

Richardson, W

4985

Gay Sept



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4985 Name Wm J Richardson Corps Art G

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

1. What is your name? ..... 1. Wm J Richardson
2. What is your full Address? ..... 2. Mac Ballin H. B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years ..... Months
5. What is your Trade or Calling? ..... 5. Goldsmith
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, \* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Wm J Richardson 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.

115-18

William Richardson SIGNATURE OF RECRUIT.

J. Daymond Signature of Witness.

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

I, Wm J Richardson 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....  
on this 11 day of May 1915

Signature of Attesting Officer Stricks Lieut

### CERTIFICATE OF APPROVING OFFICER.

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

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

Date May 11 1915 .....  
Place St. John's ..... } Approving Officer.

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

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

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

# MEDICAL HISTORY

Surname Richardson OF Christian Name William J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Melaleum H. B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	11 day of May 1918	St Johns	day of	191
Declared Age	20 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 7 1/2 inches		feet	inches
Weight	120 lbs.			lbs
Chest Measure-ment	Girth when fully expanded... 35 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James P. ...</u>			
(Rank)	Medical Officer.		Medical Officer.	
Enlisted	at	St Johns	at	
	on	11 day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal 4985			
Transferred to	Nfld Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





### 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 Richardson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4985* *Hermitage Bay*

Intended address *McCallum*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Tan*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *McCallum, 4 Jan 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 Richardson*

*Pte*  
(Rank)

Station *St John's*

Date *8.7.97*

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

## PROCEEDINGS ON DISCHARGE

1. No. 4985 Rank. Pvt Name. Richardson W  
 Intended place of residence. McCullum H<sup>rs</sup>

2. Occupation Fisherman  
 Classification of soldier. E Medical Category. A 2

3. The above named man is discharged in consequence of

### DEMOBILIZATION

### Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 14 1919

H. Mus. Lt.  
 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 JUL 14 1919

W. Richardson  
 Signature of soldier  
M. Christie  
 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 JUL 14 1919

W. Richardson  
 Signature of soldier  
James O. Newman  
 Signature of witness SM

### STATEMENT OF SERVICE

7. Enlisted for service. 11-5-18 No. of days on Military  
JUL 28 1919 Service. 458  
 Discharged from service. Plus 14 days

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 20 1919

W. R. Cooper Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date August 11/1919

W. Bowley Capt.  
 Officer in Charge  
 The Royal Newfoundland Regiment

W. B. 20491 3730

21  
30  
31  
11  
93

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 consider 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. *4986* 3. Rank. *Pvt*
- 4. Name *Richardson* *William J.*  
(Surname) (Christian Names)
- 5. Age last birthday *21*
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Dishman*
- 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? (b) Date of Discharge;  
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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. *nil*
- 12. Place of origin of disability. *nil*
- 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. *nil*

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

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

15. What is his present condition ?

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

*The Complaint of his disability*

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

20. Do you recommend—

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

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

*Repatriation*

*W. E. Procmier* *Capt Rame*

Station *Hazley, Dorset* .. .. .

Date *19/11/19* .. .. .

Medical Officer in charge of case.

\* 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





DEPARTMENT OF  
PENSIONS AND NATIONAL HEALTH  
Veterans' Bureau



IN YOUR REPLY REFER TO FILE NO.

*This is a letter from Jones  
may 11/18 and discharge file 14. This  
is the letter in  
and he was awarded with no disability  
in first military service branch  
M.H.*

Camp Hill Hospital  
Halifax, N.S.  
December 6, 1937.

Secretary,  
War Pensions Commission,  
Government, St. Johns,  
Newfoundland.

Re: #4985 - RICHARDSON, William (Pte)

Dear Sir:

The above named served in the Royal Newfoundland Regiment during the World War. He enlisted May 1917. Service was in England and Scotland. He tells me he was in the Forestry Department in Scotland. He was demobilized 28.7.19. A year after discharge he took up residence in Sydney, N.S.

He is now undergoing treatment as a sick Mariner in Camp Hill Hospital for a condition diagnosed as gastric ulcer. He is contending that this stomach condition is attributable to his Military service and seeks advice as to just how he should proceed in the matter.

His symptoms of heart burn etc. started while he was serving in Scotland but he did not report the trouble to the Medical Officer neither did he complain of it on discharge.

In the year 1920 he underwent an operation for appendicitis at the City Hospital, Sydney, N.S. In 1922 while employed at the Hollinger Gold Mine, Timmins, Ontario, he was treated by a Doctor for stomach symptoms. He cannot now remember the Doctor's name. In 1928 he underwent an operation in the Victoria General Hospital, Halifax for haemorrhoids. During 1929 he re-entered this same institution because of some stomach complaint. During 1931 he was treated by Dr. Gordon B. Wiswell, 186 Robie Street, Halifax, N.S.

We, of course, have no file for the man at this District office and the only details of his Military service which he made available to me are set out on Release Certificate No. 3562.

Secty, War Pensions Commission

I explained to Mr. Richardson that this Bureau is not given jurisdiction to deal with cases of men who served in the Newfoundland Forces but as a means of bringing the case officially to your attention I consented to represent the above facts to your Board on his behalf.

This man has a wife and three children residing at 241 1/2 Creighton Street, Halifax, N.S. He is, as indicated, a patient in Camp Hill Hospital but I cannot say how long he is likely to be retained.

Would you kindly instruct the man as to the procedure which he should follow in the matter of applying for pension consideration.

Yours truly,



H. Collins  
Asst. District Pensions Advocate

/H

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheet oneRegiment of Royal NewfoundlandSignature of O. C. Company C. S. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1985 Richardson Wm.</u>	Age on	<u>20</u> years <u>0</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's 11.5.18</u>	Religion	
Joined	Date	Period of	} with Colours <u>193</u> years. with Reserve <u>3/8</u> years.	Place of Birth	
Joined	Date				<u>Mc. Callum Her. H. Bay</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>John's</u>	<u>11/19</u>			

To be carried over

December 14th., 1940

TO WHOM IT MAY CONCERN:

#4985, William J. Richardson  
Royal Newfoundland Regiment

This is to Certify that the above named  
enlisted in the Royal Newfoundland Regiment on May 11,  
1918 and was demobilized at St. John's on August 11,  
1919 having served 1 year and 93 days.

H. M. Mosdell, M. D.  
Secty. for Public Health and Welfare.

DLB/SM

C.R. 4985

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
12-8-19.

4985, Pte. Wm. Richardson.

C.R. 4985

Extract of these Daily Orders Part II Unit The Royal Rifles.  
Regt. St. John's, 16th July 1919

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 28-7-19

4985 Pte. W. Richardson

C.R! 4985

Extract from Daily Orders ~~2222~~By Major M.S.Sullivan, Commanding 2nd Bn. Royal Nfld. Regt. 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Nfld. Regt. is attached to the strength from this date and posted to "B" Company for rations.

4985 Ptr. W.Richardson

C.R. 4985

Extract from Nominal Roll Entrained for St. John's for Overseas.  
Sept. 23, 1918. "A".

4985 Pte. Richardson Wm.



C.R. 4985

Extra t from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John 's, dated July 30, 1918

#4985 Pte. W. Richardson.

Discharged from Barracks Hospital 28-7-18

4985

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 29, 1918.

#4985 Pte. W. Richardson.

Admitted to Barracks Hospital July 19, 1918.

Extract from Daily Order's part II, from Unit The Royal  
2214. Regt. St. John's, dated May 15, 1918.

#4985 Pte. W. Richardson.

Attended for General Service with the Royal 2214.  
Regt. from 10.8.18 to report 21.5.18.

Reg. No. *4985* Rank *PL* Name *Richardson to*

Attested ..... Address *M. Callum*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

*147* **PASSED TO DEMOBILIZATION OFFICER**

*287* **DISCHARGE APPROVED ON DEMOBILISATION.**

August 14, 1919

#4985 Pte. Wm. J. Richardson,  
McCallum Harbor,  
Fortune Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #3720.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

24985

## DEMobilIZATION OF

Reg. No. 4985 Rank Plt Name Richardson W  
 Date of Enlistment 11.5.18 Address McLennan St. District Fortune  
 Occupation Fisherman Classification for Discharge 8 Medical Category 1E  
 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.
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.	" 6.
B 179c	B 120	M 93		

Date July 12/19

W. Richardson  
O. C. Discharge Depot.

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment.

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

W Richardson

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied .....

Date 14-7-19

6161 62 106  
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192403 to his home  
 at M/S Ballam Hs and Release Certificate No. 3562 issued.

Date 14-7-19

Chas. Consh  
 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

Date 14-7-19

M/S Hs  
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.S. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	D 100A	B 1215	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 100C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-7-19

Chas. Consh  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 20 1919

K.R. Coope Capt.  
 O. C. Discharge Depot

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

Date Aug 7 19

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No. *4995*

Name

*Richardson William*

Address

*Mr. Callum*

Present Medical Category

*A-1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

*N.R. Cooper Capt.*  
O.C. Discharge Depot.

*W. Passon*  
Senior Medical Officer

*Geo. Burden*  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 14985 Rank Plt Name Richardson W  
 Date of Enlistment 11.5.16 Address Malabar St District Fort St John's  
 Occupation Soldier Classification for Discharge 6 Medical Category A2  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 July 12/19

O. C. Discharge Depot W Richardson

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

W Richardson

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 \_\_\_\_\_

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2403 to his home at Mrs Callam H and Release Certificate No. 3562 issued.

Date 14-7-19 Alfred Constan  
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 11-8-19

Date 14-7-19 J. M. W. H.  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19 Alfred Constan  
Demobilization Officer.

APPROVED.

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

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 28 1919 A R Cooper Cole  
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.

*W Richardson*

Signature of Man.

*Maleton*

Signature of the Vocational Officer or his Representative.

Reg. No. 4985

Place

ST. JOHN'S

Date

14-9-17

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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 Regt.* 7. Former Trade or Occupation } *Tradesman*
2. Regt. No. *4483* 3. Rank. *pltr.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Richardson William J* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) *21* (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *nil*

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

*The Complaints of no Disability*

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.)

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

20. Do you recommend—  
(a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

*Reparation*

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

*W. P. Proctor, Capt. R.A.M.C.*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *1.2.19*

\* 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

C.R. 4985

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 3rd, 1919.

4985 Pte. W. Richardson.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

August 16, 1919

Mr. William Richardson,  
McCallum, H.B.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *W* ..... 2. Surname..... *Richardson*  
3. Rank..... *Pte* ..... 4. Regtl. No. .... *4.9.85* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *MacCallum Hermitage Box* .....  
6. Date of enlistment in the Regiment..... *May 4/18* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no* .....  
8. Relationship of such dependents..... */* .....  
9. Address in full of such dependents..... */* .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */* .....  
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..... *fourteen months* .....  
..... 13 .....



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

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. ....

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

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

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. ....

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

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

19. Are you now serving in the R.A.F.? <sup>To</sup> ..... If not give:- (a) Date of discharge. *July 14/29* (b) Reason for discharge. *Remob* .....

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. ....  
*England*

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. ....

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: *W Richardson*

Place of Residence: *Maccallum, Hermitage 607*

Declared before me at: *W Johns*

This 14 day of *July* 191*9*....

Signature of Barrister of the *John M. Anthony*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	.....





Nov 17<sup>th</sup> 1940

Department of Public Health &  
Welfare & War Pensions,  
St Johns - N. S. L. &

Dear Sir.:

Will you kindly send my  
discharge Papers for the time I served  
in the Army during the last war, as  
I lost my discharge Papers through fire.  
I am now in the Navy at Halifax, and  
was called up for Service Badge.  
But could not get it on account of  
not <sup>having</sup> my length of time in the Army.

O bligt  
Yours Very Truly

William J. Richardson

Reg No 4985  
my adreso now

P. O. William Richardson  
664 Robit St  
Halifax

WJ

4985 Richardson

---

Please make first pay W.S.G.

21/7/19

W.S.G.

pm

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 21 1919

Received from the First Newfoundland Regiment  
the sum of Seventy \_\_\_\_\_ Dollars  
on account of Pay. W. R. W. *W. Richardson*

Ch. No.	3555	Initials	W. R. W.
Pay Ledger	248	Initials	W. R. W.
Gen. Ledger		Initials	

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 4985

Rank PL

Name Richardson W.