



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8279 Name William Roseworthy

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

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

I, William 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.

William Roseworthy SIGNATURE OF RECRUIT.  
Ch. Ellis Signature of Witness.

2/16/17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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

on this 17<sup>th</sup> day of July, 1917

Signature of Attesting Officer H. A. Rossclap

### †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 7<sup>th</sup>

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

Date.....1917..... } Approving Officer.  
 Place..... }

† 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 William Roseworthy  
 Apparent age 18 years 4 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Light Hair Gray eyes scar on forehead

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Roseworthy  
Long Pond Vermont 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. 8279

Name William Roseworthy

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

- |  |                       |
|--|-----------------------|
| 1. What is your name? .....  | 1. William Roseworthy |
| 2. What is your full Address? .....  | 2. Long Pond Marquis  |
| 3. Are you a British Subject? .....  | 3. yr                 |
| 4. What is your age? .....   | 4. 18 Year 4 Months   |
| 5. What is your Trade or Calling? .....  | 5. Miner              |
| 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. yr                 |
| 9. What is your Religion? .....  | 9. R.C.               |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. yr                |

Name .....  
Corps .....

I, William 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.

William Roseworthy  
Signature of Recruit.

G. H. Ellis  
Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 17 day of July, 1917.

Signature of Attesting Officer A. A. Ross Capt.

### †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.....1917.....  
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:  
vis:—(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 William Roseworthy  
 Apparent age 18 years 4 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Light Hair Gray eyes scar  
on forehead

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Roseworthy  
Long Pond Maine 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

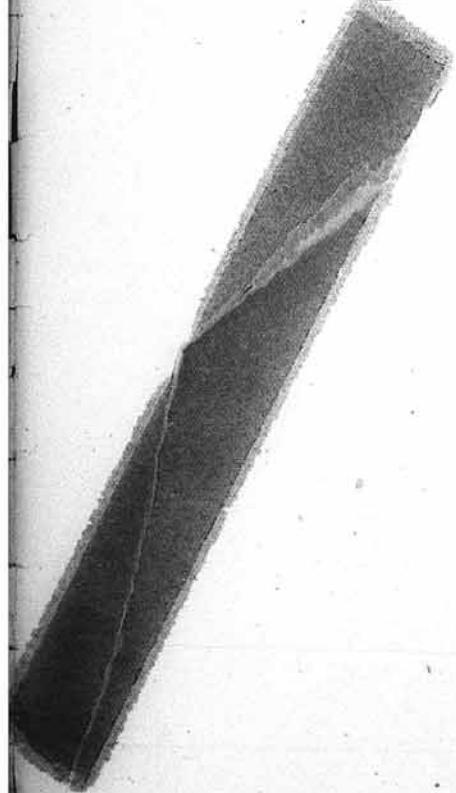
STATEMENT OF THE SERVICES

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. Halifax, Nov 20/1918.</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____ "									

Roseworthy, W

8279

Ray Dept.



Copy

This space to be left blank for the Chelsea Number.

[Blank space for Chelsea Number]

Army Form B. 268.



### Proceedings on Discharge.

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

No. 8279 Army Rank Sgt.  
 Name Sheworth William  
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)  
 Corps Field Forestry Coy.  
 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 November 30/1918  
 Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>17</u> years <u>5</u> months	Descriptive marks. <u>operation scars on abdomen</u>
Height <u>5</u> feet <u>4</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fresh</u>	
Eyes <u>light blue</u>	
Hair <u>light brown</u>	
Trade _____	
Intended place of residence <u>Longford</u> (To be given as fully as practicable) <u>St. John's, Nfld.</u>	

(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.)

16  
21  
80  
87  
30  
158

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

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

3. Military character :—  
 4. Character awarded in accordance with King's Regulations :—  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued\*

\* Strike out if not applicable.

[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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) St Johns Rosewood (Signature of Soldier.)

(Date) 5/2/12 W Newbury Corp (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) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

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.

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 Reservations

<sup>his</sup>  
Moseworthy x W

MARK

W Newbury Corp

Witness



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>8279</u>	Army Rank <u>private</u>
Name <u>William A. Oseworthy</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT. Forestry Companies</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;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.

COPIES SENT		
To	No.	DATE
M. of M.	<u>12009/108</u>	<u>26 JUL 1918</u>
O.C. 1st Lt.		
" 2nd Lt.		
	<u>[Signature]</u>	

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

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

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

3. Military character:— \_\_\_\_\_

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

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.

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

# MEDICAL HISTORY

I. U. K (C)

Surname Noseworthy OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Long Pond, Manuels County P. B.


	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	17 <sup>th</sup>	July 1917		191
Declared Age	18	years 4 mos. days		
Trade or Occupation	miner.			
Height	5	feet 5		
Weight	116			
Chest Measurement	Girth when fully expanded... Range of Expansion...			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V=	L. E.—V=	R. E.—V=	L. E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a) Scar on forehead.		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammont Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	16 <sup>th</sup> day of July 1917	on	day of 191
Joined on Enlistment	Corps.	<u>Infld</u>	Corps.	Regtl. No.
		<u>Forestry Company 8279.</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPIES SENT		
Tols.	No.	DATE
M. of M.	12009/108	26 JUL 1918
O.C. 7th Div.		
2nd Div.		

918

lbs.  
inches  
inches

Table II.—Only for admission to hospital or to th

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks syphilis, a
	Day	Month	Year	Day	Month	Year			
Perth War Hospital	3	9	14	29	10	14	Hernia	58	Radical
Military Hospital Perth	10	1	18	16	1	18	Hernia	7	
WAR HOSPITAL, PERTH	16	1	18	10	5	18	Hernia, L Squam		Radical
 Military Hospital Perth	26	5	18	13	6	18	Diphtheria	19	

in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

tion: leaving fit for duty

Suse Robertson R.M.C.

Supplied

J. J. Meade

CAPTAIN, R.A.M.C.

ation: cure.

R. G. Rammelman  
Capt R.M.C. (F.R.)

J. J. Meade

CAPTAIN, R.A.M.C.



Duplicate



Medical Report on an Invalid.

Station Dumfries, Scotland

Date 18-6-18.

- 1. Unit **NEWFOUNDLAND FORESTRY COYS.**
- 2. Regimental No. 8279.
- 3. Rank Private
- 4. Name NOSEWORTHY WILLIAM.
- 5. Age last birthday 17 years
- 6. Enlisted { on 17-7-17  
at St Johns, Newfoundland.
- 7. Former Trade } Miner  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge. } N.A.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Hernia (Double) & Debility

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.

January 1917.

10. Place of origin of disability.

St Johns, Newfoundland.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

In September 1917 was operated on one side and given truss for other side

In January 1918 was operated on other side complained of pain and weakness afterwards and was admitted 18 days in hospital 26-5-18 to 13-6-18.

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).
- (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.

(A). no

no

no

13. What is his present condition? *Walks with a stick and complains of pain and weakness - doing no work.*  
*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—  
(a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

} *N.A.*

15. Was a Court of Inquiry held on the injury?  
If so—(a) When?  
(b) Where?  
(c) Opinion?

} *N.A.*

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. *none*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) ~~Change to England?~~ *INT*

*J.A. Doyle M.D.*  
\_\_\_\_\_  
Officer in medical charge of case.

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

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

\*Loss of teeth on or immediately after, active service, shall not be considered as due to active service, unless there is evidence that it is due to some

† Delete this section if no further actions 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.

21. (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 ?

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.

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. 1275 of 1917, is any surgical appliance recommended ?

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

*Temp 99+ pulse 120  
tender over lower abdomen*

*lw*

*lw*

*military service not aggravated has been 20%  
total disability 40% 3 months*

*- yes*

*lw*

Station St John's  
Date Oct 9 1918

Approved [Signature]  
Station [Signature]  
Date [Signature]



[Signature] President.  
[Signature] Members.

[Signature]  
Administrative Medical Officer.  
D. M. S. NEWFOUNDLAND.



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

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

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

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

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

**A** Name in full William Noosworthy  
 Regiment from which discharged N.F.L.D. Fowbery boys.  
 Regimental Number 8279.  
 Where born (Parish, Town and County), and when Long Pond. Hamlets. N.F.L.D. 4-7-1901.  
 Intended address Long Pond. Hamlets.

Height on discharge 5 Feet 4 Inches  
 Colour of Hair on discharge Light Brown Colour of Eyes Light Blue  
 Descriptive marks operation scars. Abdomen. Complexion Fresh.  
 Figure on discharge slim  
 Christian name of Father John  
 Christian name of Mother Sarah  
 Wife's Maiden name in full N.A.  
 Date and Place of Marriage N.A.  
 Christian names of Children none  
 Nature and locality of civil employment desired Engineer. Belle Isle. Newfoundland

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 Noosworthy (Rank) Pte  
MARN. Date 20-6-18.  
 Station Sunfield. William H. Stewart

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.

J. A. Taylor M.D. Medical Officer i/c unit  
 Station Craigmore Camp Date 20.6.18 unit Hospital.

**B** Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days										
<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">COPIES SENT</td> </tr> <tr> <td style="text-align: center;">To</td> <td style="text-align: center;">DATE</td> </tr> <tr> <td style="text-align: center;">M. O. R. A. I. C. No. <u>1007/08</u></td> <td style="text-align: center;"><u>26 JUL 1918</u></td> </tr> <tr> <td style="text-align: center;">O.C. 1st Bn.</td> <td></td> </tr> <tr> <td style="text-align: center;">.. 2nd Bn.</td> <td></td> </tr> </table>						COPIES SENT		To	DATE	M. O. R. A. I. C. No. <u>1007/08</u>	<u>26 JUL 1918</u>	O.C. 1st Bn.		.. 2nd Bn.	
COPIES SENT															
To	DATE														
M. O. R. A. I. C. No. <u>1007/08</u>	<u>26 JUL 1918</u>														
O.C. 1st Bn.															
.. 2nd Bn.															
Disallowed	...	...	...	...	...										
Service towards Pension	...	...	...	...	...										

Date inclusive to which pay has been issued  
 Sums due on account of public debts ...

Sum due on account of advance of pension )

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

Medals

Other distinguishing marks

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

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

# Report of Medical Examination for Newfoundland Forestry Companies

No. *436*

Weight:— *116*

Height:— *5:5*

Name *William Roseworthy*

~~Married~~ or Single

Age *18*

Address in City:— *3 Spenser St*

Occupation *Miner*

Home Address:— *Long Pond*

For what Rejected—from Regiment or R.N.R. *too light*

Family History (Enquire as to Tuberculosis, insanity, etc.) *Good*

What illness have you had within the last five years? *None*

Do you know of anything the matter with you? *No*

Examination of lungs (a thorough examination of bared chest is obligatory.) *Healthy*

Examination of heart *Normal*

Does the Urine contain any albumen? *No*

Are there any malformation of hands, arms, legs, feet eyes, ears, etc.? *No*

What is his muscular development? *Good*

Do you think him suitable physically for admission to a Nfld. Forestry Company? *Yes*

Place *St. John's* *J. J. ...*

Date *July 17 1917*

Medical  
Examiners

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, 26/5/17.

Regt No. 8279 Rank Pte. Name Noseworthy, W. Unit Nfld. Forestry Corps who was Repatriated  
to Newfoundland on 21/7/18 Authority A.F.B. 179 Cause Class A.

DR.	STATEMENT OF ACCOUNT						CR.									
	PARTICULARS			\$	¢	E	s	d	PARTICULARS			\$	¢	E	s	d
From 12/7/18 To 21/7/18	Balance Dr. from								Balance Cr. from 11/7/18							
	Allotment 10 days @ 80¢			8	00	1	12	10	Pay 10 days @ \$ 1.00.			10	00			4
	Cash Payments:								Field Allow 10 days @ \$ 10¢			1	00			
	Other Debits:								Other Allowes days @ \$			11	00	2	5	2
	Total Debits					1	12	10	Total Credits					2	12	6
	Balance due by Paymaster						19	8	Balance due to Paymaster							
						2	12	6						2	18	6

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

(Place)

(Date)

191

Made up/checked in accordance with information received in the Pay & Record Office London to 28/8/18 and is therefore subject to amendment if and as may be found necessary.

Pay &amp; Record Office, London,

August 28th 1918

Chief Paymaster &amp; Officer i/c Records.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheet First

Regiment of Newfoundland Forestry Companies

Signature of O. C. Company H. H. [Signature] Capt

Regimental No. and Name	
No.	<u>W. Howarth</u>
<u>8279</u>	
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>18</u> years <u>11</u> months
Place and Date of Enlistment	<u>St John's</u> <u>16/7/17</u>
Period of	with Colours <u>38</u> years. with Reserve <u>365</u> years.

Trade	<u>Miner</u>
Religion	<u>R. C.</u>
Place of Birth	

COPIES SENT	TO	
	NO	
	M OF M	
	D.C. 1st. D.	

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 disposing with total	By whom awarded	REMARKS
<u>Dunnet</u>	<u>27/1/18</u>	<u>1st</u>		<u>absent from roll call computation from 9<sup>45</sup> pm till 9 pm</u> <u>absent from roll call computation until 10<sup>15</sup> pm</u>		<u>24 hours</u> <u>3 p.m.</u>		<u>W. H. [Signature] Capt</u>	
<u>do</u>	<u>11/5/14</u>			<u>Absent from 9<sup>45</sup> pm computation roll call until 9<sup>45</sup> pm</u> <u>12/1/14</u>		<u>16 hours</u> <u>at home</u>		<u>Capt W. H. [Signature] Capt</u>	<u>Forfeit 2 D ryl pay by roll.</u>
				<u>Medically unfit St John's</u>		<u>30<sup>11</sup>/18</u>			

To be carried over

Army Form B. 121

St. John's, .....

# Newfoundland Forestry Companies,

Billeting Account,

To M<sup>rs</sup>. Hollihan

Billeting Soldiers as undermentioned

from Oct 18<sup>th</sup> /18 to Oct 25<sup>th</sup> /18

8279. Mr. W. Gosworthy 7 20

ACCOUNT Bm

CR. NO. 131

IND. LEDGER

PAY LEDGER

RE. LEDGER

INITIALS ew

INITIALS

INITIALS

INITIALS

Certified correct for \$ 7.20

A.J.

Erne Kavanagh

P. B. Dickson  
Billeting Officer.

St. John's, OCT 18 1918

# Newfoundland Forestry Companies,

Billeting Account,

To Mr Hollihan

Billeting Soldiers as undermentioned

from Oct 11/18 to Oct 18/18

8279 Pts on Roseworthy 7.20

ACCOUNT	<u>130m.</u>	INITIALS	<u>EW.</u>
CH NO	<u>124</u>	INITIALS	<u>EW.</u>
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Certified correct for \$ 7.20

Ed Dickson  
Billeting Officer.

Eds. G. Paid  
Gene Kavangh

8/10/18.

St. John's, OCT 11 1918

# Newfoundland Forestry Companies,

Billeting Account,

To *Mr Holliman*

Billeting Soldiers as undermentioned

from *Oct 4/18* to *Oct 11/18*

*5279 Pts W Roseworthy 7.20*

ACCOUNT

CHEQUE NO

IND. LEGAL

*B.M. Ew*  
*110*

*Irene Kavanaugh*

Certified correct for \$ *7.20*

*C.B. Dickson*

Billeting Officer.

*E. G. G.*

St. John's, OCT 4 1918

# Newfoundland Forestry Companies,

Billeting Account,

To *Mr Mulligan*

Billeting Soldiers as undermentioned

from *Sept 27/18* to *Oct 21/18* *WGE*

*8279 Pts at Roseworthy 2 20*

ACCOUNT	<i>B &amp; M</i>	INITIALS	<i>EW</i>
CH NO	<i>107</i>	INITIALS	
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Certified correct for \$ *7.20*

*A. D. Dickson*  
Billeting Officer.

*G. H. S. G.*  
*Irene Kavanaugh*



St. John's, SEP 20 1918

# Newfoundland Forestry Companies,

Billeting Account,

To Mr Hollihan

Billeting Soldiers as undermentioned

from Sept 13/18 to Sept 20/18

8279 Pts of Roseworthy 7 20

ACCOUNT	<u>139m</u>		
GH. NO.	<u>96</u>	INITIALS	<u>aw</u>
IND. LEDGER			
PAY LEDGER			
GEN. LEDGER			

Certified correct for \$ 7.20

Paid

C. D. Dickson

Billeting Officer.

Hollihan Irene  
21/9/18

St. John's, Sep 6<sup>th</sup> 18

**Newfoundland Forestry Companies,**

Billeting Account,

To Mrs Hollihan

Billeting Soldiers as undermentioned

from Aug 17/18 to Aug 23/18

8279. Pts W Noseworthy 6 00

Aug 30/18 Sept 6/18 6 00

ACCOUNT 13 4m 12 00  
82 INITIALS ew

Miss Hollihan

Certified correct for \$ 12 00

C. B. Dicko / lieut  
Billeting Officer.

C.M.S.

St. John's,

SEP 27 1918

# Newfoundland Forestry Companies,

Billeting Account,

To *W. Hollihan*

Billeting Soldiers as undermentioned

from

*Sept 20/18*

to

*Sept 27/18*

*8274 Pts W. Roseworthy 7.20*

Paid

*Irene Kavanagh*

*28-9-18.*

ACCOUNT	<i>138m</i>
CR. NO.	<i>105</i>
IND. NO.	<i>Aut</i>
PAY LEV.	
GEN. LEV.	

Certified correct for \$ *7.20*

*C. Dicks*  
Billeting Officer.

*B. H. H.*

AUG 30 1918

St. John's

ACCOUNT Board & Messing

NO. 76 INITIALS \_\_\_\_\_

**Newfoundland Forestry Companies,**

IND. LEDGER \_\_\_\_\_ INITIALS \_\_\_\_\_

PAY Billiting Account INITIALS \_\_\_\_\_

GEN. LEDGER \_\_\_\_\_ INITIALS \_\_\_\_\_

To Mr Holliman

Billiting Soldiers as undermentioned

from Aug 23/18 to Aug 31/18

8279 Pts W. Roseworthy 6.00

Paid  
 by Mrs Holliman  
 mark Wit Hollan

Certified correct for \$ 6.00

C. S. Dickson  
 Billiting Officer.

C.H.S.

St. John's, \_\_\_\_\_

SEP 6 - 1917

# Newfoundland Forestry Companies,

Billeting Account,

To Cpl W Roseworthy

Billeting Soldiers as undermentioned

from Aug 5/17 to Aug 17/17

8279 Pte W Roseworthy 11 40

Pte <sup>Philip</sup> ~~W~~ Roseworthy  
mark.  
Wit J. Holland

ACCOUNT B & M  
CN NO 83 INITIALS EW

Certified correct for \$ 11.40

C. B. Dicks Lieut  
Billeting Officer.

C. H. S.

St. John's, Dec 10/18  
 Infla Forestry Company  
 Royal Newfoundland Regiment.

Billeting Account,

To Pls W Roseworthy

Billeting Soldiers as undermentioned

from <u>Aug 5/18</u> to <u>Aug 19/18</u>	
<u>8279 Pls W Roseworthy</u>	<u>12.00</u>
<u>Oct 25/18 to Nov 29/18</u>	<u>36.00</u>
	<u>48.00</u>

B & M

ACCOUNT	<u>238</u>	INITIALS	<u>CW</u>
CH. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Certified correct for \$ 48.00

Joseph H. Snow  
 Billeting Officer.

B.M.C. Pte. W. Roseworthy  
Mark Wit Holland

*W. F. L. D. Forestry*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 84<sup>38</sup>

Dec 5<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Egley four<sup>38</sup> xx Dollars.  
~~on account~~ of Pay.

*W. Roseworthy*  
1,100K

*W. Roseworthy*

Ch. No.	<u>206</u>	Initials	<i>W. Roseworthy</i>
Pay Ledger	<u>83</u>	Initials	<i>W. Roseworthy</i>
Gen. Ledger		Initials	

Regtl. No. .... Rank .....

No. 8279 Rank O6

Name Roseworthy-W



Newfoundland Forestry

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15<sup>00</sup>

Aug 5 1918

Received from the First Newfoundland Regiment  
the sum of Fifteen Dollars.  
on account of Pay.  
~~balance~~

W. M. Mowbray  
Regtl. No. 8179 Rank Re

Ch. No. ... 46 ...	Initials.....
Pay Ledger ... 83 ...	Initials. W.M.
Gen. Ledger.....	Initials.....

No. 8279

Rank

Pl.

Name

Noseworthy W.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 8279 Rank Pte Regiment Newfoundland Fusiliers Coy

Name Roseworthy. William  
(Surname first)

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

*Engineer*

COPIES SENT		
To	No.	DATE
M. of M.	<i>12009/108</i>	26 JUL 1918
O.C. 1st. Bn.		
" 2nd Bn.		

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*1. Moenir Oil and Steel Company. Belle Isle. N.F.L.D.*

*2. Miner*

*3. 3 months*

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

*✓ Engineer*

*2/ Belle Isle. N.F.L.D.*

4. What is the name of your Approved Society?

*NONE.*

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

*✓ Yes.*

*2/ Forster*

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

March 22, 1919

#8279 Pte. William Roseworthy,  
Long Pond,  
Manuels, C.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 & O.i/c Records

4785

Capt G. H. Hooley  
At York

Dear Sir Will you be  
kind enough to send  
along my second payment  
of \$10.10, for War Service Gratuity.

# 8299 - Yours truly  
Wm. Holmworth  
Long Road  
Spunels  
of 25-19-

only entitled to 1 mos. gratuity  
as he was not overseas on Nov 11/1918.







### Statement of Accounts

No. 8279 Rank Pte <sup>or</sup> Name Roseworthy W.  
 Company, etc. B Newfoundland Forestry Coy  
 From 6. 7. 18 to 11. 7. 18 (dates)

DEBITS				CREDITS			
Date				Date			
	6 dep acct/80	14 <sup>00</sup>	19 9		6 dep bay 1 <sup>00</sup>	16 <sup>00</sup>	
					6 <sup>00</sup> full allow 10	160	
						186 <sup>00</sup>	11 7 1
	Creditor Balance		1 7 4		Debtor Balance		
	Total £		1 7 1		Total £		1 7 1

*B. Bay  
 21. 10. 18*

*S.F.*

Certified correct,

Station Dunkeed  
 Date 15 July 1918

*J. S. Crowe*  
 Paymaster

2 12 6

8279  
Newfoundland

Pts.

21 7 18

Roseworthy, W.

A.F.B. 179

Nfld. Forestry Corps.

Class A.

Repatriated

						11/7/18		7 4
10	80¢	8 00	1 12	10	10	1.00.	10 00	
						10¢	1 00	
							<u>11 00</u>	2 5 2

12/7/18 21/7/18

*Giles*

COPY SENT TO  
C.C.H.Q.  
ST. JOHN'S, N.F.L.D.  
MAILED  
DATED

1 12 10  
19 8  
2 12 6

2 12 6

2 12 6

London

28 8 18

CHIEF  
*Wick*  
20/8/18

August 28th

8

**Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved.)

To the Superintendent,  
Central Army Pension Issue Office,  
33, Baker Street, London, W.1.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has this day been approved. (The discharge will be confirmed for a date ~~14~~ <sup>21</sup> days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Rosworthy, Christian names William  
(in full)

Regt. No. and Rank 8279. Pte Regt. or Corps N.F.L.D. Forestry Coy  
(If T.F. this should be stated)

His address on discharge will be Long Pond, Marnock, N.F.L.D.

The Soldier states that\* No ~~separation~~ allowance is being issued in respect of him.

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

Station \_\_\_\_\_

Date \_\_\_\_\_

President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

# Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St. London S.W.

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

Soldier's surname Roseworthy, Christian names William  
(in full)

Regt. No. and Rank 8279. Pte Regt. or Corps N.F.L.P. Frustry Coy  
(If T.F. this should be stated)

His address on discharge will be Long Pond. Hamulo. N.F.L.P.

This information is for the Central Army Pension Issue Office only. The Soldier states that\* NO. allowance is being issued in respect of him.

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

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

Station \_\_\_\_\_

Date \_\_\_\_\_ President of Board (Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

## Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

The inapplicable addresses to be struck out.

To { ~~Officer i/c Hospital, or~~  
~~O.C. Command Depot, or~~ N.F.L.D. Forestry Corps  
~~O.C. (Soldier's Unit)~~  
 (as the case may be)—see A.C.I. 1623 of 1916.

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

Soldier's surname Nosworthy, Christian names William  
 (in full)

Regt. No. and Rank 8279 Pte Regt. or Corps N.F.L.D. Forestry Corps  
 (If T.F. this should be stated)

His address on discharge will be Long Pond, Manuels, N.F.L.D.

This information is for the Central Army Pension Issue Office only. The Soldier states that\* NO. allowance is being issued in respect of him.

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

One or both paragraphs to be struck out as may be necessary.

{ (For O.C. Command Depot.)—You are requested to forward the Soldier's Field Conduct Sheet (Army Form B. 122) to the Officer i/c Records, without delay.  
 (For O.C. Unit.)—You are requested to forward the Soldier's duplicate Attestation, with all documents pertaining thereto, to the Officer i/c Records, without delay.

Station \_\_\_\_\_

\_\_\_\_\_  
 President of Board  
 (Approving Officer).

Date \_\_\_\_\_

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

COPY

(1374.) Wt. 6889/8361. 500m. 9/10. P.P.Ltd.



Army Form W. 3494.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 8279 Rank Private  
Name (surname first) Noseworthy William  
Regiment ROYAL NEWFOUNDLAND REGIMENT.

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

Engineer

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

1 Menin Oil & Steel Co Belle Isle Newfoundland  
2 Mines  
3 - 3 Months

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

1 Engineer  
2 Belle Isle Nfld.

4. What is the name of your Approved Society?

None

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

1 yes  
2 Forester

Date ? Signature ?

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

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 question are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian name *William*..... 2. Surname *Roseworthy*.....  
3. Rank *Pte.*..... 4. Regt. No. *827th Infantry*.....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Long Pond, Memorial, C. B.*.....  
6. Date of enlistment in the Regiment..... *July 16/17*.....  
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 dependent.....  
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..... *From July 16/17 to Nov. 30/18.*.....

*Tab*

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.....

*Inc*

~~*Clothing allowance \$60*~~  
~~*Board money + P.S.O. 48*~~

*No.*

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

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?.....

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge..... *Nov. 30/18* (b) Reason for discharge..... *Physical unfitness*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service..... *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? *No*  
(b). If (a), 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 M. Steenworthy*  
 Place of Residence: *Long Pond, Manuels, C.B.*  
 Declared before me at: *St. John's Nfld*  
 This *11th* day of *March 1919*

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

*John M. Carthy*

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	.....	.....	4 mos.	.....	280.00
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified Correct.					Paymaster.

DUPLICATE  
MAIL 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.

Regtl No. 8279 Rank Pte. Name Noseworthy, W. Unit Nfld. Forestry Corps. who was Repatriated  
to Newfoundland on 21 / 7 / 18 Authority A.F.B. 179 Cause Class A.

DR. STATEMENT OF ACCOUNT

	PARTICULARS					PARTICULARS					CR.				
	\$	£	£	s	d	\$	£	£	s	d	\$	£	£	s	d
Balance Cr. From						Balance Cr. from 11/7/18									
Allotment 10 days @ 80¢	8	00	1	12	10	Pay 10 days @ \$1.00.	10	00							
Cash Payments:						Field Allowance 10 days @ \$1.00	1	00							
						Other Allowances days @ \$	11	00	2	5	2				
Other Debits:						Other Credits:									
Total Debits			1	12	10	Total Credits			2	12	6				
Balance due by Paymaster				19	8	Balance due to Paymaster									
			2	12	6				2	12	6				

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

(Place) \_\_\_\_\_ (Date) 1918

Made up/checked in accordance with information received in the Pay & Record Office London O.C. " " Company to 28/8/18  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

August 28th 1918

*[Signature]*  
Chief Paymaster & Officer i/c Records.

PERIOD: From 12/7/18 to 21/7/18

RECEIVED

28/8/18

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.

Regtl No. 8279 Rank Pte. Name Noseworthy, W. Unit Nfld. Forestry Corps. who was Repatriated  
to Newfoundland on 21/7/18 Authority A.F.B. 179 Cause Class A.

## STATEMENT OF ACCOUNT

DR.		PARTICULARS					STATEMENT OF ACCOUNT					CR.				
		\$	£	s	d	PARTICULARS					\$	£	s	d		
From 12/7/18 To 21/7/18	Balance Br From					Balance Cr. from										
	Allotment 10 days @ 80¢	8	00	1	12	10	Pay 10 days @ \$ 1.00.			10	00					
	Cash Payments:						Field Allow 10 days @ \$ 10¢			1	00					
	Other Debits:						Other Allowances days @ \$									
	Total Debits			1	12	10	Total Credits				2	12	6			
	Balance due by Paymaster			2	12	6	Balance due to Paymaster				2	12	6			

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.B.  
N.F.P.38. No. 13796/139  
DATED 30-8-18

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

(Place)

(Date)

191

Made up/checked in accordance with information received in the Pay & Record Office London O.C. " " Company to 28/8/18  
and is therefore subject to amendment if and as may be found necessary.Pay & Record Office, London,  
August 28th 1918

Chief Paymaster &amp; Officer i/c Records.

COPY.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. G. With & Sons Ltd., Printers, Old Bailey, E.C. 4. Forms  
 (1454) W5227/M5228 250m 7/17a ss 58 H. 121.  
 41.

Regiment of ~~ROYAL NEWFOUNDLAND REGIMENT~~ *Westley Coops*

Signature of O. C. Company *[Signature]*



Regimental Number and Name <i>8279 Newbury W.</i>		Enlistment Age on <i>18</i> years <i>11</i> months	Trade <i>Miner</i>
No. <i>8279</i>	Date	Place and Date of Enlistment <i>St. John's N.S. 7.17</i>	Religion <i>R.C.</i>
Joined	Date	Period of <i>with Colours</i> years. <i>with Reserve</i> years.	Place of Birth
Joined	Date		

Good Conduct Badges, Service Pay or Proficiency Pay

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order (depending with total)	By whom awarded	REMARKS
<i>Trunkell</i>	<i>27.1.18</i>	<i>Sgt.</i>		<i>1. Absent from duty see call from 1 p.m. till 9 p.m. 2. Absent from roll see call received.</i>	<i>Cpl. Eaton Cpl. Colbourne</i>	<i>24 hrs S. 2.</i>	<i>28.1.18</i>	<i>[Signature]</i>	
<i>do</i>	<i>11.5.18</i>	<i>"</i>		<i>Absent from 9.45 p.m. see call until 9.45 p.m. 12.5.18</i>	<i>Cpl. M. Eaton</i>	<i>16 hours work</i>	<i>13.5.18</i>	<i>Capt. W. Crowe</i>	<i>Repaid 2 days pay by R. W.</i>

To be carried over

Army Form B. 121.



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

October 10th, 1918

191

From Officer Commanding,  
Depot

To Paymaster and Officer i/c Records,  
Militia Department

8279 Pte. Wm. Noseworthy

*Top sail*

The above noted man has been recommended for discharge as permanently unfit by Medical Board held on Wednesday, Oct. 9th, 1918.

I am sending him herewith for your attention and necessary action, please.

*H. W. W. J.*  
Ass't Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.

CCD\*AC

Copy

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

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

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

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

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

**A** Name in full *William Rosworthy*  
 Regiment from which discharged *Forestry Companies*  
 Regimental Number *8279*  
 Where born (Parish, Town and County), and when *Long Pond manual Nfld 4/7/1901*  
 Intended address *Long Pond manual*

Height on discharge *5* Feet *4* Inches  
 Colour of Hair on discharge *Light Brown* Colour of Eyes *Light Blue*  
 Descriptive marks *operation scar abdomen* Complexion *Fresh*  
 Figure on discharge *Slim*  
 Christian name of Father *John*  
 Christian name of Mother *Sarah*  
 Wife's Maiden name in full }  
 Date and Place of Marriage } *n/a*  
 Christian names of Children }  
 Nature and locality of civil employment desired *Engineer, Belle Isle Nfld*

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) *Wm Rosworthy*  
*Rank* *Pte*  
 Station *Dunkeld* *witness A. Stewart* Date *25/6/18*

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.

*Sgt J. H. Taylor M.D.* Medical Officer i/c Hospital.

Station *Bragneman Camp* Date *25/6/18*

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

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

Other distinguishing marks

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

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

*Original*

### Medical Report on an Invalid.

Station Dunkeld, Scotland  
Date 18-6-18.

1. Unit **NEWFOUNDLAND FORESTRY COYS.** 7. Former Trade } *Miner*  
or Occupation }
2. Regimental No. **8279.**
3. Rank *Private*
4. Name **NOSEWORTHY, WILLIAM.**
5. Age last birthday *17 years*
6. Enlisted { on *17-7-17.*  
at *St Johns, Newfoundland.*
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge. } **N.A.**

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 10)

*Herise (middle) & Debrity*

COPIES SENT		
To	No.	DATE
M. of M.	<i>12009/108</i>	<b>26 JUL 1918</b>
O.C. 1st. Bn.		
" 2nd. Bn.		

#### 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. *January 1917*
10. Place of origin of disability. *St. Johns Newfoundland*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*In September 1917 was operated on one side & given a truss for other side. In January 1918 was operated on other side. Complained of pain & weakness afterwards. Was 18 days in hospital 26.5.18 to 13.6.18.*

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). **(A) No**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **(B) No**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **(C) No**

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.

walks with a stick complaining of pain & weakness in work

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

- (a) In action?
  - (b) On field service?
  - (c) On duty?
  - (d) Off duty?
- } N.A.

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

- If so—(a) When?
- (b) Where?
  - (c) Opinion?
- } N.A.

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.

None

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England? ~~for~~

Discharge as permanently unfit

J. A. Taylor M.D.  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except ~~in~~ <sup>as noted in hospital</sup>

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

21. (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?

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.*

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. 1275 of 1917, is any surgical appliance recommended?

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

Signatures :—

\_\_\_\_\_ President.

Station \_\_\_\_\_

Date \_\_\_\_\_

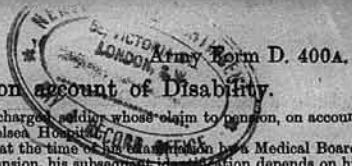
\_\_\_\_\_ Members.

Approved

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Administrative Medical Officer.



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

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital. Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting. The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

**A Name in full** William Roseworthy  
**Regiment from which discharged** ROYAL NEWFOUNDLAND REGIMENT  
**Regimental Number** 8279  
**Where born (Parish, Town and County), and when** Longford, Manuels 7/14/1901  
**Intended address.** Longford, Manuels

**Height on discharge** 5 Feet 4 Inches  
**Colour of Hair on discharge** Light Brown **Colour of Eyes** Light Blue  
**Descriptive marks** Operation scars Abdomen **Complexion** Fresh  
**Figure on discharge** Thin

**Christian name of Father** John  
**Christian name of Mother** Sarah  
**Wife's Maiden name in full** NA

**Date and Place of Marriage** NA  
**Christian names of Children** None

**Nature and locality of civil employment desired** Engineer, Belle Isle 7/14

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) Wm Roseworthy (Rank) Private  
 Station Dunkeld Witness St Stewart Date 20/6/18

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 Craymen Camp Date 20/6/18 Medical Officer i/c Unit  
 Hospital.

**B Period of Service and in what Corps ...**

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		

**Disallowed ...**

**Service towards Pension ...**

**Date inclusive to which pay has been issued**

**Sums due on account of public debts ...**

Sum due on account of advance of Pension }

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**

**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges**  
**Wounds, and Actions in which received**

**Medals**

**Other distinguishing marks**

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

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



COPY



Army Form B. 178.

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

MEDICAL HISTORY of

Surname Roseworthy Christian Name William

TABLE I. GENERAL TABLE.

Birthplace ... Parish Longford County Manuels C.B. Newfoundland

Examined ... (on 17th day of July 1917  
at Headquarters)

Declared Age ... 18 years 4 mos days

Trade or Occupation ... Miner

Height ... 5 feet 5 inches.

Weight ... 116 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) Scar on forehead

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

Approved by (Signature) Sgt Lamont Paterson  
(Rank) major Medical Officer.

Enlisted ... { at St. John's  
on 16th day of July 1917

Joined on Enlistment ...

Corps.	Regtl. No.
<u>Newfoundland Infantry Co.</u>	<u>8279</u>

Transferred to ...

Became non-effective by

on \_\_\_\_\_ day of \_\_\_\_\_ 1917

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

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

Table II.—Only for Admissions to Hospital or to the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital
	Day	Month	Year	Day	Month	Year		
Perth War Hospital	3	9	17	29	10	17	Hernia	58
Military Hospital Perth.	10	1	18	16	1	18	Hernia	7
War Hospital Perth	16	1	18	10	5	18	Hernia L. Inguinal	
Military Hospital Perth	26	5	18	13	6	18	Debility	19

t in the case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

ical operation Recovery fit for duty

Sgt Sime Robertson Rmc

ss Supplied

Sgt J Meade  
Capt Rame

al operation: Cure.

Sgt R. G. Bannerman  
Capt Rame

Sgt J Meade  
Capt Rame

**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
July 20th 1917	Vacc L.P. Dundee War Hospital Truss Centre?
14/1/18	Left Inq. 33. Truss-filled Certified First Issue
16/7/18	Boarded at Hazelton, Dawson Camp Marked E. (Sgt) C. S. Henson major (Sgt) W. A. Parsons major Ramo Plt. P. Knight Capt Ramo

**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

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1104

Atl.No.8278 Rank Pte. Name W.Noseworthy  
Corps served with Newfoundland Forestry Companies  
Date of Medical Board Oct.9th, 1918.  
Pensionable disability Less than 20%

Pension granted:

\$..... per month for months

or Gratuity granted:

\$ 50 payable in one equal monthly insts.

Granted to:

Name

Address

Date case disposed of Jan 8-1919

Approved by:

Members of board

Sgd.

Chairman

Sgd.

Sgd.

Remarks:

Pay 20% for 22 /mos from 18-6-18 less 50.00  
and have him re-boarded

19-6-19



Defat 8v99

St John's, Nfld.

Dec. 7th, 1918

Officer Commanding,  
Forestry Companies  
Headquarters

8279 Pte. Wm. Noseworthy

Sir

The above noted man was discharged on Nov. 30th  
1918 as medically unfit. Kindly note and post in Daily  
Orders Part II.

I have etc.

(sgnd) J. M. HOWLEY,

Capt etc.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

**BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

ST. JOHN'S, Newfoundland.

Date **APRIL 17, 1921.**

MEDICAL EXAMINER:

Medical Report required; review date:—

The Secretary, Board of Pension  
Commissioners for Newfoundland.**AS SOON AS POSSIBLE.**

Per \_\_\_\_\_

Regimental No. **8279**Rank **PRIVATE**Name **WILLIAM NOSEWORTHY** ADDRESS: **H. M. PENITENTIARY.**Unit **NFLD. FORESTRY CO.**

DESCRIPTINON OF PENSIONER:

Apparent Age **21 YEARS** Height **5' 4"** Colour of Eyes **LIGHT BLUE**Complexion **FRESH** Colour of Hair **LIGHT BROWN.** WeightMarks of Identification: **OPERATION SCAR ABDOMEN.****OCTOBER 9TH., 1918:** WALKS WITH A STOOP AND COMPLAINS OF PAIN AND WEAKNESS. TEMPERATURE 99.4. PULSE 120. TENDER OVER LOWER ABDOMEN.**APRIL 26TH., 1920:** SCARS FROM OPERATION FOR DOUBLE HERNIA NOW HEALED. TENDER ON PRESSURE IN LOWER ABDOMEN. COMPLAINS OF WEAKNESS AND DOES NO WORK.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

**HERNIA (DOUBLE) AND DEBILITY.**

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

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

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

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

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

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

(b) Should he continue to do so?

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

(d) If any appliance is necessary?

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

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

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

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature (SGD) L. E. KEEGAN, M. D.

Medical Examiner.

Place ST. JOHN'S

Date APRIL 21, 1921.

Members (of a Board)

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

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

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

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

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

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

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

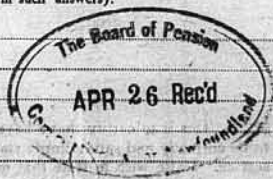
(State date of death and names of children who have died.)

Place

Date

Head of District Office. (or Medical Practitioner.)

APPROVED 'NIL' (SGD) W.H. PARSONS.



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

WWI

VFLO-FORESTRY <sup>CAMP</sup> DATE 5 6 1972.  
WWI

NAME  
NOM NOSEWORTHY WILLIAM J. Service No.  
Matricule No 8279. CPC No.  
CCP No 290327.

WVA No.  
AAC No 222806.

Information Received from:

Information reçue de: SPME, ST, DIST.

Date of Death  
Date du Décès MAY 24 1972.

Place  
Endroit NOT STATED.

Distribution: WSR-DASG  
VI - ASS  
DO - BDXXXX  
HO - BC

Pour le chef,  
for Chief, Central Registry Division.  
Dépôt central des dossiers.