



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4335 Name Michael Roberts Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Michael Roberts</u> .....          |
| 2. What is your full Address? .....  | 2. <u>Fortune St.</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>4</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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, Michael 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.

Michael Roberts.....SIGNATURE OF RECRUIT.  
James J. ........Signature of Witness.

E 23/1/18

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

I, Michael 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 Fortune St. on this 23rd day of Jan 1918.  
 Signature of Attesting Officer M. S. Sullivan Major

### †CERTIFICATE OF APPROVING OFFICER.

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Michael Roberts

Apparent age 23 years 4 months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches

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

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs J Crook  
Fortune St | Relationship Quart

### 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 Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

“ “ Pensions “ [ “ “ ] “ “ “





# FIRST NEWFOUNDLAND REGIMENT 4335

## ATTESTATION OF

No. 4335 Name Michael Roberts Corps R.C.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Michael Roberts</u> .....          |
| 2. What is your full Address? .....  | 2. <u>Fortune St.</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>4</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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, Michael 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.

Michael Roberts .....SIGNATURE OF RECRUIT.

James J. Laugh .....Signature of Witness.

6/23/18

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

I, Michael 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 Grand Falls

on this 24 day of Jan 1918  
Signature of Attesting Officer H. S. Sullivan Major

### †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 Michael Roberts  
 Apparent age 23 years 4 months. Height          feet          inches  
 Chest Measurement { Girth when fully expanded          inches  
 Range of expansion          inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs J Crook  
Fortune St | Relationship Wife

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-1-18.</u>									
Joined at <u>John's</u> on <u>January 23-1918.</u>									
<u>Discharged April 11 1919</u>									
<u>Embarked at John's train to Halifax N.S. 28<sup>3</sup>/<sub>18</sub></u>									
<u>for B.C. 31<sup>5</sup>/<sub>18</sub>. Disembarked train 31<sup>8</sup>/<sub>18</sub></u>									
<u>Arrived B.C. 2-9-18. James Bn in the field 5-9-18. Home leave 14-10-18</u>									
<u>Admitted 83<sup>11</sup>/<sub>18</sub> Gen Hosp. Boulogne B.S.W. Coy. 3<sup>1</sup>/<sub>18</sub> 16<sup>10</sup>/<sub>18</sub></u>									
<u>Transferred to Coy Cont 27-10-18. Admitted 3<sup>1</sup>/<sub>18</sub> Gen Hosp. 27-10-18. Transferred to Hospital 15/19</u>									
<u>Admitted 22<sup>1</sup>/<sub>18</sub> General Hosp. John's 28-3-19. Arrived B.C. 7-2-19.</u>									
Total Service forfeited as above <u>Demobilized at John's 7/19</u>									
Total Service towards Engagement to <u>7-4-1919</u> (date of discharge) <u>1</u> years <u>75</u> days									
Pensions <u>        </u>									



C.R. 4334

Extract from Medical Board held on Thursday Evening  
March 20th., 1919.

#4334 Pte. M. Roberts.

Recommended discharge from the Army.

REQUIRES TREATMENT.

C.R. 4335

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, April 8th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 7-4-19.

4335 Pte. Ml. Roberts.



C.R. 4335

Extract from Daily Orders Part 11 Unit The Royal  
West Nfld. Regt. St. John's, 29-3-19.

4335 Pte. M. Roberts.

Admitted To General Hospital 28-3-19.

C.R. 4335

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, March 27th, 1919.

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

4335 Pte. M. Roberts.

24-3-19.



C.R. 4335

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

The Undernoted Returned from Overseas and Reported to  
Depot 7-2-19.

Repatriated on A.F.B179.

4335 Pte. Ml. Roberts.

C.R. 4335

Extract from Telegram from Synoptical to Military dated Feb. 2nd, 1919

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CABLE THREE CORSICAN.

In answer to your telegram Jan. 15th., soldiers requiring special attention on arrival at Newfoundland.

4355% Roberts

G.S.W. Leg Discharging.



C.R. 4335

Extract from Nominal Roll of the Royal Wld. Regt.  
Embarked  
~~Skrochobets~~, S.S. Corsivan. Jan. 30, 1919.

4335 Roberts.

C.R. 4335

Extract of ORDERS BY LT.COL. B.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
17/1/19.

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The following having reported back from the 1st Battalion  
is taken on the strength and posted to "H" Company from  
15/1/19.

#4335 W. Roberts.

C.R. 4335

Jan 6th, 1919

Mrs. J. Croke

Fortune Hr.

Dear Madam:-

I beg to inform you that additional information has been received from the Visiting Committee of the Newfoundland War Contingent Association to the effect that your son, No. 4335 Private Michael Roberts is now progressing favourably.

Yours faithfully,

Lieut.Col

Chief Staff Officer.

C.R. 4335

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

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TO ENGLAND.

#4335 Pte. M. Roberts.

27/10/18.

C.R. 4335

Nov. 15th 18.

Mrs. J. Crooks,  
Fortune Harbour.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4335, Pte. Michael Roberts, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.



# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 30th, 1918

To Mrs. J. Croke, Fortune Hr.,

Beg ~~XXXX~~ to inform you that Record Office, London, officially reports No. 4335, Private Michael Roberts now at 3rd London General Hospital Wandsworth

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

J. R. Bennett  
Minister of Militia.

Dept of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. C.R. 4335



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

(NOT TRANSMITTED)

Signature of Sender

Address

Dept of Militia.

Line Number	Rcd	By	Sent by	Check

Dated

Oct 24rd, 1918

To

Mrs. J. Croke, Fortune Hr.

Regret to inform you that Record Office, London, officially reports No. 4335, Private Michael Roberts at 83rd General Hospital Boulogne Oct 16th suffering from G.S.W. right leg, hip and right shoulder severe

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

J.R. Bennett

Cjge Dept Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 4335

Extract from Nominal roll of sick and wounded  
from the B.E.F. admitted 3rd., London General  
Hospital 27/10/18.

4335 Pte. M. Roberts

G.S.W. R. Hip R Shoulder.

C.R. 4335

Extract from War Office List No. H.A. 30417.

Admitted 83 Gen. H. Boulogne 16th., Oct. 1918.

4335 Pte. M. Roberts

G.S.W. Legs R. Hip & Shldr, R. Severe.



C.P. 4335

Extract from C.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/18.

The following arrived to-day and is posted to the following  
Company.

B. COMPANY.

4335, Pte. M. Roberts.



C.R. 4336

Extract from Nominal Roll Draft #51, to B.E.F. Embarked

Falkenstein, 31-8-18.

4335 Pte. Roberts M.

C.R. 4335

Extract from Nominal Roll Embarked St. John's for Overseas.  
Mar. 28, 1918.

4335 Pte Roberts M.

C.R. 4335

Extract of Daily Orders part 11, from ~~1818~~ 4th  
Battalion, The Royal Newfoundland Regiment,  
Headquarters, dated February 2, 1918.

#4335 Pte. N. Roberts.

Attested at Grand Falls 23/1/18. Reported to  
Headquarters with effect from 31/1/18.

THE R ~~EGIMENT~~ REGIMENT  
HEADQUARTERS

*St. John's, Newfoundland,*

March 22nd, 1919 191

From Officer Comanding,  
Discharge Depot

To ~~Office of Pension Commissioners,~~  
~~Militia Bldngg~~  
Office of D. M. S.  
Militia Bldngg

4335 Pte. M. Roberts

Above noted man was before the Standing Medical Board  
on 20-3-19 and was recommended for discharge as perman-  
ently unfit and requires treatment.

His discharge on demobilization has been approved by the  
Officer Commanding, effective from 22-3-19 and I am send-  
ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due  
course.

*[Signature]*  
Asst. Adjutant  
Discharge Depot

Copy to Bd. of Pension Commissioners

424

THE ROYAL CANADIAN MOUNTED POLICE

12. 2. 19

T

4355. The Oberstall.

From Officer  
Discharge Depot

To ~~Office of~~  
Militia Blang

Above noted  
on 20-3-19  
ently unfit and

His dischar  
Officer Command  
ing him herewith

Copy of his  
course.

1 Suit Underwear.  
1 Cap. Shirt.  
1 Pa Boots  
1 " Socks  
1 H.A. Bag.

*Handwritten signature*

Asst. Adjutant  
Discharge Depot

Copy to Bd. of Pension Commissioners





**DEPARTMENT OF MILITIA**

ST. JOHN'S, NEWFOUNDLAND

March 1st. 1919

**From: The Paymaster & O i/c Records**

**To: The Officer Commanding,  
Royal Mfld.Regt.,  
Discharge Depot.**

**Re No. 4335, Pte. M. Roberts**

The above man's allotment of 60¢ per  
day has been cancelled from and including  
February 1st. 1919

*C*

Lieut.  
For Paymaster.

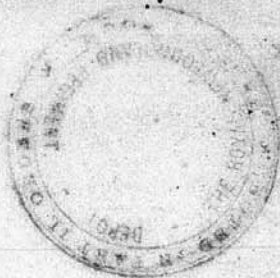


**DEPARTMENT OF MILITIA**

**ST. JOHN'S, NEWFOUNDLAND**

March 28th., 1919.

From:- D. M. S.  
To:- O. C. Depot.



4335, Pte. Roberts, M.

Please note that the marginally noted man was admitted to the St. John's General Hospital March 28th., 1919.

*Cluny Macpherson*

Major, D. M. S.

AMB.

Copy to B. P. C. for information.

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

4335 Pte. Roberts, M.

Dr. Bal. 23-1-1

THIS TRANSFERRED TO PAY OFFICE 11-4-19

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

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *4325* 3. Rank... *Plt.*
4. Name *Roberts, Michael*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.  
(b) Date of Discharge;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
(a) When  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Wounded in France 14/10/16. G.S.W.,  
Right Arm & hand.  
Wound now healed  
G.S.W. right arm & hand & both legs  
Wounds now healed except one over right knee  
which progressing well*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | YRS                 |                   |
| (ii.) Previous active service .. .. .                      | N/A                 |                   |
| (iii.) Climate in pre-war service .. .. .                  | N/A                 |                   |
| (iv.) Ordinary military service before the war .. .. .     | N/A                 |                   |
| (v.) Serious negligence or misconduct on the man's part. } | N/A.                |                   |

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

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

15. What is his present condition?

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

On outer surface right knee joint - Scar 2" long. Does not give pain on pressure, wound not completely healed. Scar about 4" long. on internal surface left knee joint. Not painful on pressure. Wound healed. Puckered scar on dorsal surface right hand, between 3rd & 4th Metacarpal bones. Unable to close hand. or extend ring on little fingers.

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— *Rip treatment*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Robert Remy*  
Medical Officer in charge of case.

Station *H. O. Camp*

Date *17-1-19*

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



**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

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

(a) Attributable to

(b) Aggravated by

Give details:

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

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

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

aw?  
Knee joint  
fever

bat

179

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

# MEDICAL HISTORY

Surname Roberts OF Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Fortune Harbor County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>31</u> day of <u>Jan.</u> 191 <u>8</u> at <u>St. John's.</u>		on _____ day of _____ 191_____	
Declared Age	<u>23 1/2</u> years		_____ days	
Trade or Occupation	<u>Shipbuilder</u>		_____	
Height	<u>5</u> feet <u>7</u> inches		_____ feet _____ inches	
Weight	<u>125</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>35</u> inches		_____ inches	
	Range of Expansion.. <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=_____ L.E.—V=_____	
	(a)	_____	(a)	_____
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	
(b) Slight defects but not sufficient to cause rejection	_____		_____	
Approved by (Signature)	<u>L. Amundson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>31</u> day of <u>Jan</u> 191 <u>8</u>		on _____ day of _____ 191_____	
Joined on Enlistment	Corps.	<u>Royal Newfoundland</u>	Corps.	_____
	Regtl. No.	<u>4335</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
[Signature]	_____		_____	
[Rank]	_____		_____	

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission or of treatment
	Day	Month	Year	Day	Month	Year			
3rd London General Hospital Bancroft R.	24	10	18	15	1	19	Q. S. R. Right arm hand & fracture of 4th metacarpal & 5th L. P.		at work in R. arm Satisfied

al or to the sick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

wounded in France 14. 10. 18. front corners of both Lips  
R. arm & R. hand with fracture of 4<sup>th</sup> metacarpal bone.  
Satisfactorily progressed.

Ed. W. Ryker, Capt. R. M. C.



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
1-2-18	Vac. 40.
2-3-18	T.A.P. 40
12-3-18	Do 40
23-3-18	Do 40
17-3-18	

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



M. Roberts

C.R. 4335

SRD

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *43353*. Rank... *Plt*
4. Name *Roberts M. White*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- wound in hand 14-10-18  
lost Right arm & hand  
wound now healed*
- lost Right arm & hand & Both legs  
wound now healed except one on Right  
thigh which is Prolapsing well*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service .. .. .                      | na                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | na                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | na                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | na                  |                   |

NI  
being in  
informant  
E:  
(ii)  
the present  
diseases  
the cause

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

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

15. What is his present condition ? *on outer surface Right Knee Joint Scar about 2 1/2 long. Does not bow pain on pressure wound not completely healed. Scar about 1 1/2 in long on inner surface left knee joint not purple on pressure wound. healed!*

21. Give  
(a)  
(b)

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

*Purine seen on dental Super Right hand Anterior third 2 front Metacarpal Bone is unaltered to distal Hand or wrist Ring on little finger*

22. Stat  
(i)  
(ii)  
(iii)  
(iv)  
(v)

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— *Repatriation*

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

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

*Johnnie Cuff  
Ramb*

22 (a).  
23. Is t

Station *Stokeley Down*

Medical Officer in charge of case.

Date *17-1-19*

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

ted by

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

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

(a) Attributable to

(b) Aggravated by

Give details:

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

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

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

*2. Knees  
about 2 1/2  
1. low pain  
not complete  
in lower  
to knee joint  
- wound.  
on ankle  
blow  
2. 2 form  
is unaltered  
or. entire  
- finger*

*th  
and*

ise.

evidence that







No. 11096/1088

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

*545040*  
*J.P.B.*

10th, July 1918

Subject: 4335, Pte. M. Roberts

With reference to the following telegram (6187) from the Hon. Minister of Militia, received

"Pay to 4335 Roberts £4. 2. 0

Draft £4. 2. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. J. Mitchell Maj.*  
Chief Paymaster & O. i/c Records.

July 13 1918

Receipt hereunder.

*Chambers*  
LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. Batt'n  
Royal Newfoundland Regiment

Received the sum of Four

Guineas two Shillings on account of cable remittance from Newfoundland.

for his  
M. Roberts  
Rank Private

Witness:  
*1227 J. Murphy*  
*Plt*

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir; - Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on 1st July 1916.

Regtl. No.	Rank.	Name	Amount	Signature.
4338	Pvt	Roberts M.	£2.50	

I have the honour to be, Sir,  
~~Yours faithfully,~~  
Your obedient servant.

Date June 26<sup>th</sup> 1916

M Roberts

To Paymaster

R Newfoundland Regt

58 Victoria St  
as.

Please remit to Pte Roberts <sup>Lens</sup>  
No. 4335 the sum of £2 <sup>0/4</sup>  
(three pounds) on account of  
any balance due to me

1-1-19

Pte Roberts.  
4335.

J. B. Carlow

Registrar, R. A. M. C. I.  
3rd London General Hospital,  
WANDSWORTH, S. W.



£2  
P.S.H. 1/1/19  
Receipt 187

To; Chief Paymaster  
Newfoundland Unit

Sir

please remit to  
4835 Pte H. Roberts the sum of  
1-0-0 (one pound) on account of  
any balance that may be  
due to me.

I am obliged

4835 Pte H. Roberts  
Newfoundland Unit

Approved

J. B. Calver Capt

5th London Regiment, P.A.M.C.  
H. A. D. S. W.

O.K. £ 1-0-0

M.R. 8/1/19

Receipt No 321

J.P.A.

No. 430/4/P&A

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
3rd. London General Hospital,  
Wandsworth.

9th. January. 1919

11 January 1919

Subject: 4335 Pte.M.Roberts.

ANSWER.

With reference to the following telegram ( 221 ) from the Hon. Minister of Militia, received

Pay to 4335 Roberts - £4:2:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*Please place the sum to the credit of the soldier concerned*

*Minister Capt Rames for OC*

*A.D. Minshall Maj.*  
Chief Paymaster & O. 1/c Records.

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



*Roberts*



No.

4

*pay*

# ANGLO-AMERICAN

WESTERN UNION



DIRECT UNITED STATES

## CABLEGRAM

SENT

FOR STAMPS

Prefix

Code

At

To

By

WOR 10

CHARGE

**VIA ANGLO.**

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

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

5/1/19

To MRS OROAKE

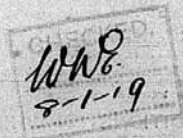
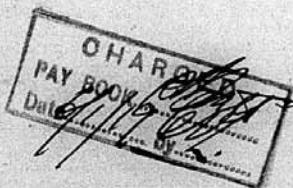
FORTUNE HARBOUR (Newfoundland)

CABLE SIX POUNDS THROUGH MILITIA

4335 ROBERTS

*Charge to*

*10/-*



Wrised

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 55, Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 4235 Rank Pte Name Roberts M.

Pay	F.A.	Wkg	Total	N.F.E./33
100	10		110	P. 23
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d			
						From	To								
Balance					Balance							8	12	9	✓
Acquittance Rolls					Pay @ Net Rate	21/12/18	21/1/19	35	50	1750		3	11	11	✓
Hospital Advances		10	0		Walter	17/1/19	21/1/19	5	2/1				10	5	£12-15-1 ✓
A.B. 64.															
P.&R.O. Payments		3	0	0											
<i>to 24/19</i>				10											
<i>Debat Payments</i>		1	0	0											
Cash Rept # 549	18/1/19	5	10	0	<i>by Bal # 751</i>										
		7	5	1											

*P. 23*  
*21/1/19*

Roberts, L

4335

May Sept.

April 7th., 1919

#4335 Pte. Michael Roberts,

Fortune Harbor, N.D.B.

Dear Sir:-

Please find enclosed "Discharge Certificate

No.1627."

Yours truly,

Paymaster <sup>as</sup> O.I/o Records <sup>Captain,</sup>

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4355 Rank Pte Name Michael Roberts M.  
 Date of Enlistment 31-1-18 Address Fortune District Fortune  
 Occupation Businessman Classification for Discharge B Medical Category F1  
 Recommendation S.M.B. permanent Disability Rating 40% Treatment  
 Passed to Demobilization Officer with following documents:—

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

Date 22-3-19 H. M. H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

M. Robert  
Shilona Wilson

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000

(b) Clothing Supplied J. A. Brown

Date 22-3-19 J. A. Brown  
 O i/c. Re-clothing.





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4.232 Rank Pte Name Robert M.  
 Intended place of residence Fortune M. Fortune N. S. B.
2. Occupation Lumberman  
 Classification of soldier B Medical Category F
3. The above named man is discharged in consequence of DEMOLIZATION

### Eligible for War Service Gratuity

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

Place .....  
 Date MAR 22 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S.

22-3-19

DEPARTMENT OF ADJUSTMENT OF OVERSEAS PAY, ETC.

M. Robert M.  
 Signature of soldier

Joseph A. Snowfoot  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S.

22-3-19

M. Robert M.  
 Signature of soldier

E. L. L. Sgt.  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 31-1-18 No of days on Military  
 Discharged from service 24-3-19 plus 14 days Service 432

### APPROVAL OF DISCHARGE

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

Place St John's

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

Date MAR 24 1919

### CONFIRMATION OF DISCHARGE

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

Place St John's Regd.

Date April 7/1919

M. Howley Capt  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

A.D. 2079/1627

8  
 78  
 31  
 7  
 4  
 8



## Department of Militia, Newfoundland

### Medical Department

## Medical Report on an Invalid

#### NOTES:—

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

#### STATEMENT OF CASE

Station ..... *St. John's Wfld* .....  
 Date ..... *March 19<sup>th</sup> 1914* .....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>24</i>                 |
| 2. Regimental No. <i>4335</i>     | 6. Enlisted on <i>Jan 1915</i>                 |
| 3. Rank <i>Private</i>            | at <i>St John's</i>                            |
| 4. Name <i>Roberts. Michael</i>   | 7. Former trade or occupation <i>bumbleman</i> |

#### 8. Disability

*G.S.W. Shrapnel. Both legs.  
 O.R.I. Shoulder.  
 + Rr Hand*

#### 9. History

*wounded by Shrapnel 14/10/18.  
 In 3rd London Gen. Hq. 3 months.*

10. What is his present condition? *Wounds all healed except Rt. leg just above knee - discharging sinus.*  
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

*wound Rt. hand causes considerable disability little finger contracted. Injury ulnar nerve.*

11. Was sanatorium advised and refused? *No*  
operation

12. Do you recommend discharge as permanently unfit? *Yes*

Signature ..... *Archibald*  
Rank or Qualification ..... *for M.O. Depot*

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....  
Date ..... Rank .....



## Opinion of the Medical Board

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

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

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

Remarks if any:—

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

*Long wound inner side left leg <sup>healed</sup> healed.  
Similar wound above right knee still discharging.  
Can move knee & ankle joints.  
Two scars over right deltoid superficial wound, no disability.  
Penetrating wound of right hand causing <sup>contraction of right fingers - Mark grasp</sup>*

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

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

(State in percentage.)

*40% Treatment*

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

{ General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

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

Remarks if any:—

Signatures

*H. S. Lane* ..... President  
*J. Gordon Tait* .....  
*H. S. Lane* .....  
*S. Johns* .....

Place

Date

*March 20/19*

APPROVED

Station

Date



*Clayton Macpherson*  
Administrative Medical Officer



## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation  
Bumberman

*Roberts* <sup>his</sup> *W.S.*  
*M. W. Bonaparte*  
Signature of Man.

Reg. No. 4335

*W. S. Bonaparte*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*22-3-19* 191



## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Michael Roberts*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4335*

Intended address *Fortune St*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Michael*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fortune St 1895 March 13*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Michael Roberts* witness *Michael Carmichael*  
*mark* (Rank) *Private*

Station *St John's* Date *18.3.19*

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

Medical Officer of Hospital or  
 Unit, or Command Depot.





# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date March 18<sup>th</sup> 1919

 Regimental No. 4335

 Name Michael Roberts Pte.

 Address Fortune N.S.

 Present Medical Category E

 Recommended for:—
 

- (a) ~~Immediate discharge~~ .....
- (b) Standing Medical Board .....

RH Last Capt

O.C. Discharge Depot.

Members of Board

Spatorson  
Senior Medical Officer

See Borden

M. O. Depot

April 7th., 1919.

#4335 Pte. Michael Roberts,

Fortune Hk., N.D.B.

Dear Sir:-

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

Yours truly,

Paymaster & Officer i/c Records  
Captain,



14349

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name..... *Milnes* ..... 2. Surname..... *Roberts* .....

3. Rank..... *Private* ..... 4. Regtl. No..... *4335* .....

5. Address in full to which future payments of gratuity are to far be forwarded..... *Fortune Str.* .....

6. Date of enlistment in the Regiment..... *like same Reg* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no* .....

8. Relationship of such dependents..... *not applicable* .....

9. Address in full of such dependent..... *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. I went overseas in March 1918 and returned Feb. 1919* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *one year two months* .....

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?..... *no*

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *no*

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

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

19. Are you now serving in the Regt.? ..... *no* If not give:- (a) Date of discharge. *March 22<sup>nd</sup> 1918* (b) Reason for discharge..... *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....  
..... *France 1918*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? *no*

(b). If (a), are you in receipt of full pay and allowances from that Committee..... *not applicable*

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

Signature of Applicant: *Michael X Roberts*  
*mark*  
 Place of Residence: *Dorture St., Howe Seme Bay*  
 Declared before me at: *St. Johns*  
 This *24<sup>th</sup>* day of *March* 19*19*

*Blas & Hunt*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits. *Notary Public*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>6.60</i>	<i>280.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster.	

I hereby cancell my allotment from and  
including 31<sup>st</sup> January 1919.

his  
X

St. Johns.

12/2/19.

M. Roberts.

apt Like mark. 4335.  
Witness Tom K 3892









**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

February 27th 1919

From Officer Commanding ,  
Discharge Depot.

To Paymaster and Officer i/c Records  
Militia Department.

4335 Pte. M. Roberts.

The above noted man has made application to have his  
allotment of 60¢ per day cancelled from and including  
February 1st. 1919.

Please carry out and advise.

OK

  
\_\_\_\_\_  
Assistant Adjutant & Paymaster  
Discharge Depot-Newfoundland

Noted  
at



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
20.

Number of Sheets one

Regiment of Newfoundland

Signature of O. C. Company H. H. H. H.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4335 Robert Michael</u>	Age on	<u>25</u> years <u>4</u> months	<u>Blacksmith</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. Johns</u>	<u>R. C.</u>	
Joined		Date	Period of } with Colours <u>1</u> <sup><u>75</u></sup> years. with Reserve <u>1</u> <sup><u>305</u></sup> years.	Place of Birth	
Joined		Date		<u>Port au Prince</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 7 79</u>					

To be carried over

Reg. No. *4331* Rank *Pvt* Name *L. Roberts M.*  
Attested ..... Address *Yorba Linda 21-*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *4-7-19.*  
Returned on S.S. .... Cause *Discharge*

*20.3.19* Rec. Dis. from the Army cadet. %  
*General Hoop*

MAR 22 1919

*28.3.19* Adm. - To *General Hoop*

*24.3.19*

DEPARTMENT OF DEFENSE  
OFFICE OF THE ADJUTANT GENERAL

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4335 Rank Pvt Name Mitche Roberts M  
 Date of Enlistment 31-1-18 Address Fortune St District Fortyone  
 Occupation Labourer Classification for Discharge B Medical Category F  
 Recommendation S.M.E. permanently unfit Disability Rating 40% Treatment  
 Passed to Demobilization Officer with following documents:—

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

Date 22-3-19 J. M. H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

M. Robert  
Shilera Wilkin

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6000
- (b) Clothing Supplied J. A. Lawrence

Date 22-3-19 O.i.c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1631* to his home at *London St. Travelling Post Office* and Release Certificate No. *1631* issued.

Date *22.3.19*

*CS Duke Capt*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-4-19*

Date *22-3-19*

*H. H. H. H. H.*  
Depot Paymaster.

FOR THE PURPOSE OF ADJUSTMENT OF OVERPAID PAY ONLY.

Discharge approved for *24.3.19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	<i>Yom B</i>	1
B 178	W 3494	B 122	1	Board 1st	" 2	1		
B 178a	D 400A	B 1915		do 2nd	" 3			
B 179	D 400B	Form L		do 3rd	" 4			
B 179a	D 400C	Form K		do 4th	" 5			
B 179b	B 103	ME 2			" 6			
B 170c	B 120	M 93						

Date *22-3-19*

*J. A. Snow*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAR 24 1919*

*[Signature]*  
O. C. Discharge Depot.

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

Date *with 29/1919*

*[Signature]*  
[Signature]  
[Signature]

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE May 24, 1972.....

NAME ROBERTS, Michael  
NOM .....

Service No. 4335 ROY.NFLD REGT. CPC No. 260841  
Matricule No ..... CCP No .....

WVA No.  
AAC No .....

Information Received from: SPME CPC ST.JOHN'S NFLD May 15, 1972

Information reçue de: .....

Date of Death  
Date du Décès May 7, 1972.....

Place  
Endroit ..not stated.....

Distribution: WSR-DASG ✓  
VI - ASS  
~~XXXXXX~~  
HO - BC

Pour le chef,  
for Chief, Central Registry Division.  
Dépôt central des dossiers.