

**FIRST NEWFOUNDLAND REGIMENT.****ATTESTATION OF**No. 1876 Name Walter L. Paines Corps \_\_\_\_\_

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

1. What is your name? ..... 1. Walter L. Paines
2. What is your full Address?..... } 2. St. John's, Nfld.
3. Are you a British Subject? ..... 3. Yes
4. What is your Age?..... 4. 18 Years 7 Months.
5. What is your Trade or Calling?..... 5. None
6. Are you Married?..... 6. No
7. Have you ever served in any Branch of His Majesty's }  
Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its } 10. { Name .....  
meaning, and who gave it to you? } { Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes  
to be signed by you if you are accepted? } .....

I, Walter L. Paines 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.

E. Sept 28/15

SIGNATURE OF RECRUIT.

Signature of Witness.

## OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, \_\_\_\_\_ 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 \_\_\_\_\_

on this 28<sup>th</sup> day of Sept 1915

Signature of the Attesting Officer.

## Certificate of Approving Officer.

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

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

Date \_\_\_\_\_ 1915

Place \_\_\_\_\_

Approving Officer.

\* If so, the 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.—  
† Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, the 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) \_\_\_\_\_





# Newfoundland Forestry Companies

## ATTESTATION OF

No. 1876 Name Wilfred Parsons Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Wilfred Parsons</u>                  |
| 2. What is your full Address? .....  | 2. <u>Bay Roberts, B.P.</u>                |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                              |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>1</u> Months         |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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>yes 1916 Nov 1st</u>                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                              |
| 9. What is your Religion? .....  | 9. <u>Cath</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 .....<br>Corps ..... |

I, Wilfred 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.

Wilfred Parsons SIGNATURE OF RECRUIT.

B. D. Ellis Signature of Witness.

29/1/18

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

I, Wilfred 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 29 day of Jan 1918

Signature of Attesting Officer W. D. Ellis

### † CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

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

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

Name Wilfred Parson  
 Apparent age 20 years 1 months. Height 5 feet 11 1/2 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches 138  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Light Brown Blue eyes on nose  
left arm

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Parson  
Bay Roberts C.B. | 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 _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____, years _____ days									
" " Pensions " _____ [ " " ] _____ " _____									



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1876 Name Wilfred C. Parsons Corps \_\_\_\_\_

Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Wilfred C. Parsons</u>             |
| 2. What is your full Address? .....  | 2. <u>Bay Roberts<br/>Conception Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                            |
| 4. What is your Age? .....   | 4. <u>18</u> Years <u>7</u> Months.      |
| 5. What is your Trade or Calling? .....  | 5. <u>Operator</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>                           |

I Wilfred Campbell 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.

Sept. 28/15

Wilfred C. Parsons SIGNATURE OF RECRUIT.  
S. C. Morris Signature of Witness.

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

I, Wilfred Campbell 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 \_\_\_\_\_ on this 28th day of Sept. 1915  
S. C. Morris Signature of the Attesting Officer.

### † Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: \_\_\_\_\_  
If enlisted by special authority, such will be attached to the original attestation.

Date 1915 \_\_\_\_\_  
Place \_\_\_\_\_ } Approving Officer.

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

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



C.R. 1876

Extract of Daily Orders part 11, from Unit R&R  
Newfoundland Forestry Companies. February 18, 1918.

#1876 Pte. W. <sup>#</sup>arsons.

Is struck off the strength as Medically Unfit for  
Service with~~st~~ from 18/2/18. Authy: K.R.&.R. 392 (111)  
(c)

February 6, 1918.

From:- District Officer Commanding.  
Newfoundland.

To:- Officer Commanding Depot.  
Headquarters.

# 1876 Pte. Parsons.

If in the opinion of the Medical Officer, this man is not fit for the Forestry Companies owing to physical disability, he should be sent before the Standing Medical Board.

Major.  
District Officer Commanding.  
Newfoundland.

6/2/18.



C.R. 1876

Exytract of Daily Orders part 11, fro Unit  
Newfoundland Forestry Companies Headquarters,  
dated January 30,1918

#1876 Pte. W. Parsons.

Attested for Service with themForestry's Companies  
with effect from 29/1/18. ✓

C.R. 1876

Extract from Roll, of Officers  
N. C. O. ' S and men DISCHARG-  
ED From the Royal Newfoundland  
Regiment.

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<u>Regtl. #</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1876	Pte.	Parsons Wilf. C	21/3/17	Med. Unfit.

1876  
C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Jan. 18th, 1917.

1876 Pte. W. Parsons.

Attached to the strength from Nov. 23/16.

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

# MEDICAL HISTORY

OF

Surname Pearson Christian Name Welford

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay Roberts CB County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined ... ..	on <u>23</u> day of <u>July</u> 191 <u>8</u>	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____
	at <u>Grand Falls</u>	at _____	at _____	at _____
Declared Age ... ..	<u>20</u> years <u>1 mo.</u> days	_____ years _____ days	_____ years _____ days	_____ years _____ days
Trade or Occupation ... ..	<u>Lumberman</u>		_____	_____
Height ... ..	<u>5</u> feet <u>11 1/2</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight ... ..	<u>138</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement {	Girth when fully expanded ... ..	_____ inches	_____ inches	_____ inches
	Range of Expansion ... ..	_____ inches	_____ inches	_____ inches
Physical Development ... ..	_____	_____	_____	_____
Vaccination Marks {	Arm ... ..	<u>one</u>	_____	_____
	Number ... ..	_____	_____	_____
When Vaccinated ... ..	_____	_____	_____	_____
Vision ... ..	R. E.—V=	_____	R. E.—V=	_____
	L. E.—V=	_____	L. E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a)	_____	(a)	_____
	(b)	_____	(b)	_____
(b) Slight defects but not sufficient to cause rejection	(b)	_____	(b)	_____
	(b)	_____	(b)	_____
Approved by (Signature)	_____	_____	_____	_____
(Rank)	_____	_____	_____	_____
Enlisted ... ..	at <u>St John's Nfld</u>	at _____	at _____	at _____
	on <u>29</u> day of <u>July</u> 191 <u>8</u>	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____
Joined on Enlistment ... ..	Corps. <u>Plazmestry</u>	Corps. _____	Corps. _____	Corps. _____
	Regtl. No. <u>Company 1876</u>	Regtl. No. _____	Regtl. No. _____	Regtl. No. _____
Transferred to ... ..	_____	_____	_____	_____
Became non-effective by ... ..	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____	on _____ day of _____ 191 _____
[Signature]	_____	_____	_____	_____
[Rank]	_____	_____	_____	_____

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

Date	Brief Details, and Signature
1/2/18	Vacc.

**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

FEBRUARY 5th.

8.

From Officer Commanding,  
Depot.

To District Officer Commanding,  
Department of Militia.

1876 Pte. W. Parsons--Forestry Companies.

Above noted man was examined on 23rd. January for Forestry Companies and passed for same by Dr. Thos. D. Moore, Grand Falls. He presented himself for attestation on January 28th. 1916 and being conversant with his history, his case was referred to Major Sullivan, who gave instructions to swear him in if he had passed Medical Examination. He was accordingly attested on 29-1-18.

He was absent from 2.30 P.M. Parade on Saturday 2nd. inst. and brought before me on Monday, I asked him what he had to say for been absent from Parade, he stated, he had a pain in his heart and could not come down, he had not gone on Sick Parade, so I sent him to Dr. Fitt and enclose herewith his report for your information.

Will you please advise what action I shall take concerning him. I would respectfully suggest that in order to avoid a recurrence of cases of this kind that Recruits for Forestry Companies be re-examined when they report to Depot.









# Newfoundland Forestry Companies

## ATTESTATION OF

No. 1876 Name Wilfred Parsons Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Wilfred Parsons</u>                  |
| 2. What is your full Address? .....  | 2. <u>Bay Roberts C.B.</u>                 |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                              |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>1</u> Months         |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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>yes 1 yr 6 mos 152 P.M.C.</u>        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                              |
| 9. What is your Religion? .....  | 9. <u>Cath</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 .....<br>Corps ..... |

I, Wilfred 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.

Wilfred Parsons SIGNATURE OF RECRUIT.

B. G. Ellis Signature of Witness.

29/1/18

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

I, Wilfred 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at ..... on this 29 day of Jan 1918

Signature of Attesting Officer W. G. Ellis

### † CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 1918 } 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) .....



C.R. 1876

W.C.Parsons was attested for General  
Service with the NEWFOUNDLAND REGIMENT ON September 28th 1915  
Regimental No. 1876 was allotted to Ptes W.C.Parsons

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

W. Parsons

C.R. 1876

P.R.O.

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

# MEDICAL HISTORY

OF

Surname Jarrom

Christian Name Wilfred



Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County Wilt

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on <u>20</u> day of <u>August</u> 191 <u>5</u>	on	day of	191
	at <u>St John Wilt</u>	at		
Declared Age.....	<u>26</u> years	days	years	days
Trade or Occupation....	<u>Sel's Operam</u>			
Height .....	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight .....		<u>132</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	<u>33½</u> inches		inches
	Range of expansion..	<u>3</u> inches		inches
Physical Development.....				
Vaccination Marks {	Arm .....			
	Number .....			
When Vaccinated .....	<u>1904</u>			
Vision .....	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>4/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>J. Mansel-Parker</u>			
(Rank)	<u>Capt</u>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at <u>St John</u>	at		
	on <u>28</u> day of <u>Sept</u> 191 <u>0</u>	on	day of	191
Joined on Enlistment ...	<u>1<sup>st</sup> Wilt Regt</u>	Corps.	<u>1876</u>	Regtl. No.
Transferred to..				
Became non-effective by.				
	on	day of	191	on
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature
12-10-15	
19. 11. 15.	Vacc. R.P. Graham. Lt. Ramm.

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
St John's					

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.  
 Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.



MEDICAL HISTORY of

Surname Parsons Christian Name Wilfred

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 ,  
 at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

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

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
 Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
 L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... (a) \_\_\_\_\_

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

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_  
 Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Corps.	Regtl. No.
<u>Newfoundland Regt</u>	<u>1876.</u>

Transferred to ... \_\_\_\_\_  
 Became non-effective by ... \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

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

N 40k  
 11/6/1916





No 1493



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Wilfred Parsons, Regl. No. 1876  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
                     Dollars and Seventy Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1683	mother	Mrs William Parsons	Bay Roberts C.B.	- 70
CANCELLED.				
Cancelled. 1/9/16. Letter from H.Q. Ref. No. 4895				
Total Allotment, \$				

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.)

Officer Commanding

Company

Sr John W. G.  
 6 October 22 1915

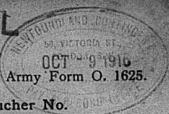
(Sig.)

(Rank)

Wilfred Parsons  
 Private

*Sailed per S.S. Corsican 8/9/16*

ORIGINAL



PAY LIST. to 191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Newfoundland*  
 No. *1874* Rank *Private* Name *Parsons W*  
 Died (a) at on the of 191  
 Deserted at on the of 191

I Certify to the correctness of above in every particular

*W. Redgrave*

Commanding Squadron, Troop, Battery of Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	11	18	3	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 6 days at 1.10 from 2/16 to 7/16			17 1
					Proficiency, Service or good conduct pay			
					days at from to			
					Messing allowance days at			
					from to			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster	13	17	5
		5	46			5	46	

*Sept 7<sup>th</sup> 1916 100*  
*Oct 7<sup>th</sup> 100*  
*Nov 7<sup>th</sup> 100*  
*Dec 7<sup>th</sup> 100*  
*1.1910*  
*Consolidated stoppage 11*  
*Post Bond Reg. 14-6*  
*Chetty*

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 13 17 5 is correctly chargeable against the Public.

Dated this day of 1916



*W. Redgrave*  
 PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2050 or Army Form O. 1815.  
 (b) Words in Italic to be struck out when there is no debtor balance.

CHECKED

## NEWFOUNDLAND CONTINGENT.

## CANCELLATION OF ALLOTMENT

I, (No.) 1876 (Rank) Pte (Name) Parsons Wilfred  
 hereby apply for cancellation of Allotment made by me on  
 N.F.K.No. 1493 dated October 30/15 in favour  
 of Mrs. Mrs. Parsons. Roy Roberts C.B. for \$ — cts. 70  
 per diem. Such cancellation to take place from (inclusive)  
 the 1<sup>st</sup> day of September 1916

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.\*

Dated at London

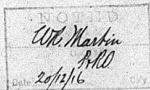
Dec. 20 1916

Letter from H.Q. Ref. No 4895

Allotter.

Approved and Witnessed.

\_\_\_\_\_  
 C. C. " " Company.



\*Attention is drawn to the fact that Allotments are payable by Headquarters per Calendar, not Regimental month, and therefore reasonable time must be allowed for delivery of this request at St. John's, in order to become operative.

To be made out in triplicate and sent to the Paymaster & Officer in Charge of Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

Parsons, W.

1876

Ray Dept

STATEMENT OF ACCOUNT

No. 1576

Name Parsons W.

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Sep 23	By Pay to date @ 1 <sup>00</sup> / <sub>100</sub>				
30	" " " " 1 <sup>60</sup> / <sub>100</sub>			16 50	16 50
Oct 31	" " " " 1 <sup>63</sup> / <sub>100</sub>			11 20	27 70
Nov 30	" " " " 1 <sup>85</sup> / <sub>100</sub>			49 60	77 30
Dec 31	" " " " do			55 50	132 80
Jan 31	" " " " 1 <sup>85</sup> / <sub>100</sub>			57 35	190 15
				57 35	247 50
Sep 23	To Pay				
Oct 5	do do	8	10 00		237 50
10	do do		10 00		227 50
19		24	20 00		207 50
31		28	50 00		157 50
		38	10 00		147 50
Nov 3	To Hospital Manager 7 <sup>00</sup> / <sub>100</sub>				
	Balance due to R.M. 2-17-5			14	147 36
			18 83		128 53
	Allotment to Capt 20		16 10		112 43
27	To Pay	52	5 00		107 43
Dec 8		62	10 00		97 43
21		72	20 00		77 43
Jan 5		88	10 00		67 43
18			8 00		59 43
31	R.M.	9	51 75		7 68
			239 82	247 50	7 68

Signed A. J. Swaney Cash

STATEMENT OF ACCOUNT

No. 1976

Name Laneons W

183/1

Date	Particulars	Ch.No.	Dr.	Cr.	Bal
	Brought forward.		239 82	217 50	7 68
Sept 28	By Pay 28 days @ 1 <sup>1</sup> / <sub>2</sub>			30 50	38 48
15	Do Pay.		15 00		23 48
	or bal. from previous pay		10 00		13 48
28	Do Pay.		13 48		—
Nov 21	By Pay 21 days @ 1 <sup>1</sup> / <sub>2</sub>			28 10	28 10
	Bonus			12 95	36 05
	& allowance			25 00	61 05
31	Do Pay.		61 05		—
	war Service Institute			70 00	70 00
	1 mo. @ 70 <sup>00</sup>		12 95		57 05
	Bonus				—
Mar 1	Do Pay.	11087	57 05		—
	balance from Lto London 1976			2 77	2 77
			409 35	413 12	3 77

Signed A J Leary C.S.A.

6  
1  
1921

# Proceedings on Discharge.

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

No. <u>1876.</u>	Army Rank <u>Private</u>
Name <u>Parsons, Wilfred</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Mfld. 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 <u>18th 1918</u>	
Place of discharge <u>St John's Mfld.</u>	
1. <u>Description at the time of discharge.</u>	
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.
<p>(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.)</p>	
2. The above-named man is discharged in consequence of _____	
<p>(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.)</p>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be filled in on the soldier quitting the Colours.</p> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 459 was awarded in this case.	
Initials of Commanding Officer. _____	
Army Form B. 2088 has been issued to*	





*Copied*



## 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. & 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 *Wilfred C. Parson*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *1876*  
 Intended address *Bay Roberts,*  
 Height on discharge *5* Feet *10 1/2*"  
 Color of hair on discharge *fair*  
 Complexion *fair*  
 Color of eyes *blue*  
 Figure on discharge  
 Christian name of Father *William Parson*  
 Christian name of Mother *Emma Parson*  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children  
 Place and date of soldier's birth *Bay Roberts, Dec 27/1898*  
 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) *Wilfred C. Parson*

(Rank) *Pte.*

Station *St John's* Date *29/11/16*

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.

*S. Paterson Major R.S.M.C.*  
 Medical Officer in Hospital,  
 Unit, or Command Depot.

Station *St John's* Date *29/11/16*  
*W. J. [unclear]*

# NEWFOUNDLAND.

## CLAIM FOR PENSION

PENSION No. \_\_\_\_\_

EUROPEAN WAR.

**NOTICE:**—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full \_\_\_\_\_ I hereby solemnly declare that my name is Wilfred  
Parson and that I was  
Fill in rank and force \_\_\_\_\_ a (rank) Private (1st. Nfld. Reg.) \_\_\_\_\_ and that I was  
in \_\_\_\_\_ (R. N. R.) Newfoundland,  
and that I am entitled to a Pension from the Colony of Newfoundland  
Fill in place giving full postal address \_\_\_\_\_ I am residing at (Street and number) \_\_\_\_\_  
Town of Bay Roberts  
and request my next pension cheque be sent to this address.  
W. J. Parson SIGNATURE or mark of Pensioner.  
Witness C. J. Shea

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and I believe him to be the person he represents himself to be.

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

\_\_\_\_\_  
Signature.  
\_\_\_\_\_  
Rank or position.  
\_\_\_\_\_  
Postal Address.

Add any Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

# NEWFOUNDLAND.

## CLAIM FOR PENSION

PENSION No. \_\_\_\_\_

EUROPEAN WAR.

**NOTICE:**—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is Wilfred C.

Parsons.

and that I was

Fill in rank and force

a (rank)

Private.

(1st. Nfld. Reg.)

in

(R-N-R)

1st Nfld. L. d. Regt.

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (Street and number) \_\_\_\_\_

Town of

St. John's

and request my next pension cheque be sent to this address.

Wilfred C. Parsons.

SIGNATURE or mark of Pensioner.

Witness

Chas. G. Oke

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

\_\_\_\_\_  
Signature.

\_\_\_\_\_  
Rank or position.

\_\_\_\_\_  
Postal Address.

Add any Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_



# 1st Newfoundland Regiment

## HEADQUARTERS

*St John's, Newfoundland,*

..... March 29th-17. 1911

Dear Sir,

No 1876, Pte Wilfred Parsons received his discharge on March 21st. This man has been paid up to February 28th.

~~This communication will cancel mine, written a day or two ago, stating that he had been paid up to March 20th.~~

Yours very truly,

2nd Lieut. J. M. Howley,  
Colonial Bldg.,  
City.

*Chas. A. [unclear] Capt.*  
*D. C. [unclear]*



## 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 Johns

Mar 6/17

- |                                  |  |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>19</i>                      |
| 2. Regimental No. <i>1876.</i>   | 6. Enlisted on <i>Sept 1915</i>                      |
| 3. Rank. <i>Pte.</i>             | at <i>St. Johns.</i>                                 |
| 4. Name. <i>Parsons Welfred.</i> | 7. Former trade or occupation <i>Cable Operator.</i> |
8. Disability

*Chronic Gonorrhoea  
with Rheumatism.*

9. History *Has been troubled with Gonorrhoea since May 1916  
Rheumatism followed this has been suffering from the same or  
less for 7 months.*

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.)

Gonorrhoea has become acute again. Let him get it clean up and come on again. very open lately. He is now suffering from pain in knee joint & shoulder joint. He now has been under treatment since last boarded

11. Was sanatorium operation advised and refused?

no

12. Do you recommend discharge as permanently unfit?

Yes

Signature

*J. W. Burden*

Rank or Qualification

*Lieut*

Remarks if any by Officer i/c 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 *cannot* be considered as aggravated by:—  
due to
- (a) Service during this war.
  - (b) Climate.
  - (c) Ordinary Military Service

Remarks if any:—

*Rheumatic fever continues in spite of treatment & gonorrhoeal discharge recurs frequently*

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:—

*nil*

15. Is the disability permanent?

*Will improve with time if no re-infection*

16. Has the disability been aggravated by

(a) Intemperance.

*no*

(b) Misconduct.

*yes*

17. The refusal of operation sanatorium is:—

(a) Reasonable.

(b) Unreasonable.

Remarks if any:—

18. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

*R. S. Fraser*

President

*J. Sinclair, Capt.*

*Geo. Byrnes*

*pro Major Paterson*

Place

Date

*St. John's  
Mar 7 1917*

APPROVED

Station

Date



*Clay Macpherson*  
Major  
Administrative Medical Officer.

Medical Report on an Invalid.Station St JohnsDate Nov. 29 1916

1. Unit

5. Age last birthday 182. Regimental No. 18766. Enlisted { on sep. 1915  
at St Johns

3. Rank

7. Former Trade { Cable operator  
or Occupation4. Name Parsons Wifred

8. Disability.

DebilityStatement 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.

Not been well since enlistment  
Oct 1915

10. Place of origin of disability.

Agf

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

Debility following measles on arrival  
Sanonkeca May 16. 1916 at Workhouse Mil. Hosp.  
Now suffering from Chronic Sanonkeca &  
Spinal rheumatism.

12. (a) Give your opinion as to the causation of the disability.

Not due to active service

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

✓



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.

*Has in points of some weather discharge  
Slightly*

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

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



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

If so—(a) When?

- (b) Where?
- (c) Opinion?

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



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



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?



19. Do you recommend

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

*A. S. Mason*

\_\_\_\_\_  
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, 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*no*

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

21. Has the disability been aggravated by

(a) Intemperance?

*no*

(b) Misconduct?

*yes*

22. Is the disability permanent?

*no*

23. If not permanent, what is its probable minimum duration?

*a month under treatment*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

✓

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

✓

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

✓

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*no*

(b) Change to England?

Signatures:—

*H. Fraser*

President.

*L. Paterson Major*

Members.

*J. Sinclair Major, C.B.*

Station *St John's*

Date *Nov. 29<sup>th</sup> 1916*

Approved.

*Clayton Macpherson Major*  
Administrative Medical Officer.

Station *St John's*

Date *Nov 30. 16.*

*S.M.S.*

*Congrad No. 1000*

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

**MEDICAL HISTORY**

Surname Parsons OF Christian Name Wilfred

Table I. - GENERAL TABLE.

Birthplace: - Parish \_\_\_\_\_ County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined .. .. .	20	Aug 191		191
Declared age .. .. .	18	years		days
Trade or occupation .. .. .	Tel Operator			
Height .. .. .	5	feet		inches
Weight .. .. .	132			lbs.
Chest Measure- ment	Girth when fully expanded ..		33 1/2 inches	
	Range of expansion ..		3 inches	
Physical development .. .. .	Right	Left	Right	Left
	Vaccination marks { Arm .. .. .		Vaccination marks { Arm .. .. .	
When vaccinated .. .. .		1907 6/6		
Vision .. .. .	R.E. - V. =	L.E. - V. =	R.E. - V. =	L.E. - V. =
	(a)	6/6	(a)	
(c) Marks indicating congenital peculiarities or previous disease	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Mont Paterson Capt</i>			
(Rank)	Medical Officer.		Medical Officer.	
Enlisted .. .. .	at	day of	at	day of
Joined on enlistment .. .. .	Corps	Regt. No.	Corps	Regt. No.
Transferred to .. .. .	<i>Wfld Regt 1876</i>			
Became non-effective by .. .. .	on	day of	on	day of
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing syphilis, admission of
	Day	Month	Year	Day	Month	Year			
A. Scott, Genl Hosp Glasgow	7	2	16	18	3	16	Anaemia & Debility following measles	40	
do Workhouse Mil. H.	16	5	16	18	5	16	Gonorrhoea	2	Transferred
Newcastle on Tyne	18	5	16	21	6	16	Gonorrhoea	35	

list in the case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

to, Workhouse Military Hospital  
Newcastle-on-Tyne.

J. Henderson Capt.

D. Watson Capt.

N. H. Ormerod  
Capt. R.A.M.C.?

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

Date	Brief Details, and Signature
12.10.15	
19.11.15	Vacc. A.P. Graham L.S.A.M.C.

**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
St Johns Wfld			S.		

June 11th.1917.

Mr. Wilfréd C. Parsons,

Heart's Content.

Dear Sir:-

Referring to your letter of May 28th.,

I beg to state that as your disability was <sup>caused</sup> through  
your own fault, no Pension can be allowed you.

Yours truly,

Secretary.

Heart's Content  
May 2<sup>nd</sup> 1917

Lieut Howley.

Dear Sir:

I am discharged Soldier  
When I left I thought was to get a  
pension well I have not received it I  
was only taken on my job just for a  
month on trial to see if I could stand it  
I am very much afraid I cannot stand it  
I have been off duty now three days  
with my Rheumatism. If I were to lose my  
job what could I do I was stopped  
from getting a badge now no pension  
money I dont think its fair at all  
kindly see into the matter }

K O bge

Yours Very Respy.

Wilfred. S. Parsons  
Heart's Content

Reply







No 1003



# Newfoundland Forestry Companies

## ALLOTMENTS

I, Wilfred Parson, Regl. No. 1876  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and sixty 60<sup>o</sup> Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the person and or persons concerned, viz.:

Allotment begins Jan'y 29/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in Full)	ADDRESS	AMOUNT (each person)
1003	Bank of Montreal	In joint Names of Self & Mrs Dorcas Parson	St John's Nf Bay Roberts NB	
Total Allotment, \$				60 <sup>o</sup>

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.) W. Parson  
 Officer Commanding Company

(Sig.) Wilfred Parson  
 (Rank) Pls

Jan'y 29/18  
St John 1918

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.

Place St. John's

W. Persons. (Sig. of Soldier)

Date March 30/17

Chas. G. Oke (Sig. of Witness)



# Department of Militia, Newfoundland.

## Medical Department.

### Medical Report on an Invalid.

#### NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

#### Statement of Case

Station C. L. R. St. John's  
 Date Feb. 7<sup>th</sup> 1918

1. Unit 1st. Newfoundland
2. Regimental No. 1876
3. Rank Plt Wilfred
4. Name Parsons, Wilfred
5. Age last birthday. 20
6. Enlisted on Sept. 28. 1915 and in  
Jan. 23. 1918 for the  
Forestry at Grand Falls -  
by Dr Moore
7. Former trade or occupation Cable Operator
8. Disability Physical disability

9. History Enlisted Sept 28/15 and again on Jan.  
23 1918 for Forestry by Dr Moore Grand Falls

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.)

Poor Physical, Rapid w weak heart, and a pulse of 120.

Department of Military Naval and Air Force  
Medical Department  
Hospital Report on the Condition of the Patient

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

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

Signature

*J. M. ...*

Rank or Qualification .....

Remarks if any by Officer in 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 cannot be considered as aggravated by:—  
due to  
(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes*

15. 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:—

*nil*

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *ready*

Remarks if any:—

Signatures.

*[Signature]* ..... President  
*[Signature]* .....  
*[Signature]* ..... Major

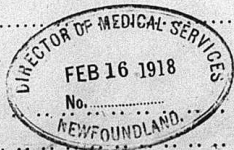
Place *[Signature]* .....

Date *Feb. 16 1918* .....

APPROVED

Station .....

Date .....



*[Signature]*  
Administrative Medical Officer. *Major*



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

1876

ST. JOHN'S, NEWFOUNDLAND,

February 6, 1918.

From:- District Officer Commanding.  
Newfoundland.

To:- Officer Commanding Depot.  
Headquarters.

# 1876 Pte. Parsons.

If in the opinion of the Medical Officer, this man is not fit for the Forestry Companies owing to physical disability, he should be sent before the Standing Medical Board.

*Montgomery*  
Major.

District Officer Commanding.

Newfoundland.

-5/2/18.





ANSWERED

ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS



ST. JOHN'S, NEWFOUNDLAND.

FEBRUARY 5th. 1918.

From Officer Commanding,  
Depot.

To District Officer Commanding,  
Department of Militia.

1876 Pte. W. Parsons--Forestry Companies.

Above noted man was examined on 23rd. January for Forestry Companies and passed for same by Dr. Thos. D. Moore, Grand Falls. He presented himself for attestation on January 28th. 1918 and being conversant with his history, his case was referred to Major Sullivan, who gave instructions to swear him in if he had passed Medical Examination. He was accordingly attested on 29-1-18.

He was absent from 2.30 P.M. Parade on Saturday 2nd. inst. and brought before me on Monday, I asked him what he had to say for been absent from Parade, he stated, he had a pain in his heart and could not come down, he had not gone on Sick Parade, so I sent him to Dr. Tait and enclose herewith his report for your information.

Will you please advise what action I shall take concerning him. I would respectfully suggest that in order to avoid a recurrence of cases of this kind that Recruits for Forestry Companies be re-examined when they report to Depot.

*Geo. L. Cart*  
Commanding Depot,  
First Newfoundland Regiment,  
St. John's, Nfld.



# Newfoundland Forestry Companies

St. John's Newfoundland,

Feb 4<sup>th</sup> 1918

Mr. Forester, Mr. Parsons, 1876, has been  
this day examined by me, and I find  
that he is a man of poor general physique,  
with a weak, rapid heart, and a pulse  
of 120. He has pain, at times, in the left  
iliac region, and there is some tenderness  
now on deep pressure over this place.  
I cannot with any degree of confidence  
recommend him for the service.

Respected

Wm. D. Hall

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Wilfred Parson  
 Apparent age 20 years 1 months. Height 5 feet 11 1/2 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches Height 138  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Left Brown Blue eyes on r. ear  
left arm

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Parson  
Bay Roberts Ck. | 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 _____									Discharged & Bonus 18/2/18 Authority K. R. & R. 392(111)(C)
Joined at _____ on _____									
Total Service forfeited as above.....									}
Total Service towards Engagement to _____ [date of discharge] _____, ens. _____ days									
Pensions " " " " " "									

60

# Report of Medical Examination for Newfoundland Forestry Companies

No. \_\_\_\_\_ Weight :- 138 Height :- 5 ft. 11 1/2 in.

Name Wilfred Campbell Parsons Married or Single Single

Age 20 Address in City :- \_\_\_\_\_

Occupation Scaler (Lumberman) Home Address :- Bay Roberts.

For what Rejected—from Regiment or R.N.R.

Family History (Enquire as to Tuberculosis, insanity, etc.)  
General debility (reason for discharge from same)

negative.

What illness have you had within the last five years ?

measles, spotted fever, and general debility while with the 1st Regt. Regiment - 1915.

Do you know of anything the matter with you ?

no

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

negative

Examination of heart

Heart enlarged. Apex displaced down and to it. No audible murmurs. Lungs negative.

Does the Urine contain any albumen ?

no

Are there any malformation of hands, arms, legs, feet eyes, ears, etc. ?

none

What is his muscular development ?

Fair

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

yes.

Place Grand Falls. \_\_\_\_\_  
Thos. Moore, M.D.,

Date Jan 23<sup>rd</sup> 1918.

Medical  
Examiners

42 Dagmar Street  
Winnipeg, Man.  
Canada

Militia Department

St. John's.

Newfoundland.

Dear Sir

Please pay  
W.R. Parsons. Theasons Bay Co.  
240 Water Street the full  
amount of monies due me through  
post Discharge Pay & Gratuity  
and obly.

Yours Truly

Alfred. C. Parson.

3  
31  
30  
31  
31  
28  
21  

---

175

Reapt

Enl.

28/9/15

12yr.

175 days

Dis.

21/3/17

F. b.

Enl.

30/1/18

20 days

Dis.

18/2/18

12yr.

195 days

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 26th. 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, M.Y. C. RECORD OFFICE, ST. JOHN'S.

- Christian name *Wilfred Campbell* 2. Surname *Parsons*
3. Rank *Private* 4. Regt. No. *1876*
5. Address in full to which future payments of gratuity are to be forwarded *42 Dagmar Street W. Murphy, Montreal Canada*
6. Date of enlistment in the Regiment *28<sup>th</sup> September 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Had no dependant*
8. Relationship of such dependents *not applicable*
9. Address in full of such dependent *not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
11. Were you on active service only in Mfld. If so, give dates, and particulars of such service *No. Service in Scotland. Arr. Sept. 20<sup>th</sup> 1916. remainder of service in Newfoundland. Arr. arrived in Scotland November 5<sup>th</sup> 1915. left Scotland*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas *From September 28<sup>th</sup> 1915 to March 21<sup>st</sup> 1917*

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

*Yes, had reenlistment in Dorsetty Branch Co. obtained no discharge papers, went under same number as in Regiment 1896*

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.....

*Received no post discharge pay or War Service Gratuity*

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

*Yes*

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, received no post discharge pay from any Imperial Force*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*No, applicable private whole of service*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

*No, applicable*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

*No, March 21<sup>st</sup> 1917, General Disability*

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, service in actual theatre of War*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?.....

(b) If so, are you in receipt of full pay and allowances from that Committee?.....

*Receiving no treatment or allowances*

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



Signature of Applicant: *Wilfred Campbell Parsons*  
 Place of Residence: *42 Dugan St, Winnipeg, Man, Canada*  
 Declared before me at: *City of Winnipeg, Manitoba*  
 This *7th* day of *April* 19*67*

*E. Broderick*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.  
*a Commissioner for taking Affidavits in & for the Province of Manitoba*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>1 month</i>	<i>7.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Byraster. <i>[Signature]</i>	

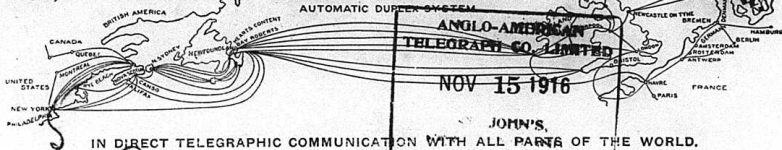


# The Anglo-American Telegraph Company Ltd

ESTABLISHED 1866

EIGHT ATLANTIC CABLES

AUTOMATIC DUPLICATION SYSTEM



ANGLO-AMERICAN  
TELEGRAPH CO. LIMITED

NOV 15 1916

JOHN'S,

IN DIRECT TELEGRAPHIC COMMUNICATION WITH ALL PARTS OF THE WORLD.

No.  
Wd-

Ray Roberts Jr.

TO:

Miss Blanche Way  
60 Colonial Building.  
Reft Ray sept

wire collect if sending  
money by evening mail

Wilfred Parsons

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

**The Anglo-American Telegraph Company Ltd**  
 ESTABLISHED 1866  
 TELEGRAPH CO. LIMITED  
**EIGHT ATLANTIC CABLES**  
 AUTOMATIC DUPLEX SYSTEM

NOV 14 1896

IN DIRECT TELEGRAPHIC COMMUNICATION WITH ALL PARTS OF THE WORLD.

No. *107*  
 Wds.

*Bay Roberts*

TO {

*Beatrice M. Way  
 C/o Colonial Building  
 Newfoundland Dept  
 Pay Dept -*

*Send pay book Saturday please*

*Send amount required*

*evenings mail*

*Wilfred Parsons*

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

Bay Roberts  
Nov 11<sup>th</sup> 1916

Dear Miss Way.

Would you  
kindly forward \$25.00 as soon  
as possible I am very sorry  
to trouble you again kindly  
rush thing through.

I remain

yours &c.

Wilfred. b. Parsons  
Bay Roberts

18th November

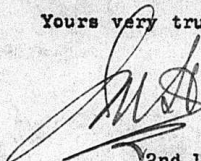
6

No.1876 Pte. W. Parsons,  
Bay Roberts.

Dear Sir:-

Referring to your telegram of yesterday's date,  
I might say that I cannot forward you any money at the present time,  
as you have already overdrawn. I have also just received a statement  
of your account from the Paymaster at London, which shows that your  
account has ~~xxx~~ been overdrawn on the other side.

Yours very truly,



2nd. Lieut. & D/Paymaster.

B.M.W.

Grand Falls

December 21<sup>st</sup> 1917

Minister of Militia  
Colonial Building  
St John's

W 2/05

Dear Sir:-

I wrote to Keith Hawley  
regarding getting a War Badge, what  
reasons have you not to give me the  
badge when I got an Honourable discharge.  
This is it that others got the medal  
when they have been discharged on the  
same grounds as I have been and I  
have proof of that kind, all into  
matter reply as soon as convenient

Yours Very Respectfully

W. Fred. Beason

Ray Street

Grand Falls

Regre No 1876





No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. Wilfred Parsons Voucher No. 26780. Cheque No. 26780.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entry: Jan. 5, 267, A/c pay, \$10.

CERTIFICATION

Dissect Sheet No. Recap. Sheet No. 267. Checked by

Signature of Paymaster

RECEIPT

January 5th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars

and Cents in Payment as above stated.

January 1917.

\$10.00

[Sig.] W. Parsons.





Crosbie Hotel  
Oct 17<sup>th</sup> 1918

Went Howley.

Sir:-

Sorry to trouble  
you again, but would you kindly  
send me \$50<sup>00</sup>/<sub>100</sub> that would  
leave me a month & half  
not to draw any more pay  
must have same by tomorrow  
kindly rush thing through  
And Oberg

Yours Respy

The Wilfred. C. Parsons  
of Crosbie Hotel

money is for insurance

RECEIPT

October 13th, 1916.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum o

Twenty-----Dollars

and -----Cents in Payment as above stated.

October 1916.

\$ 20.00

[Sig.]

*Pk Wilfred C. Parsons.*

1876

June 28th.1917.

Mr. Wilfrid C. Parsons,

Heart's Content.

Dear Sir:-

Referring to your letter of May 25th.,  
I beg to state that as your disability is due to  
your own misconduct, no Badge can be issued to you.

Yours truly,

Lieut.  
Deputy Paymaster.

No. 348

From

*Pay of June 1874*

Opener's  
Check

Receipt  
Filed

Dispatching  
Office  
Stamp

ST. JOHNS  
ST. MAR 22  
NEWFID

Registered Letter Addressed—

*Pls Wilfred Person*

*Bay Roberts*

Arrival  
Office  
Stamp

*1876*

Received by

*[Signature]*

Dispatching  
Office  
Stamp.

18

EDMONTON S. EAST  
15 MAR 22  
NEWSPRINT

Arrival  
Office  
Stamp.

No. 348

From Pay of June 18<sup>th</sup> 1922

Registered Letter Addressed—

Mr. Wilfred J. Dawson

Bay Roberts

Received by [Signature]



Dispatching  
Office  
Stamp.

18/6

EDMUNDS EAST  
15 APR 22  
NEW YORK

No. 348

From Pay of June 15th 1922

Registered Letter Addressed—

Mrs. Wilford C. [unclear]

Bay Rock [unclear]

Arrival  
Office  
Stamp.

Received by [Signature]

March 22nd,

7.

1876

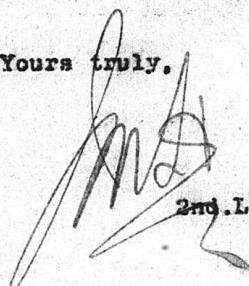
Pte. Wilfred G. Parsons,

Bay Roberts, C.B.

Dear Sir,-

I enclose herewith Certificate of Discharge, dated  
March 21st 1918.

Yours truly,



2nd. Lieut. & D/Paymaster.

**DEPARTMENT OF MILITIA.**

*Rosebery*

**REGIMENTAL PAY BRANCH.**

**PAY VOUCHER.**

*\$12.<sup>00</sup>/<sub>100</sub>*

*Feb. 19<sup>th</sup> 1908*

Received from the First Newfoundland Regiment  
the sum of *twelve* <sup>*00*</sup> *10* Dollars.

on account  
balance

of Pay when discharged  
*W. Garrow*

Ch. No. <i>53</i>	Initials
Pay Ledger <i>1/2</i>	Initials <i>CCG</i>
Gen. Ledger <i>Key</i>	Initials <i>PR</i>

*W. Garrow*  
Regtl. No. *1876* Rank *Plat*

No. 1876 Rank Pte.

Name W. Parsons

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

C.R. 1876

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Wilfred C. Parsons

in respect of his service as No. 1876 Rank Pte.

Name W.C. Parsons Royal Nfld. Regt.  
Mtd. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received

September 4<sup>th</sup> 1922. *H6*

Signature

Wilfred Campbell Parsons

Date

August 30<sup>th</sup> 1923.

Address

Lands Inlet, Baffinland, N.W.T.  
1/2 Hudson's Bay Company. [P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 [6-6] W3017/2124 1000m 6/15s 93 56

Forms  
B. 121.  
29.

Regiment of *1<sup>st</sup> Newfoundland*

Number of Sheet *179*

Signature of O. C. Company *J. G. Benister*

Regimental Number and Name <i>1876 W. B. Parsons</i>		Enlistment		Trade <i>Operator</i>		Good Conduct Badges, Service Pay or Proficiency Pay	
		Age on <i>18</i> years <i>7</i> months		Regulation <i>6 of E</i>			
Joined _____ Date _____		Place and Date of Enlistment } <i>John's</i>		Place of Birth <i>Bay Roberts</i>			
Joined _____ Date _____		Period of { with Colour <i>175</i> years with Reserve <i>365</i> years.					



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
<i>Newton-on-Clay</i>	<i>1916. Apr: 29</i>	<i>Pvt.</i>		<i>Absent from tattoo till 10.20 same day</i>	<i>Cpl: Williams</i>	<i>2 days CB.</i>	<i>1.5.16</i>	<i>Lieut: Benister</i>	<i>Left</i>
<i>Racecourse Clay</i>	<i>Sept. 2<sup>nd</sup></i>			<i>Absent without leave from tattoo till 9am. 6.9.16.</i>	<i>Cpl: Williams</i>	-	<i>7.9.16.</i>	<i>Capt: Paine</i>	<i>Forfeit 5 days Pay by Reg. up.</i>
				<i>Medically Unfit 21<sup>3</sup>/<sub>7</sub></i>					
				<i>Attested for Service with Sundry Corps 29-1-18 Struck off Strength 18-2-18. } 21 days.</i>					
				<i>To be carried over</i>					

Army Form B. 121.

*Inclined*

