



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1831 Name Richard Louis Powell Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Richard Louis Powell
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years 2 Months
5. What is your Trade or Calling? 5. Farmer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. 25 days in 1st Nfld. Regt.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } II. Yes

I, Richard Louis Powell do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Richard Louis Powell SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 19th day of Feb 1915.

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

19th Feb 1915

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Richard Louis Newell
 Apparent age 20 years 2 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks None.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Newell
Warrenton, Ore. | Relationship Son

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged St. John's, Mar. 8, 1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1851 Name Richard Louis Newell Corps Trick

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Richard Louis Newell
2. What is your full Address? 2. Bransford Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 2 Months
5. What is your Trade or Calling? 5. Farmer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. 288 days in 12th Regt
8. Are you willing to be vaccinated or re-vaccinated? 8. No
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Richard Louis Newell do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

19. 10. 17 Richard Louis Newell SIGNATURE OF RECRUIT.
Robert Cook Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
on this 19 day of Oct 1917

Signature of Attesting Officer W. H. Jones

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 19th Oct 1917 } Approving Officer.
Place St. John's

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink as follows, viz:—(Name) Richard Louis Newell re-enlisted in the (Regiment) 12th Regt on the (Date) 19th Oct 1917

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Richard Louis Newell

Apparent age 20 years 2 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 35 inches
Range of expansion 4 inches

Distinctive marks None.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Newell
Barrens C. Bay. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1821 Name Richard Lewis Jewell Corps 1st Field Reg.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Richard Lewis Jewell</u> |
| 2. What is your full Address? | 2. <u>Barnard Conception Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>18</u> Years <u>1</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. <u>Yes</u> { Name <u>—</u>
Corps <u>—</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Richard Lewis Jewell do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

R L Jewell SIGNATURE OF RECRUIT.
10th of Sept 1915 Kevin Keegan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St Johns on this 10th day of Sept 1915 Kevin Keegan Signature of the Attesting Officer.

† Certificate of Approving Officer.

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

Date _____ 191 _____
Place _____ } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

1821.

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

Name Richard Lewis Sewell

Apparent age 18 years months. Height 5 feet 4 3/4 inches.

Chest measurement { Girth when fully expanded 34 1/2 inches.
 Range of expansion 1 inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John of Nathaniel Sewell,
Barnwell Conception Bay | Relationship Father

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged</u>	<u>At Home</u>			<u>24/6/16</u>					
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1321 Name Richard Lewis Powell Corps 1st Field Reg.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Richard Lewis Powell</u> |
| 2. What is your full Address? | 2. <u>St. John's, Newfoundland</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>27</u> Years..... Months. |
| 5. What is your Trade or Calling? | 5. <u>None</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Richard Lewis Powell do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

10th of Sept 1915 Richard Lewis Powell SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's on this _____ day of _____ 191____
Signature of the Attesting Officer. Richard Lewis Powell

† Certificate of Approving Officer.

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

Date _____ 191____
Place _____ } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name Richard Lewis Newell

Apparent age 18 years 0 months. Height 5 feet 4³/₄ inches.

Chest measurement { Girth when fully expanded 34¹/₂ inches.
 Range of expansion ✓ inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John of Pathman Newell.
Normal Reception Bay. | Relationship Father.

Particulars as to Marriage.

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

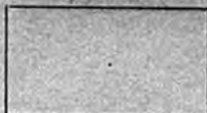
(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>10-9-15</u>									
Joined at <u>St John's</u> on <u>September 10/15</u>									
<u>Embarked</u>		<u>St John's Train</u>		<u>to Quebec 27th 15.</u>					<u>Admitted Porter</u>
<u>Camp Hospital</u>		<u>Tonsillitis</u>	<u>18th 15.</u>	<u>Discharged from hospital</u>			<u>12th 16</u>		
<u>Appointed</u>		<u>Lance Corporal</u>	<u>13th 15</u>	<u>To Respon. & sent for discharge</u>			<u>9th 16</u>		
				<u>attached to 1st Regt the June 16.</u>					
<u>Reattached for Special Duty</u>			<u>19th 17</u>	<u>Discharged medically unfit</u>					<u>24-6-16</u>
<u>Struck off strength</u>		<u>Strength 8</u>	<u>18th 17</u>						
Total Service forfeited as above									
Total Service towards Engagement to <u>24-6-16</u> (date of discharge)									
" " " Pension " " " (") " " " "									



Proceedings on Discharge.

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

No. 1821 Army Rank Private

Name Richard Louis Newell
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps The Royal Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge March 8th 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>18</u> years <u>2</u> months	Descriptive marks.
Height <u>5</u> feet <u>4 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fair</u>	
Eyes <u>blue</u>	
Hair <u>light brown</u>	
Trade <u>farmer</u>	
Intended place of residence <u>Barenueed, C.S.</u>	
(To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

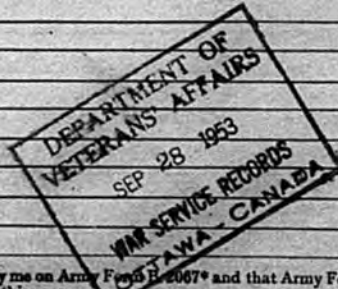
2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.



Certified that the above is an accurate copy of the character given by me on Army Form B. 268* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 268 has been issued to*

COPY

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

MEDICAL HISTORY

OF

Christian Name

Surname

Newell

Richard

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined ...	10	Sept.	1910	1911
at	St. John's		at	
Declared age ...	18	years		days
Trade or occupation ...	Farmer			
Height ...	5	feet	4 3/4	inches
Weight ...			114	lbs.
Chest Measure-ment {	Girth when fully expanded		34 1/2	inches
	Range of expansion		4	inches
Physical development ...	Right	Left	Right	Left
Vaccination marks {	Arm ...			
	Number			
When vaccinated ...				
Vision ...	R.E. - V =	6/6	R.E. - V =	
	L.E. - V =	4/6	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>W. Lamont Peterson</u>			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted ...	at	St. John's	at	
	on	15 th day of Sept	on	day of 1911
Joined on enlistment ...	Corps		Corps	
	Regtl. No.	1 st Med. Regt. 1821	Regtl. No.	
Transferred to ...				
Became non-effective by ...	on	day of	on	day of
		1911		1911
(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 cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Quarters Camp Hosp	18	12	15	12	1	16	Tonsillitis	26	Salicylate + Dose glyc. Carbolic Transferred to Boyside Auxil. Hospital	John Forest Mayin G.M.O.

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

MEDICAL HISTORY

OF

Surname Newell Christian Name Richard

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10</u> day of <u>Sept</u> 191 <u>5</u>	on day of 191	on day of 191	
	at <u>St John's Nfld</u>	at		
Declared Age.....	<u>18</u> years	days	years	days
Trade or Occupation.....	<u>Farmer</u>			
Height	<u>5</u> feet	<u>4 3/4</u> inches	feet	inches
Weight		<u>114</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	<u>44 1/2</u> inches		inches
	Range of expansion..	<u>4</u> inches		inches
Physical Development.....				
Vaccination Marks {	Arm			
	Number.....			
When Vaccinated				
Vision	R.E.—V==	<u>4/6</u>	R.E.—V==	
	L.E.—V==	<u>6/6</u>	L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Capt</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>	at		
	on <u>10</u> day of <u>Sept</u> 191 <u>6</u>	on day of 191		
Joined on Enlistment ...	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Nfld Regt</u>	<u>1821</u>		
Transferred to.....				
Became non-effective by.....				
	on day of 191	on day of 191		
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in 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				
<i>Charles Camp Hosp.</i>	<i>18</i>	<i>12</i>	<i>15</i>	<i>12</i>	<i>1</i>	<i>16</i>	<i>Loneulitis</i>	<i>26</i>	<i>Saligear + W. W. J. C. Babalici Transferred to Pergide Auxil. Hospital</i>	<i>Wm. H. M. M. M. O</i>

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

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 Johns 92 Lfd</i>					



Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station *St. John's, Nfld.*
Date *Jan. 17th., 1917.*

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>18</i> |
| 2. Regimental No. <i>1871</i> | 6. Enlisted on <i>10th Sept., 1915</i> |
| 3. Rank. <i>Pte</i> | at <i>St. John's</i> |
| 4. Name. <i>Herrell Rich</i> | 7. Former trade or occupation <i>Farmer</i> |
| 8. Disability | |

Tonsillitis

9. History

10. What is his present condition?

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

11. Was $\frac{\text{sanatorium}}{\text{operation}}$ advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board.

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

13. For pension purposes, the disability x *may* be considered as ~~aggravated by:~~
due to
- (a) Service during this war.
 - (b) Climate
 - (c) ~~Ordinary Military Service~~

Remarks if any: *Had typhoid followed by rheumatism. Breakfast
diphtheria. Discharged from hospital in May 1916. Came home
in June. Weakness of heart due to leaky valve*

14. At present his capacity for earning a full livelihood in the general labour market is lessened by:--
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:--

1/4 for six months

15. The refusal of operation
sanatorium is:--

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:--

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

Remarks if any:--

Signatures. *R. S. Fraser* President
J. Paterson
W. A. Fair

Place *St. John's*
Date *Jan 17th 1917*

APPROVED

Station

Date



Clay Macpherson
Administrative Medical Officer. *Major*

NEWFOUNDLAND.

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

Station ST. JOHN'S NFLD. Date JULY 17th., 1917.
 No. 1821 Age 18 Height 5'4½"
 Rank PRIVATE Complexion FAIR
 Name NEWELL? RICHARD Eyes BLUE Hair L. BROWN
 Unit 1ST NEWFOUNDLAND
 Address BARENEED Former Trade FARMER
 Enlisted at ST. JOHN'S NFLD. on SEPT. 10th., 1915

Disease or disability TONSILITIS

Present condition *Still has pains in shoulders, arms,
and back of legs - Heart murmur still there - Pulse
weak and difficult to count - so to the minute
temperature 99° - on the whole has improved
generally since last board*

Estimated disability $\frac{1}{4}$ for 3 months

Recommendation of Medical Board



Class

Members of Board

*L. Paterson mgn
J. D. ...
J. M. ...*

Approving Medical Officer.

*Clay Macpherson,
Major*

NEWFOUNDLAND.

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

Station **ST. JOHN'S NFLD.** Date **OCTOBER 13th., 1917.**
 No. **1821** Age **18** Height **5'4½"**
 Rank **PRIVATE** Complexion **FAIR**
 Name **NEWELL RICHARD** Eyes **BLUE** Hair **LIGHT BROWN**
 Unit **1st NEWFOUNDLAND**
 Address **BARENEED** Former Trade **FARMER**
 Enlisted at **ST. JOHN'S NFLD.** on **SEPTEMBER 10th., 1915.**

Disease or disability **TONSILITIS**

Present condition *pulse 80, good volume temp normal
 organs healthy. no pain. Weight minus coat & vest 129lb.
 General condition good & heart unremarkable.*

Has he been employed and by whom? *no*

Average Weekly Earnings.

Estimated disability

20%

Recommendation of Medical Board

*This man is anxious
 to reenlist. The Board would
 place him therefore in Category A III
 with a recommendation that his heart
 be examined periodically during
 hardening. C.M.*

Class

Members of Board

*H. J. Grant
 J. P. Paterson
 J. Paterson*

Approving Medical Officer.

*Clay Macpherson
 Major*

FOURTH BOARD

REPORT OF THE MEDICAL BOARD.

STATION St. John's, Nfld. DATE February 22nd., 1918
 NO. 1821 AGE 21 HEIGHT 5'4½"
 RANK Private COMPLEXION Fair
 NAME Newell, Richard EYES Blue HAIR Light Brown
 UNIT 1st. Newfoundland
 ADDRESS Barenced FORMER TRADE Farmer
 ENLISTED AT St. John's, Nfld. ON Sept. 10th., 1915
 DISEASE OR DISABILITY HEART TROUBLE

PRESENT CONDITION *Marked irregularity of heart more noticeable after exertion, weak unable to do any work*

HAS HE BEEN EMPLOYED AND BY WHOM?

AVERAGE WEEKLY EARNINGS

ESTIMATED DISABILITY *60% six months*

RECOMMENDATION OF MEDICAL BOARD *Discharge as permanently unfit*

MEMBERS OF BOARD *H. G. Head
 J. P. ...
 L. P. ...*

APPROVING MEDICAL OFFICER



*Cumy Macpherson,
 Major.*

FIFTH BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station **St. John's, Nfld.** Date *Sept-28th* August 10th, 1918
 No. and Rank **1821 - Pte.** Age **21** Height **5'4½"**
 Name **NEWELL RICHARD** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Blue** Hair **Light Brown**
 Address **Bareneed, C. B.**
 Former Trade **Farmer**
 Enlisted at **St. John's** On **10/9/15** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **HEART TROUBLE**

Subsequent

Present Condition (Compare with previous Board)

Shla no hot much weakened by exertion. Nervous still present

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

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

Recommendation of Medical Board

Members of Board

Cluny Macpherson
 Major
 D. M. S. NEWFOUNDLAND.

H. J. Han
John Duncan
James Tait

Approving Medical Officer.



S I X T H B O A R D

Form Z179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld. Date MARCH 21st., 1919
 No. and Rank 1821 - PRIVATE Age 22 Height 5'4½"
 Name NEWELL RICHARD Complexion FAIR
 Unit Royal Newfoundland Eyes BLUE Hair LIGHT BROWN
 Address BARENEED C. B.
 Former Trade FARMER
 Enlisted at ST. JOHN'S On 10/9/15 (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original HEART TROUBLE

Subsequent

Present Condition (Compare with previous Board)

ulse 112
Gonosed appearance. Short of breath
gets giddy when lifts arms above head,
Murmur still present. Continued cough.

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

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

Recommendation of Medical Board

Members of Board

Cluny Macpherson
major

H. A. ...
James ...
Major

Approving Medical Officer.



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 58

Regtl. No. 1821 Rank Pte. Name Richard Newell

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board March 21st 1919

Pensionable disability 60% for Six months

Pension granted: \$3000 per month for Six months

or Gratuity granted:

1 payable in _____ equal monthly insta.

Granted to:

Name Richard Newell

Address Barnes C.B.

OK
Sum

Date case disposed of MAR 26 1919

Approved by:

Members of Board

P. J. Smith Chairman

J. C. [unclear]

W. C. [unclear]

for

Remarks:

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date APRIL 9TH., 1920.AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 1821Rank PRIVATEName RICHARD NEWELLADDRESS: "WIRELESS OPERATOR" S/S BALEINE,
c/o LEONARD FISHERIES,
PORT HAWKESBURY, N.S.,
CANADA.

Unit

DESCRIPTION OF PENSIONER:

Apparent Age 19Height 5'4 1/2"Colour of Eyes BLUEComplexion FAIR

Colour of Hair

LIGHT BROWN

Weight

Marks of Identification:

JANUARY 17TH?, 1917:

HAD TONSILITIS FOLLOWED BY RHEUMATISM. THREE WEEKS LATER DIPHTHERIA. DISCHARGED FROM HOSPITAL IN MAY 1916. CAME HOME IN JUNE. WEAKNESS OF HEART DUE TO LEAKY VALVE.

JULY 17TH., 1917.

STILL HAS PAIN IN SHOULDERS, ARMS AND BACK OF LEGS. HEART MURMUR STILL THERE. PULSE WEAK AND DIFFICULT TO COUNT - 80 TO THE MINUTE - TEMPERATURE 99. ON THE WHOLE HAS IMPROVED GENERALLY SINCE LAST BOARD.

OCTOBER 13TH., 1917:

PULSE 80. GOOD VOLUME. TEMPERATURE NORMAL. TONSILS HEALTHY. NO PAIN. WEIGHT MINUS COAT AND VEST 129 LBS. GENERAL CONDITION GOOD AND HEART MURMUR SLIGHT.

FEBRUARY 22ND., 1918:

MARKED IRREGULARITY OF HEART, MORE NOTICEABLE AFTER EXERTION. WEAK AND UNABLE TO DO ANY WORK.

AUGUST 10TH., 1918:

PULSE 100. NOT MUCH QUECKENED BY EXERTION. MURMUR STILL PRESENT.

MARCH 21ST., 1919:

PULSE 112. CYANOSSED APPEARANCE. SHORT OF BREATH. GETS GIDDY WHEN HE LIFTS ARMS ABOVE HEAD. MURMUR STILL PRESENT. CONTINUAL COUGH.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND
FORM FOR HISTORY AND MEDICAL EXAMINATIONS OF PENSIONERS

NAME OF EXAMINEE: _____
RESIDENCE: _____
DATE OF EXAMINATION: _____

ADDRESS: _____
CITY: _____
PROFESSION: _____
MARRIED: _____
SINGLE: _____
MILITARY SERVICE: _____

REASON FOR APPLICATION: _____
DATE OF APPLICATION: _____

PHYSICAL EXAMINATION: _____
MENTAL EXAMINATION: _____
MEDICAL HISTORY: _____

OPINION OF PHYSICIAN: _____
RECOMMENDATION: _____

DATE OF REPORT: _____
SIGNATURE OF PHYSICIAN: _____

NAME OF PENSIONER: _____
DATE OF PENSION: _____

REMARKS: _____
DATE OF ENTRY: _____

Disability for which pension has been awarded: _____

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? **Yes.**
- (2) Give a definite detailed description of the present condition.

SPECIALIST'S REPORT HEREWITH 22-5-20.

Complaints:- Ache over heart, breathlessness, pains all over body.

Apex Beat:- 5th Space.

Area of Cardiac dullness - left border $3\frac{1}{2}$ from mid-sternal line
right border not defined.

Murmurs:- Systolic murmur at apex (insignificant)

Thrills:- None.

Pulse - Rhythm regular Characters.

Test exercises recumbent 72. Standing 84
after 1 minute exercise 132. 2 mins. later 84

Blood Pressure:- Systolic 134 MMHG.
Diastolic 82 MMHG.

Physical Signs not noted above:- None.

Diagnosis:- No evidence of organic heart disease.

Prognosis:- Effort syndrome is not present.

Disability:- No cardiac disability.

Remarks:-

(Sgd.) K.A. MacKenzie,

Special Questions:-

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:-
(If there are no complaints, it will be so stated.)

Signature

of Witness

Pensioner's signature.....

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)
None

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)
N.A.

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?
Disappeared.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish? N.A.

6 Are the disabilities permanent? N.A.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? N.A.

(b) Should he continue to do so? N.A.

(c) If so, is any alteration in the form of the present appliance recommended? N.A.

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? NO.

(b) Nature of treatment advised? N.A.

(c) Is pensioner willing to accept treatment advised? N.A.

(d) If not, is his refusal reasonable? N.A.

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)
.....

The foregoing report submitted by Pensioner's signature
Signature: (Sgd.) R. J. Rankine, M.D., Medical Examiner.

Place... Halifax, N.S.

Date... May 22nd, 1920.

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)



12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)

Place.....

Date.....

Handwritten signature: Wil - Hood

Head of District Office,
(or Medical Practitioner.)

THE BOARD OF PENSIONERS FOR NEWFOUNDLAND.

Pension No. 58

Regt. No. 1821 Rank Pte. Name Richard Newell

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board May 22, 1920.

Pensionable disability Nil for months

Pension Granted: Nil per month for months

Total Authorized amount \$

or Gratuity Granted: Payable in equal monthly instalments.

Granted to:-

Name

Address

Date case disposed of

Approved by:

Members of Board

Chairman

[Signature]

[Handwritten signature]

LBS
G.C.

Remarks:

[Blank lines for remarks]

[Handwritten initials]

RECEIVED
BOARD

PENSION NO. 58.

REGIMENTAL NO. 1821.

ENLISTED ST JOHN'S.

NAME. RICHARD NEWELL.

AGE 18.

OCCUPATION FARMER.

DISABILITY:-

TONSILLITIS FOLLOWED BY RHEUMATISM THREE WEEKS
LATER DIPHTHERIA. DISCHARGED FROM HOSPITAL
MAY 1918. CAME HOME IN JUNE. WEAKNESS OF
HEART DUE TO LEAKY VALVE.

2ND BOARD.

JULY 1917.

STILL PAIN IN SHOULDER ARMS AND BACK & LEGS.
HEART MURMUR STILL THERE. PULSE WEAK AND
DIFFICULT TO COUNT. 80 TO THE MINUTE.
TEMPERATURE 99. ON THE WHOLE HAS IMPROVED
GRADUALLY SINCE LAST BOARD.

1-4% FOR THREE MONTHS.

3RD BOARD.

PULSE 80. TEMPERATURE NORMAL. TONSILS
HEALTHY. NO PAIN. WEIGHT WITH COAT AND
VEST 129 POUNDS. GENERAL CONDITION GOOD.
HEART MURMUR SLIGHT.

20%

4TH BOARD.

MARKED IRREGULARITY HEART. MOR NOTICEABLE
AFTER EXERTION. WEAK AND UNABLE TO WORK.
60% SIX MONTHS.
FEBRUARY 1918.

5TH BOARD.

PULSE 100. NOT MUCH QUICKENED BY EXERTION
MURMUR STILL PRESENT.
60% SIX MONTHS.

6TH BOARD.

PULSE 112. CYANOSIS APPEARANCE. SHORT
OF BREATH GETS GIDDY ON LIFTING ARMS ABOVE HEAD
MURMUR PRESENT. CONTINUAL COUGH.
60% SIX MONTHS.

PENSION NO. 58.

REGIMENTAL NO. 1821.

ENLISTED ST JOHN'S.

NAME. RICHARD NEWELL.

AGE 18.

OCCUPATION FARMER.

DISABILITY:-

TONSILLITES FOLLOWED BY RHEUMATISM THREE WEEKS
LATER DIPHTHERIA. DISCHARGED FROM HOSPITAL
MAY 1910. CAME HOME IN JUNE. WEAKNESS OF
HEART DUE TO LEAKY VALVE.

2ND BOARD.

JULY 1917.

STILL PAIN IN SHOULDER ARMS AND BACK & LEGS.
HEART MURMUR STILL THERE. PULSE WEAK AND
DIFFICULT TO COUNT. 80 TO THE MINUTE.
TEMPERATURE 99. ON THE WHOLE HAS IMPROVED
GRADUALLY SINCE LAST BOARD.

1-4% FOR THREE MONTHS.

3RD BOARD.

PULSE 80. TEMPERATURE NORMAL. TONSILS
HEALTHY. NO PAIN. WEIGHT WITH COAT AND
VEST 129 POUNDS. GENERAL CONDITION GOOD.
HEART MURMUR SLIGHT.

20%

4TH BOARD.

MARKED IRREGULARITY HEART. MOR NOTICEABLE
AFTER EXERTION. WEAK AND UNABLE TO WORK.

60% SIX MONTHS.

FEBRUARY 1918.

5TH BOARD.

PULSE 100. NOT MUCH QUICKENED BY EXERTION
MURMUR STILL PRESENT.

60% SIX MONTHS.

6TH BOARD.

PULSE 112. CYANOSIS APPEARANCE. SHORT
OF BREATH GETS GIDDY ON LIFTING ARMS ABOVE HEAD
MURMUR PRESENT. CONTINUAL COUGH.

60% SIX MONTHS.



ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

February 23rd. 1918.

From Officer Commanding,
Depot.

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

1821 L/CPL. R. Newell.

Above mentioned man has been recommended for discharge as permanently unfit by Medical Board held on February 22nd. 1918. This soldier was re-attested on November 1st. 1917 for General Service having been previously discharged and was issued with Discharge Badge Number 100, which he turned in on his re-enlistment. I enclose same herewith.

Newell is bearer of this letter and is sent to you for your attention and necessary action, please. His account has been squared up to and including February 23rd. 1918. He has an allotment current of Fifty cents per day.

Discharged.
8-3/18

W. J. West
Adjutant
Depot, First Newfoundland Regiment,
St. John's, Nfld.

Reg. No. 1871 Rank Plt Name Hewell R. L.
 Attested 19-10-17 Address Barnes C. Bay.
 Allotment 504 Allotee Mrs. John Hewell Mother
 Date of Allotment 1-11-17 Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

Oct 19	Plt. Attested
	H.A. 27-11-17 to 1-12-17 R. Et. 1-12-17
	Promoted Lance Corp. Dec. 13 1917.
	Granted leave. 2.2.18 - 4.2.18
19.2.18	App. Trav. Exp. Rec for Dis. at Standing Med (No) Miller.
28.2.18	Rec. Dis. P. Inf. et.
23.2.18	Sent top certificates for disposal.
5.3.18	Discharged.

2/121

March 8th. 1918.

The O. C.

Royal Newfoundland Regiment.

Headquarters.

Sir,-

The undermentioned man have been discharged
on the dates given.

Kindly note an post in Daily Orders,
Part 11.

I have the honour to be,

Sir

Your obedient Servant,

Signed. J. E. Howley,

Capt. & Paymaster &

Officer i/c Records.

JEH/JH.

No. 384 L/Cpl. Cleary, W.R.

Mar. 8th. 1918 Med. Unfit.

→ No. 1821 L/Cpl. Newell, R.L.

Mar. 8th. 1918. Med Unfit.

No. 239 Pte. Clarke, S.

Mar. 8th. 1918 Med. Unfit.

No. 704 Pte. O'Neil, J.J.

Mar. 8th. 1918 Med. Unfit.

No. 3246 Pte. Candow, J.

Mar. 8th. 1918. Med. Unfit.

No. 3395 Pte. Woods, T.

Mar. 8th. 1918. Med. Unfit.

February. 21st.

6.

From G. C.
Depot.

To H. K. S.
Dept. of Militia.

1658 Pte. C. J. O'Keefe.
704 Pte. J. O'Reil.
259 Pte. B. Clark.
1112 / Cpl. J. Knight.
1621 Pte. R. Sewell.

Merely noted men have been before Headquarters Travelling Board and have been recommended for the attention of the Standing Medical Board.

I send under separate cover documents concerning them and have instructed them to appear before Board on Friday the 22nd. at 6. P. M.

February 23rd.

8.

From Officer Commanding,
Depot.

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

1821 L/CPL. R. Newell.

Above mentioned man has been recommended for discharge as permanently unfit by Medical Board held on February 22nd. 1918. This soldier was re-attested on November 1st. 1917 for General Service having been previously discharged and was issued with Discharge Badge Number 100, which he turned in on his re-enlistment. I enclose same herewith.

Newell is bearer of this letter and is sent to you for your attention and necessary action, please. His account has been squared up to and including February 23rd. 1918. He has an allotment current of Fifty cents per day.

LINEN BOND

Deputy Paymaster.

For information.

W. G. Davidson

Governor.

15 May, 1916.

No. 218.

Code Telegram from Capt. Timewell.

(recd. 13 May 1916)

1821 Newell being sent home for discharge by
earliest opportunity.

LINEN BOND

November 11th,

6

1821

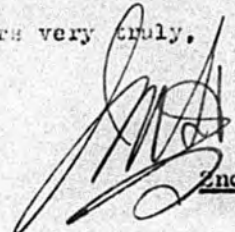
Mrs. Susie Newell,

Barewood, C.B.

Dear Madam,-

Referring to your letter of October 30th, I beg to state that I will take the matter up with the Pensions and Claims Board at its next meeting on Wednesday night. I might state that this Board is only just inaugurated, and hopes to get down to a working basis within a week or so.

Yours very truly,



2nd Lt. & Deputy Paymaster.

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

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

- Christian name *Richard Lewis*. 2. Surname *Hewell*.....
3. Rank *Lt. Col.*..... 4. Regt. No. *18. 21*.....
5. Address in full to which future payments of gratuity are to be forwarded *Barreeds, Conception Bay*.....
6. Date of enlistment in the Regiment *12/9/15 - (see 13)*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*.....
8. Relationship of such dependents *No*.....
9. Address in full of such dependent *No*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
11. Were you on active service only in Mfld. If so, give dates, and particulars of such service *Served 8 months in Scotland*.....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas *One year and sixty eight days*.....

Mb

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....
 Enlisted 1.5.1915 under Regt. No. 1821, Discharged June 24th 1916, Re-listed October 19th 1917, Discharged March 8th 1918.....

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. *Eighty seven dollars and fourteen cents R.O. 1918*.....
Pay & Record Office.....

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..... *No*.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*.....

(b). If so, was such reversion in consequence of misconduct or inefficiency?..... *No*.....

19. Are you now serving in the Regt.?..... *No*..... If not give:- (a) Date of discharge. *March 8th 1918*..... (b) Reason for discharge.....
Physical Inability.....

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.....
No.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?.....
 (b). If (a), 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: *Richard Louis Newell.*

Place of Residence: *Barre, Vermont*

Declared before me at: *St. Albans*

This *22nd* day of *March* 19*49*

[Signature] Barrister at Law

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>2 hrs.</i>	<i>140.00</i>
.....
.....
Certified Correct.			Prvraster.	

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(6-6) W5017/2124 1000m 6/15s 93 58Forms
B. 121.
32.Number of Sheet 163Regiment of 1st Newfoundland

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay -
No.	<u>R.L. Sewell</u>	Age on	<u>18 years 1 months</u>	<u>Farmer</u>	
Joined	Date	Place and Date of Enlistment	<u>W. B. S.</u> <u>Sept 10. 1916</u>	Religion	
Joined	Date	Period of	<u>28 days</u>	Place of Birth	
Joined	Date		<u>with Reserve</u>	<u>Barneed C.B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order depending with trial	By whom awarded	REMARKS
				<u>Medically Unfit 24⁶/₁₆</u>					
				<u>Reattached for Special duty 19¹⁰/₁₇</u> <u>Struck off Strength 8³/₁₈</u>					<u>141 days.</u>

To be carried over

135-5R.12

B. P. C. No.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Board of Pension Commissioners for Newfoundland

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—



Date..... July 1934.....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per

Regimental No. 1821

Rank Pte;

Name Richard NEWELL.

814 Melrose Avenue.
Verdan, Que.

RD

Unit ROYAL NEWFOUNDLAND REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 35 yrs. Height 5ft 4½" Color of Eyes Blue.

Complexion Fair. Colour of Hair Light Brown. Weight

Marks of Identification:

SERVICE DISABILITY:

HEART TROUBLE.

Suffers from rheumatism especially in the winter time.

Can hardly go out of doors in the winter time. Pains all over but especially round the shoulder blades and back of neck. No swelling.

Had tonsils removed in 1920, have had no swollen glands since.

Am always cold.

Always tired.

Sometimes worse when I get up in the morning than when I go to bed. When I am very tired I cannot sleep at all.

Sgd. R.L. Newell.

COPY.

Disability for which pension has been awarded:—

MEDICAL REPORT

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
Yes.
- (2) Give a definite detailed description of the present condition.

Weight 142. healthy looking man, good color.

Normal station and gait: M-M, good color.

Teeth in good condition. Throat negative. Glands negative.

Lungs: normal.

Mulse is regular in r & v. Artery soft. B.P. 130.80.

Pulse rate 70.

Apical impulse is palpable in 5th space inside the nipple line. Cardiac dulness is within normal limits.

Heart sounds are normal.

Tongue normal:

Abdomen shows long right paracentesis scar of operation done in 1928, for "indigestion". Appendix was removed and colon raised.

Pupils are equal regular and react to l & a. Reflexes are normal.

Joints are all normal in appearance and movements.

No grating. Can bend over and touch floor easily.

After T.T.T. P.90, and there is irregularity, a beat missed every seven.

This irregularity disappears in 90 secs. and pulse rate is 70: No dyspnoea.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

Signature
of Witness A.E. Thompson.M.D.

Pensioner's Signature

3. (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Myocarditis.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

Increased 10%

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?.....

No.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5. Will disabilities materially increase or diminish? May increase.

6. Are the disabilities permanent?

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

No.

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort? No.

(b) Nature of treatment advised?

(c) Is pensioner willing to accept treatment advised?.....

(d) If not, is his refusal reasonable?.....

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

The foregoing report submitted by:

Pensioner's signature

Signature A.S. Thompson

Medical Examiner.

Place Montreal, Que.

Date August 22, 1934

A.S. Thompson, M.D.

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife?.....

10. (a) Has a child been born to pensioner since last medical re-examination?.....

(b) If so, is he receiving the additional allowance for a child?.....

11. If pensioner was married, has his wife died since last medical re-examination?.....
(State date of death.)

12. Have any of pensioner's children died since last medical re-examination?.....
(State date of death and names of children who have died.)

Place

Date

Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.



ST. JOHN'S,
NEWFOUNDLAND.

IN REPLY REFER TO
N^o. _____

MARCH 12TH., 1935.

RE: 1821, RICHARD NEWELL:

The present examination report defines
a slight myosarthritis which the
board considers is due to his war
service.

SPECIAL
MEDICAL
COMMITTEE.

W. S. Kane
Clay Macpherson

L. Parsons
J. Gordon
M. C. C.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.**The Department Of War Pensions For Newfoundland**

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date

The Secretary, Dept. of War
Pensions for Newfoundland.

Per

Regimental No.

Rank

Name

Unit

DESCRIPTION OF PENSIONER:

Apparent Age

Height

Colour of Eyes

Complexion

Colour of Hair

Weight

Marks of Identification:



Disability for which pension has been awarded:—

MEDICAL REPORT

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated)

Signature
of Witness

Pensioner's Signature

3. (a) **PENSIONABLE DISABILITY**—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) **NON-PENSIONABLE DISABILITY**—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5. Will disabilities materially increase or diminish?

6. Are the disabilities permanent?

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised?

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

The foregoing report submitted by:

Pensioner's Signature

Signature

Medical Examiner.

Place

Date

Members
(of a Board)

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. (a) Has pensioner married since last medical examination?

(b) If so, is he receiving the additional allowance for a wife?

10. (a) Has a child been born to pensioner since last medical re-examination?

If so, is he receiving the additional allowance for a child?

11. If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

12. Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died)

Place

Date

Head of District Office,
(or Medical Practitioner)

FOR OFFICE USE ONLY

Pension No. 58

Regt. No. 1821 Rank Pte: Name RICHARD NEWELL.

Disability 5% per cent. Period Twelve months

Pension for self \$ 3.75 per month

Allowance for wife \$ 1.75 per month

ALLOWANCE FOR CHILDREN

First Child \$.75 per month

Second Child \$.75 per month

Third and Other Children \$ Each \$

TOTAL MONTHLY PENSION \$ 6.50 For 12 Months

Total Authorized Amount \$ From To

PENSION GRANTED TO

Approved by *[Signature]* Chairman

[Signature] Commissioner.

[Signature] Commissioner.

SPECIAL MEDICAL COMMITTEE:
MARCH 12th., 1935:

The present Report of Examination defines a Slight
Myocarditis which this Board considers is due to War
Service.

SGD: J. ST. P. KNIGHT., (Chairman & Medical Adviser)
N. S. FRASER,
L. PATERSON.
CLUNY MACPHERSON.
J. B. O'REILLY.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.**The Department of War Pensions for Newfoundland**

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—

Date JULY 26, 1935.The Secretary, Dept. of War
Pensions for Newfoundland.**AS SOON AS POSSIBLE, and
IN DUPLICATE, PLEASE:**Per B:T:

Regimental No. 1821

Rank

Pte: 690

Name RICHARD NEWELL.

Address: 814, Melrose Avenue,
St. John's, P.Q.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 36 Yrs.

Height

5'4 1/2" (5'6 3/4")

Colour of Eyes Blue.

Complexion Fair.

Colour of Hair

Lt. Brown.

Weight 148 1/2 lbs.Marks of Identification: nil

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

HEART TROUBLE
MYOCARDITIS

Disability for which pension has been awarded:—

Heart trouble - my arthritis

The Department of War Pensions for Newfoundland
MEDICAL REPORT(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes.*

(2) Give a definite detailed description of the present condition

man's plain, of shortness of breath on cool
 being fast, slim, thin, mild on stairs, occasional
 with under the heart, feels chilled even in
 the hot weather, catches cold easily.
 Examination - looks his age. Face full. Colour good.
 Teeth in good condition. Man is well formed, well
 developed & well maintained & of healthy appearance.
 Pulse: 64, small, ~~irregular~~ arteries small & soft
 B.P. 126-68. Heart: regular impulse not visible or palpable,
 dulness $\frac{1}{2}$ inch in pleura. Sounds at apex a little forced
 ple. Sounds at base normal. No murmurs. No thrills.
 Ten t.t. no material increase in pulse rate, no dyspnoea.
 Chest: resonant, fair expansion, B.S. harsh, few dry rales.

Special Questions:—

Abdomen: shows long operation scar on the right, other
 faints & back normal. Nervous system normal.

Referred to heart specialist

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated)

Signature
of Witness*T. P. [Signature]*

Pensioner's Signature

Richard L. Newell

3. (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

lung scurvy?

- (b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

nil

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

no disability found

- (b) If increased or undiminished is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

N.A.

5. Will disabilities materially increase or diminish? *N.A.*

6. Are the disabilities permanent? *N.A.*

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *N.A.*

- (b) Should he continue to do so? *N.A.*

- (c) If so, is any alteration in the form of the present appliance recommended? *N.A.*

- (d) If any appliance is necessary? *N.A.*

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort? *N.A.*

- (b) Nature of treatment advised? *N.A.*

- (c) Is pensioner willing to accept treatment advised? *N.A.*

- (d) If not, is his refusal reasonable? *N.A.*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

N.A.

The foregoing report submitted by:

Pensioner's Signature

Signature

J. St. P. Knight, M.D.
Medical Examiner.

Place

Date

Quartermaster
27-8-35

Members
(of a Board)

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

10. Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died)

Place

Date

Head of District Office,
(or Medical Practitioner)

Approved - NIL:

J. ST. P. KNIGHT, Med., Adv.,

FOR OFFICE USE ONLY

Pension No. 58

Regt. No. 1821 Rank Pte. Name Louis Frederick Newell

Disability Wife per cent. Period _____ months

Pension for self \$ _____ per month

Allowance for wife \$ _____ per month

ALLOWANCE FOR CHILDREN

First Child \$ _____ per month

Second Child \$ _____ per month

Third and Other Children \$ _____ Each \$ _____

TOTAL MONTHLY PENSION \$ _____ For _____ Months

Total Authorized Amount \$ _____ From 12-3-36

To _____

PENSION GRANTED TO L. F. Newell

Approved by _____ Chairman.

[Signature] Commissioner.

[Signature] Commissioner.

[Signature]

[Signature]

Members
(of Board)

Head of District Office
(or Medical Director)

Approved

DATE

4th 1st. ROYAL NEWFOUNDLAND REGIMENT.
REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON
SOLDIER ON REGIMENTAL STRENGTH.

Depot. Headquarters. 1st. Newfoundland Regiment.

Regimental No. 1871

Name. *Newell R. L.*

Address. *Franklin Ave.*

Disease or Disability. *Shot Trouble -*

Finding of last standing, Medical Board Held on191*8* *Newell returned from overseas & discharged by Standing Med. Bd. July 1917. He was taken on again for active service. 17 Oct. 1917. Had*

Present Condition. *He has been being kept out of H.Q. since he seems as though on further recuperation of his condition. He will not be regular here.*

Recommendation. *Med. Board for discharge.*

Category.

Members of Board.	{	<i>Geo L. Cartwright</i>O.C. Depot
	{	<i>J. Patterson</i>D.D.M.S.
	{	<i>W. Berden</i>M.O. Depot.

Depot,

Headquarters, Royal Newfoundland Regiment.....*Feb 19*.....191*8*

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 58

Regt. No. 1871 Rank Pte. Name Richard Newell

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board SEP 28 1918

Pensionable disability 60% for 6 months

Pension granted:

\$ 24 per month for 6 months

or Gratuity granted:

\$ _____ payable in _____ equal monthly instalments

Granted to:

Name Richard L. Newell

Address Barnes
CB

Date case disposed of 10.10.18

Approved by:

Members of Board

McClay Pro. Chair
Wm Pasow

Remarks:

OK
CASH



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 *Richard Lewis Newell* ^{Louis (Sgt.)}

Regiment from which discharged *1st. Newfoundland*

Regimental number *1821*

Intended address *Bore head.*

Height on discharge *5* Feet *4 1/2*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Susan*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *Bore head. Camp. B. Jan. 1900*

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) *Richard Louis Newell* (Rank) *Pte*

Station *St Johns* Date *Jan 16th 1917*

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

Geo. Borden Lewis

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

Station *St. Johns N.Y.* Date *Jan. 16/17*



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

February 10th., 1919.

From:- D. M. S.
To:- B. P. C.

1821, Pte. R. Newell,
Bareneed, C. B.

The marginally noted man should report to
Dr. T. C. McLeod, Bay Roberts, for re-examination,
on whatever date the doctor notifies him to
appear.

Cluny Macpherson

Major, D. M. S.

Feb'y. 13/19

R. Newell, Esq.,
Barnesed, C. B.

Dear Sir:-

Kindly report to Dr. T. C. McLeod, Bay Roberts,
for re-examination, on whatever date he notifies
you to appear.

Yours faithfully

Asst. Secy.
Board of Pension Commissioners
for Newfoundland.

CCO/LBD.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. I HEREBY DECLARE that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Louis Frederik (alias Richard) Newell
 Rank Private Regtl. No. 1821 Rate of pension 30.00 per month

II. I Further Declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
<u>Florence Beatrice Gardner</u>	<u>19th July 1906</u>	<u>690 Mulrose Ave Verden</u>	<u>4th August 1925</u> ✓ <small>(If unmarried this should be stated.)</small>

III. I Further Declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
<u>Helen Joyce Newell</u>	<u>4th June 1926</u>	<u>With her parents</u>
<u>Edna Florence Newell</u>	<u>7 January 1929</u>	<u>With her parents</u>

IV. Pensioner's Signature L. F. (Richard) Newell
(The signature must be inserted in the presence of the person who signs the Certificate below.)
 Pensioner's Address 690 Mulrose Ave Verden P. 2

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 16th

day of May 1935

and that I believe the Declarant to be the person named herein.

Signature Roselle S. Mackay
H. P.

Qualification

Address 4948 Verden Ave Verden

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.) P. 2

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

- I. I HEREBY DECLARE that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner L. F. (alias Richard) Newell

Rank Pte Regtl. No. 1821 Rate of pension Thirty dollars per month

- II. I Further Declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
<u>Florence Beatrice Gardner</u>	<u>July 19th 1906</u>	<u>690 Melrose Ave Verdun P.Q. Canada</u>	<u>Aug 4th 1925</u> (If unmarried this should be stated)

- III. I Further Declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
<u>Helen Joyce</u>	<u>(June 4th) 1926</u>	<u>with Father & Mother</u>
<u>Edna Florence</u>	<u>(January 7th) 1929</u>	<u>✓ ✓ ✓</u>

- IV. Pensioner's Signature L. F. (alias Richard) Newell

(The signature must be inserted in the presence of the person who signs the Certificate below)

Pensioner's Address 690 Melrose Ave Verdun P.Q.

CERTIFICATE

- V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 9th —

day of September 1935
and that I believe the Declarant to be the person named herein.

Signature Rodolphe E. MacKay N.P.

Qualification Notary Public

Address 454 8 Verdun Ave Verdun

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

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

MEDICAL HISTORY

Surname Hewitt OF Christian Name Richard Louis

Table I.—GENERAL TABLE.

Birthplace:—Parish Barnack P. Bay. County Nfld.

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	on	day of
Examined	19	Oct.	1917	191
	at	St. Johns.	at	
Declared Age	20	years	2	days
Trade or Occupation	Seaman			
Height	5	feet	7	inches
Weight			120	lbs.
Chest Measurement	Girth when fully expanded	35	inches	inches
		4	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	4/6	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>Samuel Paterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	19	day of	Oct.
		1917	on	day of
		191		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1st Nfld.	Regt.	1821	
Became non-effective by				
	on	day of	191	on
	[Signature]		day of	191
	[Rank]			

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
	<i>Previously vaccinated & inoculated</i>

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

REG'T No. 1821

RANK Private

H.Q. No.

SOLDIER'S NAME Newell Richard L.

DATE PENSION COMMENCES 1/7/19

PENSIONER'S NAME Newell Richard L.

WIFE'S NAME

CHILDREN'S NAMES

BLOCK No.

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$360.00	6	\$30.00	8/9/19	\$68.00	\$68.00	B.P.C.
\$ Nil		Nil	<i>30.00 m. Bonds</i>			

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DEB.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE	
					SERIES	No.				MONTHLY PAYMENT
	JUL	1 JUL				5.85	30.00	30.00 s	68.00 -	38.00 Cr
30.00	AUG	1 AUG				20.52	30.00	60.00 s	68.00 -	8.00 Cr
60.00	SEP	1 SEP				35.73	8.00	68.00 s	68.00 -	.00 Cr
	OCT	1 OCT				57.71	52.00	52.00 *		
	NOV	1 NOV				67.22	30.00	30.00 *		
	DEC	1 DEC				82.62	30.00	30.00 *		
	JAN	1 JAN				100.89	30.00	30.00 *		
	FEB	1 FEB				115.49	30.00	30.00 *		
	MAR	1 MAR				130.66	30.00	30.00 *		

Pr. S.F.
Jewell. Richard

Pr. @ \$30.00 Jan 1-1-20 to 31-3-20
107 volumes

90 00
9 00

90 00
9 00

Dispatching
Office
Stamp



Arrival
Office
Stamp

Dispatch

No. 59

From My Mother

Registered Letter Addressed--

4/4/18 R. L. Howell

Barrenroad

C. B.

Received by A. M.

March 9th.1917

Mr Richard L.Newell,
Barenced,C.B.

Dear Sir:-

I enclose cheque for \$3.80, to cover cost of transportation and board while attending conference in St.John's re-education.

Kindly return the attached voucher duly receipted.

Yours truly,

Secretary

June 22nd.1917

Messrs Angel Engineering & Supply Co.
City.

Gentlemen:-

Please deliver to R.L.Hewell, one learner's telegraphy set,
and charge to this Board.

This order will replace the informal one given by Mr.H.E.
Cowan a few days ago.

Yours truly,

Secretary.

St. John's, N. F.

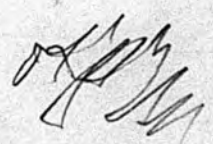
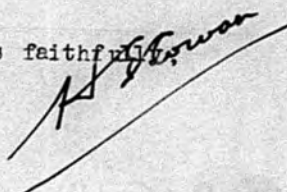
June 19th, /17.

Lieut. J. M. Howley,
Sec. Pension & Disability Board,
City.

Dear Sir:-

I have to-day given Mr. R. L. Newell an informal order on the Angel Engineering Co., for a learner's telegraphy set, price of which is \$3.50, and have informed the Company that you will supply a regular order for this. Would you be good enough to send one down to them.

Yours faithfully,



CARTER'S VEILINUM BO
St. John's, N. F.

Oct. 1st, /17.

Lieut. J. M. Howley,
Secretary Pensions Board.

Dear Sir:-

I expect to finish my course of lessons in telegraphy under Mr. Collins within the next two weeks.

Mr. Collins suggests that if I would continue for another three months it would perfect me in Marconi work as well, and I wish to know if the Pension and Disability Board would be prepared to continue to pay my board for that three months as they have done whilst I have been studying telegraphy.

Assuring you of my appreciation of what has been done, and hoping you will grant my request, I am,

Yours faithfully,

Richard L. Newell,

The Marconi Wireless Telegraph Company of Canada, Limited

Newfoundland Division

Furnishing Wireless Service to the entire
Canadian & Newfoundland Mercantile Marine
Largest and Best Equipped Wireless
Manufacturing Plant in Canada
Ship Sets Installed and Operated.

TRANSATLANTIC SERVICE
All Classes of Traffic at Attractive Rates.

SHIP SERVICE
Unrivalled Facilities for
Reaching Ships at Sea.

Board of Trade Bldg.,
St. John's, Nfld.,

March 13th. 18.

Lieut. J. M. Howley,

Secretary Pensions and Disabilities Board,

C I T Y .

Dear Sir:-

An unusual pressure of correspondence has delayed my reply to yours of March 7th. Regarding ex. Pte. R. L. Newell I might say that he completed his course in Morse (LAND/LINE) Telegraphy some time last summer, at that time he was able to receive and transmit between 18 and 20 words per minute, all he then require^d was a couple of months practical experience in a telegraph office, I advised him to take up Railroading and to apply to the Reid Nfld. Co. for a position, but apparently he was again called to the Colors. Owing to Newell not having any practice for the past couple of months I doubt if he is now able to receive 18 words per minute.

I understand that Newell wants to take up Wireless work, if so, I could arrange to send him to our training school at Cape Ray, provided, of course, you are willing to pay his travelling expenses to the school and his living expenses while learning.

Yours faithfully,
THE MARCONI WIRELESS TELEGRAPH COMPANY,
OF CANADA, LIMITED

J. J. Tolson
Supt. Nfld. Div.

March, 7th. 1918.

J. J. Collins Esq.,

Dear Sir,-

R. L. Newell formerly of the 1st. Newfoundland Regiment who was studying telegraphy with you last Spring is desirous of returning to his studies now that he has been found unfit for Forestry work.

I have been directed to ask if you will give me a report as to his progress whilst under your care, and to state if you think it advisable for him to continue.

Yours faithfully,

Secretary.

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay
and allowances (including clothing allowances) and
all just demands up to the present date.

Date 13.3.18. Sig. of Witness J. G. Newell

Place Barnes Sig. of Soldier Lt. R. L. Newell.

The Marconi Wireless Telegraph Company of Canada, Limited

Newfoundland Division

TRANSATLANTIC SERVICE
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SHIP SERVICE
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Largest and Best Equipped Wireless
Manufacturing Plant in Canada
Ship Sets Installed and Operated.

Board of Trade Bldg.,
St. John's, Nfld.

October 26th. 17.

H. E. Cowan, Esq.,

C I T Y .

Dear Sir:-

Replying to your favor of Oct. 25th. I beg to advise you that Messrs. Newell and Short completed their course of land-line Telegraphy, about two weeks ago, they could then transmit and receive about 15 words per minute, which compares favorably with the average student turned out by any School of Telegraphy. All Newell and Short require now is about one month or six weeks practical experience in some telegraph office, then they will be qualified to take charge of some outpost office. I have informed the Postmaster General what Mr. Short is capable of doing and I understand that Mr. Robinson has given Short permission to practice in the Postal Telegraph Office at Hermitage.

Replying to the second paragraph of your letter, I might say that as far as I can ascertain Newell has re-enlisted in the Regiment, and at the present time is doing duty at the Armory.

At the present time the only pupil I have is Pte. M. Evans, who as you are aware is learning Wireless. Evans is making satisfactory progress, but it will take him another two months

The Marconi Wireless Telegraph Company of Canada, Limited

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SHIP SERVICE
Unrivalled Facilities for
Reaching Ships at Sea.

**Board of Trade Bldg.,
St. John's, Nfld.,**


Sheet #2

to complete the course. I am giving Evans on an average of 6 hours practice per week, and at the present time he can transmit and receive about 12 words per minute, but he has to be able to copy at the rate of 20 words per minute, before I can pass him as qualified.

Trusting that this will give you all the information you require.

I am, Yours faithfully,

THE MARCONI WIRELESS TELEGRAPH COMPANY,
OF CANADA, LIMITED.


Supt. Nfld. Div.

October 12th. 1917.

Richard L. Newell, Esq.,
c/o Marconi Wireless Station,
City.

Dear Sir:-

I am in receipt of your letter of October 1st.
and have taken your request up with the Pensions & Dis-
abilities Board.

The matter is being considered, and you will be
advised of the result in due course.

Yours faithfully,

Secretary.

58

July 22, 1935.

The Canadian Legion of the
British Empire Service League,
Ottawa, Ontario.

Dear Sir:

Re: Richard Newell, 690 Melrose Ave., Verdun, Que.

I beg to acknowledge with thanks receipt of
your letter of July 11th. with reference to the case
of the above noted.

Yours faithfully,

J. A. McGrath,
Clerk, Dept. of War Pensions.

SM/

HIS MAJESTY THE KING
Patron-in-Chief of the British Empire Service League

Grand Patron:
HIS EXCELLENCY THE EARL OF BERSBROUGH, GOVERNOR GENERAL OF CANADA

Grand President:
LT.-GENERAL SIR PERCY LAKE, G.C.B., G.C.M.G.

Dominion Honorary Presidents:
LT.-COLONEL JAMES McARA, V.D. LT.-COLONEL L. R. LAFLECHE, D.A.O.

Dominion First Vice-President:
COLONEL W. W. FOSTER, D.A.O., V.D., A.B.C.

Dominion Chairman:
A. E. MOORE, M.C.

Dominion Honorary Treasurer:
MAJOR M. F. GREGG, V.C., M.C.

Dominion President:
BRIG. GENERAL ALEX ROSS, G.C., C.M.G., D.A.O., V.D.

Immediate Past Dominion President:
MAJOR J. S. ROPER, G.C., M.C.

Dominion Second Vice-President:
LT.-COLONEL GEORGE A. DREW, G.C., V.D., A.B.C.

Dominion Vice-Chairman:
E. W. CORNELL, M.C.

General Secretary:
J. R. BOWLER, M.C.



The Canadian Legion of the British Empire Service League



DOMINION HEADQUARTERS SERVICE BUREAU
OTTAWA, CANADA

P. O. BOX 344
PHONE QUEEN 926
Cable Address: CANLEG

July 11th, 1935.

Mr. J. A. McGrath,
Clerk,
Department of War Pensions,
St. John's, Newfoundland.

ack.

Re: Richard Newell, 690 Melrose Ave., Verdun, Que.

Dear Mr. McGrath,-

Referring to correspondence regarding this case, I am now in receipt of a report from our Provincial Secretary which reads as follows:

" I had Branch #4 get in touch with the above-mentioned man and he came in to see me. He was able to produce documents to prove that he is the man referred to in your letter. He states that he enlisted under the name of Richard Lewis Newell because, as his brother had enlisted, he did not want his mother to know that he had also joined up.

His name is Louis Frederick Newell. His mother is alive and living at 713 Godin Ave., Verdun and she can verify if necessary. "

I trust this information is sufficient for your requirements. However, if anything further is desired, we shall be glad to be of service.

Yours very truly,

J. C. Kerwig
J. C. Kerwig,
Service Bureau.

H/ME

"They served till death! Why not we?"

1-1821

May 29th., 1935.

The Secretary,
The Canadian Legion of
The British Empire Service League,
Ottawa, Ont.

Re:- 1821, Richard Newell,
690, Melrose Avenue,
Verdun, P.Q.

Dear Sir:-

We wish to confirm the identification of the marginally named man.

He appears on our books as Richard Lewis Newell, and has always signed himself as 'Richard'. A recent 'Life Certificate' completed by him, however, gives his signature as 'L.F. (Richard) Newell' the 'Richard' being bracketted as transcribed, and his name on his Marriage Certificate and on the Birth Certificates of his children, also submitted at this time, is given as Louis Frederick.

It would be appreciated if you would kindly investigate this matter for us, please. Our records shew him to be 5'7" - blue eyes - light-brown hair - age about 36 years; occupation - Wireless Operator.

Thanking you,

Yours very truly,

J.A. MCGRATH,
Clerk,
Dept., War Pensions.



The Canadian Legion ^{OF THE} British Empire Service League



DOMINION HEADQUARTERS SERVICE BUREAU
OTTAWA, CANADA

P. O. BOX 384
PHONE QUEEN 926

June 15, 1935.

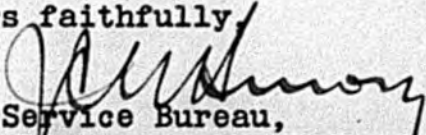
Re Richard Newell.

Dear Sir:

Your communication of May 29, 1935., with enclosure, is acknowledged. The matter is receiving our attention.

Yours faithfully,

J.A. McGrath, Esq.,
Clerk, Dept. of War Pension,
St. Johns, Newfoundland.


Service Bureau,
Canadian Legion of the B.E.S.L.

May 4, 1935.

Mr. Richard Newell,
814 Melrose Ave.,
Verdun, Quebec.

Dear Sir:

You are kindly requested to have the enclosed Pink Form completed and returned to this office. You are also requested to forward a copy of your Marriage Certificate, if married, and the Birth Certificates of any children, so that we may be in a position to adjust your Pension.

These Certificates are required for record purposes only and will be returned to you as soon as possible.

Yours very truly,

J. A. McGrath,
Clerk, Dept. of War Pensions.

SM/
Encl.

July 8, 1920.

Dear Sir:-

I beg to advise you that the Medical Board that re-examined you has reported as to your condition and has rated you as having no disability.

In view of this report you do not come within the class of those for whom Pensions or Gratuities are granted.

Yours faithfully,



Asst. Secy.

Mr. Richard L. Newell,
"Wireless Operator" S/S Baine,
" c/o Leohard Fisheries,
Port Hawkesbury, N.S.,
Canada.



DEPARTMENT OF MILITIA

ST. JOHN'S Sept. 25th. 1919.
NEWFOUNDLAND

Pen. No. 58

To:- B. P. C.

1821, Pte. R³ L. Newell.

The following telegram has been received from the marginally noted man, under date of September 24th.:

"At Marconi Station Smokey-Tickle cannot report before November."

A. M. B.

25/9/19

*Continued pensioner
Will be returned
P. J. M.*





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

58

March 24th., 1919.

From:- D. M. S.
To:- B. P. C.

1821, Pte. Newell, R.

Wh*

Papers for the re-boarding of the marginally noted man were sent to Dr. T. C. McLeod, Bay Roberts, February 10th., 1919.

As Dr. McLeod did not notify him to report for board he came to town and was boarded here on March 21st.

Will you therefore kindly supply him with a Pass to his home.

Cluny Macpherson

Major, D. M. S.

AMB.

L. R. Newell

1821

R. R. D.



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

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

Examination of Richard L. Newell
aged 2 yrs conducted at CL
Date: _____ Recruiting Officer: _____

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no <u>no</u>
10	n
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	66 both.
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	yes; 2 yrs ago 1 scar
34	17
35	125
36	31-35
37	\$110 per day
38	John Barneed C Bay
39	nobody

~~187~~
187

Ji

Signature of Medical Examiner: JW Burden

ORIGINAL

NEWFOUNDLAND COY.
53, VICTORIA ST.,
LONDON
JUN 10 1916
Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *4/1 Newfoundland Regiment*
 No. *1821* Rank *Private* Name *R. L. Newell*
~~Discharged~~ at *D. John* on the of 191 .
 Deserted at *Medically Dept* on the of 191 .

I Certify to the correctness of above in every particular.

Macnair Johnson { Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date.	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month								
	Cash issues (Date of each issue to be stated)								
	<i>May 19 1916</i>	<i>1</i>	<i>1</i>	<i>0</i>					
	<i>26 "</i>	<i>2</i>	<i>0</i>	<i>0</i>					
	<i>June 2 "</i>	<i>2</i>	<i>0</i>	<i>0</i>					
		<i>5</i>	<i>1</i>	<i>0</i>					
	<i>Allocation</i>	<i>3</i>	<i>9</i>	<i>0</i>					
	<i>Clothing</i>		<i>2</i>	<i>6</i>					
	<i>Barrack Damage</i>			<i>7</i>					
	<i>Laundry</i>		<i>1</i>	<i>8</i>					
	Consolidated stoppage.....								
	Balance due by the Paymaster	<i>14</i>	<i>8</i>	<i>8</i>					
		<i>£13</i>	<i>3</i>	<i>5</i>					
	Balance Cr. last month					<i>6</i>	<i>16</i>	<i>10</i>	
	Pay <i>18</i> days at <i>10</i> ^{<i>10</i>} ^{<i>11-6-7</i>} _{<i>30</i>} ^{<i>13</i>} ^{<i>May</i>} _{<i>to</i>} ^{<i>June</i>} _{<i>9</i>}					<i>6</i>	<i>6</i>	<i>7</i>	
	Proficiency, Service or good conduct pay								
	days at from to								
	Messing allowance days at								
	from to								
	Clothing and kit allowance								
	Amount produced by the sale of Necessaries								
	Personal Clothing and Effects from Form 2...								
	Amount of Savings Bank balance, including interest (if no balance, to be so stated)								
	Deferred Pay or Gratuity								
	Balance due to the Paymaster.....					<i>£13</i>	<i>3</i>	<i>5</i>	

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *13 3 5* is correctly chargeable against the Public^(b).

Dated at this

day of *1 AUG 1916*

191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

141

PAY LIST.

to 9th June 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1st Newfoundland

No. 1871

Rank

Private

Name

J. Hewell

Died (a)

embarked for Lochnes.

on the

9th June

191

Deserted at

on the

9th June

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to.....			
		£	s.	d.	Proficiency, Service or good conduct pay			
	191				days at from to.....			
	"				Messing allowance days at			
	"				from to			
	Consolidated stoppage				Clothing and kit allowance			
	Balance due by the Paymaster				Amount produced by the sale of Necessaries			
		£			Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *31* is correctly chargeable against the Public^(a)

Dated at

this

day of

31 AUG 1916

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 3090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

741

PAY LIST.

to 9th June.

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**
 No. **1821** Rank **Private** Name **R.L. Newell**
 Died (a) at **Embarked for St. John's** on the **9th** of **June** 191**6**
 Deserted at on the of 191**6**

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	<i>June</i> 191 <i>6</i>				Proficiency, Service or good conduct pay			
	6				days at from to			
					Messing allowance days at			
					from to			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public^(a)

Dated at this day of 191 . Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

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

13/5/16

TO

GOVERNOR.

ST. JOHNS - NEWFOUNDLAND.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

ON Newfoundland Government Service.

1821 NEWELL DISCUMBAM ORISCOPY.

SYNOPTICAL.

*Translation: 1821-Newell - being sent here for disdian
by earliest opportunity*

NOT TO BE
TELEGRAPHED.

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

Signature _____

Address _____

Manuscript 58

Jewell, Richard

1821

Ray Sept

No. 1521

Name Newell R. L. Apple

23-2-18

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Feb 28	By Pay 5 days @ 1 1/2			5 75	5 75
Mar 8 8			9 20	14 95
Feb 28	All other 5 days @ 50		2 50		12 45
Mar 8	Lo pay	sh. 7.	12 45		0
	Post Note on pay				
	9 days @ 1 1/2			100 10	100 00
	Bonus		12 95		87 15
Debit	Lo pay		87 15		0
			115 05	115 05	0

PAY LEDGER No. 1521
 Date 12-3-21 by all

Sig. Anthony L. M.

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 Newfoundland Regiment*
 No. *1821* Rank *Private* Name *R L Newell*
 Died^(a) at _____ on the _____ of 191 .
 Deserted at _____ on the _____ of 191 .

I Certify to the correctness of above in every particular.

J. Maunsell *41* Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	6	16	10
	Cash issues (Date of each issue to be stated)				Pay 28 days at ⁶⁻⁶⁻⁷ 1 ¹⁰ -30 from ¹³ 13 ^{no} June 7	6	6	7
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>May 19 1916</i>	1	10		days at _____ from _____ to _____			
	<i>26 "</i>	2	00		Messing allowance days at _____			
	<i>June 2 "</i>	2	00		from _____ to _____			
				5	1	0		
	<i>Allotment</i>	3	9	0	Clothing and kit allowance			
	<i>Clothing</i>		2	6	Amount produced by the sale of Necessaries			
	<i>Barrack Damage</i>			7	Personal Clothing and Effects from Form 2...			
	<i>Raundry</i>		1	8	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage.....				Deferred Pay or Gratuity			
	Balance due by the Paymaster	4	8	8	Balance due to the Paymaster.....			
		£	13	3	5			

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £~~ is correctly chargeable against the Public^(b)

Dated at *London*
 this *12th* day of *June* 1916. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to 9th June

1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 1821 Rank Private Name R.L. Newell
 Died (a) at on the of 191 .
 Embarked for St. John's 9th of June 1916
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

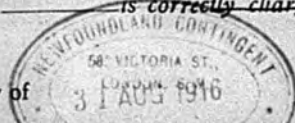
STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance <i>last Cr. last month</i>	4	8	8
	Cash issues (Date of each issue to be stated)				Pay days at from to.....			
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>June 9th 1916</i>	4	8	8	days at from to.....			
	"				Messing allowance days at			
	"				from to.....			
	"				Clothing and kit allowance			
	Consolidated stoppage				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£	4	8		£	4	8

I hereby Certify that the above account is correct in every particular, and that the debt balance of £ 4 8 8 is correctly chargeable against His Majesty's Contingent.

Dated at _____ day of _____ 1916.



F.W. Marshall
 PAYMASTER & CO. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2000 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ME

June 28. 1919.

To:- Captain Howley,
O. I. C. Pay and Records.

From:- V. O.

R. L. Newell 1821

The man named in the margin has completed
his course under this Committee.

Lowell K. Ketchell,
Vocational Officer.

No. 1702



1ST NEWFOUNDLAND REGIMENT

IDENTITY CERTIFICATE

This is to Certify that

(Name*) Susanah Newell.
 (Address) Barned, Conception Bay, N.F.
 (Relation or otherwise) Mother is the person nominated
 by Richard Lewis Newell Rank Private Regl. No. 1821
 to draw Allotment Pay, as authorized on Form K, No. 1511, dated October 23rd, 1915
 Date Allotment commences October 30th 1915
 Dated at S. John, N.F. (Sig.) J. Gane
October 23rd, 1915 Officer Commanding 2nd New.
 Company

NOTE.—Allotments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month following that for which Pay is due. On Week Days from 11 a.m. to 1 p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. to 1 p.m. Payments can only be made on production of this Certificate.

Specimen Signature

Susanah Newell

Witness to Signature of Allottee: Nathan Newell Susanah Newell
Frank Mosworthy Allottee

PAYMENTS

Date Paid	Amount	Payee's Signature	Date Paid	Amount	Payee's Signature
<u>Dec 7</u>	<u>19.20</u>	<u>Susanah Newell</u>			
<u>Jan 7</u>	<u>18.60</u>	<u>Susanah Newell</u>			
<u>Feb 7</u>	<u>18.60</u>	<u>Susanah Newell</u>			
<u>Mar 1</u>	<u>17.40</u>	<u>Susanah Newell</u>			
<u>Apr 7</u>	<u>18.60</u>	<u>Susanah Newell</u>			
<u>MAY 1 1915</u>	<u>18</u>	<u>Susanah Newell</u>			
<u>JUN 1 1915</u>	<u>18.60</u>	<u>Susanah Newell</u>			

1821

^{md}
June 2 1916

Dock Barendse
1st Nfld Regt
Pay Department

Dear Sir I Beg to say
as I have in the past
signed those papers for my Wife.
And as I am going away for some
months the Signature will be
different

yours sincerely

John Newell

1821

Doek

Bareneed

Oct 30th 1916

2nd Lieut - Howley
Pay Master

Dear Sir

I beg to ask
what is wrong that my son
Ste Richard L. Newell
is cut off from all pay since
discharged Medically unfit.

He left here with his
Brother Corporal R. S. Newell
about this time last year,
and served in Scotland
all last winter, and through
exposure in camp was taken
with rheumatic fever
and also diphtheria

which have left him a wreck
up to the present time and
unable to work.

He was discharged the later
part of June, and after
being home for a month
thought he would try and
earn something.

So he went to St. Johns
and secured a job in the
shell factory and worked
for two weeks, he then gave
out again and had to return
home were he have had to
stay owing to the effects
of sickness received in Scotland
And I am informed that none of
those who have served the colours
and honourable discharged have been
cut of as yet

I am yours very truly
Susie Newell

BB/ME

June 7. 1919.

Captain Howley,
O.I. C. Pay and Records.

Please pay to Mr. R. L. Newell 1821
the sum of five dollars
for Wireless Text Books
and charge the same to the Civil Re-establishment Committee.

\$5.00

B. W. Nichell
Vocational Officer

L. R. B. C. W.
22970

R L Newell
J. C. D.

July 20th,

6

1821
Pte. Richard L. Newell,
Barnesed, C.B.

Dear Sir:-

I enclose herewith Cheque for \$ 29.57 being the amount due you, as Balance up to date of final Discharge. Please sign the enclosed Voucher in the space provided for same, and return.

Yours truly,



Deputy Paymaster.

May 8th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. R.L. Newell, No 1821, the sum of two dollars and sixty six cents in payment of arrears of allowance for four days ended April 19th, 1919, and charge same to Civil Re-establishment Committee,

\$2.66

RECEIVED	<i>C. R. Newell</i>
CHK. NO.	<i>194256</i>
ISS. LETTER	INITIALS
DATE	
USE	

C. R. Newell
Vocational Officer

R. L. Newell

The Dock.
Conception Bay.

~~4701~~ 4702 Ap. 22/19.

Hon. G. R. Bennett,
Min. of Militia.

St. John's
pension
of 10/8
out 10/8

Dear Sir:

I beg to inform you
that I have not received
my Reparation Allowance
for the month of March.
Kindly advise me if it was
sent, or, if not, why not.

I am

yours respectfully
Mrs Margaret Newell.

Pte. Richard L. Newell

No. 1821

Cr.

Balance due by Paymaster as per non-effective account furnished £4.8.8. @ 4.86.2/3	\$21.57
Pay June 10th. to June 24th. 1916 incl.	17.60
Allotment charged to June 9th., but not paid	5.40
	<hr/>
	44.57
	<hr/> <hr/>

Dr.

Payment June 23rd. 1916	15.00
Balance due	29.57
	<hr/>
	44.57
	<hr/> <hr/>

1821

1821

March 11th. 1918.

L/Cpl. R. L. Newell,
Bareneed, C.B.

Dear Sir,-

I enclose herewith cheque for \$12.45, being
the balance of pay due you to the date of discharge.

I also enclose Certificate of Discharge dated
March 8th. 1918. together with special form, which
kindly sign and return to this Office.

Yours faithfully,

Capt. & Paymaster &
Officer i/o Records.

JH.

April 26th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. R. L. Newell, No 1821**
the sum of **four dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30

ACCOUNT	<i>L. R. C.</i>
CHEQUE NO.	<i>16952</i>
PAY TO THE ORDER OF	<i>Ed</i>
PAY TO THE ORDER OF	
GEN. LEDGER	

A. C. S.
W. W. McCall.
Vocational Officer.

R. L. Newell.

MAY 3 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. R. L. Newell, No 1821
the sum of **four dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30.00

Howell
Vocational Officer

R. L. Newell.

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Newell, No 1821
the sum of four dollars and sixty ~~six~~ cents
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30

G. W. Newell
Vocational Officer

R. L. Newell

MAY 31 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. R. L. Newell, No 1821
the sum of ~~four~~ **four dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30

W. W. Mitchell
Vocational Officer

R L Newell

MAY 17 1919

Capt. Howley,
O. I. C. Records.

Please pay tR. L. Newell, No 1821
the sum of **four dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30

B. W. Beckell
Vocational Officer.

R. L. Newell

MAY 10 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. R. L. Newell No. 1821
the sum of Four dollars and sixty six cents.
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30.00
Allowance 4.66

R. L. Newell
Vocational Officer

R. L. Newell

JUN 14 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Newell, No 1521
the sum of four dollars and sixty six cents
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30

W. B. Bachell.
Vocational Officer.

R. L. Newell.

JUN 7 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Newell, No 1821
the sum of **four dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension \$30

W. Beckell
Vocational Officer

R L Newell

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Newell, No 1521
the sum of **seven dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$7.00

Pension \$30

W. W. Mackall
Vocational Officer

R L Newell

JUN 21 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Newell, 1821.
the sum of Seven dollars.
in payment of allowance for week ended this date
in connection with re-education.

¢7

Pension \$30.00

W. W. Belkell
Vocational Officer.

R. L. Newell

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

500
\$12 ⁴⁵/₁₀₀

Mar 8th 1918

Received from the First Newfoundland Regiment
the sum of Twelve ⁴⁵/₁₀₀ Dollars.
on account of Pay when Discharged
balance

Ch. No. 4647	Initials. E.W.
Pay Ledger 77	Initials. E.W.
Gen. Ledger 28	Initials. [Signature]

Regtl. No. Rank

[Signature]

No. 1821.

Rank Lt. Cpl.

Name R. L. Newell.

Barrened
A.B.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 87 $\frac{15}{2}$

Dec 26th 1879

Received from the First Newfoundland Regiment
the sum of Eighty Seven $\frac{15}{2}$ Dollars.
on account of Pay. P. D. D.
balance

Richard L Jewell

Ch. No. 7431	Initials EW
Pay Ledger 158	Initials awl
Gen. Ledger	Initials

Regtl. No. 1821 Rank Pte

No. 1821

Rank

OL-

Name

Newell R-T