



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5995 Name Abra A Purchase Corps 1st

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Abra A Purchase
2. What is your full Address? 2. 11 St. John's St. St. John's
3. Are you a British Subject? 3. yes
4. What is your age? 4. 36 Years 0 Months
5. What is your Trade or Calling? 5. labourer
6. Are you Married? 6. yes
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, Abra A Purchase 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.

Abra A Purchase SIGNATURE OF RECRUIT.
W. J. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me at.....
on this 28 day of July 1915
Signature of Attesting Officer Chas H. [unclear]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.
Date..... 191.....
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Abia Arthur Purchase
 Apparent age 36 years — months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Amelia Purchase
Grand Bank | Relationship wife

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.

Amelia (or) Fossey ^(a) spinster ^(b) Grand Bank ^(c) 26 April 1909 ^(d) ChA Capt.

Particulars as to Children

Christian Names	Date and Place of Birth
<u>John Fossey</u>	<u>Purchase Grand Bank - 25 Nov / 10</u>
<u>Marcell Edward</u>	<u>Purchase Grand Bank 20 Dec 25 / 15</u>

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>28-7-16</u>										
Joined at <u>St John's</u> on <u>July 28th 16</u>										
<u>Embarked St John's S. Lucia for det 28th 16</u>										
<u>Embarked for B.C.S. 30-11-16</u>										
<u>Validated at Cayman 1-2-17</u>										
<u>Admitted to 5th Coy Grenadier Regt 17th</u>										
<u>Surgeon by attached Colony Depot 14-5-17</u>										
<u>Arrived Newfoundland 23-4-17</u>										
<u>Discharged medically unfit 9-5-17</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>9-5-17</u> (date of discharge)										
" " Pension " " " " " "										

2995



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Co of B

No. *2995* Name *Abia A Purchase* Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. *Abia Arthur Purchase*
- 2. What is your full Address? 2. *11 Longwell Hill, St John*
- 3. Are you a British Subject? 3. *yes*
- 4. What is your age? 4. *36* Years Months
- 5. What is your Trade or Calling? 5. *Colerick*
- 6. Are you Married? 6. *yes*
- 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, *Abia A Purchase* 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.

Abia Arthur Purchase SIGNATURE OF RECRUIT.

5 July 1918

Ac Seane Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me at.....

on this *28* day of *July* 191*8*
Signature of Attesting Officer *Chas H. Aye Capt*

†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 compiled with. I accordingly approve, and appoint him to the.....

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

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

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

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

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

MEDICAL HISTORY

OF

Surname

Purchall

Christian Name

Abia Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	day of	191
Examined	at	27 July 1916	at	
Declared age		36 years		
Trade or occupation				
Height		5 feet 5 inches		
Weight		124 lbs.		
Chest Measurement {	Girth when fully expanded	36 inches		
	Range of expansion	3 inches		
Physical development				
Vaccination marks {	Arm	Left arm		
	Number	2 scars		
When vaccinated		8 years ago		
Vision	R.E.—V.=	6/6	R.E.—V.=	
	L.E.—V.=	6/6	L.E.—V.=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Sgt. Lanmont Peterson</i>			
(Rank)	Major		Medical Officer.	
Enlisted	at	Siphon's	at	
	on	27 July 1916	on	day of 191
		Corps		Regtl. No.
Joined on enlistment		14th Regt. 2995		
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<p><i>2700</i> <i>London General</i> <i>Waudsworth</i></p>	24	2	17				Myalgia Sci. Ranae		<p>Board held - see postleaf Disability - Myalgia - Sci. Ranae. General condition is not satisfactory. Cause (20) a. Not due to any of these causes. Approximate by (1) Active Service Capacity for earning a livelihood lessened by one quarter</p>	<p><i>Sgt. Ed. Bingley Capl. R. B. M. C.</i> <i>London General Hospital</i> <i>Waudsworth L.W.</i></p>

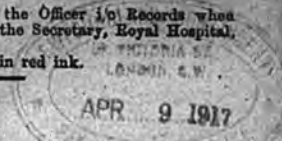
Descriptive Return of a Soldier discharged on account of Disability.

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 who 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.

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



A Name in full *Turchase, Abia Arthur*
Regiment from which discharged *Newfoundland*
Regimental Number *2995*
Where born (Parish, Town and County), and when *Central St Johns Nfld 23.7.1876*
Intended address *11 Longs Hill, St Johns Newfoundland*
Height on discharge *5* Feet *7* Inches
Colour of Hair on discharge *Iron Grey* **Colour of Eyes** *Blue*
Descriptive marks *Scar outer side L. Foot* **Complexion** *Mixling*
Figure on discharge *Medium*
Christian name of Father *John Edward (Deceased)*
Christian name of Mother *Annie*
Wife's Maiden name in full *Annie Dorsey St Johns*
Date and Place of Marriage *April 1907 St Johns*
Christian names of Children *(2) John Maxwell*
Nature and locality of civil employment desired *Timekeeper in St Johns*

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) *Abia Arthur Turchase* (Rank) *PL*

Station *Wandsworth S.W.* Date *23.2.17*

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

Station *Wandsworth S.W.* Date *23.2.17*
J. MacLachlan Medical Officer i/c
3rd London General Hospital.

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

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

Other distinguishing marks

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

Station _____ Officer in Charge _____
 Date _____ Records.

2/1st NEWFOUNDLAND REGIMENT.

Pte Purchase A.A.

No. 2995 is unlikely to be fit for Service with the Expeditionary Force for 6 (six) months, on account of

Ophthalmia

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

W. S. ...
M.O.,

I/C. 2/1st Newfoundland Regt.

2 . 4 . 17

AYR.

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. 2995

Rank Pl.

Name (surname first) Purchase, Abia Arthur

Regiment 1st Newfoundland

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

Clerk

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?

The Randolph Macdonald Co Ltd
500 Crown Office Building
26 Queen St E. Toronto Ont. } Timekeeper 2 years
General Post Office, St John's N.S. } Clerk 8 years

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

Clerk St John's Newfoundland

4. What is the name of your Approved Society?

L.O.L. No. 127 Cobourg Ont.

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

In the Ranks

Date 20th 2. 17

Signature Sgt Abia A. Purchase

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

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

*Classified Through Copy
True Copy*
Medicine
Capt. R.A.M.C.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Purshouse Christian Name Abis Arthur

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 27 day of July 1916
at St Johns U.S.

Declared Age ... 36 years ... days.

Trade or Occupation ... _____

Height ... 5 feet 5 inches.

Weight ... 124 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 3 inches.

Physical Development ... _____

Vaccination Marks { Arm ... ~~Right~~ Left Two
Number _____

When Vaccinated ... 8 years ago

Vision ... { R.E.—V= 2/6
L.E.—V= 4/6

(a) Marks indicating congenital peculiarities or previous disease ... _____

(b) Slight defects but not sufficient to cause rejection ... _____

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

Enlisted ... { at St Johns
on 27 day of July 1916.

Joined on Enlistment ...	Corps. <u>W.F.L.D. Regt</u>	Regtl. No. <u>2995</u>
Transferred to ...	_____	_____

Became non-effective by _____

on _____ day of _____ 191

(Signature) _____
(Rank) _____

Original

Medical Report on an Invalid. *Re classification*

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

Date 25/2/17



1. Unit 1st Newfoundland.

2. Regimental No. 2995

3. Rank Pte

4. Name Purchase. A. A.

5. Age last birthday 40

6. Enlisted { on 27th July 1916
at St John's, Nfld.

7. Former Trade or Occupation { Timekeeper.

8. Disability.

Myalgia. Pes Planus

COPY SENT TO
O.C. H.Q. :
ST. JOHNS, N.F.L.D.
REF 38. NO. 310/20
APR 9 1917
DATED APR 9 1917
the Officer in medical

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in 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.

Myalgia 21. 1. '7

10. Place of origin of disability.

France

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 weakness & pain in legs, pain in small of back & incontinence of urine. Has watched Pes Planus in both feet

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Pes Planus effect probably always present, : The Myalgiast result of trench work

Aggravated by active service

13. What is his present condition?

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

Impaired. Let the feet swell on exertion. And his general condition is not satisfactory

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. Do you recommend

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

Discharge as permanently unfit

T. M. MacQuibb P.S.

Officer in medical charge of case.

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

except†

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

Station

H. E. Somerset

Date

26/2/17

*Col. R. A. M.C.T.
Officer in charge of Hospital.
Comdg. 3rd. London Gen. Hospital.*

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

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

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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).
- (iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Not due to any of these causes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

(c) Any of the conditions mentioned in Question 20, and if so which?

Yes by i active service

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Severely & a quarter

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No

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

This man has been Reclassified in Category C. iii.

26. Do the Board recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Signatures:—

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 27. 2. 17

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date

W. J. W. Major Ramet President.

R. B. Howard Members.

Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____
 or _____
 Embark- { Date _____
 ation { Port _____

Name of { Conveyance _____
 Vessel _____
 Officer in } _____
 medical charge }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____
 Station } _____
 Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision y

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

58 Mc

Station *Avr*
 Corps *1st Newfoundland*
 Regimental No. *2995*
 Rank *Pt.*
 Name *Purchase A. A.*
 Disability *Myalgia - Res - Fever*
 Date *27/2/17*

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.
 (4736) W. 8830/2774. 800x. 9/16. G. P. Ltd.
 Printed by the
 War Office
 24

REGIMENTAL NO. 2995.

PENSION NO. 192.

NAME. PURCHASE A. A.

DISABILITY:- C Y S T I T I S

APRIL 25TH, 1917

-p-----

Still complains of pain in legs and feet. Still has trouble with water---states he cannot hold it at times.

OCTOBER 10TH, 1917:

Bladder condition same as previously reported. Pains in legs and front of thighs. Pulse 96. Acting as mail clerk on train since July 1st. getting \$43.33 a month.

OCTOBER 24TH, 1918

Has still the urinary trouble and since June not so well. Has pain down the legs and thighs. Pulse 96.

NOVEMBER 4TH, 1919

Complains of pain down groin and extending down the thighs. Frequent urination. two or three times at night. Under treatment by Doctor Burden.

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

MEDICAL HISTORY

Surname

Purchase

OF

Christian Name

Wia Arthur

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....



	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	27 day of July 1916	St John's N.F.		
Declared Age.....	36 years	— days		
Trade or Occupation.....				
Height	5 feet	5 inches		
Weight		124 lbs.		
Chest Measurement {	Girth when fully expanded... 36 inches			
	Range of expansion.. 3 inches			
Physical Development... ..				



Vaccination Marks {	Right	Left	Right	Left
	Arm		Left arm	
Number		2 scars		

When Vaccinated	8 years ago			
Vision	R.E.—V=	1/60	R.E.—V=	
	L.E.—V=	1/60	L.E.—V=	



(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause Rejection

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
NO. 3109/20
APR 9 1917

Approved by (Signature)

Lamont Paterson

(Rank)

Major

Medical Officer.

Medical Officer.

Enlisted

at St John's on 27 day of July 1916

Joined on Enlistment

W.A.S.P. Reg. 2995

Transferred to.. ..

Became non-effective by

(Signature)

(Rank)

Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3rd London General Hospital WANDSWORTH, S.W.	24	2	17.				Myalgia. Peo-planus.		Board held Disability Cause - Capacity

List in case of Warrant officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
ns and re-admissions to hospital will be shown. The subsequent progress, including particulars
ment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

see overleaf
Myalgia - Pes-plantaris. General condition is not
satisfactory.
(2) a not due to any of these causes. Aggravated by
(1) active service.
for earning a livelihood lessened by one quarter.

S. H. Mungley - Capt Rames
13rd London General Hospital,
WANDSWORTH, S.W.

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	
28-7-16	1st Inoculation	T.P. L.P.
3-8-16	2nd "	L.P.
9-8-16	3rd "	L.P.
25-8-16	Vacc.	L.P.
13.10.16.	Awaiting denture	
13-11-16.	Fitted for Foreign Service N.7.D. <i>Supplied N.7.D.</i>	
27/2/17	Board held Found & Reclassified in Category C III.	

S.H. Knapp Capt R.A.M.C.
13rd London General Hospital,
WANDSWORTH, S.W.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Casualty Form—Active Service.

Regiment or Corps Newfoundlands

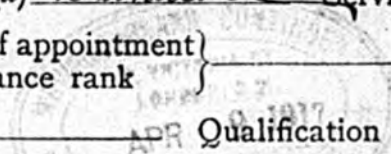
Regimental No. 2995 Rank Pte Name Purchall, A. A.

Enlisted (a) 28.7.16 Terms of Service (a) Duration Service reckons from (a) _____

Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Certified true copy



Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked Southampton		30.11.16	
		Disembarked Rouen		1.12.16	
	Unit	Joined Battalion	France	12.12.16	B 213
	do	with Battalion	"	23.1.17	
	N.S. Western Australia	Inv. to Eng Lt, 1 st Unit N.S. Western Australia		1.2.17	W 3013
		S.U.D.			
		<i>A. A. Purchall</i> Capt Co of No. 1 Regular Infantry Section 3 rd Echelon			

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station

Date

St. John's
Apr. 24. 1917.

- | | |
|--------------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>40</i> |
| 2. Regimental No. <i>2995</i> | 6. Enlisted on <i>28 - 7. 16</i> |
| 3. Rank. <i>Pte.</i> | at <i>St. John's</i> |
| 4. Name. <i>Purchase abia Anson.</i> | Former trade or occupation <i>Clerk</i> |

8. Disability

Eyotitis

9. History *Had myalgia + pr. pleurisy in France Jan. 1917. Was sent to Wandsworth. while in Hospital had trouble come on.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Stee Complains of pain in
legs. Feet - Stee has trouble
with water. state he cannot
load it at times -

11. Was sanatorium
operation advised and refused?

✓

12. Do you recommend discharge as
permanently unfit?

Yes -

Signature

Geo Borden

Rank or Qualification

Lieut

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to—
- (a) ~~Service during this war.~~
 - (b) ~~Climate.~~
 - (c) Ordinary Military Service

Remarks if any:—

Muscular pains down right leg.

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

20% last months

15. Is the disability permanent?

no

16. Has the disability been aggravated by

(a) Intemperance.

no

(b) Misconduct.

no

17. The refusal of operation sanatorium is:—

(a) Reasonable.

(b) Unreasonable.

✓

Remarks if any:—

18. We recommend discharge from the Army
retention in

Remarks if any:—

Signatures.

H. S. Fraser President
W. B. Burden *pro tempore*
Joseph P. ...

Place

Date

St. John's
Apr. 25 1917

APPROVED

Station

Date



Clayton Macpherson Major
Administrative Medical Officer.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the 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 *Purdose Abia Arthur*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *2995*
 Intended address *11 Longs Hill*
 Height on discharge *5 Feet 6*
 Color of hair on discharge *Black. (going gray)*
 Complexion *fair*
 Color of eyes *gray*
 Figure on discharge *medium*
 Christian name of Father *deas*
 Christian name of Mother *Annie*
 Wife's maiden name in full *Amelia Horsey*
 Date and place of marriage *ap. 1907 - St. John's*
 Christian names of children *John - Maxwell*
 Place and date of soldier's birth. *St. John's. 23 July. 1876*
 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) *Abia Arthur Purdose* (Rank) *Pte*
 Station *St. John's* Date *April 24th /17*

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.

Sw. Benson *Lieut.*
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

Station *St. John's* Date *April 24/17*

Medical Report on an Invalid. or *Reclassification*

Station 3rd London General Hospital
Wandsworth SW.

Date 25. 2. 17



1. Unit 1st Newfoundland

5. Age last birthday 40

2. Regimental No. 2995

6. Enlisted { on 27. 7. 16
at St John's Newfoundland

3. Rank Sgt

7. Former Trade { Timekeeper
or Occupation

4. Name Purchase, A.D.

8. Disability.

Myalgia. Ses Planus

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.

Myalgia 21. 1. 17

10. Place of origin of disability.

France

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 weakness & pain in legs, pain in small of back & incontinence of urine. Has marked Ses Planus in both feet.

12. (a) Give your opinion as to the causation of the disability.

Ses planus always present. The myalgia etc the result of trench work.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Aggravated by Active Service.

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.

Improved, yet the feet swell on exertion and his general condition is not satisfactory

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. Do you recommend

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

Discharge as permanently unfit.

J. H. MacLair C.O.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, 21

2nd London General Hospital

Station

Wandsworth Sw.

Date

26.2.17

Officer in charge of 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Not due to any of these causes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

(c) Any of the conditions mentioned in Question 20 of which?

4/6
Yes by (i) Active Service

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Lessened by one quarter

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

26. Do the Board recommend

(a) Discharge as permanently unfit,

or
(b) Change to England?

This man has been Reclassified in Category C. iii.

Signatures

3rd London General Hospital

Station

Date

Approved.

Station

Date

Sigs
W. E. Wynter, M.D., President.

R. J. Edward, M.D., Members.

Administrative Medical Officer.

A. A. Purchase

2996

PRIO

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 St.
S.W.

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 Purchase

Christian names Abra. Arthur
(in full)

Regt. No. and Rank 2995 Pte.

Regt. or Corps 1st Newfoundland
(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.

Lt Col Walter May Ramet
President of Board.

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

Date 27/2/17

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 Purchase

Christian Names Abia Arthur
(in full)

Reg. No. and Rank 2995 Pte.

Regt. or Corps 1st Newfoundland
(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. 8498(B) to the Officer i/c Records.

2/1st NEWFOUNDLAND REGIMENT.

Pte Purchase A.A.

No. 2995 is unlikely to be fit for Service with the Expeditionary Force for 6 (six) months, on account of

laryngitis

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

W. Winston
CAPT. R.A.M.C.M.O.,

I/C. 2/1st Newfoundland Regt.

2 . 4 . 17

A.Y.R.

Reclassified
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.

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

A Name in full *Purchase - Abia, Arthur*
 Regiment from which discharged *1st Newfoundland*
 Regimental Number *2995*
 Where born (Parish, Town and County), and when *Central, St. Johns, Newfoundland 27/10/76*
 Intended address *11 Long's Hill St. Johns, Newfoundland*
 Height on discharge *5* Feet *7* Inches
 Colour of Hair on discharge *Dark grey* Colour of Eyes *Blue*
 Descriptive marks *Scars outside L. foot.* Complexion *ruddy*
 Figure on discharge *medium*
 Christian name of Father *Jones, Edward - dec'd*
 Christian name of Mother *Annie*
 Wife's Maiden name in full *Amelia Forsey*
 Date and Place of Marriage *April 1907 - St. Johns*
 Christian names of Children *(2) John - Maxwell*
 Nature and locality of civil employment desired *Timkeeper in St. Johns*

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.33. No. *308/20*
 APR 9 1917.

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) *Arthur A. Purchase*
 Station *Wandsworth S.W.* (Rank) *Plt*
 Date *20/2/17*

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.
T.B. Macdonald Medical Officer i/c
 3rd London General Hospital.
 Station *WANDSWORTH, S.W.* Date *23/2/17*

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

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

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. 2995 Rank PC
Name (surname first) Purchase - Abias Arthur
Regiment 1st Newfoundland

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

Clerk

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
M.F.P.38. No. 3108/20
DATE APR 9 1917

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?

*The Randolph Macdonald Co. Ltd
500 Brown Office Building
26 Queen Street - St. John's N.F. Clerk 2 years
General Post Office - St. John's N.F. Clerk 8 years*

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

*Clerk
St. John's N.F.*

4. What is the name of your Approved Society?

L. O. L. No. 127 Cobourg, Ont.

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

In the Ranks

Date Feb. 20th 1917 Signature Abias A. Purchase

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No.....of 1916.
When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

C.R. 2995

Extract from Nominal Roll of 11th. Regt. Draft No. 14
from 2nd Bn. Depot, to 1st Bn. B.M.P. Embarked South-
ampton, 30-11-16.

2995 Pte. A. ^Purchase.

C.N. 2995

2995

Abia A. Purchase was attested for General Service
with the NEWFOUNDLAND REGIMENT on ..July.28th.1916.

Regimental No. 2995 was allotted to Pte A.A. Purchase

AUTHORITY:

Record Officer

Dept. of Militia,

March 26th, 1919.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by Grand Bank Rec'd by _____ Check _____ No. 12995

Place from London To Calcutta

John R. Bennett

FEB 16 1918

Please make further inquiries about no 2995 pte abia a purchase wandsworth.

Amelia Purchase

C.R. 2995

Extract from nominal Roll of
Officers and N. C. O's and
men discharged from the
Royal Newfoundland Regiment.

regtl. #	rank	name	date	reason.
2995	PTE.	PURCHASE A ARTHUR	9/5/17	MED. UNFIT.

C.R.

2995

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

2995 Pte. A.Arthur Purchase, discharged May 9th 1917.

Medically unfit

2995

C.R.

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt., St. John's, Apl. 24th, 1917.

2995 Pte. A. Purchase.

Attached to the Strength from Apl. 23rd, 1917.

WFOUNDLAND 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 Frederick M. Purchase Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 19th February, 1917.

To Mrs. Amelia Purchase,
Grand Bank.

Report received today respecting No. 2995 Private Abia A.
Purchase states condition improved.

COLONIAL SECRETARY.

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 Frederick M. Shirley Address _____

Line Number _____	Rcd _____	By <u>for Sec.</u>	Sent _____	by _____	Check _____
-------------------	-----------	--------------------	------------	----------	-------------

Dated 12th February, 1917.

To Mrs. Amelia Purchase,
Grand Bank.

Report received today states No. 2995 Private Abia
A. Purchase progressing favourably.

J. R. BENNETT,
Colonial Secretary.

FOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

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

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

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

(NOT TRANSMITTED)

Signature of Sender

Frederick M. Purchase

Address

Line Number

Rcd

By

Sent

by

Check

Dated

February 10, 1917.

To

Mrs. Amelia Purchase,

Grand Bank.

No further report received respecting No. 2995,
Private Abia A. Purchase. Shall make enquiries of
Record Office, London, and inform you when reply received.

J.R. BENNETT

Colonial Secretary.

T 291

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 35 Sent by _____ Rec'd by _____ Check 130H No. _____

Place from Grand Bank

To John A. Bennett

FEB 9 1911

How is pte Abia a
purchase no 2995
admitted to Wandsworth
Trench fever
Amelia Purchase

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.

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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 Frederick M. Stirling Address _____

Line Number	Rcd	By <u>Pro Del. Col. Sec.</u>	Sent	by	Check
-------------	-----	------------------------------	------	----	-------

Dated 3rd February, 1917.

To Mrs. Amelia Purchase,
Grand Bank.

Regret to inform you that Record Office,
London, officially reports No. 2995 Private
Abia A. Purchase admitted Wandsworth Trenchfever.

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

J. R. BENNETT,
Colonial Secretary.

C.R. 2995

Extract from Casualties received from P & R Offices London,

Feb. 8th, 1917.

2995 Purchase.

Wandsworth, trench fever.

C.R. 2995'

Extract from Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Southampton.

2995 Pte. A. Purchase

30-11-16.

C.R. 2995

Extract from Nominal Roll Embarked S^t. Jhn's for Overseas,
28/8/16.

2995 Pte. A. Purchase.

Purchase, A.

2995

Sept

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. <u>2995</u>	Army Rank <u>Private</u>	
Name <u>Abia Arthur</u>		<u>Purchase</u>
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>First Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c. _____		
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>May 9th 1917</u>		
Place of discharge <u>St. John's Nfld.</u>		
1. <u>Description at the time of discharge.</u>		
Age <u>40</u> years <u>10</u> months Height <u>5</u> feet <u>6</u> inches Chest measure- ment { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>grey</u> Hair <u>black (going grey)</u> Trade <u>clerk</u>	Descriptive marks.	
Intended place of residence _____ <small>(To be given as fully as practicable)</small>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
3. Military character :— _____ _____		
4. Character awarded in accordance with King's Regulations :— _____ _____ _____ _____ _____ _____ _____		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
		_____ Initials of Commanding Officer.

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to*

* Strike out if not applicable.

[OVER.]

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

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

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

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

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

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

(Place) St John's, Dept _____ (Signature of Soldier.)

(Date) May 9th 1917 _____ (Signature of Witness.)

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

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

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

_____ (Signature of Soldier.)

10. *Statement of service.*

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

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

Total " " _____

11. *Confirmation of discharge.*

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

(Place) _____ Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservations

A. Purchase

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 dashed. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *Arthur* 2. Surname *Purchase*

3 Rank *Pte* 4 Regt. No. *2995*

5 Address in full to which future payments of gratuity are to be forwarded. *11 Longs Hill St. John's*

6. Date of enlistment in the Regiment. *July 28th 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Amelia Purchase John & Max Purchase*

8. Relationship of such dependents. *Wife & children*

9. Address in full, of such dependents. *11 Longs Hill St. John's*

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

11. Were you on active service only in field, if so, give dates, and particulars of such service. *Was active service in France*

12. Give total length of time which you served on active service, whether in field, or Overseas. *Nine months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

..... *Not applicable*

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.....

..... *Received \$87.00 Post-discharge Pay*

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

16. Have you, during the present war, served in the Imperial Forces?..... *Yes*

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.....

..... *Not applicable*

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

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

19. Are you now serving in the Regt.?..... *No* If not give:- (a) Date of discharge..... *May 9th 1917*

(b) Reason for discharge..... *Being too long physically fit for war service*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

..... *In France on the Somme from Dec 1st 1916 to Feb. 2nd 1917*

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..... *Not applicable*

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: *Alia Arthur Puchon*
 Place of Residence: *11 Longs Hill, St. Johns*
 Declared before me at: *St. Johns,*
 This *28th* day of *February* 19*19*

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *J. Alton Robinson, Jr.*
Notary Public

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
7th	87.50	Nil	3.00	300.00
<i>4-1-19.</i>	<i>100.10</i>	<i>Nil</i>	<i>Less P.D.P</i>	<i>100.10</i>
<i>[Signature]</i>				<i>199.90</i>
Certified Correct.				Paymaster.

No. 2995

Name Purchase A.A.

Signed up to 11-2-17
Anchored 9-5-17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
1917	Apr 23 By Pay 10 days @ 1 1/2%			11 00	11 00
	30 " " 7 " @ 1 1/2%			12 95	23 95
	May 9 " " 9 " @ 1%			16 65	20 60
	Bonus			12 95	53 55
	Clothing			25 00	78 55
	Apr 13 Balance due to P.M. £, 1-13-10		8 22		70 33
	24 To Pay		15 00		55 33
	30 Allment 7 days @ 70¢		11 90		43 40
	27 To Pay		15 00		28 40
	May 9 To Pay		26 43		2
	105 Gratuity 3 mos @ \$100.00			300 00	300 00
	Clothing			20 00	320 00
1919	Jan 11 Bonus		12 95		307 05
	Feb 6 To Pay	7908	87 15		219 90
	Mar 1 " "		20 00		199 90
	Mar 1 " "	11034	70 00		129 90
	S. a.	2502	30 00		99 90
	Apr 1 To Pay	13939	39 90		60 00
	S. a.	2828	30 00		30 00
	May 1 To S. a.	3167	30 00		—
			398 55	398 55	0

PAY LEDGER No. 205/1-385/2
Date 4-2-21 by [Signature]

Sis [Signature]

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2995 Pte. A. Purchase Voucher No. 29912. Cheque No. 29912.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entry: Apr. 23, 358, Pay on a/c, \$15.

CERTIFICATION

Dissect Sheet No.

Recap. Sheet No. 358.

Checked by CCO.

Signature of Paymaster M. Howley

PAYMASTER

RECEIPT

April 23rd, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Fifteen Dollars

and Cents in Payment as above stated.

April 1917.

\$ 15.00

[Sig.] A. Purchase

No. 2995 Rank PL

Name Purchase

C.R.

2995

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE.....

16/2/20

PLACE.....

H. Johns

NO.....

NAME.....

A. A. P. [unclear]

Receipt for Army Book 64

No. 2995 Name .. *A. A. Purchase*

To Certify that I have received the AB 64 of the above
named Soldier.

Date ..

Place ..

July 17th / 20
Longs Hill City

Name ..

A. A. Purchase

H.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

[Handwritten signature]

Casualty Form—Active Service.

Regimental Number 2995

C.R.

Regiment or Corps 2/1 Newfoundland Regt

2191

Rank Plt Surname Purchase Christian Name A. A. Lewis

Religion BoE Age on Enlistment 36 years 0 months.

Enlisted (a) 28/1/16 Terms of Service (a) Duration Service reckons from (a) 28/1/16

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

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

Signature of Officer i/c Records.

COPY SENT TO
O.C. H.Q.
1ST BATT. N.F.L.D.
3/10/16
N.F.P. 23. NOV 9 1916
APR 9 1916

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 <u>S'hampton</u>		<u>30 NOV 1916</u>	
		Disembarked <u>Disembarked</u>		<u>1-DEC 1916</u>	
	<u>Unit</u>	<u>Joined Battalion</u>	<u>France</u>	<u>12/12/16</u>	<u>B 213</u>
			<u>With 44th T. 28. I. 17?</u>		
		<u>All Western Australian Invalided to Eng etc. 1st Lt. J. H. Rowen</u>		<u>1/2/17</u>	<u>W 3083</u>
		<u>P.U.O.</u>			
			<u>Antony Nicholl</u>		<u>CAPTAIN.</u>
			<u>Officer i/c No. 1 Regular Infantry Section</u>		
			<u>General Headquarters, 3rd Echelon.</u>		

(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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (686) W:017/2124 1000m 6/15m 83 56

Forms
 B. 121.
 39.

Regiment of *Newfoundland*

Number of Sheet *First*

Signature of O. C. Company *J. H. ...*

Regimental Number and Name <i>No. 2495 Purchase Ad.</i>		Enlistment		Trade <i>Clerk</i>	Good Conduct Badges, Service Pay or Proficiency Pay	
Age on <i>36</i> years <i>—</i> months		Place and Date of Enlistment <i>St. John's 28/7/16</i>				Religion <i>C of E.</i>
Joined <i>depot</i> Date <i>5/9/16</i>	Period of <i>286 days</i>		Place of Birth <i>St. John's</i>			
Joined _____ Date _____	with Colours _____ years.					
Joined _____ Date _____	with Reserve _____ years.					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Medically Unfit</i>	<i>St. John's</i>	<i>9 5/17</i>			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> COPY SENT TO C. C. H. Q. ST. JOHN'S, N.F.D. <i>3108/20</i> DATED _____ </div>									
To be carried over									

Army Form B. 121.