



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 11313 Name William Ross Corps Inf

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

1. What is your name? ..... 1. William Ross
2. What is your full Address? ..... } 2. 11313
3. Are you a British Subject? ..... 3. ....
4. What is your age? ..... 4. 21 Years 7 Months
5. What is your Trade or Calling? ..... 5. Labourer
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. ....
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. ....
9. Are you willing to be enlisted for General Service? ..... } 9. ....
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. Yes

I, William Ross 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.

.....SIGNATURE OF RECRUIT.  
.....Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this.....day of.....191

Signature of Attesting Officer Henry J. [Signature]

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....1911 }  
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 William Reed

Apparent age 21 years 2 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 32 inches  
 Range of expansion 2 inches

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

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Reed

1234 N.D. Rd. | 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.

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

#### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

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

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

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



# FIRST NEWFOUNDLAND REGIMENT

4263

## ATTESTATION OF

No. 4263 Name William Reed Corps Inf

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>William Reed</u>                |
| 2. What is your full Address? .....  | 2. <u>Miles Cove N.D. Bay.</u>        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                         |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>7</u> Months    |
| 5. What is your Trade or Calling? .....  | 5. <u>Postman</u>                     |
| 6. Are you Married? .....  | 6. <u>No</u>                          |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                          |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                         |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                         |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.....                                      | 10. { Name .....<br>Corps. <u>Inf</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                        |

ON THE DURATION OF THE WAR.

I, William Reed 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.

H. 20. 12. 17

William Reed SIGNATURE OF RECRUIT.  
Robert Peel Signature of Witness.

12  
31  
25  
15  
86

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

I, William Reed 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 20th day of Dec. 1917

Signature of Attesting Officer Henry J. Jones

### †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 Dec. 20th 1917

Place St. Johns

} 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 William Reed  
 Apparent age 21 years 2 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 32 inches  
 Range of expansion 2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jasper Reed  
Miss Cox N.D. Bay | Relationship Father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>20-12-17</u>									
Joined at <u>St John's</u> on <u>December 20</u> <u>1917</u>									
<u>Discharged</u>									
<u>Embarked St John's St. Helier, to Halifax N.S. 29/18. Embarked for B.C. 2/7/18. Disembarked France 5/7/18. Joined Bn in the field 9/7/18. Admitted 3 Lon. Gen. Staff Cavalry 11/10/18. Transferred to Cavalry 25/10/18. Admitted 3 Lon. Gen. Staff Warminster 25/11. Transferred to Military Staff Battalion 20/11/18. Posted to Winchester 21/1/19. Reformed staff for discharge 20/1/19. Arrived H.Q. 7/2/19.</u>									
<u>Demobilization St John's</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 15-3-19 (date of discharge) 1 years 86 days  
 Reattaches Pensions 15/19 " 20 demobilized 7/19 " " 125 " " 125 " " 1201/365



J 4263

March 22nd, 1919.

O. C. Discharge Depot.

No. 4263 Pte Wm. Reid

The above noted man was sent down to me from the Vocational Office after a telephone conversation with Capt. Murphy.

He was before me for discharge on March 1st and as he reported himself NOT in a position to resume civilian occupation was sent to Vocational Officer. He was looking for work as Labourer. He brought back from that office Form B and his discharge was proceeded with.

We dealt with him in this office as a St. John's man. His address was given as 13 Cuddihy Street, St. John's.

The burden of his being sent to me now is that not having obtained employment and prospects not being bright in that direction, a claim is made that he is unable to proceed to his home at Sunday Cove Island, N.D.B. This I find is the address given on enlistment but his wife has been living in St. John's since he went overseas and he was accordingly placed in the St. John's Group on the last draft.

His discharge has been approved by the Paymaster and, as I understand it, he should now be looked after by the Civil Re-Establishment Committee. The matter is sent to you for information and a decision please.

*C.M.A.* Captain.  
Demobilisation Officer.



✓ 263. W. Reed.

Fergus  
14 ~~Fergus~~ Place Middle St



C.R.4263

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED BY Officer i )c Records from 7-7-19.

4263 Pte. Wm. Reid

C.R. 4263

Extract from Daily Orders Part 11 Unit The Nfld. Forestry  
Corps. July 3rd, 1919.

4263 Pts. Wm. Read

App. in D.O. Pt. 11 No 31 (1919) as "Discharged approved  
22-6-19" This entry is cancelled.

C.R. 4263

Extract from Daily Orders Part II Unit The Royal WFLD,  
Regt. St. Hogn's, June 25th, 1919

The discharge of the undernotes on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 22-6-19

~~4263x~~

4263 Pte. Wm. Reid.



C.R. 4263

Nfld Forestry  
Extract from Daily Orders Part 11 Unit The ~~Regt.~~  
Coy.,  
Regt. St. John's, June 24th, 1919.

The discharge of ~~xxx~~ the undernoted on demobilization has  
been APPROVED by O.C. Discharge Depot with effect from  
22-6-19.

4263 Pte. Wm. Reid.

C.R. 4265

Extract from Medical Board held on Tuesday afternoon  
1919.  
June 17th./the following were the findings.

#4262 Pte. ~~McCartney~~ W. Reid.

RECOMMENDED DISCHARGE FROM THE ARMY.  
ADMISSION TO MILITARY HOSPITAL.

C.R. 4263

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated June 12th 1919.

Reattested for duty from 15/3/19.

4263, Pte. W. Reid.



C.R. 4263

Extract from Daily Orders part 1, Depot St. John's  
dated March 20th., 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by Officer i/o records on 15-3-19.

*Confirmed*

#4263 Pte. Wm. Reid.

C.R. 4263

Extract of DAILY ORDERS, PART 11, ROYAL NEWFOUNDLAND  
REGIMENT, St. John's, NFLD. March 4th 1919.

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The discharge of the undernoted on demobilization has  
been APPROVED by O.C. Discharge Depot on noted date.

~~1/5/19.~~

#4263 Pte. W. Reid.

C.R. 4263

Extract from Daily Orders Part 11 Unit The Royal Rifles, Regt  
St. John's, 21-2-19.

The Undernoted Rg turned down Overseas and Reported to  
Depot 7-2-19.

Reprinted on A.F. 2179.

4263 Pte. Wm. Reid.



C.R. 4263

Extract from Nominal Roll of the Royal Nfld. Regt  
Embarked S.S. Corsican. Jan. 30/19.

4263 Reid.

C.R. 4263

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. ~~strengthened~~ By Lt. Col., B.J. Barton, D.S.O. Commanding  
2nd Bn., 20-1-19.

The following having reported back from the 1st Bn. is  
taken on the strength and posted to H. Co. 21-1-19.

4263 Pte. W. Reid.

C.R. 4263

Extract of Casualties from P & R.O. London Jan 1919.

The undermentioned, ex 3rd London General Hospital 7/1/19 is granted furlough to 16/1/19; he is marked unfit for further Military Service.

4263 PTE.W. Reed.

A.Fs. W.3201 from 3rd L.G.H.

C.R. 4263

Extract from Casualties received from Pay & Record Office,  
London, Dec. 28th, 1918.

4263 Pte. W. Read.

Was transferred from the 3rd L.G.H. to Holborn Military  
Hospital, Mitcham S.W., on 30-11-19.

C.R. 4263

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 21/11/18.

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TO ENGLAND.

#4263 Pte. W. Reid.

25/10/18.



C.R. 4263

Extract from Casualties received from Pay and Account Office  
London, dated 11th December 1918.

#4263 Pte. W. Reed.

was transferred from Military Hospital, Mitcham, to 3rd., London  
General Hospital on 9/12/18.

AUTHORITY Memo from 3rd., L. G. H.

C.R. 4263

Nov. 6th., 1916.

Mrs. Wm. Reid,  
14 Fergus Place off New Gower St.,  
City.

Dear Madam:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4263 Private Wm. Reid, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

Oct. 30

18

Dear Mrs. Reid :

*I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that*

**No. 4263, Private William Reid is at 3rd London General Hospital, Wandsworth suffering from kidney trouble.**

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

*Minister of Militia*

**Mrs. W. Reid**

**Fergus Place**

**New Gower Street**

**NEWFOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address **Dep of Militia.**

Line Number _____	Recd _____	By _____	Sent _____	by _____	Check _____
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*Dated***Oct. 30th, 1918***To***Joseph Reid, Miles cove, N.D.B.**

Regret to inform you that Record Office, London,  
officially reports **No. 4263, Private William Reid**  
**at 3rd London General Hospital, Wandsworth suffering from**  
**kidney trouble.**

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

**J.R. Bennett**

Minister of Militia.

Chge Dept of Militia.

**FOR TYPEWRITER**

C.R. 4263

Extract from Nominal Roll of Sick and Wounded from the France  
Expeditionary Force to the 3rd., London General Hospital on  
25/10/18.

RENAL CALCULUS. #4263 Pte. W. Reid.



C.R. 4263

Extract from Nominal Roll of Sick and Wounded from the France  
Expeditionary Force to the 3rd., London General Hospital on  
25/10/18.

RENAL CALCAIUS. #4263 Pte. W. Reid.

CF. 4263

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



NO 1 RECORD OFFICE - P R E S T O N.

LIST NO.H.A. 30207.

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ADMITTED 3 CAN. GEN.H. BOULOGNE 11 OCT.18.

31498 Pte. Bowie E. .... 13/E.Lanc.R. .... Trench Fever Slt.  
 19393 Pte. Charles S. .... 1/E.Lan.R. .... W.Gas Shell Slt.  
DIS. TO ST MARTIN'S CAMP DETA. EX 3 CAN. GEN.H. BOULOGNE 11 OCT.18.  
 52058 L/C. Slieto W. .... 1/8 Lan.Fus. .... Osteo-arthritis R Knee Jt.Slt

ADMITTED 7 CAN. GEN.H. ETAPLES 10 OCT.18.

50415 Pte. Auckland C.E. .... 8/Lances. .... GSW Foot L.  
 42219 Pte. McCarthy J. .... 2/Lances. .... SW.Hand L.  
 43232 Pte. Pilgrim H. .... 1/Lances. .... GSW Thigh L.

NO TWO RECORD OFFICE - P R E S T O N.

LIST NO.H.A. 30207.

1992  
2661



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ADMITTED 3 CAN. GEN.H. BOULOGNE 11 OCT.18.

90665 Pte. Bolton D.S. .... 12/K.L'pool.R. .... F.U.O.Slt.  
 265495 Pte. Dickenson S. .... 1/12 N.Lan.k. .... F.U.O.Slt.  
 30975 Pte. Stobbs T.W. .... 1/4 N.Lances.k. .... Hernia L Ing.Slt.

DIED IN 7 CAN. GEN.H. ETAPLES 10 OCT.18.

31990mPte. Tomlinson W.K. .... 2/4 L.N.Lances. .... GSW Chest.

ADMITTED 3 CAN. GEN.H. BOULOGNE 11 OCT.18.

24862 Pte. Yates A.E. .... 1/4 N.Lances.R. .... Inf. Stomach Slt.  
 40256 Sjt. Roberts B. .... 2/N.Lan.R. .... ICT.L.Leg Slt.  
 17824 Pte. Pearson T. .... 2/N.Lan.R. .... ICT L Knee.

ADMITTED 7 CAN. GEN.H. ETAPLES 10 OCT.18.

50415 Pte. Auckland C.E. .... 8/Lances. .... GSW Foot L.  
 42219 Pte. McCarthy J. .... 2/Lances. .... SW.Hand L.  
 43232 Pte. Pilgrim H. .... 1/Lances. .... GSW Thigh L.

N E W F O U N D L A N D - E X P E D I T I O N A R Y F O R C E.

LIST NO.H.A. 30207.

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4253 Pte. Reid W. .... 1/R.Newf'nd.R. Haematuria Mild. .... Adm. 3 Can.Gen.H.Boulogne 11.Oct.18.

A D M I R A L T Y.

LIST NO.H.A. 30207.

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Lz7151 A.B. Read F. .... RNVR.Coast. Myalgia ? Tbe. .... Adm. 3 Can.Gen.H.Boulogne.11 Oct.18.  
 Def.Petit Fort. Lungs Mild.  
 B'logne.

C.R. 4263

Extract from Nominal Roll to B.E.F. embarked  
Folkestone. 2-7-18

#4263 Pte.W.Reid.

4263

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

4263 Pte. Reed W.

C.R.

4263

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., Dec.20th, 1917.

4263 Pte. W. Reid.

Attested for General Service with the 1st Nfld. Regt. with  
effect from Dec.20th/17.



W. Reid

4263

P. & P. Q

*Copy*

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

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

Royal Newfoundland.

1. Unit and Corps..... 7. Former Trade or Occupation } **Fisherman.**
2. Regtl. No. **4263**..... 3. Rank. **Private.**..... 7a. If the soldier claims previous service in Army, he should state—
4. Name **REID William Henry.**..... (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday..... **23 yrs.**..... (b) Date of Discharge;
6. Posted for duty on **19/12/17** at **St. John's**..... (c) Cause of Discharge.
- in category (or grade) **A. 1.**.....
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  
(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 general 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."

11. Date of origin of disability. **7/10/18**
12. Place of origin of disability. **France.**
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. **Was sent to C.G.S. with symptoms of kidney trouble. Transferred to No. 3 General Hosp. France and then to 3rd. London General Hospital.**

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

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., 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? **The symptoms of concomitants with temporary attacks of Albuminuria and pus have cleared up under treatment.**
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature? **NO.**
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? **N/A.**
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— **Transfer to convalescent home.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

**Signed**

**H. S. B. Carlvon Capt. RAMC(T)**

Medical Officer in charge of case.

Station .....

Date .....

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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.  
 (b) The present condition thereof.

*Pyelitis.  
 Traces of Blood spots in  
 urine now subsided.  
 X-Ray negative.*

22. State whether the disabilities are:—

- (i) Service during the present war .. ..  
 (ii) Previous active service .. ..  
 (iii) Climate in pre-war service .. ..  
 (iv) Ordinary military service before the war .. ..  
 (v) Serious negligence or misconduct on the part of the soldier .. ..

(a) Attributable to

(b) Aggravated by

*Hk. + G. L.*  
 .....  
 .....  
 .....  
 .....  
*No*  
 .....

Give details:

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

*✓*

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

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

*6 months*

*30%*

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).

30%

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

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

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

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

Yes

Opinion of Military Member in case of disagreement.

OR

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

Return to Newfoundland

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

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

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

Yes

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

29. Does the soldier require:—

(a) An attendant for his journey home?

No.

(b) Transport from railway station to his home?

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

Signatures:—

B. G. ... } President or Chairman.

Station ... Wandswoth ... W.S.D. ... } Members.

Date ... 4-1-19 ...

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

Station ... Officer in charge, Central Hospital. } Only applicable in cases of Patients in Hospitals.

Date ...

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 ...



**Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

**NOTE.**—On receipt of this notification the Officer i/c Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

## Part I.

A.F. W. 3977a has been sent to  
O.C.

The Officer i/c Records,

A.F. W. 3977c has been sent to  
The Regimental Paymaster,

58 Victoria St

58 Victoria St

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.\*

No. 4263 Rank Pioneer  
 Name Reid (Surname) William (Christian name in full)  
 Station London General Hospital  
 Date 13 DEC 1918  
 \* Strike out if inapplicable.

*W. J. G. H. M. D.*  
 Officer i/c Hospital.

**NOTE.**—If the soldier is repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records:—

The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).

- (i) Where enlisted \_\_\_\_\_  
 (ii) Date of arrival in United Kingdom \_\_\_\_\_  
 (iii) Port of arrival \_\_\_\_\_  
 (iv) Ship on which arrived \_\_\_\_\_  
 (v) Name of Shipping Line or Agent \_\_\_\_\_  
 (vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_

If such a case the Officer i/c Records is to verify the soldier's claim forthwith and report on Part II, of this Form whether the claim is substantiated or not.

## Part II.

Officer i/c Hospital,

The soldier's claim to be repatriated abroad\* \_\_\_\_\_ accepted. { Insert "is" or "is not,"  
 On termination of his leave he is to report to the Officer Commanding, \_\_\_\_\_ { Strike out if  
 at \_\_\_\_\_ (Station) } inapplicable.

Station \_\_\_\_\_

Date \_\_\_\_\_ 191 \_\_\_\_\_

Officer i/c \_\_\_\_\_ Records.

Cable Gram

St. John's. 14 Tergus. Place. ~~M.~~ Reid.

144

No. 4263.

Cable ~~£5.~~ five pounds

Cable to Mrs. ~~M.~~ Reid.



Cable  
1/4 -

10/-

Approved

Subscribed Capt. Name







To Paymaster  
Royal Newfoundland Regt.  
58 Victoria Street

Please pay to  
4263 Pte W. Reid the sum  
of one pound £1.0.0 and  
deduct from his account

Wandsworth

26-11-18

Approved  
J. M. [unclear]  
Capt Name

~~HC~~



OK £1-0-0

8/11/18  
Wm [unclear]

Receipts 9999

WATERLOO GENERAL HOSPITAL R.I.A.  
REGISTRY  
22 NOV 1918  
Records  
WARD 63

London Gen  
Hosp  
Wandsworth  
Capt  
S. M. M. C. P.S.A.

INITIALS  
P.S.A.

Will you kindly allow  
me to draw £9 from my  
Credit your favourably  
Yrs  
W. Reid (4263)  
Royal N. H. & D. Regt

WATERLOO GENERAL HOSPITAL R.I.A.







Ward 10  
London General  
Hospital  
Wandsworth  
1-11-18

Sir

I want to draw the sum of  
one pound and charge to  
my credit

*HC*

and oblige  
yours Obedient

4263 Bt. W Reid.

Royal Newfoundland Regt

*C.R. £1-0-0 P.R. 1/1/18*

*Receipt No. 9462*

FILE	BRANCH
	INITIALS P. J. H.

*Approved  
Wm. R. Smith  
Registrar, R.A.M.C.*

3rd London General Hospital  
WANDSWORTH, S.W.

OK-1-000 58. Victoria street  
3rd. London.  
Receipt 9695  
General Hospital  
Windsor. London

Dear Sir

Would you please give  
to H 263 Pte W. Reid the sum  
of one pound. and charge P.D.  
it to his account.

Pte. W. Reid.

SEE NOTICE AT BACK.

POST OFFICE TELEGRAPHS.

No. of Telegram

A.

Prefix

Code

(Inland Telegrams.)

For Postage Stamps.

To be affixed by the Sender.

Any Stamp for which there is not room here should be affixed at the back of this form.

A Receipt for the Charges on this Telegram can be obtained, price One Penny.

Office of Origin and Service Instructions.

Words.

Sent

At \_\_\_\_\_ M.

To \_\_\_\_\_

By \_\_\_\_\_

Charge.

When a reply is to be prepaid, write the words "Reply Paid" in the space below. These words are not charged for.

TO {

~~Mr~~ Jasper Reid  
Roberts Chem.  
WAB (Nfld)

93

12 words, including the words in the address

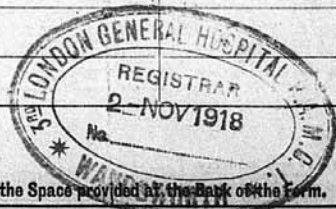
Cable fine found through  
Minister Militia

9 D  
Every additional word, 1/2 D.

FROM {

W Reid  
his name with  
Horse  
Winnipeg

The Name and Address of the Sender, IF NOT TO BE TELEGRAPHED, must be written in the Space provided at the Back of the Form.



POST OFFICE GENERAL  
NO.  
8-NOV1918

Chief Paymaster's Officer  
R.N.F.I.D. Contingent  
58 Victoria St.  
London S.W.1

Please remit to 4263 Pte W. Reid  
the sum (one pound) ~~15~~ on account  
of any balance that may be due to me

4263 Pte W. Reid  
R.N.F.I.D. Regt.

7/14/18

*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*

OK F1-0-0  
Receipt 2265  
7/14/18

P.A.A.

To Paymaster  
1st Royal Nfld Regt.

58 Victoria St.

Please pay ~~£~~ <sup>2<sup>00</sup></sup> 4263

Pte W. Reid the sum of Three  
pounds and deduct from  
his account

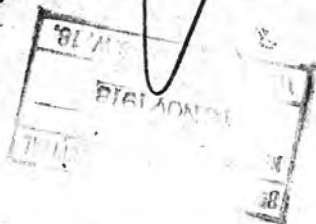
~~£ 1-0-0~~ £ 1-0-0 GOS 16/11/18

3rd London General Hosp.  
Wandsworth

Approved

Saturnus Capt Home

16. 11. 18



O.K. 1-0-0

~~£ 1-0-0~~ M.R 16/11/18

Receipt no

P.L.D



admitted 25 10 18

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.



No. \_\_\_\_\_ Date 30/10/18

\*(1) To the Officer i/c Records } 58

\*(2) The Officer Commanding } R. Read

\*(3) The Paymaster } 58 Victoria Road Station.

\* Strike out that which is inapplicable.

Regimental No. 4263

Rank and Name. Plie Read W

Regiment or Corps R. med

has been granted a furlough from transferred to on 30/10/18

His address while on leave will be 15 Herborn Military Hosp Mitcham

I consider he is fit for \* I. DUTY. \* II. COMMAND DEPOT. \* III. EMPLOYMENT. J.A.C.

\* Strike out that which is inapplicable.

Officer in charge Lt. Col. Hospital. Registrar, R.A.M.C.I. Station.

Four copies to be made, and one copy sent to the Officer mentioned above and one copy filed in the office. 3rd London General Hospital, WANDSWORTH S.W.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and Q.C. shown in the Schedule.

**C. 2.—Casualties.**

**COLONIAL CONTINGENTS ONLY.**

Army Form W. 3026a.

HOLBORN MILITARY HOSPITAL,

(Continuation Sheets are supplied separately.)

WESTERN ROAD, MILBAM,

HOSPITAL, at \_\_\_\_\_

Affiliated to \_\_\_\_\_

NOMINAL ROLL of Sick and Wounded from the \* FRANCE **Expeditionary Force**

admitted on 30th November 1918 from Hospital Ship \_\_\_\_\_

\* Here insert which Expeditionary Force.

Southampton  
or  
Dover.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, Alexandra House, Kingsway, W.C.
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admission, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
<del>4263</del>	<del>Pte</del>	<del>Reed William</del>	<del>1st Bn. R. Buffs.</del>	<del>Severely wounded from 9th London Hospital</del>
<div style="font-size: 4em; opacity: 0.5;">X</div> <div style="position: absolute; right: 0; bottom: 0; font-size: 2em;">                 W.G. Hunt                  Major Ramey             </div>				

No.  
93

*Pay*

# ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES  
CABLEGRAM

SENT

FOR STAMPS

Prefix

Code

At

To

By

WORDS

CHARGE

VIA ANGLO.

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

4/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To JASPER REID

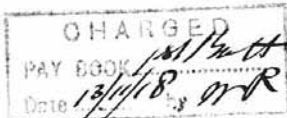
ROBERTSARM NDB (Newfoundland)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA

REID

*Express Rate 1/4 forward  
Charge 4/263 Reid*

*10/*



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.

No.

144

*pm*

# ANGLO-AMERICAN

WESTERN UNION  DIRECT UNITED STATES  
CABLEGRAM

Prefix _____		Code _____		At _____		FOR STAMPS	
WORDS	CHARGE	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.			
10	1	<b>VIA ANGLO.</b>					

26/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS REID

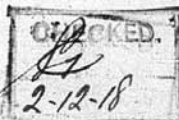
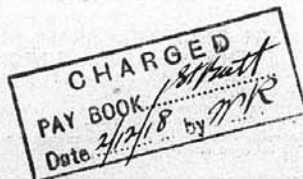
14 FERGUS PLACE STJOHNS (Newfoundland)

CABLE FIVE POUNDS

REID

*change of 42 63* →

*10/*



Authorized.

NOT TO BE  
TELEGRAPHED.

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

Signature \_\_\_\_\_

Address 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.



**Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

**NOTE.**—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

A.F.W. 3977a has been sent to  
O.C.

Part I. of this Army Form  
A.F.W. 3977a has been sent to  
The Officer i/c Records,

The Regimental Paymaster,

58 Victoria St.

58 Victoria St.

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.



No. 4263 Rank Private

Name Reid (Surname) William Henry (Christian names in full)

Unit and Corps R. Newfoundland

Station LONDON GENERAL HOSPITAL  
MEDICAL BOARD.  
 Date 13 DEC. 1918

W. G. ...  
 Officer i/c Hospital.

**NOTE.**—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).

- (i) Where enlisted \_\_\_\_\_
- (ii) Date of arrival in United Kingdom \_\_\_\_\_
- (iii) Port of arrival \_\_\_\_\_
- (iv) Ship on which arrived \_\_\_\_\_
- (v) Name of Shipping Line or Agent \_\_\_\_\_
- (vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977a whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T.F. Association, and forwarded without delay to the Officer i/c Records.

Station \_\_\_\_\_  
 Date \_\_\_\_\_ 191 \_\_\_\_\_  
 Officer i/c Hospital.

C.K.f 1-0-0 W.R. 14/2/18 3<sup>rd</sup> London General Hospital  
Receipt No. 10352 Dec 16<sup>th</sup> 1918

To Paymaster

Please pay to me the sum of 1<sup>£</sup>  
one pound and charge it to my account and  
oblidge

~~AC~~  
W. Williams Reid  
# 4263 R. N. F. L. D. Regt.



Subscribed  
Capt Ross

R.D.



325 LONDON GENERAL HOSPITAL  
No. 23 DEC 1918  
WARDSWORTH S.W. 19.

325 London General Hospital  
Wandsworth S.W.  
Dec 23<sup>rd</sup> 1918

To Paymaster

*Arthur  
Wago  
Wandsworth*

Six

Please pay to me the sum of £1. One Pound  
and charge it to my account and oblige

OK £1-0-0  
Receipt 37  
Dec 23/18

*A. Reid W.*

4263 Royal Newfoundland Regt

P. P. A.

4263

(201), W5481-P902. 8m. 9-8-18. C.P.&amp;S.Ltd

Army Form W. 3068.

## Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

STATEMENT showing the Articles in possession of (Regimental No.,

Rank and Name)

Pte Reid Rnld

proceeding from the ~~8th~~ LONDON GENERAL HOSPITAL.

to the \_\_\_\_\_

Date of Enlistment \_\_\_\_\_ Date of Transfer \_\_\_\_\_ 191

**FOR DETAIL OF ARTICLES, see overleaf.**

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station \_\_\_\_\_

Theobaldton Cpls

Commanding Squadron, Battery, &amp;c.

Date

7 JAN 1919

Name of Unit man is leaving

(2) Station \_\_\_\_\_

Commanding Squadron, Battery,  
or Company.

Date

7 JAN 1919

Name of Unit man is joining.

# Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

CLOTHING	No.	NECESSARIES	No.
Aprons, <del>kit</del> ... ..	1	Badge, cap ... ..	1
Boots, ankle, pairs ... ..	1	Bag, Kit ... ..	1
Caps, Service Dress ... ..	1	Braces, pairs ... ..	1
<del>Caps, Glengarry</del> ... ..	1	Brass, Button ... ..	
Drawers, pairs ... ..	1	Brush, Brass ... ..	
<del>Frocks, Canvas</del> ... ..	1	"  Blacking ... ..	
Greatcoat, D.M. ... ..	1	"  Clothes ... ..	1
Jackets, Service Dress ... ..	1	"  Hair ... ..	1
Kilts ... ..	1	"  Polishing ... ..	1
<del>Pantaloon, cord, pairs</del> ... ..	1	"  Shaving ... ..	1
Putties, pairs ... ..	1	"  Tooth ... ..	1
Spurs, Jack, pairs ... ..	1	Cap, Comforter ... ..	
Trousers, Service Dress, pairs	1	Comb, hair ... ..	1
Trousers, Canvas or Khaki )		Disc, identity, with cord ...	
Drill Overalls, pairs    )	1	Fork ... ..	
Waistcoat, cardigan ... ..	1	Garters, Highland, pairs ...	
Coat, Waterproof ... ..		Holdall ... ..	
Gloves, leather, pairs ... ..		Hose Tops, pairs ... ..	
Gloves, Motor Cyclist, pairs...		Housewife ... ..	
Goggles, pairs ... ..		Knife, Clasp... ..	
		Knife, Table ... ..	
		Laces, leather, spare, pairs	1
		Shirts, flannel ... ..	1
		Socks, worsted, pairs ... ..	1
		Spoon ... ..	
		Titles, metal, pairs ... ..	
		Towels, hand ... ..	
		Wax Polish, tin ... ..	
		Razor	1

I certify that this statement is correct.

Date 7 JAN 1919

Signature of the Soldier Reid R RE

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

R. Newfoundland (Regiment).  
 No. 4263, Rank Private, Name Reed W. J.  
 is discharged from \* 3rd London General Hospital  
 with orders to proceed to his home:  
 (Address 58. Victoria Street Wandsworth)



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

W. Binley Officer-Commanding.  
 Place Wandsworth Capt. PAMEL  
 Date 4/1/19 Registrar, R.A.M.C.F.  
3rd London General Hospital }

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

WANDSWORTH, S. W.

Vertical handwritten note: 3rd London Genl Hosp 16-1-19

*admitted 9-12-18*

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

Soldier's Regtl. No. } 4263 Rank P/1e

Name Reed W  
(Surname first)

Corps or Regiment (also Unit if known) } Rifed Regt

To Officer i/c of Records 58 Victoria St

Regimental Paymaster " "

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the

4-1-19, has been sent to ~~his home~~ <sup>the address below</sup> ~~to~~ await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and outfit of plain clothes.~~

He proceeded on (date) 7-1-19

to (full address) 58 Victoria St

Date 7/1/19 W. S. M. J. { Officer  
Comm.

Place London Registrar, R.A.M.C. Hospital.

Three copies to be sent to London General Hospital mentioned, and one copy sent to the Office above.



Reid, W.

4263

Ray Sept.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4263 Rank Pl Name J. P. Reid  
 Intended place of residence 13 Cudding St City

2. Occupation fisherman  
 Classification of soldier E Medical Category A 1

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

**Eligible for War Service Gratuity**

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

Place .....  
 Date 1-3-19 ..... H. Mars Lt.  
 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. JOHN'S ..... Wm. J. Reid  
1-3-19 ..... J. P. Reid  
 Signature of soldier  
C. 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 ..... Wm. J. Reid  
1.3.19 ..... J. P. Reid  
 Signature of soldier  
C. Dicks Capt.  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 3. 1. 18 ..... No of days on Military  
 Discharged from service 1. 3. 19 ..... Service 437

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S ..... R. H. Sait Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date MAR 1 1919 .....

### CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld. ..... M. Bowley Capt.  
 Date March 15/1919 ..... Officer i/c Records  
 The Royal Newfoundland Regiment

A. B. 2079/1368

# The Royal Newfoundland Regiment

PI 2-1

DEMOBILIZATION OF

Reg. No. 4263 Rank Pl Name Leid William  
 Date of Enlistment 3-1-18 Address St John's District St John's  
 Occupation ..... Classification for Discharge E1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....  
 Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	3
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

Date 1-3-19

H. Mearns  
for O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment

I am that in a position to resume civilian occupation.

Wm Reid  
and Thomas

Particulars passed to Vocational Officer for information and action.

Date 1-3-19

C. D. Dicks

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Joseph A. Brown

Date 1-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

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

Date .....

*R.A. 1.*  
*O. 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 <sup>15-3-19</sup> .....

Date .....

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

*H. Mews Jr.*  
Depot Paymaster.

Discharge approved for <sup>1.3.19</sup> .....

Forwarded with following documents to O.C Discharge Depot.

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

Date <sup>1.3.19</sup> .....

*O. Dicks Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

MAR 1 1919

Date .....

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

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

Date .....



March 15, 1919

#4263 Pte. William Reid,

#13 Cuddihy St.,

City

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1368."

Yours truly,

Captain  
Paymaster & O.I/c Records

# The Royal Newfoundland Regiment

Class for Demobilization—

*E.*

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *28.2.19* .....

Regimental No. *4263* .....

Name *Reid Wm PKE* .....

Address *13 Quasby Street* .....

Present Medical Category *A.* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing~~ Medical Board .....

Members of Board {

*R.H. Dait Capt.*

O.C. Discharge Depot.

*W. Baker*

Senior Medical Officer

*See Gordon*

M. O. Depot

## 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:

*Require work as Labourer.*

Signature of Man.

Reg. No. *4263. Williamsford*

*L. Murphy: Capt*  
Signature of the Vocational Officer or his Representative.

Place *Dept. Shilika:*

Date *Shanda 1st,* 191*9*





## 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 *William Reid*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4263*

Intended address *St John's*

Height on discharge *5 Feet 6*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Jasper*

Christian name of Mother *Mary*

Wife's maiden name in full *Hyacinth*

Date and place of marriage *St John's 1917 October*

Christian names of children *Phuby*

Place and date of soldier's birth *Notre Dame Bay 1897*

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)

*William Reid* witness *Blair Michael*  
*mark* (Rank) *Plt*

Station

*St John's*

Date

*1st March*

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.  
Unit, or Command Depot.

Station

Date

July 7, 1919

#4263 Pte. William Reid,

Mills Cove,

Twillingate.


Dear Sir:-

Please find enclosed Discharge Certificate

No. 2759.

Yours truly

Captain  
Paymaster & U.I/c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4263 Rank..... Pte Name..... Reed Wm.  
 Intended place of residence..... Mills Cove  
 2. Occupation..... Fisherman  
 Classification of soldier..... B Medical Category..... 2

3. The above named man is discharged in consequence of

### DEMobilIZATION

~~Eligible for War Service Gratuity~~ *HM*

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S .....  
 Date JUN 20 1919 .....  
*J. M. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S .....  
 Date JUN 20 1919 .....  
*Wm. Reed*  
 Signature of soldier  
*J. A. Snowball*  
 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, ST. JOHN'S .....  
 Date 20.6.19 .....  
*Wm. Reed*  
 Signature of soldier  
*W. J. Dalton*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 20-12-17 ..... No. of days on Military  
 Discharged from service. 22-6-19 ..... Plus 14 days Service. 564

### 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 .....  
*R. H. East Major*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S .....  
 Date July 6/1919 .....  
*M. Howley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*W. B. 2079/2109*



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 263 Rank Private Name Reid Wm  
 Date of Enlistment 17 Address Mills Cove District Gate  
 Occupation Fisherman Classification for Discharge B Medical Category 1  
 Recommendation S.M. permissible Disability Rating 20% 3 Mus  
 Passed to Demobilization Officer with following documents:—

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

Date 20-6-19 O. C. Discharge Depot. Wm Reid

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am Wm Reid in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Wm Reid

Date 20-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at Wills Lane Swillingate and Release Certificate No. 2931 issued.

Date .....

20-6-19

J.A. Snowlett  
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 6-7-19

Date .....

20-6-19

H. Must  
Depot Paymaster.

Discharged approved for .....

22-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1 Reat 1 2 Form B
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date .....

20-6-19

J.A. Snowlett  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

~~Eligible for War Service Credit~~ *HM*

Date .....

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

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

Date .....

## 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 resume former Occupation.

*Neil Wm.*

Signature of Man.

Reg. No. 4263

*J. A. Snowlett*

Signature of the Vocational Officer or His Representative.

Place **ST. JOHN'S.**

Date **20-6-19** 191



# The Royal Newfoundland Regiment

Class for Demobilization: —

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No H 263 .....

Name Brid. Wm Rank Plt .....

Address Melles Cove N. U. Bay .....

Present Medical Category E .....

Recommended for: — { (a) ~~Immediate discharge~~ .....

(b) Standard Medical Board .....

Members of Board {

R. H. Lant Major  
O.C. Discharge Depot:

Spencer  
Senior Medical Officer

J. W. Curden  
M. O. Depot



Department of Militia, Newfoundland  
Medical Department

*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...**St. John's**.....

Date.....**June 10/1919**.....

1. Unit **Royal Newfoundland**

5. Age last birthday **22 Years.**

2. Regimental No. **4262.**

6. Enlisted on **1917.**

3. Rank **Pte.**

at **St. John's.**

4. Name **Reid Wm.**

7. Former trade or occupation **Fisherman.**

8. Disability

**Nephritis.**

9. History

**He was discharged in Feb. 1919. Al. & started work. & after 2nd. Day discover ed Blood in Urine. Stopped work & has been off ever since.**

10. What is his present condition ?

He states that Urine is clear now But that there is pain before Disial & after she act. & that there is difficulty in starting the funstun. He states there is also pain in the Left Loaf Posteriorly.

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

Signature (SGD.) J. ST. P. KNIGHT.

Rank or Qualification

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

The was discharged in New York City on 10/10/1918. He was discharged in New York City on 10/10/1918. He was discharged in New York City on 10/10/1918.



## 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:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Has quite recently Developed symptoms of Nephritis. At present there is Albumen in Urine.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **20%.**

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

(State in percentage.)

**20% 3 Months. & M.I.D. HP.**

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

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

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

**L. PATTERSON... MAJOR.** .....

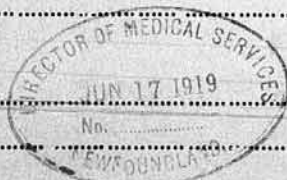
Place **St. John's** .....

Date **June 17/1919.** .....

APPROVED

Station .....

Date .....



**(SGD) CLUNY MACPHERSON, MAJOR.** .....  
Administrative Medical Officer.

No 4263  
W Reid

I.....a discharged soldier of the Royal Newfoundland Regiment, hereby agree to serve in the Royal Newfoundland Regiment, Home service as long as my services shall be required, under the same terms and conditions under which I was serving before discharge.

his  
William X Reid  
mark

No 4263  
W Reid

I.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and I will do, 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.

his  
William X Reid  
mark

Place.....Campville, Barwick  
Date.....10-6-19  
Effective.....15-3-19

WITNESS.....R Edwards

Could not get home before  
discharge in error  
E



## 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 Office 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 *Reid, William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4263*

Intended address *Hells Cove Hosp*

Height on discharge *5 Feet 6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *Marian*

Wife's maiden name in full *Liza Leonard*

Date and place of marriage *December 1917 St John's*

Christian names of children *Ruby*

Place and date of soldier's birth *Hells Cove Hosp 28-10-1897*

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) *W. Reid* *He*  
*med* (Rank)

Station \_\_\_\_\_ Date *16/6/19*

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.



Station \_\_\_\_\_

Date \_\_\_\_\_







# THE ROYAL NEWFOUNDLAND REGIMENT

## DISCHARGE DEPOT

5353

ST. JOHN'S, NEWFOUNDLAND,

June 11th, 1919

From Adjutant,  
Discharge Depot

To Paymaster and Officer i/c Records,  
Militia Department

✓ 4263 Pte. W. Reid

*Sunday Cove Island  
on 10/13*

The above mentioned was discharged on March 15th last under the impression that his home was in St John's. As a matter of fact his home is in Notre Dame Bay and he has in consequence been unable to get home since. We have now reattested him as from the date of his discharge. He is married and his wife was receiving separation allowance prior to his discharge, so that she will now become entitled to the same as from the date of his reattestation and we are arranging for him to make an allotment for that purpose.

He states that he has already received all but one month of his War Service Gratuity. His board has been paid since his discharge pending his being able to get home.

*Noted C.B.H.  
Dis 22/6/19  
LRC/C*

*V.R. Cooper  
Lieut & Adjt.*







DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *William* 2. Surname *Reid*

3. Rank *Private* 4. Regt. No. *4263*

5. Address in full to which future payments of gratuity are to be forwarded *13 Caddis St.*

6. Date of enlistment in the Regiment *St. John's Sept 25/17*

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

*Mrs. Lydia Reid*  
8. Relationship of such dependents *wife*

9. Address in full of such dependent *13 Caddis St.*

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 *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *Sept 25/17 to March 1/19* date of temporary discharge



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.....

*clothing allowance \$60 -  
P.D.P. etc. 90*

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

*No*

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

*No*

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

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*No*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

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

*Mar 1/19  
Temporary*

*Demobilization*

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

*France & Belgium - From July 5/18  
to Oct 7/18.*

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:

*his*  
*William Reid*  
*13 Cuddy St. St John*

Place of Residence:

*13 Cuddy St. St John*

Declared before me at:

*St John's, Nfld*

This

*4th* day of *March* 19*19*

*John M. Carty*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>4 mos</i>	<i>400.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Byraster.

AND BOND





S. }  
A. }SEPARATION ALLOWANCE.  
1st NEWFOUNDLAND REGIMENT.

A.

1. Name of Soldier in Full (Surname first) *Reid William*
2. Rank and Regimental Number *Private 4263*
3. Date of Enlistment *20-12-1917*
4. Full Name of Wife *M<sup>rs</sup> W<sup>idow</sup> Lydia Leonard Reid* or  
Widowed Mother \_\_\_\_\_ or  
Children's Guardian \_\_\_\_\_
5. Address *13 Budding Street.*
6. State ages of Children: Girls under 17 *One* Boys under 16 \_\_\_\_\_
7. With whom do your Children reside? *Mother Wife.*
8. Amount of Allotment *60<sup>0</sup>* 9. Name of Allottee *M<sup>rs</sup> W<sup>idow</sup> Lydia Reid*
10. Address *13 Budding Street*

11. From what date is Allotment effective? *March 15<sup>th</sup> 1919.*
12. Date of Marriage *December 1917*
13. Date Marriage Certificate examined by Paymaster .....
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?
16. Have you made a previous claim for Separation Allowance? Give particulars.....
17. Is Separation Allowance being paid on your account to any person?
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place?.....
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
20. Name of Corps prior to enlistment in the Nfld. Regt.....

I hereby certify that the above is a true statement.

Signature of Officer forwarding this application.

Unit.....

Date.....

*his*  
*William X Reid*

*mainly* Name of Soldier.

*H. R. Cooper Capt.*

*Royal Nfld Regt*

*114-6-19*

*Witness R. Edwards.*





ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

JANUARY 29th. 1918. 191

From. Adjutant.

Depot.

To. Paymaster and Officer i/c Records.

Colonial Building.

*4510 K. Cancelled  
Feb 1 1918 K 3872  
Replaced by  
J.M.M.*

Allotment of 4263. Pte. Wm. Reed.

Above mentioned man has made application to me to have his Allotment of Sixty Cents (60¢) per day in favour of his Brother on Form K 4510, cancelled from and including February 1st. 1918. Will you please carry this out. New allotment in favour of his Wife on Form K 3872. is substituted. I enclose herewith papers also application for Separation Allowance together with Marriage Certificate, which please return to Mrs. Wm. Reed. 14 Fergus Place, City.

*W. S. Kelly*  
Adjutant  
Depot, First Newfoundland Regiment,  
St. John's, Nfld.

Department of Militia, Newfoundland  
 Medical Department

*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..... *S. 100 hrs.*  
 Date..... *15 June 1919.*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *4263*
- 3. Rank *Pte*
- 4. Name *REID Wm.*
- 5. Age last birthday *22 yrs.*
- 6. Enlisted on *1917*
- at *S. 100 hrs.*
- 7. Former trade or occupation *Fisherman.*

8. Disability

*? hepatitis.*

9. History *He was discharged in Feb. 1919. At and started to work, and after 2<sup>nd</sup> day starts he discharge blood in urine - stopped work and has been off work ever since. State that urine was examined about 3 wks after discharge.*

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).

He states that wound is clean now, but there is pain before, during & after the op. There is difficulty in starting the function. He states there is also pain in the left loin posteriorly.

11. Was sanatorium operation advised and refused?

Write No Defect to make seam of urine in all cases of this kind

12. Do you recommend discharge as permanently unfit ?

E

Signature

*[Handwritten Signature]*

Rank or Qualification

Remarks if any by Officer i | c Hospital.

Place

Signature

Date

Rank

*[Faint handwritten notes at the bottom of the page]*



## 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:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

*Has quite recently developed symptoms of nephritis -  
 At present there is albumen in urine*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 90%  
 (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? 90% 3 months & M.E.D. Hosp.  
 (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation ~~sanatorium~~ is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
 Naval and Military Convalescent Hospital,  
 Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

*[Signature]*  
 \_\_\_\_\_  
 President

Signatures..... *[Signature]*  
 \_\_\_\_\_  
*[Signature]*

Place *St. Johns*  
 Date *June 17 1919*

APPROVED  
 Station.....  
 Date.....



*[Signature]*  
 \_\_\_\_\_  
 Administrative Medical Officer



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

# MEDICAL HISTORY

Surname Reed OF Christian Name William 4263

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's N.D. Bay County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30th	Dec 1917		191
	at	St. John's	at	
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet 7 inches		
Weight		127 lbs.		
Chest Measurement	Girth when fully expanded			
	Range of Expansion			
		34 inches		
		?		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/60	R.E.—V=	
	L.E.—V=	6/60	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	1824
Approved by (Signature)	<u>Lamont Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	19th day of Dec 1917	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment				
Transferred to	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the course of syphilis, admissions and of treatment of
	Day	Month	Year	Day	Month	Year			
3rd London General Hospital Wandswoth	25	10	18	30	11	18	Hæmaturia.	36	Reported since developed 87
MOLBOURN MILITARY HOSPITAL, WESTERN ROAD, MITCHAM.	30	11	18	9	12	18	Scabi's Respirator	9	
3rd London General Hospital, WANDSWORTH, S.W.	9	12	18				Prostatitis Cyclitis		Board held Disability - Curia - Disablement

to be added to the sick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Reported sick in France 7. 10. 18.  
Developed scabies & transferred to Holborn Militia Hospital

Stammers Capt Ramer

Diagn. C. Sycph. Cured.

988 Selwell Amos

Board held on overleaf  
Disability - Pyelitis. Stool spec in urine. X Ray Negative.  
Cause - Acute toxic conditions.  
Disablement - 30%.

Stammers Capt Ramer  
London General Hospital,  
WANDSWORTH







Original

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

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

- 1. Unit and Corps. *Royal Newfoundland*
- 2. Regtl. No. *4263* 3. Rank. *Private*
- 4. Name *Reid* *William Henry*  
(Surname) (Christian Name)
- 5. Age last birthday *23*
- 6. Posted for duty on *19/12/17* at *St. John's*  
in category (or grade) *A.1.*
- 7. Former Trade or Occupation } *Fisherman*
- 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."

- 11. Date of origin of disability. *Gonorrhoea*
- 12. Place of origin of disability. *France*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.  
*Was seen at C.C. B. with symptoms of kidney trouble transferred to No 3 Genl Hoop. Cause an Ho 3. Genl. Woodcock France*

14. 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 .. .. .                | } <i>See</i>        |                   |
| (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? } *Explosion of Active Service*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)

*The symptoms of concomitant with temporary attacks of albuminuria and <sup>has</sup> cleared up under treatment*

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

*No*

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?

*Not applicable*

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?

*For transfer to Connaught Army.*

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

*J. B. Carlson, Capt.*

Medical Officer in charge of case.

Station .....

Date .....

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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

*Pyelitis*  
*Traces of Blood & Pus in Urine*  
*now subsided. X Ray negative*

22. State whether the disabilities are:—

- (i) Service during the present war .. .. .
- (ii) Previous active service .. .. .
- (iii) Climate in pre-war service .. .. .
- (iv) Ordinary military service before the war .. .. .
- (v) Serious negligence or misconduct on the part of the soldier .. .. .

(a) Attributable to

(b) Aggravated by

..... <i>Inst. + Cold.</i> .....	.....
.....	.....
.....	.....
.....	.....
..... <i>No.</i> .....	.....

Give details:

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

..... ✓ .....

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

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

*6 months*

*35%*





# Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W(T), P., or P(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name Reid William Henry  
(Surname) (Christian name in full)

Unit from which discharged R. Newfoundland

Regimental Number 4263 Rank on discharge Private Age on discharge 23

Married, widower with children, or single married

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } .

Nature and locality of employment desired as above Newfoundland

Full postal address to which proceeding on discharge } 14 August Place - St. John's. Newfoundland

Name of Approved Society (if any) \_\_\_\_\_

**PART B.** Period of service, and in what Corps ... ..

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed ... ..

Service towards pension ... ..

**PART C.** Number of G.C. badges \_\_\_\_\_ medals \_\_\_\_\_

Wounds and actions in which received \_\_\_\_\_

**PART D.** Where born (parish, town and county), and date N. D. Bay Newfoundland

Colour of hair on discharge Brown Colour of eyes Brown Complexion Yellow

Christian name of father Jasper

Christian name of mother Miriam

**NOTE.**—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full  
Date and place of marriage

*Pydia Leonard*  
*9/2/14 St John's*

Christian names  
of children and  
dates of birth

*Deborah November 1918*

Date and place of 1st enlistment

*19/12/14 St John's*

Figure on discharge

*Slight 5' 5"*

Descriptive and other distinguishing marks

*Scar on right knee*

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

*W. H. M. Smith*

Station

*Wandsworth*

Rank

*Private*

Date

*4-1-15*

I certify that the above-named soldier signed the foregoing declaration in my presence.

*W. H. M. Smith* (Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out  
whichever  
is inapplicable.

Military character \_\_\_\_\_

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

Officer i/c Records.

Station \_\_\_\_\_

Date \_\_\_\_\_

*1915*

Insert P; or P(T).

# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *4263*Rank *Private*Name *Reid*  
(Surname)*William Henry*  
(Christian Names)Unit and Corps } *Royal Newfoundland*

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France from 19<sup>th</sup> July 1918  
to 8<sup>th</sup> Oct 1918*

(b) In what capacity?

*Private*

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*Kidney trouble  
6<sup>th</sup> Oct 18. By falling over a  
shell hole.*



3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3<sup>rd</sup> Canadian General Hospital  
France.  
3<sup>rd</sup> London General Hospital  
Wansworth S. W. 18

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

None.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

Nil

7. What is the name and address of your last employer before joining the Army?

Self

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station 3<sup>rd</sup> London General Hospital

Signed (Soldier) William Henry Reid  
his mP

Date 16<sup>th</sup> Dec 1918

Signed Thomas J. Luby  
Witness





C.K.f 10-0 W.R 11/12/18

Receipt No 10283

Wandsworth Hospital  
Dec 11<sup>th</sup> 1918

Newfoundland Pays Record Office

Please pay to me the sum  
of one Pound (£1) and charge it  
to the credit of my account.



Pro. William Reid

# 4263

Newfoundland Regt.

Approved  
Surmistr  
Capt. James

P.S.A.

Receipt for Army Book 64

No. 4263 Name W Reid

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

Name William Reid

Date Oct 23/20

Place Trinidad

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

WR 2 1/20





# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4263 Rank Mr Name Sgt. Williams  
 Date of Enlistment 3-1-18 Address St. John's District St. John's  
 Occupation ..... Classification for Discharge E1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:-

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

Date 1-3-19

H. M. ...  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

Wm. Reid  
and Thomas ...

Particulars passed to Vocational Officer for information and action.

Date 1-3-19

C. D. ...

2. Clothing

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Joseph A. ...

Date 1-3-19

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at \_\_\_\_\_ and Release Certificate No. 1315 issued.

Date

1-2-19

W. 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 15-3-19

Date

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

H. Mews Lt  
Depot Paymaster.

Discharge approved for

1.3.19

Forwarded with following documents to O.C Discharge Depot.

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

Date

1.3.19

W. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

Date

MAR 1 1919

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

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

Date

March 1, 1919

# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 4268 Rank AC Name W. Read  
 Former Occupation Merchant Address 10 Condy St District St John  
 Class F Medical Category A1 Disability Rating .....  
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 Assistant Lt. Col. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 28/7/19 Confirmed  
 To be forwarded Orderly Room in Duplicate. AC  
 DISTRICT OFFICER  
 NEWFOUNDLAND  
 MAR 6 1919  
 COMMANDING  
W. Leach  
 Demobilization Officer

Reg. No. 4262 Rank Plt Name Lewis, Wm  
Attested ..... Address St John's  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 4-  
Returned on S.S. .... Cause Discharge

1-3-19.

PASSED TO DEMOBILIZATION OFFICER

1-3-19.

DISCHARGE APPROVED ON DEMOBILISATION



EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY & RECORD  
OFFICE LONDON

4263 Pte. Reed, W.

Dr. Bal. £1-2-5

THIS TRANSFERRED TO PAY OFFICE 11-4-19

March 22nd/19

From Officer Commanding,  
Discharge Depot.

Re D.O.C., Newfoundland,  
Militia Dept

#4263, Ex-Pte. W. Reed

I enclose report from Captain Dicks, Demobilization Officer, on the above noted man. This man's discharge was CONFIRMED on the 15th inst. When he appeared before the Demobilization Officer in the first instance he was treated as a St. John's man according to the Nominal Roll of the Corsican Draft and the man himself did not gainsay it. Since his discharge it transpires that his home is at Sunday Cove Is., N.D.B.

His wife and child are at present living in St. John's and, of course, it is impossible for them to travel with him by dog-team or such similar transportation to Sunday Cove Island.

As he had been discharged will you please state what steps shall be taken in his case. Perhaps he could be taken over and looked after by the Civil Re-Establishment Committee.

RHT/TJW:

Captain,  
O.C. Discharge Depot..

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4265 Rank Pl Name Eric Wom  
 Date of Enlistment 17 Address Mills Cove District Gate  
 Occupation Fisherman Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. permissible Disability Rating 20% 3 Mos  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1	1
B 178	W 3494	B 122	Board 1st	" 2		
B 178a	D 400A	B 1915	do 2nd	" 3	3	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 20-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Wom in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. Wom x Reed  
mark lost by labor

Date 20-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 20-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at Mills Lane Swillington and Release Certificate No. 2931 issued.

Date 20-6-19 *J.A. Howcroft*  
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 1-7-19

Date 20-6-19 *J.A. Howcroft*  
Depot Paymaster.

Discharge approved for 22-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1	Recd 1 Form B
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B179c	B 120	M 93				

Date 20-6-19 *J.A. Howcroft*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents:

~~Eligible for War Service Gratuity~~ *hkh*

Date \_\_\_\_\_ *R.H. Jait Capt.*  
O. C. Discharge Depot.

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

Date July 4/19 *J.A. Howcroft*



June 11th, 1919

From Adjutant,  
Discharge Depot

To Paymaster and Officer i/c Records,  
Militia Department

4263 Pte. W. Reid

The above mentioned was discharged on March 15th last under the impression that his home was in St John's. As a matter of fact his home is in Notre Dame Bay and he has in consequence been unable to get home since. We have now reattested him as from the date of his discharge. He is married and his wife was receiving separation allowance prior to his discharge, so that she will now become entitled to the same as from the date of his reattestation and we are arranging for him to make an allotment for that purpose.

He states that he has already received all but one month of his War Service Gratuity. His board has been paid since his discharge pending his being able to get home.

LRC/C

Reg. No. 4262 Rank 1st Lieut. Name Wm. Lewis  
Attested ..... Address St. John's  
Allotment U.S. 604 Allottee Wm. Lewis Lewis  
Date of Allotment 654 11.3.19 Returned from Overseas.....  
Returned on S.S. .... Cause.....

Deather led from 11.3.19.

if application for Repatriation Allowance  
not made

7-6-19

Recd. Discharge from Army.  
Admission to Military Hospital.

20 6 19

PASSED TO DEMOBILIZATION OFFICER

22 6 19

DISCHARGE APPROVED ON DEMOBILISATION

~~W. Jones~~

Miles Cove

Port Anson  
Jan 28 1920

~~For the III Medal~~

I want to ask

from you why I didnt  
get a war service  
Medal for all the

others soldiers got theirs

Please let me know  
if I hadent got mine

I remain yours

Truly

Wm Reid

Miles Cove

Port Anson

~~Wm Reid~~

C.R. 4263

March 2nd 1920.

#4263, Ex. Pte. Wm. Reid,  
Miles Cove,  
Port Anson.

Dear Sir:-

Herewith enclosed an issue  
of General Service and Victory Ribands.  
Your medals will be sent you at a later  
date.

Yours faithfully,

2/Lt.

CASUALTY OFFICER.



C.R.

4263

June 1918 22

Ex No.4263 Pte. Wm. Reid.  
Miles Cove,  
Sunday Cove Island.

Dear Sir:-

Reference your letter of June 13th, I beg to state that, with regard to the part dealing with your service medals, the British War and Victory Medals were forwarded to you by registered mail yesterday, June 19th. They have been held by this office pending information regarding your correct address.

With regard to the matter of pension, I have referred your letter to the Board of Pension Commissioners, who will reply direct to you in this connection.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

C.R. 4763

June 20th, 22

Secretary

Board of Pension Commissioners

Dear Sir:-

Herewith, please, letter from No. 4263 Ex Pts.  
W. Reid, of Miles Cove, Sunday Cove Island, N.D.B., with  
regard to the matter of pension. Will you be good  
enough to reply direct in this connection

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer