



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

*Coffe*

No. *3184* Name *William Oldford* Corps *Coffe*

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <i>William Oldford</i>                   |
| 2. What is your full Address? .....  | 2. <i>Squad 1st Coy<br/>Bonaventure Bay</i> |
| 3. Are you a British Subject? .....  | 3. <i>yes</i>                               |
| 4. What is your age? .....   | 4. <i>21</i> Years <i>2</i> Months          |
| 5. What is your Trade or Calling? .....  | 5. <i>Fireman</i>                           |
| 6. Are you Married? .....  | 6. <i>no</i>                                |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>no</i>                                |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i>                               |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>yes</i>                               |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. Name .....<br>Corps .....               |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <i>yes</i>                              |

I, *William Oldford*, 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.

*Oct 28/16*

*William Oldford* SIGNATURE OF RECRUIT.

*Donald Knight* Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me at *St John's*

on this *3* day of *October* 191*6*.

Signature of Attesting Officer *John Knight*

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 191*6* } 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 Edward

Apparent age 21 years 2 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 5 inches

Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Edward | 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 <u>28/10/16</u>									
Joined at <u>Johns</u> on <u>October 28</u> 16									
<u>Discharged Johns May 9/1917</u>									
<u>No further service</u>									
<u>Discharged Medically unfit 9/17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-5-17</u> [date of discharge] <u>1917</u> years <u>1916</u> days									
Pension .....									

C.R. 3184

Extract from list of men discharged from the Royal Newfoundland Regiment on various dates.

3184 Pte. William Oldford, discharged May 9th 1917

Medically unfit

C.R. 3184

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, Nov.2, 1916.

3184 Pte. W. Oldford.

Attached to the Strength from Oct. 30th, 1916.

C.R. 3184

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

Regtl. #

3184

rank

Pte.

name

WILLIAM ALFORD.

date

9/5/17.

reason

HEB. UNFIT.

Oldford Wm

3184

Pay Dept

# Proceedings on Discharge.

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

No. 3184 Army Rank Private

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

Corps First Newfoundland Regiment.

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

Date of discharge May 9<sup>th</sup> 1917

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age 21 years 9 months  
 Height 5 feet 6 1/2 inches  
 Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
                                   range of expansion \_\_\_\_\_ ins.  
 Complexion pale  
 Eyes blue  
 Hair dark brown  
 Trade Fisherman  
 Intended place of residence { St. John's, Nfld.  
 (To be given as fully as practicable) Nfld.

Descriptive marks.

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

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

3. Military character:—

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

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2068 has been issued to\*

\* 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.O.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

William Kildford (Signature of Soldier.)

(Date) May 9, 1917

J. H. Le Messurier (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.



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.)

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No Reservations

William Oldford

Witness J. L. Messner



# Department of Militia

*St. John's, Newfoundland,*

October 11th., 1917

From: Director of Medical Services,  
City.

To: Secty. Pensions & Disabilities Board,  
City.

3194 PTE. WM. OLDFORD  
SQUID TICKLE, E.B.

Sir:-

The marginally noted man should report to Dr. R. E. Forbes, Bonavista, for re-examination, on whatever date between October 15th to 22nd the Doctor notifies him to appear.

I have the honour to be,

Sir,

Your obedient servant,

*Cluny Macpherson*

Major, D.M.S.



## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Oldford William*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *3184.*  
 Intended address *Squid Hill Bonaville Bay*  
 Height on discharge *5 Feet 6 1/2*  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eyes *blue*  
 Figure on discharge *medium*  
 Christian name of Father *Jacob*  
 Christian name of Mother *Ellen dead*  
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children   
 Place and date of soldier's birth. *Salvage. 12 August. 1895*  
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *William Oldford*

(Rank) *Pte*

Station *St Johns*

Date *Aug 26*

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.

*Stu Borden Lieut*  
 Medical Officer i/c Hospital.  
 Unit, or Command Depot.

Station *St Johns*

Date *Aug. 29/17*

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

## MEDICAL HISTORY

Surname Oldford OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish			County	
	SPECIAL RESERVE.		REGULAR ARMY.	
Examined . . . . .	on	28. day of <u>October</u> 191 <u>6</u>	on	day of 191
	at	<u>St. John's, N.Y.</u>	at	
Declared Age . . . . .		21 years <u>2 months</u>	years	days
Trade or Occupation . . . . .		<u>fisherman</u>		
Height . . . . .		5. feet <u>7 1/2</u> inches	feet	inches
Weight . . . . .		<u>131</u> lbs.		lbs.
Chest Measure- ment {		Grith when fully expanded . . . . .	<u>38</u> inches	inches
		Range of Expansion . . . . .	<u>5</u> inches	inches
Physical Development . . . . .				
Vaccination Marks {		Right	Left	Right
		Number . . . . .	Number . . . . .	Number . . . . .
When Vaccinated . . . . .				
Vision . . . . .	R.E.—V=	<u>46/6</u>		R.E.—V=
		L.E.—V=		L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b) Slight defects but not sufficient to Cause rejection		(b)	
Approved by (Signature)		<u>Samuel Paterson</u>		
(Rank)		<u>major</u>		
		Medical Officer.		Medical Officer.
Enlisted . . . . .	at	<u>Saint John's</u>	at	
		on <u>28</u> day of <u>October</u> 191 <u>6</u>		on day of 191
Joined on Enlistment . . . . .	Corps.	<u>First Nfld Regt.</u>	Regtl. No.	
				<u>3184</u>
Transferred to . . . . .				
Became non-effective by . . . . .				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Military Infirmary Borden Hoop.	13.	2	17	25	4	17	Measles. During wind storm	71	<p>Feb'y 12 Complaining of headache, chilliness, sore throat, cough.</p> <p>19<sup>th</sup> P. 58. 13<sup>th</sup> Rash on face, arms and chest T<sub>100.2</sub> P<sub>98</sub></p> <p>gradually passing to the 19<sup>th</sup> m. 97.5. t. 100.4</p> <p>Feb'y 20<sup>th</sup> Compl. stitch in left side of chest intensified by dry cough, deep breathing, severe headache. T<sub>101.6</sub> P<sub>100</sub></p> <p>Mentars Poultice applied, temporary relief. Pt very restless, not sleeping.</p> <p>Feb'y 23. Orders Dover Pule. for K. Stronger taste for.</p> <p>24<sup>th</sup> - Glysth. for. &amp; help for throat. Brandy 3i only.</p> <p>March 1<sup>st</sup> T<sub>102.2</sub> P<sub>100</sub> R<sub>104</sub></p> <p>at Aphorates by Dr Borden of this 34111. Pt. much more comfortable. T<sub>100</sub> P<sub>100</sub> R<sub>100</sub>.</p> <p>Mar. 12<sup>th</sup> - pt. normal.</p> <p>16<sup>th</sup> - up. 1 hr.</p> <p>Apr. 1<sup>st</sup> - pint on left buttock formed, applied. lot Ancharge then.</p> <p>15<sup>th</sup> - healed.</p> <p>28<sup>th</sup> - pt. Ancharges.</p>	

T. W. Borden. Lieut.





# Department of Militia

*St. John's, Newfoundland,*

October 19th., 1911

From: Director of Medical Services.

To: Secty. Pensions & Disabilities Board.

3184 Pte. Wm. Oldförd  
Squid Tickle, B. B.

Sir:-

The marginally noted man should report to Dr. J. J. McDonald, Salvage, B. B. for re-examination, on whatever time between October 22nd. and 29th. the Doctor notifies him to appear.

I have the honour to be,

Sir,

Your obedient servant,

*Cluny Macpherson*

Major, D. M. S.

October 19th. 1917.

Private William Oldford,

Squid Tickle, B.B.

Dear Sir,-

Kindly present yourself to Dr. J. J. MacDonald, Salvage, B.B. for re-examination, on whatever date, between October 22nd. and 29th. the Doctor notifies you to appear.

This cancels my letter of a September 22nd. telling you to report to Dr. Forbes.

Yours faithfully,

Secretary.



October 11th.1917.

Private Wm. Oldford,

Squid Tickle, B.B.

Dear Sir:-

Kindly present yourself to Dr. R. E. Forbes,  
Bonavista, for re-examination, on whatever date between  
October 15th and 22nd. the Doctor notifies you to appear.

Yours faithfully,

Secretary.



## 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

Date

*St John's*  
*April 25/17*

- |                                  |  |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>71</i>                |
| 2. Regimental No. <i>3184</i>    | 6. Enlisted on <i>28 Oct., 1916</i>            |
| 3. Rank. <i>Pte</i>              | at <i>St John's</i>                            |
| 4. Name. <i>Oldford William</i>  | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

*Pleurisy & effusion.*

9. History *Had measles in Feb. 1917. Following this developed pleurisy. An abscess & 2 flus taken off. Has lost considerable weight.*

10. What is his present condition?

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

Some thickening of pleura on left side. General condition poor.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

Signature

*J. W. Berden*

Rank or Qualification

*Lieut.*

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

## Opinion of the Medical Board.

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

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

Remarks if any:— *see Sect 10 x9.*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

*80% out months*

15. Is the disability permanent?

*no*

16. Has the disability been aggravated by

- (a) Intemperance. *no*  
(b) Misconduct. *w*

17. The refusal of operation sanatorium is:—

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

Remarks if any:—

18. We recommend discharge from                      the Army  
resumption in

Remarks if any:—

Signatures.

*J. L. Han*  
*W. B. Burdick* President  
*Geo. Richardson* Patron  
*J. J. Tait*

Place *St. John's*

Date *Apr 25 1917*

APPROVED

Station

Date



*Amey Macpherson*  
Administrative Medical Officer *Major*



# 1st Newfoundland Regiment

HEADQUARTERS

St John's, Newfoundland,

April 27th, 1917.

10

Deputy Paymaster  
Colonial Building,

No. 3154 Pte. William Oldford who was recommended for discharge by Medical Board on April 25th/17. has been paid up to and including March 31st/17 and has received a Casual Payment of Five Dollars for April month.

Chas. B. Aye Capt.  
D.C.S.O.

COPY



STANDING MEDICAL BOARD  
OF THE  
PENSIONS AND DISABILITIES BOARD OF THE  
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 3184

All communications should be addressed to  
the Secretary, MAJOR CLUNY MACPHERSON,  
St. John's, Newfoundland.

St. John's, Newfoundland.  
October 11th., 1917.

Sir:--

The Pension and Disabilities Board, re-  
quiring a report on the Pensioner named in the  
margin, kindly notify him to appear before you  
during the week of ~~October 22nd.~~ ~~23th.~~

A form of examination for you to fill out is en-  
closed herewith.

3184 Pte. Wm. Oldford

Squid Tickle, N.B.

Pensioner will be notified to appear  
before you on whatever date you find convenient.

If another Registered Medical Practiti-  
oner is in your neighbourhood, or likely to be  
there during the week, it is preferable that you  
should both examine the Pensioner at the same  
time, and both sign report

The fee laid down by the Pensions and  
Disabilities Board for such examination is one  
dollar (\$1.00) for each Doctor for each examina-  
tion.

I have the honor to be,

Sir,

Your obedient servant,

*Cluny Macpherson*

Major-Secretary.

J. J. McDonald, Esq., M. D.,

Salvage, B. B.

## To the Medical Board, or Medical Examiner.

The Pensions and Disabilities Board requires a report on the present condition of

### 3184 PRIVATE WILLIAM OLDFORD

The object is to enable the Board to decide the degree of pension, if any, to be awarded for the next ensuing year. To this end clear and decisive answers to the questions in the accompanying report should be filled in by the Board, as it is essential that the Pensions and Disabilities Board should be in possession of the most reliable information to enable them to decide on the man's claim to Pension.

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

On page 4 of this sheet will be found the scale of Pensions as proposed for Newfoundland, by the Patriotic Association of Newfoundland.

The identity of the Pensioner should be established, to prevent personation. For that purpose a description of the pensioner and of the Disabling condition is given below. Should any items be omitted we should be glad if you will fill them in on the second copy and return to us.

Apparent age	21
Height	5'6 $\frac{1}{2}$ "
Complexion	Pale
Colour of Eyes	Blue
Colour of Hair	Dark Brown
Mark of Identification	

#### PLEURISY & EFFUSION

Condition April 25th., 1917. Had Measles in February 1917. Following this developed Pleurisy - was aspirated - 8-oz. fluid taken off. Has lost considerable weight. Some thickening of Pleura on left side. General condition poor.

Two copies of a Report Form are enclosed in order that you may retain a copy in case of loss of the original in the mail. Please return your report direct to me by Registered Post.

You will please forward also, under the description of the pensioner's present condition, his signature. Please have him affix this to the copy also which you retain.

Sympathetic consideration for the pensioner is desired, but at the same time self-help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self-respect of the pensioner.

I have the honour to be,

Sir,

Your obedient servant,

*Cluny Macpherson*  
Major.

## Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is the man named above. *Yes*
- (2) What employment does he follow? *Fishing*
- (3) What have been his average weekly earnings the past year? *earned \$258<sup>00</sup> from 1st May to Oct 21st*
- (4) What are his present weekly earnings? *Earning nothing since*
- (5) Name and address of present employer, or if unemployed, of last employer. *Capt Wilfred Oldford*
- (6) The present state of the disabling condition. *Condition con- siderably better than in April. <sup>is greatly</sup> Improved in weight. General condition of body little shortening of pleasure left since*
- (7) Is the Disability permanent? *No*
- (8) Has it become better, or worse, during the past year? *Considerably better*
- (9) Will it materially improve, or get worse? *Will improve*
- (10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? *His earnings lessened by very little estimated at 10 percent.*
- (Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)
- (11) Is the pensioner married, or a widower, and if so, and he has children, give names and ages. (Pensioner's statement may be accepted). *Unmarried*
- (12) Are any others dependent on Pensioner? Give names and relationship. *No.*



(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear? *May 9<sup>th</sup> 1917.*

Signature of Pensioner (to be procured at examination).—

*William Oldford*



*Oct 2 1917* Date.

*J. Macdonald I.M.C. R.C. 2nd Ed*

Place.

*Salvage*

Approved.

*for less than 20%*

Date.

*31.10.17* *Clay Karpfensen, Major*

D. M. S. NEWFOUNDLAND.

13.—Those who are entitled to be awarded pensions shall be divided into six classes, and each member of each class shall be awarded a pension in direct proportion to his partial or total disability, as follows:—

Class 1.—Total disability, 100 per cent.

For example—Loss of both eyes.

Loss of both hands, or all fingers and thumbs.

Incurable tuberculosis.

Loss of both legs, at or above knee joint.

Insanity.

Permanent extreme leakage of valves of heart

Class 2.—Disability 80 per cent and less than 100 per cent.

Pension 80 per cent of Class 1.

For example—Loss of one hand and one foot.

Loss of both feet.

Disarticulation of leg at hip.

Class 3.—Disability 60 per cent and less than 80 per cent.

Pension 60 per cent of Class 1.

For example—Loss of one hand.

Loss of leg at or above knee.

Loss of tongue.

Loss of nose.

Class 4.—Disability 40 per cent and less than 60 per cent.

Pension 40 per cent of Class 1.

For example—Loss of one eye.

Loss of one foot.

Total Deafness.

Loss of two thumbs.

Class 5.—Disability 20 per cent and less than 40 per cent.

Pension 20 per cent of Class 1.

For example—Loss of one thumb.

Anchylosis of elbow, knee, shoulder, wrist or ankle.

Class 6.—Disability under 20 per cent, a gratuity not exceeding \$100.

For example—Total deafness in one ear.

Partial deafness in both ears.

Loss of index or other finger.





No 3184

Nemo Edford Williams

3/3/17

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Apr 30	By Pay 31 day @ 1%			55 50	55 50
May 9	9 e do			16 65	72 15
Apr 15	To Pay		5 00		67 15
30	allowment		15 00		52 15
May 9	To Pay		52 15		
			72 15	72 15	0

W. S. Gentry  
 Adm-

PAY LEDGER (Reg. 209/1)  
 Date 5-3-22 by [Signature]

315 Alvany 5814

Squid Tickle  
April 6<sup>th</sup> 1918

To the Honour J R Bennett  
Minister of Militia

Honourable Sir

I have been Discharged from the Army about twelve months and haven't had a badge. but in traveling around I really see the want of it and in looking for employment I think it would be a good help for me. and as things is now I am likely to be called a slaker. and I do not like that name. Sir am I entitle to a badge if I am I would be more than pleased to have it. I have my Discharge paper. but I cannot take that with me were ever I go. I enlisted at St Johns oct the twenty eight. Nineteenth Hundred and sixteen and was discharged May the ninth ninteen Hundred & seventeen My Reg No was 2074.

I have the Honour to be Sir  
your obedenth Servant  
William Oldford

Squid Tickle

Bonavista Bay

Discharged from <sup>Hennsey</sup>  
following <sup>insects</sup>  
no previous application

Squid Tickle

March 11<sup>th</sup> 1918

To Lieut J M Howley

Deputy Paymaster  
1<sup>st</sup> Wfld Regt  
St Johns

Sir

It is about ten months since I was discharged from the Army and I havent troubled about a badge but in traveling among strangers I really see the want of it and in looking for employment I think it would be a good help to me what I want to ask Sir is am I entitle to a badge if so I would be more than pleased to have one

I have the honour to be Sir  
your obedient servant

William Oldford  
Squid Tickle  
Bonavista Bay

Squid Tickle B B

2978

oct 14<sup>th</sup> 1918

Lieut J M Howley

Deputy Paymaster

1<sup>st</sup> N F I D. Regt

Sr Johns

Sir

apks pd. through

I put in a Application for a discharge badge last May at the Militia Department and it was told me it would be sent in two or three weeks time but I have not received it yet Sir would you please see that my badge be sent me my Adress was 31 P 4 William Oldford

Squid Tickle Bonavista Bay

I remains your Obedient Servant

William Oldford

22, October, 1918.

Mr. William Oldford,  
SQUID TICKLE.

Dear Sir:

With reference to your letter of October 14th. I beg to inform you that I have put through your application for a Discharge Badge. I could not locate any previous application from you, so it appears that your former application was mislaid. I will however, send your badge to the Jewellers to be engraved, and just as soon as it is received from them, I will forward it on to you.

Yours truly,

Lieut.  
For Paymaster



