



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4862 Name William Taddle Corps C of E

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

- 1. What is your name? ..... 1. William Taddle
- 2. What is your full Address? ..... 2. Post St. John's  
St. John's, Nfld.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 22 Years ..... 8 Months
- 5. What is your Trade or Calling? ..... 5. Labourer
- 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 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. Yes

I, William Taddle do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Taddle SIGNATURE OF RECRUIT.  
James [unclear] Signature of Witness.

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

I, William Taddle 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 1st day of May 1915.

Signature of Attesting Officer [Signature]

### †CERTIFICATE OF APPROVING OFFICER.

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





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4862 Name William Taddle Corps C of E

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>William Taddle</u>                        |
| 2. What is your full Address? .....  | 2. <u>Port Blanford</u><br><u>Bonaville Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                   |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>5</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>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, William Taddle do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Taddle SIGNATURE OF RECRUIT.

James Clarke Signature of Witness.

2-5-18

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

I, William Taddle 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Port Blanford on this 1st day of May 1918.

Signature of Attesting Officer James Clarke

### †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 C of E. 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).....





C.R. 4862

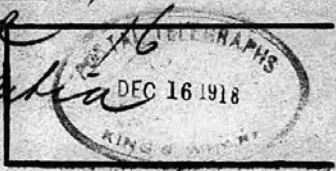
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 77 Sent by RD Post Office St. John's Check 13/4

Place from St. John's

To Minister of Militia



Heard my son no 4862  
 the william peddle  
 in Hospital please wire  
 particulars  
 Leah peddle

C.R. 4862

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

4862 Pte. W. Peddle,

Discharged 2-9-18, Medically unfit

C.R. 41862

PRELIMINARY REPORT

Extract from Medical Board held Aug, 19th, 1918.

4862 Pte, Peddle, W.

Recommended Discharge--- Permanently Unfit.

C.R. 4862

Extract from Daily Orders Sect II Unit The Royal 22nd.  
Sgt. St. John's, dated Sept. 2th, 1918.

4862 Pte. WM Paddle.

Having been found medically unfit is struck off the strength  
from 2-0-18.



C.R.

4862

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918.

#4862 Pte. W. Peddle.

Admitted to Barracks Hospital 22-7-18

CR 4862  
Station No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Gable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T., or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address St. John's

Line Number	Rcd	By	Sent by	Check

Dated July 13, 1918

To Edward Peddle,

Port Blandford.

Beg to inform you that  No. 4862 Pte William Peddle still in Hospital, progressing favourably will soon be convalescent.

Lieut. Col. W. F. Rendell, C.S.O.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS. C.R. 4262

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 55 Sent by No. 10/

Place from St. John's

To Lieut Col. W. F. Peddle



4862  
Please advise if pte  
William Peddle  
removed to Convalescent  
hospital

Edward Peddle

Still in Hospital  
progressing favourably  
will soon be convalescent

C. Rendell 862

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address **St. John's**

Line Number	Rcd	By	Sent	by	Check
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Dated **July 12, 1918.**

To **Edward Peddle,**

**Port Blandford, B.B.**

**Bo to inform you that condition of No.4862**

**Ptc. William Peddle is Convalescent.**

**Lieut. Col. W. F. Rendell, C.S.O.**

**FOR TYPEWRITER**

C.R. 4862  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address **St. John's**

Line Number	Rcd	By	Sent	by	Check

Dated July 9, 1918

To Edward Peddle, Port Blandford. B.B.

Beg to inform you that condition of No. 4862

Pte. William Peddle is improving.

Lieut. Col. W. F. Rendell, C.S.O.



## NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL THE WORLD.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED.)

Signature of Sender \_\_\_\_\_ Address St. John's.

Line Number	Rcd	By	Sent	By	Check
Dated <u>July 3, 1918</u> To <u>Mr. Edward Peddle,</u> <u>Port Blanford, N.S.</u>					

Be g to inform you that condition of No. 4862 Pts.

William Peddle is Improving.

Lieut. Col. W. F. Rendell, U.S.O.

# NEWFOUNDLAND POSTAL TELEGRAPHS.

## Cable Connection with all the World



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address St. John's

Line Number	Recd	By	Sent	by	Check

Dated

July 6, 1918

To

Mr. Edward Peddle,

Fort Blandford, B.B.

I beg to inform you that the condition of

No. 4862 St. William Peddle is improved.

Lieut. Col. W.F. Rendell, C.S.C.

C.R. 4862  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address **Militia Dept.**

Line Number	Rcd	By	Sent	by	Check

Dated July 5th 1918.

To Mr. Edward Peddle,  
Port Blandford, B.B.

Beg to inform you that your son 4862 Pte William Peddle is removed from seriously ill list improving.

W.F. Rendell,  
Lieut. Colonel, C.S.O.  
for Minister of Militia.

C.R. 4862  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_ Militia Dept. \_\_\_\_\_

Line Number	Red	By	Sent	by	Check

Dated June 28th 1918.

To Mr. Edward Peddle,  
Port Blandford, B.B.

Reg to inform you that your son 4862 Pte. Wm. Peddle admitted to hospital yesterday case not yet diagnosed.

W.F. Rendell,

Lieut. Col. C.S.O.

for Minister of Militia,

FOR TYPEWRITER

C.R. 4862

May 7, 1918.

Sir-

William Peddle.

I enclose letter from Leah Peddle of Port  
Blandford in connection with her son for your  
attention.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

O.C. Depot,

City.

ENCLOSURE.



C.R. 4862

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 2nd, 1918.

#4862 Pte. William Peddle.

Attested for General Service with the Royal Nfld. Regt.  
from 1/5/18.

*Letter  
4862*

St John's, Newfoundland.

Sept. 4th, 1918

Officer Commanding,  
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 the honour etc.

(sgnd) ~~XXXXXXXXXX~~,  
XXXXX.

H.M.MADDICK,  
Lieut.  
For Paymaster

1986	Sergt.	Halfyard, Wallace	Sept. 2/18	Med. Unfit
5274	Pte.	Budden, Geo.	Do.	Do.
670	"	Roper, Henry H.	Do.	Do.
136	"	Janes, Thomas P.	Do.	Do.
3330	"	James, Henry J.	Do.	Do.
4397	"	Day, Cyril	Do.	Do.
4601	"	Carew, James	Do.	Do.
4862	"	Peddle, Wm.	Do.	Do.
5124	"	White, Wm.	Do.	Do.
5115	"	Kelligrew, H.J.	Do.	Do.

August 21st, 1918

From Officer Commanding,  
Depot

To Quartermaster and Officer i/o records,  
Militia Department

5274 Pte. C. Edden  
5154 " W. White  
4862 " W. Peedie  
5115 " H. J. Holligrow  
4860 " Stewart Lander

The marginally noted men are recruits who have been three months and over on the strength and have been recommended for discharge as permanently unfit by Standing Medical Board held on Monday, August 19. I am sending them herewith for your attention and ~~NECESSARY~~ necessary action, please.

Their pay accounts on Company Sheets have been squared up to and including 21st August and they are paid in full to that date. Allotments are as under-  
noted -

5274 Pte. C. Edden	50/ per day
4860 " S. Lander	50/ "

The others have no allotment in force.

Saddle, W<sup>est</sup>

4862

Ray Sept.

1918 - 1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 51 <sup>90</sup>/<sub>100</sub>

Sep 2<sup>nd</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifty one <sup>00</sup>/<sub>100</sub> Dollars.  
~~on account~~  
balance of Pay.

Ch. No. 2044	Initials EW
Pay Ledger IM	Initials JM
Gen. Ledger	Initials

Regtl. No. Rank



No. 4862

Rank

PL-

Name

Peddie W.

Sept. 16th, 1918.

Pte. William Peddle,  
Port Blandford, B.E.

Dear Sir,-

I enclose herewith cheque for \$51.90,  
being the balance of pay due you at date of Discharge,  
also Certificate of Pay.

I also enclose Certificate of Discharge,  
dated Sept. 2nd, 1918, together with special form, which  
kindly sign and return to this office.

Yours faithfully,

Capt.  
Paymaster & O.i/c Records.

Reg. No. 4862 Rank Pte. Name Peddle, William  
Attested 1-5-18 Address Port Blandford B.B.  
Allotment\* \_\_\_\_\_ Allotee \_\_\_\_\_  
Date of Allotment \_\_\_\_\_ Returned from Overseas X  
Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Returned from leave 17-5-18

27<sup>6</sup>/18 Discharged from M. I. S. Hos, Adm. to Gen Hos  
22-7-18 " " Gen Hos to Barracks Hos  
16-8-18 Head Quarters travelling Exp. Rec. Standing  
Medical Board (Influenza & Neuritis)  
17-5-18 Recommended Discharge permanently unfit  
DISCHARGED - MEDICALLY UNFIT 2-9-18 Do-156



Department of Militia, Newfoundland.  
Medical Department.

*Medical Report on an Invalid.*

NOTES:—

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

*Statement of Case*

Station **St. John's, Nfld.,**  
Date **August 16th., 1918**

1. Unit **1st. Newfoundland**
2. Regimental No. **4862**
3. Rank: **Private** at **St. John's, Nfld.**
4. Name: **Peddle, Wm.**
5. Age last birthday. **23**
6. Enlisted on: **May 1st., 1918**
7. Former trade or occupation **Lumberman**

8. Disability

1. Measles
2. Influenza and Neuritis

9. History

Developed Measles at Barracks St. John's, Nfld. 23/5/18  
Was under treatment at M. I. D. Hospital for 35 days when  
he developed severe pains in forearms and legs with muscular  
twitching. Was transferred to St. John's General Hospital  
for observation and treatment.

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.)

Complains of pains and weakness in legs. Heart lungs and temperature normal

11. Was sanatorium advised and refused?  
operation

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

Signature **(Sgd) F. W. BURDEN**  
Rank or Qualification **ACTG. M. O.**

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 **may** 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:—

**Total for 3 months**

16. Is the disability permanent? **Yes**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to  
 { General Hospital,  
 Naval and Military Con-  
 valescent Hospital, **No**  
 Jensen Tuberculosis Camp.

20. We recommend discharge from the Army  
~~responsible discharge~~

Remarks if any:—

(Sgd) **JOHN G. DUNCAN** .....  
 ..... **J. SINCLAIR TAIT** President  
 Signatures. ....  
 ..... **ARCH. C. TAIT** .....

Place **St. John's, Nfld.**  
 Date **August 19th., 1918.**

APPROVED

Station

Date



(Sgd) **CLUNY MACPHERSON, Major**

D. N. S. NEWFOUNDLAND.  
 Administrative Medical Officer

**CERTIFIED CORRECT COPY**

**CLUNY MACPHERSON, Major**

Per **97/18**



# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Aug 16 1918

Regimental No. 4862

Name Peddie William

Address Port Blandford

Disease or Disability Influenza & Malaria

Finding of last Standing Medical Board,

held on ..... 19.....

Present Condition

Recommendation Standing Medical Board

Category

Members  
of  
Board

<u>R. H. Lat.</u>	O. C. Depot
<u>Sturdee</u>	D. D. M. S.
<u>Archibald</u>	M. O. Depot



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

ROYAL REGIMENT  
April 10th., 1919.

From:- D. M. S.

To:- N. P. C.

4862, Pte. Peddle, Wm.

The marginally noted man was ordered to report  
in town for Medical Board. This Board has now  
been held. Will you therefore kindly supply  
him with a Pass to his home in Port Blandford.

692  
Cluny Macpherson

Major, D. M. S.

AMB.





## 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 *Peddle, William*

Regiment from which discharged *1st. Newfoundland*

Regimental number *4862.*

Intended address *Port Blanford.*

Height on discharge *5* Feet *6.*

Color of hair on discharge *Dark.*

Complexion *Fair*

Color of eye *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Edward.*

Christian name of Mother *Leah.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Goose Bay, New. 7<sup>th</sup> 1895*

Nature and locality of civil employment required

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

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

(Rank) *Pvt*

Station *St John's* Date *August 16/18.*

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.

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

Station *St John's N.Y.* Date *Aug. 16/18*



Department of Militia, Newfoundland.  
Medical Department.

**Medical Report on an Invalid.**

NOTES:—

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

Statement of Case

Station ..... *St. John's* .....  
Date ..... *Aug. 16/18* .....

1. Unit *1st. Newfoundland*
2. Regimental No. *1862*
3. Rank. *Plt.*
4. Name. *Peddie William*
5. Age last birthday. *23 years.*
6. Enlisted on *1st*
7. Former trade or occupation *may 1918 at St. John's*  
*Lumberman.*
8. Disability

1. Measles.
2. Influenza & neuritis.

9. History *Developed measles at Bonaventure St. John's N.F.*  
*23. 5. 18. was under treatment at M. I. D. Hosp for*  
*35 days. when he developed severe pains in fore arm*  
*and legs with muscular wasting. was transferred*  
*St. John's General Hosp.*



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.)

Complains of pain and weakness in legs -  
knee keeps & keeps normal.

11. Was sanatorium operation advised and refused?

✓

12. Do you recommend discharge as permanently unfit?

Yes

Signature

*J. W. Burden*

Rank or Qualification

*Col MD*

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 may 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:-

Total for 3 months -

16. Is the disability permanent?

Yes.

17. Has the disability been aggravated by

(a) Intemperance. No (b) Miscouduct. No

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

Remarks if any:-

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

General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

No.

20. We recommend discharge from recognition in the Army

Remarks if any:-

Signatures.

J. M. Duncan ..... President  
Spindley, Sgt. .....  
Archibald .....

Place

St. John's Infid

Date

Aug. 15. 1918

APPROVED

Station

Date



Clay Macpherson Major  
Administrative Medical Officer.  
D. M. S. NEWFOUNDLAND.

# Proceedings on Discharge.

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

No. <u>4862</u>	Army Rank <u>Private</u>
Name <u>William Peddle</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</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>September 2<sup>nd</sup> 1918.</u>	
Place of discharge <u>St. John's. Nfld.</u>	
1. Description at the time of discharge.	
Age <u>22</u> years <u>10</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark</u> Trade <u>Lumberman</u> Intended place of residence <u>Port Blandford</u> (To be given as fully as practicable) <u>Nfld.</u>	Descriptive marks.
<p><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></p>	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<p><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></p>	
3. Military character:— <hr/>	
4. Character awarded in accordance with King's Regulations:— <hr/> <hr/> <hr/> <hr/> <hr/>	
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.	
_____ <small>Initials of Commanding Officer.</small>	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.



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

# MEDICAL HISTORY

Surname Peddle

Christian Name William

Table I.—GENERAL TABLE

Birthplace :—Parish Port Blanford County Yorke

	SPECIAL RESERVE		REGULAR ARMY			
	on	day of	on	day of		
Examined	on	1 day of <u>May</u> 191 <u>8</u>	on	day of	191	
	at	<u>St John's</u>	at			
Declared Age		<u>23</u> years				
Trade or Occupation		<u>Shipboard &amp; Gunner</u>				
Height		<u>5</u> feet <u>6</u> inches				
Weight		<u>113</u> lbs.				
Chest Measurement	Girth when fully expanded	<u>38</u> inches				
	Range of Expansion	<u>1</u> inches				
Physical Development						
Vaccination Marks	Right	Left	Right	Left		
	Number					
When Vaccinated						
Vision	R.E.—V=	<u>6/10</u>	R.E.—V=			
	L.E.—V=	<u>6/10</u>	L.E.—V=			
(a) Marks indicating congenital peculiarities of previous disease	(a)		(a)			
(b) Slight defects but not sufficient to cause rejection	(b)		(b)			
Approved by (Signature)	<u>Lance Parson</u>					
(Rank)	<u>Major</u>				Medical Officer	
Enlisted	at	<u>St John's</u>	at			
	on	day of <u>May</u> 191 <u>8</u>	on	day of	191	
Joined on Enlistment	Corps	<u>The Royal</u>	Corps			
	Regtl. No.		Regtl. No.			
Transferred to	<u>Nfld. Reg.</u>					
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of Syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>St. J. D. Hospital</i>	23	5	18	27	6	18	<i>measles</i>	35	<i>On evening of June 25. The man developed severe pain in fore arms and legs - with muscular twitching. - then transferred to General Hosp. for observation and treatment - 27-6-18</i>	<i>W. Burden</i>
<i>St. John's General Hospital.</i>	27	6	18	22	7	18	<i>Influenza &amp; Neuritis.</i>	25	<i>Temperature normal for twelve days.</i>	<i>W. Burden</i> <i>G. Ferguson</i>







This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of William Paddle  
aged 32 yrs conducted at 2<sup>d</sup> Quarters  
Date: May 1st/18 Recruiting Officer:

NO OF TEST	FINDING
------------	---------

1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no
10	no
11	no
12	no
13	no
14	no
15	no
16	no
17	no
18	no
19	6/12 upto 6/10 red.
20	no
21	no
22	no
23	no
24	no
25	no
26	no
27	no
28	no
29	no
30	no
31	no
32	no
33	no
34	upto 6"
35	143 lbs.
36	34-38.
37	Father
38	Edward Port Blandford Son Bay
39	no

*Handwritten signature/initials*

Father Edward Port Blandford Son Bay

*Handwritten initials*

Signature of Medical Examiner

*Handwritten signature*

## Report of Medical Board.

Station St. John's, Nfld Date November 30th., 1918  
 No. and Rank 4862 - Private Age 23 Height 5'6"  
 Name PEDDLE, WILLIAM Complexion Fair  
 Unit Royal Newfoundland Eyes Brown Hair Dark  
 Address Port Blandford  
 Former Trade Lumberman  
 Enlisted at St. John's On 1/5/18 (The Board will please note how the soldier's appearance corresponds with above description.)  
 Disease or Disability Original 1. MEASLES  
 2. INFLUENZA AND NEURITIS

Subsequent

Present Condition (Compare with previous Board)

*Since 118*  
*Has pain down back of legs & on calf*  
*particularly the left*

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

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 3 months*

Recommendation of Medical Board

*Advise Elective treatment*  
*See report.*

Members of Board

*Cyril Macpherson,*  
*Major.*

Approving Medical Officer.

D. M. S. NEWFOUNDLAND.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39

Number of Sheets One

Regiment of Royal New Brunswick

Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<u>1867</u>	Age on	<u>23</u>	years		Trade	<u>Sunblewman</u>
	<u>Reade. Wm</u>						
Joined	Date	Place and Date of Enlistment	<u>St. John's 1.5.18</u>		Religion	<u>C. of E.</u>	
Joined	Date	Period of	with Colours <u>125</u> years.		Place of Birth	<u>Port Daniel, Ind.</u>	
Joined	Date		with Reserve <u>35</u> 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
				<u>Radically Drunk St John's 2/18</u>					

To be carried over