



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2664 Name Harry Roberts Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Harry Roberts</u> |
| 2. What is your full Address? | 2. <u>Change Islands</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Student</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | II. <u>Yes</u> |

FOR THE DURATION OF THE WAR

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

E. May 1st Harry Roberts SIGNATURE OF RECRUIT.
Hayward Marshall Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 1st day of May 1916
Signature of Attesting Officer W. H. ...

†CERTIFICATE OF APPROVING OFFICER.

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

Date 191
Place } Approving Officer

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

* If so, Recruit is to be asked the particulars of his former service; and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows:—(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 Harry Roberts

Apparent age 19 years 11 months. Height 5 feet 2 1/2 inches

Chest Measurement { Girth when fully expanded 35 inches
Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Solomon Roberts
Change Islands | Relationship Father

Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service In Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|--|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from _____ | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to _____ (date of discharge) _____ years _____ days | | | | | | | | | |
| " " " Pension " _____ [" "] _____ " _____ " | | | | | | | | | |

2664

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2664 Name Harry Roberts Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Harry Roberts</u> |
| 2. What is your full Address? | 2. <u>Changle Islands</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Student</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

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

E. May 1st SIGNATURE OF RECRUIT.
Hayward Marshall Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 1st day of May 1916 at Montebello ad. Leant

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harry Roberts
 Apparent age 29 years 11 months. Height 5 feet 2 1/2 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Solomon Roberts
Change Islands | 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. | |
|--|-----|---------------------------------|-----|
| (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>1-5-16</u> | | | | | | | | | |
| Joined at <u>St John's</u> on <u>May 1st 16</u> | | | | | | | | | |
| <u>Discharged</u> <u>St John's</u> <u>Sept 29/17</u> | | | | | | | | | |
| <u>Embarked St John's S.T. Section for Lt 19th</u> | | | | | | | | | |
| <u>Joined unit 12-12-16</u> | | | | | | | | | |
| <u>Wounded 28-1-17</u> | | | | | | | | | |
| <u>Admitted CCS 4th Hosp 28th</u> | | | | | | | | | |
| <u>Invalided to England 7th</u> | | | | | | | | | |
| <u>Admitted 3rd H. H. Wandsworth 8th</u> | | | | | | | | | |
| <u>Surgeon to 6-6-17</u> | | | | | | | | | |
| <u>Report Allen Office Liverpool on 6-6-17</u> | | | | | | | | | |
| <u>Surgeon ascends to 9-6-17</u> | | | | | | | | | |
| <u>to Liverpool land for discharge 9-6-17</u> | | | | | | | | | |
| <u>Arrives Liverpool land 20-6-17</u> | | | | | | | | | |
| <u>Discharged Medically</u> <u>Sept 29 17</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>29-9-17</u> [date of discharge] <u>1</u> years <u>152</u> days | | | | | | | | | |
| Pension [" "] " " " " | | | | | | | | | |



This Form is to be used in connection with Pamph. M. E. (1)
H. F. 1914

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

Examination of

Robertson, Eric *366*

aged 22

conducted at C. B. Army

Date: 29/8/14

Recruiting Officer:

NO. OF TEST

FINDING

1 No.
2 No.
3 No.
4 No.
5 No.
6 No.
7 Yes.
8 Yes.
9 No.

10 Perfect

11 n.
12 n.
13 n.
14 n.
15 n.

Wearing full upper & lower dentures (well fitting)

16 } n.
17 } n.
18 } n.
19 } n.
20 } n.
21 } n.
22 } n.
23 } n.
24 } n.
25 } n.
26 } n.
27 } n.
28 } n.
29 } n.
30 } n.
31 } n.
32 } n.

33 Yes, 8 yrs ago

5ft. 6"

115 lbs.

36 min. 31 1/2 max 34 1/2

37 \$600.00 a yr.

38 Father: J. R. Robertson, 3 Maxse St. City

39 hypothy

Signature of Medical Examiner:

Clay Macpherson M.D.



C.R.

2664

Extract from Nominal Roll of Mfld. Regt. Draft No. 14
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southamp-
ton, 30-11-16.

2664 Pte. H. Roberts,

C.R. 2664

Extract from Roll of Officers N.C.Os. and Men Discharged from
The Royal Newfoundland Regiment, Authority: Pay Office, St. John's.

| <u>No.</u> | <u>Rank.</u> | <u>Name.</u> | <u>Date.</u> | <u>Reason.</u> |
|------------|--------------|-------------------|---------------------|----------------|
| 2664 | Pte. | Harry E. Roberts. | Sept. 29th 1917. | Med. Unfit. |

C.R. 2664

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

2664 Pte. Harry E. Roberts,

Discharged Sept. 29th 1917, ^m medically unfit



NEWFOUNDLAND POSTAL TELEGRAPHS

CR 2664/265

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 3 Sent by Am Rec'd by Hw Check 16 No. Call Chgd

Place from Halifax 22

JUN 22 1917

To His Excellency
The Governor
St Johns

~~2664~~ pte H E Roberts number
2664 leaving on florizel
for St Johns tonight
OC Discharge
Sept 26

C.R. 2664.

CONFIRMATION COPY.

No.

C. P. R.

Telegraph Company.

MILITIA AND DEFENCE.

Place ~~Halifax, N.S., June 22nd 1917~~

To ~~His Excellency the Governor of Newfoundland,~~
~~St. John's, Newfoundland.~~

Private H. E. Roberts, number twenty six sixty four, leaving on
Florizel for St. John's tonight.

O. C. Discharge Depot,
Halifax,

COLLECT

D. S. Adams
O. C. Discharge Depot, Halifax, N. S. MAJOR.

C.R. 2664

Extract of Code Telegram from Major Timewell (received 10 February 1917)
dated 10th. February 1917.

2664 Roberts

Wandsworth: Gunshot Wound left Thigh, no fracture.

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 Edw. M. Shubert Address _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated February 10, 1917.

To Mr. Solomon Roberts,
Change Islands.

Record Office, London, today reports No. 2664,
Private Harry Roberts, has been admitted to Wandsworth
suffering from gunshot wound left thigh, no fracture.

J.R. BENNETT
Colonial Secretary.

C.R. 2664

Extract from Casualties received from P & R Officers London,
Feb. 8th, 1917.

2664 Roberts.

First General Hospital , Etretat, Jan. 29th, shell wound left
tight severe.

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 *Geo. M. Aubrey* Address *St. John's*

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated 3rd February, 1917.

To Mr. Solomon Roberts,
Change Islands.

Regret to inform you that Record Office,
London, officially reports No. 2664 Private Harry
Roberts at First General Hospital Etretat January
twentynine Shell Wound Left Thigh Severe.

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

J. R. BENNETT,
Colonial Secretary.

FOR TYPEWRITER

C.R. 2664

Extract From Nominal Roll Embarked ST. John's for Overseas,
per S.S. "SICILIAN" July 19, 1916.

2664 Pte. Roberts H.

C.N. 2664

Harry Roberts was attested for General Service with
the NEWFOUNDLAND CONTINGENT on **May 1st 1916**
Regimental No. **2664** was allotted to Pte **H. Roberts**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

H. Roberts.

C.R.

2664

PRR



3 1ST. NEWFOUNDLAND REGIMENT 8

ALLOTMENTS

I, Harry E. Roberts, Regl. No. 2664

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} 7 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins July 1st 1916

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------|--|----------------------|
| 2645 | Father | Solomon Roberts | Bank of Nova Scotia, St John's in name of Harry E Roberts & or Solomon Roberts Father Change Islds | 50 |
| Total Allotment, \$ | | | | |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Chas. A. Aye Capt.
 Officer Commanding
St Johns B. Company
July 8th 1916

(Sig.) Harry E Roberts
 (Rank) Private

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2664 Pte Roberts H.

(Substituting A.F.O. 1625). N.F.P/36.

Embarked per S.S. Scandinavian.

Company. From 23/12/16 To 9/6/17 (Dates inclusive).

From Liverpool Date 9/6/17.

DR. Classification (See Procedure). A.

Draft No. 59. CR.

| Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | | |
|------|---------------|-----------------------------------|------|-----|----|----|----|------|---------------|--|------|-----|-----|----|----|---|---|
| | 8 | Forfeited Pay | | | | | | | 1 | Pay | 1.00 | 169 | 169 | 00 | | | |
| | 9 | Allotments | 50 | 169 | 84 | 50 | | | 2 | Field Allowances | 10 | 169 | 16 | 90 | | | |
| | 10 | | | | | | | | 3 | Other Allowances | | | | | | | |
| | 11/12 | Total Stoppages | | | | | | | 4/5 | Total @ 4.86 2/3 | | | | | | | |
| | | | | | 84 | 50 | 17 | 7 | 3 | | | | 185 | 90 | 38 | 4 | 0 |
| | 13 | Fines | | | | | | | 6a | | | | | | | | |
| | 14 | Clothing & Necessaries | | | | | | | | Cr. Balance 22/12/16. | | | | | 5 | 8 | 5 |
| | 15 | Arms & Accoutrements | | | | | | | | Ration Allowance 31/5/17-9/6/17 | | | | | 1 | 0 | 0 |
| | 16 | Barrack Damages | | | | | | | | | | | | | | | |
| | 17 | Hospital Stoppages Advances | | | 2 | 18 | 6 | | | | | | | | | | |
| | 17a | Miscellaneous Stoppages | | | | | | | | | | | | | | | |
| | 19 | Casual Payments Acq. Rolls France | | | 3 | 4 | 10 | | | | | | | | | | |
| | 20 | 1st Payment P & R. O. | | | 16 | 15 | 0 | | | | | | | | | | |
| | 21 | 2nd " Cable | | | | 4 | 2 | | | | | | | | | | |
| | 22 | 3rd " | | | | | | | | | | | | | | | |
| | 23 | Final " | | | | | | | | | | | | | | | |
| | 24 | Balance Debit Last Period | | | | | | | | | | | | | | | |
| | 28 | " Due by Paymaster | | | 2 | 2 | 8 | | 27 | Balance Due to Paymaster | | | | | | | |
| | | | | | 42 | 12 | 5 | | | | | | 42 | 12 | 5 | | |

CHECKED.
H.C.

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

J. H. Mackenzie
PAYMASTER & OFFICER IN CHARGE RECORDS
O.C. " " Company.



(7)

2464 Pte Roberts H.

23/12/16

9/6/17

A.

Scandinavian.

Liverpool
59.

9/6/17.

50 169 84 50

1.00 169 169 00
10 169 16 90

84 50 17 7 3

195 00 38 4 0

Cr. Balance 22/12/16.

5 8 5

Ration Allowance 31/5/17-9/6/17

1 0 0

----- Advances 2 18 6

Acq. Rolls France 3 4 10
P & R. O. 16 15 0
Cable 4 2

2 2 8
42 12 5

42 12 5

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2664 Pte Roberts A

(Substituting A.F.O 1625). N.F.P/36.

Embarked per S.S. Scandinavian

Company. From 23/12/16 To 9/6/17 (Dates inclusive).

From Liverpool Date 9/6/17

DR. Classification (See Procedure). A

Draft No. 39 CR.

| Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | | |
|------|---------------|---|------|-----|----|----|----|------|---------------|------------------|--------------------------|-----|-----|----|----|---|---|
| | 8 | Forfeited Pay | | | | | | | 1 | Pay | | | | | | | |
| | 9 | Allotments | 50 | 169 | 84 | 50 | | | 2 | Field Allowances | 1 | 169 | 169 | - | | | |
| | 10 | | | | | | | | 3 | Other Allowances | 10 | 169 | 16 | 90 | | | |
| | 11/12 | Total Stoppages | | | | | | | 4/5 | Total @ 4.86 2/3 | | | | | | | |
| | | | | | 84 | 50 | 17 | 7 | 3 | | | | 185 | 90 | 38 | 4 | 0 |
| | 13 | Fines | | | | | | | 6a | | | | | | | | |
| | 14 | Clothing & Necessaries | | | | | | | | | | | | | | | |
| | 15 | Arms & Accoutrements | | | | | | | | | | | | | | | |
| | 16 | Barrack Damages | | | | | | | | | | | | | | | |
| | 17 | Hospital Stoppages <i>Advances</i> | | | 2 | 18 | 6 | | | | | | | | | | |
| | 17a | Miscellaneous Stoppages | | | | | | | | | | | | | | | |
| | 19 | Casual Payments | | | | | | | | | | | | | | | |
| | 20 | 1st Payment <i>assistance Rolls Frank</i> | | | 3 | 4 | 10 | | | | | | | | | | |
| | 21 | 2nd " | | | 16 | 15 | 0 | | | | | | | | | | |
| | 22 | 3rd " | | | | | | | | | | | | | | | |
| | 23 | Final " | | | | | 4 | 2 | | | | | | | | | |
| | 24 | Balance Debit Last Period | | | | | | | | | | | | | | | |
| | 28 | " Due by Paymaster | | | 2 | 2 | 8 | | | 27 | Balance Due to Paymaster | | | | | | |
| | | | | | 42 | 12 | 5 | | | | | | 42 | 12 | 5 | | |

Capal 22/12/16
Ration Allow 21/17 - 9/17

CERTIFIED CORRECT.

No.

537

ANGLO-AMERICAN



WESTERN UNION

DIRECT UNITED STATES

CABLEGRAM

| | | | | | |
|---|--------|-------------------|----------|------------|--|
| Prefix _____ Code _____ | | SENT | | FOR STAMPS | |
| WORDS | CHARGE | At _____ | To _____ | By _____ | |
| 20 1/2 | 4/2 | VIA ANGLO. | | | |
| THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS. | | | | | |

27/4/17

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To. **R. F. M., S. ROBERTS. CHANGE-ISLANDS.**
(NEWFOUNDLAND)

EXPECTING FURLOUGH SOON PLEASE CABLE TEN POUNDS CARE BANK MONTREAL LONDON
2664 HARRY ROBERTS
NEWFOUNDLAND REGIMENT.

CHECKED
C. R.
 1/10/17

Authorised.

Charge 2664 Roberts

20 1/2
 2 1/2

 40
 10

 50
 4/2 ✓

CHARGED
 PAY BOOK 11/5/17
 Date _____

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.

He is the third member of
his family, to whom we have
been able to show a little
hospitality, & as my son
has still a few more days
leave, thanks to you they will
have a happy time to
remember.

Please thank for me, your
deputy, in the office, who
was so courteous to me, both
on Saturday when I telephoned
& again today. We mothers
do appreciate the thoughtfulness
& kindness of our boys' officers.

Kenilworth
Bishops Road
Whitchurch.

June 4th 1917

Dear Sir.

Please accept my very
sincere thanks, for your
kindness, in granting extension
of leave to Pte Harry Roberts.
of H.F.D. I more than appreciate
your favour, as it has
entailed a good deal of
extra work, to make fresh
arrangements for his passage.

Again thanking you, &
assuring you of his being in
time in Liverpool on Friday

thinking

I remain

Yours faithfully
May Cree

| | |
|----------|------------|
| DATE | JUN 6 1917 |
| NO. | 2895 |
| POST | JUN 6 1917 |
| ADD. | |
| SEND | |
| FILE NO. | |

10.

Major. Linswell

P.S. at 4:30 pm today.
I only received the telegram & that
was the one dispatched at
midday today - The one sent on
Saturday has not come to hand yet.

"A" Form.
MESSAGES AND SIGNALS.

Army Form C.2121
(in pads of 100).
No. of Message.....

| | | | | | | |
|--|-----------|----|-----------|--------|------------------------------------|-----------------|
| Prefix..... | Code..... | m. | Words | Charge | <i>This message is on a/o of:</i> | Recd. at.....m. |
| Office of Origin and Service Instructions. | | | Sent | | | <i>Service.</i> | Date..... |
| ..... |  |  | At.....m. |  | ..... | From..... |
| ..... |  |  | To..... | | (Signature of "Franking Officer.") | By..... |
| ..... |  |  | By..... | | | |

TO **2864** **Roberts** **Newfoundland Regt.**
care **Mrs.** **Gee** **Kenilworth**
Bishop's **Road** **Whitchurch** **Cardiff**

| | | | |
|---------------------------|--------------------------|---------------------|-------|
| Sender's Number. * 117 | Day of Month. 2/6/17. | In reply to Number. | A A A |
|---------------------------|--------------------------|---------------------|-------|

| | | | | |
|---------|--------|-------------|---------|-------|
| Report | Allans | Liverpool | not | later |
| than | ten | a.m. | Tuesday | fifth |
| instant | | | | |
| | | Synoptical. | | |
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| From | | |
| Place | | |
| Time | | |

The above may be forwarded as now corrected. **(Z)**

 Censor. Signature of Addressor or person authorised to telegraph in his name.

"A" Form.
MESSAGES AND SIGNALS.

Army Form C.2121
(in pads of 100).
No. of Message.....

| | | | | |
|--|------------|--------|------------------------------------|------------------|
| Prefix..... Code..... m. | Words | Charge | This message is on a/c of: | Recd. at..... m. |
| Office of Origin and Service Instructions. | Sent | | | Service. | Date..... |
| ..... | At..... m. | | (Signature of "Franking Officer.") | From..... |
| ..... | To..... | | | By..... |
| ..... | By..... | | | |

| | | | | |
|----|------------|----------|--------------|------------|
| TO | 2664 | Roberts | Newfoundland | Regt. |
| | Kenilworth | Bishop's | Road | Whitchurch |
| | Cardiff. | | | |

| | | | |
|---------------------------|--------------------------|---------------------|-------|
| Sender's Number. * 118 | Day of Month. 2/8/17. | In reply to Number. | A A A |
|---------------------------|--------------------------|---------------------|-------|

| | | | |
|-----------|--------------|---------|-----------|
| Extension | furlough | granted | meanwhile |
| await | instructions | from | this |
| office. | | | |

Synoptical.

| | | | |
|-------|--|--|--|
| From | | | |
| Place | | | |
| Time | | | |

The above may be forwarded as now corrected.

(Z)

Censor.

Signature of Addressor or person authorised to telegraph in his name.

* This line should be erased if not required.

"A" Form.
MESSAGES AND SIGNALS.

Army Form C.2121
 (in pads of 100).
 No. of Message _____

| | | | | |
|--|---------------|--------|------------------------------------|-------------------|
| Prefix Code m. | Words | Charge | <i>This message is on a/c of:</i> | Recd. at m. |
| Office of Origin and Service Instructions. | Sent | | | Service. | Date..... |
| ..... | At..... m. | | (Signature of "Franking Officer.") | From |
| ..... | To | | | By |
| ..... | By SSS | | | |

TO **Mrs Kenilworth Bishops Road.**
Whitchurch Cardiff

| | | | |
|----------------------------|-------------------------|---------------------|--------------|
| Sender's Number 125 | of Month. 4/6/17 | In reply to Number. | A A A |
|----------------------------|-------------------------|---------------------|--------------|

| | | | |
|----------------|----------|--------|---------|
| Reference my | telegram | 118 | 2/6/17 |
| to your | care | 2664 | Roberts |
| is ordered | to | report | to |
| Alians office | 19 | James | Street |
| Liverpool ten | am | Friday | next |
| eighth instant | | | |

SYNOPTICAL

| | | | |
|-------|--|--|--|
| From | | | |
| Place | | | |
| Time | | | |

The above may be forwarded as now corrected. **58, Victoria Street, S.W. 1.**

Censor. Signature of Addressor or person authorised to telegraph in his name.

* This line should be erased if not required.

"A" Form.
MESSAGES AND SIGNALS.

Army Form C.2121
 (in pads of 100).
 No. of Message

| | | | | | | |
|--|------------|----|-------|--------|-----------------------------------|------------------------------------|
| Prefix | Code | m. | Words | Charge | <i>This message is on a/o of:</i> | Recd. at |
| Office of Origin and Service Instructions. | | | Sent | | | Date |
| | | | | | | At ..... | From ..... |
| | | | | | | Service. |
| | | | | | | To ..... | By ..... |
| | | | | | | (Signature of "Franking Officer.") |
| | | | | | | By |

TO **Mrs Gee**
Kenilworth Bishops Road
Whitchurch Cardiff

| | | | |
|------------------|----------------|---------------------|------------|
| Sender's Number. | Day of Month. | In reply to Number. | AAA |
| * 125. | 6/6/17. | | |

| | | | | |
|-----------|------|--------------------|-----------|-------|
| number | 2664 | Roberts | can | delay |
| reporting | at | Allans | Liverpool | until |
| ten | am | Saturday | ninth | June |
| | | Synoptical. | | |
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|------|-------|------|
| From | Place | Time |
| | | |

The above may be forwarded as now corrected.

(Z)

58, Victoria St. S.W. 1
 Censor. Signature of Addressor or person authorised to telegraph in his name.

N.B.—This Form must accompany any inquiry respecting this Telegram.



RYES & SPOTTISWOOD, Ltd., Lond.

POST OFFICE TELEGRAPHS.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than ½d. being reckoned as ½d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service—Instructions.

Whitchurch glam

Charges } s. d.
to pay }



Handed
in at

10:39⁴
.M.

Received
here at

12 1/2

TO {

Major Timewell 58 Victoria St
London

anxiously awaiting your favour Re
Roberts & Newfoundland

1230

| | |
|---------------------------|--------------|
| 1ST NEWFOUNDLAND REGIMENT | |
| PAY RECORD OFFICE | |
| Ref. No. | 2947 |
| Rec'd. | JUN - 4 1917 |
| Ask'd. | |
| Ans'd. | |
| File No. | |

gee Whitchurch
Roberts

Am done & consideration he
spent a very happy fortnight
with us, & has taken with
him our very good wishes.
for his, & his better future
welfare. I again thank you.

Yours faithfully
M. G. Cree.

10

Maj Amewell

| | |
|-----------------------------|-------------|
| 1ST N. WEDDINGLAND REGIMENT | |
| PAY & RECORD OFFICE | |
| Ref. No. | 3015 |
| Rec'd. | 11 JUN 1917 |
| Ack'd. | |
| Ans'd. | |
| File No. | |

Kindly worth.
Bishops Road
Whitechurch
Cardiff.
June 10th 1917

Dear Sir:

This morning I received a
note from 2664. Pte Harry Roberts.
H.F.L.D. Regt. notifying me
of his date arrival in
Liverpool. My best wishes
I hope I saw him safely
away from Cardiff in
Friday evening. Thanks to you.

Cancelled

see telegrams

31st May,

7.

5148/1

E 2664, Pte. H.E. Roberts,

1st Newfoundland Regiment.

HA/NWV

~~REPATRIATION.~~

You will report at Allan's Office, 19 James Street, Liverpool, not later than 10 o'clock on the morning of Wednesday the 6/6/17. You will there receive your steamer ticket and necessary instructions for your journey to Newfoundland.

Major,
Paymaster & O. i/c Records.

NEWFOUNDLAND CONTINGENT

CASUALTIES

FOR DISCHARGE.

2664 Pte H. E. Roberts, ex 3rd London General Hospital, Wandsworth, S.W. 18 31/5/17 is granted furlough to 6/6/17 with leave to proceed to Cardiff, Liverpool. He is to report at Allans Office on the latter date and at the latter place not later than 10 a.m.

31st May, 7.

5148/1

E 2664, Pte. H.E. Roberts,
1st Newfoundland Regiment.

HA/NVV

REPATRIATION.

You will report at Allan's Office, 19 James Street, Liverpool, not later than 10 o'clock on the morning of Wednesday the 6/6/17. You will there receive your steamer ticket and necessary instructions for your journey to Newfoundland.

7

Major,
Paymaster & O. i/c Records.

(9 38 41) W 1 751-6589/1 75,000(6) 10/15 H W V(M 531)
16992-191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3203.W.

(In part of to)



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

Par 9th (Regiment).

No. 2604, Rank Pte, Name Robert H. G.

is discharged from Hospital with orders to proceed to his home

(Address 58 Victoria St. S.W.)

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

Place Wandsworth

H. Jagan

Officer Commanding,

Capt. R.A.M.C.

Registrar, R.A.M.C.T.

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

Date 31/5/17

Admitted
8.2.17

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Infld

Regiment.

*The Officer Commanding

Infld Contingent - Ayr

The Officer in Charge of Records

58 Victoria St. S.W.

The Regimental Paymaster

58 Victoria St. S.W.

With reference to No. 2664 Pte Roberts H.E. of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., ~~on the~~ 10.5.17. for discharge from the Service as permanently unfit, please note that this man has been sent to his ~~home~~ address on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded to

58 Victoria St S.W.

on [date]

31.5.17

H. Jagan

Capt. R.A.M.C.(I)

Officer Commanding

Hospital.

Place

Sandsworth

Date

31.5.17

* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

264 pte. A. E. Roberts.

Railway Warrant Co
Cardiff

Cardiff - Liverpool.

pass to ~~today~~ 10 am.

6/6/17.

Cardiff Liverpool

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

From, O.O. 3rd London General Hospital.

To, O.O. Records, 58 Victoria St
S.W.



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

2604. ~~Pte. A. G. Roberts.~~ 11 Newfoundland.
will shortly be brought before a Medical Board, and will probably be discharged from the Army or reclassified.

Duplicate documents will not be required, please.

H. Jagan
Capt. R.A.M.C. (17)

NEWFOUNDLAND CONTINGENT

No. _____

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W.

Please remit per Postal Money Order to:

Re. H.E. Roberts

the sum of five (5) pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No. 2664 Rank Private

Name H.E. Roberts

Approved Sublingh Singh Raja Poon 07
Officer i/c

Receipt No 3716 JRH

Dated at 19th May 1917

2nd Canadian General Hospital.

Essex Red Cross Hospital

Essex, Surrey

April 20/1917.

Major Timmell

% Pay & Record Office

58 Victoria Street

Cable 337

Dept

Dear Sir:-

Will you kindly forward the following telegram and place cost of same to my account:

(To) "S. Roberts

Change Islands
Newfoundland.

"Expecting furlough soon, please cable

(ten) 10 p.m.s"

(Signed) Harry

1917
APR 27 1917

do HRA

By so doing you will oblige

(R) H. E. Roberts

2664

Roberts. H

2664

Ray Depth
—

October 2nd, 1917.

2664

Ptw. Harry E. Roberts,
263 Theatre Hill,
City.

Dear Sir,-

I enclose herewith certificate of discharge,
dated September 29th, 1917.

Yours truly,

Lieut.
Officer i/o Records.

August 19, 1919

Mr. H.E. Roberts,
Change Islands.

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.

11110

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 *Harry Edwin* 2. Surname *Roberts*
- 3. Rank *Private* 4. Regtl. No. *2664*
- 5. Address in full to which future payments of gratuity are to be forwarded *Change Islands Nfld.*
- 6. Date of enlistment in the Regiment *May 1st 1916*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable (assignment only to Bank House Lotta)*
- 8. Relationship of such dependents *Not applicable*
- 9. Address in full of such dependents *Not applicable*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
- 11. Were you on active service only in Nfld, if so, give dates and particulars of such service *No. Have seen active service in France*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas *one year 152 days*

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.

No

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

yes

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

No

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

No

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

Not applicable

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

Not applicable

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

Sept 29th 1917

(b) Reason for discharge.

on account of wounds received in action

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.

*Yes on the "Somme" December 1st 1916
February 8th 1917*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

(A) No (B) Not applicable

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *W.C. Roberts*
 Place of Residence: *Chauge Islands Fed.*
 Declared before me at: *409*
 This *thirty first* day of *July* 19*49*

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

| POST DISCHARGE PAY. | | | War Service Gratuity. | Net amount due |
|---------------------|------------------|--------------------|--------------------------|-------------------|
| Date paid | Paid Soldier. | Paid Dependent. | | |
| | | | | |
| | | | | |
| Certified correct. | | | | |

Registrar

No 2664

Name Roberts A.C.

| Date | Particulars | Ch.No. | Dr. | Cr. | Bal. |
|---------|--------------------------------------|--------|--------|--------|--------|
| June 9 | Balance due by P.M. £-2-2-8. | | | 10 37 | 10 37 |
| 18 | By Pay 9 days @ 12 | | | 9 90 | 20 27 |
| 30 | " " 12 " @ 20 | | | 24 00 | 44 27 |
| July 31 | " " 31 " @ do | | | 62 00 | 106 27 |
| Aug 31 | " " 31 " @ 19 | | | 34 10 | 140 37 |
| Sept 19 | " " 19 " @ do | | | 20 90 | 161 27 |
| 29 | " " 10 " 200 | | | 20 00 | 181 27 |
| | Bonus clothing | | | 13 70 | 194 97 |
| June 25 | To Pay | | 15 00 | 25 00 | 219 97 |
| 28 | " " | | 10 00 | | 204 97 |
| 30 | " Allot 21 days 57 | | 10 50 | | 194 97 |
| July 31 | Pay | | 15 50 | | 184 47 |
| Aug 6 | " " | | 20 00 | | 168 97 |
| 31 | " Allot | | 15 50 | | 148 97 |
| Sept 6 | To Pay | | 30 00 | | 133 47 |
| 30 | " Allot | | 15 00 | | 118 47 |
| 29 | To Pay | 74 | 88 47 | | |
| | War Service Gratuity H.M.S @ 1000 | | | 280 00 | 280 00 |
| | Bonus | | 13 70 | | 266 30 |
| Mar 1 | To Pay | 11110 | 70 00 | | 196 30 |
| Apr 1 | " " | 19007 | 70 00 | | 126 30 |
| May 1 | " " | 18489 | 70 00 | | 56 30 |
| June 1 | " " | 21765 | 56 30 | | |
| | | | 499 97 | 499 97 | |

PAY LEDGER R-2171
 Date 11-17 by [Signature]

Sis [Signature]



Change Islands, Sept 14 th. 1916. 191
Newfoundland

J. M. Howley, Esq.,
Deputy Paymaster,
1st Nfld R_giment,
St. Jöhn's.

Dear Sir:-

With regard to the allotment of Private Harry E. Roberts,
No 2664. He advised that this would be sent to me regularly, but to
this date nothing has come to hand.

Yours truly,

S. Roberts

*So & per day to
bank of Nova Scotia in name of
Harry E. Roberts (son) of Solomon
Roberts (father) Esq. of St. John's*

Ans. Sept. 16/16

16th September

6

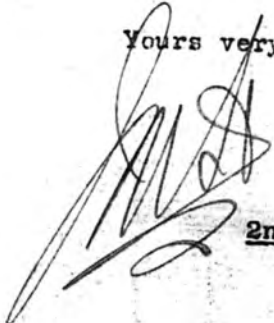
S. Roberts Esq.,
Change Islands.

Dear Sir,-

Referring to your letter of September 14th.
In reply, I beg to state that your son No.2664 Pte.Harry E.Roberts
has declared an allotment of 50 cents per day, to be deposited in
the Bank of Nova Scotia St Johns, in the name of Harry E.Roberts(Self)
and, or, Solomon Roberts (Father) Change Islands, to be drawn by
either. You can therefore, draw same from the Bank of Nova Scotia
on proper identification.

Yours very truly,

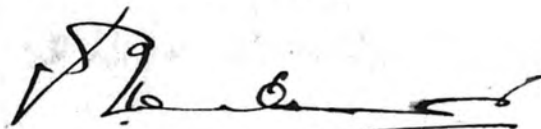
J.M.H/B.M.W.


2nd.Lieut.& D/Paymaster.

Hon. Secretary,
Finance Committee.

For information.

(For, and in absence of Governor)



Private Secretary.

22 June, 1917.

No. 1265 .

Telegram from O.C. Discharge Depot, Halifax.

(recd. 22 June, 1917)

Pte. H.E. Roberts, No. 2664 leaving on Florisel for
St. John's tonight.

O.C. Discharge Depot.

Hon. Secretary,
Finance Committee.

For information.

W. C. Davidson
Governor.

15 June, 1917.

No. 1243.

Code Telegram from Major Timewell.

(recd. 15 June, 1917)

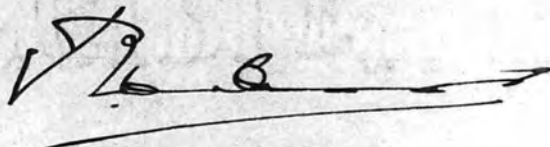
Sent home for discharge June 9th by Scandinavian to
Quebec:

2664 Roberts.

O.C. Headquarters.

For information.

(For, and in absence of Governor)



Private Secretary.

22 June, 1917.

No. 1265 .

Telegram from O.C. Discharge Depot, Halifax.

(recd. 22 June, 1917)

Pte. H.E. Roberts, No. 2664 leaving on Florisel for
St. John's tonight.

O.C. Discharge Depot.

Arrived June 23/17

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



No. 2664

Rank Private

Name (surname first) Roberts H.E.

Regiment 1st Newfoundland

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

No special qualifications as I was attending college on enlisting.

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

*College attended
Neth. College,
St Johns,
Newfoundland*

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

Motor mechanic when able.

4. What is the name of your Approved Society? None

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

No.

Date 9. 5. 17

Signed
Signature H.E. Roberts

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

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

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2664 Pte Roberts H.

(Substituting A.F.O. 1625). N.F.P/36.

Embarked per S.S. Scandinavian.

Company. From 23/12/16 To 9/6/17 (Dates inclusive).

From Liverpool Date 9/6/17.

DR. Classification (See Procedure). A.

Draft No. 39.

CR.

| Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | | | |
|------|---------------|-----------------------------------|------|-----|----|----|----|------|---------------|---|--------------------------|-----|-----|----|----|---|---|---|
| | 8 | Forfeited Pay | | | | | | | 1 | Pay | 1.00 | 169 | 169 | 00 | | | | |
| | 9 | Allotments | 50 | 169 | 84 | 50 | | | 2 | Field Allowances | 10 | 169 | 16 | 90 | | | | |
| | 10 | | | | | | | | 3 | Other Allowances | | | | | | | | |
| | 11/12 | Total Stoppages | | | | | | | 4/5 | Total @ 4.86 2/3 | | | | | | | | |
| | | | | | 84 | 50 | 17 | 7 | 3 | | | | 195 | 90 | 38 | 4 | 0 | |
| | 13 | Fines | | | | | | | 6a | | | | | | | | | |
| | 14 | Clothing & Necessaries | | | | | | | | Cr. Balance 22/12/16. | | | | 3 | 8 | 5 | | |
| | 15 | Arms & Accoutrements | | | | | | | | | | | | | | | | |
| | 16 | Barrack Damages | | | | | | | | | | | | | | | 0 | 0 |
| | 17 | Hospital Stoppages Advances | | | 2 | 18 | 6 | | | This account is in accordance with information received at the Pay & Record Office to 8/6/17 and is therefore subject to amendment if, and as may be found necessary. | | | | | | | | |
| | 17a | Miscellaneous Stoppages | | | | | | | | | | | | | | | | |
| | 19 | Casual Payments Acq. Rolls France | | | 3 | 4 | 10 | | | | | | | | | | | |
| | 20 | 1st Payment P & R. O. | | | 16 | 15 | 0 | | | 27 | Balance Due to Paymaster | | | | | | | |
| | 21 | 2nd " Cable | | | | 4 | 2 | | | | | | | | | | | |
| | 22 | 3rd " | | | | | | | | | | | | | | | | |
| | 23 | Final " | | | | | | | | | | | | | | | | |
| | 24 | Balance Debit Last Period | | | | | | | | | | | | | | | | |
| | 28 | " Due by Paymaster | | | 2 | 2 | 8 | | | | | | | | | | | |
| | | | | | 42 | 12 | 5 | | | | | | | 42 | 12 | 5 | | |

CHECKED.

Be.

CERTIFIED CORRECT.

NEWFOUNDLAND CONTINGENT.

J. F. H. ...

O.C. " " Company.



DUPLICATE

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2384 Pte Roberts H.

(Substituting A.F.O. 1625). N.F.P/36.

Embarked per S.S. Scandinavian.

Company. From 23/12/16 To 9/3/17 (Dates inclusive).

From Liverpool Date 9/3/17.

Classification (See Procedure).

Draft No. 89. CR.

| Date | Book Col. | Particulars | Rate | Dys | £ | s | d | Date | Pay Book Col. | Particulars | Rate | Dys | £ | s | d | | | |
|------|-----------|---------------------------|------|-----|----|----|----|------|---------------|--|--------------------------|-----|-----|----|----|---|---|---|
| | 8 | Forfeited Pay | | | | | | | 1 | Pay | 1.00 | 169 | 169 | 00 | | | | |
| | 9 | Allotments | | | | | | | 2 | Field Allowances | 10 | 169 | 16 | 90 | | | | |
| | 10 | | | | | | | | 3 | Other Allowances | | | | | | | | |
| | 11/12 | Total Stoppages | 50 | 169 | 84 | 50 | | | 4/5 | Total @ 4.86 2/3 | | | | | | | | |
| | | | | | 84 | 50 | 17 | 7 | 3 | | | | 185 | 90 | 38 | 4 | 0 | |
| | 13 | Fines | | | | | | | 6a | | | | | | | | | |
| | 14 | Clothing & Necessaries | | | | | | | | Cr. Balance 22/12/16. | | | | 3 | 8 | 5 | | |
| | 15 | Arms & Accoutrements | | | | | | | | Ratio | | | | | | | 0 | 0 |
| | 16 | Barrack Damages | | | | | | | | This account is in accordance with information received at the Pay & Record Office to 18/1/17 and is therefore subject to amendment if, and as may be found necessary. | | | | | | | | |
| | 17 | Hospital Stoppages | | | | | 2 | 18 | 6 | | | | | | | | | |
| | 17a | Miscellaneous Stoppages | | | | | | | | | | | | | | | | |
| | 19 | Casual Payments | | | | | 3 | 4 | 10 | | | | | | | | | |
| | 20 | 1st Payment | | | | | 16 | 15 | 0 | | | | | | | | | |
| | 21 | 2nd " | | | | | | | | | | | | | | | | |
| | 22 | 3rd " | | | | | | | | | | | | | | | | |
| | 23 | Final " | | | | | | | | | | | | | | | | |
| | 24 | Balance Debit Last Period | | | | | | | | | | | | | | | | |
| | 28 | " Due by Paymaster | | | | | 2 | 2 | 0 | 27 | Balance Due to Paymaster | | | | | | | |
| | | | | | | | 42 | 12 | 5 | | | | | | | | | |

RECEIVED
H.C.

CERTIFIED CORRECT. NEWFOUNDLAND CONTINGENT.

L.F.H. Marshall
PAYMASTER & OFFICER IN CHARGE

O.C. " " Company.



November 21st., 1927.

Mr. Roberts,
Change Islds.

Dear Sir:-

Would you kindly let me know what would be
a reasonable charge for Motor Boat Hire from Cape
Cove, Fogo, to Change Islds., and return.

Thanking you in advance,

Yours very truly,


Secretary.

CCO/BT:

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

Pension No. 381

Regt. No. 2213 Rank _____ Name Robert Kelly

Rate of Pension _____ % period _____

Date of Marriage _____ Name of Wife _____

Additional allow. for wife _____ per month.

Date _____

Secretary.

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 30 %, period 12/11/32

Receiving allowance for 3 children.

PARTICULARS of 1st child.

NAME _____ SEX _____ DATE OF BIRTH _____

Anna.

Female

Dec 25/31

[Handwritten signature]

[Handwritten initials]

Allice. @ \$ 3⁰⁰/₂ per month, granted from Dec 25/31

Date child comes of age _____

Date 10/2/32

[Handwritten signature]
Secretary.

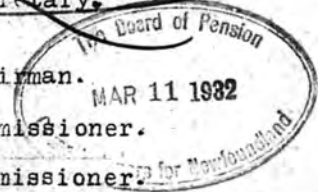
Approved *[Handwritten signature]*

Chairman.

[Handwritten signature]

Commissioner.

Commissioner.



Increased to \$42.00 from 25/12/31

Pension @ \$3⁰⁰/₂ per month from 25¹²/₃₁ to 29²/₃₂ \$6⁶⁰/₄

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

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

Name of Pensioner Robert Kelly
 Rank ~~2573~~ ³⁶ Regtl. No. 2213 Rate of pension 15 per cent

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

| Full maiden name. | Date of birth | Present address. | Date of marriage. |
|---------------------|--------------------------------|---|---|
| <u>Emma Lizzard</u> | <u>Feb 11th / 4</u> | <u>Sigval Hill City</u> <u>c/o Mrs Lizzard</u> <u>112 Newbath St</u> <u>St Johns</u> | <u>Aug 4th / 26</u> (If unmarried this should be stated.) |

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

| Name. | Date of birth. | State where each child is living and if not with father the reason. |
|--------------------|---------------------------------|---|
| <u>Louis Kelly</u> | <u>Jun 15th / 27</u> | <u>with parents</u> |
| <u>Jean " " "</u> | <u>Mar 25th / 28</u> | |
| <u>Mance " " "</u> | <u>Dec 25 / 31</u> | |

IV. Pensioner's Signature Robert Kelly
 (The signature must be inserted in the presence of the person who signs the Certificate below.)
 Pensioner's Address Sigval Hill St Johns City

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 12th day of July 1932 and that I believe the Declarant to be the person named herein.

Signature Walter Gorse
 Qualification Greene
 Address 4 Quidi Vidi Rd

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

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

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

Pension No 331

Regt. No. 2664 Rank Pte Name Harry Roberts

Corps served with Royal Newfoundland Regiment

Rank held when disability was incurred _____

Date of Medical Board Feb 12/23 Disability 15%

Pension for self \$ 11.25 per month for 24 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " \$ _____ per month for _____ months

_____ Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ 11.25 for 24 months

Total authorized amount \$ 236.00

Granted to:-

Name Harry Roberts

Address Change Islds.

((NOTED))
[Signature]
initials
8/3/23
date.

Approved by:-

[Signature] Chairman

_____ Medical Advisor.

[Signature] Secretary.

7/3/23
BT

Date of Marriage _____ Name of Wife _____

Particulars of children:

| Name | Sex | Date of birth | Expires. |
|------|-----|---------------|----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2664

Rank PRIVATE

Name HARRY ROBERTS

ADDRESS: CHANGE ISLANDS.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS Height 5' 3" Colour of Eyes BROWN

Complexion FAIR Colour of Hair AUBURN Weight

Marks of Identification:

JUNE 22, 1919: SCAR ON FRONT OF LEFT THIGH COMPLETELY HEALED. SCAR ABOUT THREE INCHES IN LENGTH. MUSCLES HAVE BEEN DIVIDED, THEREFORE CONSIDERABLE WEAKNESS IN SAME. WALKS WITH A SLIGHT LIMP.

DECEMBER 8, 1919: SCAR ABOUT THREE INCHES IN LENGTH ACROSS FRONT OF LEFT THIGH, HEALED. VERY SENSITIVE TO TOUCH. LOSS OF SENSATION BELOW WOUND FOR ABOUT FOUR INCHES. MUSCLES HAVE BEEN DIVIDED AND MAN WALKS WITH A SLIGHT LIMP. HAS CONSIDERABLE PAIN IN SCAR REGION AT NIGHT.

JANUARY 10, 1921: SCAR ON FRONT OF LEFT THIGH FOUR INCHES LONG, HEALED, BUT SENSITIVE TO TOUCH. NO SENSATION BELOW WOUND FOR ABOUT FOUR INCHES. HAS A CONSIDERABLE LIMP AND HAS PAIN AT NIGHT. WORKING CAPACITY IS REDUCED ON ACCOUNT OF WOUND.

DECEMBER 10, 1921: SCAR ACROSS FRONT OF LEFT THIGH ABOUT FOUR INCHES LONG, HEALED BUT SENSITIVE TO TOUCH. THERE IS A LOSS OF SENSATION FOR FOUR INCHES BELOW CUT. WALKS WITH A LIMP.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUNSHOT WOUND LEFT LEG.

THE BOARD OF PENSION COMMISSIONERS FOR NEWSPAPER AND

NAME OF THE PENSIONER
ADDRESS OF THE PENSIONER
DATE OF BIRTH

NAME OF THE EMPLOYER
ADDRESS OF THE EMPLOYER

DATE OF COMMENCEMENT OF SERVICE
DATE OF TERMINATION OF SERVICE
REASON FOR TERMINATION OF SERVICE

STATE OF SERVICE
DURATION OF SERVICE
AMOUNT OF PENSION

REMARKS
DATE OF AWARD

Disability for which pension has been awarded:—

2 P. C. Form 98
1918

3
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *yes*
- (2) Give a definite detailed description of the present condition.

A scar ~~four~~ inches long across the front of the thigh at junction of lower and middle third. Wound has healed but scar is very sensitive to touch and in parts adherent to the bone. No sensation in skin below down to knee cap. Hurts after much walking.

I advise that pension be continued.

Special Questions:—

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

Signature
of Witness

Matthew L. Drews

Pensioner's signature.....

H. Roberts

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

Gunshot wound on left thigh.

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

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

Nil

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

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

Yes

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

*Examination 2/12/23
15/10
15/11/20*

(b) Should he continue to do so?

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

(d) If any appliance is necessary?

No

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

No

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

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

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

The foregoing report submitted by Pensioner's signature *J. Delaney*

Signature *W. A. Pullins* Medical Examiner.

Place *Chang Idols*

Date *Feb. 12/23*

Members (of a Board)

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

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

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

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

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

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

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

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

Place *Chang Idols*

Date *Feb. 12/23*

W. A. Pullins
Head of District Office,
(or Medical Practitioner.)

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland.

Medical Report required; review date:—

Date NOVEMBER 21, 1921AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2664Rank PRIVATEName HARRY ROBERTSADDRESS: CHANGE ISLANDSUnit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 24 YEARSHeight 5' 3"Colour of Eyes BROWNComplexion FAIR

Colour of Hair

AUBURN

Weight

Marks of Identification:

JUNE 22, 1919: SCAR ON FRONT OF LEFT THIGH, COMPLETELY HEALED.
SCAR ABOUT THREE INCHES IN LENGTH. MUSCLES HAVE BEEN DIVIDED, THERE-
FORE CONSIDERABLE WEAKNESS IN SAME. WALKS WITH SLIGHT LIMP.

DECEMBER 8, 1919: SCAR ABOUT THREE INCHES IN LENGTH ACROSS FRONT
OF LEFT THIGH, HEALED. VERY SENSITIVE TO TOUCH. LOSS OF SENSATION
BELOW WOUND FOR ABOUT FOUR INCHES. MUSCLES HAVE BEEN DIVIDED AND MAN
WALKS WITH SLIGHT LIMP. HAS CONSIDERABLE PAIN IN SCAR REGION AT NIGHT.

JANUARY 10, 1921: SCAR ON FRONT OF LEFT THIGH FOUR INCHES LONG,
HEALED, BUT SENSITIVE TO TOUCH. NO SENSATION BELOW WOUND FOR ABOUT
FOUR INCHES. HAS A SLIGHT LIMP AND HAS PAIN AT NIGHT. WORKING
CAPACITY IS REDUCED ON ACCOUNT OF WOUND.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUN SHOT WOUND, LEFT LEG.



THE BOARD OF PENSION COMMISSIONERS FOR NEW-HAMPSHIRE

Faint, mostly illegible text at the top of the page, possibly containing names and dates.

Large block of very faint, illegible text in the middle of the page, likely a medical history or examination report.

Disability for which pension has been awarded:—

Gun shot wound in left thigh

MEDICAL REPORT.

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

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

Yes.

*Scar across front of left thigh
about 4 inches long. Healed but
sensitive to touch. There is loss of
sensation for 4" below cut.
Walks with a limp.*

Special Questions:—

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

Signature

J. Macdergan M.D.

of Witness

Pensioner's signature

A. E. Roberts

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

Gun shot wound in left thigh

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

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

The Same

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

5 Will disabilities materially increase or diminish?

I don't think so

6 Are the disabilities permanent?

yes

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

no

(b) Should he continue to do so?

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

(d) If any appliance is necessary?

*Approved 15/11/21
W.H.P.*

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

no

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

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

and refuse to accept the same for the following reasons:

Pensioner's signature

The foregoing report submitted by

Signature

Medical Examiner.

Place

Date

Members (of a Board)

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

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

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

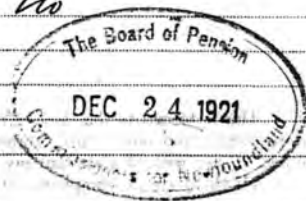
no

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

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

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

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



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

(State date of death and names of children who have died.)

Place

Chang 20

Date

Dec 11/21

J Mackley M.D.

Head of District Office, (or Medical Practitioner.)

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

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

ST. JOHN'S, Newfoundland,

Date November 16, 1920

AS SOON AS POSSIBLE

The Secretary, Board of Pension
 Commissioners for Newfoundland.

Per _____

Regimental No. 2664Rank PRIVATEName HARRY ROBERTSADDRESS: CHANGE ISLANDS.Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 23 YEARS Height 5' 3" Colour of Eyes BROWNComplexion FAIR Colour of Hair AUBURN Weight _____

Marks of Identification: _____

JUNE 27TH., 1917:

SHRAPNEL WOUND ACROSS LOWER THIRD LEFT LEG, NOT FULLY HEALED. LOSS OF SENSATION BELOW WOUND FOR FOUR INCHES. GENERAL HEALTH FAIRLY GOOD.

SEPTEMBER 15TH., 1917:

SCAR ON FRONT PART LEFT THIGH COMPLETELY HEALED. SCAR ABOUT THREE INCHES IN LENGTH. MUSCLES HAVE BEEN DIVIDED AND THEREFORE CONSIDERABLE WEAKNESS OF SAME. WALKS WITH SLIGHT LIMP.

JUNE 22ND., 1919:

SCAR ON FRONT PART OF LEFT THIGH, COMPLETELY HEALED. SCAR ABOUT THREE INCHES IN LENGTH. MUSCLES HAVE BEEN DIVIDED, THEREFORE CONSIDERABLE WEAKNESS IN SAME. WALKS WITH SLIGHT LIMP.

DECEMBER 8TH., 1919:

SCAR ABOUT THREE INCHES IN LENGTH ACROSS FRONT OF LEFT THIGH. HEALED. VERY SENSITIVE TO TOUCH. LOSS OF SENSATION BELOW WOUND FOR ABOUT FOUR INCHES. MUSCLES HAVE BEEN DIVIDED AND MAN WALKS WITH SLIGHT LIMP. HAS CONSIDERABLE PAIN IN SCAR, REGION AT NIGHT

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GUN SHOT WOUND LEFT LEG

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, NEWFOUNDLAND.
The Secretary, Board of Pension
Commissioners for Newfoundland.

NO. 1000

NAME: [Faint text]
RESIDENCE: [Faint text]
DATE: [Faint text]

Disability for which pension has been awarded:— *Gun shot wound in left leg*

MEDICAL REPORT.

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

yes.

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

Scar on front of left thigh
4 inches long. Healed but some sore to touch
no question. Below wound for about 4 inches
It has a slight lump and has pain at
night. Working capacity is reduced
on account of wound.

Special Questions:—

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

Signature

Pensioner's signature

of Witness

J. Mawley. M.D.

H. Roberts

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

Left hand shot in wrist in last leg

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

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? *None*

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

No

5 Will disabilities materially increase or diminish? *I don't think so*

6 Are the disabilities permanent? *I think so*

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

No

(b) Should he continue to do so? *-*

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

(d) If any appliance is necessary? *-*

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

(b) Nature of treatment advised *-*

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

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

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

and refuse to accept the same for the following reasons:

None

The foregoing report submitted by

Pensioner's signature

Signature

Medical Examiner.

Place *Charge Island*

Date *Jan 10/21*

J. MacKenzie M.D.

Members (of a Board)

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

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

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

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

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

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

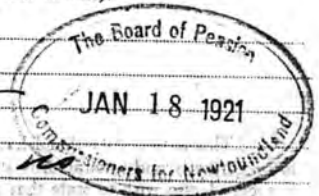
11 If pensioner was married, has his wife died since last medical re-examination? *No*
(State date of death.)

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

Place *Charge Islands*

Date *Jan 10/21*

J. MacKenzie M.D.
Head of District Office.
(or Medical Practitioner.)



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 331

Regt. No. 2661 Rank Pte Name Roberts Harry

Corps. served with Royal Newfoundland

Date of Medical Board Nov. 21. 21

Pensionable Disability 15% for 12 months.

to Dec 31. 1921.

Pension granted: \$ 7.50 per month for 12 months.

Total authorized amount \$ 11.25 from Jan 1. 1922

or Gratuity granted:

\$ _____ payable in _____ equal monthly installments.

Granted to:-

Name Harry Roberts.

Address Charge Islands.

Date case disposed of: _____

Approved by:

Members of board

Wm. Jones 7 Chairman.

[Handwritten signature]

*Noted
M. M.
11/1/22
B.S.*

Remarks:

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 331.....

Regt. No. 2664 Rank Private Name Harry Roberts

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Regt. Rank held when disability was incurred _____

Date of Medical Board January 10th/21

Pensionable Disability 30%

Pension Granted:-
\$10.00 per month for 12 months

Additional Allowance for wife:-

\$ _____ per month for _____ mos.

Additional Allice. for Children

_____ children @ \$ _____ per month ea.

or Gratuity Granted:-

\$ _____ payable in _____ equal monthly instalments

Total monthly payments \$10.00 Total authorized amt. \$120.00

Granted to:-

Name Harry Roberts,

Address Change Islands.

Date case disposed of _____

Approved by:-

Members of Board

[Signature] Chairman

[Signature]

Remarks:-

Name of Wife _____

Particulars of children

| Name | Date of Birth | Name | Date of Birth |
|------|---------------|------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Certified Correct _____

*Noted
B.P.*

[Signature]

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Pension No. 331

Regt. No. 2664 Rank Pte Name N. E. Roberts

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Dec 8/19.

Pensionable Disability 20 70 for 12 months

Pension Granted: \$10⁰⁰ per month for 12 months

Total authorized amount \$120⁰⁰

or Gratuity Granted:

~~Payable in~~ equal monthly instalments

W. C. B. M. A.

Granted to:

Name N. E. Roberts

Address Chapel Isld.

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman

[Signature]

W. C. B. M. A.
[Signature]
[Signature]

Remarks:

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and
No. **331**
No.

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

St. John's, Newfoundland.
November 11th., 1919.

To:— **Dr. O'Connell,**
Change Islands.

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

Sir:—

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

Name

2664, PTE. H. E. ROBERTS

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

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

Address

CHANGE ISLANDS.

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

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

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

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

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

(\$3.00)

I have the honour to be,

Sir,

Your obedient servant,

THE SECRETARY

BOARD OF PENSION COMMISSIONERS FOR NFLD.

/DIRECTOR OF MEDICAL SERVICES/

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

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

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

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

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

DESCRIPTION OF PENSIONER:—

Apparent age..... **21** Height..... **5'3½"** Colour of Eyes..... **BROWN**
Complexion..... **FAIR** COLOUR OF HAIR: **AUBURN** Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on..... **JUNE 27¹1917** and other necessary information, follows:—

Condition of Pensioner:—

SRAPNEL WOUND ACROSS LOWER THIRD LEFT LEG NOT FULLY HEALED. LOSS OF SENSATION BELOW WOUND FOR FOUR INCHES. GENERAL HEALTH FAIRLY GOOD. THESE CONDITIONS DUE TO ACTIVE SERVICE IN FRANCE.

CONDITION SEPT. 15¹1917: SCAR ON FRONT PART LEFT THIGH COMPLETELY HEALED. SCAR ABOUT THREE INCHES IN LENGTH. MUSCLES HAVE BEEN DIVIDED AND THEREFORE CONSIDERABLE WEAKNESS OF SAME. WALKS WITH SLIGHT LIMP.

CONDITION DEC. 14¹1917: AS PREVIOUSLY REPORTED.

CONDITION JUNE 22¹1919: SCAR ON FRONT PART OF LEFT THIGH COMPLETELY HEALED. SCAR ABOUT THREE INCHES IN LENGTH. MUSCLES HAVE BEEN DIVIDED AND THEREFORE CONSIDERABLE WEAKNESS IN SAME. WALKS WITH SLIGHT LIMP.

DISABILITY: GUN SHOT WOUND LEFT LEG.

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

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

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

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

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

MEDICAL REPORT

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

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

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

Scar about 3 in. in length across front of left thigh - healed - very sensitive to touch - loss of sensation below wound for about 4 inches. Muscles have been divided and man walks with slight limp - Has considerable pain in Scar region at night.

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

Has neither increased nor diminished

- (4) Will it materially increase or diminish?

no

- (5) Is the disability permanent?

yes

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

(Extent should be stated in percentages)

25%

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

(State in percentage.)

25%

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

no

- (9) If so, is pensioner willing to accept such treatment, and when?
- If not, why?

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

Place Orange Islands

J. O'Connell President

Date Dec 2/19

Members

Pensioner's Signature *H. Roberts (2664)*

Signature of Witness *J. O. Connell M.D.*

CONTINUATION

*Approved for 20%
Amy Macpherson
Sp. Ed.*



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

- 8 (a) Has the pensioner married since last medical re-examination? *no*
- 8 (b) If so, is he receiving the additional allowance? *_____*
- 9 (a) Has a child been born to pensioner since last medical re-examination? *_____*
- 9 (b) If so, is he receiving the additional allowance? *_____*
- 10 If pensioner was married, has his wife died since last medical re-examination?

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

Place *Change Island*

Date *Dec 8/19*

J. O. Connell M.D.
Medical Examiner.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

WHEN REPLYING
QUOTE No. **2664**

OCTOBER 11th 1919.

| | Date | Initials |
|--|----------|----------|
| | | |
| | | |
| | 15/10.19 | WHP |

Major W.H. Parsons, M.C.,
Secretary, Board of Pension Commissioners.

Dear Sir:

I have the honour by direction to forward you herewith letter received from Mr. H.E. Roberts, of Change Islands, with reference to the reduction in his Pension.

Would you be good enough to look into this matter and reply direct to Mr. Roberts.

Yours faithfully,

C.C. Byrne

Captain,
for Chief Staff Officer.

Charge Islands
October 7th 1919.

For Mr. Hickman
Minister of Health
St. Johns.

Dear Sir:— My pension for the past 6 months
has been reduced by five dollars and
without any satisfactory explanation
from your department whatsoever. I was
examined last June by Dr C.V. Smith, he
gave to understand that my condition was
had not improved any since previous
examinations. I was awarded in left
thigh and the nerves of the leg would be
such that the nerves of my leg have
been partially destroyed and I am
practically unable under these conditions
to take up work to earn a full living.

Will you please give this matter your
kind attention and consideration and have
deficiency made up and pension of \$2000 to
continue.

Yours very truly

W. L. Roberts



FILE

DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 22nd., 1919.

**From:- D. M. S.
To :- B. P. C.**

**2664, Pte. H. E. Roberts,
Change Islands.**

The marginally noted man should report to Dr. C. V. Smith, Change Islands, for re-examination, on whatever date the doctor notifies him to appear.

**CLUNY MACPHERSON,
Major, D. M. S.**

AMB.

Per *A.W.B.*

331

| |
|-------------------|
| NOTED |
| DATE <i>AM</i> |
| INITIAL <i>AM</i> |

May 23/19

Ex-Pte. H. E. Roberts,
Change Islands.

Dear Sir:-

Kindly report to Dr. C. V. Smith, Change Islands,
for re-examination, on whatever date he notifies
you to appear.

Yours faithfully,

Asst. Secy.

LBD.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 331

Regtl. No. 2664 Rank A Name A. E. Roberts

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 22-6-19
Pensionable disability 30% for 6 months ^{rate changed} W.D.B.

Pension granted:
\$ 15.00 per month for 6 months
or Gratuity granted:
\$ _____ payable in _____ equal monthly insts.

Granted to:
Name A. E. Roberts

Address _____

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman
W.D.B.
[Signature]

Remarks:

*Noted
W.D.B.*

The Board of Pension Commissioners for Newfoundland.

In replying please mention Date and

No.

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

St. John's, Nfld.,
May 22nd., 1919.

To:— C³/₄ V. Smith, Esq., M. D.,
Change Islands.

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

Sir:—

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

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

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

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

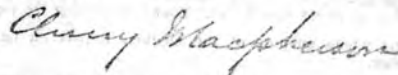
The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

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

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

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

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



DIRECTOR OF MEDICAL SERVICES.

Name

2664, Pte. H. E. Roberts

Address

Change Islands

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

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

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

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

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

DESCRIPTION OF PENSIONER:—

Apparent age. **22** on Height **5'3½"** Colour of Eyes. **BROWN**
Complexion. **FAIR** Colour of Hair. **AUBURN** Marks of Identification
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **JAN. 18 1919** and other necessary information, follows:—

Condition of Pensioner:—

SCAR ON FRONT PART LEFT THIGH COMPLETELY HEALED. SCAR ABOUT 3" IN LENGTH. MUSCLES HAVE BEEN DIVIDED THEREFORE CONSIDERABLE WEAKNESS IN SAME. WALKS WITH SLIGHT LIMP.

DISABILITY: GUN SHOT WOUND LEFT LEG

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

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified. The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

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

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

MEDICAL REPORT.

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

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? *Yes*
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

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

Scar on front part of left thigh, completely healed. Scar about three inches in length. Muscles have been divided therefore considerable weakness in same. Walks with slight limp.

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

Same

- (4) Will it materially increase or diminish? *No*

- (5) Is the disability permanent? *Yes*

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

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

2-5

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

(State in percentage.)

40%

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

No

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

If not, why?

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

Place President

Date

..... Members

Pensioner's Signature... *W. Roberts*
Signature of Witness... *C. V. Smith, M.D.*

CONTINUATION.

Approved for 30%
Cluny Macpherson
Major



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

- 8 (a) Has the pensioner married since last medical re-examination? *No*
- 8 (b) If so, is he receiving the additional allowance?
- 9 (a) Has a child been born to pensioner since last medical re-examination?
- 9 (b) If so, is he receiving the additional allowance?
- 10 If pensioner was married, has his wife died since last medical re-examination?
- 11 Have any of pensioner's children died since last medical re-examination?

Place *St. John's Islands*

Date *June 22 1919*

C. V. Smith, M.D.
Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 331

Regtl. No. 2664 Rank Pte Name A. E. Roberts

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan 18th 1919

Pensionable disability 100 for 6 months

Pension granted: \$20⁰⁰ per month for 6 months

or Gratuity granted: \$ _____ payable in _____ equal monthly insts.

Granted to:

Name A. E. Roberts

Address Charley Islands

Date case disposed of FEB 24 1919

Approved by:

Members of Board

P. J. [Signature] Chairman
[Signature]
W. H. [Signature]

Remarks:

Handwritten notes and stamps:
S. J. [Signature]
[Circular Stamp]

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, N.F.L.D.

St. John's, Nfld.,
December 19th., 1918

To:— C. V. Smith, Esq., M. D.,
Change Islands.

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

Sir:—

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

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

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

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

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

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

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

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

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

Cluny Macpherson

DIRECTOR OF MEDICAL SERVICES.

Name
2664, Pte. H. E. Roberts

Address
Change Islands.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

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

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

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

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

DESCRIPTION OF PENSIONER:—

Apparent age... **21** ... on ... Height **5'3½"** ... Colour of Eyes... **Brown** ...
Complexion... **Fair** ... Colour of Hair... **Auburn** ... Marks of Identification
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **June 27th 1917** and other necessary information, follows:—

Condition of Pensioner:— **Shrapnel wound across lower third left leg, not fully healed. Loss of sensation below wound for 4 inches. General health fairly good. These conditions due to active service in France.**

Condition Sept. 15th., 1917. **Scar on front part left thigh completely healed. Scar about three inches in length. Muscles have been divided and therefore considerable weakness of same. Walks with slight limp.**

Condition Dec. 14th., 1917. **As previously reported.**

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

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

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

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

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

MEDICAL REPORT.

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

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? ... *Yes*.....
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

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

Present condition same as described by examination made Sept. 15th 1917.

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

..... *Same*

- (4) Will it materially increase or diminish? .. *Will probably diminish slightly* ..

- (5) Is the disability permanent? ... *Yes*

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

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

..... *2-5*

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

(State in percentage.)

..... *40%*

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

..... *No*

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

If not, why?

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

Place

..... President

Date

..... Members

Pensioner's Signature *Harry E. Roberts*

Signature of Witness *C. V. Smith M.D.*

CONTINUATION.

Approved for 40%
Cluny Macpherson
Major



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

- 8 (a) Has the pensioner married since last medical re-examination? *Yes*
- 8 (b) If so, is he receiving the additional allowance? *—*
- 9 (a) Has a child been born to pensioner since last medical re-examination? *—*
- 9 (b) If so, is he receiving the additional allowance? *—*
- 10 If pensioner was married, has his wife died since last medical re-examination? *—*
- 11 Have any of pensioner's children died since last medical re-examination? *—*

Place *Charlottetown*

Date *Jan 18th 1919*

C. V. Smith M.D.
Medical Examiner.

2664

City
October 20 18-18

Military Dept
Hagahai

Gentlemen:-

Please
mail all cheques
and mail matters
to my address at
Change Islands

^{or}
C. J. Jones Truly

Harry E. Roberts



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

December 29th., 1918

From:- D. M. S.
To:- B. P. C.

2664, Pte. H. E. Roberts,
Change Islands.

The marginally noted man should report
to Dr. C. V. Smith, Change Islands, for re-
examination, on whatever date the doctor
notifies him to appear.

Cluny Macpherson
Major, D. M. S.

E.B.D.
attention phase
C.L.D.



Dec. 20th 1918

H. E. Roberts, Esq.,

Change Islands.

Dear Sir:-

Kindly report to Dr. C. V. Smith, Change Islands,
for re-examination, on whatever date he notifies
you to appear.

Yours faithfully,

The Secretary,

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

Per

CCO/LBD.



Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station

Date

St John's
June 26/17

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>20</i> |
| 2. Regimental No. <i>2664</i> | 6. Enlisted on <i>Nov. 25, 1916.</i> |
| 3. Rank. <i>Pte.</i> | at <i>St John's.</i> |
| 4. Name. <i>Robt. Harry</i> | 7. Former trade or occupation <i>Moto mechanic.</i> |

8. Disability

Grav. Lef. leg.

9. History

Active Service France Jan. 27, 1917

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.)

Wound healed at present time
but breaks out occasionally
Complains of pain & wound
washes with leup.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

~~Y~~

Signature

J. W. Borden

Rank or Qualification

MD

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x be considered as aggravated by:—
due to

- (a) Service during this war.
- (b) Climate.
- (c) Ordinary Military Service

Remarks if any:— **Shrapnel wound across lower third left leg. Not fully healed. Loss of sensation below wound for four inches. General condition fairly good. These conditions due to active service in France.**

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

Remarks if any:—

15. Is the disability permanent?

16. Has the disability been aggravated by

- (a) Intemperance.
- (b) Misconduct.

17. The refusal of operation sanatorium is:—

- (a) Reasonable.
- (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from ~~retention in~~ the Army Recommend treatment in Hospital (Military)

Remarks if any:—

.....
President
Signatures.
.....

Place

Date

APPROVED

Station

Date

Administrative Medical Officer.

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station

Date *June 27th 1917*

No. *2664*

Age *20* Height *5 - 3 1/2*

Rank *Private*

Complexion *fair*

Name *Roberts, H. E.*

Eyes *brown* ~~blue~~ Hair *brun*

Unit

Address *Champ Islands*

Former Trade *student*
West. Canada

Enlisted at *St. John's*

on

Disease or disability *Chancroid wound ^{across} lower third left leg -*
not fully healed. Loss of sensation below wound for 4 inches.
General health fairly good. These conditions due to active
 Present condition *same in France*

Estimated disability

Recommendation of Medical Board

~~Discharge~~ *L. Paterson*
Recommend treatment in military Hospital

Class

Members of Board

L. Paterson Major
Frederick F. Tait
John G. Duncan

Approving Medical Officer.

Cluny Macpherson
Major.



October 12th. 1917.

Secretary,

Medical Board.

City.

Dear Sir:-

I have been directed to request that you kindly give me a rating as to the Disability of No. 2664, Private H. Roberts.

Thanking you in advance.

Yours faithfully,

Secretary,

COPY

N.M.D. Form 98

The Board of Pension Commissioners
for Newfoundland

In replying please mention Date and

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

No.

331

St. John's, Nfld.,

To:— C.V. SMITH. ESQ.,
CHANGE ISLDS.

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

Sir:—

Name

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

2664 PTE. H.E. ROBERTS.

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

Address

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

CHANGE ISLDS.

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

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

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

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

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

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

CLUNY MACPHERSON. MAJOR.

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

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

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

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

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

DESCRIPTION OF PENSIONER:—

Apparent age **21**..... on..... Height **5'3 1/2"**... Colour of Eyes... **BROWN**..
Complexion... **FAIR**..... Colour of Hair... **AUBURN**..... Marks of Identification
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **JUNE 27th. 1917**, and other necessary information, follows:—

Condition of Pensioner:— **SHRAPNEL WOUND ACROSS LOWER THIRD LEFT LEG. NOT FULLY HEALED. LOSS OF SENSATION BELOW WOUND FOR 4 IN. GENERAL HEALTH FAIRLY GOOD. THESE CONDITIONS DUE TO ACTIVE SERVICE IN FRANCE.**

CONDITION SEPT. 15TH. 1917. SCAR ON FRONT PART LEFT THIGH COMPLETELY HEALED. SCAR ABOUT 3in. IN LENGTH. MUSCLES HAVE BEEN DIVIDED THEREFORE CONSIDERABLE WEAKNESS IN SAME. WALKS WITH SLIGHT LIMP.

CONDITION DEC. 14th. 1917. AS PREVIOUSLY REPORTED.

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

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

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

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

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

MEDICAL REPORT.

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

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? **YES.**
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

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

PRESENT CONDITION SAME AS DESCRIBED BY EXAMINATION MADE SEPT. 15th 1917.

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

SAME.

- (4) Will it materially increase or diminish? **WILL PROBABLY DIMINISH SLIGHTLY.**

- (5) Is the disability permanent? **YES.**

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

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

2/5.

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

(State in percentage.)

40%

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

NO.

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

If not, why?

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

Place President

Date Members

Pensioner's Signature . . . **HARRY ROBERTS.**

Signature of Witness **G.V.SMITH. M.D.**

CONTINUATION.

APPROVED FOR 40%

GIDNY MACPHERSON.

MAJOR.



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

- 8 (a) Has the pensioner married since last medical re-examination? . . . **NO.**
- 8 (b) If so, is he receiving the additional allowance?
- 9 (a) Has a child been born to pensioner since last medical re-examination?
- 9 (b) If so, is he receiving the additional allowance?
- 10 If pensioner was married, has his wife died since last medical re-examination?
.....
- 11 Have any of pensioner's children died since last medical re-examination?
.....

Place **CHANGE ISLDS.**

Date **JAN. 18th. 1919** **G.V.SMITH, M.D.**
Medical Examiner.

SECOND BOARD

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station **ST. JOHN'S NFLD.** Date **SEPTEMBER 15th., 1917**
 No. **2664** Age **20** Height **5'3½"**
 Rank **PRIVATE** Complexion **FAIR**
 Name **ROBERTS, H. E.** Eyes **BROWN** Hair **AUBURN**
 Unit **1ST NEWFOUNDLAND**
 Address **CHANGE ISLANDS** Former Trade **MOTOR MECHANIC**
 Enlisted at **ST. JOHN'S NFLD.** on **May 25th., 1916**
 Disease or disability **G. S. W. LEFT LEG**

Present condition *Scar on front part left thigh, completely healed. Scar about three inches in length. Muscles from here divided so therefore considerable weakness. Man walks with slight limp.*

Estimated disability

40% 3 months

Recommendation of Medical Board

Discharge as permanently unfit

Class

Members of Board

*H. G. [Signature]
 Indian [Signature]*



Approving Medical Officer.

Cluny Macpherson, Major

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station **ST. JOHN'S NFLD.** Date **DECEMBER 14th., 1917**
 No. **2664** Age **20** Height **5'3½"**
 Rank **PRIVATE** Complexion **FAIR**
 Name **ROBERTS, H. E.** Eyes **BROWN** Hair **AUBURN**
 Unit **1ST NEWFOUNDLAND**
 Address **CHANGE ISLANDS** Former Trade **MOTOR MECHANIC**
 Enlisted at **ST. JOHN'S NFLD.** on **MAY 25th., 1916**
 Disease or disability **G. S. W. LEFT LEG**
 Present condition

as previously reported

HAS HE BEEN EMPLOYED AND BY WHOM? *by R.M.C. Electrical Dept.*

AVERAGE WEEKLY EARNINGS *\$45.00 a month*

Estimated disability
40%

Recommendation of Medical Board

✓

Class

Members of Board

*Shaw
 J. Anderson, Dair*



Approving Medical Officer.

L. Patterson Major

Cluny Macpherson Major
 D. M. S. NEWFOUNDLAND.

" SECOND BOARD
COPY
NEWFOUNDLAND.

REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date SEPTEMBER 15th., 1917.
No. 2664 Age 20 Height 5'3½"
Rank PRIVATE Complexion FAIR
Name ROBERTS, HARRY E Eyes BROWN Hair AUBURN
Unit 1ST NEWFOUNDLAND
Address CHANGE ISLANDS Former Trade MOTOR MECHANIC
Enlisted at ST. JOHN'S NFLD. on MAY 25th., 1916

Disease or disability GUN SHOT WOUND LEFT LEG

Present condition SCAR ON FRONT PART LEFT THIGH COMPLETELY HEALED
SCAR ABOUT THREE INCHES LONG. MUSCLES HAVE BEEN DIVIDED AND
THEREFORE CONSIDERABLE WEAKNESS OF SAME. WALKS WITH SLIGHT LIMP

Estimated disability 40% 3 months

Recommendation of Medical Board DISCHARGE. PERMANENTLY UNFIT

Class

Members of Board

(Sgd)

N. S. FRASER
J. SINCLAIR TAIT
CLUNY MACPHERSON, Major.

Approving Medical Officer. (Sgd) CLUNY MACPHERSON, Major.



Certified True Copy

Company

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.



MEDICAL HISTORY of

Surname Roberts Christian Name Henry Adams

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
 at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

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

Physical Development ... _____

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

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 L.E.—V= _____

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

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

Approved by (Signature) _____
 (Rank) _____ Medical Officer.

Enlisted ... { at _____
 on _____ day of _____ 191 .

| Joined on Enlistment ... | Corps. | Regtl. No. |
|--------------------------|------------------------------------|--------------|
| | <u>1st Newfoundland</u> | <u>2664.</u> |
| Transferred to ... | | |

Became non-effective by _____
 on _____ day of _____ 191 .
 (Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks |
|--|----------------------|-----------|------------|--------------------------|-------|------|--|----------------------------|---------|
| | Day | Month | Year | Day | Month | Year | | | |
| <i>3rd London Gen. Hospital Standsworth I.S.W.</i> | <i>8.</i> | <i>2.</i> | <i>17.</i> | | | | <i>G.I.W. Left thigh 1x1 sore.</i> | | |

List in the case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Board held see overleaf.
 Disability G.S.W. Left. thigh \overline{IX} 1 severe
 Complains of numbness of the limb
 and stiffness of knee-joint.
 Cause G.S.W. on Active Service.
 Capacity for earning a livelihood
 lessened by three quarters.

(Sgd)
 G.C. Hall.
 Capt M.S.
 3rd London General Hospital
 Wandsworth, S.W.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date | Brief details, and signature |
|------------|--|
| 10. v. 17. | <p>Board held 10. v. 17. Found Permanently unfit. Board Approved 10. v. 17.</p> <p>(Sgd) G. C. Hall Capt. Md. 3rd London General Hospital, Wandsworth, S.W.</p> |

Table IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| | | | | | |

Copy of True Copy



Medical Report on an Invalid

Station 3rd London General Hospital
Wandsworth S.W.

Date 8. 5. 17.

- 1. Unit 1st Newfoundland
- 2. Regimental No. 2664.
- 3. Rank Pte.
- 4. Name Roberts H.G.
- 5. Age last birthday 20
- 6. Enlisted { on 1 May 1916.
at St Johns Afld.
- 7. Former Trade or Occupation { Enlisted from College.

8. Disability.

G.S.W. L Thigh $\overline{1 \times 1}$ Severe

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 26. 1. 17.

10. Place of origin of disability. France.

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

G. S. W. L Thigh by H.F. Shell.
a large septic wound on outer side of middle of thigh.
29. 1. 17 Wound opened and cleaned
15. 2. 17. " granulating nicely
8. 3. 17. Dry dressing healed.

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

Active Service

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

G. S. W.

13. What is his present condition?

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

He complains of numbness of the limb below the wound.
There is some stiffness of the knee joint

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

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

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

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

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

Yes. Vide p. 11

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

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

19. Do you recommend

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

Yes.

(Sgd)

A. C. Hall Capt. M.S.

Officer in medical charge of case.

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

Station *3rd London General Hospital
Harroworth S.W.*

(Sgd) H. E. Bruce Porter

Date *9. 5. 17*

Officer in charge of Hospital.

3rd London General Hospital

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

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

Opinion of the Medical Board.

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

Active Service

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

G. S. W.

21. Has the disability been aggravated by

(a) Intemperance?

No.

No.

Yes.

le
23a. Is ^{he} fit for discharge from the service as an out-patient, and will he require outpatient treatment on discharge from Hospital?

Yes. Yes.

For earning a full livelihood in the general labour market lessened at present?

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

Lessened by three quarters.

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

Vide 16

26. Do the Board recommend

(a) Discharge as permanently unfit,

Yes.

(b) ~~Change to England?~~

Signatures:—

3rd London General Hos.
Station *Handsworth. T.W.*

A. J. Hoelker. Major R.A.M.C. (President)

C. G. Galpin Capt R.A.M.C. (M)

Date *10. V. 17.*

P. W. Howard C.S.

Members.

Approved.

Station *3rd London General Hospital. Handsworth. T.W.*

A. J. Hoelker. Major R.A.M.C. (T)
Administrative Medical Officer.

Date *10. V. 17.*

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

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

Active Service

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

G. I. W.

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

Is the disability permanent?

Yes.

If not permanent, what is its probable minimum duration?

to be stated in months.

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

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

Lessened by three quarters.

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

Vide 16

26. Do the Board recommend

(a) Discharge as permanently unfit,

Yes.

(b) ~~Change to~~ *Change to* ~~Engineer~~?

Signatures:—

3rd London General Hosp.
Station *Handsworth. L.H.*

Date *10. V. 17.*

A. F. Hoalton Major R.A.M.C. President.

C. G. Galpin Capt R.A.M.C. (P)

P. J. B. Howard C. I.

Members.

Approved.

Station *3rd London General Hospital.*
Handsworth. L.H.

Date *10. V. 17.*

A. F. Hoalton Major R.A.M.C. (P)
Administrative Medical Officer.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

CABLES AND TELEGRAMS:
"SYNOPTICAL,"
LONDON.

TELEPHONE:
VICTORIA 147.

COMMUNICATIONS TO BE ADDRESSED TO THE
PAYMASTER & OFFICER I/c RECORDS.
AND THE FOLLOWING NO. QUOTED:

5148/1

PAY & RECORD OFFICE,

58, VICTORIA STREET,

LONDON, S.W..

31st May, 1917.

To B 2664, Pte. H.E. Roberts,
1st Newfoundland Regiment.

HA/NWV

SUBJECT: REPATRIATION.

You will report at Allan's Office, 19 James Street, Liverpool, not later than 10 o'clock on the morning of Wednesday the 6/6/17. You will there receive your steamer ticket and necessary instructions for your journey to Newfoundland.

H.A. Anderson ²¹
Major,
Paymaster & O. i/c Records.

2664

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Form to be signed by pensioner on receipt of pension and returned to the Secretary
of the Board

Received of *The Board of Pension Commissioners for Newfoundland*

the sum of Sixteen $\frac{x}{100}$ Dollars,

being payment of pension or gratuity to Sept 29/18 \$ 16 $\frac{00}{100}$

Date Sept 29 - 18



H.E. Roberts Signature of Pensioner

[Signature] Signature of Witness

Note: This form must be signed, and returned immediately on receipt, otherwise your next payment may be delayed.

Form B.P.C. 4

PENSION No. 331

REGIMENTAL NO. 2664.

PENSION NO.

NAME. H. E. ROBERTS

JUNE 27TH, 1917

Wound healed at present time but breaks out occasionally.
Complains of pain in wound. Walks with limp.

JUNE 27TH, 1917

Sharpnel wound across lower third left leg. Not fully healed.
Loss of sensation below wound for four inches. General
health fairly good. These condition due to active service
in France.

SEPTEMBER 15TH, 1917

Scar on frontpart of left thigh completely healed. Scar
about three inches in length. Muscles have been divided
and therefore considerable weakness of same. Walks with
slight limp.

DECEMBER 14TH, 1917.

As previously reported.

JANUARY 18TH, 1919

Present condition same as described by examination made
September 15th, 1917.

JUNE 22ND, 1919

Scar on front part of left thigh, completely healed. Scar
about three inches in length. Muscles have been divided
therefore considerable weakness in same. Walks with slight
limp.

DECEMBER 8TH, 1919

Scar about three inches in length across front of left thigh.
healed. Very sensitive to touch. Loss of sensation below
wound for about four inches. Muscles have been divided and
man walks with slight limp- Has considerable pain in scar
region at night.

DISABILITY: G. S. W. LEFT LEG.

REGIMENTAL NO. 2664.

PENSION NO.

NAME. H. E. ROBERTS

JUNE 27TH. 1917

Wound healed at present time but breaks out occasionally.
Complains of pain in wound. Walks with limp.

JUNE 27TH. 1917

Sharpnel wound across lower third left leg. Not fully healed.
Loss of sensation below wound for four inches. General
health fairly good. These condition due to active service
in France.

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about three inches in length. Muscles have been divided
and therefore considerable weakness of same. Walks with
slight limp.

DECEMBER 14TH. 1917.

As previously reported.

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September 15th, 1917.

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about three inches in length. Muscles have been divided
therefore considerable weakness in same. Walks with slight
limp.

DECEMBER 8TH. 1919

Scar about three inches in length across front of left thigh.
healed. Very sensitive to touch. Loss of sensation below
wound for about four inches. Muscles have been divided and
man walks with slight limp- Has considerable pain in scar
region at night.

DISABILITY: G. S. W. LEFT LEG.

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

MEDICAL HISTORY

Depot 264

Surname *Roberts*

OF

Christian Name *Mary*

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---|------------------------------|------------------------------------|-------|
| | Right | Left | Right | Left |
| Examined | on <i>25</i> day of <i>April</i> 191 <i>6</i> | | on _____ day of _____ 191 <i>1</i> | |
| Declared Age | at <i>St John's</i> <i>19</i> years <i>11</i> months <i>19</i> days | | at _____ _____ years _____ days | |
| Trade or Occupation | <i>Student</i> | | _____ | |
| Height | <i>5</i> feet <i>7 1/2</i> inches | | _____ inches | |
| Weight | <i>115</i> lbs. | | _____ lbs. | |
| Chest Measurement | Girth when fully expanded... <i>35</i> inches | | _____ inches | |
| | Range of expansion... <i>3</i> inches | | _____ inches | |
| Physical Development | _____ | | _____ | |
| Vaccination Marks | Arm | _____ | Right | Left |
| | Number | _____ | _____ | _____ |
| When Vaccinated | _____ | | _____ | |
| Vision | R.E.—V== <i>6/6</i> | _____ | R.E.—V== | _____ |
| | L.E.—V== <i>6/6</i> | _____ | 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) | <i>James Palmer</i> | | _____ | |
| (Rank) | <i>Major</i> Medical Officer. | | _____ Medical Officer. | |
| Enlisted | at <i>St John's</i> | | at _____ | |
| | on <i>25</i> day of <i>April</i> 191 <i>6</i> | | on _____ day of _____ 191 <i>1</i> | |
| Joined on Enlistment | Corps. | <i>Newfoundland Regiment</i> | Corps. | _____ |
| | Regtl. No. | <i>2664</i> | Regtl. No. | _____ |
| Transferred to | _____ | | _____ | |
| Became non-effective by | _____ | | _____ | |
| (Signature) | _____ | | _____ | |
| (Rank) | _____ | | _____ | |



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

| Name of Hospital. | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on syphilis, admissions of treatment |
|--|----------------------|-------|------|--------------------------|-------|------|---------------------------------|-------------------------|--|
| | Day | Month | Year | Day | Month | Year | | | |
| 3RD LONDON GENERAL HOSPITAL WANDSWORTH. | 8 | 2 | 17 | 31 | 5 | 17 | G. S. W. TX 1. Severe & high | 112 | |

in case of Warrant officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In cases of and re-admissions to hospital will be shown. The subsequent progress, including particulars of admission, treatment, and discharge, will be given in the special syphilis case sheet.

Signature of Medical Officer

Wounded in France 26.1.17

G. C. Hall
Capt. Med.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date | Brief Details, and Signature |
|--------------------|--|
| 11/5/16 21-7-16 | 1 st Inoculation SP S. S. Sicilian TAB per W.H.H. N.Y.W. |
| 16-8-16 | Successful Vaccination ² N.Y.W. |
| 7-10-16. | 3 rd Inoculation Para 1. N.Y.W. |
| 6-10-16 | Fit. for foreign service N.Y.W. |

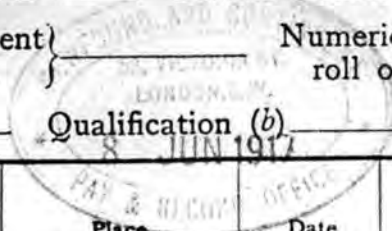
TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| | N.Y.W. | | | | |

Casualty Form—Active Service.

Original True Copy

Regiment or Corps Newfoundlands
 Regimental No. 2664 Rank Plt Name Roberts. A.E.
 Enlisted (a) 1.5.16 Terms of Service (a) Duration Service reckons from (a) 1.5.16
 Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____



| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents. |
|--------|--------------------|--|---------|----------|--|
| Date | From whom received | | | | |
| | | Embarked Southampton | | 30.11.16 | |
| | | Disembarked Rouen | | 1.12.16 | |
| | 29.1.17 | Deposited 1 days pay deficit of kit | Rouen | 3.12.16 | M 110 476 |
| | | Joined Battalion | France | 12.12.16 | P 213 |
| | 29.1.17 | Wounded in Action | | 23.1.17 | |
| | | 893 A Sam & W High L transport | C.C.S. | 28.1.17 | E.D. 9583 |
| | | 1 Gun Corp | Etretat | 29.1.17 | N.A. 6354 |
| | A.S. Marilda | Int. to England | | 7.2.17 | M 3083 |
| | | | | | for Mr. H. Burgess, Capt |
| | | | | | Regul. & Admin Section |
| | | | | | 3rd Echelon |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. Forms
B. 121.
39.
(594) W5017/2124 1000m 4/16ss 93 5G

Regiment of 1st Newfoundland

Number of Sheet 1
Signature of O. C. Company A. J. Bernard
Cap

| | | | | | | |
|----------------------------|------|------------------------------|-------|--------------|---|-------------------|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service Pay or Proficiency Pay | |
| No. | Name | Age on | years | months | | <u>Student</u> |
| Joined | Date | Place and Date of Enlistment | | Religion | | <u>St. John's</u> |
| Joined | Date | Period of | | with Colours | | <u>1-5-16</u> |
| Joined | Date | with Reserve | | 152 years. | <u>365 years.</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>Racecourse</u> | <u>9.9.16</u> | <u>Pte</u> | | <u>Late on Parade 6.30am.</u> | <u>Cpl. Barnes</u> | <u>2 days C.D.</u> | <u>9.9.16</u> | <u>2nd Lt. James</u> | <u>E.S.</u> |
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">REGIMENT TO O.C. N.F.L.S. 1st N.F.L.S. NO. <u>2491/16</u> DATED <u>7.6.17</u></p> </div> <p style="font-size: 2em; margin-top: 20px;"><u>Medically unfit 29/9</u></p> | | | | | | | | | |

To be carried over

Army Form B. 121.

Descriptive Return of a Soldier discharged on account of Disability.

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

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

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge, who will receive by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



A Name in full *Roberts Harry Edwin.*
Regiment from which discharged *1st Newfoundland*
Regimental Number *2664*
Where born (Parish, Town and County), and when *Change Islands, Fogo District, Newfoundland*
Intended address *Change Islands, Fogo District Newfoundland*
Height on discharge *5 Feet 1 1/2 Inches*
Colour of Hair on discharge *Auburn* **Colour of Eyes** *Hazel*
Descriptive marks *G. 1st scar L. thigh* **Complexion** *Fresh*
Figure on discharge *Rather slight*
Christian name of Father *Solomon*
Christian name of Mother *Susan.*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Moler mechanic when able.*

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) Harry Edwin Roberts (Rank) *PRIVATE*
(Sgd) Date *7. V. 17.*

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

Station *3rd London General Hospital, Wandsworth, S.W. 4. V. 17.* Date *7. V. 17.* *Signed G.C. Hall* Medical Officer i/c Hospital
Capt. W.D. 3rd London General Hospital, Wandsworth S.W.

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

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

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.
 Station _____ Officer in Charge
 Date _____ Records.



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

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

Examination of Harry Roberts
aged 19 conducted at C. L. B.
Date: At 25/16 Recruiting Officer:

NO OF TEST

FINDING

- | | |
|----|---------------------------------------|
| 1 | no |
| 2 | no yes 3 years ago only expectoration |
| 3 | no |
| 4 | no |
| 5 | no |
| 6 | no |
| 7 | yes |
| 8 | yes |
| 9 | no |
| 10 | no |
| 11 | no |
| 12 | no |
| 13 | no |
| 14 | no |
| 15 | no |
| 16 | no |
| 17 | no |
| 18 | no |
| 19 | 6/6 Both |
| 20 | no |
| 21 | no |
| 22 | no |
| 23 | no |
| 24 | no |
| 25 | no |
| 26 | no |
| 27 | no |
| 28 | no |
| 29 | no |
| 30 | no |
| 31 | no |
| 32 | no |
| 33 | no no |
| 34 | 5'2 1/2" |
| 35 | 119 |
| 36 | 32/35 |
| 37 | * Student |
| 38 | Parents |
| 39 | no |

Go about the 1st May.
2664

Fit.

Signature of Medical Examiner: L. Peterson

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge



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

| | |
|---|---|
| No. <u>2664</u> | Army Rank <u>Private</u> |
| Name <u>Roberts Harry</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small> | |
| Corps <u>Newfoundland Regiment</u> | |
| Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small> | |
| Date of discharge <u>September 29th 1917</u> | |
| Place of discharge <u>St. John's, Nfld</u> | |
| 1. Description at the time of discharge. | |
| Age <u>20</u> years <u>3</u> months Height <u>5</u> feet <u>1 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Swish</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Student</u> Intended place of residence (To be given as fully as practicable) <u>Clare Island Ferry District Newfoundland</u> | Descriptive marks. <u>G.W. Scar Left Thigh</u> |
| <small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small> | |
| 2. The above-named man is discharged in consequence of <u>Gunshot wound of Left Thigh</u> | |
| <small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small> | |
| 3. Military character:— | |
| 4. Character awarded in accordance with King's Regulations:— | |
| <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div> | |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. | |
| _____ Initials of Commanding Officer. | |
| Army Form B. 2068 has been issued to* | |

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

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

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

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____

Commanding _____ Battn. _____ Regiment.

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

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

(Place) St John's Field

HC Roberts (Signature of Soldier)

(Date) Oct 3rd 1917

C.C. Mee (Signature of Witness)

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

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

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

(Signature of Soldier)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharge.

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

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservations!

H. E. Roberts

C. C. Coke.

Proceedings on Discharge.

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

| | | |
|---|--|--|
| No. <u>2664</u> | Army Rank <u>Private</u> | |
| Name <u>Roberts Harry</u> <small>(The names must agree strictly with that on enlistment, unless changed subsequently by authority.)</small> | | |
| Corps <u>1st Newfoundland Regiment</u> | | |
| Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small> | | |
| Date of discharge | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> COPY SENT TO O.C. H.Q. ST. JOHN'S, N.F.L. 349/136 ST. JOHN'S, N.F.L. 31 11 23 ADD </div> | |
| Place of discharge | | |
| 1. Description at the time of discharge: | | |
| Age <u>20</u> years _____ months | <div style="border: 1px solid black; padding: 5px;"> Descriptive marks <u>G.S.W. Scar Left Thigh</u> </div> | |
| Height <u>5</u> feet <u>1 1/2</u> inches | | |
| Chest measurement (range of expansion) _____ ins. | | |
| Complexion <u>Swath</u> | | |
| Eyes <u>Hazel</u> | | |
| Hair <u>Black</u> | | |
| Trade <u>Student</u> | | |
| Intended place of residence <small>(To be given as fully as practicable)</small> | | |
| <small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small> | | |
| The above-named man is discharged in consequence of <u>Gunshot wound of Left Thigh</u> | | |
| <small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small> | | |
| 3. Military character:— | | |
| 4. Character awarded in accordance with King's Regulations:— | | |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. | | |
| Initials of Commanding Officer. | | |

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to*

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number **C.R. 2664**

Rank *pte* Regiment or Corps *2/1 Newfoundlands Regt-*
 Surname *Roberts* Christian Name *H. E.* **2196**
 Religion *methy* Age on Enlistment *19* years *11* months.
 Enlisted (a) *St. John's* Terms of Service (a) *Duration* Service reckons from (a) *1/5/16*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.



| Report Date | From whom received | Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|-----------------|-----------------------|--|-----------------------------|--------------------|---|
| | | Embarked <i>S'hampton</i> | | <i>30 NOV 1916</i> | |
| | | Disembarked <i>Rouen</i> | | <i>1-DEC. 1916</i> | |
| | <i>29 J.B.D. Unit</i> | <i>Defined 1 Day's Pay, Defic of lit Green</i> | | <i>3/12/16</i> | <i>61810 4713</i> |
| | | <i>Joined Battalion</i> | <i>France</i> | <i>12/12/16</i> | <i>B213.</i> |
| | | | <i>With BATT. 26. I. 17</i> | | |
| <i>29/1/17.</i> | <i>6 C. Unit</i> | <i>Wounded in Action</i> | | <i>28 JAN 1917</i> | <i>B213.</i> |
| | <i>sg. Fa.</i> | <i>Admitted Gds. Lt. transf. CCS</i> | | <i>28/1/17</i> | <i>ED. 9583</i> |
| | <i>1 Gen. Hoop.</i> | <i>Admitted Gds. Lt.</i> | <i>Etretat</i> | <i>29/1/17</i> | <i>Ha 6354</i> |
| | <i>Warilda</i> | <i>Invalided to England</i> | | <i>7/2/17</i> | <i>W 3083</i> |
| | <i>[Signature]</i> | | | | |

COPY SENT TO
 O.C. H.Q. *AK*
 ST. JOHNS, N.F.L.D.
 N.F.P. 38 No. *549/16*
 DATED *7.6.17*

[Signature]
 CAPTAIN
 Officer i/c No. 1 Regular Infantry Section
 General Headquarters, 3rd Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing Smith, &c. **[P.T.O.]**
 (938). Wt. 15012/5155. 1,000,000. 1/16. P.P.Ltd. Forms/B.103/3.

Original

Medical Report on an Invalid.



3rd London General Hospital

Station WANDSWORTH, S.W.

Date 8.5.17

1. Unit 1st Newfoundland
2. Regimental No. 2664
3. Rank Pte.
4. Name Roberto M.E.

5. Age last birthday 20
6. Enlisted { on 1st May 1916
 { at St. Johns Field
7. Former Trade { Enlisted from College
 or Occupation {

8. Disability.

G. S. W. L thigh IX 1 Severe

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

26.1.17

10. Place of origin of disability.

France

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

G. S. W L thigh by H. E. Shell
a large septic wound on outer side of
middle of thigh
29.1.17 wound opened & cleaned.
15.2.17 " granulating nicely
8.3.17 Dry dressing, healed

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.,
N.F.P.38 Nos 1491/56
DATED 7.6.17

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

Active Service

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

G. S. W.

13. What is his present condition?

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

The complaints of numbness of the limb below the wound.
There is some stiffness of the knee-joint.

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

Yes

✓
✓
✓

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

If so—(a) When?

(b) Where?

(c) Opinion?

✓
✓
✓

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

Yes. Vide p 11
adv

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

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

✓

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) ~~Change to Sergeant~~

Yes

G. C. Hall Capt Rmd.

Officer in medical charge of case.

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

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

H E Sweeton

Station _____

Officer in charge of Hospital, T.

Date 9. 5. 17

Comdg. 3rd. London Gen. Hospital,

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

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

Active service

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

lg. S. W

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

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

✓

22. Is the disability permanent?

yes

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

To be stated in months.

23a. Is he fit for discharge from hospital as an out-patient, and will he require out-patient treatment on discharge from hospital? *Yes Yes*

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

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

Lessened by three quarters.

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

no

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

vide 15.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

yes

Signatures:—

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

Date 10. V. 17

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

Date 10. V. 17

A. F. Worrell Major, R.A.M.C. President.

C. G. Galpin Cap't R.A.M.C. Members.

R. B. Howard C.S.

A. F. Worrell Major, R.A.M.C.
Administrative Medical Officer.

Opinion of the Medical Board.

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

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).
- (iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

Active service

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

lg. S. W

21. Has the disability been aggravated by

- (a) Intemperance?
 (b) Misconduct?
 (c) Any of the conditions mentioned in Question 20, and if so which?

no

no

✓

22. Is the disability permanent?

yes

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

To be stated in months.

✓

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

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

Lessened by three quarters.

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

no

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

vide 15.

26. Do the Board recommend

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

yes

Signatures:—

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

A. F. Woollen Major, R.A.M.C. President.

C. J. Halpin Cap't R.A.M.C.

R. M. Howard C.S. Members.

Date *10.V.17*

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

A. F. Woollen Major, R.A.M.C.
 Administrative Medical Officer.

Date *10.V.17*

...ing the period of
 ... children, born
 ... aftermaster-Regiment
 ... to rank, as follo

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Conveyance _____
 or Name of { Vessel _____
 Embark- { Date _____
 ation { Port _____ } Officer in- }
 medical charge _____

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

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

(At Station or Hospital where finally disposed of.)

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

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

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

Date of final Medical Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
 INVALID.

Station *Dep*
 Corps *1st New Brunswick*
 Regimental No. *2664*
 Rank *Pl.*
 Name *Robert H. G.*
 Disability *Gr. N. & thigh 1x over*
 Date _____

Hospital or Station }
 transferred to for }
 final disposal }
 Date of final }
 disposal }
 How finally }
 disposed of }

This original Report is invariably to accompany the discharge documents of Invalids.

(4736.) W. 8530/2774. 800x. 9/15. C. P. 144

Form B. 179. 54.

5/16

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



No. 2664

Rank Private

Name (surname first) Roberts. H.E.

Regiment 1st Newfoundland

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

No special qualifications as I was attending College on enlisting

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. 38, No. 5491/56
DATED 7.6.17

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

*College attended: Metts College
St. John's
Newfoundland*

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

*~~No experience~~
Motor mechanic when able*

4. What is the name of your Approved Society? Name

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

no

Date 9.5.17

Signature H.E. Roberts

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

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

Leipziger

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



MEDICAL HISTORY of

Surname Roberts Christian Name Henry Edward

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined... { on _____ day of _____ 191
at _____

Declared Age ... years _____ days.

Trade or occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

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

Physical Development ... _____

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

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.E.I.D.
11/238 No. 249/16
76/17

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

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

Approved by (Signature) _____
(Rank) _____
Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191

| Corps. | Regtl. No. |
|-------------------------|-------------|
| <i>1st Newfoundland</i> | <i>2664</i> |
| | |
| | |

Transferred to ... _____

Became non-effective by _____
on _____ day of _____ 191

(Signature) _____
(Rank) _____



Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St. S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 21 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Roberts, Christian names Harry Edwin
(in full)

Regt. No. and Rank 2666 Pte. Regt. or Corps 11 Newfoundland
(If T.F. this should be stated)

His address on discharge will be Change Islands, Fogo District
Newfoundland

This information is for the Central Army Pension Issue Office only. The Soldier states that no allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

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

Date 10.5.17

A. F. [Signature]
President of Board
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS.—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.
 Statement A should be completed in the Hospital at which the man is attending at the time of his examination by the Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.
 The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
 Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.



A Name in full *Roberts - Harry Edwin*
Regiment from which discharged *1/ Newfoundlands*
Regimental Number *2664*
Where born (Parish, Town and County), and when *Islands, Fogo District, Newfoundlands*
Intended address *Change Islands, Fogo District, Newfoundlands*
Height on discharge *5 Feet 1 1/2 Inches*
Colour of Hair on discharge *Auburn* **Colour of Eyes** *Brown Hazel*
Descriptive marks *q. S. w. Scar L. thigh.* **Complexion** *Fresh*
Figure on discharge *Rather slight*
Christian name of Father *Solomon*
Christian name of Mother *Rosam*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Motor mechanic when able*

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P. 38. No. *149/156*
 DATED *7.6.17*

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)

Station *Harry Edwin Roberts* **(Rank)** *Private*
Date *7.5.17*

I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.
Station *Chelsea, S.W.* **Date** *7.5.17*
G. C. Hall Capt R.M.S. Medical Officer i/c 3rd London General Hospital

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

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

Other distinguishing marks

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

Station _____ **Officer in Charge**
Date _____ **Records.**

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



SEP 23 1921.

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

is/are forwarded herewith to

Harry Roberts

in respect of his service as No. 2664 Rank Pte.

Name H. Roberts Royal Nfld. Regt.
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received September 29/21

Signature H. Roberts

Date September 29/21

Address Change Islands

[P.T.O.]



The Great War Veterans' Association of Newfoundland
(INCORPORATED)
DOMINION COMMAND

TELEPHONE 609
CABLE "WARVETS"
IN REPLY REFER
TO WRM-ME.



ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

Sept. 15th. 1943.

C.C. Oke, Esq.,
War Pensions Officer,
Dept., of Public Health & Welfare.

Re: 2664, Harry E. Roberts, R.Nfld. Regt.

Dear Sir:-

At the request of the above named ^{ex}serviceman, I am to ask if you will kindly furnish this office with a certificate of service. Mr. Roberts is now living at Montreal and it is important that this certificate should be available at the earliest opportunity. Postal order for .25¢ to cover cost of certificate is attached.

Yours faithfully,

W.R. Martin
W.R. MARTIN,
DOMINION SECRETARY.

Enc. 1.

2664. Harry Roberts.
Enlisted - R.Nfld Regt. 1/5/16 embarked for overseas.
19²/₁₆ wounded. 28/1/17 returned to Rfld. 7/3/17
Discharged Medically unfit 29/9/17

Please quote above reference
and date of this letter in
your reply.



Department of
Public Health and Welfare
St. John's,
Newfoundland.

October 8th. 1943

W. R. Martin, Esq.,
Dominion Secretary,
G. W. V. A.

Dear Sir,

As requested in your letter of
September 15th. we enclose herewith Certificate
of Service of #2664, Harry E. Roberts.

Yours very truly,

CCO/SM

TO WHOM IT MAY CONCERN:

RE #2664, Harry E. Roberts,
Royal Newfoundland Regiment

This is to Certify that the above named
enlisted in the Royal Newfoundland Regiment
on May 1st. 1916; embarked for overseas July 19th.
1916; wounded 28th. January 1917; returned to
Newfoundland 23rd. June 1917. Discharged medically
unfit September 29th. 1917.

October 8th., 1943

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to
C.R. 2664

St. John's

Oct. 15, 1919.

Capt. G.C. Byrne,
Chief Staff Officer,
City.

Sir:-

I have the honour to acknowledge your communication of Oct. 11, with attached letter received from H.E. Roberts, Change Islands.

I am communicating direct with Mr. Roberts.

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

W.H. Parsons

Secretary.

WHP/BT

C.R. 2664

OCTOBER 11th 1919.

Mr. H.E. Roberts,
Change Islands.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 7th inst., with reference to the reduction that has been made in your Pension. I am to advise you that this is a matter with which the Minister of Militia has nothing whatever to do, and is one entirely for the consideration of the Board of Pension Commissioners. Your letter has been forwarded to them with a request that your case be given consideration and an early reply sent you direct.

Yours faithfully,

Captain,
for Chief Staff Officer.

CR 2664

OCTOBER 11th 1919.

Major W.H. Parsons, M.C.,
Secretary, Board of Pension Commissioners.

Dear Sir:

I have the honour by direction to forward you herewith letter received from Mr. H.E. Roberts, of Change Islands, with reference to the reduction in his Pension.

Would you be good enough to look into this matter and reply direct to Mr. Roberts.

Yours faithfully,

C.C.B.

Captain,
for Chief Staff Officer.