



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4175 Name W. J. Little Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. W. J. Little
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 0 Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its 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, W. J. Little 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.

W. J. LittleSIGNATURE OF RECRUIT.
.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. J. Little 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 W. J. Little

†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 Lewis Gottle
 Apparent age 25 years 1 months. Height 5 feet inches
 Chest Measurement { Girth when fully expanded 30 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Gottle
Greens Water Bay Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " " " " " " " " " " " "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4175 Name Lewie Cottle Corps Meik 4175

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? | 1. <u>Cottle</u> |
| 2. What is your full Address? | 2. <u>Groves Water Bay.</u> |
| 3. Are you a British Subject? | 3. <u>yes.</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumber Woods</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes.</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes.</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

THE OATH OF THE WAR

I, Lewie Cottle 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.

4175-11-17 Lewie Cottle SIGNATURE OF RECRUIT.
S. Willar Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Lewie Cottle 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 30 day of Nov 1917
 Signature of Attesting Officer Monkley J.

†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 Nov 30 1917
 Place Headquarters } 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 Louis Cottle
 Apparent age 28 years 1 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 30 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Cottle
Grois Water Bay 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 to be reckoned towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-11-17</u>									
Joined at <u>St John's</u> on <u>November 30th 17</u>									
<u>Discharged at St John's Sep 3/1918</u>									
<u>Embarked at St John's S.S. Korrigel to Halifax N.S. 29th 18.</u>									
<u>Boarded at Hazelton down coast. 16-7-18. To Newfoundland for discharge 21-7-18. Arrived Newfoundland 24-8-18.</u>									
<u>Admitted Jensen Camp 24-8-18</u>									
<u>Discharged medically Dept. 3-9-18 to Active Service.</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-9-18</u> [date of discharge] <u>278</u> years <u>278</u> days									
Pensions " " " " " " " " " " " "									



M.F.A.S
4175

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

4175

ST. JOHN'S, NEWFOUNDLAND,

August 26th., 1918

From:- D.M. S.

To:- O. C. Depot.

4175, Pte. L. Pottle

The marginally noted man entered Jensen Camp

August 24th., 1918.

CLUNY MACPHERSON,

Major, D. M. S.

Per A W B

To be Noted

{	Part II. Orders
	Card Index
	Nominal Roll

Copy to B. of P. Commissioners for Nfld.

Handwritten signature or initials inside a circle.

August 21st. 1918

From :-

Assistant Adjutant - Headquarters

To :-

Paymaster and Officer i/c of Records.
' Militia ' Dept.

4175, Pte. Pottle, L.

Above noted man has been recommended for discharge as permanently unfit, and admission to Jensen Camp, by Medical Board held on August 20th. I am sending him herewith for your attention, and necessary action please, and have given him verbal instructions to report to D.M.S. for his attention, when he has finished his business with you.

ST JOHN'S, Nfld.

Sept. 10th. 1918

Officer Commanding,
Depot

SIR:

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J.M. HOWLEY,
Capt.

Paymaster etc.

4057	Pte.	Finney, Wm.	Sept. 3/18	Med. Unfit
4271	"	Ingram, Geo.	Do.	Do.
4175	"	Pottle, Levi	Do.	Do.
3440	"	Pynn, Clinton	Do.	Do.
3336	"	Frampton, Wm.	Do.	Do.
2743	"	Martin, John	Do.	Do.
1789	"	Cull, Stephen	Do.	Do.
3934	L/C.	Stone, Fred.	Sept. 9/18	Do.

CO,- The Chief Quartermaster,
Royal Newfoundland Regiment,
52 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4175	Pte	Potter L	\$2 ⁵⁰ / ₁₀₀	

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date 14-7-18

L. Potter.

C.R. 4175

L. Pottle

P. R. O.



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Lewis Pottle, Regl. No. 4175

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

Allotment begins Jan'y 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3rd 47	Wife	Samuel Pottle	Windsor		
	Mother	Mr Samuel	Grain Water Bay		60
		Anne Pottle			
			Total Allotment, \$		60

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

(S) Lewis Pottle

(Rank) Pte

1st Newfoundland

[Signature]
Dec. 28

1917

FORM K

Nº 4528



41ST. NEWFOUNDLAND REGIMENT 1.

ALLOTMENTS

I, Levi Pottle, Regl. No. 4175

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

Allotment begins Jan'y 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
32147	John	Samuel Pottle	Muskeget	
	Mother	Mr Samuel	Grosvenor Water Bay	60
		Anne Pottle		
			Total Allotment, \$	60

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
[Signature]
Dec. 28 1917

(S.) Levi x Pottle
 (Rank) Pte
41st Newfoundl Regiment

LAST PAY CERTIFICATE

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 28/5/17
 Regtl No. 4175 Rank Private Name Levi Pottle Unit Royal Newfoundland who was repatriated
 to Newfoundland on 21/7/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.		PARTICULARS					CR.						
		£	s	d	PARTICULARS								
PERIOD: From <u>6/7/18</u> To <u>2/5/18</u>	Balance Dr. from				Balance Cr. from <u>Previous P.B.</u>								
	Allotment <u>28</u> days @ <u>16s</u>	116	80	13	9	0	Pay <u>28</u> days @ \$ <u>1.07</u> <u>28.07</u>			11	0	0	
	Cash Payments:						Field Allow <u>28</u> days @ \$ <u>10s 12.07</u>	130	80	16	6	7	
	<u>1st</u> Payment <u>13.7.18</u>				12	0	Other Allowes days @ \$						
	<u>2nd</u> " <u>20.7.18</u>				12	0	Other Credits:						
	Other Debits:												
	<u>Miscellaneous Stoppage</u>				2	11							
	<u>Gils</u>												
	Total Debits				14	15	11	Total Credits			17	6	7
	Balance due by Paymaster				12	10	8	Balance due to Paymaster			17	6	7
<u>C.S.</u>				17	6	7				17	6	7	

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

Company
Hazley Camp Winchester July 23 1918
 (Place) (Date)

L. F. Garland Lieut.
 Act P.O. " " 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,

Stottle, Levi

4175

Pay receipt.

COPY

September 17th., 1919.

From:- The Secty., Standing Medical Board.
To :- B. P. C.

4175, Pte. Levi Pottle.

Please note that the marginally noted man was
discharged from Jensen Camp Sept. 17th., 1919.

Cluny Macpherson

Lieut. Colonel.
Secty. Standing Medical Board.

AMB.

Look up file

ORIGINAL

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. 4175 Rank Private Name Len Poska Unit Royal Newfoundland who was repatriated to Newfoundland on 21/7/18 Authority Cause

STATEMENT OF ACCOUNT

DR.

PARTICULARS		£	s	d	PARTICULARS		£	s	d				
PERIOD: From 6/1/19 To 31/1/19	Balance Dr. from				Balance Cr. from previous P.B.								
	Allotment 28 days @ 160 ⁰	116	80	13	9	0							
	Cash Payments:				Pay 28 days @ \$ 1 ⁰⁰								
	1 st Paym ^t 13.7.18				Field Allow 28 days @ \$ 10 ⁰ 2 ⁵⁰	130	80	16	6				
	2 nd do 30.7.18				Other Allowes days @ \$								
	Other Debits:				Other Credits:								
	Miscellaneous Supp ^y												
	TOTAL Debits			4	15	11							
	Balance due by Paymaster			2	10	8							
				7	6	7							
					Total Credits				1	7	6	7	
					Balance due to Paymaster					1	7	6	7

CHECKED. [Signature]

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

[Signature] Company (Place) [Signature] Wanchulu July 23rd 1918 (Date)

[Signature] Newfoundland-Trust 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.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

DUPLICATE
MAIL COPY.

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. 4175 Rank Private Name Levi Potts Posted Unit Royal Newfoundland who was repatriated to Newfoundland on 21/7/18 Authority Cause

STATEMENT OF ACCOUNT

DR.

	PARTICULARS	£	s	d		PARTICULARS	£	s	d	CR.	
PERIOD: From 6/7/18 To 21/7/18	Balance Dr. from					Balance Cr. from <u>Previous P. B.</u>					
	Allotment <u>28</u> days @ <u>16^s</u>	116	80		13	9	0			11	
	Cash Payments:					Pay <u>28</u> days @ <u>£ 1⁰⁰</u>				25	
	<u>1st Payment</u> <u>13.7.18</u>					Field Allow <u>28</u> days @ <u>£ 10¹².00</u>	130	80		16	
	<u>2nd do</u> <u>20.7.18</u>					Other Allowances days @ <u>£</u>				6	
	Other Debits:					Other Credits:				7	
	<u>Miscellaneous Stoppage</u>				2						
	Total Debits				114	15					17
	Balance due by Paymaster				12	10					6
	<u>CS</u>				17	6					7

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

D. Company
Hayley Camp, Warburton July 23 1918.
(Place) (Date)

G. F. Langford Lieut.
Act. 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. _____ to / /

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

August 21st. 1916 191

From :-

Assistant Adjutant - Headquarters

To :-

Paymaster and Officer i/c of Records.
' Militia ' Dept.

4175, Pte. Pottle, L.

Above noted man has been recommended for discharge as permanently unfit, and admission to Jensen Camp, by Medical Board held on August 20th. I am sending him herewith for your attention, and necessary action please, and have given him verbal instructions to report to D.M.S. for his attention, when he has finished his business with you.

Copy to S. A. J.

W. S. J.
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Mar 11 1919

Received from the First Newfoundland Regiment
the sum of Thirty five ⁰⁰/₁₀₀ Dollars.
~~on account~~ of Pay. Clothing
balance

L. H. Little
Lieut Col
Rank

Ch. No. 12576	Initials. E. E.
Pay Ledger 308	Initials. E. E.
Gen. Ledger.....	Initials.....

Regtl. No.

F. C. S.

No.

178

Rank

06

Name

Potter L

1908 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 43 ⁵⁸/₁₀₀

Sept 7th 1918

Received from the First Newfoundland Regiment
the sum of forty three ⁵⁸/₁₀₀ Dollars.
on account of Pay.
balance

Lewis ^{his} Pottle
Cmde Wt Col

Regtl. No. Rank

Ch. No. 2305	Initials. EW
Pay Ledger 76	Initials. Wm
Gen. Ledger	Initials. WJ

No. 4175 Rank PL

Name Pott-L

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$5⁰⁰/₁₀₀

Aug 6th 1918

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

^{his}
Levi X Bottle
mark with Holland

Ch. No. 806	Initials EW
Pay Ledger 76	Initials WM
Gen. Ledger	Initials

Regtl. No. _____ Rank _____

5

No. 4175

Rank

Pte

Name

Levi Pottle

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

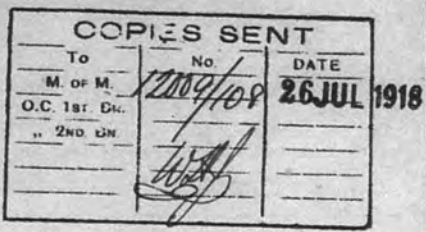
No. 4175 Army Rank Private
 Name Levi Potts
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
 Corps ROYAL NEWFOUNDLAND REGIMENT.
 Battalion, Battery, Company, Depot, &c. _____
 (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____
 Place of discharge _____

1. Description at the time of discharge.

Age _____ years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measure { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence _____	
(To be given as fully as practicable)	

(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.)



2. The above-named man is discharged in consequence of _____

(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.)

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. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to* _____

Copy

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No.	<u>4175</u>	Army Rank	<u>Private</u>
Name	<u>Levi Potts</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>		
Battalion, Battery, Company, Depot, &c.	<u>(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.)</u>		
Date of discharge	<u>September 5th 1918</u>		
Place of discharge	<u>St. John's, Nfld</u>		
1.	Description at the time of discharge.		
Age	<u>24</u> years		months
Height	<u>5</u> feet		inches
Chest measurement	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	<u>dark</u>		
Eyes	<u>brown</u>		
Hair	<u>black</u>		
Trade	<u>lumberman</u>		
Intended place of residence (To be given as fully as practicable)	<u>Grosvenor Bay Chon. Hospital Labrador</u>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2.	The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority the No. and date of the letter to be quoted.)</small>			
3.	Military character:— <u>A. G.</u>		
4.	Character awarded in accordance with King's Regulations:—		
<div style="border: 1px solid black; padding: 5px;"> <p>To be filled in on the soldier quitting the Colours.</p> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2667* and that Army Form D. 489 was awarded in this case.</p> <p>Initials of Commanding Officer.</p> </div>			
Army Form B. 2088 has been issued to*			

5. He is in possession of the following number of G.C. badg's (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's _____ Levi Pottle (Signature of Soldier.)

(Date) Sept 16/18 _____ J. Holland (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No reservations

Levi ^{his} Pottle
mark
wit J. Holland



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 *Pottle Levi*

Regiment from which discharged *1st. Newfoundland*

Regimental number *4175*

Intended address *Green Waters Bay*

Height on discharge *5* Feet —

Color of hair on discharge *Black*

Complexion *Dark*

Color of eye *Brown*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Samuel*

Christian name of Mother *Aunie*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth. *Wabrador 1894*

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) *Levi Pottle*

(Rank) *Plt*

Station *St Johns*

Date *Aug 24*

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.

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

Station *St Johns*

Date *Aug 19 18*

C.R. 4175

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's. dated August 27-8-18.

4175 Pte. L..Pottle.

Adm. to Jensen Camp 24-8-18.

C.R. 4175

Extract from Daily Orders Part 11 Depot St. John's dated Sept. 12th 18

#4175 Pte. L. Pottle.

Having been found medically unfit are discharged from Sept. 3/1918

C.R.

4175

Extract from list of men of the Royal Newfoundland Regiment dis-
charged on various dates.

4175 Pte. L.Pottle,

Discharged 3 - 9 - 18, medically unfit
m

CR 4175

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Re t.St. John's, dated August 19th, 1918.

4175. Pte. T. Pettie.

Returned from leave and reported at Headquarters 19-8-18

C.F. 4175

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

The following man returned from Overseas and reported
at Depot August 4th.

#4175 Pte. L. Pottle.

CR. 4175

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt., Dec. 1st, 1917.

4175 Pte. A. Pottle.

Attested for General Service with the 1st Hfld. Regt.,
and assigned numbers as shown with effect from Nov. 30th, 17.

CE 4175

Extract from Nominal Roll Draft "H" Company Embarked
S.S. Florinel. Jan. 29th, 1918.

4175 Pte. Pottle L.

Reg. No. 4175 Rank. Pte Name. Pottle Levi

Attested Address. Grosswater Bay Lab.

Allotment..... Allottee

Date of Allotment..... Returned from Overseas. 4-8-18

Embarked for Overseas Cause. Discharge.

From 2nd Battalion
20-8-18 Rec. Discharge per unfit and admission to
Jensen camp.
24-9-18 admitted to Jensen camp.

DISCHARGED - MEDICALLY UNFIT 3-9-18. No 160

bold 6
To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Pollock OF Christian Name Levi

Table I.—GENERAL TABLE.

Birthplace:—Parish Q'rais Water Bay. County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>30th</u> day of <u>Nov</u> 1917	at <u>St. John's</u>	on	day of 191
Declared Age	<u>23</u> years	<u>1</u> <u>Month</u>	years	days
Trade or Occupation	<u>Boatswain</u>			
Height	<u>5</u> feet	<u>—</u> inches	feet	inches
Weight	<u>115</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>34</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				

	Right	Left	Right	Left
Vaccination Marks				
Arm	<u>/</u>	<u>/</u>		
Number				

When Vaccinated

Vision R.E.—V=6/6 L.E.—V=6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

R.E.—V=
L.E.—V=
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To	No.	DATE
(a) M of M.	<u>12084/108</u>	<u>26 JUL 1918</u>
O.C. 15, Bn.		
2ND BN		

[Signature]

Approved by (Signature) Lamont Paterson (Rank) Major Medical Officer.

Enlisted at St. John's on 30th day of Nov 1917

Joined on Enlistment... Corps. 1st Nfld Regt Regtl. No. 4175

Became non-effective by 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				
Military Infirmary St John's	29	12	17	15	1	18	Measles	18	Discharged. Cured	W. Borden
Kageley Down	28	2	18	3	3	18	Bronchitis	3	Transferred to Hurley Park Hosp.	H. G. Quinn, Capt. R.A.M.C.
Hurley Camp	8	3	18	19	3	18	Doubtful Bronchitis	14	Discharged unimpaired. Recovered	J. F. Shackleton, Capt. R.A.M.C.
Kageley Down	17	6	18	26	6	18	Bronchitis	8	? T.B. Sputum examined No T.B. found Recovery. Discharged to duty	W. Borden, Capt. R.A.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
<p>7-12-17 11/17/17 18/17/17 26.1.18.</p>	<p>Vacc. 20 T.M. 20 T.M. 20 I.A.B. 20</p>
<p>6-7-18</p>	<p>Boarded at Hazelton Down Camp. Marked E M. O. [Signature] Major P.P.K. [Signature] -Capt Rame.</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

Medical Report on an Invalid.

Station Hampley Down Camp
 Date 16-7-18

1. Unit 2nd Batt. Royal Newfoundland Former Trade } Lumberman
 or Occupation }
 2. Regimental No. 4175
 3. Rank Private
 4. Name OTTLE LEVI
 5. Age last birthday 24 years
 6. Enlisted { on November 1917
 at St. John's Newfoundland
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge. } No

8. Disability in respect of which invaliding is Proposed.

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

Disinfectio ? Tuberculosis

COPIES SENT		
To	No.	DATE
M of M	<u>12009/108</u>	<u>26 JUL 1918</u>
2ND LN	<u>[Signature]</u>	

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. 6 months ago.
10. Place of origin of disability. Hampley Down Camp.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
He states that he has tried hard to carry on his training but has continuously to report sick with Coughs; during the time he has been at depot he has been in hospital frequently with Mumps, debility and Bronchitis. He was suspected of Tuberculosis. Sputum examination was found negative.
vide AF B 178.
aggravated by steam fumes & service conditions.
na.
na.
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.

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.

He has a fractured calf. fracture has been under constant treatment; he is losing flesh, as going down hill; cannot walk on road all the time; breathing as rapid as 24. Voice hoarse. Will need help for active service.

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

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

na.

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

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

na.

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

na.

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

na.

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?

na.

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.

na.

20. Do you recommend—

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

Discharge as permanently unfit for Active Service

MR

Capt. R. A. M. C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
30.

Regiment of 1st Newfoundland

Number of Sheets One
Signature of O. C. Company W. H. [Signature]

Regimental Number and Name		Enlistment		Trade
No.	<u>4178</u>	Age on	<u>23</u> years <u>1</u> months	<u>Bookbinder</u>
Name		Place and Date of Enlistment		Religion
<u>Pottle Co.</u>		<u>St. John's</u>		<u>Method</u>
Joined	Date	Period of } with Colours <u>2 7/8</u> years. with Reserve <u>3 6/5</u> years.		Place of Birth
Joined	Date			
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

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

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TO	DATE
M. of M.	<u>26 JUL</u>
O.C. 1st Bn.	
" 2nd Bn.	

No. 2200

Discharged Medically Unfit
St. John's 3/75

To be carried over

Reg. No. 4175 Rank PL4 Name Pottle A
Attested 30-11-17 Address 9 main Water Bay
Allotment 60 Allottee Mrs. Samuel Pottle
Date of Allotment 1/1/18 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Vac 7-13-17 Dec. 11-12-17, 2nd time 17/12/17
adm. M. I. H. Mumps 29/12/17 Dec. 15-1-18
H. S. 21-1-18 - 25-1-18, P.O. 25/1/18