



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 1488

Name in full Raphael Gardini Age 19  
 Address Main River St. George's  
 Married—  
 Single Height 5'7 1/2 in Weight 132  
 Color Fair Hair Light Eyes Blue  
 Other distinguishing marks Scar on chin  
 Nearest relative Mother (Josephine)  
 Address Main River  
 Dependents  
 Occupation Clerk Present Wage 140<sup>00</sup> per month  
 Previous service  
 Decorations  
 General Remarks  
 Date of Enlistment April 24<sup>th</sup> 1915

I, Raphael Gardini, 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.

Raphael Gardini

Declared before me this 27 day  
 of April 1915

J. Kenna  
 Lieut.





# DESCRIPTIVE REPORT ON ENLISTMENT.

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

No. 1482

Name **Ralph Hardini**

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

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

Distinctive marks **Color: Fair, Hair: Light, Eyes: Blue**

~~Other distinguishing marks: Scar on chin~~

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Josephine Hardini, Main River, St. Georges, Nfld.**

| 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) 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 <b>Apr. 24/15</b>									
Joined at <b>St. John's</b> on <b>Apr. 24/15</b>									
<i>Dischgd. Adjusted Mar 28/17</i>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ ( " ) _____ " _____									

Regimental Number 1488

Company \_\_\_\_\_

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 R Mardini

Witness S Robertson

Dated at \_\_\_\_\_



191





C.R. 1488

Gardiner's Hygie  
Oct 26<sup>th</sup>  
1917

Dear Sir

Yours 11<sup>th</sup> I had sorry  
I can't do just now and must  
tell you. I would not do much  
in reviewing as I am no  
speaker. If there is anything  
else I can do as far as  
reviewing is concerned I  
will gladly do it. Please let me  
know if you want me. I will be  
be ready to go in two weeks time

Your obedient servant

G. Gardiner

W. H. D. J.

~~C.R. #498~~ 1488

Extract from Nominal Roll of Mfld. Regt. Embarked 13-5-16  
Doverport, for Egypt, transferred to B.L.F. & disembarked  
Marseilles 25-8-16

3-4-16

E 1488

~~1496~~ Pte. R. Nardini.

C.R. 1488

List of men discharged from the Royal Newfoundland Regiment  
of various Dates.

1488 Pte. Nardini Raphael, discharged Mar. 28th 1917,  
Medically unfit



C.R. 1488

Extract from Roll of Officers N. C. O.'s  
and men DISCHARGED from the Royal  
Newfoundland Regiment.

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Regtl. #	rank	name	date	reason.
1488	Pte.	Nardind <del>Richard</del> Ralph	28/3/17	Med. Unfit.

C.R. 1488

Extract from Daily Orders Part II Unit The Royal Bfld.  
Regt., St. John's, March 14/17.

1488 Pte. Nardini.

Attached to the Strength from March 14th, 1917.

CR. 1488

Extract from Telegram received from London, dated  
February 19, 1918.

Scandinavian.      for repatriation.  
#1488 Pte. Nardine.

CR



C.R. 1488

3 Dec. 1918.

Dear Mr. Martyn.

I hope that good news as to his health has been received from No. 1488 Pte. R. Nardini.

The rumour which you mention- that no more drafts of discharged soldiers will be leaving Scotland until next Spring has no foundation as far as I know. I have received a telegram that seven lads have been invalided home by the Scotian but R. Nardini is not among them.

The rule with regard to furligh is this: All men discharged from Hospital are marked according to their health. A & B classes are fit for full duty, C & D classes are fit only for light duty or home defence.

If Nardini is classified in C or D the Doctor may certify that he would benefit by a sea voyage or by a change home. If he is in A or B furlough is not permitted. But parents and relatives have the satisfaction of knowing that the young soldier is in good health and strength.

Yours sincerely,

Chas C. Martyn Esq.  
Bay St. George Hotel,  
Stephenville Crossing.

# Bay St. George Hotel

STEPHENVILLE CROSSING.

NEWFOUNDLAND.

28<sup>th</sup> Nov<sup>r</sup> 1916.

His Excellency

Sir W. C. Davidson K. C. M. G.  
Government House  
St. John's N. F.

Sir

It is rumoured here that no more drafts of discharged soldiers will be leaving Scotland until next Spring and as M<sup>rs</sup> Hardwick has been expecting her son Pte R. Hardwick No. 1488 wounded on 1<sup>st</sup> July last for the past six or eight weeks she is somewhat anxious to find out if this rumour is correct so that she may govern herself with regard to the Mails for Xmas.

If Your Excellency could enlighten me on the above matter I would be greatly obliged and remain

Yours very obediently,  
Chas. C. Martyn

Please write a nice letter, saying that your news  
has to his health has been very good for the R. A. M. S.

The summer which he mentioned - [ ] - has no  
I know - I the rest of the [ ]

Seven birds have been [ ]  
I know that R. Macdonald [ ]  
them.

[Then following the wife's [ ]  
perhaps as in the [ ]  
letter] has

(30)

2  
1892  
I have been thinking of writing you for some time but have been so busy that I could not find time to do so. I hope you are all well and happy. I have been very busy with my work and my family. I have not had time to write you as often as I would like to. I have been thinking of writing you for some time but have been so busy that I could not find time to do so. I hope you are all well and happy. I have been very busy with my work and my family. I have not had time to write you as often as I would like to.

Handwritten notes and scribbles, including the name "Macdonald" and other illegible text.



G.

15th August, 1916.

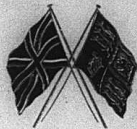
Dear Madam,

I am in receipt of your letter of the 13th instant, regarding furlough for Private P. Nardini. I beg to say that this matter is one beyond the authority of the Government Officers here, as all our boys of the Newfoundland Regiment are under the authority of the English War Office, furlough can only be granted through that source, but I have no doubt that if he applied they would take his case into consideration. I really do not know whether they have to pay their own way out when furlough is granted, but I think it is very likely that such is the case.

Yours truly,

Colonial Secretary.

Mrs. R.J. McIsaac,  
Nardini's Station,  
District of St. George.



Gardiner St. John  
 Aug 13<sup>th</sup> / 18

J. R. Bennett - Esq.  
 Colonial Secretary  
 St John's

Dear Mr. Bennett:-

I hope I would not  
 trouble you, in asking you  
 if you thought, there,  
 would be any chance  
 of Mr. R. Gardiner getting  
 Furlough. as he is wounded

I am his Sister; & Mrs Gardiner  
is sick. so I am writing  
this to please her. as  
she should like him to  
come home on Furlough  
very much, if it should be possible.  
an early reply, or as soon  
as convenient; please.

in the Right am. & we  
only had a note from  
him since, he went ~~to the~~ <sup>to the</sup> ~~place~~  
& this should not give you  
so much trouble, I should  
like you, to give me, your  
idea, of same; & when  
they get Furlough; do  
they have to pay their  
own way, or is it a pass  
they get.

Yours will gratly  
Obliged

Yours truly  
A. M. Isaac.

P.S. address Mrs R. G. M. T.  
Gardiner

C.R. 1488

Ralph Nardini was attested for General Service  
with the NEWFOUNDLAND REGIMENT on ... April 24th 1915.  
Regimental No. 1488 was allotted to Pte R. NARDINI.

AUTHORITY:

Record Officer  
Dept. of Militia,  
March 25th, 1919.

... attested for General Service  
... attested for General Service



C.R. 1488

CASUALTIES:

O. C., 3rd LONDON GENERAL HOSPITAL,

Reports, 5th October 1916,

"No. 1488, Pte. Nardini, R., is discharged

"from Hospital with orders to proceed to

"58, Victoria Street, and there await further

"instructions as to his discharge from the

"Service."

Authority:-

A.F. W. 3201 from  
O.C., 3rd L.G.H.

C.R. 1488

Extract of Casualties received from Pay & Record Office,  
London, dated July 31, 1916.

(Extract from Army Form B 215 from G.C. 1st. Bnld. Reg.t  
dated. 11/7/16.)

#1488 Pte. R. Nardini;



Wounded in Action 1/7/16.



Extract of Casualty List received from P.&R.O.

July 17th. 1916.

From Officer Commanding 3rd London General Hospital.

To Officer i/c Records Newfoundland Contingent, 58, Victoria  
Street, S.W.

1487<sup>th</sup>, Pte S. Holding.      1st Nfld.

TO BROOKLANDS. 13/7/16.

in accordance with your Memo of the 30th June, I beg to inform  
You that the undermentioned man was transferred to the Convalescent  
Home named on the date specified.

**NEWFOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World**

N 25

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

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

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

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

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

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

**(NOT TRANSMITTED)**

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

Line Number	Rcd	By	Sent	by	Check

Dated 7 July, 1916.

To Mrs. Josephine Nardini, Main River, St. George's.

No

Regret to inform you 1488 Private Ralph Nardini reported  
Wandsworth Hospital wounded right arm, not serious.

J. R. Bennett,

COLONIAL SECRETARY.

**FOR TYPEWRITER**

1488

Extract of Casualties received from Pay & Record  
Office, London, dated July 6, 1916.

#1488 Pte. R. Nardini. ✓

Gunshot wound right arm.

Admitted 3rd London General Hospital, Wandsworth.  
July 6, 1916.

C.R.

1488

Copy of Cablegram to Governor St. John's Nfld.  
from P.&.R.O. 6/7/16.

1488, Nardini. ✓

At Wandsworth Gunshot Wound Right Arm.

C.R. 1488

Extract from Casualties Received from Pay & Record Office  
London, July 6th, 1916.

Adm. to 3rd London General Hospital July 5th.

1488 Pte. R. Nardini.

G.S.W.R.ARM

Extract from Nominal Roll Embarked St. John for Overseas  
per S.S. CALGARIAN" June 19, 1915."F"

1488 Pte. R. Nardini.



R. Gardini .

1488

P. V. R. B.







**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. 1488 Rank Private

Name (surname first) Nardini - Raphael

Regiment 1st Newfoundland

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

*Good knowledge of ordinary clerical work.*

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P.38. No. 4647  
DATED FEB 16 1917

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?

*Worked for Father St. Nardini, since leaving school a year ago.*

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

*Uncertain, owing to Right hand being of no use for writing.*

4. What is the name of your Approved Society?

*No.*

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

*No*

Date 2nd Oct 1916 Signature R Nardini

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.

Temporary



ARMY FORM B. 178.

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

# MEDICAL HISTORY of

Surname Nardini Christian Name Raphael

TABLE I.—GENERAL TABLE.

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

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

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

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

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

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

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

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

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

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

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

(a) Marks indicating congenital peculiarities or previous disease ... { \_\_\_\_\_  
\_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { \_\_\_\_\_  
\_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Medical Officer.

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

Corps.	Regt. No.
<i>pt. Newfoundland</i>	<i>1488</i>

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

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191

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







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

# MEDICAL HISTORY

OF

Surname NardiniChristian Name Raphael

Table 1.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	26	April 1915		191
	at	St. Johns	at	
Declared Age	19	years		days
Trade or Occupation	Clerk			
Height	5	feet $7\frac{1}{2}$ inches		
Weight		132 lbs.		
Chest Measurement	35	inches		
Range of expansion	4	inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated	never			
Vision	R. E.—V=	$\frac{6}{6}$	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)	<u>Fred W. Byrden</u>			
(Rank)	Lieut.			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. Johns	at	
	on	24 day of April 1915	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	<u>new 1st Regt</u>			
		1485		
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 the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
5th London General Hospital Wandsworth S.W.	5	7	16				G.W. At Ulms + median nerve		Spand held - see report Liability - G.W. At Ulms + median nerves causing his arm to be useless. Cause - G.W. in Active Service Total - Liability for earning a livelihood at present	W. A. Dingley Capt. R.C. 5th London General Hospital Wandsworth S.W.
3rd SCOTTISH GENERAL	2	NOV	1918	21	1	19	VIII-1 G.S.W. R. forearm.	73	evidence only of partial injury to ulnar nerve 24/11/16. Much improved as to movements of hand & fingers. requires massage & use of hand.	AA Edwards Capt.  A.H.C.

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

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	Day	Month	Year	Day	Month	Year				
5th Madras General Hospital Wandsworth S.W.	5	7	16				Ed. At illus + medial nerve		Board held - per. overleaf Disability - G.W. At illus + medial nerves causing his arm to be useless. Cause - G.W. in active service Total - Disability for earning a livelihood at present	Ap. A. Dingley Capt. R.M.C. 5th Madras General Hospital Wandsworth S.W.
3rd SCOTTISH GENERAL	2	NOV	1916	31	1	17	VIII-1 G.S.W. R. forearm.	73	evidence only of partial injury to ulnar nerve 24/12/16. Much improved as to movements of hand & fingers. Requires massage & use of hand.	AA Edwards Capt.  A.H.C.

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
May 25	First Inoculation 500 Million
June 7	Second " 1000 "
" 20 <sup>th</sup> /15	Vaccinated at sea <i>J</i>
Board held. Found. Board.	4.10.16. Permanently unfit Approved 4.10.16.
Certified True copy W.E.P.	E. H. Bagley, Capt. R.A.M.C. 3 <sup>rd</sup> 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 Johns Rifle					

Admitted 5.7.16 Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN  
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.1st Inf Contingent Regiment. OCT 17 1916

\*The Officer Commanding Inf Cont Asst  
 The Officer in Charge of Records 58 Victoria St. S.W.  
 The Regimental Paymaster 58 Victoria St. S.W.

With reference to No. 1488 Pte. Nardini P.  
 of the above Regiment, who appeared before a Medical Board and was approved by  
 the D.D.M.S., London Command, on the 4 10 16  
 for discharge from the Service as permanently unfit, please note that this man has  
 been sent to ~~the hospital~~ the hospital 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] 5<sup>th</sup> Oct 1916

Horace Fagan Capt. R.A.M.C.(T) Officer Commanding  
 Registrar, R.A.M.C.T. Hospital.  
3rd London General Hospital,  
WANDSWORTH, S. W.

Place Wandsworth  
 Date 5/10/16

In case of Territorial Force "Officer Commanding the Administrative Centre."  
 Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

**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 58 Victoria St. SW

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Hardini, Christian names Raphael  
(in full)

Regt. No. and Rank 1488 Pte. Regt. or Corps 10<sup>th</sup> Newfoundland  
(If T.F. this should be stated)

His address on discharge will be Hardini's Crossing  
Newfoundland  
NS

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

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

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

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

Date 4/10/16

Lukey Mackin Major  
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.





Medical Report on an Invalid.

*Certified True Copy*  
*[Signature]*

Station 3<sup>rd</sup> London General Hospital  
Wandsworth, S.W.  
Date September 18/16

- 1. Unit / Newfoundland
- 2. Regimental No. 1488
- 3. Rank Pte.
- 4. Name Nardini S.
- 5. Age last birthday 20
- 6. Enlisted { on April 27, 1915  
at St John's Newfoundland
- 7. Former Trade { Clerk  
or Occupation {

8. Disability.

G.L.W. Rt. Ulnar & Median nerves

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. 1.7.16
- 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. G.L.W. of right forearm with slight damage to ulna, and <sup>Leigon</sup> (severe) of ulnar nerve and slight of median nerve.

- 12. (a) Give your opinion as to the causation of the disability. Active 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). G.L.W.

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.

Patient had had ulnar & median nerves of the right arm injured, and the arm is useless

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

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

Yes  
Yes  
Yes

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

If so—(a) When?

(b) Where?

(c) Opinion?

///  
///

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

None

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

Sgt

L. B. Beckett

Capt. W. H. C. O.

Officer in 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.

Alfred Lawrence Gould

Officer in charge of Hospital

Date

1.10.16

Camp 302 London General Hospital

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

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

## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the 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  
G.S.W.

(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  
No  
Yes

22. Is the disability permanent?

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

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?

Total at Present

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$ , 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:—

3rd London General Hospital  
Station Wandsworth S.W.  
Date 4.10.11

Sidney Martin Major R.A.M.C. President.  
J. Wythezer Capt. R.A.M.C.  
A. J. DeLoraine Col. Members.

Approved  
3rd London General Hospital  
Station Wandsworth S.W.  
Date 4 October 1911

Sidney Martin Major R.A.M.C.  
Administrative Medical Officer.



(On leaving Corps or Station where invalided.)

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

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

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

(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			

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.

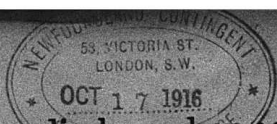
Army Form B. 179.  
**MEDICAL REPORT ON AN  
 INVALID.**

Station Regt  
 Corps 1st Hampshire  
 Regimental No. 488  
 Rank Wt  
 Name Wardner  
 Disability Left leg & wrist nerves  
 Date 4.10.16

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

The original Report is invariably to accompany the discharge documents of Invalid.  
 (Fr. 188779) Wk. 1886 475M 5-15 W B & L  
 Form B. 179  
 54

*Certificate in Copy*



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

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

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

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

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

**A Name in full** *Nardini Raphael*  
**Regiment from which discharged** *1st Newfoundland*  
**Regimental Number** *1488*  
**Intended address** *Nardini's Crossing Newfoundland*

**Height on discharge** *5* Feet *7* Inches  
**Colour of Hair on discharge** *light brown* **Colour of Eyes** *Grey*  
**Figure on discharge** *medium*  
**Christian name of Father** *Antonio*  
**Christian name of Mother** *Josephine*  
**Wife's Maiden name in full** \_\_\_\_\_  
**Date and Place of Marriage** \_\_\_\_\_  
**Christian names of Children** \_\_\_\_\_

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) *Raphael Nardini* (Rank) *Private*  
**Station** *Wandsworth* **Date** *3.10.16*

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

*3rd London General Hospital* *Robert Cap* Medical Officer i/c Hospital.  
**Station** *Wandsworth SW* **Date** *3.10.16*

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

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

**Medals**

**Other distinguishing marks**

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

**Station** \_\_\_\_\_ **Officer in Charge**  
**Date** \_\_\_\_\_ **Records.**



*Certified True Copy*



**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. 1488 Rank Private  
Name (surname first) Nardini - Raphael  
Regiment 1<sup>st</sup> Newfoundland

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

*Good knowledge of ordinary clerical work*

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?

*Worked for Father A. Nardini; since leaving school a year ago.*

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

*Uncertain, owing to right hand being of no use for writing.*

4. What is the name of your Approved Society?

*No.*

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

*No.*

Date 2 October 1916

*Sgt.*  
Signature R. Nardini

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.



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

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

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

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

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

**A** Name in full Nardini - Raphael  
 Regiment from which discharged 1<sup>st</sup> Newfoundland  
 Regimental Number 1488  
 Intended address Nardini's Crossing, Newfoundland

Height on discharge 5 Feet 7 Inches  
 Colour of Hair on discharge light brown Colour of Eyes grey  
 Figure on discharge medium  
 Christian name of Father Antonio  
 Christian name of Mother Josephine  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 P.F. 38, No. 1111/17  
 FEB 16 1917  
 DATED \_\_\_\_\_

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)

(Rank) Pte. Raphael Nardini  
 Date 3/10/16

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.

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

I. C. [Signature] Medical Officer i/c  
 Hospital.

Station \_\_\_\_\_ Date 3/10/16

	Regiment	Years	Days	Service Abroad with Stations	Years	Days
<b>B</b> Period of Service and in what Corps ...				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 \_\_\_\_\_ Date \_\_\_\_\_ Officer in Charge \_\_\_\_\_ Records.





*original-*

# Medical Report on an Invalid.

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

Date September 8<sup>th</sup> 1916

- 1. Unit 1<sup>st</sup> Newfoundland
- 2. Regimental No. 1488
- 3. Rank Pte.
- 4. Name Hardini - R.

- 5. Age last birthday 20
- 6. Enlisted { on April 27<sup>th</sup> 1915  
at St. Johns, Newfoundland.
- 7. Former Trade or Occupation { clerk.

### 8. Disability.

S.S.W X. R ulnar & median nerves.

### 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. 11/7/16
- 10. Place of origin of disability. France.

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
M.F.P.38. No. 1464/7  
DATED FEB 16 1917

- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. S.S.W of right forearm with slight damage to ulna, and lesion (severe) of ulnar nerve and slight of median nerve.

- 12. (a) Give your opinion as to the causation of the disability. Active 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 8). S.S.W

18. 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.

Patient has two ulnar and median nerves of the right arm injured, and the arm is useless.

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

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

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

If so—(a) When ?

(b) Where ?

(c) Opinion ?

16. Was an operation performed ? If so, *none* 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 *yes.*
- (b) ~~Change to England ?~~

*L. C. Colclough Capt R.A.M.C.*  
Officer in medical charge of case.

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

Station 3rd London General Hospital, WANDSWORTH, S.W. *Alfred James Gould*  
Date 1/10/16 *Officer in charge of Hospital.*

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

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



## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the 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, 1918).

(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*  
*S.S.W.*

(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?

*No*  
*No*

(b) Misconduct?

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

*—*  
*Yes*

22. Is the disability permanent?

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

*—*

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?

*Total at present*

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

*—*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*Yes*

(b) ~~Change to England?~~

Signatures:—

*Lucy Parker Major R.A.M.C.* President.  
*J. W. ... Capt R.A.M.C.*

Station 3rd London General Hospital,

Date 14 October 1916

WANDSWORTH, S.W.

*[Signature]*

Members.

Approved, 3rd London General Hospital,

Station WANDSWORTH, S.W.,

Date 21/11/16

*Lucy Parker Major R.A.M.C.*  
Administrative Medical Officer.

*(On leaving Corps or Station where invalided.)*

Transfer	Date _____ Station _____	Name of	Conveyance _____ Vessel _____	
or Embarkation	Date _____ Port _____	of	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			

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.**

*58 Victoria St*

Station	<i>Dep't</i>				
Corps	<i>1st Recd Formed Bn</i>				
Regimental No.	<i>114 58.</i>				
Rank	<i>Pte</i>				
Name	<i>Nardine R.</i>				
Disability	<i>G. S. N. x R. M. M. 9 Madon</i>				
Date	<i>4/10/16</i>				

Hospital or Station transferred to for final disposal { \_\_\_\_\_ }

Date of final disposal { \_\_\_\_\_ }

How finally disposed of { \_\_\_\_\_ }

The original Report is invariably to accompany the discharge documents of Invalids.

Wk. W339/2774 300M 9-15 M&CID.

Form B. 179. 34



2/1st NEWFOUNDLAND REGIMENT.

*Pte Nardini R.*

No. *1488* is unlikely to be fit for <sup>*further war*</sup> Service with the

~~Expeditionary Force for~~ ..... months, on account of

*G. S. W. O'Leary & Median*

*nerve*

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

*Total Incapacity*

*5. 2. 17*

AYR.

*W. A. M. O'Leary*

**Capt. R.A.M.C.**

M.O.,

I/C. 2/1st Newfoundland Regt.

Temp a/c.

CO. \_\_\_\_\_

NO. 1488 RANK Private NAME Raphael Gardini

ALLOTMENT 50

Date	P.i.As. etc.	Amount		PAY	Amount.	
	Dr. Balance			Credit Balance <u>11/3</u>	191	127 ✓
	Hospital.			Exchange "	191	
	" Advance <u>Collected</u>	0	0	PAY & NET RATE.		
		9	9	From <u>18/3</u> To <u>17/4</u> = <u>202</u> days.		24 18 0 ✓
	<u>A.B. 64</u>			<u>62</u> <u>17</u> \$ <u>121.20</u>		\$ 26 0 7 ✓
	<u>Recd.</u>	2	36	From _____ To _____ days.		8 17 6
		4	18 6	From _____ To _____ days.		\$ 17 3 1
	<u>P. &amp; R.O.</u>			From _____ To _____ days.		
	<u>Uniform.</u>		2 9	_____ = \$ _____		
			8 17 6	_____ = \$ _____		

Temp. a/c.

CO. \_\_\_\_\_

NO. \_\_\_\_\_ RANK \_\_\_\_\_ NAME \_\_\_\_\_

ALLOTMENT \_\_\_\_\_



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Raphael Mardini, Regl. No. 1488  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
50 Dollars and 50 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 :

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	Mother	M <sup>rs</sup> Antonia Mardini	Bay of George	50
2		Mardini Crossing		
1				
6				
<i>Company</i>				
<i>June 12<sup>th</sup></i>				
Total Allotment, \$				<u>50</u>

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

(Sig.) .....

Officer Commanding  
Company

(Sig.) Raphael Mardini

(Rank) Private

1915



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1488 Pte R. Gardiner

(Substituting A.F.O. 1325) N.F.P/Ka

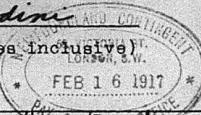
7 Company. From 20/1/17 To 16/2/17 (Dates inclusive)

Embarked per S.S. Scandinavian

From Liverpool Date 16/1/17

DR. Classification (See procedure) A

Draft No. 28 CR.



Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay						1	1	Pay	10	28	28	00	
	9	Allotments	50	28	14	00	2 17 7	2	2	Field Allowances	10	28	2	80	
	10							3	3	Other Allowances					
11/12		Total Stoppages						4/5	4/5	Total @ \$4.86 2/3	10	28	30	80	6 6 7
13		Fines						6	6						6 14 2
14		Clothing & Necessaries													
15		Arms & Accoutrements													
16		Barrack Damages					6								
17		Hospital Stoppages													
17a		Miscellaneous Stoppages <i>Laundry &amp; Boots</i>					1 8								
19		Casual Payments					2 11								
20		1st Payment <i>26 Jan 1917</i>					2 0 0								
21		2nd " <i>2 Feb 1917</i>					4 0 0								
22		3rd " <i>10 Feb 1917</i>					1 10 0								
23		Final "													
24		Balance Debit Last Period													
28		" Due by Paymaster							27	27	Balance Due to Paymaster				
							£ 13 0 9								£ 13 0 9

Race Course, Ayr

CERTIFIED CORRECT.

CHECKED  
15<sup>th</sup> Feb. 1917

15<sup>th</sup> Feb. 1917

C. B. Dicko  
O.C. "7" Company.

Mardine R.

1488

Pay Dept



STATEMENT OF ACCOUNT

No. 1488

Name Nandini R.

184/1

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Feb 28	Pay. 12 days @ 1%				
Mar 13	" " 13 " @ 1%			13 20	13 20
28	" " 15 " @ 1%			14 30	27 50
	Bonus			27 75	55 25
	Clothing			12 95	68 20
				25 00	93 20
Feb 6	Bal. due to P. M. L. 11-2				60 56
28	To Allotment		32 64		54 56
		1442	6 00		54 56
Mar 15	To		15 00		39 56
31	To Allotment 31 days @ 5%		15 50		24 06
29	To pay	152	24 06		
	War Service Gratuity 4 yrs @ 1%				
	Gr. allowance			280 00	280 00
Mon 1	Bonus To pay		12 95	10 00	290 00
Apr 1	" "	10988	70 00		277 05
May 1	" "	13897	70 00		207 05
14	" "	17973	70 00		137 05
June 1	" "	19855	10 00		67 05
		21665	57 05		57 05
			383 20	383 20	0

Signed A. S. Ramy *ASR*

7/1/1921











April 30, 1919

#1488 Pte. Raphael Nardini,  
Nardini Post Office,  
Main River,  
Bay St. George.

Dear Sir :-

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

Paymaster & i/c Records Captain,

10988

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.

- 1. Christian name... *Raphael*..... 2. Surname... *Nardini*.....
- 3. Rank... *Private*..... 4. Regt. No. *1488*.....
- 5. Address in full to which future payments of gratuity are to be forwarded... *Raphael Nardini... Nardini Post Office... Main River... Bay St. George... n/s*.....
- 6. Date of enlistment in the Regiment... *April 24th 1915*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no separation allowance was paid to any person*
- 8. Relationship of such dependents..... *not applicable*.....
- 9. Address in full of such dependents..... *not applicable*.....  
*as no such pay was made my af.*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *n/a*.....
- 11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....  
*not*.....
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *I joined Regiment (Royal Nfld) in April 24th 1915 and was discharged on March 19th 1917 being awarded*

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

*Only One Enlistment as stated*

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.

*Nothing received*

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

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.

*Nothing*  
*I served only in the Royal Air Regiment*

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 R.C.F.? *No*. If not give - (a) Date of discharge *March 28 1917* (b) Reason for discharge *Wounded*

*and pronounced unfit for Military Service*

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.

*Beaumont - Hamel (Wounded there)*  
*1st July 1916*

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.



Howley

Department of Militia

4865

St Johns

I am been informed There  
was ~~galt~~ money Due which  
I havent received any yet -  
will you kindly send me the forms  
to fill out which I will fill  
out and returned you by first  
mail and also the Postal  
discharge Pay and Money  
due me for cloth

Kindly O Hodge

Yours truly

14881 Pte Ralph A Sardinis

Sardinis being

Buy F George

April 29

1919



December 31st., 1918

#1488 Pte.R.Nardini,

Nardini's Crossing,

Bay St.George.

Dear Sir:-

Referring to your letter of December 20th., I beg to state that I have not yet been authorized to pay Sixty dollars (\$60.00) Clothing Allowance to men discharged previous to November 26th., 1918.

The matter is, I understand, under consideration at the present time, and if it should be allowed, I shall forward you cheque for the balance in due course.

Yours faithfully,

Captain,  
Paymaster & Officer i/c Records.

Nardini, Med  
Commanding Officer April 3<sup>rd</sup> 1917  
Med Regiment,  
St. Johns.

Dear sir

I hereby desire to  
make application for the  
"Imperial Silver War Badge"  
for which I see notice to  
men of all ranks in "The  
Trade Review."

Yours very truly,

No 1488

Private Raphael Nardini

Nardini's Crossing  
St. John's  
Newfoundland  
044 Records

7/11/11

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10<sup>00</sup>/<sub>100</sub>

May 14 19 19

Received from the First Newfoundland Regiment  
the sum of ten \_\_\_\_\_<sup>00</sup>/<sub>100</sub> Dollars.

~~on account~~  
balance of Pay. Clothing

Ch. No. 19855	Initials JEW
Pay Ledger 184	Initials JEW
Gen. Ledger	Initials

Regtl. No.

Rank

*[Handwritten signature]*

No. 1488. Rank PL

Name Nardin, R.

4977

Kardini

May 9/19

Capt. J. M. Howley  
D. N. Johns  
Dear Sir

Please let me know  
about money is due me  
for clothing, which is \$45.00  
as I was discharged in 1917

Obliged

Yours truly

W. R. Kardini  
Kardini

Typed





May 19, 1919

Pte. R. Nardini,  
Nardini's, Bay St. George.

I enclose herewith cheque for \$10.00, balance of  
Pay due you.

LM/  
Enc. 1

Capt.  
Paymaster.

No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1488 Pte. R. Nardini Voucher No. 29273.
Cheque No. 29273.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Reg'n No., Invoice No., Particulars, Amount. Entry: Mar. 29, 341, Balance due including bonus & Clothing, \$24 06.

CERTIFICATION

Dissect Sheet No. ....

Recap. Sheet No. 341.

Checked by .....

Signature of M. Bowley, PAYMASTER

RECEIPT

March 29th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty Four Dollars

and Six Cents in Payment as above stated.

March 1917.

\$ 24.06

[Sig.] R. Nardini





## Casualty Form—Active Service.

Regiment or Corps Newfoundland  
 Regimental No. CR. 1458 Rank Pte. Name R. Harduit  
 Enlisted (a) 27/4/15 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				
		<i>Discharged</i>	<i>Mansel</i>	<i>3.4.16</i>	
	<i>877 A</i>	<i>Admitted G.P.W. &amp; Am. front</i>	<i>C.C.S.</i>	<i>2.7.16</i>	<i>E.O. 11968</i>
	<i>2nd Lt Haon</i>	<i>Inv to England of "Asturias"</i>	<i>St. Asturias</i>	<i>3.7.16</i>	<i>W 3083</i>

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 N.E.P. 38, No. 1465/17  
 DATED FEB 16 1917

*all Clerk*

CAPTAIN.  
 FOR O.I.C. INFANTRY RECORDS  
 G. H. Q.; 3<sup>RD</sup> ECHELON.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 [522] W18871/604 400m 3/15-1 93 56

Forms  
 B. 121.  
 B.

Regiment of 1st Newfoundland

Number of Sheet 1

Signature of C. G. Company J. G. Bennett

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.3. No. .... DATED
No.	Age on	19 years 2 months	Trade	Religion	COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.3. No. .... DATED	
Joined	Date	Place and Date of Enlistment	Religion	Place of Birth		
Joined	Date	Period of	with Colours 20 years.	with Reserve 30 years.		
Joined	Date			Place of Birth		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
		Pfc		Medically Unfit	St Johns	28 $\frac{3}{17}$		
To be carried over								

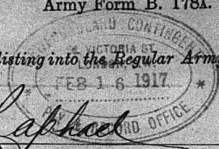
COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 N.F.P.3. No. ....  
 DATED FEB 17

Army Form B. 121.



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

*Original No. 100*



# MEDICAL HISTORY

Surname Nardini OF Christian Name Raphael

Table I. - GENERAL TABLE.

Birthplace: - Parish

County

	SPECIAL RESERVE.			REGULAR ARMY.		
	on	day of	191	on	day of	191
Examined .. .. .	at			at		
Declared age .. .. .		years	days		years	days
Trade or occupation .. .. .						
Height .. .. .		feet	inches		feet	inches
Weight .. .. .			lbs.			lbs.
Chest Measurement {		Girth when fully expanded ..				
		Range of expansion ..				
Physical development .. .. .						
Vaccination marks {		Right	Left	Right	Left	
When vaccinated .. .. .						
Vision .. .. .		R.E. - V. =		R.E. - V. =		
		L.E. - V. =		L.E. - V. =		
(a) Marks indicating congenital peculiarities or previous disease		(a)		(a)		
		(b)		(b)		
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)						
(Rank)			Medical Officer.		Medical Officer.	
Enlisted .. .. .	at			at		
	on	day of	191	on	day of	191
Joined on enlistment .. .. .		Corps	Regtl. No.	Corps	Regtl. No.	
		<i>4th Regt</i>	<i>1488</i>			
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 the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
1st London General Hospital Waudsworth, W.	27	7	16				A. W. of Ulcer & medial nerves		<p>Board held — see preceding</p> <p>Disability — A. W. of Ulcer, &amp; medial nerves, causing his arm to be useless.</p> <p>Cause — A. W. on active service</p> <p>Total — Inability for earning a livelihood at present.</p>	<p>Wm. Bingley Capt. R.A.M.C. 1st London General Hospital Waudsworth, W.</p>



**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
	<p>Board held 4.10.16            Found — Permanently Unfit            Board — Approved 4.10.16</p> <p>Sgt. Ed. Dingley Capt. R. H. C. J.            13<sup>th</sup> London General Hospital            Wandsworth Sur.</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



# NEWFOUNDLAND.

## CLAIM FOR PENSION

EUROPEAN WAR.

PENSION No 120

**NOTICE:**—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is Major Raphael  
Hardini and that I was  
a (rank) Sp 1st (1st. Nfld. Reg.) Newfoundland  
in or (R. N. R.) and  
and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address I am residing at (Street and number) Hardinis Xing  
Town of Main Hill  
and request my next pension cheque be sent to this address.  
R. Hardini SIGNATURE or mark of Pensioner.  
Witness R. J. McLeese

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this 7  
day of August 1917, and I believe him to be the person he represents himself to be.

To be signed by a Police, Magistrate or Notary Public or Justice of the Peace, or Clergyman.

R. J. McLeese Signature.  
Blank Rank or position.  
Hardinis Postal Address.

Add any Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

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

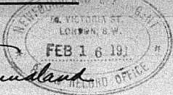
**INSTRUCTIONS.**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

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

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

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

**A Name in full** Nardini Raphael  
**Regiment from which discharged** Newfoundland  
**Regimental Number** 1488  
**Intended address** Nardini's Crossing Newfoundland



**Height on discharge** \_\_\_\_\_ Feet \_\_\_\_\_ Inches  
**Colour of Hair on discharge** Light Brown **Colour of Eyes** Grey  
**Figure on discharge** Medium  
**Christian name of Father** Antonio  
**Christian name of Mother** Josephine  
**Wife's Maiden name in full** \_\_\_\_\_  
**Date and Place of Marriage** \_\_\_\_\_  
**Christian names of Children** \_\_\_\_\_

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)** Raphael Nardini  
**Station** Woodswoth Sd. **(Rank)** Sd. **Date** 3.10.16

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** 3rd London General Hospital **Medical Officer i/c Hospital.** Woodswoth Sd. **Date** 3.10.16

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** **Medals**  
**Wounds, and Actions in which received**

**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.**

2/1st NEWFOUNDLAND REGIMENT.

*Alc Nardini R. full War*  
No. *1488* is unlikely to be fit for ~~Service with the~~

~~Expeditionary Force~~ for ..... months, on account of

*G-S.W Rt Ulnar &  
Median nerves.*

I recommend that he be posted to the Depôt at St. John's,  
Newfoundland.

*total incapacity*  
*W. A. ...*  
..... M.O.,  
Capt. R. A. ....  
I/C. 2/1st Newfoundland Regt.

5. 2. 17

AYB.



*Certified true copy*

**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. 1488

Rank Pte

Name (surname first)

Nardini Raphael

Regiment

1<sup>st</sup> Newfoundland



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

*Good knowledge of ordinary clerical work*

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?

*Worked for Father. A. Nardini, since leaving school a year ago*

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

*Uncertain, owing to light hand being of no use for writing*

4. What is the name of your Approved Society?

*No*

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

*No*

Date

2.10.16

Signature

*Sgd R. Nardini*

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.

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

Station ST. JOHN'S NFLD. Date MARCH 14TH., 1917  
 No. 1488 Age 20 Height 5ft. 7"  
 Rank PRIVATE Complexion  
 Name NARDINI, RAPHAEL Eyes GREY Hair L. BROWN  
 Unit 1ST NFLD.) REGT.  
 Address NARDINI'S CROSSING Former Trade CLERK  
 Enlisted at ST. JOHN'S NFLD. on APRIL 27TH., 1915  
 Disease or disability G.S.W. X R. ULNAR AND MEDIAR NERVES

Present condition

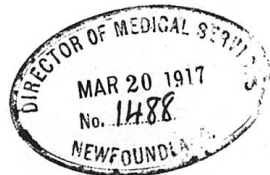
*G.S.W. right forearm. 2 years of G.S.W.  
 & 3 by operation. Forearm blue in appearance.  
 Can move wrist fairly well. Muscles of hand & thumb  
 much wasted. Cannot grasp with any strength &  
 cannot work*

Estimated disability

*40%*

Recommendation of Medical Board

*Discharge*



Class

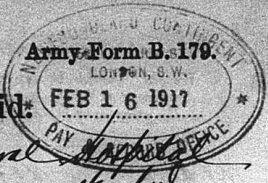
Members of Board

*W. A. ...  
 ...  
 ...*

Approving Medical Officer.

*... Peterson  
 Chas. Macpherson, Major.*

*Copied True Copy*  
*[Signature]*



**Medical Report on an Invalid:**

*1<sup>st</sup> London Regiment*  
Station *Wandsworth S.W.*  
Date *8<sup>th</sup> September 1916*

1. Unit *1<sup>st</sup> Newfoundland*  
2. Regimental No. *1488*  
3. Rank *Pte*  
4. Name *Nardini L*

5. Age last birthday *20*  
6. Enlisted { on *April 27 1915*  
              { at *St John's Hotel*  
7. Former Trade or Occupation { *Clerk*

**8. Disability.**

*G.S.W. L. Ulnar & Median nerves*

**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.

*1.7.16*

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.

*G.S.W. of Right Forearm  
with slight damage to ulnar, & lesion (severe)  
of ulnar nerve & slight of median nerve.*

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

*Active 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).

*G.S.W.*



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.

Patient has his ulnar & medial nerves of the right arm injured and the arm is useless.

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

} Yes

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

None

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

Sigs L. C. Celeste Capt. R.A.M.C. Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except at London General Hospital

Station

Wandsworth S.W.

Alpha Kerce Gould

Officer in charge of Hospital

Date

1.10.16

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

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

London General Hospital

**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*  
*E.L.W.*

(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?

*Yes*

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

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?

*Total at present*

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

*3rd London General Hospital*

*Sidney Martin Maj. Ad. M.C.* President.  
*F. Wethered, Capt. Ad. M.C.*  
*C. J. Howard, C.I.* Members.

Station *Wandsworth H.Q.*

Date *4.10.16*

*3rd London General Hospital*  
Approved.

Station *Wandsworth H.Q.*

Date *4 October 1916*

*Sidney Martin Maj. Ad. M.C.*  
Administrative Medical Officer.



(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
Station \_\_\_\_\_  
or  
Embarkation { Date \_\_\_\_\_  
Port \_\_\_\_\_

Conveyance \_\_\_\_\_  
Name of 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 Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	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

Corps *1st New Brunswick*

Regimental No. *1488*

Rank

Name *Wardine, R.*

Disability *Blind of War - medical removal*

Date

*4.10.16*

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

231 (8879) W. 1886 4704 E-15 W. B. & L.

*Certified True copy. W. Burden Capt. R.A.M.C.*

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

**MEDICAL HISTORY of**

Surname *Nardini* Christian Name *Raphael*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish *Newfoundland* County \_\_\_\_\_

Examined... (on *26* day of *April* 191*5*  
at *St Johns*

Declared Age ... *19* years ... days.

Trade or occupation ... *Clerk*

Height ... *5* feet *7 1/2* inches.

Weight ... *152* lbs.

Chest Measurement { Girth when fully Expanded *35* inches.  
Range of Expansion *4* inches.

Physical Development ...

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

When Vaccinated ... *never*

Vision ... { R.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) *Fred W. Burden*  
(Rank) *Lieut* Medical Officer.

Enlisted ... at *St Johns*  
on *24<sup>th</sup>* day of *April* 191*5*.

Joined on Enlistment ...	Corps. <u><i>Newfld Rqr</i></u>	Regt. No. <u><i>1488</i></u>
Transferred to ...		

Became non-effective by  
on \_\_\_\_\_ day of \_\_\_\_\_ 191  .

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





List in the case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Board held - see overleaf.

Disability - G.S.W. Rt. Ulnar & median  
nerves causing his arm to  
be useless.

Sgt. E.H. Bingley  
Capt R.A.M.C.

Cause G.S.W. on Active Service.

St. London Gen. Hosp.

Detail. Inability for earning a livelihood  
at present.

(Woodswood St.)

Evidence only of partial injury to ulnar  
nerve.

W.H. Edwards Capt

27.12.16 Much improved as to movement  
of hand & fingers require massage &  
use of hand.

A.W.G.



