



Newfoundland Forestry Companies

ATTESTATION OF

No. 5404 Name Harold Horwath Corps 1st Newfoundland Forestry Coy

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Harold Horwath
2. What is your full Address? 2. 101 St. John's St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 2 Months
5. What is your Trade or Calling? 5. no.
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. yes.
8. Are you willing to be vaccinated or re-vaccinated? 8. Meth
9. What is your Religion? 9. Meth
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? 10. yes { Name
Corps

I, Harold Horwath, 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.

Signature of Recruit. Harold Horwath
Signature of Witness. _____

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harold Horwath, 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 _____ day of _____ 1917.

Signature of Attesting Officer [Signature]

†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 called by special authority, such will be attached to the original attestation.

Date 29 Oct 1917 Place Depot St John's } Approving Officer. [Signature]

† 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) _____

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harold Roseworthy

Apparent age 18 years 2 months. Height 5 feet 3 1/2 inches

Chest Measurement { Girth when fully expanded weight 120 lbs inches
Range of expansion _____ inches

Distinctive marks Light Hair Brown Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Roseworthy
6 Wickford St. | 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.	
(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 " _____ [" "] _____ " _____ "									



Newfoundland Forestry Companies

ATTESTATION OF

No. F404 Name Harold Roseworthy Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | <u>Harold Roseworthy</u> |
| 2. What is your full Address? | <u>6 Wickford St</u> |
| 3. Are you a British Subject? | <u>Yes</u> |
| 4. What is your age? | <u>18</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | <u>Labourer</u> |
| 6. Are you Married? | <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | <u>Yes</u> |
| 9. What is your Religion? | <u>meth</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | <u>Yes</u> { Name
Corps |

I, Harold Roseworthy 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.

Harold Roseworthy SIGNATURE OF RECRUIT.
W. J. Blundell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harold Roseworthy 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 29 day of Oct 1917.

Signature of Attesting Officer W. J. Blundell

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 Oct 29/17 1917
Place St. John's } Approving Officer. W. J. Blundell

† 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harold Roseworthy
 Apparent age 18 years 2 months. Height 5 feet 3 1/2 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Light Hair Brown Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Roseworthy
6 Wickford St | 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 _____									
				<u>Accepted by John Dec. 19/1918.</u>					
				<u>Re-accepted</u>	<u>23/6/19</u>				
				<u>Discharged</u>	<u>5/8/19</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									

COPY.
This space to be left blank
for the Chelsea Number.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. 8404 Army Rank Plt

Name Worthington Harold
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps of Regular Forces Newfoundland Forestry Corps

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 December 19th 1918

Place of Discharge St. John's, Nfld.

1. Description at the time of Discharge.

Age <u>19</u> years _____ months	Descriptive Marks.
Height <u>5</u> feet <u>3 1/2</u> inches	
Chest Measure-ment { Girth when fully expanded _____ ins.	
{ Range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>brown</u>	
Hair <u>light</u>	
Trade <u>Labourer</u>	
Intended place of Residence (To be given as fully as practicable) { <u>6 Wickford St</u>	
{ <u>St. John's, Nfld.</u>	

(This 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.)

3
30
19

2. The above-named man is discharged in consequence of _____

(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:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067.

Initials of Commanding Officer.

To be filled in on the soldier quitting the Colours.

[OVER.]

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

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

Classification for Service, or Proficiency Pay.. .. Class _____

6. Campaigns, Medals and Decorations

Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of Education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the Soldier on Discharge.

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

(Place) S. J. H. J. Roseworthy (Signature of Soldier.)

(Date) 24/12/18. W. Newbury (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge at his own request.

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

(Signature of Soldier.)

10. Statement of Service.

Service towards Engagement to _____ (the date to which the Record of Service is completed) _____ years _____ days.

Further Service " " _____ (the date of confirmation of discharge) " .. "

Total " .. "

11. Confirmation of Discharge.

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

(Place) _____

(Date) _____ Signature _____

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

12. Chelsea decision.

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservation

^{for}
H. ^{mark} Roseworthy

Witness W Newbery Sgt.

COPY.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179a, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark; such act being witnessed.

Regimental No. 8404

Rank. Pvt

Name. Worsworthy Harold
(Surname) (Christian Names)

Unit and Corps } Forestry Bld

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitnes from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Scotland

(b) In what capacity?

Labourer

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

Water thro bed every second night I think it was caused by heavy lifting. It happened about two years ago.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

British Military Hosp - 2 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Labourer

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Stapleley Down*

Signed (Soldier) *Thomas Henry Stoddart*

Date *5-11-18*

Signed *R. J. Woods*

COPY

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name Harrold Harrold Regl. No. 5404 Rank 2nd Lt Unit and Corps T.F.C. Forestry
 (Surname) (Christian Names)

<p>1. State the nature of the disability or disabilities from which this man is suffering</p>	<p><i>Enuresis</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended? ..</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature President.
 Station Hampley House
 Date 5-11-18 Members.

Approved.
 Station
 Date
 Officer in charge, Central Hospital.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART Soldier's Name Woseworthy Harold
 (Surname) Woseworthy (Christian names in full) Harold

A. Unit from which discharged 19th Forestry Corps

Regimental Number 5464 Rank on discharge Private Age on discharge 19

Married, widower with children, or single single

Occupation before enlistment laboured

Special qualifications (if any) for }
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which } Not Wickford St. Stephens Rd.
 proceeding on discharge }

Name of Approved Society (if any) _____

PART Nature of medical unfitness _____

B. _____

Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191____.

Station _____

Date _____ Officer i/c Records _____

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name Roseworthy Harold
(Surname) (Christian names in full)

Unit from which discharged 1st Field Forestry Corps
 Regimental Number 8404 Rank on discharge Private Age on discharge 19
 Married, widower with children, or single Single
 Occupation before enlistment Labourer
 Special qualifications (if any) for }
 employment in civil life }
 Nature and locality of employment desired _____

Full postal address to which } 706 Wickford St. Stephen Rd
 proceeding on discharge }
 Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 _____

Station _____

Date _____ Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Amended Statement

LAST PAY CERTIFICATE

DUPLICATE MAIL COPY



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 8404 Rank Pte. Name Noseworthy H. Unit R. M. Coy who was killed who was killed on 9/11/18 Authority Cause

STATEMENT OF ACCOUNT

CR.

PERIOD: From 27/10/15 to 9/11/18

PARTICULARS	DR.					PARTICULARS	CR.				
	\$	¢	£	s	d		\$	¢	£	s	d
Balance Dr. from a/cy 25.10.18			1	2	9	Balance Cr. from					
Allotment 15 days @ 80¢	1	12		9	4	Pay 15 days @ \$1.00	1	15			
Cash Payments:						Field Allow 15 days @ \$10¢		1	50		
4/11/18				7	6	Other Allowes days @ \$	1	16	50	13	7
9/11/18				10		Other Credits:					
Other Debits:											
4/11/18 Deprived 5 days pay	5	50	1	2	7	Total Credits			1	1	15
Total Debits			14	13	2	Balance due to Paymaster			4	4	13
Balance due by Paymaster			4	9	2						5

CHECKED EP 12.11.18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of H. Noseworthy 9/11/18 1918 (Place) Winchester (Date)

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary Pay & Record Office, London, 13 NOV 1918 191 Chief Paymaster & Officer i/c Records.

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 7404 Rank Plt Name Hosewathly H Unit H.M.S. Forester who was Repatriated
to H.M.S. on 9/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d		PARTICULARS	£	s	d	CR.		
PERIOD: FROM 26.10.18 TO 9.11.18	Balance Dr. from <u>Acc't 28.10.18</u>			3	9	Balance Cr. from						
	Allotment 15 days @ 80 ^p	12	00	12	9	4	Pay 15 days @ \$ 1.00	1	5	00		
	Cash Payments:						Field Allow 15 days @ \$ 10	1	1	30		
	<u>4-11-18</u>				1	6	Other Allowes days @ \$					
	Other Debits:						Other Credits:					
	<u>Document of 5 day Pay</u>	3	20	1	2	1						
	Total Debits			14	3	2	Total Credits			3	9	10
	Balance due by Paymaster			4	3	2	Balance due to Paymaster			1	5	4
				4	3	2				1	5	4
				3	19	5				1	5	4

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Winchester (Place) 6-11-18 (Date) 1918 OK
Wm

Made up/Checked in accordance with information received in the Pay & Record Office London O.C. "A" Company. to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London 9 NOV 1918 Chief Paymaster & Officer i/c Records. W. D. Blugent
W.D.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W(T), P, or P(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Roseworthy Harold
(Surname) (Christian names in full)

Unit from which discharged 1st Field Forestry Corps

Regimental Number 8404 Rank on discharge Private Age on discharge 19

Married, widower with children, or single Single

Occupation before enlistment Labourer

Special qualifications (if any) for }
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which } 106 Wickford St. St. Johns nfld.
 proceeding on discharge }

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date St Johns 8th Sept. 1899

Colour of hair on discharge Light Colour of eyes Brown Complexion Fair

Christian name of father Thomas

Christian name of mother Marrieh

NOTE.—Army Forms D, 400 and W, 8463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D, 400 and W, 8463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D, 400 and on Part A. of Army Form W, 8463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D, 400 and on Part A. of Army Form W, 8463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

St John's 24 Oct. 1917

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

W Deworthy Harold X

Rank

Plt.

Station

Bazely Down

Date

5.11.18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class* _____ of the Reserve.

Strike out
whichever
is applicable.

Military character

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

Officer i/c Records.

Station

Date

191

* Insert P., or P.(T).

Medical Report on an Invalid.Station HAZLEY DOWN, WINCHESTERDate 5-11-18

- | | |
|--|--|
| <p>1. Unit NFLD. FORESTRY</p> <p>2. Regimental No. 8404</p> <p>3. Rank Pte.</p> <p>4. Name NOSEWORTHY, HAROLD</p> <p>5. Age last birthday 19 years</p> <p>6. Enlisted { on Oct. 29th 1917.
at St. John's, Nfld.</p> | <p>7. Former Trade }
or Occupation } Labourer</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***ENURESIS**Statement of Case.

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

9. Date of origin of disability. **About two years ago.**
10. Place of origin of disability. **St. John's, Nfld.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that about two years ago he developed pneumonia, and after recovery noticed that he was unable to hold his water; after enlistment he has been working with his unit, wetting his bed almost every night. He was sent to Perth Military Hospital in September of this year, and was recommended from there for invaliding out of the service.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Aggravated by service during the present war.**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

(Due to disability existing prior to enlistment)

He is a healthy robust man. He wets his bed almost every night and has been sent from hospital recommended for discharge.

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

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

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

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

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

N.A.

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

N.A.

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

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—

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

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT Capt. R.N.R.

Officer in medical charge of case.

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

Station HAZLELY DOWN CAMP,
WINCHESTER,

Officer in charge of Hospital.

Date 5-11-58.

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

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

Opinion of the Medical Board.

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

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

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No **Emaciation. As Section 19**

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

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Less than 20%

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

27. Do the Board recommend—

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

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

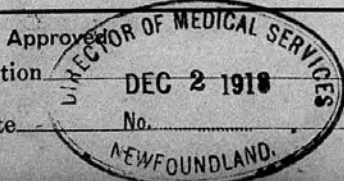
30. Does the man require the constant attendance of another person?

- Signatures:—

Station St. John's,
Date Dec. 2nd., 1918

(Sgd) N. S. FRASER President.

J. SINCLAIR TAIT
L. PATERSON, Major Members.



Station DEC 2 1918
Date No.

(Sgd) CLUNY MACPHERSON, Major M. S. NEWFOUNDLAND.
Administrative Medical Officer.

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

MEDICAL HISTORY

OF


Surname Roseworthy Christian Name Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns n Y. County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>29</u> day of <u>Oct</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age ...	<u>18</u> years <u>2</u> months <u>_____</u> days		years _____ days	
Trade or Occupation ...	<u>Labourer</u>			
Height	<u>5</u> feet <u>3 1/2</u> inches		feet _____ inches	
Weight	<u>120</u> lbs.		lbs. _____	
Chest Measurement {	Girth when fully expanded... inches		inches	
	Range of Expansion... inches		inches	
Physical Development				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. J. P. ...</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns n Y.</u>		at _____	
	on <u>29</u> day of <u>Oct</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to ...	<u>Infantry</u>	<u>5th</u>		
	<u>Company</u>	<u>SHOH</u>		
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(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 on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
	3	9	18	4	9	18	Enteritis	2	

list 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 readmissions 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

J. J. J. J.
CAPTAIN, R.A.M.C.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *N. Rosworthy Hould* Regtl. No. *8404* Rank *Pte.* Unit and Corps *1st Bn. Buffs.*
(Surname) (Christian Name)

<p>1. State the nature of the disability or disabilities from which this man is suffering.. ..</p>	<p><i>enuresis</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity mutually certified as in consequence of that disability.</p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended?</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature President.

Station *Hazley Down* } Members.
 Date *6-11-18* }

Approved.
 Station
 Date
Officer in charge, Central Hospital.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Birth Making Post 2 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2. or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Soldier

(b) What was your trade before joining the Army?

SO

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station

Hazelton

Signed (Soldier)

J. Scowby

Date

5-11-18

Signed

P. J. Woods

Witness

OFFICE COPY

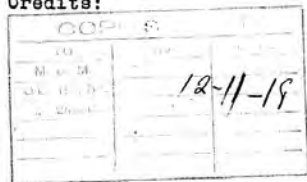
LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 8404 Rank Pte. Name Roseworthy A Unit Nfld. Forestry who was Repatriated
to _____ on 1/1 Authority _____ Cause _____

DR.		STATEMENT OF ACCOUNT					CR.					
		PARTICULARS					PARTICULARS					
		\$	¢	£	s	d	\$	¢	£	s	d	
PERIOD: From <u>26-10-18</u> To <u>9-11-18</u>	Balance Dr. From <u>Alot 20-10-18</u>				3	9	Balance Cr. from					
	Allotment 15 days @ 80¢	12	00	2	9	4	Pay 15 days @ \$ 1.00	15	00			
	Cash Payments:						Field Allow 15 days @ \$1.00	15	50	3	7	
	4-11-18				7	6	Other Allowances days @ \$				10	
	Other Debits:						Other Credits:					
	Deputed 5 days pay	5	50		1	2	7					
	Total Debits			14	3	2	Total Credits			13	7	10
	Balance due by Paymaster						Balance due to Paymaster			12	15	4
					4	3	2			4	3	2
					3	9	5			3	9	5



I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

(Place) London 25/11/18 (Date) 191

[Signature]
O.C. "A" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

No. 396

ENTERED *EFH*
 PAY LEDGERS
 NUM. ROLL
 ALLOT. INDEX
 REGISTER
 EXAMINED



Newfoundland Forestry Companies.

ALLOTMENTS

I, Harold Roseworthy, Regl. No. 52404
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty (60) Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz.:

Allotment begins Oct 29th 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>289</u>	<u>Mother</u>	<u>Harriet Roseworthy</u>	<u>6 Wickford St. St. John's</u>	<u>60</u>
		<u>Cancelled</u>		
		<u>30/11/17</u>		
		<u>31</u>		
		<u>See form 47</u>		
			Total Allotment, \$	<u>60</u>

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

(Sig.) J. J. O'Leary
 For Officer Commanding
 Company
St. John's
Oct 29 1917

(Sig.) Harold Roseworthy
 (Rank) Pte

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Heworthy Christian Name Harold

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's, W.F. County

Examined ... { on 29th day of October 1917
 at Headquarters

Declared Age ... 18 years 3 mos ~~days~~

Trade or Occupation ... Labourer

Height ... 5 feet, 3 1/2 inches.

Weight ... 120 lbs.

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

Physical Development ... _____

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

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 L.E.—V= _____

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

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

Approved by (Signature) Samuel Parsons
 (Rank) Major Medical Officer.

Enlisted ... { at St. John's, Newfoundland
 on 29th day of October 1917

Corps.	Regtl. No.
<u>Infld. Forestry Corps</u>	<u>8404</u>

Transferred to ... _____

Became non-effective by _____
 on _____ day of _____ 191

(Signature) _____
 (Rank) _____

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

Date	Brief details, and signature
6-11-17	Ward Dr.
5-11-18	Boarded Hazelrigg Wood Camp. <i>Public "C" Category</i> <i>Enurses</i> (Authority: W of W Letter) - J. St. P. Knight Capt. Royal Field Regt.

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

Medical Report on an Invalid.Station HAZELEY DOWN, WINCHESTER BRDate 5-11-18

1. Unit **NFLD. FORESTRY**
2. Regimental No. **8404**
3. Rank **Pte.**
4. Name **NOSEWORTHY, HAROLD**
5. Age last birthday **19 years**
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ **Oct. 29th 1917.**
St. John's, Nfld.
7. Former Trade $\left\{ \begin{array}{l} \\ \text{or Occupation} \end{array} \right.$ **Labourer**
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***ENURESIS**Statement of Case.

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

9. Date of origin of disability. **About two years ago.**
10. Place of origin of disability. **St. John's, Nfld.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that about two years ago he developed pneumonia, and after recovery noticed that he was unable to hold his water; after enlistment he has been working with his unit, wetting his bed almost every night. He was sent to Perth Military Hospital in September of this year, and was recommended from there for invaliding out of the service.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Aggravated by service during the present war.**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

(Due to disability existing prior to enlistment)

He is a healthy robust man. He wets his bed almost every night and has been sent from hospital recommended for discharge.

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

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

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

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

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

N.A.

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

N.A.

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

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—

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

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT Capt. R.N.R.

Officer in medical charge of case.

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

Station HAZELEY DOWN CAMP,
WINCHESTER,

Officer in charge of Hospital.

Date. 5-11-22.

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

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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

No **Emuresis. As Section 13**

- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Less than 20%

- Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*
- 26. If an operation was advised and declined, was the refusal unreasonable?
 - 27. Do the Board recommend—
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?
 - 28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—
 - (a) Sanatorium;
 - (b) Hospital;
 - (c) Convalescent home;
 - (d) Asylum; or
 - (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
 - 29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
 - 30. Does the man require the constant attendance of another person?

Yes


Signatures:— (Sgd) N. S. FRASER President.

Station St. John's, J. SINCLAIR TAIT } Members.

Date Dec. 2nd., 1918 L. PATERSON, Major }

Approved (Sgd) CLUNY MACPHERSON, Major D. M. S. NEWFOUNDLAND.

Station DEC 2 1918 Administrative Medical Officer.

Date No. 

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B. 121
39

Number of Sheet First

Regiment of _____

Signature of O. C. Company Eng. A. W. King

Regimental No. and Name		Enlistment		Trade
No.	<u>80004 Harold Roseworthy</u>	Age on	<u>18</u> years <u>2</u> months	<u>Labourer</u>
Joined	Date	Place and Date of Enlistment	<u>Archie, N.Z.</u>	Religion
Joined	Date	Period of	<u>27-10-17</u>	<u>Meth</u>
Joined	Date	with Colours	<u>82</u> years.	Place of Birth
Joined	Date	with Reserve	<u>76</u> years.	<u>St Johns</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazelton Down Camp</u>	<u>19/10/18</u>	<u>Pte.</u>		<u>Dirty bed and equipment</u>	<u>Sgt Curran</u>	<u>3 Day C.B.</u>	<u>7/1/18</u>	<u>Warrant Officer</u>	<u>2/1/18</u>
<u>Hazelton Down Camp</u>	<u>2/11/18</u>	<u>"</u>		<u>1) Drunk</u> <u>2) Involunt to a N.C.O.</u>	<u>Capt Thompson</u>	<u>Deprived of 5 days pay</u>	<u>4/11/18</u>	<u>S. Col</u>	<u>Barrow B.S.O.</u>
				<u>Medically Unfit</u>	<u>St John's</u>	<u>19</u>	<u>12</u>		
				<u>Reattached</u>	<u>Co</u>	<u>23</u>	<u>6</u>		
				<u>Demobilized</u>	<u>Co</u>	<u>22</u>	<u>7</u>		

COPIES SENT		
To	No.	DATE
M. G. M.	<u>152</u>	<u>9/1/18</u>
O.C. 1st. Bn.		<u>11/1/18</u>
.. 2nd Bn.		

Army Form B. 121

To be carried over

Company

~~REGIMENTAL~~ CONDUCT SHEET.

Number of sheets } _____
(in words) } _____

Signature of C.O. or Adjutant } *H. A. Redding-Cole* Capt
Forestry Corps Regiment.

Regimental Number } *9404* *Koswothy* *Harold* Attested *October 29th* 19 *17*. Joined - *Oct 29th* 19 *17*
and Name } _____

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order dispensing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS
<i>Hamply Down</i>	<i>19/10/18</i>	<i>Pl't</i>		<i>Duty bed & equipment</i>	<i>Sgt Curran</i>	<i>3 days C/B</i>	<i>19/10/18</i>	<i>Mr J. Ferguson</i>			
<i>Hamply Down</i>	<i>2/11/18</i>	<i>Pl't</i>		<i>Drunk</i> <i>Insolent to a W.O.</i>	<i>Cpl Thompson</i>	<i>Reprimand of</i> <i>5 days Bay</i>	<i>14/11/18</i>	<i>Cpl. Col Barton</i> <i>D.S.O.</i>			

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 54414 Rank Plg Name Roseworthy A
 Date of Engagement 23.6.19 Address 60 Bedford St. District St. John's
 Occupation Labourer Classification for Discharge VR Medical Category E
 Recommendation S.M. Permanently unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date July 21/19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

A. H. Roseworthy
mark
 Particulars passed to Vocational Officer for information and action. *wt. 6/26*

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000

(b) Clothing Supplied While on service

Date 22-7-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Warwickford, H. and Release Certificate No. 3760 issued.

Date 22-7-19

Amel Bush
 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 22-7-19

L. R. Cooper Capt
 Depot Paymaster.

Discharge approved for 22-7-19
 Forwarded with following documents to O.C Discharge Depot.

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

Date 22-7-19

Amel Bush
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records,
 Board of Pension Commissioners.
 with following additional documents.

~~Eligible for War Service Gratuity~~

JUL 22 1919

Date

L. R. COOPER, CAPT.
 O. C. Discharge Depot.

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

Date

Realised

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8404 Rank PLC Name Roseworthy H
 Intended place of residence 6 Wickford St
 2. Occupation Labourer
 Classification of soldier B Medical Category E

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 D.R. Cooper Capt
 Date July 22nd 1919 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S H. Roseworthy
 Date AMcLoughlin
 Signature of soldier
 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 H. Roseworthy
 Date 22-7-19 James O'Sullivan
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23.6.19 No. of days on Military
 Discharged from service 22.7.19 Plus 14 days Service 30 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S D.R. Cooper Capt
 Date JUL 22 1919 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S M. Bowley Capt
 Date August 5/1919 Officer i/c Records
 The Royal Newfoundland Regiment

22 B 2079/121

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

* NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre	A.F. W. 3961B has been sent to The Officer i/c Records	A.F. W. 3961C has been sent to The Regimental Paymaster
<i>Regd. Off. Hazleby</i>	<i>57 St. Andrew's</i>	<i>57 St. Andrew's</i>

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as ~~_____~~
- (d) Transfer to the Reserve
- (e) † Claims repatriation to *N.F.L.D.*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *N.F.L.D.* (Country) *St. Johns* (Place) *29 1917*
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. *5404* Rank *Private*

Name *Wesworth Harold*
(Surname) (Christian names in full)

Unit and Corps *1725 Trenchard*

Authority *B 1792*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazleby*

Date *5-11-1918* O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—† If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms. In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim is or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, The Officer i/c Records, A.F. W. 3961c has been sent to The Regimental Paymaster,

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e) † Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted _____ (Country) _____ (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. 5404 Rank Private

Name Harold (Surname) _____ (Christian names in full)

Unit and Corps 1st Bn. The Buffs

Authority 13. 17. 94

Station Hazley

Date 5-11-15 1915 O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 17849

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre,	A.F. W. 3961B has been sent to The Officer i/c Records,	The Regimental Paymaster,
--	--	---------------------------

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country) _____ (Place) _____

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars _____

No. _____ Rank _____

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records.

Station _____

Date _____ 191____ O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

(P.T.O.)

PART II.

Officer i/c Records

The soldier named in Part I. of this Army Form is:—

* (a) { Married or a }
 { Widower } *Single*

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Sex	Dates of Birth

* (b) Unmarried or a widower } with the following dependants for
 without children } whom an allowance is being paid:—

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

* (c) Unmarried and without dependants

* (d) The address of his family or dependants is

6 Wickford St. Ipswich 17 210

Station _____

Regimental Paymaster or

Date _____

191 _____

Secretary T.F. Association.

* Strike out whichever inapplicable.

PART III.

(For use when applicable.)

The Secretary,
 T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Regimental Paymaster.

Station _____

Date _____

191 _____

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

(a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.

(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Noseworthy Harold
(Surname) (Christian names in full)

A. Unit from which discharged R.L.D. Forestry Battalion

Regimental Number 8404 Rank on discharge Pvt Age on discharge 19

Married, widower with children, or single Single

Occupation before enlistment Saboard

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } No 6 Willford St

Name of Approved Society (if any) _____

PART Nature of medical unfitness Emaciation

B. _____

Service with Colours 1 years 31 days, of which _____ years

300 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable No

Date of discharge 5-11-18 1918

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a. can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A. of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. (Soldier's Name) Roseworthy Harold (Surname) (Christian names in full)

A. Unit from which discharged N.F.S.B. Forestry

Regimental Number 8404 Rank on discharge Pte Age on discharge 19

Married, widower with children, or single single

Occupation before enlistment Sabotier

Special qualifications (if any) for employment in civil life

Nature and locality of employment desired

Full postal address to which proceeding on discharge } No 6 Welford St St Johns N.F.S.B.

Name of Approved Society (if any)

PART B. Period of service, and in what Corps

Regiment	Years	Days	All-service abroad, with Stations	Years	Days
<u>N.F.S.B. Forestry</u>	<u>1</u>	<u>31</u>	<u>India</u> <u>South Africa</u> <u>Scotland</u>		<u>300</u>
Disallowed					
Service towards pension					

Number of G.C. badges medals

PART C. Wounds and actions in which received

PART D. Where born (parish, town and county), and date St Johns 8th Sept 1899

Colour of hair on discharge light Colour of eyes Brown Complexion Fair

Christian name of father Roseworthy Eric

Christian name of mother Roseworthy Harriet

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c Central Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children and dates of birth _____
 Date and place of 1st enlistment St Johns 29 Oct 1918
 Figure on discharge _____
 Descriptive and other distinguishing marks _____

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Nosworthy Harold Rank Plt
 Station Haydon Down Date 5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence (Rank) _____
 O.C. unit or Officer i/c Hospital. _____

THE CONTROLLER,
 MINISTRY OF PENSIONS,
 BURTON COURT,
 KING'S ROAD,
 LONDON, S.W.3.

The soldier named overleaf was
 Discharged under para. _____ King's Regulations
 or
 Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character _____
 I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Station _____
 Date _____ 1918
 Officer i/c Records _____
 * Insert P, or P.(T).

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 of 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. *Med. Troop, Cos.* 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *8204* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Roseworthy* *Harold* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *27th 1/17* 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. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *About two years ago*
12. Place of origin of disability. *St John Med.*
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. *He states that about two years ago he developed pneumonia and after recovery noticed that he was unable to hold his water. After enlistment he has been working with his hand wetting his bed almost every night. He was sent to St John's Hospital July Sept of this year and was recommended to me there for invaliding out of the service 4th 1918*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | no |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. | no | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } existing ^{no} due to disability existing prior to enlistment

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

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

He is a healthy robust man. He weighs his full almost every night and has been sent from hospital recommended for discharge.

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Discharge as permanently unfit for military service
MR [Signature]

Station *Hazley Down Wincobates*
 Date *5-11-18*

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

COPY

Depot 8404

St John's, Nfld.

Dec. 24th, 1918

O.C. Nfld. Forestry Companies
Headquarters

Sir,

The undermentioned men have been discharged
on the dates given.

Kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J. M. Howley,

Capt. etc.

8283	Pte.	Thistle, Fredk.	Dec. 19th, 1918	Med. unfit
8315	"	Streat, John	19th	do
8134	Cpl.	Thompson, L. E.	19th	do
8481	Pte.	Snow, Wm.	19th	do
8008	"	Norman, S.	19th	do
8404	"	Noseworthy, Harold	19th	do
8352	"	Meaney, Basil	21st	fo
8565	"	Moyles, Geo.	19th	do
8169	"	Martin, John	19th	sp
8252	"	Bragg, Miles	19th	do
8363	"	Best, Geo.	17th	do
8402	"	England, Jas.	19th	do
8041	"	Geary, Alex.	19th	do
8054	"			

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *8140* Rank *Private* Name *Roseworthy H*
 Date of Re-establishment *23.6.19* Address *6 Wickford St* District *St. John's*
 Occupation *Laborer* Classification for Discharge *B2* Medical Category *E*
 Recommendation S.M.B. *Roseworthy profile* Disability Rating *Nil*
 Passed to Demobilization Officer with following documents:—

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

Date *July 24/19* O. C. Discharge Depot *J. M. H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am *H. Roseworthy* in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. *with log 6*

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
 (b) Clothing Supplied *while on list*

Date *22-7-19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at Wichford St and Release Certificate No. 3760 issued.

Date 22-7-19 Amle G. Smith
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 22-7-19

Date 22-7-19 L. R. Cooper Capt
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1. Re-attestation
F 178	W 3494	B 122	Board 1st	" 2	2. Form 1
B 178a	D 400A	B 1915	do 2nd	" 3	2. Form B
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 22-7-19 Amle G. Smith
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

~~Eligible for War Service Gratuity~~

Date JUL 29 1919 L. R. COOPER, CAPT.
111 9 1919 O. C. Discharge Depot.

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

Date Aug 25 1919 [Signature]

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. <u>2407A</u>	Army Rank <u>Pte</u>															
Name <u>Prosworthy Harold</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>Newfoundland Forestry Corps</u>																
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>																
Date of discharge _____																
Place of discharge _____																
1. Description at the time of discharge.																
Age _____ years _____ months Height _____ feet _____ inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable)	Descriptive marks.															
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>																
2. The above-named man is discharged in consequence of _____																
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>																
3. Military character:— _____																
4. Character awarded in accordance with King's Regulations:— _____																
To be filled in on the soldier quitting the Colours.	<table border="1" style="margin: auto;"> <tr><th colspan="3">COPIES SENT</th></tr> <tr><th>To</th><th>No.</th><th>DATE</th></tr> <tr><td>M. of M.</td><td><u>18249/86</u></td><td><u>11/18/24</u></td></tr> <tr><td>O.G. Inst. En.</td><td></td><td></td></tr> <tr><td>2nd. Dy.</td><td></td><td></td></tr> </table>	COPIES SENT			To	No.	DATE	M. of M.	<u>18249/86</u>	<u>11/18/24</u>	O.G. Inst. En.			2nd. Dy.		
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	O.G. Inst. En.															
2nd. Dy.																
Certified that the above is an accurate copy of the character given by me on Army Form B. 2007* and that Army Form D. 489 was awarded in this case.																
Initials of Commanding Officer. _____																
Army Form B. 2088 has been issued to* _____																



Department of Militia, Newfoundland
Medical Department

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**.....

Date..... **July 18/19**.....

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 19. |
| 2. Regimental No. 8404. | 6. Enlisted on Oct. 1917. |
| 3. Rank Pte. | at St. John's. |
| 4. Name Roseworthy H. | 7. Former trade or occupation Longshoreman. |

8. Disability

Incontinence Urina......

Has been passing water while asleep, involuntary since Jan. 1918. Was in

Sp in scotland 2 days for same trouble.

9. History

10. What is his present condition?

Very thin poorly nourished No adventitious sounds in chest Complains of
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above) sight, & passing urine while asleep
Unable to get Urine to make Urinary
Complains of pain in back on steep
lifting leads.

11. Was sanatorium advised and refused? **No.**
operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature (SGD) S.G. KEAN, CAPT.

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Harold Roseworthy
..... a discharged soldier of the Royal Newfoundland Regiment, hereby agree to serve in the Royal Newfoundland Regiment, for Home Service as long as my services shall be required, under the same terms and conditions under which I was serving before discharge.

his
Harold X Roseworthy
mark

840-1
* *Harold Roseworthy*
..... do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and I will do, 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.

his
Harold X Roseworthy
mark

Place *Empire Barracks.*

Date, *10-7-1919.*

Effective *23-6-1919*

Witness *R. Edwards*

Address *6 Wickford Street*
St. John's

Opinion of the Medical Board

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

6. For pension purposes, the disability x be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service

Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Enuresis. See sect. 10. (See previous board.)

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil.**

(b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **Nil.**

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable
 (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
 Naval and Military Con-
 valescent Hospital,
 Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

(SGD) L. PATERSON, MAJOR......
 President

" J.S. TAIT......
 Signatures.....

" J.B.O'RIELLY, CAPT......

Place St. John's......

Date 18/7/19......

APPROVED

Station.....

Date.....



(SGD) CLUNY MACPHERSON, MAJOR......
 Administrative Medical Officer.

Amended Statement

LAST PART CERTIFICATE



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 8004 Rank Pvt. Name Moseworthy H. Unit 2nd Reg. who was Refracted to W.F.S. on 9/11/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS					£	s	d	PARTICULARS					£	s	d
Balance Dr. from <u>L. Coy 27/10/18</u>								Balance Cr. from							
Allotment 15 days @ 80 ^t					112	00		Pay 15 days @ \$1 ⁰⁰					115	00	
Cash Payments:								Field Alice 15 days @ \$10 ^t					115	00	
<u>4/11/18</u>								Other Allices days @ \$					116	50	13 7 10
<u>9/11/18</u>								Other Credits:							
Other Debits:								Total Credits							13 7 10
<u>4/11/18 Refused 5 days pay</u>					5	50	1 2 7	Balance due to Paymaster							11 5 4 1/2
Total Debits							14 13 2	Total Credits							13 7 10
Balance due by Paymaster								Balance due to Paymaster							11 5 4 1/2
							<u>14 13 2 1/2</u>								<u>14 13 2 1/2</u>

From 27/10/18 To 9/11/18

CHECKED: EP PERIOD: 12.11.18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of A. Coy 9/11/18 1918
(Signature) (Date)

Made in accordance with information received in the Pay & Record Office London td 3 NOV 1918
Therefore subject to amendment if and as may be found necessary.
Office, London,

1918 191

OS
WR

J.H. Marshall Capt.
Chief Paymaster & Officer i/c Records.