



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3657 Name William Newman Corps P.C.

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

- 1. What is your name? ..... 1 William Newman
- 2. What is your full Address? ..... 2 Black Island  
N. D. B.
- 3. Are you a British Subject? ..... 3 Yes
- 4. What is your age? ..... 4 30 Years ..... 1 Months
- 5. What is your Trade or Calling? ..... 5 Fisherman
- 6. Are you Married? ..... 6 No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7 No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8 Yes
- 9. Are you willing to be enlisted for General Service? ..... 9 Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10 { Name .....  
Corps .....
- 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

FOR THE DURATION OF THE WAR

I, William Newman 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.

William Newman SIGNATURE OF RECRUIT.  
S. M. Conaghan Signature of Witness.

William Newman DOATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
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 20th day of April 1915  
Signature of Attesting Officer W. S. ...

### †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.....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).....



C.R. 3637

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 24th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 19-7-19.

3637 Pte. Wm. Newman.



C.R 3637

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 5-7-19.

3637 Pte. Wm. Newman.



C.R. 3637

Extract from Daily Orders Part A1 Depot, St. Johns,

Date

June 18th 1919.

3637, Pte. W, Newman.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3637

Extract from Nominal Roll Embarked Hazeley Down Camp,  
Winchester, for B.E.F. ~~12-10-18~~  
15.10.18

3637 Pte. W. Newman.

MM.

CR. 3637

Extract from Daily Orders Part 11 By Lt. Col. B.J.  
Barton, Commanding 2nd. Battalion The Royal Wfld. Regt.  
dated 26-7-18.

The following having reported back from the 1st Battn.  
is posted to "E" Company.

3637 Pte. Newman W. from 25-7-18.



C.R. 3637

Extract of Casualty received from Pay & Record Office, London,

dated 6th May 1918.

3637 Pte. W. Newman.

Wounded.....10/4/18.

Auth: O.C. Unit 22/4/18.

# NEWFOUNDLAND POSTAL TELEGRAPH

## Cable Connection with all the World

CR. 3637



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

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender W.F.R. Address \_\_\_\_\_

Line Number _____	Rcd _____	By _____	Sent _____	by _____	Check Dept of Militia
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Dated

To April 17th, 1918

Mrs. Margaret Newman, Black Island, N.D.B. Regret to inform you that Record Office, London,

officially reports

No. 3637, Private William Newman

at Wandsworth G.S.W. buttock.

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

J.R. Bennett  
Minister of Militia.

Actg.

FOR TYPEWRITER

WOUNDED AND SICK N.C.Os AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

## INFANTRY RECORD OFFICE - L I C H F I E L D (PART I)

LIST NO.H.A.21840.

DIS. TO BASE EX 41 STY. H. GAILLY 25/26 MARCH 1918.

72486	Pte. Elder,.....	15/N & D.R.....	NAD,Exhaustion.
241328	Pte. Warby, J.	15/ -do-	NYD.N.
14702	Pte. Scott, W.	1/Linc.R.	NAD.
24332	Pte. Howe, W.	15/N & D.R.	NYD.N.
34298	Pte. Cooper, W.....	15/N & D.R.....	NAD.
330076	Pte. Leake, P.....	15/N & D.R.....	NYD.N.
51734	Pte. Rafferty, R.	15/ -do-	NYD.N.
30879	Pte. Cartwright, L.	15/ -do-	NYD.N.
22360	Pte. Johnson, H.	15/ -do-	NAD,Exhaustion.
18345	Pte. Hague, D.....	15/ -do.....	NYD.N.

43028	Pte. Warner, A.....	1/Linc.R.....	NYD.N.
38265	Pte. Smith, S.	15/N & D.R.	Neurasthenia.
19591	Pte. Pallett, C.	12/ -do-	NYD.N.
<u>ADMITTED 32 STY. H. WIMEREUX 11 APRIL 1918.</u>			
42569	Pte. Hadwen, J.....	4/K.O.R.L.now 10 Linc.R.....	GSW,Hand R.
42691	Pte. Richardson, G.	3/Lincs.now 8/N.Staffs.	GSW,Arm.L.Frac.

## INFANTRY RECORD OFFICE - L I C H F I E L D (PART TWO)

LIST NO.H.A.21840.

DIS. TO BASE EX 41 STY. H. GAILLY 25/26 MARCH 1918.

242175	Pte. Coles, F.....	6/Leic.R.....	NYD.N.
201286	Pte. Wills, J.	6/Leic.R.	Neurasthenia.
17215	Pte. Knifton, A.	6/Leic.R.	Hysteria.
6906	Pte. Plant, D.	1/N.Staffs.R.	NYD.N.
21299	Pte. Brewin, A.....	8/Leic.R.....	NAD,Exhaustion.

ADMITTED 32 STY. H. WIMEREUX 11 APRIL 1918.

42691	Pte. Richardson, G.....	3/Lincs.now 8/N.Staffs.R.....	GSW,Arm.L.Frac.
36931	Pte. Gittins, A.G.	4/B.Staffs.	SV,Cont.Knee.L.

## NEW FOUNDLAND - EXPEDITIONARY FORCE.

LIST NO.H.A.21840.

ADMITTED 32 STY. H. WIMEREUX 11 APRIL 1918.

3637	Pte. Newman, W.....	1/R.Newfoundland 29 Div.....	GSW,Buttock R.
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720





February 8th, 1918

W.M. Winsor, Esq.,  
Exploits.

Sir:-

With further reference to my letter of 4th Feby., I am directed to inform you that a cable received to-day from the Record Office, London, states that #3637, Pte. M. Newman, proceeded to B.E.F. on 4th, February.

I have the honour to be,

Sir,

Your obedient servant,

  
Major,

Chief Staff Officer.

WFR/JMF.

Feb. 4th, 118

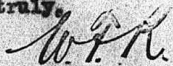
Mr. Wm. M. Winsor,  
[redacted] Aloits

Sir:-

I am directed to acknowledge receipt of your letter of 27th Jan. concerning 3637, Private M. Newman, Black Island. No information has come to hand so far that this soldier has been drafted to France, but an enquiry has been sent to the Record Office, London, and when reply has been received you will be informed.

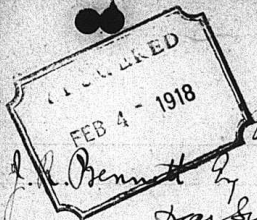
I am,

Yours truly,



Major, C.S.O.

C.R. 3637



Explor. July 29/18  
J. L. Bennett by Dan Mullett  
Sardinia

Will you kindly send me whereabouts  
No 3637 Pte William Newman of  
Black Island if he is still  
at Headquarters in England or  
gone forward to France by so  
dear you will oblige both  
myself and his <sup>other</sup> friends that  
would like to know

Yours respectfully

Chm. Dr. Winsor  
Explor.



C.R. 3637

Extract from Nominal Roll, Draft No. 36, 300 Other Ranks  
from 2nd., (Reserve) Bat'n. Royal Newfoundland Regiment  
and proceeded to join the 1st., Battalion Royal Nfld.,  
Regt., B. E. F., Embarked Southampton 4/2/18.

#3637 Pte. W. Newman.

C.R. 3637

Extract from Hospital Roll Embarked St. John's for Overseas,  
per S.S. "Florina" Aug. 6. 1917.

3637 Pte. W. Newman.

3637

C.R.

Extract from Daily Orders Part II Unit The Royal  
22nd Regt., St. John's, Apr. 19th, 1917.

3637 Pte. W. Newman.

attached to the strength from April 19th, 1917.



W Newman

C.R. 3637

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

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

1. Unit and Corps. *Royal Newfoundland Regt.* 7. Former Trade or Occupation } *Tradesman*
2. Regtl. No. *2637* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Newman, William* (Surname) (Christian Names) (a) Former Regts., or Corps; with Regtl. Nos.
5. Age last birthday. *28*
6. Posted for duty on *Apr. 7, 17.* at *St. John's.* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

*Dr. R. Buttock*  
*April 1918*  
*Armed Forces*

*Superficial wound heel*  
*fractured.*

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

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

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

*No Complaint of no Disability*

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

*No*

*No*

*No*

*No*

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

*Repatriation*

*Major DADMS*

*Cpt. RAMC*

*J. S. Knight*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *30/4/19*

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







No. 3637 Rank Pte Name W. Newman

Pay	F.A.	Wkg	Total	N.W.P/23
1.00	10		110	<i>njs</i>
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To						
Balance					Balance		15 <sup>3</sup> / <sub>16</sub>				1	14	4
Acquittance Rolls		2	15	0	Pay @ Net Rate	16 <sup>3</sup> / <sub>16</sub>	9 <sup>7</sup> / <sub>16</sub>	144	50	7	2	0	14
Hospital Advances		1	7	0							1	0	10
A.B. 64.					<i>R.A. 10 days @ 1/11</i>	10 <sup>7</sup> / <sub>16</sub>	25 <sup>7</sup> / <sub>16</sub>	15	50	8	0	0	12
P.&.E.O. Payments													
<i>Other Stoppages</i>				3									
<i>Cash 8062</i>	<i>9 <sup>7</sup>/<sub>16</sub></i>	<i>18</i>	<i>5</i>	<i>0</i>	<i>13.5.9</i>								
<i>" 8274</i>	<i>25 <sup>7</sup>/<sub>16</sub></i>	<i>1</i>	<i>18</i>	<i>0</i>	<i>1.13.7</i>								

~~17.11.11~~  
19.5.11

~~15.4~~  
17.10.4

*M.C.*  
*19.11.11*







Hewman, J.

3637

Ray Sept

July 22, 1919

#3637 Pte. William Newman,  
Black Island, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3155.

Yours truly,

Captain & Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3637 Rank Plt Name Newman J.  
 Intended place of residence Black Idla  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 3 1919

*J. M. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 3 1919

*J. M. Newman*  
 Signature of soldier

*J. H. Snowcroft*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 3 - 1919

*James O. Newman*  
 Signature of soldier

*S. P.*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No. of days on Military  
 Discharged from service 5-7-19 Plus 14 days Service 822

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 5 1919

*R. H. Lant Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 19/1919

*J. H. Snowcroft*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*273 2079/3155*

# The Royal Newfoundland Regiment

Class for Demobilization: —

86

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

7.7.19

Regimental No. 3637

Name

Kearman J.M.

Rank

Plt

Address

Black Island

Present Medical Category

A7

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

J. Paterson  
Senior Medical Officer

J. Burden  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3637 Rank Plt Name Newman W  
 Date of Enlistment 19-12-17 Address Black Rd District St. John's  
 Occupation Fisherman Classification for Discharge A Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 2-7-19 O. C. Discharge Depot. St. John's

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation

*Li*  
William Newman  
mit Newman  
*mark*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$7.66

(b) Clothing Supplied \_\_\_\_\_

W. B. ...  
W. B. ...

Date 3-7-14

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>R2220</sup> 819 to his home at Black used and Release Certificate No. 31573 issued.

Date

3-7-19

*J.A. Newell*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date

3-7-19

19-7-19  
*H.M. 45 H*  
Depot Paymaster.

Discharged approved for

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*1/2 Form B*

Date

3-7-19

*J.A. Newell*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records,  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date

JUL 5 1919

*R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date

## Civil Re-establishment Committee



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

To resume former Occupation.

*Newman J.*

Signature of Man.

Reg. No. 3137

*J. J. Snow left.*

Signature of the Vocational Officer or his Representative.

**ST. JOHN'S.**

Place

Date

JUL 3 - 1919

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

# MEDICAL HISTORY

Surname Newman

OF  
Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Black Island County N. D. B.

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>19<sup>th</sup></u> day of <u>April</u> 191 <u>7</u> at <u>Headquarters</u>	on <u>56</u> day of <u>April</u> 191 <u>7</u> at <u>Victoria St. London, S.W.</u>			
Declared Age	<u>30</u> years <u>1</u> month <u>0</u> days	<u>30</u> years <u>1</u> month <u>0</u> days			
Trade or Occupation	<u>Fisherman</u>				
Height	<u>5</u> feet <u>7</u> inches				
Weight	<u>165</u> lbs.				
Chest Measure-ment	(Girth when fully expanded) <u>39 1/2</u> inches				
	(Range of Expansion) <u>5 1/2</u> inches				
Physical Development					
Vaccination Marks	(Arm) <u>                    </u>	Right	Left	Right	Left
	(Number) <u>                    </u>				
When Vaccinated					
Vision	R.E.—V= <u>6/12</u> L.E.—V= <u>6/9</u>			R.E.—V= <u>            </u> L.E.—V= <u>            </u>	
(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>L. J. Patterson</u>				
(Rank)	<u>Major</u>				
			Medical Officer.		Medical Officer.
Enlisted	at <u>H. Johns</u> on <u>19<sup>th</sup></u> day of <u>April</u> 191 <u>7</u>	at			
	Corps.	Regtl. No.	Corps.	Regtl. No.	
Joined on Enlistment	<u>4<sup>th</sup> Nfld. Regt.</u>	<u>5637</u>			
Transferred to	<u>Royal Newfoundland</u>				
Became non-effective by	on	day of	191	on	day of
(Signature)					
(Rank)					





Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treat
	Day	Month	Year	Day	Month	Year			
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	15	4	18	9	7	18	G.S.W R butch simple flesh serum	85	

st in case of Warrant Officers treated in quarters.

in the cause, nature or treatment of the case likely to be of interest or of future use. In cases of  
s and re-admissions to hospital will be shown. The subsequent progress, including particular  
ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Waded in June 11. 4. 11

G. Hall  
Capt. Wad





## 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 *Newman, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5637*  
Intended address *Black Ids N.B. J. Gats.*

Height on discharge *5* Feet *7*.

Color of hair on discharge *Black.*

Complexion *Dark.*

Color of eyes *Blue.*

Descriptive Marks *Scar on Rt. Buccial*

Figure on discharge *Tall*

Christian name of Father \_\_\_\_\_

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Black Ids. 7 Aug. 1859.*

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) *William Newman* *mark* *Deluss (Rank)*

Station *A. Johns*

Date *2-7-19.*

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

Station

Date



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

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regt. No. *3637* 3. Rank. *Pte*
4. Name *Newman* *William*  
(Surname) (Christian Names)
5. Age last birthday. *28*
6. Posted for duty on *Apr 7/17* at *St Johns*  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
- (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

*See Report*  
*April 1818.*  
*Amstere*  
*Superior was the*  
*fragment.*



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

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

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

*He employs the  
 devices*

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

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

*Repatriation*

*Mr. ...  
 my D.A.D.S.*

*Capt. P. A. M. S.*

Station *Regaly Down* .....

Date *30/4/19* .....

Medical Officer in charge of case.

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



July 24, 1919

#3637 Pt. William Newman,  
Black Island, N.D.B.

Dear Sir:-

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

Yours truly,

Captain & 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 dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *William*..... 2. Surname *Young*.....

3. Rank *Pte*..... 4. Regt. No. *3637*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Black Island A. S. B.*

6. Date of enlistment in the Regiment... *Apr 24/17*.....

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

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

9. Address in full of such dependents... *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 Nfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Seven months*

..... 13. ....

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

..... *no* .....

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.

..... *no* .....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *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.?..... If not give? - (a) Date of discharge..... *July 16/19*

(b) Reason for discharge..... *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

..... *France Belgium + Germany* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

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



Signature of Applicant:

*William J. Newman* (Witness) *Tom Newman*  
*Black Island, N.S.B.*

Place of Residence:

Declared before me at:

*St Johns N.S.B.*

This

*2*

day of

*July*, 19. *19...*

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

*John P. Cooney*



POST DISCHARGE PAY.

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

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

Certified correct.

Paymaster



ST. JOHN'S, JUL 3-1919

# Royal Newfoundland Regiment.

Billeting Account,

To *Mr. J. Newnam*

Billeting Soldiers as undermentioned

from *June 1<sup>st</sup> /19* to *June 30<sup>th</sup> /19*

*3637 Mr. J. Newnam 31 00*

ACCOUNT	<i>3637</i>
CH. NO.	<i>2118</i>
PAY LEDGER	
GEN. LEDGER	<i>00</i>

*Newnam*  
*per [Signature]*

Certified correct for \$ *31 00*

*[Signature]*  
Billeting Officer.

*A. J.*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3637 Rank Pte. Name Newman W. J.  
 Date of Enlistment 19 11 17 Address Black Hills District V. Gate  
 Occupation Tuberman Classification for Discharge 4 Medical Category A.1.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	U
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 2-7-19 p. O. C. Discharge Depot. *W. J. Newman*

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am William Newman in a position to resume civilian occupation mark

*W. J. Newman*

Particulars passed to Vocational Officer for information and action.

Date 2-7-19

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable 7 6s. 0d.
- (b) Clothing Supplied W. J. Newman

Date 3-7-19 O i.c. Re-clothing



3. Transportation and Release Certificate.

82220

The above named has been provided with Travelling Warrants No. 9819 to his home at Black 95ed and Release Certificate No. 3153 issued.

Date

3-7-19

*J.A. Snowball*  
Demobilization Officer

4. Pay and Allowances.

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

Date

3-7-19

19-7-19  
Depot Paymaster

Discharge approved for

5-7-19

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

N.F. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

3 Form B

Date

3-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 5 1919

*R.H. [Signature]*

Date

O. C. Discharge Depot.

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

Date

July 21 1919

*[Signature]*

Key + file  
3637

May 18th., 1933.

Hon. F.C. Alderdice,  
Prime Minister,  
City.

Re:- Mrs Julia Best, widow of  
3637, W. Newman, deceased.

Dear-

I have the honour to acknowledge receipt of your communication of May 5th., enclosing correspondence relative to the case of the marginally named.

In reply I beg to state that we have no record whatever pertaining to Mr. Newman; it would appear that he was discharged 'A 1', and died subsequently.

I regret to state that as this man was never a pensioner, there is no provision under the Act, whereby his wife and children would be entitled to Allowances.

I have the honour to be,  
Sir,  
Your obedient servant,

  
Secretary.

BT: