Recruiting Form B, 1915.

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3566 Name John Prince Corps C. of E.

Questions to be put to the Recruit before Enlistment.

1. What is your name?	1. John Prince
2. What is your full Address?	2. Princetown Bonavista
3. Are you a British Subject?	3. Yes
4. What is your age?	4. 19 Fisherman 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. Yes
8. Are you willing to be vaccinated or re-vaccinated?	8. Yes
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 Yes
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.

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

E. 2-4-17 John Prince Harold Mitchell SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I John Prince 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 on this 2 day of April 191 7

Signature of Attesting Officer W. Fraser Mdpt.

†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 ..... } Approving Officer.

Place..... .....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Prince

Apparent age 19 years - months. Height 5 feet 8½ inches

Chest Measurement { Girth when fully expanded 40 inches
Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Samuel Prince
Princeton
Bonavista Branch | 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: Years	Days	Service in Reserve not allowed to reckon towards G. C. Pay: Years	Days	Signature of Officers certifying correctness of entries
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 " [" "] " "

3566

Recruiting Form B, 1915.

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3566 Name John Prince Corps C. of E.

Questions to be put to the Recruit before Enlistment.

1. What is your name?	1. John Prince
2. What is your full Address?	2. Princetown Bonavista
3. Are you a British Subject?	3. Yes
4. What is your age?	4. 19 Years — Months
5. What is your Trade or Calling?	5. Fisherman
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 John Prince do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

E. 2-4-17 John Prince SIGNATURE OF RECRUIT.

Harold Mitchell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I John Prince 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.

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Signature of Attesting Officer W. Fraser Mdpt.

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

Date.....191 ..... } Approving Officer.

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DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Prince

Apparent age 19 years - months. Height 5 feet 8½ inches

Chest Measurement { Girth when fully expanded 40 inches
Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Samuel Prince Princeton Bonavista Branch 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 Years	Service not allowed to reckon for fixing the rate of pension Days	Service in Reserve not allowed to reckon towards G. C. Pay Years	Service in Reserve not allowed to reckon towards G. C. Pay Days	Signature of Officers certifying correctness of entries
		Service towards limited/engagement reckons from 2-4-17							
		Joined at St Johns on April 2nd/17							
		Attached March 10/1919							
		Embarks St Johns train to Halifax N.S.		19 5/7					Embarkes for Blt 6 5/17
		Joines Batt. in the field 14-11-17		Evidence by FGCM	20	2 18.			found guilty of Leaving the
		proximity of post order and Military discipline 90 Days F.M.F.		Admitted	3	Jan. CCB			Hennessy 2 4/18
		Admitted 18 Gen Hosp Etamps Camera		P.U.O.	Kenet Fever	13	4-18		Transferred to England 22 4/18
		Admitted 3 L.H.R. Wandsworth		Hennessy	13 4/18	Furlough	ten	days to	Wandsworth 3-8-18
		to Newfoundland for demobilization		2-12-18	Arrived	Transferred	Camp	21-12-18	
		Demobilization					St Johns		10 3/19
		Total Service forfeited as above							

Total Service towards Engagement to 10-3-19 [date of discharge] 1 years 343 days

" " " Pensions " [" "] " "

Form M. E. (2) / N. F. 1915

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

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

Examination of John Prince

aged 19 yrs *conducted at* Hdquarters

Date: April 2/17 *Recruiting Officer:*

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no ~~no~~
10	"
11	"
12	"
13	teeth to be attended too
14	"
15	"
16	"
17	"
18	"
19	6/6 Bolt
20	"
21	"
22	"
23	"
24	"
25	"
26	"
27	"
28	"
29	"
30	"
31	"
32	"
33	no
34	5'. 8 1/2
35	144 1/2
36	36 — 40
37	$50.00 per month
38	Father Samuel Princton B B.
39	none

3566

Bil Subject to no 13/

Signature of Medical Examiner: G W Borden

C.R. 3566

Extract from Daily Orders part II, Depot St. John's dated March 15th., 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer I/C. Records on noted dates:

3566 Pte. John Prince.

10 3-19.

C.R. 3566

Extract from Daily Orders Part II Unit The Royal Nfld. Regt. St. John's, Jan. 30th, 1919.

The discharge of the undernoted man has been approved on Demobilization by O.C. Discharge Depot on noted date.

3566 Pte. John Price.

25-1-19.

C.R. 3566

Extract from Medical Board held on Jan. 21st, 1919.

3566 Pte. J. Prince.

Recommended Discharge as permanently unfit.

C.R. 3566

Extract fro, Nominal Roll of repatriation draft No. 79 per . . CORINTHIAN which embarked at Tilbury Docks 12/12/18. from the 2nd., Battalion of the Royal Newfoundland Regiment.

m #3566 Pte. J. Prince.

C.R.35-66

Extract from Daily Orders part 11, Depot St. John's dated Dec. 2rd.18

The u/m returned from Overseas and reported at Depot 21-12-18.

#3566 Cte. J. Princer.

C.R 3566

Extract from Daily Orders Part 11.By. Lt. Col. B.J. Barton, D.S.O. Commanding 2ND BN. ROYAL IRISH REGT. dated 2-8-18.

The following having reported back from 1st. Battalion is posted to "H" company from 2-8-18.

3566 Pte. Prince.

C.R. 3566

Extract of Casualties from Pay and Record Officem London dated 22nd July 1918.

3566 Pte. J. Prince

The above-mentioned was discharged from the 3rd London General Hospital on 20/7/18 and granted furlough to 29/7/18. Both marked 111 Employment; classified Category B. iii.

Authority: A.Fs. W. 3016.

C.R. 3566

Extract of Telegram to Synoptical London dated May 29th. 1918.

Pay as follows:-

3566 Prince

Royal Nfld. Regt.....7 pounds 3/-.

C.R. 3566

Extract from Daily Orders part 11, from Unit The Royal Nfld. Regt. in the field, dated May 18, 1918.

#3566 Pte. S. Prince.

Invalided to England (S) April 23, 1918.

NEWFOUNDLAND CONTINGENT 88, VICTORIA ST. LONDON, S.W. 2 MAY 1918 & RECORD OFFICE

C.R. 3566

PROGRESS REPORTS

Nos. P.115910. P.115911. P.115917. P.11924

P.115910

O.C.St. JOHN H. ETAPLES Telegraphs 27 April 18

66737 Pte.	Ellaway J. M.	RAMC.138/Fld.Amb.	GSW hip arm & leg.	DIED 27 April 18

P.115911

O.C.18 GEN.H.CAMIERS. Telegraphs 27 April 18

65312 Pte	Wilby T.	1/North'd.Fus.	GS neck & back.	DANGEROUSLY ILL
53368 Pte.	Marston J.	RAMC.	Lobar Pneumonia.	DANGEROUSLY ILL. MAY BE VISITED
37335 Sjt.	Edwards G.	14/R.Welsh Fus.		DANGEROUSLY ILL. MAY BE VISITED
Pte.	Nash C.	2/5 Glouc R.		FORMERLY SERIOUSLY NOW DANGEROUSLY ILL
92157 Pte.	Ison S.	9/N & D.R.	GSW back.	SERIOUSLY ILL
865272 Pte.	Douglas W.	32/Canadians.	GSW face.	SERIOUSLY ILL
15641 Pte.	Lindsay A.	2/Devons.	GSW eye L.	SERIOUSLY ILL
508 Pte.	Gibson G.	14/North'd.Fus.		SERIOUSLY ILL
648019 Cpl.	Wood A.	1/20 Lond.R.		NO LONGER SERIOUSLY ILL
14349 Pte.	Blurton J.	9/Essex R.		-do-
201914 Pte.	Revill T.	13/R.Scotw.R.		SERIOUSLY ILL. TRANS TO ENGLAND
145671 Gnr.	Gustavson	RGA.18/Sge. Bty.		-do-
47725 Pte.	Murghatroyd A.	80/Lab.Corps.		-do-
3536 Pte.	Prince J.	1/Newfndld.Regt.		-do-

932

P.115917

O.C.51 GEN. H. ETAPLES Telegraphs 27 April 18

342804 Gnr.	Dickinson V.S.	CFA.12/Bty.3/Bde.	Infl.of brain.	DIED 27 April 18	Next of kin M.Dickinson Box.186 Port Hope Ontario Canada.
491487 Pte.	Blumenthal P.	24/Canadians.	Influenza.	SERIOUSLY ILL	

P.115924

O.C.9 GEN. H.ROUEN. Telegraphs 27 April 18

20396 Pte.	Hennem F.G.	1/Dorsets	Gassed.	DIED 27 April 18
7623 Pte.	Handon G.	RAMC. 132/Fld.Amb.		FORMERLY SERIOUSLY NOW DANGEROUSLY ILL. MAY BE VISITED

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST, LONDON, S.W.
27 APR 1918
PAY & RECORD OFFICE

C.R. 3504

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

ARTILLERY - ROYAL HORSE & ROYAL FIELD

No. H.A. 22180

Adm.18 (Chicago USA) Gen.H.Dannes Camiers 13th April 1918

624620	Gnr.Browne W.J.	RFA.2A Bty.HAC.126 Bde.	Gas shell W. sev.
312427	L/C.Smart C.	RE.Sig.Sub.Sect.att 126 Army FA.Bde	do. "
624566	Bdr.Ensum C.	HAC.2A Bty.126 A.F.A.Bde.	do. "
624215	Cpl.Parsons W.	" 2A Bty.126 Bde.	do. "
625494	Gnr.Wardle W.	HAC.2 Bty.126 Bde.	Gas shell W. "
625861	" Carr W.	" 2A Bty.126 Bde. ...	do. "
243896	" Bateman J.	RFA.411 Bty.126 Bde.	do. "
624675	" Evans C.	HAC.2A Bty.126 Bde.	do. "
625775	" Yates S.	Army FA.2 a Bty.126 Bde.	GSW.Buttock R.sev.
56414	" Dean W.	RFA.8 Bty.13 Bde.att RAF 38 K.Bal.Sec.	Myalgia slt.
168324	Dvr.Alexander J.H. .	RFA.C.Bty.162 Bde	ICT.leg L.sev.
645887	Gnr.Smith W.K.	" C.Bty.119 "	Gas shell W.sev.
42660	" Wood G.	" 29 TMB.	PUO.Trench Fever sev.
60018	Dvr.Marshall W.	123 Bty.28 Bde.RFA	Injury to back S.Slt..
243918	Gnr.Dossor E.	Army F.A.C.Bty.119 Bde .	Gas shell W.slt.
31649	" Ashman C.H. ...	RFA.C.Bty.119 Bde. " ..	do. sev.
645887	" Smith W.K.	" C.Bty 119 Bde.	do. "
223811	" Woolnough G.A.	RHA.C Bty.15 Bde.	Carbuncle neck sev
31500	" Adams B.	RFA.D.Bty.17 Bde.	Influenza sev.
705410	" O'Neill F.J. ..	" C.Bty.119 Bde. ..	Gas shell W.sev.
20705	Dvr.Hales C.	33 DAC. RFA	GSW.chest sev.

857

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 22180

Adm.18 (Chicago USA)Gen.H.Dannes Camiers 13th April 1918

3566	Pte.Prince J.	1 R.Newfoundland Rgt.	PUO.Trench Fever sev.

Counter No:_____

NEWFOUNDLAND POSTAL TELEGRAPHS.

CR 3576

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 ntirely 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 W.F.R. Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated April 26th, 1918

To Samuel Prince, Princeton, B.B.

Regret to inform you that Record Office, London, officially reports No.3566, Pribate John Prince at Wandsworth suffering from pleusisy.

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

J.R. Bennett

Acting Mininster of Militia.

FOR TYPEWRITER

C.R. 3066

Extract from Casualties received from Pay & Record Office, London, dated April 25th, 1918.

#3566 Pte. J. Prince.

Pleurisy.

Admitted 3rd London, General Hospital, Wandsworth, 23-4-18.

C.R. 3566

WOUNDED AND SICK N.C.Os AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

PROGRESS REPORTS RECEIVED BY POST. IN CERTAIN CASES THE SAME INFORMATION OR A LATER REPORT MAY ALREADY HAVE BEEN RECEIVED BY TELEGRAM AND COMMUNICATED TO RECORD OFFICES CARE SHOULD BE TAKEN TO CHECK THIS BEFORE NOTIFICATION.

NEWFOUNDLAND CONTINGENT / 16, VICTORIA ST. LONDON, S.W. / 25 APR 1918 / PAY & RECORD OFFICE

INFANTRY RECORD OFFICE - F A R N I C K. LIST NO. H.W.1757

13300 Pte. Davidson,G. 2/O.& B.L.I. Dang.Ill no change in 22 Gen.H.Dannes Camiers W/E.15 April 18.
11368 Pte. Bray,W. 2/ do. GSW,Abdomen..... Dang.Ill same in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 April 18.
16463 Sjt. Smith,C. 5/R.Berks R. GSW.Head.....Dang.Ill same in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 April 18.
41821 Pte. Walter,H. 3/Worc.R. GSW.Chest..... Ser.Ill same in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 April 18.
25702 Pte. Hartley,R. 1/R.War.R. GSW.Knee L.....Ser.Ill same in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 Apl.18.
33365 Pte. Davis,B. 3/WorcR. GSW.Chest Penet..Ser.Ill same in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 Apl.18.

826

NEWFOUNDLAND EXPEDITIONARY FORCE. LIST NO. H.W.1757.

3 [illegible]566 Pte. Prince,J 1/Newfoundland. Pleurisy. Ser.Ill.Same in 18 (chicago USA) Gen.H.Dannes Camiers W/E.14 Apl.18. (same).

INFANTRY RECORD OFFICE - L I C H F I E L D - (PART 1). LIST NO. H.W.1757.

41529 Pte. Hirst,I. 1/Lincs.R. GSW.Shldr.R.....Ser.Ill improved in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 April 18.
64702 Pte. Smith,A. 15/N.& D.R. GSW.Genetals....Ser.Ill same in 18 (Chicago USA) Gen.H.Dannes Camiers. W/E.14 Apl.18.
201082 L/C. Donson,E. 10/Lincs, Dang.Ill no change in 22 Gen.H.Dannes Camiers W/E.15 Apl.18.

WINCHESTER - RECORD OFFICE. LIST NO. H.W.1757.

573940 Pte. Fetthman,H. 17/att.28/Londons. Dang.Ill no change in 22 Gen.H.Dannes Camiers W/E.15 Apl.18.
9923 Pte. Campion,J. 11/Rif.Brig. Dang.Ill no change in 22 Gen.H.Dannes Camiers W/E.15 Apl.18.
374891 Pte. Russell,A. 8/att.17/London R. GSW.R.Thigh &... Head. Ser.Ill improved in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 April 18.
304848 Pte. Floyd,T. 28/London R. GSW,Face.....Ser.Ill improved in 18 (Chicago USA) Gen.H.Dannes Camiers W/E.14 Apl.18.

Counter No._____

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 3·566

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.

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

(NOT TRANSMITTED)

Signature of Sender W.P.R. Address Dept of Militia.

Line Number	Rcd By	Sent by	Check

Dated April 17th, 1918.

To Samuel Prince, Princeton. B.B.

Regret to inform you that Record Office, London, officially reports No. 3566 Private John Prince, at 18th General Hospital, Camiers, April 15th again reported seriously ill.

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

J.R. Bennett

Actg. Mininster of Militia.

FOR TYPEWRITER

C.R. 3566

Extract from Casualites received from Pay and Record Office London dated Apr. 17, 1918.

O.C. 18th General Hospital, Camiers,

Telegraphs, 15-4-18.

Seciously Ill, Pleurisy,

3566. Pte. J. Prince.

C.R. 3566
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender J. R. Bennett Address Dept of Militia.

Line Number	Rcd By	Sent by	Check

Dated April 13th, 1918.

To Samuel Prince, Princeton, B.B.

Regret to inform you that Record Office, London, officially reports No. 3566, Private John Prince at 3rd Australian Casualty Clearing Station. condition inproved. April 5th.

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

J.R. BENNETT
ACTG. MINISTER OF MILITIS

R. A. SQUIRES,
Colonial Secretary.

FOR TYPEWRITER

Form No. ...

C.R 3566

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 9 Sent by ____ Rec'd by ____ Check 10f ____ No. ____

Place from Princeton

To Us Southern Bay

J R Bennett

9

APR 9 - 1918

Min of M

any other particulars

Condition 3566 private

prince Please advise

Immediately

Samuel Prince

No enquiry respecting this Message will be attended to without the production of this paper.

C.R. 35-66

Extract of Daily Orders Part 11 Unit: Royal Newfoundland Regiment G.H.Q., 3rd. Echelon, dated 6/4/18.

COURT-MARTIAL

3566 Pte. J. Prince.

In arrest awaiting trial 14/2/18:- Tried by F.G.C.M. 20/2/18 and found guilty of "Neglect to the prejudice of good order and Military discipline.

Awarded 90 days F.P. No. 2.

Authority: G.O.C., 88th. Brigade, 21/2/18.

C.R. 3566

Extract of Daily Orders Part 11, from Unit: Newfoundland Regiment, G.H.Q. 3rd. Echelon dated 6-4-18.

FIELD GENERAL COURT MARTIAL.

3566 Pte. J. Prince

Royal Newfoundland Regiment. In arrest awaiting trial 14-2-18:-

Tried by F.G.C.M. 20-2-18 and found guilty of "Neglect to the prejudice of good order and Military discipline". Awarded 90 days F.P. No. 2.

Authority: G.O.C., 88th. Brigade, 21-2-18.

C.R. 3566
Counter No.

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 W.F.B. Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated April 5th, 1918.

To Samuel Prince, Princeton, B.B.

Regret to inform you that Record Office, London, officially reports No. 3566, Private John Prince dangerously ill and 3rd Australian Casualty Clearing Station 2nd April, pleurisy

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

J.R. Bennett

Actg. Mininster of Militia.

FOR TYPEWRITER

C.R. 3566

Extract from Nominal Roll Draft No.32: 111 Other Ranks from 2/1st Newfoundland Regiment, Ayr, to 1/1st Nfld.Regt., B.E.F. Embarked Southampton 6/11/17.

3566 Pte.Prince, J.

MP

C.R. 3566

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17

#3566 Pte. J. Prince.

C.R. 3566

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, April 2nd, 1917.

3566 Pte. J. Prince.

Attested and attached to the Strength from April 2/17.

John Prince C.R. 3566

P & R C

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 REG.

2. Regtl. No. 3566 3. Rank PTE

4. Name PRINCE
(*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*) Where
(*c*) Opinion of Court

(*b*) Date of Discharge;
(*c*) Cause of Discharge.
(*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."
Gunshot wound right side

11. Date of origin of disability. April 1918

12. Place of origin of disability. Belgium

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. Treated 3rd London Gen't Boarded 5 III

3496. Wt.16789/1320. 500,000(5). 8/18. S.O.,F.Rd.

14. State whether the disabilities are (a) attributable to (b) aggravated by

(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 man's part. } ....

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

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.)

Heart sounds weak very slight breath sounds right base + dull

Complains of shortness of breath on slight exertion

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

Mr K S Capron (1)

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station HAZELEY DOWN CAMP

Date 30 NOV 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

(8 52 54) W197—M3045 100,000 10/17 HWV(P871) Forms/D400A/2
4565—P563 50,000 2/18

Army Form D. 400A.

Descriptive Return of a Soldier ~~discharged~~ on account of Disability.

INSTRUCTIONS.—This form is to be completed in the case of every ~~discharged~~ soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full Prince John

Regiment from which ~~discharged~~ Rt Newfoundland

Regimental Number 3566

Where born (Parish, Town and County), and when Princetown Newfoundland

Intended address Princetown Bonavista Branch Nfld.

Height on ~~discharge~~ 5 Feet 9 Inches

Colour of Hair on ~~discharge~~ Brown Colour of Eyes Blue

Descriptive marks Scar on left hand Complexion Fresh

Figure on ~~discharge~~ Slight

Christian name of Father Samuel

Christian name of Mother Rebecca

Wife's Maiden name in full —

Date and Place of Marriage —

Christian names of Children —

Nature and locality of civil employment desired Fisherman

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) John Prince

Station 3rd London General Hospital, WANDSWORTH, S.W. *(Rank)* Pte *Date* 17 7 18

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

Medical Officer i/c Hospital.

Station 3rd London General Hospital, WANDSWORTH, S.W. *Date* 17/7/18 Capt Rame

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

Rank on ~~Discharge~~

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges Medals

Wounds, and Actions in which received

Other distinguishing marks

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

Station _____ _____ *Officer in Charge*

Date _____ _____ *Records.*

[OVER.

Army Form W. 3498(c).

NOTIFICATION by the Officer i/c Records to the O.C. Unit of a Soldier placed in Class P. or P.(T.) of the Reserve, in case of his transfer to the Reserve.

(To be completed and dispatched without delay.)

To the Officer Commanding

.....

.....

The Medical Board before whom this Soldier appeared are of opinion that his disabilities have been caused or aggravated by military service, and his documents have been sent to Chelsea for the consideration of his claim to a pension.

In the event of his transfer to the Reserve, he will be placed in Class P. or P.(T).*

* Strike out Class not applicable.

Soldier's surname..... Grace

Christian names..... John

(in full)

Regt. No. and Rank..... 9566 Pte

Regt. or Corps..... 1st Norfolk

(If T.F. this should be stated.)

.....

Officer i/c Records.

Station.....

Date.....

N.B.—This Army Form will be left blank and sent with Army Form W. 3498(B) to the Officer i/c Records.

15000 pads 10/16 J.P.&Co.,Ltd. (E467.) Forms/W.3498/1

Army Form W. 3498(B).

NOTIFICATION by President of Medical Board in the case of a soldier brought before the Board pending transfer to Class P. or P.(T.) Reserve.

(To be completed and dispatched on the day on which the Medical Board is held.)

To the Officer i/c Records,

58 Victoria

.....

The Soldier named below has this day appeared before an Army Medical Board at this station, and his documents are forwarded for transmission to Chelsea for the consideration of his claim to pension.

Note.—His transfer to Class P. or P.(T.) Reserve will take effect from 21 days after the approval of the General Officer Commanding-in-Chief, and will be notified to you by the Officer i/c Records concerned.

Soldier's surname..... Price

Christian names..... John

(in full)

Regt. No. and Rank..... 9566 Pte

Regt. or Corps..... 1st Rif Bde

(If T.F. this should be stated.)

On transfer to the Reserve he will be placed in Class P. or P.(T.), and you will immediately furnish his address to C.A.P.I.O., 33, Baker Street, London, W.

3rd London General ... Mitchell Major RAMC

WANDSWORTH, S.W. President of Board.

Station.....

Date..... 20/7/18

15000 pads 10/16 J.P.&Co.,Ltd. (E467.) Forms/W.3498/1

Army Form W. 3494.

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

No. 3566 Rank Pte. Regiment Nfld Newfoundland

Name Pearce. James John
(Surname first)

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

Fairly good education.

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

(7 28 81) W2355—P875 200,000 12/17 HWV(bP1366) Forms/W3494/2

[SEE OVER.

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

The fishery industry, in Newfoundland.

4. What is the name of your Approved Society? Fishermen's Protective Union - Nfld.

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

Date 17/7/18 Signature John Prince

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

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

830 Army Form W. 3664.

WILL.

Name John Prince

Regtl. No. 3566 Rank Pte.

Regiment

Date of:— 4/2/18.

Receipt	3/5/18.
Transfer	
Final disposal and to whom sent ...	

[M3714] W1026/PP147 1250m 10/17s 359 G&S E. 2015

Form 1.
No. 689

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM

Prefix J Code

WORDS 14 CHARGE

SENT
At
To By

VIA WESTERN UNION

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

25/5/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM SAMUEL PRINCE

PRINCETOWN BONAVISTA BAY (Newfoundland)

PLEASE CABLE TWENTY POUNDS THROUGH MINISTER MILITIA

JOHN PRINCE

CHARGED
PAY BOOK 1st Bath
Date 27/5/18 by JRB

Charge a/c
3566 Pte John Prince

14
2½
28
7
35
2/11

CHECKED.
8/6/18

Authorised.

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 58 Victoria St. S.W. 1.

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.

10932/261

3rd.London General Hosp.,
Wandsworth, S. W.

8th, July 8

3566, Pte. J. Prince
Royal Newfoundland Regt.

6093

*Pay to 3566 Prince £8. 4. 0

Rec'd

FORM K

No. 3197

NEWFOUNDLAND CONTINGENT
56, VICTORIA ST.,
LONDON, S.W.
9 JUN 1917
PAY & RECORD OFFICE

4/ **1ST. NEWFOUNDLAND REGIMENT** 5

ALLOTMENTS

I, John Prince, Regl. No. 3566

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 June 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3373	Father	Samuel Prince	Princeton B.B.		60
			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.) Chas R. Ayre Capt.

Officer Commanding Company

St Johns N.F.

May 4th 1917

(Sig.) John Prince

(Rank) Pte

FORM K

No. 3197

4/ 1ST. NEWFOUNDLAND REGIMENT 5

ALLOTMENTS

I, John Prince, Regl. No. 3586

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 June 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3378	Father	Samuel Prince	Princeton B.B.		60
			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.) Chas R. Ayre Capt.

Officer Commanding 4. Company

St. John's Nfld.

May 4th 191 7

(Sig.) John Prince

(Rank) Pte

NFP 80 sent to GC. 3L GH. 11/6/18 RWG.

No. 8908/817 ~~NEWFOUNDLAND CONTINGENT~~ N.F.P./70.

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

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

~~Subject~~: 6th June 1918

9283/223 191

Subject: 3566, Pte. J. Prince

With reference to the following telegram (4894) from the Hon. Minister of Militia, received / /

Pay to 3566 Prince £7:3:0

Draft £ 7:3:0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

Officer Comdg. Battn
1st Newfoundland Regiment

Received the sum of _____

_____ on account of

cable remittance from Newfoundland.

_____

No. _____ Rank _____

May 23 — 1918

3d Lon Gen Hospital
Wandsworth
Ward 9.

NEWFOUNDLAND DEPARTMENT.
PAY & RECORD OFFICE.
4730
Rec'd 24 MAY 1918
Ack'd
Ref. Nos. OUT
Comd.
P & A
R.& C.
B.&E.
P.S.

to
Pay Master Pay &
Record office

Dear Sir

Will you Please
cable to my home address
Mr Samuel Prince, Princeton
Bonavista Branch,
Nfld, for the sum of
$10 ten Pounds and
Obliged Yours truly
35-66 Pte J Prince
keep it till called for

8178

Officer in Charge
3rd Lond. General Hosp
Wandsworth
S.W.

Reference Recd.!
Kindly indicate if you approve of this application and state if the amount when received should be credited to the soldier account or remitted to you for payment please

NEWFOUNDLAND CONTINGENT

for [signature] Capt.

PAYMASTER & OFFICER I/C RECORDS

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
24 MAY 1918
PAY & RECORD OFFICE

3rd LONDON GENERAL HOSPITAL, R.A.M.C., T.F.
No.
20 MAY 1918
2nd LONDON DIVISION

3rd LONDON GENERAL HOSPITAL
No.
25 MAY 1918
WANDSWORTH, S.W. 18.

O.C.
Pay and Records,
58, Victoria Street,
S. W.

3566 Re. J.Prince. R.Nfld. Regt.

With reference to the attached, I beg to state that I approve of this amount being credited to the above named Soldier's account please.

Postal draft fwd to
O.C. 2/1 6/6/18

H. Fagan

A/Major R.A.M.C.(T) for
O.C. 3rd London General Hospital.

038993.

RMG.

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.,
LONDON, S.W.
27 MAY 1918
PAY & RECORD OFFICE

From, O. C.,

3rd. London General Hospital.

To, The O. C. Records, 58 Victoria St. W.

In accordance with instructions contained in A. C. I. No. 2069 of 1916, I beg to report that:-

No. 3566. Pte Ernest Rapld.

will shortly be brought before a Medical Board and will probably be discharged from the Army or re-classified.

Duplicate documents will not be required, please.

B

Duplicate

No. 10863/659 NEWFOUNDLAND CONTINGENT N.F.P. 770.

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

To
Officer Commanding,
2/1st Newfoundland Regt.
Ayr, N. B.

~~Subject:~~ 19th October 1917

Subject: 3566, Pte. J. Prince,

With reference to the following telegram (5979) from the Hon. Minister of Militia, received 18/10/17

Pay to 3566, Prince, £5,

Draft £5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

[signature] Maj.

Chief Paymaster & O. i/c Records.

February 12th 1918

Receipt hereunder.

[signature] Capt. asst. adjt. for

Officer Comdg. 1st Battn
1st Newfoundland Regiment

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

John Prince

No. 3566 Rank Private

Approved by

O.K. £1.0.0 M/C.

Receipt No 6985

Approved
S C Hall
Capt Hon

Registrar

3rd London General Hospital,
Wandsworth, S.W. 18.

To pay Master
pay & Record Office
58 Victoria Street

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
- MAY 1918
RECORD OFFICE

3RD LONDON GENERAL HOSPITAL
- MAY 1918
WANDSWORTH, S.W. 18

please pay me the sum of
£1 one pound which is to
my credit and I have yours
truly

3566 pte J. prince
1st Royal Newfoundland Regt

FILE
BRANCH
INITIAL

No. 3566 Rank Pte. Name J. Prince

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			60
Net Rate			50

N.F.P/33

DEBITS	Date	£	s	d	CREDITS	Period From	Period To	Days	Rate	$	¢	£	s	d
Balance					Balance	21 12/17						4	5	2
Acquittance Rolls		3	18	6	Pay @ Net Rate	22 12/17	20 7/18	211	50	105	50	21	13	7
Hospital Advances		1	8	10	R.A.			10	2/1			1	0	10
A.B. 64.														
P.&.R.O. Payments		1	0	0	Pay									
C.689						~~21 7/18~~	~~29 7/18~~	~~9~~	~~50~~	~~4~~	~~50~~		~~18~~	~~6~~
C.844			2	11		21 7/18	31 7/18	11	50	5	50	1	2	7
			2	11										
Stoppage 90 days Pay		20	[illegible]	10										
Stoppage 7 days Pay		1	11	7										

2 6 19 7

28.2.2

~~28.10.9~~
28.10.9

8.7.

OFFICE 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. 3566 Rank Pte. Name Bruce. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

PERIOD: From 23/11/18 To 11/12/18

DR. PARTICULARS	$	¢	£	s	d	CR. PARTICULARS	$	¢	£	s	d
Balance Dr. from						Balance Cr. from Previous Pay Book					
Allotment 19 days @ 60¢	11	40	12	6	11	Pay 19 days @ $ 1.00	119	00	1	18	4
Cash Payments:						Field Allce 19 days @ $ .10/100	11	90		10	1
1st Pay				12	6		130	90	14	5	11
2nd "			1	11	11	Other Allces days @ $					
Other Debits:						Other Credits:					
B. Damages					6	Copy sent M. & M. 21302/209 P.A. 23/12/18.					
Mis Slopp				1	5						
										16	0
Total Debits			14	13	3	Total Credits			14	18	5
Balance due by Paymaster			1	2	9	Balance due to Paymaster					
			14	16	0				14	16	0

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

HAZELEY DOWN CAMP. (Place) Dec 11th 1918. (Date)

O.C. "F" 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,

_____ 191

Chief Paymaster & Officer i/c Records.

(3004) Wt. W6726/M2835. 10,000,0.0. 9/17. C. & Co.
17809/1908/P&A Forms C. 348 1660

Army Form C. 348.

MEMORANDUM.

From

To Officer Commanding,
2/Bn R.Nfld. Regt.
Winchester.

F.M/WF

Pay & Record Office,

31st October
~~7th November~~ 1918

3566, Pte. J. Prince.

With reference to this Office No.16665/1814/P&A,23/10/18 & 25/10/18 (9268) and the enclosed letter from O.C."F" Co. 25/10/18: Statement of the Soldiers account was notified on N.F.P.22 No.222, 4/9/18, and the balance £1:19:9 is deducted in "H" Co. pay book for period 31/8/18 to 27/9/18, please.

(sd) F. W. Marshall, Capt, for
Major,
Chief Paymaster & O. i/c Records.

From Officer Commanding,
2/Bn Royal Nfld. Regt.
Hazeley Down Camp,

To The Chief Paymaster,
Royal Nfld. Regt.
London, S.W.

ANSWER.

Nov. 5th 1918

This man has drawn £6:18:9 since joing this Unit.
No statement of his account has been received, so I would be glad if you would have the matter adjusted while he is on leave.

(sd) B. T. Barton, Lt. Col.
2/Bn Royal Newfoundland Regt.

9569
6/11/18

18088/P&A

CHIEF PAYMASTER
NEWFOUNDLAND C.
58, VICTORIA STREET,
LONDON, S.W.1
ENGLAND

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

Pay & Record Office,
7th November 1918.

Reference Reverse:- This Soldier's account appears on both "H" and "F" Co. books, for periods ended 27/9/18 and 25/10/18 His account has been credited in "H" Co. books as per N.F.P.22, No. 222, but payments have been drawn from "F" Co. Kindly instruct O.C. "H" Co. to transfer this soldier's account with balance to "H" Co. please.

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

FM/S

16665/1908/P&A

(3004) Wt. W6726/M2855. 10,000,000. 9/17. C. & Co.

Army Form C. 348.

Forms C. 348 1250

CHIEF PAYMASTER & OFFICER I/C RECORDS
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND

MEMORANDUM.

From Officer Commanding,
2nd Bn. Royal Newfoundland Regt.
Hazeley Down Camp.

To Officer Commanding,
2nd.Bn. R.Nfld. Rgt.
Winchester.

To The Chief Paymaster,
Royal Newfoundland Regiment,
London, S.W.

FM/WF

ANSWER.

Pay & Record Office,

31st, October 1918

3566, PTE. J. PRINCE.

With reference to this office No. 16665/1814/P&A, 23/10/18 & 25/10/18 (9268) and the enclosed letter from O. C. "F" Co, 25/10/18: Statement of the Soldiers account was notified on NFP/22 No. 222, 2/9/18 and the balance £1.19. 9 is deducted in "H" Co. Pay Book for period 31/8/18 to 27/9/18, please.

F. H. Marshall Major,
Chief Paymaster & O i/c Records.

Nov. 5th, 1918.

This man had drawn £6.18-9 since joining this Unit.

No statement of his account has been received, so I would be glad if you would have the matter adjusted while he is on leave.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.
Ref. Nos. IN 9569
Rec'd 6 - NOV 1918
Ans'd
Ref. Nos. OUT

R. T. Barton LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

		BY
P &		
R.& C.		
B & F		
P.S.		

18088/P&A

CHIEF PAYMASTER'S OFFICE & RECORDS.
NEWFOUNDLAND CONTINGENT,
55, VICTORIA STREET,
LONDON, S.W.1.
ENGLAND.

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

Pay & Record Office,
7th November 1918.

Reference Reverse:- This Soldier's account appears on both "H" and "F" Co. books, for periods ended 27/9/18 and 25/10/18 His account has been credited in "H" Co. books as per N.F.P.22, No. 222, but payments have been drawn from "F" Co. Kindly instruct O.C. "H" Co. to transfer this soldier's account with balance to "H" Co. please.

COMMANDING

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

FM/S

The Chief Paymaster,
Royal Newfoundland Regt.
London, S.W.

Nov. 8th 1918.

Ref. Min.iii.

It is presumed that you mean "Instruct O.C."H" Coy. to transfer this account" to "F" Coy. not "H".

Pte.Prince has been taken on "F" Coy's. pay strength-with balances duly passed over from "H" Coy.

J.F. Barton LIEUT. COLONEL,
2ND BN. ROYAL NEWFOUNDLAND REGT.

NEWFOUNDLAND CONTINGENT.
PAY & RECORD OFFICE.
Ref. Nos. IV 9643.
Rec'd 9 NOV 1918
Sch'd Aud'd
Ref. Nos. 001

ACTED UPON
BRANCH DATE
Comd
P&A
R&C
S&E
P.S.

9283/223

3rd London General Hospital,
Wandsworth.

20th June 8

3566, Pte. J. Prince

4894

Pay to 3566 Prince £7:3:0

No Receipt

KB
11/6/18

Ref

WESTERN UNION

Form 12
No. 844

ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM

Prefix _____ Code _____
WORDS 14 | CHARGE 2/-

SENT
At _____
To _____ By _____
VIA WESTERN UNION

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

2/7/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM SAMUEL PRINCE

PRINCETON BONAVISTA BAY (Newfoundland)

CABLE IMMEDIATELY TEN POUNDS THROUGH MINISTER MILITIA

JOHN PRINCE

Chge a/c 3566

CHECKED 11/7/18

CHARGED
PAY BOOK
Dated 7/11/18 by

Authorised.

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 58 Victoria St. S.W. 1.

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.

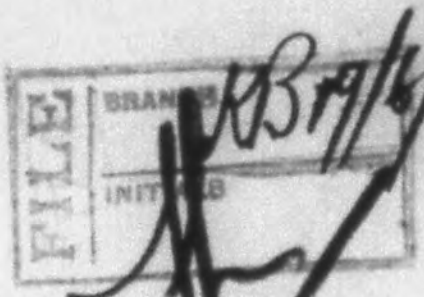
£1-0-0
No 2 a/c
RMA
Cheque V^o/c 526335
Von No 399 L

Esher
Rea + Hosp

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
20 JUN 1918
PAY & RECORD OFFICE

Pte. J. Prince has permission to draw the sum of £1. 0.0. (one pound) subject to your approval

No 3566
Pte J Prince
B Coy
Royal Nfld Regt



FILE
BRANCH
INITIALS
KB 19/6/18

approved
Hil Talbot
Esher Red X Hosp

W. Balance
19-6-18
£4-10-0

Prince John 3566

Pay Dept

March 12, 1919

#3566 Pte. John Prince,

Princeton, B.B.

Dear Sir:-

Please find enclosed "Discharge Certificate No. 127[illegible]"

Yours tr ly,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

Demobilization Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3566 Rank Pte Name John Rowe

Intended place of residence Princeton Bonavista

2. Occupation Fisherman

Classification of soldier B Medical Category E

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

ELIGIBLE for POST DISCHARGE PAY

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

Place

Date JAN 25 1919

[signature] Capt
for Comanding 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 Johns Nfld

25-1-19

[signature]
Signature of soldier

C B Dicks Capt.
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am not in a position to resume civilian occupation immediately on discharge.

Place and Date Jan 24th 1919

St Johns.

[signature]
Signature of soldier

W J Galvin R Ques
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2. 4. 17.

Discharged from service 25-1-19 plus 14 Days

No. of days on Military Service 678 days

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.

Date JAN 25 1919

R H Tait Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

21/2
23

CONFIRMATION OF DISCHARGE

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

Place St Johns Nfld

Date March 10/1919

[signature] Capt
Officer i|c Records
~~The Royal Newfoundland Regiment~~

365
23
342

A.F.B. 2079/1273

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3566 Rank Pte Name Prince John

Date of Enlistment 2-4-17 Address Princeton District Bonavista

Occupation Fisherman Classification for Discharge B Medical Category E

Recommendation S.M.B. Permanently Unfit Disability Rating Less than 20%

Passed to Demobilization Officer with following documents:—

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

Date 24-1-19

[signature] Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

[signature]

Particulars passed to Vocational Officer for information and action.

Date 24.1.19

[signature] Capt

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable $ 60.00

(b) Clothing Supplied Joseph H. [signature]

Date 25-1-19

O i/c. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R593 to his home at Princeton B.B. and Release Certificate No. G37 issued.

Date 25-1-19

C B Dicks Capt
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 8-2-19

Date 25-1-19

H Dinley Capt.
Depot Paymaster.

Discharge approved for 25-1-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 28-1-19

C B Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i|c Records.
Board of Pension Commissioners.

with following additional documents

ELIGIBLE for POST DISCHARGE PAY

JAN 25 1919

Date

R. H. Tait Capt.
O. C. Discharge Depot.

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

Date

D. & Co. 1000—12-16.

Reprint for 1st Nfld. Regt. of [illegible] E. 178A.

NEWFOUNDLAND CONTINGENT
[illegible] LONDON, S.W.
7 - NOV 1917
PAY & RECORD OFFICE

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

MEDICAL HISTORY
OF

Surname Prince *Christian Name* John

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.	REGULAR ARMY.
Examined	on 2nd day of April 1917 at St Johns	on day of 191 at
Declared Age	19 years — days	years days
Trade or Occupation	Fisherman	
Height	5 feet 8½ inches	feet inches
Weight	144½ lbs.	lbs.
Chest Measurement: Grith when fully expanded	40 inches	inches
Chest Measurement: Range of Expansion	4 inches	inches
Physical Development		
Vaccination Marks: Arm	Right / Left	Right / Left
Vaccination Marks: Number		
When Vaccinated		
Vision	R.E.—V= 6/6 L.E.—V= 6/6	R.E.—V= 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)	W.E. Procunier	
(Rank)	Lieut.	
	Medical Officer.	Medical Officer.
Enlisted	at St Johns on 2nd day of April 1917	at on day of 191
Joined on Enlistment	Corps. 4/1st Nfld Regt — Regtl. No. 3566	Corps. — Regtl. No.
Transferred to		
Became non-effective by	on day of 191	on day of 191
(Signature)		
(Rank)		

ROYAL NEWFOUNDLAND REGIMENT.

[P.T.O.

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd Gd. London General Hospital, WANDSWORTH, S. W.										
Admitted	23	4	18				Pleurisy (R)		Board held see overleaf.	
									Disability Pleurisy (R) Complains of shortness of breath	
									Cause Exposure active service conditions	
									Total inability to earn a livelihood 100%.	

G C Hall Capt [illegible]
pro C 3rd London General Hospital, WANDSWORTH, S. W.

[P.T.O.

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
3-4-17. 21-4-17.	T.A.B. W.C.P.
20 JUL 1918	Board held Reclassified B III q c Hall Capt RAMC for O/C 3rd London General Hospital, WANDSWORTH, S.W.
30 NOV 1918	BASELEY DOWN CAMP. Recommend Repatriation 1 Capt ROYAL NEWFOUNDLAND REG.

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
			It is hereby certified that [illegible] has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category E 21.1.19 Date of S.M.B. Captain Assistant Adjutant Discharge Depot Newfoundland		

C. R. C. Form B.
25-10-18-5000

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 study telegraphy or motor mechanics.

John Prince
Signature of Man.

Reg. No. 3566

S Butler
Signature of the Vocational Officer or his Representative.

Place Jany 25 1919

Date St Johns Nfld 191

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. 3516 Rank Pte. Name Prince. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PERIOD: From 23/11/18 To 20/12/18.

PARTICULARS	$	¢	£	s	d	PARTICULARS	$	¢	£	s	d
Balance Dr. from						Balance Cr. from					
Allotment 19 days @ 60¢.	11	40	2	6	11	Pay 19 days @ $1.00	19	00		7	4
Cash Payments:						Field Allce 19 days @ $ 10/100.	1	90			
1st Pay				12	6		20	90	4	5	11
2nd "			1	11	11	Other Allces days @ $					
Other Debits:						Other Credits:					
B. Damages					6						
Mis Stopt				1	5						
Total Debits			4	13	3	Total Credits			4	13	3
Balance due by Paymaster						Balance due to Paymaster					

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

HAZELEY DOWN CAMP. (Place) Dec 11th (Date) 1918.

O.C. "F" 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,

_____ 191

Chief Paymaster & Officer i/c Records.

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. 3566 Rank Private Name Prince Unit R.Newfoundland Regt. who was repatriated to Newfoundland on 12/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

PERIOD: From 23/11/18 To 11/12/18

DR. PARTICULARS	$	¢	£	s	d	CR. PARTICULARS	$	¢	£	s	d
Balance Dr. from						Balance Cr. from Prev.PayBook				10	1
Allotment 19 days @ 60¢	11	40	2	6	11	Pay 19 days @ $ 1.00	19	00			
Cash Payments:						Field Allce 19 days @ $ .10	1	90			
							20	90	4	5	11
1st Pay				12	6						
2nd "			1	11	11						
						Other Allces days @ $					
Other Debits						Other Credits:					
Barrack Damages					6						
Misc. Stoppages				1	5						
Total Debits			4	13	3	Total Credits			4	16	0
Balance due by Paymaster				2	9	Balance due to Paymaster					
			4	16	0				4	16	0

CHECKED. E.P. 18/12/18

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

Hazeley Down Camp (Place) December 11th (Date) 1918 (Signed) J. Nunns. Captain. O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Dec. 19th. 1918.

Chief Paymaster & O. i/c Records.

N.M.D. Form D400A Sec

[1000—15—12—18]

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 John Prince

Regiment from which discharged Royal Newfoundland

Regimental number 3564

Intended address Princeton

Height on discharge 5 Feet 8½

Color of hair on discharge Light

Complexion Fair

Color of eyes Grey

Descriptive Marks —

Figure on discharge Normal

Christian name of Father Calmut.

Christian name of Mother Rebecca

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth Princeton 18-7-1896

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) J. Prince (Rank) Pte

Station St. John's Date 20-1-19

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.

The Royal Newfoundland Regiment HEADQUARTERS ORDERLY ROOM DEPOT St John's, Newfoundland

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

Station Date

Army Form B. 179.

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.

Date NOV. 30th. 1918.

1. Unit ROYAL NEWFOUNDLAND.
2. Regimental No. 3566
3. Rank PTE.
4. Name PRINCE
5. Age last birthday
6. Enlisted { on / at

7. Former Trade } or Occupation }

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

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

PLEURISY RIGHT SIDE.

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. APRIL 1918

10. Place of origin of disability. BELGIUM.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. TREATED 3rd. L.G.H. & BOARDED B111.

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.

A8584) Wt. W6732/M2853 500,000 8/17 D. D. & L. Sch. 27 Form/B.179/38.

13. What is his present condition? HEART SOUNDS WEAK VERY SLIGHT BREATH SOUNDS OVER RIGHT BASE & DULLNESS . COMPLAINS OF SHORTNESS OF BREATH ON SLIGHT EXERTION.

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

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

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

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

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

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

20. Do you recommend—
(*a*) Discharge as permanently unfit, or REPATRIATION. (1)
(*b*) Change to England?

J.ST.P.KNIGHT CAPT. NFLD. REGT.

Officer in medical charge of case.

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

Station_____

Officer in charge of Hospital.

Date_____

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

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

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is,* (A) *caused or aggravated by service in the present war,* (B) *due to causes not connected with present war, viz.* (1) *earlier active service,* (2) *climatic disease in pre-war service,* (3) *ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease. PLEURISY. PULSE 80 HAS COUGHIN MORNINGS & SPIT IN MORNINGS. SEE SECT 21.13.

1. (a.) State whether the disability is clearly attributable to—
   - (i.) Service during the present war; **Yes.**
   - (ii.) Climate;
   - (iii.) Ordinary military service;
   - (iv.) Want of proper care on the man's part, *e.g.*, intemperance, misconduct, &c.; or **No.**
   - (v.) Whether it is constitutional or hereditary.

   (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **ORDINARY MILITARY SERVICE.**

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

23. Is the disability permanent?

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

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
   Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, *less than* 20, *or nil.*
   ~~LESS THAN 20%~~ 40% for 3 months TP

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

27. Do the Board recommend—
   (a) Discharge as permanently unfit, or **YES.**
   (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a—
   - (a) Sanatorium;
   - (b) Hospital;
   - (c) Convalescent home;
   - (d) Asylum; or
   - (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Signatures:— **N.S.FRASER.** President.

Station **ST. JOHN'S.**

Date **Jan 21st 1919.**

J.S.TAIT.

L.PATERSON. MAJOR. } Members.

Approved.

Station JAN 21 1919

Date

DIRECTOR OF MEDICAL SERVICES No. NEWFOUNDLAND.

(SGD) CLUNY MACPHERSON. MAJOR.

Administrative Medical Officer.

Temporary

Army Form B. 103. OCCUPATION CARDS DISPATCHED 14/6/18 Regimental Number 3567

Casualty Form—Active Service.

Regiment or Corps R. Newfoundland. Regt.

Rank Pte Surname Prince Christian Name J.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation 2 (Fisherman) S. ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked ...			
No. 1 Wing Southern Command Depot Perham Down nr. Andover Hants.		Joined.	Posted.	5.6.18. 6.6.18.	
		Forfeits 1 days pay by R.W. for:-			
		Absence from tattoo 5.6.18 to 3.30 pm.			
		6.6.18. (17½ hrs)	Perham Down	8.6.18.	
		Occupation Cards dispd		14.6.18.	
		Posted. 2nd R. Newfoundland R.	Winchester.		W. J. Oliver 2/ Lt Adjt.
		Category A III		24.6.18.	No. 1 Wing Southern Command Depot Perham Down nr. Andover Hants.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[P.T.O.

Army Form B. 103. Regimental Number 3566

Casualty Form—Active Service.

B

Regiment or Corps Newfoundland

Rank Pte Surname Prince Christian Name John

Religion C of E Age on Enlistment 19 years — months

Enlisted (a) 2.4.17 Terms of Service (a) Duration Service reckons from (a) 2.4.17

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

Extended { ..... } Re-engaged { ..... } Qualification (b) ..... or Corps Trade and Rate .....

Occupation Fisherman Harold S Knight Signature of Officer.

NEWFOUNDLAND CONTINGENT, VICTORIA ST. LONDON, S.W. 21 MAY 1918 PAY & RECORD OFFICE

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked	Southampton		6/4/17
		Disembarked	Rouen		7/11/17
		WITH .Bn. 30-12-17.	Joined Battalion	14-11-17	
4-2-18	O/C 88 Byde	To be tried by F.G. C.M. for acc. Keeling of Pte Newman and " Wounds " J Seymour	Field	4-2-18	N.F. 3428
21/2/18	O/C Unit	In arrest awaiting trial 14-2-18. Tried by F.G.C.M. 20-2-18 and found Guilty of "Neglect to the prejudice of good order and Military discipline. Awarded 90 days F.P. No 2. G.O.C., 88 Brigade. 21-2-18.	Field	24/1/18	Memo

(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. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354. [P.T.O.

3566 Pte J Prince

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				
31/3/18	O/c 3 Aus CCS Ad	RUO ex	99 FA.	28/3/18	E.D. 9488
	18 (USA) Gen Hp	- " - Trench fever	Dannes Camiers	13/4/18	HA 22180
23/4/18	— " —	Trans to Eng (Princesse Elizabeth) (Pleurisy)		23/4/18	D 3083
			W P Torrance		
	13/5/18				MAJOR Infantry Section G.H.Q., 3rd Echelon

Prince.

Heart sounds weak:

very slight heart sounds R bone

Dulness.

Bo very slight dilt

Exercise deep treating

Melt & Cod Liver oil daily

100°C

Original

W7494

9.

Army Form B. 179.

Medical Report on an Invalid.

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

Date 18 · 7 · 18

1. Unit RL Newfoundland.
2. Regimental No. 3566.
3. Rank Private
4. Name Prince John
5. Age last birthday 20.
6. Enlisted on Feb 3/17. at St Johns.
7. Former Trade or Occupation Fisherman

7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.
N/A.

8. Disability in respect of which invaliding is Proposed.

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

Pleurisy (R)

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. 28. 3. 18.

10. Place of origin of disability. France (Somme area)

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

Reported sick with Pleurisy with effusion. Chest aspirated & fluid removed. Sent home & admitted to 3rd L.G.H. Deficient resonance & breath sounds (R.) pain inside. E. AZV

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.

—

attributable to service during present war

Exposure

—.

A8584) Wt. W6732/M2853 500,000 8/17 D. D. & L. Sch. 27 Form/B.179/38.

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.

Fairly good. Complains of shortness of breath on slight exertion. Resonance slightly impaired R base with diminished breath sounds

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

(a) In action? ✓

(b) On field service? ✓

(c) On duty? ✓

(d) Off duty? ✓

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

If so—(a) When? ✓

(b) Where? ✓

(c) Opinion? ✓

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

Yes aspiration offered in R Pleura in France. A.F.B.

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? ✓

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

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

Reclassification in Category B iii

[illegible] 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 3 London Gen: Hosp:

Date 19-7-18

H E Bruce Porter

Officer in charge of Hospital.

Col. A.M.S.

Comdg. 3rd. London Gen Hospital.

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

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

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is,* (A) *caused or aggravated by service in the present war,* (B) *due to causes not connected with present war, viz.* (1) *earlier active service,* (2) *climatic disease in pre-war service,* (3) *ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (*a.*) State whether the disability is clearly attributable to—
   - (i.) Service during the present war; — yes
   - (ii.) Climate; — ✓
   - (iii.) Ordinary military service; — yes.
   - (iv.) Want of proper care on the man's part, *e.g.*, intemperance, misconduct, &c.; or — no.
   - (v.) Whether it is constitutional or hereditary. — ✓

   (*b.*) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? — Active service conditions

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

23. Is the disability permanent? — no.

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

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
    Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, *less than* 20, *or nil.* — 100

26. If an operation was advised and declined, was the refusal unreasonable? — vide 16.

27. Do the Board recommend—
    - (*a*) Discharge as permanently unfit, or
    - (*b*) Change to England?

    The man has been reclassified in Category B(iii)

28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a—
    - (*a*) Sanatorium;
    - (*b*) Hospital;
    - (*c*) Convalescent home;
    - (*d*) Asylum; or
    - (*e*) Other institution either as an in-patient or an out-patient, and if so the period for which recommended. — yes as out patient.

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

30. Does the man require the constant attendance of another person? — no

Signatures:— A. F. Voelcker Major Ramcl President.

Station _____ R/W Howard Cs } Members.

Date 20-vii-18.

Approved.

Station _____

Date _____

_____
Administrative Medical Officer.

DUPLICATE MAIL COPY. Posted.

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 3566 Rank Private Name Prince Unit Newfoundland Regt. who was repatriated to Newfoundland on 12/18/ Authority _____ Cause _____

STATEMENT OF ACCOUNT

PERIOD: From 23/11/18 To 11/12/18

DR. PARTICULARS	$	¢	£	s	d	CR. PARTICULARS	$	¢	£	s	d
Balance Dr. from						Balance Cr. from Prev. PayBook				10	1
Allotment 19 days @ 80¢	11	40	2	6	11	Pay 19 days @ $1.00	19	00			
Cash Payments:						Field Allce 19 days @ $10	1	90			
							20	90	4	5	11
1st Pay				12	6						
2nd "			1	11	11						
						Other Allces days @ $					
Other Debits						Other Credits:					
Barrack Damages					6						
Misc. Stoppages				1	5						
Total Debits			4	13	3	Total Credits			4	16	0
Balance due by Paymaster				2	9	Balance due to Paymaster					
			4	16	0				4	16	0

CHECKED. E.P. 18/12/18

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

Hazeley Down Camp (Place) December 11th (Date) 1918

(Signed) J. Nunns, Captain. O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Dec. 19th. 1918.

[signature] Chief Paymaster & O. i/c Records.

June 9,1919

#3566 Pte. John Prince,

Princeton, B.B.

Dear Sir:-

With reference to your application I enc ose 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.

Civil Re-Establishment Committee

MILITIA BUILDING,
St. John's, Newfoundland,

HON. MR. JUSTICE KENT, CHAIRMAN
R. B. JOB, Esq., H. E. COWAN, Esq., } VICE-CHAIRMEN

SIR P. T. McGRATH, SIR M. P. CASHIN, J. G. STONE, Esq., DR. V. P. BURKE, REV. DR. L. CURTIS, MAJOR MONTGOMERIE, MAJOR MACPHERSON, C.M.G

MAJOR PARSONS, M.C., MEDICAL OFFICER.
DR. W. W. BLACKALL, VOCATIONAL OFFICER & SECRETARY.

ADDRESS ALL COMMUNICATIONS TO
VOCATIONAL OFFICER,
MILITIA BUILDING, ST. JOHN'S.

Mayn29, 1919.

Captain Howley,

Paymaster & Officer i/c Records,

C I T Y.

Dear Sir:-

I beg to pass on to you the application of J. Prince, #3566 for War Service Gratuity made out on the Regulation Form.

Ypurs faithfully,

W. W. Blackall.

Vocational Officer.

WWB:KMD

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..John.....2.Surname...Prince.....

3.Rank...Pte.....4.Regtl.No..3566.....

5.Address in full to which future payments of gratuity are to be forwarded,...Princeton...Bonavista Bay

.....

6.Date of enlistment in the Regiment..April 2:....1917...

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

.....Not Applicable.....

8.Relationship of such dependents...Not applicable.

9.Address in full of such dependents...Not Applicable

.....

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

11.Were you on active service only in Nfld. If so, give dates and particulars of such service...Nfld...and...France.

.....

.....

12.Give total length of time which you served on active service, whether in Nfld. or Overseas.....One Year: and

.....345...days:.....1.....

4 Months Nfld.

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.....Nil.....

.....

.....

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

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

17.Are you entitled to receive,or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so,state amount received,or to which you are entitled...Nil...

.....

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 Regt.?...No...If not give?- (a) date of discharge 10.:.3...:19...(b) Reason for discharge...Medically Unfit

.....

.....

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 ser[illegible]

.....Yes Have Served in actual theatres in France and Belgium Paschendale Cambrai etc

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: J. Prince

Place of Residence: Princeton Baremat & Bay

Declared before me at: Princeton

This 21st day of May 19.19.....

Joliffe Cunton
Com. of S.C.

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

Certified correct.

Paymaster

N.F.P./54

No.44

From Pay & Record Office London

To Minister of Militia, St.John's, Nfld.

#3566 Pte.J.Prince

Ration Allowance credited in 2/Bn. Pay Book but not on N.F.P./94. 6s.3d.

FORM K

Nº 3197

4/ **1ST. NEWFOUNDLAND REGIMENT** 5

ALLOTMENTS

I, John Prince, Regl. No. 5586

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 June 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3373	Father	Samuel Prince	Princeton B.B.		60
			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.) Chas R. Aspelapt.

Officer Commanding Company

St John's N.F.

May 4th 1917

(Sig.) John Prince

(Rank) Pte

Princeton BC

8 — 4 — 19

No. 4596

To Chief Pay Master of
R N 4 L D Regt.

Dear Sir

I am asking for a full
Statement of my Regimental pay
from date of initial ment to
Discharge, from 2 - 4 17 to
10 — 3 — 19, If impossable to
do so please let me have
Explanation of same and

oblige yours
faithfully

Regimental No 3566 Pte J Prince
Princeton BC

May 9, 1919

#3566, Pte. J. Prince,
PRINCETON, B.B.

With reference to your letter of April 8th. I beg to advise you that we cannot furnish you from this Department with a statement of account from the time you enlisted up to the time of your discharge, as we have no records of payments that were made on the other side.

Yours truly,

Lieut.
For PAYMASTER.

3566 J. Prince Princeton Bonavista Branch

26. — 3. — 19.

To Pay Master; R. Newfoundland. Regt;

Dear Sir;

Please note that I have been discharged for quite a while but no discharge Badge have been issued yet - I have indented for it about two months ago; Cant say if it concerns you or not; if not. Would you kindly pass it over to the man it does concern; and Oblige;

Yours Truely

3566 Pte - J Prince

Princetown Bonavista

Branch

M. F. A 2.

THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

ROYAL NEWFOUNDLAND REGIMENT ~~XXX~~

To 3566 Pte. J. Prince

Princeton B.B.

ACCOUNT	B & M
CH. NO	Dr 8888 INITIALS
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
[illegible] LEDGER	INITIALS

To Meals whilst coming from Princeton to

St John's $1.00

Geo Hardy

Acting DISTRICT OFFICER NEWFOUNDLAND JAN 24 1919 COMMANDING

As per Voucher attached

Cheque mailed to Princeton B.B. May 8/19

OK.

Captain
Assistant Adjutant & Paymaster
Discharge Depot—Newfoundland

JAN 24 1919

May 10, 1919

Ptd. J. Prince,
Princeton, B.B.

I enclose cheque for $1.00, amount of refund due you on account of meals supplied you whilst coming from Princeton to St. John's in January.

Capt.
Paymaster.

685 Princeton B.C
Oct 3rd /19

To Chief paymaster Dept Militia

Dear Sir

Could you please inform me why my Gratuity has been held up as I have not received any Cheque since July past which was money for June I would have appreciated very much this matter before but was out of place which made it impossible for me to do so. Hoping you will look this matter up and let me know at your earliest convenience

Respectfully yours

#3566 Pte J. Prince
Princeton
B.C

June 10 May 70.00
July 10 70.00

Oct. 22nd, 1919.

Pte. J. Prince,
Princeton, B.B.

Dear Sir,

Referring to your letter of Oct.3rd, I enclose herewith cheque for $70.00 on account of War Service Gratuity.

Yours truly,

Major
Paymaster & O.i/c Records.

March 6, 1920.

Major Butler,
O.I.C.Pay and Records.

Please pay J.Prince, 2566,
the sum of six dollars,
on account of board allowance for six days whilst detained in town by us,
and charge same to Civil Re-establishment Committee.

$6.00

C.F.B. Butler
.....1.....
Vocational Officer.

ACCOUNT
CK. NO 3140 9 INITIALS
INL. LEDGER INITIALS
PAY LEDGER INITIALS
GEN. LEDGER INITIALS

Her John Prince 3566

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$ 70.00 Oct 14 1917

Received *from the First Newfoundland Regiment*

the sum of Seventy *Dollars.*

on account ~~*balance*~~ *of Pay.* WSG

Ch. No. 14734	*Initials* Ew
Pay, Ledger 475	*Initials* Wr
Gen. Ledger	*Initials*

Regtl. No. [illegible] *Rank*

No. 3566 Rank Pt

Name J Trinar

Princeton B 03

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$ 70 00

Feby 27 1920

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

~~amount~~ balance of Pay. W.S.L.-

John Prince

Ch. No. 3799 Initials

Pay Ledger 475 Initials

Gen. Ledger ..... Initials .....

Regtl. No. 354 Rank Private

No. 3566 Rank Pte

Name J. Prince

File No. 1406

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

	NAME OF CORRESPONDENT OR PURPORT OF COMMUNICATION	Cross References
	Prince John #3566	1480-J. Apte

Date	P.A. or B.F.	Initials	Referred to	FOR REMARKS (If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")	Initials	Date

B.P.C. for N. 12 6M-7-29 Req 5780

Pension No. 2932 *1933-1934* Nº 14648

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

To the Bank of Montreal, St. John's, Newfoundland

Pay **** ONE **** 65/100 *Dollars* APRIL 3 *19* 34

$ 1.65

the order of

JOHN PRINCE
BOX 405
PRINCE RUPERT, B.C.

address unknown

CHAIRMAN

SECRETARY AND ACCT.

KINDLY CASH THIS CHEQUE AS SOON AS POSSIBLE

No, 1 Pension No. 293Y

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

John Prince
(Pensioner's Name)

(Relationship to member of forces)

Bay Hot
(Pensioner's address)

Prince Rupert BC.
(Name of member of forces) (Rank) (Regt. No.)

Entire Disability ..... % Pensionable Disability ..... %

AWARD

For Pensioner ..... $ ..... a month

For Pensioner (Bonus) ..... $ ..... a month

For Wife ..... $ ..... a month

For ..... Children ..... $ ..... a month

Addition to Pension for Helplessness ..... $ ..... a month

Total ..... $ ..... a month for ..... months

from ..... to .....

Amount of adjustment payment:

From 1.1.3Y to 31.10.3Y @ $ 50 cts $ 1 65

Date 2-4-33 Cheque No. 14648

Computed by Jan

Checked by

(Secretary)
Board of Pension Commissioners for Newfoundland.

Remarks:

Arrears due Baby Louise from date of birth

If you do not receive any notice regarding re-examination at the end your pension period kindly communicate with this Department, when the necessary arrangements will be made.

The Board of Pension
NOV 14 1932
Commissioners for Newfoundland

P.O. Box 405
Prince Rupert B.C.
Nov 8th 1932.

The Board of Pension Commissioners
St Johns Newfoundland

I am in receipt of
yours of Oct 1st and I
wish to say that I am one
of the pensioners less
fortunately situated as my
pension is very small
namely 5 % I am inclosing
a notice of the birth of
a baby born 22nd July 1932.
I would like very much to
get the allowance for her
if possible as the board
of pension Comm's for Canada
are not yet giveing us any
help at all. Like they are their
own Return men, but if they should

2

in British Columbia decide
to give us returning men the same
in the way of relief I will
gladly do all I can to help out
but under the circumstances
just now I cannot possibly
afford to loose a cent of what
I have coming to me especially
during the winter months.
with every good wish for
better times soon

I remain yours truly

John Prince

Returned

THE BOARD OF PENSION COMMISSIONERS
FOR NFLD.

Pension No. 2932.

Regt. No. 3566 Rank Pte. Name John Prince

Rate of Pension 5 %, period

Date of Marriage Name of wife

Additional allce. for wife Receiving allowance for wife per month

Date

Secretary.

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 5 %, period

Receiving allowance for 4 Children.

PARTICULARS of ~~xxxxx~~ 5th child.

NAME	SEX	DATE OF BIRTH.
Betty Louise Jennie		22-7-32

Entered
JMcG
23/11/38

1-11-32

Allce. $ 50 cts per month, granted from ~~22-7-32~~

Date child comes of age 21-7-49

Date ~~22-11-32~~ 16/12/32

50 cts.
31.12.32
JMcG
19.12.32

Secretary.

Approved by Chairman.

Commissioner.

Commissioner.

The Board of Pension
DEC 15 1932
Commissioners for Newfoundland

50 cts per month from 22-7-32 to 30-11-32 $2.15

Pension increased to $8.00 per month

Birth Notice

Born to Mr. & Mrs. John Prince
Prince Rupert
B.C.

Betty Louise Prince
Born July 27th 1932

For Reference ~~notify~~ communicate
with Birth Death marriage
office at Victoria
B.C.

The Board of Pension
NOV 14 1932
Commissioners for Newfoundland

669

Pension No. 2932

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner John Prince

Rank Pte Regtl. No. 3566 Rate of pension 5 o/p

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Phoebe P. Taylor	Feb 2nd 1902	PO Box 405 Prince Rupert B.C.	2nd July 1925 (If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Betty Louise Prince,	July 22nd 1932	with parents

IV. Pensioner's Signature John Prince

(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address PO Box 405 Prince Rupert B.C.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 10th day of November 19 32 and that I believe the Declarant to be the person named herein.

Signature Norman Leech

Qualification GOVERNMENT AGENT

Address PRINCE RUPERT, B. C.

A COMMISSIONER FOR TAKING AFFIDAVITS WITHIN BRITISH COLUMBIA

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner for Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

2932

December 22,1932.

Mr. John Prince,
P.O. Box 405,
Prince Rupert, B.C.

Dear Sir:-

With reference to your application for allowance for your child, Betty Louise, born July 22nd.,1932, I have to,advise you that the Board has agreed to pay same, at the rate of FIFTY CENTS per month, as from November 1st.,1932.

Yours very truly,

Secretary.

BT:

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 2932

Regt. No. 3566 Rank PTE Name JOHN PRINCE

Corps served with ROYAL NFLD. REGIMENT

Date of Medical Board APRIL 13, 1932 disability 5%

Pension for self $ 3.75 per month, for 12 months.

Allce. for wife $ " " " "

ALLOWANCE FOR CHILDREN:

1st. Child ....$ " " " "

2nd. " $ " " " "

3rd & other children $ each " " "

$

TOTAL MONTHLY PENSION $ 3.75 per month, for 12 months.

Total authorized amount $ 45.00 " " from 7-2-32

to 6-2-33

The Board of Pension Commissioners for Newfoundland
MAY 19 1932

Pension granted to JOHN PRINCE

P.O. BOX 405.

PRINCE RUPERT, B.C.

Approved By: Chairman.

Commissioner.

Commissioner.

Date of Marriage Name of Wife

Name of Child. Sex Date of Birth Date Allow. expires.

9/5/32

18 4/32 FRD

B. P. C. No. .....

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER :
Medical Report required; review date :—

As soon as possible, please,

and in duplicate

FRD

ST. JOHN'S, Newfoundland,

Date February, 1932.

The Secretary, Board of Pension Commissioners for Newfoundland.

Per .....

D. P. N. H. RECEIVED APR 19 A.M. 1932 Head Office C.R. 20

Regimental No. 3566 Rank Pte

Name John Prince Address P.O. Box 405,

Unit Prince Rupert, B.C.

DESCRIPTION OF PENSIONER :

Apparent Age 33 Height 5'9" Color of Eyes Blue

Complexion Fair Colour of Hair Fair brown Weight 159 clad.

Marks of Identification:

June 23rd, 1920.

Pulse 74, Respirations 17. Temp. 98.4
Good expansion at right base. Percussion normal at right base but breath sounds rather weak. Still complains of breathlessness. Feels better but complains of catching cold very easily. No Adventitious sounds after coughing.
In good general condition.

Disability for which pension has been awarded.

PLEURISY RIGHT SIDE.

"J" UNIT. DEPT. P. & N. H.
VANCOUVER, B.C.
RECEIVED
MAR 9 1932
CENTRAL REGISTRY

3,000 1-3-28
B.P.C. Form 98.

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1 ?

yes.

(2) Give a definite detailed description of the present condition.

Complaints - weakness in chest. Coughs at night. Occasional morning sputum. Pain low down in front of chest especially right side. Increased with exertion. Also feels it in morning and at night. Has been losing a little weight. Tires more easily than formerly. Is doing labouring work for the city of Prince Rupert. Most of the work is hand drilling.

Exam.

Complexion is a little sallow. Face is lined. Looks older than stated age. Gives birth date as 18.6.98. Excellent development and nourishment. Teeth show much bridging &c. Gums retracted. No frank infection. Throat markedly related. Tongue clean. Pupils react to light. Knee jerks present. No Rhombergism.

Heart neg. BP 115/65. Pulse at rest 84 Ex B 132. 2 min 84. Slight tremor dyspnoea.

Chest: well formed. Expansion limited R base. Note impaired R base & sounds distant same area. No rales heard at any time.

Urine. Acid - Sly. 1024. Alb nil sug nil.

States that after a hard day he is very restless at night & sweats. Does not describe typical night sweats.

Special Questions :—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are :—
(If there are no complaints, it will be so stated.)

Signature of Witness A L Thomson

Pensioner's Signature J. Prince

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.

Chronic thickening.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

Nil.

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

No record. Probably stationary.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No.

5 Will disabilities materially increase or diminish? No

6 Are the disabilities permanent? Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? No

(b) Should he continue to do so? Nil

(c) If so, is any alteration in the form of the present appliance recommended? Nil.

(d) If any appliance is necessary? Nil.

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? No

(b) Nature of treatment advised Nil.

(c) Is pensioner willing to accept treatment advised? Nil

(d) If not, is his refusal reasonable? Nil.

REFUSAL OF TREATMENT :—This is to certify that I thoroughly understand the nature of the treatment advised and refused to accept the same for the following reasons :

(To be completed when treatment advised has been refused.)

The foregoing report submitted by:

Pensioner's signature .....

Signature A. A. Thomson
Medical Examiner.

Place Vancouver B.C.

Date 13. 4. 32.

} Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9 (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)

Place .....

Date .....

from Feby 7/32, date of application for re-examination.

Head of District Office,
(or Medical Practitioner)

Approved:
5 % for 1 Year Months

by .....

Hypertrophic nasal obstruction. Complete deafness.

B.P.C. Boys.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

X-RAY REPORT

Case No.

Name Prince J. Regimental No. 3566 Ward B.P.C.
Pte. 1st Newfdld.Regt.

Medical Officer Referred by Dr. A.R.Thomson.

31404-5-F.

Parts Radiographed:

Chest.

Report:

The heart is normal. The aorta is not enlarged. The costo-phrenic angles are clear and the diaphragm regular. The hilum shadows are not increased and there is no increase of the trunk shadows or linear markings, the latter do not extend to the periphery and the lung fields are clear throughout.

Hospital Shaughnessy Vancouver B.C.

Dr.H.H.McIntosh.
Radiologist.

Date April 11th 1932

P & N.H. 102 5M-8-31 Req 78

THE BOARD OF PENSION COMMISSIONERS
FOR NFLD.

Pension No. 2932

Regt. No 3566 Rank _____ Name John Pearce

Rate of Pension 5 /-, period 17/2/32

Date of Marriage July 3/25 Name of wife Phoebe Taylor

Additional allce. for wife $1.25 per month
from 17/2/32

Date _____

_____ Secretary.

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 5 /-, period 17/2/32

Receiving allowance for 1 Children.

PARTICULARS of 4 children

NAME	SEX	DATE OF BIRTH
Jack Taylor	Male	Sept 23/26
Albat George	Male	Aug 20/27
Gordon Shepley	Male	Oct 13/28
Wilfred Paul	Male	March 6/31

for 4 Children

Allce. $2.50 per month, granted from 17/2/32

Date child comes of age _____

Date 8 June 32 _____ Secretary.

Approved by _____ Chairman.
_____ Commissioner.
_____ Commissioner.

The Board of Pension Commissioners for Newfoundland
JUN 28 1932

Pension Amend o/c allowance for Wife & 4 children
from $3.75 to $7.50 from 17/2/32

Pension No. 2932

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner John Prince

Rank Pte Regtl. No. 3566 Rate of pension $3.75 Per month

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Phoebe Taylor	Feb 2. 1902	Box 405 Prince Rupert B.C.	July 3 1925 ~~(If unmarried this should be stated.)~~

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Jack Taylor Prince	23rd Sept 1926	all living
Albert George Prince	30th Aug 1927	and with parents
Gordon Chesley Prince	13th Oct 1928	
Wilfred Paul Prince	6th March 1931	

IV. Pensioner's Signature John Prince

(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address PO Box 405 Prince Rupert

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 20th day of May 1932 and that I believe the Declarant to be the person named herein.

Signature [illegible]

Qualification Clerk of the Peace

Address Prince Rupert, B. C.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

977

The Board of Pensioners for Newfoundland

Life Certificate. DEPENDANTS Pension No. 2933

I hereby declare that my full name is Susan Bollard

that my address is: Arnolds Cove Stat

that I am the Mother of No. 2354 Name George E. Bollard

deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,

(if husband dead give date of death .....)

..... (Witness) Susan her Bollard. Signature of Pensioner Mark

~~(The following applies to male pensioner only)~~

~~If wife dead give date of death~~

..... (Witness) ..... Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

I M. A. Boutch (Name) of Arnolds Cove (Address)

Hereby solemnly declare that: I have known the person who signed the foregoing Life Certificate for 20 years, and I verily believe that (~~he or~~ she) is the pensioner (~~he or~~ she) represents (~~himself or~~ herself) to be: that I have read the foregoing Life Certificate, that the facts stated therein are true.

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.

Declared and subscribed before me at Arnolds Cove this 9 day of July 19 [illegible]

Signature [illegible]

Signature M. A. Boutcher

Address Arnolds Cove

Occupation P. M.

N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1406

Regt.No. 3568 Rank PTE Name JOHN PRINCE

Corps servered with ROYAL NFLD. REGIMENT

Date of Medical Board FEB 2, 1933 disability Nil

Pension for self $_____ per month, for _____ months.

Allce. for wife $_____ " " " _____ "

ALLOWANCE FOR CHILDREN:

1st. Child.....$_____ " " " _____ "

2nd. " $_____ " " " _____ "

3rd. & other children $_____ each " " _____ "

$_____

TOTAL MONTHLY PENSION $ NIL per month, for ____ months.

Total authorized amount $_____ " " from _____

to _____

13.3.33

Pension granted to JOHN PRINCE
P.O. BOX 405.
PRINCE RUPERT.B.C.

Approved by. _____ Chairman.

_____ Commissioner.

_____ Commissioner.

The Board of Pension Commissioners for Newfoundland
MAR 15 1933

Date of Marriage _____ Name of Wife _____

Name of Child. Sex Date of Birth. Date allce. expires.

B. P. C. No. .....

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Board of Pension Commissioners for Newfoundland

TO MEDICAL EXAMINER:
Medical Report required; review date:—
AS SOON AS POSSIBLE, AND IN DUPLICATE, PLEASE:

ST. JOHN'S, Newfoundland,
Date Jmary 10,1933

The Secretary, Board of Pension Commissioners for Newfoundland.
B.T:

Per .....

Regimental No. 3568 Rank Pte:
Name JOHN PRINCE. Address: P.O. Box 405, Prince Rupert, B.C.
Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:
Apparent Age 34 Yrs. Height 5'8½" Color of Eyes Grey.
Complexion Fair. Colour of Hair Light. Weight with clothes 161lbs
Marks of Identification: none

PENSIONABLE DISABILITY:-
PLEURISY, RT. SIDE.

Well developed, well nourished man of stated age. Height 5'8 I/2 inches. weight with clothes I6I lbs. Muscular development very good. Pulse 72 regular and normal, Temp. 98 Resp. I8, B.P. I25 and 75.

urine ; color straw and clear, Acid, Spg. IOI8, Alb. negative, Sugar neg.

Chest examination; measurements, inspiration 38 I/2 inches. expiration 34 I/2 inches. Expands evenly both sides. Breath sounds normal. Percussion note seems to be normal both sides. Liver dullness may be a little high on the right side or there may be dullness to old pleurisy.

Heart; no enlargment, sounds normal, position normal.

Reflexes; normal

No Illness since last examination.

1,000 1-5-33
B.P.C. Form 98.

Disability for which pension has been awarded:—

Pleurisy, right side.

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

(2) Give a definite detailed description of the present condition.

Complains of pain in right chest, just below right nipple, when he coughs or takes a full breath, or bends to the left side and straightens up.

Special Questions:—

None

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

none

Signature of Witness Leo Teegin

Pensioner's Signature John Prince

3. (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.

Pleurisy

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

none

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

same

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

no

5. Will disabilities materially increase or diminish? no

6. Are the disabilities permanent? yes

7. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

no

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary? no

8. (a) Would treatment reduce the pensioner's disability, or increase his comfort? no

(b) Nature of treatment advised?

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment
(To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

Approved: hil % for Months by [signature] Medical Adviser.

The foregoing report submitted by: Pensioner's signature John Prince

Signature [signature] Medical Examiner.

Place Prince Rupert B.C.

Date Feb. 2nd 1933

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9. (a) Has pensioner married since last medical re-examination? no

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination? yes

(b) If so, is he receiving the additional allowance for a child? yes

11. If pensioner was married, has his wife died since last medical re-examination? no
(State date of death.)

12. Have any of pensioner's children died since last medical re-examination? no
(State date of death and names of children who have died.)

Place Prince Rupert B.C.

Date Feb. 2nd 1933

[signature]
Head of District Office,
(or Medical Practitioner)

1-8
27.2.33

THE BOARD OF PENSIONS, PENSIONERS
FOR NEWFOUNDLAND.

Pension No.. 1406

Regt. No. 3566 Rank Pte. Name John Prince

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board June 23m 1920

Pensionable disability 10% for 6 months

Pension Granted:

$ 5.00 per month for 6 months

Total Authorized amount $ 30.00

or Gratuity Granted:

$ _____ Payable in _____ equal monthly instalments.

Granted to:-

Name John Prince

Address Princeton,

.B.B.

Date case disposed of _____

Approved by:

Members of Board

[signature] Chairman

[signature]

Noted
[signature]

L.B.D.
Gd.
[signature]

Remarks:

B. P. C. No. 1406

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PEN SIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland,

TO MEDICAL EXAMINER:
Medical Report required; review date:—

Date June 14th., 1920

AS-SOON AS POSSIBLE.

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 3566 Rank PRIVATE

Name JOHN PRINCE ADDRESS: PRINCETON, B. B.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTINON OF PENSIONER:

Apparent Age 22 YEARS Height 5' 8½" Colour of Eyes GREY

Complexion FAIR Colour of Hair LIGHT Weight

Marks of Identification:

JANUARY 21st., 1919:

HEART SOUNDS WEAK. VERY SLIGHT BREATH SOUNDS OVER RIGHT BASE AND DULNESS COMPLAINS OF SHORTNESS OF BREATH ON SLIGHT EXERTION. PULSE 80. HAS COUGH AND SPIT IN MORNINGS.

OCTOBER 18th., 1919:

HEART NORMAL. PULSE 80. RESPIRATION 22. DIMINISHED EXPANSION OVER RIGHT LUNG. IMPAIRED BERCUSSION OVER RIGHT BASE. BREATH SOUNDS WEAK OVER LEFT BASE. NO ADVENTITIOUS SOUNDS AFTER COUGHING. HE SAYS THERE IS SLIGHT IMPROVEMENT SINCE LAST EXAMINATION. HE IS UNABLE TO DO ANY HEAVY WORK AS YET. WEIGHT 166 LBS.

JANUARY 8th., 1920:

HEART SOUNDS NORMAL. PULSE 72. RESPIRATION 18. EXPANSION IMPROVED SINCE LAST EXAMINATION AND BREATHLESSNESS IS BETTER. PERCUSSION NORMAL OVER RIGHT BASE. NO ADVENTITIOUS SOUNDS AFTER COUGHING. STILL COMPLAINS OF DYSPNOEA AFTER HARD EXERCISE. IN GOOD GENERAL CONDITION.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

PLEURISY RIGHT SIDE.

B. P. C. Form 98
2 M 9-4-20.

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition.

Pulse 74. Respirations 17. Temp 98.6
Good expansion at apex bases:
Percussion normal at apex bases
but breath sounds rather weaker:
states complains of breathlessness,
feels better, but complains of
catching cold very easily.
No adventitious sounds after
coughing.
In good general condition

Special Questions:—

This man is very disappointed
with his pension: and I should
advise a board at St John's: I
cannot find any more disability

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness G. R. Burton

Pensioner's signature John Power

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.-

Old Pleurisy.

10%

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Have decreased 10%

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No

5 Will disabilities materially increase or diminish? Diminish.

6 Are the disabilities permanent? No.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? No

(b) Should he continue to do so? -

(c) If so, is any alteration in the form of the present appliance recommended? -

(d) If any appliance is necessary? -

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? No

(b) Nature of treatment advised -

(c) Is pensioner willing to accept treatment advised? -

(d) If not, is his refusal reasonable? -

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised
(To be completed when treatment advised has been refused.)
and refuse to accept the same for the following reasons:

Pensioner's signature

The foregoing report submitted by

Signature W. V. Harlow. M. Hilton

Medical Examiner.

Place Twenty. Nfld.

Date June 23. 1942

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

The Board of Pension Commissioners for Newfoundland
JUN 25 Rec'd

12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)

Place

Date

10% Grade

Head of District Office.
(or Medical Practitioner.)

B. P. C. No. 1406

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland,
Date..Dec. 22nd.,1919

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No.3566 Rank PRIVATE

Name JOHN PRINCE ADDRESS: PRINCETON. B. B.

Unit ROYAL NEWFOUNDLAND

DESCRIPTION OF PENSIONER:

Apparent Age 21 Height 5'8½" Colour of Eyes GREY

Complexion FAIR Colour of Hair LIGHT Weight

Marks of Identification:

JANUARY 21ST, 1919.

Heart sounds weak, very slight breath sounds over right base and dullness. Complains of shortness of breath on slight exertion.

OCTOBER 18TH, 1919.,

Heart normal. Pulse 80. Respiration 22, Diminished expansion over right lung. Impaired percussion over right base. Breath sounds weak over left base. No adventitious sounds after coughing. He says there is slight movement since last examination. But he is unable to do any heavy work as yet. Weight 166 pounds.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED.

PLEURISY RIGHT SIDE.

B. P. C. Form 98
5 M 8-12-19.

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? Yes.

(2) Give a definite detailed description of the present condition.

Heart sounds normal: Pulse 72
R. 18. Expansion improved since
last examination and breath sounds
is better: Percussion normal over
upper base, no adventitious sounds
after coughing. Still complains
of dyspnoea after hard exercise.
In good general condition.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness. W. R. Barker

Pensioner's signature. J. Prince

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

20% for 6 months

Pleurisy: right side

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Have diminished a half.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish? Should diminish

6 Are the disabilities permanent? No

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

No

(b) Should he continue to do so? —

(c) If so, is any alteration in the form of the present appliance recommended? —

(d) If any appliance is necessary? —

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? No

(b) Nature of treatment advised —

(c) Is pensioner willing to accept treatment advised? —

(d) If not, is his refusal reasonable? —

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment ad-
(To be completed when treatment advised has been refused.)
vised and refuse to accept the same for the following reasons:

Pensioner's signature

The foregoing report submitted by

Signature W. R. Barlow [signature]
Medical Examiner.

Place Trinity, Nfld

Date Jan 8. 1920

I suggest 15% 6 mos.

Cluny Macpherson Lt Col } Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? No

9 (b) If so, is he receiving the additional allowance for a wife? —

10 (a) Has a child been born to pensioner since last medical re-examination? —

10 (b) If, so, is he receiving the additional allowance for a child? —

11 If pensioner was married, has his wife died since last medical re-examination? —
(State date of death.)

The Board of Pension Commissioners for Newfoundland FEB 9 1920

12 Have any of pensioner's children died since last medical re-examination? —
(State date of death and names of children who have died.)

Place Trinity

Date Jan 8. 1920

W R Barlow
Head of District Office,
(or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1406

Regt. No. 3566 Rank Pte. Name John Prince

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board January 22nd, 1920.

Pensionable Disability 15% for 6 months

Pension Granted:

$7.50 per month for 6 months

Total Authorized Amount $45.00

or Gratuity Granted:

$ _____ Payable in _____ equal monthly instalments

Granted to:

Name John Prince,

Address Princeton. P.E.

noted Manus

Date case disposed of _____

Approved by:

Members of Board

_____ Chairman

_____

_____

Remarks:

_____

_____

_____

_____

BB/EB

November 13, 1919.

1406

To:- Major Parsons,
Medical Officer.

From:- Major Butler.

3566 John Prince.

Dr. Barlow of Trinity advises that the above named man is desirious ot training as Station Agent, His case came before the Committee on January 31st. last, and the recommendation at that time was that he continue his former occupation. Will you kindly have his medical papers ready for the Meeting on Friday night, when I shall again bring up his case, to see if he is eligible for re-training.

BButler

Major For V. O.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1406

Regt. No. 3566 Rank Pte Name John Prince

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 18/10/19 pm

Pensionable Disability ~~40%~~ 30% for 3 months

Pension Granted:

$~~20.00~~ 15.00 pm per month for 3 months

Total Authorized amount $60.00/100

or Gratuity Granted:

~~$ Payable in equal monthly instalments~~

Granted to:

Name John Prince

Address Princeton

B.B.

Date case disposed of

Approved by:

Members of Board

P B McGrath Chairman

[illegible]

W H Parsons

Remarks:

Condition improved since last board = 30%.

1000-20-5-19

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and No. 1406.

All communications should be addressed to the DIRECTOR OF MEDICAL SERVICES, DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.
October 9th., 1919.

To:— W. R. Barlow, Esq., M. D.,
Trinity,

From:—The Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

3566, PTE. JOHN PRINCE

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

PRINCETON. B. B.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when **fully** completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar ($1.00)~~ ($3.00) for each Doctor for each examination.

I have the honour to be,
Sir,
Your obedient servant,

THE SECRETARY
BOARD OF PENSION COMMISSIONERS FOR NFLD.

DIRECTOR OF MEDICAL SERVICES.

1000-20-5-19

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and No. 1406.

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If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar ($1.00)~~ for each Doctor for each examination.

($3.00)

I have the honour to be,
Sir,
Your obedient servant,

THE SECRETARY
BOARD OF PENSION COMMISSIONERS FOR NFLD.

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age 21 Height 5' 8½" Colour of Eyes GREY

Complexion FAIR COLOUR OF HAIR; LIGHT. Marks of Identification

.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on JAN. 21'1919. and other necessary information, follows:—

Condition of Pensioner:—

HEART SOUND WEAK, VERY SLIGHT BREATH SOUNDS OVER RIGHT BASE AND DULNESS. COMPLAINS OF SHORTNESS OF BREATH ON SLIGHTEST EXERTION. PULSE 80. HAS COUGH AND SPIT IN MORNINGS.

DISABILITY: PLEURISY RIGHT SIDE.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

(1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? Yes.

(2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

Heart Normal: Pulse 80: Respiration 22
Diminished expansion over right lung:
impaired percussion over right base:
breath sounds weak over right base:
no adventitious sounds after coughing:
Pt says there is slight improvement
since last exam. but he is unable
to do any heavy work as yet.
Weight 166 lbs.

(3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

Has diminished slightly

(4) Will it materially increase or diminish? Diminish

(5) Is the disability permanent? No

(6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

40%

(7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability due to or incurred during service?

(State in percentage.)

40%

(8) Would treatment reduce the pensioner's disability or increase his comfort?

No

(9) If so, is pensioner willing to accept such treatment, and when?

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place Trinity. President

Date Oct. 18. 1919 W. N. Barlow. M.M.S.

Members

Pensioner's Signature ... J. Prince

Signature of Witness ... W. M. Barlow

CONTINUATION

Patient ~~[illegible]~~ is wishing to take training as Station Agent and in my opinion he would be suited for the post should adm. re-exam. in ~~4~~ 3 months time.

Approved 40% 3 mos.
Amy Macpherson Lt Col.

Advise VO

The Board of Pension
OCT 27 1919
Commissioners for Newfoundland

The answers to the following questions are to be filled in by the medical examiner.

8 (a) Has the pensioner married since last medical re-examination? .....

8 (b) If so, is he receiving the additional allowance? .....

9 (a) Has a child been born to pensioner since last medical re-examination? .....

9 (b) If so, is he receiving the additional allowance? .....

10 If pensioner was married, has his wife died since last medical re-examination?

.....

11 Have any of pensioner's children died since last medical re-examination?

.....

Place .....

.....
Medical Examiner.

Date .....

1406/

1406 Princeton B.B
Oct 3rd
/19.

Dear Sir:

I would like to bring to your notice that before or since my pension has expired I was not advised re Examination my term of Pension expired 30th June past

trusting you will give this matter your Earliest Consideration

June 9th

Respectfully

3566 Pte. J. Prince

	Date	Initials
Received	8/10/19	CO
Referred to	8/10/19	WVW
Answered		

~~Rebarded July 14/19 pension @ 50.00 per month whilst under treatment~~

report

John Prince Regt No 3566

J Princeton [redacted].

B.B. Pension No 1406

20 00/xx per Month for three Months ending June 9th

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLLAND.

Pension No. 1406

Regtl. No 3566 Rank Pte Name John Prince

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan 21st 1919

Pensionable disability ~~Less than 20%~~ 40% for 3 months ~~20% for 6 mos~~ W.H.P.

Pension granted: ~~$20.00~~ 3 ~~$~~ per month for 3 months

or Gratuity granted:

$ payable in equal monthly insts.

Granted to:

Name John Prince

Address Princeton

BB

OK

Date case disposed of MAR 8 - 1919

Approved by:

Members of Board

[signature] Chairman

[signature]

W H Parsons

Remarks:

1406

Nov. 11th/19,

John prince, Esq.,
Princeton,
B.B.

Dear Sir:-

On being re-examined you were granted pension of $15.00 per month for three months ending January 18/20 and back payment at same rate from expiration of your previous period.

I herewith enclose cheque for $85.50 being balance due you to November 30th.

Yours faithfully,

Asst. Secy.

TMH/GEC

1406

Nov. 11th/19,

John prince, Esq.,
Princeton,
B.B.

Dear Sir:-

On being re-examined you were granted pension of $15.00 per month for three months ending January 18/20 and back payment at same rate from expiration of your previous period.

I herewith enclose cheque for $85.50 being balance due you to November 30th.

Yours faithfully,

Asst. Secy.

TMH/GEC

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 REG.
2. Regtl. No. 3566 3. Rank Pte.....
4. Name ...PRINCE..... (*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.
   (*b*) Date of Discharge;
   (*c*) Cause of Discharge.
   (*d*) Particulars of Pension or Gratuity (if any)
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*) 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."
Pleurisy. Right Side

11. Date of origin of disability. Apr 1918
12. Place of origin of disability. Belgium
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. Treated 3rd London General and Boarded B III.

3496. Wt.18789/1320. 500,000(8). 8/18. S.O.F.Rd.

14. State whether the disabilities are

	(a) attributable to	(b) aggravated by
(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 man's part.	.....	.....

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

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.)

Heart sounds weak very slight breath sounds right base and dullness. Complains of shortness of breath on slight exertion

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 (1)

[signature] Capt. ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station HAZELEY DOWN CAMP.

Date 20 NOV 1919

* 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. Pleurisy

(b) The present condition thereof.

Pulse 80. Has cough in mornings & a spit in the mornings. See sect 15.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	yes	.....
(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	no	.....

Give details:

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

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).

40% for 3 months ~~less than 20%~~ LP

(*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

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.

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 :—

(*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 ..... President or Chairman.

Station St. John's ..... Dundas Tait ..... Members.

Date Jan 21/19 ..... L. Paterson Major ..... Members.

Discharge Approved under Para. 392 (xvi) King's Regulations. Cluny Macpherson, Major.

Station ..... Officer in charge, Central Hospital.

Date .....

Only applicable in cases of Patients in Hospitals.

DIRECTOR OF MEDICAL SERVICES JAN 21 1919 No. ..... NEWFOUNDLAND

OR

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 .....

Demobilization Form 2.

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3566 Rank Pte Name John Prince

Intended place of residence Princeton, B.B.

2. Occupation Fisherman

Classification of soldier B Medical Category E

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

ELIGIBLE for POST DISCHARGE PAY

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) C.C.Duley, Capt.
for Comanding Discharge Depot
Date Jan. 25, 1919 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) J. Prince
Signature of soldier

25-1-19 " C. B. Dicks, Capt.
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) J. Prince
Signature of soldier

Jan. 24, 1919 " W. J. Eaton RQMS
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2-4-17 No of days on Military

Discharged from service 25-1-19 plus 14 days Service 678

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. (sgnd) R. H. Tait, Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date Jan. 25, 1919

CONFIRMATION OF DISCHARGE

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

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

Oct. 9, 1919.

J. Prince, Esq.,

Princeton, B.B.

Dear Sir:-

I beg to acknowledge receipt of your letter of Oct. 3rd, regarding your Pension.

In reply, I beg to state that we have advised the Medical Department re your re-examination. Your papers will be at once sent th the doctor, nearest your home, who will examine you.

Upon receipt of same, you will be further advised.

Yours faithfully,

Asst.. Secy.

WVW/BT

1406

JAN 1 - 1920

Dear Sir:-

I beg to advise you that the enclosed cheque for $9.00 is the balance due you to Jan 18th the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,

C. L. Oke.

Asst. Secy.

Demobilized
830

[Army Form W3601.]

WILL

Soldier's Regl. No. 3566

Surname Pikes

Christian Names John

ROYAL NEWFOUNDLAND REGIMENT.

Corps

Samuel Pikes

Recd

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
WILL.
PAY & RECORD OFFICE

830

In the event of my Death I give the whole of my Property and effects to my Mother

Mrs Samuel Prince
Princeton
Bonavista Brand
Newfoundland

The

Signature John Prince 3566

Rank and Regiment Royal Nfld

Date February - 7 - 1/18

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here

PRINCETON B.B. JY 13 21 NEWFD.

ST. JOHNS E. JY 14 21 NEWFD.

Wt.W14770/G9118 500M 2/17 C&S Forms/W3553/1. **Army Form W3553**

July 6th.1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1225), is forwarded herewith to

John Prince,

in respect of his service as No. 3566 Rank Pvte,

Name John Prince, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received Certificate with Staffes M.J.

Signature J. Prince

Date July 13th 1921

Address John Prince Princeton B Branch

[P.T.O.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

OCT 11 1921.

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

is/are forwarded herewith to

John Prince

in respect of his service as No. 3566 Rank Pte.

Name J. Prince Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received With thanks, Oct-14th /20.

Signature J. Prince

Date 14th Oct /20

Address John Prince Princeton B.B. Nfld.

[P.T.O.]

C.R 3566

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband od Victory Medal 1914-1919.

NO. 3566 NAME John Prince

DATE 11. 1. 19

PLACE Princeton

C.R. 3566

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband of British War Medal-1914-1919.

Name. John Prince

Date. 13.11.19

Place. Princeton

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Forms B. 121. 39.

Number of Sheet 7 [illegible]

Regiment of 1st Newfoundland.

Signature of O. C. Company Chas. R. [illegible]

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. 3566. Prince. John,	Age on 19 years — months	Fisherman	
Joined ____ Date ____	Place and Date of Enlistment St. Johns. 2.4.17.	Religion C of E	
Joined ____ Date ____	Period of with Colours 1 343/365 years.	Place of Birth	
Joined ____ Date ____	with Reserve ____ years.		
Joined ____ Date ____			

Place	Date of Offence	Rank	Cases of Drunkeness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Barry	23/9/17	Pte.		Absent from Church parade	C.S.M. Melville	2 days C.B.	25/9/17	Capt. S. Robertson	[illegible]
Hazeley Down Camp	28/8/18	"		Absent from tatoo to reveille, 29-8-18	L/C. Reeves		29-8-18	Capt. Murphy	Forfeits 1 Day Pay by [illegible]
H.D.C.	29-10-18	"		Overstaying pass from 23.59 (29-10-18) until 09.30 (30-10-18) 9½ Hrs.	Lce Corp. Sullivan	Admonished.	30-10-18	Capt. Murphy	Forfeits 1 Day Pay by [illegible]

Demobilized St. Johns, 10 3/19

To be carried over

D3566

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3566 Rank Pte Name Prince John

Date of Enlistment 2-4-17 Address Princeton District Bonavista

Occupation Fisherman Classification for Discharge B Medical Category E

Recommendation S.M.B. Permanently Unfit Disability Rating Less than 20%

Passed to Demobilization Officer with following documents:—

N.F. ~~P136~~ 94	1	B 268		B 121	1	N.F. Med		D.F. 1			
B 178		W 3494		B 122		Board 1st		" 2			
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	3		
B 179	1	D 400B		Form L		do 3rd		" 4			
B 179a	1	D 400C		Form K		do 4th		" 5			
B 179b		B 103	2	ME 2				" 6			
B 179c		B 120		M 93							

Date 24-1-19

W Kelly Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J Power

Particulars passed to Vocational Officer for information and action.

Date 24.1.19

C S Butler Capt

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable $60.00

(b) ~~Clothing Supplied~~ Joseph A Swanlund

Date 25-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ~~[illegible]~~ R 593 to his home at Princeton BB and Release Certificate No. G 37 issued.

For School Princeton BB

Date 25-1-19

C B Dicks Capt. P.A.C.M.
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 8-2-19.

Date 25-1-19

[illegible] Capt.
Depot Paymaster.

Discharge approved for 25-1-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 28-1-19

C B Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i|c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 25 1919

Date

O. C. Discharge Depot.

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

[illegible]
Dept Records

Date Jany 30/19

TRINITY
NEWFOUNDLAND

16.1.19

This is to certify that Mrs J. Prince has been under my care suffering from mild grippe, and has been unfit for travel till above date.

W N Barlow M.H.S.Ing.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 95 Sent by _____ Rec'd by _____ Check 8p No. _____

Place from Princeton via Charlottetown

To O. C. R.

Nfld Regt

JAN 17 1919

KING'S WHARF

Been suffering from la grippe leaving repatriation back tomorrow

3566 Pte. J. Prince

No enquiry respecting this Message will be attended to without the production of this paper.

Demobilization Form 5.

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3566 Rank Pte. Name John Tanner

Former Occupation Fisherman Address Princeton District Bonavista

Class B Medical Category E Disability Rating 20%

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 To Learn Telegraph Operator His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Confirmed
Geo. L. Carty
Act. D.O.C.

Date 24-1-19

C B Dickscoff
Demobilization Officer

To be fowarded Orderly Room in Duplicate.

Reg. No. 3566 Rank Pte Name D. Prince

Attested Address Princeton N.B.

Allotment Allottee

Date of Allotment Returned from Overseas 21.12.18

Embarked for Overseas Cause Discharged

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

21-1-19. Lee Dis - Permanently Unfit.

24-1-19. PASSED TO DEMOBILIZATION OFFICER

25-1-19 DISCHARGE APPROVED ON DEMOBILIZATION