

3577

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3419 Name Arthur R. Pollard P.S.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Arthur R. Pollard</u> |
| 2. What is your full Address? | 2. <u>Bedford</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Year <u>11</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 |
| II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | II. <u>yes</u> |

I, Arthur R. Pollard 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.

6 Jan 17 Arthur R. Pollard SIGNATURE OF RECRUIT.
Harold Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur R. Pollard 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 15 day of January 1915
Signature of Attesting Officer H. Knight

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.
Date.....191.....
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 Arthur Roland Pollard
 Apparent age 18 years 11 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Pollard
Bolwood | Relationship Father
C.N.O.B. 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. Pay.		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>15-1-17</u> joined at <u>St. John's</u> on <u>January 15-17</u> <u>Embarked for Halifax N.S. 15-17</u> <u>James Battalion 19-6-17</u> <u>Wounded 16-8-17</u> <u>Admitted 47-6-18</u> <u>Captain 2-9-17</u> <u>Admitted King Geo Hospital 2-9-17</u> <u>transferred to 32nd H. Newfoundland 10/18</u> <u>Further report held for disposal 21-5-18</u> <u>transferred to 32nd H. Newfoundland 10/18</u> <u>discharge 22-5-18</u> <u>Arrived Newfoundland 1-6-1918</u> <u>Discharged medically unfit 11-3-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 4-3-1919 [date of discharge] 2 years 49 days
 " " " Pensions " " " " " " " " " " " "

COPY.

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3577



Proceedings on Discharge.

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

No. <u>3419</u>	Army Rank <u>Private</u>
Name <u>Pollard Arthur</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>March 4/1919</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>20</u> years <u>1</u> months Height <u>5</u> feet <u>8</u> inches Chest measure- ment { girth when fully expanded <u>39</u> ins. { range of expansion <u>4</u> ins. Complexion <u>Fair</u> Eyes <u>Brown</u> Hair <u>Dark Brown</u> Trade <u>Lumberman</u>	Descriptive marks. <u>GSW Right Leg and Left Arm.</u>
Intended place of residence { <u>Botwood Newfoundland.</u> <small>(To be given as fully as practicable)</small>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Wounds received in Action.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border-left: 1px solid black; border-bottom: 1px solid black; flex-grow: 1;"></div> </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. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

27
47
59

AB 2079/1071

Originals

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Proceedings on Discharge.

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

No. <u>3419</u>	Army Rank <u>Private</u>
Name <u>Pollard Arthur</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge	
Place of discharge	
1. <i>Description at the time of discharge.</i>	
Age <u>19</u> years _____ months	Descriptive marks. <u>GSW Right Leg and Left Ankle</u>
Height <u>5</u> feet <u>8</u> inches	
Chest measurement { girth when fully expanded <u>39</u> ins. range of expansion <u>4</u> ins.	
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>Dark Brown</u>	SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. OFF. P.38. No. <u>2007/56</u> DATED <u>21 MAY 1918</u>
Trade <u>Lumberman</u>	
Intended place of residence (To be given as fully as practicable) <u>Bojwood Newfoundland</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Wounds received in action</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :-	
4. Character awarded in accordance with King's Regulations :-	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2007* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

* Strike out if not applicable.

[OVER.]

COPY.

Army Form B. 103.

3577
Regimental Number **3419**

Casualty Form - Active Service.

ROYAL NEWFOUNDLAND REGIMENT

Regiment or Corps.....
 Rank..... *Pte* Surname..... *Pollard* Christian Name..... *Arthur*
 Religion..... *Salvation Army* Age on Enlistment..... *18* years..... *11* months
 Enlisted (a)..... *St. John's* Terms of Service (a)..... *Duration* Service reckons from (a)..... *15-1-17*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... *Lumberman* *Sgt. B. Roseworthy* Signature of Officer..... *2 Lieut.*



Report	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
			Embarked. <i>Tilkestone</i>	<i>3/6/17</i>	
			Disembarked. <i>Boulogne</i>	<i>3/6/17</i>	
			<i>Joined Battalion</i>	<i>19/6/17</i>	<i>B 213</i>
<i>1/8/17</i>	<i>De Witt</i>	<i>Wounded in Action</i>		<i>16/8/17</i>	<i>B 213</i>
<i>12/8/17</i>	<i>47 CCS</i>	<i>Ad SW Arm</i>		<i>16/8/17</i>	<i>ED 9445</i>
<i>2/9/17</i>	<i>47 Sloop</i>	<i>Ad do</i>	<i>Le Troport</i>	<i>17/8/17</i>	<i>HA 13154</i>
	<i>St Denis</i>	<i>Invalided to England</i>		<i>2/9/17</i>	<i>N 3083</i>
		<i>(Sgt) E Aldridge</i>	<i>Major</i>		
			<i>O/c No 1 Reg Enly Sect.</i>		
			<i>G/A 3rd Echelon</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sheeving-Smith, & Co. W. 5327-42000 10000 7/17 (20000) C. P. & S., Ltd. Forms B/103 E/1655. IP.T.C.

1st Regt.

3577

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

MEDICAL HISTORY

Surname Pollard OF Christian Name John



Table I.—GENERAL TABLE.


Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 15 th day of January 1917		on	day of 191
	at St. John's		at	
Declared Age	18 years 11 days		years	days
Trade or Occupation	Lumberman			
Height	5 feet 7 1/2 inches		feet	inches
Weight	141 1/2 lbs.			lbs.
Chest Measurement	Grith when fully expanded	39 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	none		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.	
	L.E.—V=	6/6	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)	<i>St. J. Curdery</i>			
(Rank)	Lieut			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's		at	
	on 15 th day of January 1917		on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1 st Nfld. Regt. 3419			
Transferred to	1 st Newfoundland			
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				



COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
No. 2007/16
DATED 21 MAY 1918

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
 3rd London General Hospital, WANDSWORTH, S.W.	2	9	17	10	2	18	G.S.W. Left arm	161	Wounded Aug: 15/17 at Ypres. Involvement of left ulnar & Interm Cutaneous nerves - On admission - Left shoulder N. Elbow Flex. Fair - Ext. very weak. Wrist. F. very weak. E. very weak. Trans to Richmond Jan: Trans to 3rd London 10-2-18.	J. Mackay Major R.F.M.C.
3rd London General Hospital, WANDSWORTH, S.W.	10	2	18				G.S.W. Left Arm		Board held - see overleaf Disability - L.S.W. d. arm Total nerve (ulnar) anaesthesia of little ring fingers. Unable to straighten fingers Cause - G.S.W. in Active Service. Total - Inability to earn a livelihood 100%	H. J. G. Mackay, R.F.M.C. 10/2/18 3rd London General Hospital, WANDSWORTH, S.W.

Dignat



Medical Report on an Invalid.

Station London General Hospital,

Station WANDSWORTH, S.W.

Date 9 - MAY 1918

- 1. Unit 1 R. F. N. D.
- 2. Regimental No. 3419
- 3. Rank Pte
- 4. Name Sollard A.
- 5. Age last birthday 19
- 6. Enlisted on Jan. 16. 1917
at St. Johns.

7. Former Trade or Occupation } Lumberman

7A. If with previous service in Army, state—

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(a) Former Unit O.C. H.Q.

(b) Regimental No. ST. JOHNS, N.F.L.D.

(c) Date of Discharge 1918

(d) Cause of Discharge No. 8017/56

DATED 21 MAY 1918

8. Disability in respect of which invaliding is Proposed.

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

E-S-W. left arm
(left ulna & radial cartilages involved).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. August 15 1917.
- 10. Place of origin of disability. Ypres.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the subject. Penetrating wound in upper arm. Operated on at King Georges Hospital to explore nerves. No gross damage was seen, but nerves were freed from dead tissue on 19-11-17. F-13 came away with arm and hand, soon after pt was wounded. Admitted here 10-2-18 — no further op^{ns} has been having electrical treatment & massage
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). E-S-W.
 - (b) constitutional or hereditary, and not aggravated by service during the present war. Active Service.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Opinion of the Medical Board.

Notes--(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

- 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.
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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

W made all healed 'war'ian griffa,
Total ulnar nerve anaesthesia of little to
ning fingers.
Wrote to straighten fingers

Yes
Yes
Yes
Yes

L
L
L

Yes - Fingers Nerves from
Scar tissue

L

L

Permanently unfit

D.A. Davies G.S.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except 3rd London General Hospital,
Station WANDSWORTH, S.W.
Date May 3rd 1918.
N.E. Somers G.P.A.
Officer in charge of Hospital.
Comdg. 3rd London Gen. Hospital.

*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.

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
(iii) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
(iv) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
(v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- 1. (a) State whether the disability is clearly attributable to--
(i) Service during the present war; Yes
(ii) Climate; Yes
(iii) Ordinary military service; Yes
(iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or Yes
(v) Whether it is constitutional or hereditary; Yes
(b) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? G. S. W.
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which? No.
23. Is the disability permanent? Yes.
24. If not permanent, how soon do the Board recommend re-examination? Yes
25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
Degrees of disablement should be expressed in the following percentages:-- 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. 100.
26. If an operation was advised and declined, was the refusal unreasonable? Yes
27. Do the Board recommend--
(a) Discharge as permanently unfit, or Discharge as permanently unfit
(b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a--
(a) Sanatorium; Yes
(b) Hospital; Yes
(c) Convalescent home; Yes
(d) Asylum; or Yes
(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended. Yes
29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended? No
30. Does the man require the constant attendance of another person? No

3rd London General Hospital,
Station WANDSWORTH, S.W.
Date 10 MAY 1918
W. T. Somers G.P.A.
Members.
3rd London General Hospital,
Station WANDSWORTH, S.W.
Date 10 MAY 1918
Administrative Medical Officer.

3577
C.R. 3419

Extract from Daily Orders part II, Depot ~~File~~ The
Royal Newfoundland Regiment, G.H.Q., 3rd. Echelon
dated Sept. 15th. 1917.

3419
~~#41~~ Pte. A. Pollard.

Invalided to England 2/9/17.

WOUNDED.

SECOND BOARD.

3577

Form Z179, N. M. D.

Report of Medical Board.

Station St. John's, Nfld Date FEBRUARY 18TH. 1919.
 No. and Rank 3419 PTE. Age 19 Height 5'8".
 Name POLLARD. ARTHUR Complexion FAIR
 Unit Royal Newfoundland Eyes BROWN Hair DARK BROWN.
 Address BOTWOOD

Former Trade LUMBERMAN

Enlisted at ST. JOHN'S On JAN. 16th. 1918. (The Board will please note how the soldier's appearance corresponds with above description.)

Disease or Disability Original G.S.W. LEFT ARM (LEFT ULNAR & INTERNAL CUTANEOUS INVOLVED).

Subsequent

Present Condition (Compare with previous Board)

Regaining some power. Has weak grasp from the hand. Middle ring fingers improving but do not fully close on the palm. Has fair muscular development.

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

100%

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?

100% which is 100%

Recommendation of Medical Board

Discharge permanently unfit. Remain in hospital. Members of Board

Clung Macpherson, Major.

[Signature]

[Signature]

Approving Medical Officer.



Descriptive Return of a Soldier discharged on account of Disability.

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

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

A Name in full Pollard Arthur
Regiment from which discharged 1st R.N.F.D.
Regimental Number 2419
Where born (Parish, Town and County), and when Bolwood, Feb. 8. 1879
Intended address Bolwood Newfoundlaw

Height on discharge 5 2 Feet 8 Inches
Colour of Hair on discharge Dark Brown **Colour of Eyes** Brown
Descriptive marks Es. R. R. Lay. L. Arm **Complexion** Fair
Figure on discharge Medium
Christian name of Father Adam
Christian name of Mother ✓
Wife's Maiden name in full ✓
Date and Place of Marriage ✓
Christian names of Children ✓
Nature and locality of civil employment desired Like to be taught

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
No. 8007/56
21 MAY 1918
DATED

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) P. A. Pollard

Station Wandsworth **(Rank)** Pte. **Date** 3/5/18

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.

S. H. Ware **Medical Officer i/c Hospital.**

Station WANDSWORTH, S.W. **Date** May 3 - 1918.

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

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

Other distinguishing marks _____

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

Station _____ **Officer in Charge** _____
Date _____ **Records.** _____

Report of Medical Board.

Station **St. John's, Nfld.** Date **June 8th., 1918**
 No. and Rank **3419 - Pte.** Age **19** Height **5'8"**
 Name **POLLARD, ARTHUR** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Brown** Hair **Dark Brown**
 Address **Botwood**
 Former Trade **Lumberman**
 Enlisted at **St. John's** On **Jan. 16'1917** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability: Original **G. S. W. LEFT ARM (LEFT ULNAR AND INTERNAL CUTANEOUS INVOLVED)**
 Subsequent

Present Condition (Compare with previous Board)

Wounds healed. Some paralysis of hand

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? *Not while in Hosp.*

Recommendation of Medical Board *Enter Nfld. Hosp. as out for treatment*
 Members of Board
Discharge as
Remain in Hosp.
J. Sinclair, Dist
H. A.

Approving Medical Officer
Chas. Macpherson,
Major
 D. M. S. NEWFOUNDLAND.



O.S.

Please include two boards
hereunder with photostats
and file with W.S.R.

BP
V.B.89.

orig. 9.
Retrieved by [unclear] & [unclear] of 8-6-18
at

S E C O N D B O A R D

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld	Date	FEBRUARY 18th., 1919.	
No. and Rank	3419 - PRIVATE	Age	19	Height 5'8"
Name	POLLARD ARTHUR	Complexion	FAIR	
Unit	Royal Newfoundland	Eyes	BROWN	Hair DARK BROWN
Address	BOTWOOD			
Former Trade	LUMBERMAN			
Enlisted at	ST. JOHN'S ON JAN. 16' 1917	(The Board will please note how the soldier's appearance corresponds with above description.)		
Disease or Disability	Original	G.S.W. LEFT ARM (LEFT ULNAR AND INTERNAL CUTANEOUS INVOLVED)		

Subsequent

Present Condition (Compare with previous Board)

REQUIRING SOME POWER. HAS WEAK GRASP FROM THE HAND. MIDDLE AND RING FINGERS IMPROVING BUT DO NOT FULLY CLOSE ON THE BALM. HAS FAIR MUSCULAR DEVELOPMENT.

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

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? **100% WHILE IN HOSPITAL**

Recommendation of Medical Board
DISCHARGE PERMANENTLY UNFIT
REMAIN IN N. & MLCN. HOSPITAL

Members of Board

(SGD) CLUNY MACPHERSON. MAJOR

(SGD) N. S. FRASER

J. S. TAIT

L. PATERSON. MAJOR

Approving Medical Officer.

A. R. Pollard

C.R. 3449

A. R. P. O.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 654

Regt. No 3419 Rank Pte. Name Pollard Arthur

Corps served with Royal Newfoundland Regiment.

Date of Medical Board June 8th, 1918.

Pensionable disability 100% whilst in Hospital
for months

Pension granted:
\$40.00 per month for months
whilst in Hospital

or Gratuity granted:
\$ payable in equal monthly instalments

Granted to:

Name Arthur Pollard

Address Botwood

N.D.B.

Date case disposed of *July 23/18*

Approved by:

Members of Board

[Signature]

[Signature] Chairman
[Signature]

Remarks:

[Circular Stamp]

COPY.

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

MEDICAL HISTORY

Surname Pollard OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on	15 day of Jan 1917	on	day of 191
	at	St Johns	at	
Declared age	18 1/2	years 11 days	years	days
Trade or occupation	Lumberman			
Height	5 feet	7 1/2 inches		inches
Weight		14 1/2 lbs.		lbs.
Chest Measure. {	Girth when fully expanded ..	39 inches		inches
	Range of expansion ..	4 inches		inches
Physical development	Right	Left	Right	Left
Vaccination marks {	Arm	None		
	Number			
When vaccinated				
Vision	R.E.—V.=	6/6	R.E.—V.=	
	L.E.—V.=	6/6	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)	Sgt W Byrden			
(Rank)	Lieut			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	15 day of Jan 1917	on	day of 191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.			
	3419.			
Transferred to.. .. .				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
The King George Hospital Stamford Street London S.E.	2	9	17	10	2	18	GSW Left Arm	161	Wounded Aug 15/17 at Ypres. Involvement of left ulnar & Integumentary Cutaneous Nerves. On Admission - left Shoulder & Elbow Flex. Fair - Ext. very weak Wrist F. very weak E. very weak Jan: Trans to 3rd London 10-2-18	(sgd) CS Mackay Major R.M.C.
3rd Lond. Genl. Hosp Wandsworth S.W.	10	2	18				GSW Left Arm		Board held - see overleaf. Disability - GSW L Arm Total Nerve (Ulnar) Anaesthesia of little & ring fingers. Unable to straighten fingers Cause - GSW on Active Service Total - Inability to gain a heel hold 100%	(sgd) Hagan Major 3rd Lond Genl Hosp Wandsworth S.W.

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
18-1-17	Vacc JWB
27-2-17	} <u>TAB</u> JWB 3
6-3-17	
12-3-17	
10-5-18	Board held Finding - Permanently unfit Board approved 10/5/18 (Sgd) H. Hagan Major R.A.M.C. for the 3rd London General Hosp Wandsworth S.W.

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



Casualty Form—Active Service:

Regiment or Corps *2nd Newfoundland*
 Rank *Pte* Surname *Pollard* Christian Name *A. Arthur*
 Religion *Salvation Army* Age on Enlistment *18* years
 Enlisted (a) *St. Johns* Terms of Service (a) *Duration* Service reckons from (a) *15. 1. 17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Lumberman* Signature of Officer *Phoswoley 2nd Lieut*

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
			Embarked <i>Folkestone</i>	<i>3.6.17</i>	
			Disembarked.. <i>Boulogne</i>	<i>3.6.17</i>	
			Joined Battalion	<i>19 JUN 1917</i>	<i>B 212</i>
<i>18.8.17</i>	<i>OC. Unit</i>	<i>Wounded in Action</i>		<i>16 AUG 1917</i>	<i>B 213</i>
<i>18.8.17</i>	<i>47 S.S. S.</i>	<i>Ad. Sw. Arm</i>		<i>16. 8. 17</i>	<i>ED. 9445</i>
<i>2.9.17</i>	<i>47 S. Hosp. "St. Denis"</i>	<i>Ad. Do</i>	<i>Le Havre</i>	<i>17.8.17</i>	<i>H.A. 13154</i>
		<i>Invalidated to England</i>		<i>2.9.17</i>	<i>W 3083</i>

Salisbury
 MAJOR
 B.I.C. Nat Reg Infantry Section
 G.P.O. ...

COPY SENT TO
 O.C. H.Q. :
 ST. JOHNS, N.F.L.D.
 No. *8007/56*
 DATED *21 MAY 1918*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W.13863—M1477 1000m 1/17 (27612) SP & Co, Ltd. - Form B.103/4 E.1354. **P.T.O.**

COPY.

Medical Report on an Invalid.

Station 2nd London General Hospital
Wandsworth SW

Date 9-5-18

1. Unit **ROYAL NEWFOUNDLAND REGIMENT.**

2. Regimental No. 3419

3. Rank Pte

4. Name Pollard A.

5. Age last birthday 19

6. Enlisted { on Jan'y 16th 1917
at St John's

7. Former Trade | Lumberman
or Occupation |

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.



8. Disability in respect of which invaliding is Proposed.

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

GSW Left Arm (Left Ulnar & Internal Cutaneous involved)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. August 15th 1917

10. Place of origin of disability. Ipres

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

Penetrating wound on inner side of left upper arm. Operated on at King George Hospital to explore nerves, no gross damage was seen, but nerves were freed from scar tissue on 19-11-17. F.B came away of its own accord, soon after patient was wounded. Admitted here 10-2-18 - no further operations. Has been having electrical treatment and massage

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

GSW
Active Service.

(unintelligible)

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.

Wounds all sealed. 'Wounds en groupe'
total ulnar nerve anaesthesia of little
& ring fingers
Unable to straighten fingers

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

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

Yes
Yes
Yes
✓

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?

Yes freeing nerves from scar tissue

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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

✓

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

Permanently Unfit

(Sgd) Dr. Davies CS
Officer in medical charge of case.

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

3rd Lon Gen Spl

Station Wandswoth SW (Sgd) H. Bruce Porter

Date 3/5/18

Officer in charge of Hospital
Comdg 3rd Lon Gen Spl.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.--(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war ;
 - (ii.) Climate ;
 - (iii.) Ordinary military service ;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Yes
—
—
—
—
Yes

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

No

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

—

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

100

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

—

27. Do the Board recommend—

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

Discharge as permanently unfit

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

—
—
—
—
—

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

No

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

No

Station Wandsworth (Sgd) Edw Bingley Capt R.A.M.C. President.
(Sgd) J. Bell Lt U.S.R. Members.
 Date 10/5/18

Approved London Genl H. H. L. (Sgd) Edw Bingley Capt R.A.M.C. Administrative Medical Officer.
 Station Wandsworth
 Date 10/5/18



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

RECEIVED FROM MILITIA DEPARTMENT "DISCHARGE
CERTIFICATE NO. 1071."

SGD- *A. Pullard*

Date- *8/31/19*

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *Arthur. B.* 2. Surname *Pollard*

3. Rank *Pte* 4. Regt. No. *2419*

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded *Batwood... N. D. Bray*

6. Date of enlistment in the Regiment *16/6/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mother* *No*

8. Relationship of such dependents

9. Address in full of such dependent

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *No* *Overseas*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas, *2 years. 2 mos.*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*

15. Have you been issued with a War Service Badge? *No.*

16. Have you, during the present war, served in the Imperial Forces. *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

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

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. *Yes*

France & Belgium... 1917... Ypres & other places

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No*

(b). If (a), are you in receipt of full pay and allowances from that Committee. *No.*

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

Signature of Applicant: *Arthur R. Pullard*
 Place of Residence: *Waterford Hall, N. J.*
 Declared before me at: *N. J.*
 This *3rd* day of *March* 19*19*.

John McGeehan

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5.40</i>	<i>350.00</i>
.....
.....
Certified Correct.			Paymaster.	

Descriptive Return of a Soldier discharged on account of Disability.

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

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

A Name in full *Pollard Arthur*
Regiment from which discharged *ROYAL NEWFOUNDLAND REGIMENT.*
Regimental Number *3419*
Where born (Parish, Town and County), and when *Botwood Feb 8 - 1899*
Intended address *Botwood Newfoundland*
Height on discharge *5* Feet *8* Inches
Colour of Hair on discharge *Dark Brown* Colour of Eyes *Brown*
Descriptive marks *Scars R Leg & L Arm* Complexion *Fair*
Figure on discharge *Medium*
Christian name of Father *Allan*
Christian name of Mother *—*
Wife's Maiden name in full *—*
Date and Place of Marriage *—*
Christian names of Children *—*
Nature and locality of civil employment desired *Like to be taught trade*



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) *(Sgd) A Pollard.*

Station *Wandswoth* (Rank) *Pte*
Date *3-5-18*

I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.

Station *3rd London Gen Hpl* (Sgd) *D. Davies CB* Medical Officer i/c Hospital.
Date *May 3 - 18.*

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

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

Medals

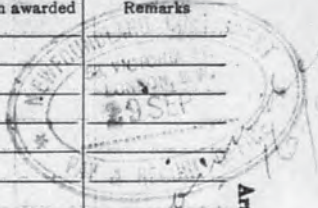
Other distinguishing marks

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

Station _____ Officer in Charge
Date _____ Records.

No. 3414 Name Pollard A
 Sqn., Batty., or Company } D.X. Corps 2nd Newfoundland
 Date of enlistment } 15.1.17 G.C. Badges }
 Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } Nil No. and date of last drunk } Nil Period not reckoning towards freedom from extra fine }
 Sheet No. 1. Signature D.C. Company, etc. } L. Stuckmohr Character } Good

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
				Transferred to England 29.17					



Army Form B. 199

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet

Regiment of

1st Newfoundland

Signature of O. C. Company

Script
Frank Ayer

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3419 Polard a</i>	Age on	<i>18</i> years <i>11</i> months	<i>Cumberman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date	Period of	<i>15.1.17</i>	<i>S.A.</i>	
Joined	Date		with Colours <i>2⁴⁹</i> years.	Place of Birth	
Joined	Date		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
<div data-bbox="876 610 1229 843" data-label="Text"> <p>COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.L.D. No. <i>80756</i> DATED <i>21 MAY 1918</i></p> </div>									
									<i>Discharged Medically Hospital St. John's, 4</i>
									<i>19</i>

To be carried over

Army Form B. 121.

9455

(8 48 71) G.D. 7579 100,000 4/16 H W V(P 1161) . Forms/W. 3288/1
W 1917-497 400,000 5/16

Army Form W, 3288.

To O.C. King George Hospital
Stamford Street



Hospital.

Herewith Army Form B. 178 (Medical History Sheet)

In the case of 3419 Pollard Pte. A. 1st- Newfoundland Regt.

Please acknowledge receipt hereon.

NEWFOUNDLAND CONTINGENT.



Commanding

J. Anderson
Signature PAYMASTER & OFFICER I/C RECORDS

Date

Form 2000

O. i/c Records,
Newfoundland Contingent,
58, Victoria Street, S.W.1.



Medical History Sheet for No. 3419, Pollard Pte. A. 1st
Newfoundland Regt. received.

The King George Hospital,
Stamford Street, S.E.1.
September 14th, 1917.

R. J. Parny
Major, R.A.M.C.
Adjutant and Registrar,
For Officer Commanding.

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

yes
OK.
17/12/17

OK
W. P. Hephorn
Com

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to *Re Arthur Pollard.*

c.i. Ward King George Hospital, D. Coy 1 Newfoundland

the sum of *3* pounds _____ shillings, on
account of any balance that may be due to me.

(*£ 3.*).

Regtl No. *3419* Rank *Private*

Name *Arthur Pollard*

Approved *J. T. Quinn*
Officer i/c.,

The King George Hospital.

Dated at *Ky H*
17-12-17

No. 3419

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.



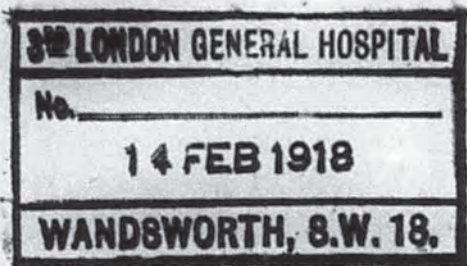
OK
£ 1.0.0
DRB 14/2/18
Receipt No. 5691

Please remit to

Pte A. Pollard,

3rd London General Hospital, Wandsworth.

the sum of £ 1.0.0 pounds _____ shillings, on
account of any balance that may be due to me.



Regtl. No. 3419 Rank Pte

Name Pollard, A.

Approved Jm Hughes Capt.
Officer 3rd London General Hospital,
WANDSWORTH, S.W.
3rd London General Hospital,

Dated at

14.2.18

1917.

7620/170

~~5419~~

3rd London Gen. Hospital,
Wandsworth.

15th May 8

3419, Pte. A.R. Pollard

4280

Pay to 3419 Pollard £3:3:3

1/11 Receipt

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to 3419 Pk. Arthur Tollard

D. Coy 1st Newfoundland Ct. Ward. King George's Hospital

the sum of Three pounds _____ shillings, on
account of any balance that may be due to me.

*OK 3£
aw. 29/10/17
Recpt no. 4291*

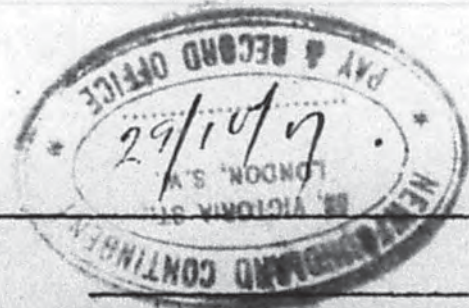
Regtl. No. 3419 Rank Private

Name Arthur Tollard

Approved Arthur R.M.D.
Officer i/c.,

_____ Hospital.

Dated at _____



1917.

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 3419 Rank _____
Regtl. No. }

Name Pollard A. Adm
(Surname first)

Corps or Regiment } Royal
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster _____



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 10/5/18, has been sent to the address below on warrant to await instructions as to his final discharge; he has been given £1 (one pound) ~~advance and a suit of plain clothes~~.

He proceeded on (date) 15 May 1918

to (full address) 58 Victoria St

Date 15/5/18 Genl Capt Registrar, R.A.M.C.I. { Officer
Comm.

Place 3rd London General Hospital, Hospital.
WANDSWORTH, S.W.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

Military Hospital Erin Lodge.

March 14 1918

To Chief Paymaster

Royal A.F.F.D. Regt-

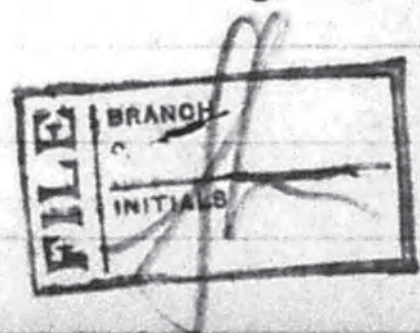
Dear sir

Please let me have the sum of £2 and charge it to my account.

JK
2.0.0
15/3/18
Receipt no 6085.

No 3419 pte A pollard
Royal A.F.F.D. Regt-

Signed ~~Alwert~~ ~~Spies~~
matron of above



Dear Sir

2699

pte c Stone

Please give the Bearer
the sum of £2
that I am asking you for

3419. A follard

NOTIFICATION that a Soldier has been sent Home from Hospital to ~~his home~~ Discharge under para. 392 (xvi.)



Soldier's Regtl. No. } 3419 Rank Pte

Name Pollard A.
(Surname first)

Corps or Regiment (also Unit if known) } Rnfd

To Officer i/c of Records 58 Victoria St

Regimental Paymaster _____

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 10/5/18, has been sent to ^{the address below} ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) ~~advance and a suit of plain clothes.~~

He proceeded on (date) 15 May 1918

to (full address) 58 Victoria St

Sdr _____

Date 15/5/18 Registrar, R.A.M.C.F. { Officer Comm. } 9 c Hall Capt Wm

Place 3rd London General Hospital, WANDSWORTH, S.W. Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

P. Newfoundland (Regiment).

No. 3419, Rank Private, Name Pollard, A.
is discharged from* 3rd London General Hospital, Wandsworth.
with orders to proceed to his home:

(Address

58 Victoria Street



Handwritten: 15/5/18

and there to await further instructions as to his discharge from the service.

Place Wandsworth

J. M. S. [Signature] Officer Commanding.

Date 15/5/18

Capt. R. [Signature]
Registrar, R.A.M.C.Y.
3rd London General Hospital,

*Here enter name of Hospital or Unit from which the Soldier is discharged.



BRITISH RED CROSS SOCIETY
AND
ORDER OF ST. JOHN.

Irish Hospitals
April 5/18

Paymaster
Royal Wfld Regt

Dear Sir

Receipt
6411

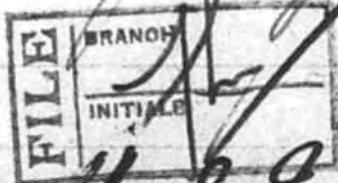
Please pay bearer the sum
of £1 ⁰⁰/₁₀₀

OK. Twp £1

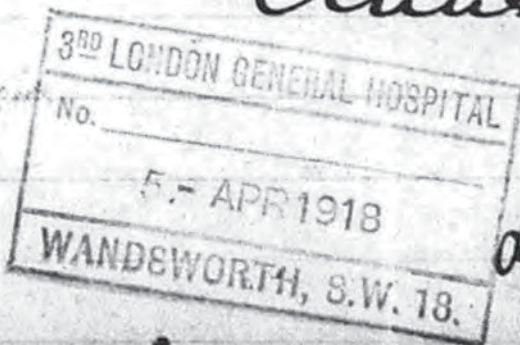
Pte Pollard. A. ⁴/₁₈

3419 1st Royal Wfld Regt

Signed



Amelia J. [Signature]



Mabion
[Signature]
Chapman

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

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

To the Officer i/c Records

58 Victoria St SW

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ~~14~~ ²¹ days after the date on this notification—see A.C.I. 1625 of 1916.)

Soldier's surname

Pollard

Christian names

Arthur

(in full)

Regt. No. and Rank

3419 Pte

Regt. or Corps

12th R. Nfld.

If T.F. this should be stated)

His address on discharge will be

Botwood, Nfld

This information is for the Central Army Pension Issue Office only.

The Soldier states that*

allowance

is being issued in respect of him.

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

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

Station

5rd London Gen

Date

WANDSWORTH S
10 Jan 1918

President of Board

(Approving Officer).

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

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

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

No. 3419 Rank PLC Regiment Royal Newfoundland

Name Arthur Pollock
(Surname first)

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

Light Employment

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
1918 No. 2007/56
DATED
21 MAY 1918

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

Lumbering + Mill work

Crow + Co

Botwood

Newfoundland

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

Light Employment

4. What is the name of your Approved Society?

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

No

Date _____

Signature _____

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

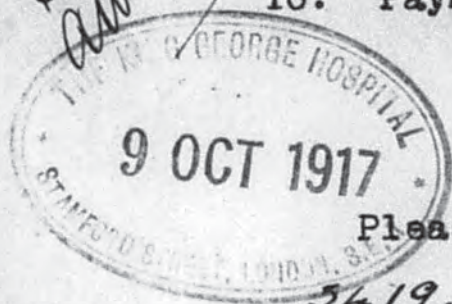
When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

No.

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.



*Obt. 3
AW. 10/10/17*

Please remit to Private Arthur Pollard

3419. 2/12 Newfoundland D Coy.
C1. Ward. King Georges Hospital London S.W.
the sum of 3 pounds shillings, or

account of any balance that may be due to me.

✓ 5786
10 OCT 1917
10482/14, 10/10/17

Regtl. No. 3419 Rank Private
Name Arthur Pollard

Approved [Signature]
Medical Officer [Signature]

The King George Hospital.

Dated at The King George Hospital
Oct. 9th 1917.

10462/14

10th, October

King George

Stamford Street, S. E.

3419

Pte

A. Pollard

3. 0. 0.

6878

No. 3111



H/ 1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, Arthur Pollard, Regl. No. 3419

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and fifty 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 April 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3668	mother	Mrs James (Elizabeth) Waterman	Botwood	50
			Total Allotment, \$	<u>50</u>

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

(Sig.) Mark Ayre Capt.
Officer Commanding
6 Company
St Johns
3-3-17 191

(Sig.) Arthur Pollard.
(Rank) Private

No. 3419 Rank Pvt Name A. Pollard

Pay	F.A.	Wks	Total
100	10		110
Less Allowance			50
Net Rate			60

Nov. 9-73
JRB

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To						
Balance					Balance		21 ¹² / ₇₇				14	6	8
Acquittance Rolls					Pay @ Net Rate	22 ¹² / ₇₇	15 ⁵ / ₇₈	145	60	8700	17	17	6
Hospital Advances		2	4	6									
A.B. 64.					R.A. 15 ⁵ / ₇₈ - 21 ⁵ / ₇₈							12	3
P.&.R.O. Payments		4	0	0	7 days @ 1/9								
<i>cash 7147</i>	<i>15/5/18</i>	<i>10</i>	<i>0</i>	<i>0</i>									
<i>cash 7269</i>	<i>20/6/18</i>	<i>10</i>	<i>0</i>	<i>0</i>	7 days @ 1/9								

6-4-6

37-16-5

COPY

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

No. 3419 Rank Plt

Name (surname first) Pollard, Arthur

Regiment ROYAL NEWFOUNDLAND REGIMENT.



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

Light Employment.

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

*Lumbering & Mill work
Crown & Coy.
Botwood Newfoundland.*

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

Light Employment

4. What is the name of your Approved Society?

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

Ho

Signature on date on original

Date

Signature

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

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

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No 3419 Rank Plt Name Pollard A Unit Royal Nfld Regt who was Repatriated
to Nfld on 22/5/18 Authority A.F.B. 199 Cause Class A

STATEMENT OF ACCOUNT

DR.

PARTICULARS	£			PARTICULARS			CR.		
	£	s	d	£	s	d	£	s	d
Balance Dr. from				Balance Cr. from					
Alotment 152 days @ 50 ^c	76	00		Pay 162 days @ \$1.02	152	00	14	6	8
Cash Payments: <u>24 00</u>			24	Field Allce 152 days @ \$.10	15	20	34	7	1
<u>Other Debits:</u>			2	Other Allces days @ \$					
			46	Other Credits:					
				Ration allowance					
				15-5-18 To 22-5-18					
				8 days @ 2/1					16 8
Total Debits			41	Total Credits			49	10	5
Balance due by Paymaster			7	Balance due to Paymaster			49	10	5
			10				10	5	
			5						

PERIOD: From 22-5-17 To 22-5-18
 [Signature] 21/5/18

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

(Place) _____ (Date) 1918 O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 21/5/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 21-5-1918 Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3419 Rank Pte. Name A. Pollard Unit Royal Hfld. Regt. who was Repatriated
to Newfoundland on 22/5 / 18 Authority A.F.B. 179 Cause Class A

STATEMENT OF ACCOUNT

DR.

CR.

PERIOD: From 22/12/17 to 22/5/18

PARTICULARS	£	s	d	PARTICULARS	£	s	d
Balance Dr. from				Balance Cr. from <u>21/12/17</u>			
Allotment <u>152</u> days @ <u>.50</u>	76	00		Pay <u>152</u> days @ <u>£ 1.00</u>	152	00	
Cash Payments: <u>P. & R.O.</u>				Field Allow <u>152</u> days @ <u>£ .10</u>	15	20	
Hospital Advances				167	20		
				Other Allowances days @ <u>£</u>	34	7	1
Other Debits:				Other Credits:			
				Ration Allowance.			
				<u>15/5/18-22/5/18, 8 days @ 2/1</u>			
						16	8
Total Debits				Total Credits			
Balance due by Paymaster				Balance due to Paymaster			
						49	10
						49	10
						5	5

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

191

(Place)

(Date)

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. London to 21 / 5 / 18

Pay & Record Office, London,

21-5-18 191

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./34

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3419 Rank Pte. on 22/5 / / 18 Name Aut Bellard Unit Royal Nfld. Regt. who was Repatriated
to Newfoundland Cause STATEMENT OF ACCOUNT Class A

DR.	PARTICULARS	\$			£ s d			PARTICULARS	\$			£ s d			CR.
	Balance Dr. from							Balance Cr. from							
	Allotment days @							Pay days @ \$ 21/12/17				14	6	8	
	Cash Payments: 152: .50	76	00		15	12	4	Field Allowance 152 @ \$ 1.00	152	00					
	P. & R.O.				24	0	0	Other Allowances 152 @ \$.10	15	20					
	Hospital Advances				2	4	8	Other Credits:	167	20		34	7	1	
	Other Debits:							Ration Allowance.							
								15/5/18-22/5/18, 8 days @ 2/1				16		8	
	Total Debits							Total Credits							
	Balance due by Paymaster				41	16	10	Balance due to Paymaster				49	10	5	
					7	15	7								

PERIOD: FROM 22/12/17 TO 22/5/18

21/5/18

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

(Place) _____ (Date) 191 O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to / / and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 21-5-18 191 Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3419 Rank Pte. Name A. Pellard Unit Royal Nfld. Regt. who was Repatriated
to Newfoundland on 22/5 /18 Authority A.F.B.179 Cause Class A

STATEMENT OF ACCOUNT

DR.

		PARTICULARS			£	s	d	PARTICULARS			£	s	d	CR.
PERIOD: From 22/12/17 To 22/5/18		Balance Dr. from						Balance Cr. from 21/12/17						
		Allotment 152 days @ .50	76	00	15	12	4	Pay 152 days @ \$ 1.00	152	00	14	6	8	
		Cash Payments: P. & R.O.			24	0	0	Field Allowance 152 days @ \$.10	15	20				
		Hospital Advances			2	4	6		167	20	34	7	1	
		Other Debits:						Other Allowances days @ \$						
		Total Debits			41	16	10	Other Credits:						
	Balance due by Paymaster			7	13	7	Ration Allowance.							
				49	10	5	15/5/18-22/5/18, 8 days @ 2/1					16	8	
							Total Credits			49	10	5		
							Balance due to Paymaster							
										49	10	5		

CHECKED
JRS
17/5/18

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

(Place) _____ (Date) _____ 191

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 21 5 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

21-5-18 191

A. J. ...
Chief Paymaster & Officer i/c Records.

C.R. 3419

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S, MARCH 12th/19.

Appointed in D.O. Pt.II #46(1919) as "discharge on de-
mobilization confirmed by Officer i/c Records 4/3/19.

"Should read: "Having been found medically unfit is
discharged from 4/3/19"

3419 Pte. A. Pollard.

C.R. 3419

Extract from Daily Orders part II, Depot
St. John's dated March 11th., 1919.

The discharge of the undernoted on demobilization
has been ~~CONFIRMED~~ by Officer i/c Records on 4-3-19

#3419 Pte. A. Pollard.

C.R. 3419

Extract from Preliminary Report of Medical Board held on Tuesday
February 18th 1919.

3419 PTE. A. Pollard.

2nd Board. Recommended Discharge as Permanently Unfit. Remain
in Naval & Military Convalescent Hospital.

C.R. 3419

Extract from Telegram to Synoptical, dated Sept. 14th 1918.

Reference my telegram May 11th 3419 Pollard B 3-3-8
if amount not paid may we pay from this Office,

CR. 3419

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 12, 1918.

#3419 Pte. A. Pollard.

Admitted Naval & Military Convalescent Hospital 10-8-18.

C.R. 3419

Extract of PRELIMINARY REPORT from THE DIRECTOR of MEDICAL SERVICES
to G.C.Depot, dated June 10th. 1918.

At a Medical Board held on Saturday, June 8th., the following were the
findings:-

3419 Pte. A. Pollard

Royal Nfld. Regt. Recommended admission to Naval & Military Convalescent
Hospital.

C.R 3419

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 5th, 1918.

The following man returned from Overseas and
reported to Depot on 1.6.18

#3419 Pte. A. Pollard.

C.R. 3419

Extract of letter to His Excellency Sir C. Alexander Harris, C.M.G.,
C.B., C.V.O., Governor, dated May 25th. 1918.

The following embarked at Liverpool on May 22nd. for Halifax.

BEING SENT HOME FOR DISCHARGE.

3419 Pte. Pollard.

Royal Wfld. Regt.

C.R. 3419

Extract of Telegram to Military St. John's from London dated May 23rd. 1918.

Embarked at Liverpool May 23rd. by Government transport to Halifax. In ~~xxxxx~~
answer to your telegram May 9th:

SENT HOME FOR DISCHARGE.

3419 Pollard.

C.R. 3419

Extract from Casualties received from Casualties received
from Pay & Record Office London, dated May 15, 1918.

#3419 Pte. A. Pollard.

The above-mentioned ex 3rd London General Hospital 15/5/18
is granted furlough to 3 p.m. 21/5/18 with orders to report
at P & R.O. on the latter date for disposal To be repatriated

Extract of cablegram to P.&.R.O., London Dated May 11th. 1918.

C.R. 3419

Pay to as follows:

3419 Pollard

3 pounds, 3/8.

C.R. 3419

Extract of Casualties received from Pay & Record Office
London, dated February 12, 1918.

#3419 Pte. A. Pollard. ✓

Transferred from King George Hospital, to the 3rd London
General Hospital, 10/1/18. Auth:- Memos from 3rd.L.G.H.

3419 PTE. ARTHUR R. POLLARD

C.R. 4390

EXT. OF CASUALTY LIST RECEIVED SEPT. 5th 1917.

PREVIOUSLY REPORTED AT 47th GENERAL HOSPITAL

LeTREPORT, G.S.W. SEVERE. ^N NOW AT KING GEORGE

HOSPITAL.

NEW FOUNDLAND POSTAL TELEGRAPHS.**Cable 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 _____

Line Number	Rcd	By	Sent	by	Check

Dated

September 5, 1917.

To

Mr. James Pollard,
Botwood.

Record Office, London, today reports No. 3419,
Private Arthur R. Pollard, is now at King George Hospital,
London.

R.A. SQUIRE

Colonial Secretary.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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.

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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 _____

Line Number	Rcd	By	Sent	by	Check

Dated August 25, 1917.

To Mr. James Pollard,
Bibwood.

Regret to inform you that Record Office London, officially reports No. 3419, Private Arthur Pollard, is at Fortyseventh General Hospital, LeTreport, suffering from severe gunshot wound in the left arm. Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

~~EDWARD BENNETT~~, R.A. SQUIRES
Colonial Secretary.

C.R. 3419

Extract from Nominal Roll of Draft No 24 from 2/1st Newfoundland Regiment
Newton on Apr, to 1/1st Newfoundland Regiment B.E.F. 1/6/17.

3419 Pte.A.R.Pollard

MP.

C.R. 3419

Extract from Nominal Roll, embarked St. John's Per S.S. Florizel
17.3.17

3419 Pte. A. Pollard

C.R.

3419

Extract from Daily Orders Part 11 Unit the Royal Wfld.

Regt., St. John's, Jan. 15th, 1917.

3419 Pte. Arthur Pollard.

Attested this day and assigned number as shown
posted to E. Co'y.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 95 Sent by u Rec'd by 121 No. 107

Place from St. John's
To Capt J. J. Gray



Would you kindly extend
my leave to the 14th
of July
private A pollard
3419

See SMO
Refer to D.M.S

Reply - 29th.
You may remain until recalled.
(29th) Cost 40/6.

Pallard, A.

3419

Pay Dept

Q3419

3577

St John's, Nfld.,

August 10th, 1918

From D.M.S.,

To O.C. Depot

1653 Pte. E. Brake
3419 " A. Pollard

The marginally noted men entered the
Naval & Military Convalescent Hospital August 10th,
1918.

(sgnd) CLUNY MACPHERSON

Major, D.M.S.,

Per A.M.B.

March 6, 1920

The Dept. Soldiers' C.R.C.,
HALIFAX,
N.S.

No. 3419, Pte. A. Pollard,

Dear Sirs:

In reply to your communication of Feb. 2nd. concerning the above-noted man, I have been instructed to advise you that this man was paid \$1.10 per day, and Separation Allowance, at the rate of \$20.00 per month, was paid to his dependant up to the date of his discharge, also he has been paid in full all War Service Gratuity due him, viz: \$350.00 and \$150.00 Separation Allowance.

Yours truly,

Capt.
For Paymaster

LM-

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

Halifax, N.S., Feb. 2nd, 1920.

TO THE PAYMASTER, 1st Nfld. Regt., St. John's, M. D. DISTRICT
 Newfoundland
 Name..... Pollard, S. 3419 Private Nfld. Regt.
 (Ex-No.) (Ex-Rank) (Batt.)
 was admitted for treatment under this Department on..... 29-1-20
 (Date)

On receipt of this form, please complete and detach lower portion, and return same to Asst. Director
 for N.S. & P.E.I.,
 Dept of S.C.R., at "Nurses' Home", Corner Jubilee Rd. & Summer St., Halifax, N.S.
 Discharged from H.M.F. at St. John's, Nfld. on Mar. 4th, 1919.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

TO THE ASST. DIRECTOR..... Unit. Place..... *St John's Nfld*
 Date..... *2/3/20*

STATEMENT OF ACCOUNT

Regt'l or Naval No. and Rank..... *3419 Pte*
 Name (Surname first)..... *A. Pollard*
 Married or Single.....
 Rate of Pay..... *11⁰ per day*
 Date to which Separation Allowance was paid..... *4/3/19* Amount per Mon..... *\$20.00*
 Date to which Assigned Pay was paid..... *4/3/19* Amount per Mon.....
 If Gratuity or Post Discharge Pay has been paid..... *yes*
\$350.00 W.S.G. \$150.00 S. allow w. lly (Give particulars)

Name and Address of Dependent (in full)
Elizabeth Waterman (Mother Widow)
Botwood Nfld

Certified Correct:

Signature of Issuing Officer of the Dept. of
 Militia and Defence or Naval Service.

4 5 2.

SEPARATION ALLOWANCE.

Claimant..... *Waterman, Elizabeth (mother, widow)*

On account of *Arthur Pollard* No. *3419* Rank *Pte.*

Decision..... *Approved*

J. R. Bennett
W. F. Rendell Lt. Col.
Mr. Howley Capt.

Date..... *9/5/19*

Instructions.....

Allotment of *50[¢]* per day payable to *Mr James Waterman*
his *mother* from *1/4/19* to *31/7/18*
Discontinued on account of

L. R. Sjt.

Batwood

Mail

23/9/19

4825

J R Bennett Esq
Minister of Militia
St John

Sir

Some time ago
I filled in some papers
for Sergeant Money
has Private Pollard Requiring
my only support and have
not received any has got
Will you be kind
enough to forward they some
it due has I am in need

Yours Sincerely
Mrs James Waterman

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

LMCTHR.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Arthur Pollard, Pte. 1st Nfld. 3419
2. Age of soldier. Married or Single.
19 Single
3. Name in full of mother. Age. Occupation. Permanent Address.
Elizabeth Waterman 59. Housework. Botwood.
4. Give name of your husband. Age. Occupation Where Employed.
Dead
5. If your husband is not supporting you state the reason.
Dead.
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
Dead.
7. If you are a widow, state date and place of death of your husband.
22nd Oct, Botwood, 1912.
8. Have you married again since death of above mentioned husband?
No
9. Names of your other children. Address in full. Age. Occupation Married or Single.
Fred. Waterman } Botwood, 35. Lumberman. Married.

- 24
10. State amount earned by (a) Yourself *Nothing.*
(b) Your husband.
11. State amount and source of any other *From son*
income. *Arthur.*
12. State value of real property belonging *\$ 300.00*
to you and your husband.
13. State value of personal property *\$ 300.00*
belonging to you and your husband.
14. If husband is dead state value of *\$ 300.00*
real and personal property left by
him.
15. Actual amount contributed by soldier *\$ 40.00 per month*
during the year prior to enlistment.
16. Was this amount contributed weekly or *Monthly.*
monthly.
17. Did this amount include payment of son's *Yes.*
board, etc.
18. State your son's trade or occupation prior *Lumberman.*
to enlistment.
19. State amount of his wages per week. *\$ 15.00 per week.*
20. State name and address of his last *Coasting with*
employer. *Isaac Gillard, Twillingate*
21. State amount of monthly support *\$ 15.00 + 15.50 per month.*
from son since enlistment.
22. State amount of allotment received *Nothing*
by you from son since enlistment.
23. State from what date did you receive
allotment? _____
24. Actual amount contributed by Weekly Monthly.
other children. *Nothing. Nothing.*
25. Are any of these children in the employ
of you or your husband? *No.*

- 26. If not receiving support from other children, state cause. Explain fully.
Son has my children & wife to support
- 27. With whom are you residing at present?
live in my own house
- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.
No. did not understand
- 29. Are you already in receipt of Separation Allowance from any source? If so, how much?
No.
- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.
No.
- 31. Was the soldier at the time of his enlistment an employee of the H.M.S. Government.
No.
- 32. In what capacity and in what place?

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant:..... *G. Gerald W. Norman*
 Place of Residence..... *Brookwood*
 Declared and subscribed before me at..... *Brookwood*
 this..... *Eighteenth*..... day of..... *March*..... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *Harry Burt*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *W. H. Gardner*

Signature of member of the Patriotic Fund Committee
Thomas Asher

Secretary
Brookwood Patriotic Committee

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed) *Pte. Arthur Pollard*
no. 3419
2. Name and age of said soldier's father or other relative?) *Adolphus Mother*
Age 59 years
3. Is said father or other relative invalid and totally incapacitated.) *chronic*
no
4. Of what nature is disability?) *Her age prevents his*
from being able to do
much hard work
5. From what date has this total incapacity been existent?) *—*
6. How long is total incapacity likely to continue and what will be the effect on earning power.) *will increase*
as he gets older
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date.) *Only able to*
do his own house-
work
8. Are you the regular attending physician?) *no*
9. Relationship to soldier of applicant?) *Soldier is an adopted*
son of applicant

I certify that the above statements are correct.

.....*Robert*.....Place,

.....*March 12, 1918*.....Date.

.....*Det. Smith*.....
Physician.

May 19, 1919

Mrs. Elizabeth Waterman,
Betweed.

Dear Madam:-

Referring to your application for
Separation Allowance, I enclose cheque for
Three hundred dollars (\$300.00) in payment
of same.

Yours truly

Captain,
Paymaster & O.i/e Records

Capt Rowley

would you oblige
by giving Benue cheque
for Pollards B.P

W. J. Rowley
W. J. Rowley

W. H. JACKMAN,

39 WATER STREET, WEST,
2 DOORS EAST RAILWAY STATION.

Phone 795.

P. O. Box 186.

Custom Tailoring, Cleaning and Pressing, Gents' Furnishing.

ST. JOHN'S, NFLD. *12/4/19* 191

MR. *P. B. Pallard*

ADDRESS *W. Mall*

Date	Description	Amount	Total
	<i>paid to J. J. 6/5/19</i>		
	<i>to self</i>		
	ACCOUNT <i>16840</i> INITIALS <i>W</i>		
	CH NO <i>153</i> INITIALS <i>W</i>		
	IND LEDGER _____ INITIALS _____		
	PAY LEDGER _____ INITIALS _____		
	GEN LEDGER _____ INITIALS _____		
<i>#3419</i>	<i>P. B. a Pallard</i>		
<i>O.K. [Signature]</i>	<i>paid [unclear] [unclear] 2/4/19</i>		

S MALL Accounts carried over from month to month entail much work and expense, their triviality causing them to be overlooked or put aside, to avoid which we would respectfully ask you to settle the above amount and greatly oblige.

We give our personal attention to all orders received in our
Cleaning and Pressing Department.

October 31st. 1918.

Pte. A. Pollard,
Convalescent Home,
Waterford Bridge Road.

Dear Sir:

I enclose herewith cheque for
\$10.00 being amount due you as pay on account.

Yours truly,

Capt.
Paymaster



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 130 Sent by JD Rec'd by _____ Check _____ No. _____

Place from Botwood 9

To Dept. Militia



Sirs, please wire me
the sum of twenty
dollars,

JH 19 P.M. A. Pollard

July, 17th., 1916.

Superintendent,
Postal Telegraphs, ✓
City.

Dear Sir:-

I enclose cheque for \$20.35.

Kindly wire \$20.00 to #3419,

Pte. A. Pollard, Botwood, and oblige,

Yours faithfully,

Capt. & Paymaster.



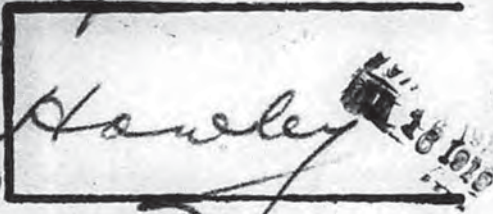
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 45 Sent by _____ Rec'd by _____ Class 10 No. _____

Place from Bathurst

To Capt J. M. Howley



Paymaster

Sir please wire me
 the sum of twenty
 Dollars

3419 Pte A Ballard

Sept. 30th, 1918.

Pte. A. Pollard,
Convalescent Home,
Waterford Bridge Rd.

Dear Sir,-

I enclose herewith cheque for \$10.00,
as Pay on account.

Yours truly,

Capt. & Paymaster

REIN NEWFOUNDLAND COMPANY

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT

Form 465

*Man Cab (\$5.00)
Cape
Wld. Regt*

Received from Arthur Pollard

the sum of

five Dollars ten Cents, being the amount of 1st, 2nd Class Fare

From Norris Arm to St. John's

and have issued him Ticket No. 1607 Form No. card

Date January 12th 1917

*Arthur Pollard
for five*

Agent, Conductor or Purser E. H. March

This form to be used when requested to give receipt for amount paid for tickets.

Date of issue March 5th /17.

July 7th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. A. Pollard, No 3419, the sum of twenty nine dollars and forty cents in payment of arrears to allowance for dependent for seven weeks to July 5th, and charge same to Civil Re-establishment Committee.

\$29.40

Dependent \$4.20 per week

C. R. 6

ACCOU	<i>2756</i>	INITIALS	<i>[Signature]</i>
CH NO			
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

[Signature]
Vocational Officer

A. Pollard

June 18th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. A. Pollard, No 3419, the sum of seven dollars in payment of allowance for one week ended June 14th, and charge same to Civil Re-establishment Committee.

\$7.00

Pension

ACCOUNT	<i>C. P. Howley</i>
CH. NO.	<i>23989</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

W. S. McCall
Vocational Officer

A. Pollard

J. C. R.

BB/EJ

September 6, 1919.

Capt. Howley,
O. I. C. Pay and Records.

Please pay to A. Paälard 3419.
the sum of twenty seven dollars and six cents,
in payment of allowance for two weeks in advance.
and charge the same to Civil Re-Establish-ment.

\$27.06

ACCOUNT		INITIALS	
CH. NO.	9181	INITIALS	BB
TR. NO.		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

A. C. B. B. n. t. h. e. r.
for Vocational Officer.

A. Paälard

JUN 21 1919

Capt. Howley,
O. I. C. Records.

Please pay to A. Pollard, No 3419
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$20

G. W. McKeel
Vocational Officer.

A. Pollard

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to **A. Pollard, No 3419**
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$20.00

W. W. Mitchell
Vocational Officer.

A. R. Pollard

W. H. JACKMAN,

39 WATER STREET, WEST,

2 DOORS EAST RAILWAY STATION.

Phone 795.

P. O. Box 186.

CUSTOM TAILORING, CLEANING AND PRESSING,
GENT'S FURNISHING.

Recy no 1

3419

ST. JOHN'S, NFLD. Aug 19/9 191

M A. R. Pollard

City

Date	Description	Amount	Total.
	<i>Shirt</i>	<u>75.00</u>	
	<i>Sequenced OK</i>		
	<i>A R Pollard</i>		
	<i>W H Jackman</i>		
	<i>per Thomas Oliver</i>		

We give our personal attention to all orders received in our
Cleaning and Pressing Department.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 75⁰⁰

Aug 22 1919

Received from the First Newfoundland Regiment
the sum of Seventy five Dollars.
on account of Pay. W.L.L.
balance

Ch. No. 8185	Initials Ryle
Pay. Ledger 153	Initials W.L.L.
Gen. Ledger	Initials

Regtl. No. Rank

A.C.R.

No. 3419 Rank Pt

Name A Tollard

Per W H Jackson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰

Oct 31 1918

Received from the First Newfoundland Regiment
the sum of ten 00/100 Dollars.
balance in account of Pay.

Ch. No.	4705	Initials	EW
Pay Ledger	35	Initials	WM
Gen. Ledger		Initials	

Regtl. No.

Rank

No. 3419 Rank PL-

Name Ballard, A.

Convalescent Home

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10⁰⁰/₁₀₀

June 11th 1918

Received from the First Newfoundland Regiment
the sum of 10 Dollars.
on account balance of Pay.

[Handwritten initials]

Pallard. a.

Ch. No.	<i>[Handwritten]</i>	Initials	<i>[Handwritten]</i>
Pay Ledger	<i>[Handwritten]</i>	Initials	<i>[Handwritten]</i>
Gen. Ledger	<i>[Handwritten]</i>	Initials	<i>[Handwritten]</i>

Regtl. No. Rank

No. 3419

Rank Pte.

Name A. Pollard.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15⁰⁰

June 4 1918

Received from the First Newfoundland Regiment
the sum of Fifteen 00 Dollars.
on account of Pay. *EW*
balance

EW
P. Pellard

Ch. No. <i>1385</i>	Initials <i>EW</i>
Pay Ledger <i>1385</i>	Initials <i>EW</i>
Gen. Ledger	Initials

Regtl. No. Rank

No. 3419 Rank Pte.

Name A. Pollard

1917-1918

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20.00
Entered 18/7/18 JMM

July 10th 1918

Received from the First Newfoundland Regiment

the sum of Twenty Dollars.
a/c.
on account of Pay.
balance

Cheque mailed July 18/18

Regtl. No. Rank

Ch. No.	8436	Initials	
Pay Ledger	35	Initials	JMM
Gen. Ledger	RP	Initials	E

No. 3419 Rank Pte.

Name A. Pollard

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20 ³⁵/₁₀₀

July 17th 1918

Received from the First Newfoundland Regiment
the sum of Twenty 35/₁₀₀ Dollars.
on account
~~balance~~ of Pay.

Ch. No. 242	Initials J.D.
Pay Ledger 35	Initials J.M.M.
Gen. Ledger	Initials

Regtl. No. Rank

J.P.H.

No. 3419

Rank Private

Name A. Pollard per Postal Telegraphs

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰ /

Sept' 30 ^{LD} / 1918

Received from the First Newfoundland Regiment
the sum of Ten ⁰⁰/₁₀₀ Dollars.
on account of Pay.

Ch. No.	3329	Initials	kw
Pay Ledger....	35	Initials	wx
Gen. Ledger.....		Initials.....	W.B.H.

Regtl. No. Rank.....

No. 3419.

Rank

PL-

Name

Pollard. A.

Waterford Hall