



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5044 Name Hayward Parsons Meth

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Hayward Parsons</u>                  |
| 2. What is your full Address? .....  | 2. <u>St. Francis</u><br><u>South Side</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                              |
| 4. What is your age? .....   | 4. <u>26</u> Years .....                   |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                        |
| 6. Are you Married? .....  | 6. <u>No</u>                               |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } .....                           | 7. <u>No</u>                               |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                              |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                              |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. ) Name .....                           |
|  | ) Corps .....                              |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                             |

Hayward Parsons 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.

Hayward Parsons SIGNATURE OF RECRUIT.  
J. A. W. P. Meth Signature of Witness.

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

Hayward Parsons 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. Francis on this 15 day of May 1918.  
Signature of Attesting Officer J. A. W. P. Meth

### 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 1st.  
If enlisted by special authority, such will be attached to the original attestation.  
Date.....1918  
Place..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5044

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

Name Wayward Parsons  
 Apparent age 20 years 0 months. Height 5 feet 11 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arthur Parsons, Sr. Grace  
South Side | 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 L'epot	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>15-5-18</u>									
Joined at <u>St Johns</u> on <u>May 15-18</u>									
<u>Discharged St Johns Aug 9/1918</u>									
<u>Embarked St Johns train to Halifax N.S. 16-18</u>									
<u>Remained in Hospital at Halifax on draft to 20-7-18</u>									
<u>Returned to Newfoundland from Halifax and port to Headquarters 23-7-18</u>									
<u>At Home Newfoundland 2-8-1918</u>									
<u>Discharged Medically Draft 9-8-18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-18 (date of discharge) 0 years 87 days  
 " " Pensions " " " " " " " " " " " "

H. Parsons

C.R. 5044

~~1110~~

C.R. 5044

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's dated August 15th, 1918.

5044 Pte. H. Parsons.

Having been found medically unfit is discharged from  
9-8-18.

C.R. 5044

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

5044 Pte. H. Parsons,

Discharged 9 - 8 - 18, Medically unfit

C.R. 5044

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 27, 1918.

#5044 Pte. H. Parsons.

Returned from Halifax and reported to Depot 23-7-18, posted  
to E. Company from Draft June 11th, 1918.

C.R. 5044

July 3rd 1918.

Mr. Arthur Parsons,  
South Side,  
Harbour Grace.

Sir,

The following notification has just been received  
by this department that your son 5044 Pte. Hayward Parsons,  
who left here with the last draft, is now in Hospital at  
Halifax.

Yours faithfully,

*W. V. W.*

Lieut.

for Lieut. Colonel.

C.R. 5044

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 18, 1918

#5044 Pte. H. Parsons.

Embarked for Overseas with draft June 11th, 1918.



C.R. 3044

Extract of Casualties from O.G. Draft, Royal Field. Regt. to  
D.O.C., N.O., dated 24/3/18.

5044 Pte. H. Parsons

Above to be boarded and returned to St. John's first opportunity  
documents left with Adjutant Casualty Company, Wellington Barracks.

Extract from Daily Orders part 22, from Unit The Royal  
Newfoundland Regiment, St. John's dated May 16th, 1916.

#5044 Pte. H. Parsons.

Attested for General Service with the Royal Newfoundland  
dated from 15.5.16.

FORM 11

N<sup>o</sup> 44031ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Hayward Parsons, Regl. No. 5044

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Five Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAMR (in full)	ADDRESS	AMOUNT (each person)
<u>4169</u>	<u>Mother</u>	<u>Mrs Andrew (Julia) Parsons</u>	<u>41 Grace South</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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

Sig.) Absummers LtOfficer Commanding  
B. CompanySt. John8-6-1918(Sig.) Hayward Parsons(Rank) Private

Parsons, N

5044

Ray Sept.

# Proceedings on Discharge.

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

No. <u>5044</u>	Army Rank <u>Private</u>	
Name <u>Rayward Parsons</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>The Royal Newfoundland</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 specified.)</small>		
Date of discharge <u>August 9<sup>th</sup> 1918</u>		
Place of discharge <u>A. Johns. Nfld</u>		
1. <u>Description at the time of discharge.</u>		
Age <u>20</u> years <u>3</u> months	Descriptive marks.	
Height <u>5</u> feet <u>5 3/4</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>fair</u>		
Eyes <u>brown</u>		
Hair <u>brown</u>		
Trade <u>Fisherman</u>		
Intended place of residence (To be given as fully as practicable) { <u>St. John's</u>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
3. Military character:— <u>Very good</u>		
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. 489 was awarded in this case.		
Initials of Commanding Officer.		
Army Form B. 2068 has been issued to*		

To be filled in on the soldier quitting the Colours.

\* Strikes out if not applicable.

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 John's \_\_\_\_\_ Augustus Parsons (Signature of Soldier.)

(Date) Aug 16 22 1918 \_\_\_\_\_ Dolland (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.)

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No Reservations

Hayward Parsons  
Dollard  
L

No 4403

1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Hayward Parsons, Regl. No. 5044

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 50/- Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

8-6-18  
Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>L-169</u>	<u>WIFE</u>	<u>Mrs Andrew (Julia) Parsons</u>	<u>461 Grace South</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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

Sig. A Summers Lt

Officer Commanding

Company

St. Johns(S) Hayward Parsons(Rank) Private8-6-1918



FORM K

No 4403



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hayward Parsons, Regl. No. 5044

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 35/- Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons concerned, viz.:

Allotment begins

8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4169</u>	<u>Mother</u>	<u>Mrs Andrew (Julia) Parsons</u>	<u>Hr. Grace South</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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

Sig.) A. Summers Lt

Officer Commanding  
B. Company

Pt. Johns

8-6-1918

(Sig.) Hayward Parsons

(Rank) Private



## 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 *Parsons Maywood*  
Regiment from which discharged *1st. Newfoundland*  
Regimental number *2044*  
Intended address *Nr. Grace*  
Height on discharge *5* Feet *5 3/4*  
Color of hair on discharge *Brown*  
Complexion *Fair*  
Color of eye *Brown*  
Descriptive Marks  
Figure on discharge *Mildew*  
Christian name of Father *Andrew*  
Christian name of Mother *Julia*  
Wife's maiden name in full \_\_\_\_\_  
Date and place of marriage \_\_\_\_\_  
Christian names of children \_\_\_\_\_  
Place and date of soldier's birth. *Nr. Grace*  
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) *Maywood Parsons*

(Rank)

Station *St Johns*

Date *24-7-18*

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.

*St. J. Gordon*

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

Station *St Johns*

Date *July 27/18*

Baye not yet  
received 2515

Ar Grace  
South  
Sept 8<sup>th</sup> 15

To Lieut Maddock,  
Dear Sir

<sup>Returned</sup>  
about my Badge  
its not arrived yet  
if its down from the  
jeweler would you please  
send it to me.

When I was at St Johns  
you did not have it  
I hope you have it now  
And Oblige Sir

I am your Obedient Servant  
Hayward Parsons  
Ar Grace  
South

## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 38 Sent MS Rec'd by 15 Check 9 Call NY

Place from \_\_\_\_\_

To Capt. Howley

When are papers coming  
please let me know.

5044 Pte Hayward  
Parsons

Sept. 10th. 1918.

Mr. Hayward Parsons,  
HR. GRACE.

Dear Sir:

With reference to your letter  
of Sept. 8th. I regret to inform you that your  
badge has not yet been received from the Jewellers  
Just as soon as it is received, it will be forwarded  
on to you.

Yours truly,

Capt. Lieut.  
For Paymaster

St. Grace  
South

Oct 7<sup>th</sup>  
185

To Lieut Maddick

5044

Dear Sir

I havent received my badge  
I dont know whether you sent it  
or not I suppose its down from the  
jewelers how and oblige

Yours Truly

Harward Parsons

5044

October 10th. 1918.

Hayward Parsons, Esq.,

HR. GRACE.

Dear Sir:

With reference to your letter of  
October 7th. I may say that your Discharge Badge is  
not yet received from the Jewellers.

Yours truly,

Lieut.  
For Paymaster

4050

Ar Grace  
South  
Feb 17<sup>th</sup> 19

Hon J. R. Bennett  
Minister of Militia

Dear Sir  
I <sup>who</sup> Hayward Parsons was  
discharged on the 9<sup>th</sup> day of August  
1918. official number 5044 only received  
25<sup>00</sup> for clothing outfit. Now I see  
by the papers that all who have been  
discharged since the 1<sup>st</sup> April 1918  
should receive sixty dollars  
Now Sir I want to know if it is  
correct - Please answer  
And oblige yours Truly

Hayward Parsons  
Ar Grace  
South



March 5, 1919

Hayward Parsons, (Ex Pte.)  
Harbour Grace, South,  
Hfld.

I enclose hcrewith cheque for  
\$35.00 being difference in Clothing Allowance  
due you.

*A. C. R.*  
Capt.  
Quartermaster.

Encl. -1

1918 - 1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 5860

Aug 9<sup>th</sup> 1918

Received from the First Newfoundland Regiment

the sum of Fifty Eight 60 Dollars.

on account  
balance of Pay.

Raynard Parsons

Ch. No. 1053	Initials E.W.
Pay Ledger 106	Initials WK
Gen. Ledger	Initials J

\*Regtl. No. 0044 Rank Pte

No. 5044

Rank Pl

Name Patton H.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35<sup>00</sup>/<sub>100</sub>

Feb 21 19 19

Received from the First Newfoundland Regiment  
the sum of Thirty Five <sup>00</sup>/<sub>100</sub> Dollars.  
~~amount~~  
balance of Pay. Clothing.

Ch. No. 11706	Initials E.W.
Pay Ledger 311	Initials E.W.
Gen. Ledger	Initials

Regtl. No.

Bank

*[Handwritten signature]*

No. 5044 Rank PL-

Name Parson W.A.

## Report of Medical Board.

Station	St. John's, Hfld.	Date	July 26th., 1918		
No. and Rank	5044 - PTE.	Age	20	Height	5'5 1/4"
Name	PARSONS HAYWARD	Complexion	Fair		
Unit	Royal Hfld.	Eyes	Brown	Hair	Brown
Address	Harbor Grace				
Former Trade	Fisherman				
Enlisted at	St. John's On 15/5/18	(The Board will please note how the soldier's appearance corresponds with above description.)			
Disease or Disability	Original	VALVULAR DISEASE OF THE HEART			

Subsequent

Present Condition (Compare with previous Board)

Pulse 110 sitting. after slight exertion 150.  
 No murmur to be observed either before or after exercise.  
 Slight enlargement. Breathlessness on exertion.  
 Pat. states that he cannot sleep on left side. Wakes up if  
 he turns on this side while asleep. States also that  
 he suffered from "Rheumatic attack with heart trouble  
 & indigestion 4 years ago" & "Pleurisy Rt. side 3 years ago".  
This Board considers that this condition has not been  
 caused by; but has been aggravated by active service.

**THE ENTIRE DISABILITY:** To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *100% for 3 months.*

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

Recommendation of Medical Board *Discharge as permanently unfit.*

Members of Board

*Clay Macpherson*  
 Major

*John D. McLean*  
*Clay Macpherson Major*  
*Archibald*

Approving Medical Officer.



# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S. DATE June 26-1918

1. 1 (a) Unit No. 6. Casualty Co. (b) Regimental No. 3044. (c) Rank Pte.

(d) Surname Parsons. (e) Christian name Jayward.

2. Age last birthday 20. Date of birth Aug. 26-1897.

3. Enlisted at St. John, Nfld. on May 15-1918.

4. Personal description:-

(a) Height 5' 5 3/4" (b) Weight 135 (c) Complexion Medium  
(stripped)

(d) Colour of hair Brown. (e) Colour of eyes Brown. (f) Identification marks

Scar on left side of chin.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Harbour Grace South, Nfld.

Fisherman.

7. (a) Service

Years Days

Royal Nfld Regt.

PERIODS

From

To

May 15-1918.

(b) Has he been overseas? No. 8. Original disease or disability

D. A. H.

(a) Date of origin Four years ago. (b) Place of origin Harbour Grace.

(c) Cause Unknown.

(d) Present disease or disability V. D. H.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only. "History" must be recorded in

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Soldier complains of weakness and breathlessness on exertion.

Vertigo at times pain over precordium after exertion. Pulse and respiration sitting 80 and 18. After 1/2 minute double work time Pulse is 144 and respirations are 30. A systolic murmur is heard at apex.

M. F. E. 27. Soldier is of fair development well nourished

**MEDICAL HISTORY OF AN INVALID**

**9. Present condition.—(Continued.)**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

It is the duty of the medical officer to examine the patient and to report to the commanding officer the results of his examination. The medical officer should also advise the commanding officer of any conditions which may be of importance to the commanding officer. The medical officer should also advise the commanding officer of any conditions which may be of importance to the commanding officer.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous **Yes.** Digestive **Yes.** Respiratory **Yes.** Cardiac **Yes.**  
 Genito-Urinary **Yes.** Skin, Middle Ear, Eye or any other part **Yes.**

**10. History: (a) of Condition referred to in "a" section 8**

Due to (b)

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer a. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

One vaccination mark left arm.

**11. If the disabling condition had its origin before enlistment, has it been aggravated on service?**

No.

**12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?** **No.**

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

**13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?** **Permanent.**

**14. Treatment (Case reports, general or special, should be secured and attached where possible).**

**Rest, Heart tonics, etc.**



## OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why.)

17. Recommendations..... I recommend that No. 5044 Pte. Parsons H. be placed  
in Category. C-3.

*John W. Woodcock*  
Medical Officer by whom the case is brought forward.

## STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned,          have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of         

*A. Parsons*  
Signature of soldier examined.

## OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes except. 17.

(9) Pulse sitting 100. After body bending 20 times in half a minute, respirations increased to 30. Pulse return to former rate in 4 or 5 minutes. after setting down. Heart illness increased outward about half an inch.

The Board is of the opinion that this man will be of little service as a soldier.

19. Is the soldier fit for

- (a) General service,  
(b) Service abroad, not general service,  
(c) Home service, (Canada only),  
(d) Temporarily unfit.  
(e) Unfit for service in Categories A, B and C,

- (Category A) (Yes or No) No.  
( " B) (Yes or No) No.  
( " C) (Yes or No) No.  
( " D) (Yes or No) No.  
( " E) (Yes or No) Yes.

20. It is certified that the soldier

- (a)
- ~~Does not require treatment.~~
- (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.  
(c) ~~Should pass under his own contract.~~  
(d) Should not pass under his own contract.  
(Strike out condition not applicable).

**OPINION OF THE MEDICAL BOARD** (Continued)

Form 100

It is recommended that the soldier be **discharged**. (When not for discharge add special recommendation)

**Classified in Category, "A"**

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

*W. H. H. H. H. H.* President  
*R. F. B. B. B.*

PLACE **Kellfax, N.S.**

DATE **5-7-1918**

Members.

APPROVED BY

**APPROVED**  
*W. H. H. H. H.*  
Assistant Director of Medical Services

APPROVED BY

Director-General of Medical Services.

DATE **5-7-18**

DATE

**TO BE COMPLETED WHEN TREATMENT IS REFUSED**

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness

Signed

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members.



Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*



Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to . . . . .

Hayward Parsons

in respect of his service as No. 5044 Rank Pte.

Name H. Parsons Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received B. W. Egedal

Signature Hayward Parsons

Date 24/10/21

Address Air Grace South

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
30-

Number of Sheet 1

Regiment of Royal Newfoundlands

Signature of O. C. Company Patrick Skient

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5044</u>	Age on	20 years	Asherman	
	<u>Parsons Hayward</u>				
Joined	Date	Place and Date of Enlistment	<u>W. John</u>	Religion	
Joined	Date		<u>1861</u>	<u>Method</u>	
Joined	Date	Period of	with Colours <u>7</u> years.	Place of Birth	
Joined	Date		with Reserve <u>3 1/2</u> years.	<u>Harlow Green</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Medically unfit	18th 9	8			

To be carried over

Army Form B. 121.

Reg. No. 5044 Rank Pte Name Parsons Hayward  
Attested 4-15-5-18 Address St Grace South Side  
Allotment 50 Allotee St Andrew Julie Parsons  
Date of Allotment 8<sup>6</sup>/<sub>78</sub> Returned from Overseas  
Embarked for Overseas JUN 11 1948 Cause

16-5-18	Dec 1 <sup>st</sup>	Dec 17-5-18	2nd Dec 5 <sup>6</sup> / <sub>8</sub>
GL	28-5-18	10-4-6-78	

Reg. No. *50414* Rank *Pvt* Name *Parsons Hayward*

Attested ..... Address *As Grace*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *22-7-18*

Embarked for Overseas ..... Cause .....

*26-7-18 Rec Discharge, sent to paymaster for  
burial*

DISCHARGED—MEDICALLY UNFIT *23-9-18. Doi 144*

Depot  
5044

ST JOHN'S, NEWFOUNDLAND.

August 15th, 1918.

To G.O.,  
Royal Newfoundland Regiment,  
Headquarters.

SIR:

The undermentioned men have been discharged  
on the dates given.

Kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J.M. HOWLEY,  
Capt. etc.

2188	Pte. Fenney, J.	23-7-18	Med. Unfit
1683	" Burke, N.	Do.	Do.
1778	" Goulding, A.	Do.	Do.
694	Cpl. Barrington, W.	Do.	Do.
2960	Pte. Moulton, J.A.	9-8-18	Do.
5444	" Parsons, H.	Do.	Do.
1064	" Ivinny, Thos.	1-8-18	Do.



July 30th., 1918.

From Officer Commanding Depot.

To Paymaster and Officer i/c Records.

5044 Pte H. Parsons.

Marginally noted was recommended for discharge from the Army as permanently unfit by Medical by Medical Board held on July 26th. 1918. I am sending him herewith for your attention and necessary action please.

*over*