



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4006 Name Max Pool Corps Infantry

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

1. What is your name? ..... 1. ....
2. What is your full Address? ..... } 2. Fortune Barris Street  
.....
3. Are you a British Subject? ..... 3. ....
4. What is your age? ..... 4. .... Years ..... Months
5. What is your Trade or Calling? ..... 5. ....
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. ....
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. ....
9. Are you willing to be enlisted for General Service? ..... } 9. ....
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? ..... } II. ....

I, Max Pool 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.

Max Pool SIGNATURE OF RECRUIT.  
..... Signature of Witness.

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

I, Max Pool 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..... day of..... 191

Signature of Attesting Officer H. Whaley

### 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 Max J. Smith

Apparent age 19 years 1 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 36 inches  
Range of expansion 2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas J. Smith  
Station, Boston Dist. | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									

Total Service forfeited as above.....

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] " \_\_\_\_\_ " \_\_\_\_\_ "

4006



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4006 Name Max Pools Corps Militia

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

1. What is your name? ..... 1. Max Pools
2. What is your full Address? ..... } 2. Fortune Barron dist.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 19 Years 1 Months
5. What is your Trade or Calling? ..... 5. Sailor
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, Max Pools 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.

G. 22-10-17 Mary Pools SIGNATURE OF RECRUIT.  
H. P. Bell Signature of Witness.

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

**CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.**

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of Oct. 1917

Signature of Attesting Officer W. J. [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 Oct. 27 1917 } Approving Officer.  
Place St. John's }

† 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 Max Pools  
 Apparent age 19 years 1 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Pools  
Fortune Berlin Street | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer-verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-10-17</u>									
Joined at <u>St. John's</u> on <u>October 22-17</u>									
<u>Discharged 13/4/19</u>									
Embarked <u>St. John's St. Michael's</u> <u>11-12-17</u>									
Embarked for <u>13th</u> <u>15-5-18</u> joined <u>13th</u> in <u>Weymouth</u> <u>3-15-18</u>									
November <u>29-9-18</u> Admitted <u>36 Coy</u> <u>4th Div</u> <u>Leys</u> <u>29-9-18</u> transferred to									
Company <u>5-10-18</u> Admitted <u>3 London</u> <u>1st</u> <u>Hosp.</u> <u>5-10-18</u> transferred									
then sent to <u>1st</u> <u>London</u> <u>1st</u> <u>Hosp.</u> <u>5-12-18</u> to <u>Weymouth</u> for demobilization <u>12-12-18</u>									
Arrived <u>Weymouth</u> <u>21-12-18</u>									
Total Service forfeited as above... <u>Demobilization St. John's</u> <u>13-4-19</u>									

Total Service towards Engagement to 13-4-19 [date of discharge] 1 years 174 days  
 " " Pensions " " " " " " " " " " " "



C.R. 4006

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's dated October 20th 1919.

The discharge of the<sup>e</sup> undernoted on demobilization  
has been CONFIRMED by Officer i/c Records from noted  
date 13-4-19.

4006, ~~S. v.~~ Max. Poole.

C.R. 4006

Extract of Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated March 31st/19.

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The Discharge of the undernoted on Demobilization has ~~bee~~  
been APPROVED by O.C. Discharge Depot from noted date.

4006 Pte. Maxwell Poole.

30/3/19.

C.R. 4006

Extract from Preliminary Report of the Medical Board held on Thursday  
Feb. 13th 1919.

4006 PTE. M. Poole.

Recommended Discharge as Permanently Unfit

REQUIRES TREATMENT.



C.R. 4006

Extract from Daily Orders part II, Depot St. Jhon's Dated Jan. 31/1919.

Recommended by the Medical Department to be billeted out of  
Barracks. 30-1-19.

4006 Pte. M. Poole.

C.R. 4006

Extract from telegrams received from Synoptical  
London, Jan. 2, 1919.

With reference your telegram Dec. 11th 4006 Poole  
£.10.

C.R. 4006

Extract from Nominal "roll of repatriation draft No. 79 from  
the 2nd., Battalion of the Newfoundland Regiment, which  
embarked at Tilbury Docks 12/12/18.

#4006, Pte. M. Poole.



C.R. 4006

Extract from Daily Orders part 11. Depot St. John's dated Dec. 23/18

The unreported returned from Overseas and reported at depot 21-12-18.

4006 Pte. M. Poole.

C.R. 4006

Extract from Daily Orders part II, Depot St. John's  
dated 10-12-18.

by Lt. Col. B. J. BARTON D.S.O. Major Officer Commanding  
2nd. Battalion of the Royal Newfoundland Regiment.

The un/m having reported back from the 1st. Battalion is  
taken on the strength and posted to "H" CO

DEC-8 '18

#4006 Pte. M. Poole.

4006

C.R.

Extract from Nominal Roll discharged from 3rd L.S.D.  
on 7-12-18 and sent to 2nd Bn., Winchester for immediate  
repatriation, in accordance with arrangements made by  
Major Pinewell.

4006 Pte. M. Poole.



C.R. 4006

Oct 16th 1918

Mr. Thomas Paul,  
Fortune

Dear Sir:

I beg to inform you that additional information concerning your son, No. 4006, Private Max Paul, has been received, through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 4006

Extract from War Office List. No. G. 1710 dated 10.10.18.

4006 pte. M. Poole.

WOUNDED 29-9-18.

BC.

Counter No. 4006

# NEWFOUNDLAND 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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct 8th, 1918**  
To **Thomas Poole, Fortune, Burin**

Regret to inform you that Record Office, London, officially reports **No. 4006, Private Max Poole at 3rd London General Hospital Wandsworth suffering from G.S.W legs**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**

Minister of Militia.

**FOR TYPEWRITER**



C.R. 4006

Extract from Casualties received from Pay & Record  
Office London.

Admitted to 3rd London General Hospital 5-10-18.

4006 Pte. M. Poole.

G.S.W. legs.

M.M.

C.R. 4006

Extract from Casualties List No. H.A. 8283.

4006 Pte. M. Poole.

Adm. R Can. Sty. Hos. Outcom<sup>N</sup> 30 Sept. 1918.  
GSW legs Sev.

H.M.

C.R. 4006

Extract of Nominal Roll Draft (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone 8

4006 Pte. N. Poole.

25-5-18.



NEWFOUNDLAND CONTINGENT.

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C.R. 4006

Extract of Nominal Roll of Drafts No. 46, - 130 Other Ranks from 2nd. Bn., Depot  
Winchester, to 1st. Battn., The Royal Newfoundland Regiment, B.E.F. Embarked  
Folkestone 25/5/18.

4006 Pte. M. Poole.

A.Fs. B. 103 (one for  
each soldier) sent to  
3rd. Echelon, B.E.F.

C.R. 4006

Extract from Nominal Roll Embarked St. John's for Overseas  
per S.S. "Florizel" Dec.11,1917.

#4006 PTE. M. POOLE.

C.R. 4006

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, Oct. 22nd, 1917.

4006 Pte. M. Poole.

Attested for General Service with the Wfld. Regt., with  
effect from Oct. 22nd, 1917.



Pool, M.

C.R. 4006

P. & R. C.



FORM K

No 3732



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Mar Poole, Regl. No. 1006

hereby agree, until further notification by me, and in similar official form to make an Allotment of Five Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> one Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> one Persons concerned, viz.:

Allotment begins 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3050</u>	<u>mother</u>	<u>M. Hoysane</u>	<u>Pool</u>	<u>60</u>
			<u>Porter</u>	
			<u>Bay St</u>	
Total Allotment, \$				<u>60</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.) Mar Poole  
 Officer Commanding  
 Company  
John St  
1-11-1917

(Sig.) Mar Poole  
 (Rank) Pfc



LAST PAY CERTIFICATE

N.F.P./94.

OFFICE COPY

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. 4008 Rank Private Name Poole H. Unit Royal Nfld. Regt. who was repatriated  
to Newfoundland on 12/ 12 18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					£	s	d
	\$	¢							\$	¢						
PERIOD: From 8/12/18 To 11/12/18	Balance Dr. from 7/12/18			4	2				Balance Cr. from							
	Allotment 4 days @ 60	2	40						Pay 4 days @ \$ 1.00	4	00					
	Cash Payments:			9	11				Field Allowance 4 days @ \$ .10		40					
	Other Debits								Other Allowances days @ \$	4	40		13	1		
	Total Debits								Other Credits:							
	Balance due by Paymaster			14	2				<i>N.F.P. 55 308/9</i>							
				4	0				<i>Sent to H.L. St John's</i>							
				18	1				<i>7/1/19</i>							
									Total Credits				18	1		
									Balance due to Paymaster				18	1		

CHECKED.  
31/12/18  
E.S.H.

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

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(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 31/12/18

Pay & Record Office, London,

Chief Paymaster & O. i/c Records.

Dec. 31 191 8

*Pay*

# WESTERN UNION

ANGLO-AMERICAN



DIRECT UNITED STATES

## CABLEGRAM

Prefix _____		Code _____		SENT		FOR STAMPS	
WORDS		CHARGE		At _____		To _____ By _____	
11				VIA WESTERN UNION		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To THOMAS POOLE

FORTUNE (Newfoundland,

CABLE THROUGH MINISTER MILITIA TEN POUNDS

MAX POOLE

*change a/c 4006*

*11/-*

*CHECKED*  
*6/12/18*  
*HTS*

CHARGED
PAY BOOK. <i>181/18/18</i>
Date <i>6/12/18</i> by <i>HTS</i>

Authorized

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_

Address 68, Victoria St. S. W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 30130/2582

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O.i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester. Hants.

18th December 1918

191

Subject: 4006, Pte. M. Poole,

Receipt hereunder.

With reference to the follow-  
ing telegram (10731) from the Hon.  
Minister of Militia, received

Pay to 4006 Poole £10:0:0

Officer Commdg.          Batt'n,  
Royal Newfoundland Regiment.

Draft £ 10:0:0 is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Received the sum of           
         on account of  
cable remittance from Newfoundland.

*A. A. Minnett*  
Chief Paymaster & O. i/c Records.

No.          Rank         

Witness



Hayley Down Camp

Winchester

7-12-18.

No. 20586/389/P&A



From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
3rd. Lon. Gen. Hospital,  
Wandsworth.

13th. December, 1918.

17 DEC 1918

*17<sup>th</sup> Dec: 1918*

Subject: 4006. Pte. M. Poole.

ANSWER.

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

*Kindly note that this man was discharged from Hosp on 7-12-18 and proceeded to Hazel Down Camp on that date.*

Pay to 4006 Poole - £10:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*A.A. Minshall Maj.*  
Chief Paymaster & O. i/c Records

*To: F.P./79 Postal Dept. Warrington  
To: OC 2nd Bath  
19-12-18 F.C.*

LONDON GENERAL HOSPITAL,  
WANDSWORTH, S. W.

20130/2582

2/Bn Royal Nfld. Regt.  
Winchester. Hants.

18th December 8

4006, Pte. M. Poole,

✓ 10731

Pay to 4006 Poole £10:0:0

5 10:0:0

P.S.A.



No. 4006. Sir M. Gore. R. H. H.

Has permission to draw the

sum of £1 (one pound) please

~~to the Capt Robert~~

~~AE~~



Captain

O.K. £1-0-0

M.R. 3/12/18

P.L.H.

Receipt No 10118

365.  
18465/P&A

C:P.&O.i/c Records,  
Newfoundland Cntg.  
58, Victoria Street  
London, S.W.1.

WF/MN.

365  
Officer Commanding  
3rd.Lon.Gen.Hosp.  
WANDSWORTH.

14/11/18

4006. Pte. M. Poole,  
Royal Newfoundland Regiment.

Reference attached letter from  
the above named Soldier 13/11/18(9766):  
Cheque for £2:0:0 was mailed to you  
12/11/18, please.

Major.  
Chief Paymaster &.O.i/c Records.,

5

FROM Frederic Forsey RD 13  
TO The Officer Commanding,  
Southwark Military Hospital. E. Dulwich Grove, S.E.22

3-12-18 1918.

Sir,

I have the honour to request that you will kindly recommend this application for the sum of £ 2.7.13.5 to be paid to me.



I have the honour to be,

Sir,

Your obedient servant,

~~Frederic Forsey~~  
~~R. J. Field~~

No. 4006 Rank plc Battrn. (2)

TO The Regimental Paymaster,  
C.E.F. Millbank, S.W.1.

50 Victoria Street

Two Pounds are recommended, please.

Southwark Military Hospital,  
E. Dulwich Grove, S.E.22

*P.F.R.*

*McNamee*  
E. Perkins C.S.  
MAJOR R.A.M.C.T.  
Registrar for O.C.

*HC*

*Recd 14/3 1918*

*Dr. F. 2-0-0 M.R. 4/2/18*



18263/358

3rd London General  
Wandsworth

12th November 8

4006 Pte

M. Poole

2:0:0

CR 4206

Extract from War Office List No. C. 1733 dated 111. 18.

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#4206 Pte/ S. Rose.

Wounded 14 . 10 . 18.

BC.



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

N.F.P./45.

NEWFOUNDLAND CONTINGENT

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

*OK £2-0-0  
MR. 11/11/18*

Please remit to 4006 Pte M. Poole

Royal Newfoundland Regt.

the sum of two pounds — s. (£ )

on account of any balance that may be due to me.

*✓ 1939  
11052  
18263/358*

*12 11/18  
approved*

Regtl. No. 4006 Rank Pte

Name M. Poole

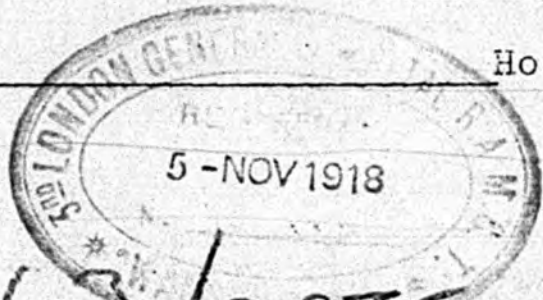
Approved \_\_\_\_\_ Officer I/C.,

*3rd LONDON GENERAL HOSPITAL,  
WANDSWORTH, S. W.*

Hospital.

Dated at 5. Nov

1918



*18263/358*



18097/358/P&A

Forms  
O. 348  
1899

ENCLOSURE

MEMORANDUM.

From C.P.&O.i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
S.W.1.

To Officer Commanding,  
3rd.Lon.Gen.Hospital,  
WANDSWORTH.

From  
No. *CP*  
9-NOV-1918  
To *Newfoundland*  
LONDON  
ANSWER.

Pay & Record Office.

7th. November, 1918.

4006.PTE. M. POOLE.  
ROYAL NEWFOUNDLAND REGIMENT

The attached N.F.P./45  
5/11/18 (9559) is returned  
for indication of your  
approval, please.

*W. M. Munnell*  
Major.  
Chief Paymaster & O.i/c Rcds

WF/MN.

*9-11 1918*  
*Herewith*  
*approved, please*

*W. M. Munnell*  
NEWFOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE.  
Ref. Nos. IV *9703*  
LONDON NOV 1918  
Ack'd *WANDSWORTH, S. W.*  
Ref. Nos. OUI *18263/358*

AC I E U	
BRANCH	DATE
Comd.	
P & A.	
R. & C.	
B. & E.	
P. S.	

*W. M. Munnell*

A  
T 038037

No. 6219/459

~~NEWFOUNDLAND CONTINGENT~~

From  
Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To  
Officer Commanding  
2/Bn Royal Newfoundland Regt.  
Winchester



~~Subject:~~ 6/23rd April 1918

April 25 1918

Subject: 4006, Pte. M. Poole

With reference to the following telegram (3508) from the Hon. Minister of Militia received 17/4/18

Receipt hereunder  
Cham  
Officer Comdg. 1st Newfoundland Regiment

Pay to 4006 Poole £5:0:0

Received the sum of Five Pounds on account of cable remittance from Newfoundland.

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

M Poole  
No. 4006 Rank Pte

A. A. Russell  
Chief Paymaster & O. i/c Records.

Regimental Quartermaster

Royal Newfoundland Regt

15. 11. 18.

Mr. 4006. Sgt. M. Coole, R.N.R.

wishes to draw the sum of £2  
(two pounds) from his acc. please

A. Stone  
S. M. Watson

Approved  
Capt. G. G. G. G.

OK £2-0-0

W. R. 15/11/18

3 <sup>RD</sup> LONDON GENERAL HOSPITAL
No.
15 NOV 1918
WA. 18.

Receipt No. 9777

15/11/18  
P.S.



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps.. *R. A. F. L. D.*..... 7. Former Trade }  
or Occupation }
2. Regtl. No. *4006* 3. Rank... *Pte*..... 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *POOLE*.....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

*G. D. W. both legs.*

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- was admitted to military hospital 3-3-18 measles. Discharged 23-3-18 to duty. 29-9-18 was wounded in France by bullet in both calves through both legs*
- Discharged 3/9/18 for recuperation.*

14. State whether the disabilities are
- |  | (a) attributable to     | (b) aggravated by |
|--|-------------------------|-------------------|
| (i.) Service during the present war                                | yes .. .. . yes .. .. . | .....             |
| (ii.) Previous active service .. .. .                              | na .. .. .              | .....             |
| (iii.) Climate in pre-war service .. .. .                          | na .. .. .              | .....             |
| (iv.) Ordinary military service before the war .. .. .             | na .. .. .              | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | na .. .. .              | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *Left leg shows large scar about 2 1/2 in long, 1/2 in wide attached to underlying tissues left foot has sensations inferior to knee. no pain on pressure. Two scars on right leg - one on internal surface irregular in shape 1 1/2 in long, 1 in wide attached to underlying tissues. no pain on pressure. Scar on internal surface 1/2 in long, no pain. Complains of loss of power to extend toes. Loss of sensation in right foot.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

Medical Officer in charge of case.

Station .....

Date .....

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





Hoole, L

4006

Jay sept.

Institute

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

MEDICAL HISTORY

OF

Surname

Boole

Christian Name

Max

Table I.—GENERAL TABLE.

Birthplace:—Parish

Fortune Basin Dist. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	22 day of Oct. 1917	St. Johns		
Declared Age	19 years	1 days		
Trade or Occupation	Sailor			
Height	5 feet	6 inches		
Weight		130 lbs.		
Chest Measurement	Girth when fully expanded	36 inches		
	Range of Expansion	4 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
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)	Lance Corporal			
(Rank)	Major			
	Medical Officer.			
Enlisted	at	St. Johns Nfld.	at	
	on	22 day of Oct. 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	ROYAL NEWFOUNDLAND REGIMENT.			
	Regt. 4006			
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 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				
	3	MAR	1918	23	3	18	Measles.	20	Reconvales. Discharged to duty	H. R. Lawton Capt. R.M.C.
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	5	10	18	7	12	18	f.s.w. both legs.	63	Wounded France 29-9-18 - Thio + this both calves wounds wound in France. Died - R. Leg wound granulating. L calf. gas necrosis divided. Satisfactory progress.	S.M. V. M. J. Cap. R.M.C.



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

Date	Brief Details, and Signature
10-11-17	Vacc 20
29-10-17	T.A.B. 20
4-11-17	" 20
8-11-17	3 20
5 DEC 1918	<p>HAZELEY DOWN CAMP.</p> <p><i>Recommended for Repatriation</i></p> <p><i>S. H. C. / C. P. P. ROYAL NEWFOUNDLAND REG.</i></p> <p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></i></p> <p><i>13.2.19</i> Date of S.M.B. <i>W. H. W. L.</i> Captain, Discharge Light-House, Newfoundland</p>

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



# Royal Newfoundland Regiment

*E*  
*6.* Company.

Depot *Princes Ruik* Headquarters *St. Johns* Date *Aug 30<sup>th</sup>* 1918

Distribution	Officer	W. O.	N. C. O's	Men	Remarks
On Parade.....			<i>23</i>	<i>123</i>	
Light Duty.....					
Guard.....				<i>14</i>	
Regimental and garrison employ.....			<i>9</i>	<i>5</i>	
Other Duties.....					<i>NCOs 51</i>
Sick in Quarters.....				<i>1</i>	<i>men 199</i>
Furlough—Pending disposal.....			<i>6</i>	<i>33</i>	
Absent, with leave.....					<i>250</i>
Absent, without leave.....					
Sick leave.....					
Detention.....					
Band—Boys.....					
Command—Militia Dept.....			<i>12</i>		
Attested—to report later.....				<i>2</i>	
{ General.....				<i>1</i>	
{ Jensen Camp.....					
Hospital... { Military Infectious.....				<i>2</i>	
{ Naval and Military.....					
{ Barracks.....				<i>5</i>	
Special Duty.....			<i>1</i>	<i>1</i>	
Home Defence.....				<i>12</i>	
Instructors.....					
				<i>51</i>	<i>199</i>

*ER Miscock* Cpl O/Sergt.  
*N. Patrick* R. S. M.

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. 4006 Rank Private Name Poole N. Unit Royal Nfld. Regt. who was repatriated  
to Newfoundland on 12/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					£	s	d
	\$	¢							\$	¢						
	Balance Dr. from 7/12/18				4		2		Balance Cr. from							
	Allotment 4 days @ 60	2	40		9		11		Pay 4 days @ \$ 1.00	4	00					
	Cash Payments:								Field Allce 4 days @ \$ .10		40					
	Other Debits								Other Allces days @ \$	4	40		18	1		
	Total Debits				14		2		Total Credits				18	1		
	Balance due by Paymaster				4		0		Balance due to Paymaster				18	1		
					18		1						18	1		

PERIOD: From 8/12/18 To 11/12/18

CHECKED  
*[Signature]*

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

\_\_\_\_\_ 191

(Place) \_\_\_\_\_ (Date) \_\_\_\_\_

Made up/Checked in accordance with information received in the Pay & Record Office \_\_\_\_\_ O.C. " \_\_\_\_\_ Company.  
and is therefore subject to amendment if and as may be found necessary. \_\_\_\_\_ London to 31/12/18

Pay & Record Office, London,  
Dec. 31 1918

*[Signature]*  
Chief Paymaster & O. i/c Records.





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

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

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

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

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

Name in full *Max Poole*

Regiment from which discharged *1st. Newfoundland*

Regimental number *4006*

Intended address *Fortune West*

Height on discharge *5* Feet *T*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eye *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Thomas*

Christian name of Mother *Jane*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth. *Fortune 28.9.99*

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) *Max Poole*

Station *S. John's* Date *January 30/9* (Rank) *Plc*

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.



Medical Officer of the Hospital, Unit, or Command

Station \_\_\_\_\_ Date \_\_\_\_\_



Army Form B. 103.

Regimental Number *40006*

**Casualty Form—Active Service.**

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Roole* Christian Name *Max*

Religion *Meth* Age on Enlistment *19* years *1* months

Enlisted (a) *22. 10. 17* Terms of Service (a) *Duration* Service reckons from (a) *22. 10. 17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate *25 MAY 1918*

Occupation *Sailor* *J. M. ...* Signature of Officer

Report		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.
Date	From whom received				
			Embarked ... <i>25-5-18</i>		
			Disembarked ... <i>27-5-18</i>		
			Joined Battalion <i>31-5-18</i>		
		Wounded in action	<i>29-9-18</i>		
	<i>87 FA</i>	<i>As per Log Trans</i>	<i>36 Co.</i>	<i>29/9/18</i>	<i>Ed 7363 30/9/18</i>
	<i>2 Capt Stah</i>	<i>Transferred to England ex 2 Capt Stah, 1st</i>	<i>Outreau</i>	<i>30/9/18</i>	<i>Ed 29633</i>
	<i>Princess Elizabeth</i>			<i>5/10/18</i>	<i>W 3083</i>
			<i>01/0 No 1 Infantry</i>		<i>Section,</i>
			<i>3rd Echelon, G, H, U, B, E, F.</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, Shoeing Smith, &c.  
W 5635-512731 20.0m 9/17 (35/11) C. P. & S. Ltd., Form B.103 8/1907. P.T.O.





## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*For treatment in Hospitals*

*M Post*

Signature of Man.

Reg. No. *4006*

Signature of the Vocational Officer or his Representative.

Place *St John*

Date *Sept 15th* 191*9*

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To train as a motor engineer

M. Post

Signature of Man.

Reg. No. 4006

B. Butler

Signature of the Vocational Officer or his Representative.

Place

St Johns nf.

Date

Feb 18<sup>th</sup>

1919

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4006 Rank Pfc Name Pooler Mat  
 Date of Enlistment 22.10.17 Address Fortune District Burns  
 Occupation Painter Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 60% Sep. 7 months  
 Passed to Demobilization Officer with following documents:—

N.F. P[36] <u>94</u>	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 15.1.19 O. C. Discharge Depot Malley Capt

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

M. Pooler

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied Joseph A. Brown

Date 15-2-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1860* to his home at *Fortune* and Release Certificate No. *1860* issued.

Date *15-2-19* *J.A. Crawford*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *13-3-19*

Date *28-3-19* *H. M. ...*  
Depot Paymaster.

Discharge approved for *30-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.	
F 178.	W 3494.	B 122.	Board 1st.	" 2.	<i>1</i>
R 178a.	D 400A.	B 1915.	do 2nd.	" 3.	<i>2</i>
B 179.	D 400B.	Form L.	do 3rd.	" 4.	
B 179a.	D 400C.	Form K.	do 4th.	" 5.	
B 179b.	B 103.	ME 2.		" 6.	
B 179c.	B 120.	M 93.			

Date *28-3-19* *J.A. Crawford*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Date *MAR 30 1919* *R.H. ...*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date .....

April 13, 1919

#4006 Pte Max. Poole,  
Fortune,  
Buxin Dist.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1879."

Yours truly

Paymaster & C. I. / c Records

Capt.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4006 Rank O/Li Name Pool, Mac  
 Intended place of residence Fortune

2. Occupation Sailor  
 Classification of soldier B. Medical Category F.

3. The above named man is discharged in consequence of DEMOBILIZATION.

## Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S.  
 Date MAR 28 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S.  
28-3-19  
 Signature of soldier M. Pool  
 Signature of witness J. A. Crawford

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S.  
28. 3. 19.  
 Signature of soldier M. Pool  
 Signature of witness E. Wilson Sgt.

## STATEMENT OF SERVICE

7. Enlisted for service 22-10-17 No of days on Military  
 Discharged from service 30-3-19 plus 14 day Service 539

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S.  
 Date MAR 30 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's Nfld  
 Date Apr 13/1919  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

10  
30  
31  
31  
34  
31  
13  
17

C.S.B. 2097/1879



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... **ROYAL NEWFOUNDLAND**.....
2. Regtl. No. **4006**..... 3. Rank. **PTE**.....
4. Name ... **POOLE**.....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

**U.S.W. BOTH LEGS.**

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. **DISCHARGED TO DUTY 3-3-18. ON 29/9/18. WOUNDED IN FR. FRANCE BOTH GALFS THRO GH BOTH LEGS. WAS ADMITTED TO THE MILITARY HOSP. HAZELLY DOWN WITH MEASLES. 3-3-18. DIS. 3RD. L.G.H. FOR REPATRIATION.**

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | YES                 |                   |
| (ii.) Previous active service                            | NO                  |                   |
| (iii.) Climate in pre-war service                        | "                   |                   |
| (iv.) Ordinary military service before the war           | "                   |                   |
| (v.) Serious negligence or misconduct on the man's part. | "                   |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

LEFT LEG SHOWS LARGE SCAR ABOUT 3 1/2 IN.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? LONG 1 IN. WIDE ATTACHED TO UNDERLYING TISSUES LEFT GASTROCNEMIS DIVIDED. COMPLAINS OF LOSS OF SENSATION INFERIOR TO SCAR, NO PAIN ON PRESSURE. TWO SCARS IN RIGHT LEG ONE ON INTERNAL SURFACE, IRREGULAR ON SHAPE. 1 1/2 IN. LONG 1 IN. WIDE ATTACHED TO UNDERLYING TISSUES. NO PAIN ON PRESSURE. SCAR ON EXTERNAL SURFACE 1 1/2 IN. LONG. NO PAIN. COMPLAINS OF LOSS OF POWER TO ~~#####~~ EXTEND TOES. & SOME LOSS OF SENSATION RIGHT FOOT.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit? **REPATRIATION.**
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

**J. ST. P. KNIGHT. CAPT. N.F.L.D. REGT.**

Medical Officer in charge of case.

Station .....

Date .....

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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **G.S.W. LEFT CALVES.**

(b) The present condition thereof.

**SEE SECT 15.**

**JUST OUT OF HOSPITAL TO COME HOME.**

22. State whether the disabilities are:—

(i) Service during the present war .. ..

(ii.) Previous active service.. ..

(iii.) Climate in pre-war service .. ..

(iv.) Ordinary military service before the war .. ..

(v.) Serious negligence or misconduct on the part of the soldier .. ..

Give details:

(a) Attributable to

(b) Aggravated by

**YES.**

**NO.**

22 (a). If not due to any of these causes, to what **G.S.W.** specific condition do the Board attribute it? .. ..

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

**60% 6 MONTHS.**

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

**YES**

Opinion of Military Member in case of disagreement

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

**YES**

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

**REQUIRES TREATMENT.**

(a) An attendant for his journey home?

(b) Transport from railway station to his home?

(c) The constant attendance of another person in his own home?

Signatures:—

**N.S. FRASER**.....

} President or Chairman.

Station ... **ST. JOHN'S**.....

**J.S. TAIT**.....

} Members.

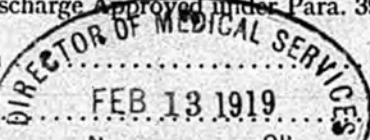
Date ... **FEB. 13th. 1919**.....

**L. PATERSON. MAJOR**

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station .....

Date .....



*Cluny Macpherson*  
Officer in charge, Central Hospital.

} Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

O.C. Discharge Centre.

Date .....

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4006 Rank ..... Pte ..... Name ..... Poole, Maxwell  
 Intended place of residence ..... Fortune .....

2. Occupation ..... Sailor .....  
 Classification of soldier ..... B ..... Medical Category ..... E .....

3. The above named man is discharged in consequence of ..... DEMOBILIZATION .....

**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ..... ST. JOHN'S ..... (sgnd) H. Mawa, Lt. .....  
 Date ..... MAR 28 1919 ..... for Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ..... ST. JOHN'S ..... (sgnd) M. Poole .....  
 Signature of soldier  
MAR 28 1919 ..... " J. H. Snow, Lt. .....  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ..... ST. JOHN'S ..... (sgnd) M. Poole .....  
 Signature of soldier  
MAR 28 1919 ..... " E. Wilcox, Sgt. .....  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service ..... 22-10-17 ..... No of days on Military  
 Discharged from service ..... 30-3-19 plus 14 days ..... Service ..... 539 .....

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ..... ST. JOHN'S ..... R. H. [Signature] .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date ..... MAR 30 1919 .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....  
 Date .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade }  
 or Occupation }
2. Regtl. No. *4006* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *POOLE* .....  
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

*G. S. W. both legs.*

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*was admitted to the military hospital. Hazleley down with measles 3-3-18 discharged to duty 23-3-18. On 29-9-18 wounded in France, both Calfs, through both legs. Discharged 28.8.11 for repatriation.*



14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .                              | <i>no</i>           | <i>no</i>         |
| (iii.) Climate in pre-war service .. .. .                          | <i>no</i>           | <i>no</i>         |
| (iv.) Ordinary military service before the war .. .. .             | <i>no</i>           | <i>no</i>         |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <i>no</i>           | <i>no</i>         |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *n.d.*

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*left leg shows large scar about 3 1/2 inches long, 1 in wide, attached to underlying tissues, left gastrocnemius divided. Complaints of loss of sensation inferior to scar. no pain on pressure. Scar in right leg, one on internal surface, irregular in shape, 1 1/2 inches long, 1/2 in wide.*

18. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*attached to underlying tissues. no pain on pressure. Scar on external surface 1/2 in long. no pain. Complaint of loss of power to extend toes and loss of sensation right foot.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. *G.S.W. both Calves*

(b) The present condition thereof.

*See Sect. 15.*

*Just out of Hospital to come home*

22. State whether the disabilities are:—

(i) Service during the present war .. .. .

(ii.) Previous active service .. .. .

(iii.) Climate in pre-war service .. .. .

(iv.) Ordinary military service before the war .. .. .

(v.) Serious negligence or misconduct on the part of the soldier .. .. .

Give details:

(a) Attributable to

(b) Aggravated by

*Yes*

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

*G.S.W.*

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*M.R. [Signature]*

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station .. *HAZELEY DOWN CAMP* .. .

Date .. *5 DEC 1918* .. .

\* 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.

24. (a) What is the degree of **disablement** at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

*100% six months*

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

*Yes*

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

*Yes*

28. Is treatment being recommended on Army Form B. 179c?

*requires treatment*

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:

Station *Johns* .....

Date *Feb 13/19* .....

*J. H. ...* ..... } President or Chairman.  
*Richard ...* ..... } Members.  
*...* .....

Discharge Approved under Para. 392 (xvi) King's Regulations

Station .....  
 Date *FEB 13 1919* .....

*Henry Macpherson* ..... } Only applicable in cases of Patients in Hospitals.  
 Officer in charge, Central Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

O.C. Discharge Centre.

Date .....

No. 3732



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, *May Poole*, Regl. No. *4006*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *60* Dollars and *00* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins *1-11-17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3050</i>	<i>mother</i>	<i>Mrs (Mrs) Poole</i>	<i>Poole</i>	<i>60</i>
			<i>Porters</i>	
			<i>Barracks</i>	
			Total Allotment, \$	<i>60</i>

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.) *[Signature]*  
 Officer Commanding  
 Company  
*John [Name]*  
*7-11-1917*

(Sig.) *May Poole*  
 (Rank) *Private*



April 19, 1919

#4006 Max. Poole,  
Fortune West,  
Burin Dist.

Dear Sir:-

Referring to your application I enclose cheque  
for Seventy dollars (\$70.00), being amount of first payment due  
you on account of the "War Service Gratuity."

Yours truly

Captain,  
Paymaster & O.i.c Records

15803

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 questions 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... *Maxse* ..... 2. Surname... *Poole* .....  
3. Rank... *Pte* ..... 4. Regtl. No... *4006* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Fortune West, Basin District* .....

6. Date of enlistment in the Regiment... *Oct. 22/17* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents... *No* .....

9. Address in full of such dependents... ..

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 field, if so, give dates and particulars of such service... *Overseas* .....

12. Give total length of time which you served on active service, whether in field or Overseas... *From Oct. 22/17 to Mar. 28/19 date of temporary discharge* .....

*SMC*

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.

*Nothing allowance \$60 -  
Back pay 61.40*

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?

*No*

19. Are you now serving in the R.C.A.F.? If not give - (a) Date of discharge.

*Mar 29/19  
Newport*

(b) Reason for discharge.

*Acute & chronic  
Physical infirmities*

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.

*France & Belgium - From May 24/18 to  
Sept 29/18 - approx.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*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: *M. Poole*  
 Place of Residence: *Fortune West, Kurin District*  
 Declared before me at: *M. John's, Nield*  
 This *5th* day of *April* 19*19*  
*John M. Carthy*

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>11 mes</i>	<i>7280 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Pryster.

*D*

4802

Fortune,  
Apr. 25<sup>th</sup> /19


Capt. Howley: -  
Militia Dept.  
St. John's.

Dear Sir: -

I received my Discharge  
Papers, but I never received any  
Discharge Pw. By my Papers  
I am discharged as Medically  
Unfit for General Service. And I  
not entitled to a Discharge Pw.  
If so, I apply for a Pw to you.  
If you are not the Officer,  
to whom the Application is to be  
made, would you kindly pass  
it over to the right person,  
And Oblige

Yours truly  
4006 Ex-Pte Max Poole.

Medically Unfit





ST. JOHN'S, FEB 28 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Plt. M. Poole

Billeting Soldiers as undermentioned

from Feb 14<sup>th</sup> /19 to Feb 28<sup>th</sup> /19

<u>4006 Plt. M. Poole</u>	<u>14</u>	<u>40</u>

Certified correct for \$ 14. 40

N.S.

Chas. W. Capl

Billeting Officer.

Royal Newfoundland Regiment.

To.

4006 Pte. M. Poole

14-1-19 Fare from Lamaline to Fortune

\$ 10. 00

(Whilst proceeding on Home Leave)  
B. P. attached.

*OK*

ACCOUNT	<i>Drans</i>
GR NO	<i>9375</i>
INTL	<i>EW</i>
IND LEDGER	---
PAY LEDGER	---
GEN LEDGER	---

*B.*

*Geo. Leahy*

*W. H. [Signature]* Captain  
Assistant Adjutant & Paymaster  
Discharge Dept. Newfoundland



JAN 30 1919

*M Poole*

No. 872

TRAVELLING WARRANT

Date

13.12.18

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No.

4006

Rank

Pte

Name

M. Poole

From

Hamilton  
ST. JOHN'S

To

Fortune

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

W. H. [Signature]  
Capt.

SIGNATURE OF ISSUING OFFICER.



TRAVELLING WARRANT

14.1.19

Paid to J Harris £10

J. C. Parrie,  
==

DEPOT

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4006 Rank R/C Name Poole Mat  
 Date of Enlistment 22.10.17 Address Larkana District Burns  
 Occupation Railor Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 60% for months

Passed to Demobilization Officer with following documents:—

N.F. P <u>Sept 1</u>	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 15.2.19

W. Kelly Capt  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

M. Poole

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~

Joseph A. Snow

Date 15-2-19

O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. .... to his home  
 at Fortune ..... and Release Certificate No. ~~15-2-19~~ 1860 issued.

Date 15-2-19 .....

*J.A. Snowling*  
 Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 13-3-19 .....

Date 28-3-19 .....

*H. M. ...*  
 Depot Paymaster.

Discharge approved for 30-3-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36. ....	1	B 268. ....		B 121. ....		N.F. Med. ....	D.F. 1. ....		
F 178. ....		W 3494. ....		B 122. ....		Board 1st. ....	" 2. ....	1	<i>Am 13</i>
B 178a. ....	1	D 400A. ....	1	B 1915. ....		do 2nd. ....	" 3. ....	2	
B 179. ....	1	D 400B. ....		Form L. ....		do 3rd. ....	" 4. ....		
B 179a. ....		D 400C. ....		Form K. ....		do 4th. ....	" 5. ....		
B 179b. ....		B 103. ....		ME 2. ....			" 6. ....		
B 179c. ....		B 120. ....		M 93. ....					<i>21. V. 21</i>

Date 27-3-19 .....

*J.A. Snowling*  
 Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

**MAR 30 1919**

Date .....

*R.H. ...*  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date April 11 1919 .....

*James R. ...*



Feb. 15th, 1919

From Officer Commanding,  
Discharge Depot

To Director Medical Services,  
Militia Department

4006 Pte. M. Poole *Kenworthy*

Marginally noted man was recommended for treatment by Standing Medical Board of 13-2-19 and is now up for demobilization. His home is at Fortune, where he can proceed in about a week's time.

Will you please advise whether he can be demobilized or not? He is sent herewith for your attention, please.

Kindly advise re this case as soon as convenient.

CCD/C

# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 4006 ..... Rank Pte ..... Name Chas Poole .....  
 Former Occupation Sailor ..... Address Yorke ..... District .....  
 Class B ..... Medical Category E ..... Disability Rating 0% .....  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Lab Course Electrical Engineer ..... His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 17/1/19 .....

To be forwarded Orderly Room in Duplicate.

Chas Poole  
 Demobilization Officer

17 JAN 1919





# NEWFOUNDLAND POSTAL TELEGRAPHS

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

Received \_\_\_\_\_ m. By \_\_\_\_\_

Sent out for delivery \_\_\_\_\_ m. By \_\_\_\_\_

No. \_\_\_\_\_ Pledge from \_\_\_\_\_ No. of Words \_\_\_\_\_



To Capt Butler

No steamer for St Johns  
till next week  
pke m poole

Reg. No. 4006 Rank Private Name Paul M.

Attested ..... Address Fortune

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

Date of Allotment ..... Returned from Overseas 21.12.18

Embarked for Overseas ..... Cause Discharged

Leave from 21-12-18 to 6-1-19

30-1-19. Rec. By Medical Dept. to billet out of Barracks.

13-2-19. Rec. Dis- Permanently unfit.

15-2-19. PASSED TO DEMOBILIZATION OFFICER

30.3.19. DISCHARGE APPROVED ON DEMOBILISATION.