIZATION OF

Reg. No. 1367 Rank Private Name Myers A
 Date of Enlistment 11-5-15 Address Pemrose Rd District St John's
 Occupation Labourer Classification for Discharge E Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 12-6-19 for H. H. West O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

hit Myerson

A. X. Myers
 mark

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied New Cap

Date 13-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at _____ and Release Certificate No. 2728 issued.

Date 13-6-19 *J.A. Brown Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-1-14

Date 13-1-14 *J.A. Brown Capt.*
Depot Paymaster.

Discharge approved for 13-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 13-6-19 *J.A. Brown Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 15 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date June 24/19 *J.A. Brown Capt.*
for Records

A. Myers.

C.R.

1367.

P.R.O.

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
From VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

MEMORANDUM

From

To

To Officer Commanding,
1/Bn. Royal Newfoundland Regt.

B. E. F.

BRANCH
Pay
UPON
O.C.
Newfoundland Regt
Pay BY
DATE
Record Office

ANSWER.

Pay & Record Office,

2nd February 1918

1367, Private A. Myers.
Working Pay as Shoemaker.

The above soldier who is
at present on furlough ex Hospital,
states that he has been employed
as Shoemaker since October 1917.

Kindly verify this state-
ment, and have the necessary
entry made in Part 11. Daily
Orders, please.

A. J. D. [Signature]

Major,
Chief Paymaster & O. i/c Records

FM/S

[Handwritten initials]

Feb. 8th 1917

Ref. preceding minute,
Pte. Myers was attached
to the C.M. Stores as a
Shoemaker on Dec. 15th
1917, and the necessary
entry has been made

DEPARTMENT
References
Date
Ackd
File
1487
Part II Daily Orders
of 8/2/18 please
FEB 1918
R. H. [Signature]

LIEUT. COL.
COMDG. 1st. NEWFOUNDLAND REGT.

MEMORANDUM

From PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From

To

To Officer Commanding,
1/Bn. Royal Newfoundland Regt.

B. E. F.

BRANCH
Pay
O.C. Newfoundland Regt
Pay BY DATE Record Office

ANSWER.

Pay & Record Office,

2nd February 1918

Feb. 8th 1917

1367, Private A. Myers.
Working Pay as Shoemaker.

The above soldier who is at present on furlough ex Hospital, states that he has been employed as Shoemaker since October 1917.

Kindly verify this statement, and have the necessary entry made in Part 11. Daily Orders, please.

Ref. preceding minute, Pte. Myers was attached to the C.M. Stores as a Shoemaker on Dec. 15th 1917, and the necessary entry has been made in Part 11 Daily Orders of 8/2/18 please.

A. J. Munnell

Major,
Chief Paymaster & O. i/c Records

DEPARTMENT 1487
Non-Returns
Date 8/2/18
Ackd
File
R. H. [Signature]
LIEUT. COL.
COMDG. 1st. NEWFOUNDLAND REGT.

FM/S

WPA

No. 1367 Pte A. Myers has been
employed as Shoemaker for some time past.
I think from about Nov. 1st 17.

Lous. ar.
31/1/18

P. S. Dicks Lieut

1367 Rank *Pk* *Payers a*

Pay	F.A.	Reg	Total
100	10		110
Less: Allotment			50
Net Rate			60

DEBITS	s	d	CREDITS	Period		Days	Rate	s	d	s	d
				From	To						
Balance			Balance		8 6						17 6
Dep 7 days Pay 770	11	8	Pay: Net Rate	9 6	7 7	227	60	136	20	27	19 8
Acquittance	5	6			21 18						
Hospital Advan											
A.B. 34 40 francs	1	9	<i>Allen</i>	22 18	28 18	7	60	4	20	1	4 6
P. & R.O. Paym			14 days @ 1/9								
8-7-11			(20 19 40)	29 18	30 18	2	60	1	20		4 11
Bal from Previous Pay books	14	6		31 18	31 18	1	60			2	5
29-6-10 5484	12	0									
Cash 5320	10	0									
Cash 5525	5	0									
Cheque 7468	5	0									
26 18 Cash 5395	5	0									
" 5428	6	0									
30-11-10 " 5428	1	10									
31-8-10 " 5504	4	10									

Retention
acc
 30.1.8
 20-19-10
 20-1-5
 17-3
 30-10-11
 31-3-10
 31-6-3

8 8 6

4.17.11
6 boots pay
from 11.11.10
 21 18 82 days @
 50 = 41 00

J. G. Sharma

No. 1367 Rank Pt Name J. G. Sharma

Pay	F.A.	Wkg	Total	N.F.P/33
100	10	50	160	<i>PSA</i>
Less Allotment			50	
Net Rate			110	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d						
		From	To	£		s	d			£	s	d				
Balance					Balance											
Acquittance Rolls & Subsidy		24	0	8	Pay @ Net Rate	22 ¹² / ₁₉	1 ¹ / ₁₉	376	110	412	60	84	19	8		
Hospital Advances					<i>P.A. V. 525</i>			14	1/9			1	4	6		
A.B. 64. <i>Report 13.1.19 to 10.2.19</i>		4	2	8	<i>P.A.</i>			14	1/9			1	4	6		
P.&R.O. Payments		26	17	0												
<i>oth. P&R.O.</i>				66												
<i>55-6-10</i>					<i>Pay. 2-19</i>	2 ¹ / ₁₉	13 ¹ / ₁₉	12	110	13	20	2	14	3		
<i>104-6-10</i>	Cash 184	11/19	49	0 0	49-19-2											
<i>55-11-19</i>	Cash 428	13 ¹ / ₁₉	2	13 0	2-13-5											

104-6-0
1.07-0-3

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

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

1. Unit and Corps... *Royal New Fed*..... 7. Former Trade } *Furriers*
or Occupation }
2. Regtl. No. *1267* 3. Rank... *Plt*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Myers* *Albert*..... (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *28*.....
6. Posted for duty on *March 1915* at *St. John's*.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

no complaint of no Disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. Procuier
 Medical Officer in charge of case

Station: *Y.D. Camp*

Date: *10.5.1911*

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

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

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station *Hazley Camp* } President or Chairman.
 Date } Members.

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

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

OR

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

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

Station }
 Date } O.C. Discharge Centre.

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

MEDICAL HISTORY

Surname *Meyers*

OF
Christian Name *Albert*

Table 1.—GENERAL TABLE.

Birthplace:—Parish	<i>St John's</i>		County		
Examined	on	<i>11</i> day of <i>March</i>	191 <i>5</i>	on	day of 191
	at	<i>St John's</i>		at	
Declared Age		<i>24</i> years	days	years	days
Trade or Occupation	<i>Laborer</i>				
Height		<i>5</i> feet	<i>4</i> inches	feet	inches
Weight			<i>125</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded...		<i>32</i> inches		inches
		Range of expansion..	<i>35</i> inches		inches
Physical Development					
Vaccination Marks	Right	Left		Right	Left
	Arm				
	Number				
When Vaccinated	<i>1911</i>				
Vision	R.E.—V=	<i>N</i>		R.E.—V=	
	L.E.—V=			L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)			(b)	
Approved by (Signature)	<i>Patterson</i>				
(Rank)	<i>Capt</i>		Medical Officer.		Medical Officer.
Enlisted	at	<i>St John's</i>		at	
	on	<i>12</i> day of <i>March</i>	191 <i>5</i>	on	day of 191
Joined on Enlistment	Corps.	<i>1st Yfld</i>		Corps.	
	Regtl. No.	<i>1367</i>		Regtl. No.	
Transferred to					
Became non-effective by					
	on	day of	191	on	day of 191
(Signature)					
(Rank)					

17-7-51
P&P

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

Date	Brief Details, and Signature
	<p style="text-align: center;"><i>It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as</i> <i>16 for Discharge on Demobilisation. Medical category</i></p> <p style="text-align: center;"><i>17.6.19</i> <small>Date of T.M.B.</small></p> <p style="text-align: right;"><i>[Signature]</i> <small>Captain Adjutant, Military Discharge Department, War Office</small></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St John's</i>					

No. 1367 Name *Nyers A* Sqn., Batty., or Company } *C* Corps *Newfoundland Regt.* Date of enlistment }
 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *Prof. Keimly* 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
<i>Field</i>	<i>26.7.16</i>	<i>Plt</i>		<i>Breaking out of Barracks</i>	<i>Lt Col Edwards</i>	<i>Deprived of 1 day pay</i>	<i>27.7.16</i>	<i>Lt Col Hudson</i>	<i>See</i>
<i>In the field</i>	<i>7-3-17</i>	<i>"</i>		<i>Deficiency of Iron rations</i>	<i>Sgt Waterfield</i>	<i>Deprived one day's pay</i>	<i>10-3-17</i>	<i>Lt Col Robertson</i>	<i>See</i>
			<i>1</i>	<i>Drunk Barracks</i>	<i>Capt Grace M.P.</i> <i>Lt Col Bone M.P.</i>	<i>7 days F/No I</i>	<i>2.7.17</i>	<i>Lt Col Hudson</i>	
				<i>Haap.</i>					

Army Form B. 122

Reg. No. *1567* Rank *Pfc* Name *Meyers A*
Attested Address *Genywell Rd*
Allotment Allottee
Date of Allotment Returned from Overseas *1-6-18*
Returned on S S *Conicau* Cause *Discharge*

12-16-19
15-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1367 Rank Plt Name Meyers A
 Intended place of residence Pennywell Rd
 2. Occupation Satower
 Classification of soldier E Medical Category A 1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 13 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 13 1919
 Signature of soldier A. Meyers
 Signature of witness J. J. Bowley Capt

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date JUN 13 1919
ST. JOHN'S
 Signature of soldier A. Meyers
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 11-3-15 No of days on Military
 Discharged from service 15-6-19 plus 14 days Service 1572

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 15 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Nfld
 Date June 29/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

A F B 2029/2500

Casualty Form—Active Service.

618

Regiment or Corps Newfoundland Regt
 Regimental No. 1367 Rank Pte Name Albert Myers
 Enlisted (a) 15.4.15 Terms of Service (a) 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 (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLd.		30.4.15	
		Disembarked CalljPoli		1.12.15	
		Embark'd Port Buez		14.3.16	
		Disembk'd MARSEILLE S		22.3.16	
	Unit <u>Went Battalion</u>		Lance	4.7.16	B 213.
	1407a <u>Shipwrecked</u>		ltd	12.10.16	E.D. 4361
	9 <u>Leads Ad</u> D.		Private	14.10.16	H.A. 3375.
	Con Dep Ad D.		Dr.	20.10.16	H.A. 3506.
	29 <u>IPD</u>		Private	4.11.16	Hon Roll
	Unit <u>Joined</u>		Private	13 NOV 1916	B 213
	DO <u>Joined Battalion</u>		With BATT	25.1.17	
				4.8.17	O 1810, 38e, 18.8.17.

(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, Shoebing Smith, etc., etc., also special qualifications in technical Corps duties.

1364 Pto. Myers, A.

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				
22.8.17	02 Unit	Wounded in Action	Belgium	21 AUG 1917	B 213
22.8.17	47 b.l.	Ad. A.W. Bäck		21.8.17	GA. 9445.
2.9.17	53 S. Hop.	Ad. do	Boulogne	22.8.17	H.A. 13260
18.9.17	16000. Sep.	Ad. do	do	18.9.17	W 3034.
29.9.17	29 J. B.S.	Joined Base Depot	Rouen	28.9.17	Tom. Rde.
20/10/17	Kellum	Re- Joined Battalion		12 OCT 1917	B 213.
2.1.19.	06.	WITH. Bn 30.12.17 Leave 30 th 6-13 th 19. Trans. to England for Demob.			Bat. Comr. 2/5 W. 6 Tel. 810 ms. 2A.

SM

W. S. H. H. H.
 Captain for
 Officer i/c Infantry Section No. 1
 G.H.Q. 3rd Echelon,



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

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

Name in full *Albert Meyer*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1367*

Intended address *Pennywell Rd. St. John's*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's. 15th April 1892*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Albert Meyer*

Pte
(Rank)

Station *ST. JOHN'S*

Date *11/6/19*

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

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal New flt*.....
2. Regtl. No. *1367* 3. Rank. *Plt*.....
4. Name *Meyers* *Allan*.....
(Surname) (Christian Names)
5. Age last birthday. *28*.....
6. Posted for duty on *March 1915* at *St John's*.....
in category (or grade).....
7. Former Trade or Occupation } *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

no complaint of no disability

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na.

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

V. E. Procinier *Cap-Rams*
 Medical Officer in charge of case.

Station *Hazley D. Camp*
 Date *18-5-19*

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

