

Pat Roberts Com

Received 5-10-58

12-10-58

First Newfoundland Regiment

ATTESTATION PAPER

922

Regimental No. _____

Name in full William Roberts Age 22

Address 4 Brine St. St. John's

~~Married~~ Single Height 5'9" Weight 136

Color Dark Hair Black Eyes Blue

Other distinguishing marks none

Nearest relative William Charles Roberts (father)

Address 4 Brine St. St. John's

Dependents none

Occupation Shoemaker Present Wage \$9 week

Previous service none

Decorations _____

General Remarks _____

Date of Enlistment Jan 8th 1914.

I, William Roberts, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

William Roberts

Declared before me this 21 day
of Jan 1914

[Signature]

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)

Applicable to all ranks.

Reg. No. 952

Name William Roberts

Apparent age 23 years months. Height 5 feet 9 inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Dark, Hair: Black, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin William Charles Roberts, 4 Brine St., St. John's

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	Regt. or Depot	Promotions, 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>8/1/15</u>							
Joined at <u>St. John's</u> on <u>6th January '16</u>							
Total Service forfeited as above							
Total Service towards Engagement to (date of discharge) _____ years _____ days							
" " " Pension (" ") _____							

*2 Newfoundland
for District of N.S.
Sichuan* 3.8.16

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 922

Name William Roberts
 Apparent age 22 years months. Height 5 feet 9 inches.
 Chest measurement { Girth when fully expanded inches.
 { Range of expansion inches.
 Distinctive marks Color: Dark, Hair: Black, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin William Charles Roberts, 4 Brine St., St. John's
 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	Regt. or Depot	Promotions, 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>8/1/15</u>							
Joined at <u>St. John's</u> on <u>8th January '15</u>							
<i>Embarked St. John's 5/15</i>							
<i>Embarked Rouen 30-2-16</i>							
<i>Admitted Havre 18-5-16</i>							
<i>Arrived Newfoundland August 1916</i>							
<i>Discharged Medically unfit 16-12-16</i>							
Total Service forfeited as above							
Total Service towards Engagement to <u>16-12-16</u> (date of discharge) <u>1</u> years <u>3+3</u> days							
" " " Pension " " " " " " " " " " " "							

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

MEDICAL HISTORY

Surname

Roberts

OF

Christian Name

William

AUG 10 1918

Table 1.—GENERAL TABLE.

Birthplace:—Parish

St. John

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	191	on	191
Examined	8 th day of <i>Dec</i>	191	day of	191
Declared Age	at <i>St. John</i>	at	at	at
Trade or Occupation	21 years	days	years	days
Height	<i>Shoemaker</i>			
Weight	5 feet	9 inches	feet	inches
Chest Measurement { Girth when fully expanded... Range of expansion..	136	lbs.	lbs.	lbs.
	37	inches	inches	inches
	3	inches	inches	inches
Physical Development				
Vaccination Marks { Arm Number	Right	Left	Right	Left
When Vaccinated	1908			
Vision	R.E.—V=	15/20	R.E.—V=	
	L.E.—V=	6/20	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b) <i>Psoriasis</i>		(b)	
Approved by (Signature)	<i>Clayton Macpherson</i>			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St. John</i>	at	at	at
	on 8 th day of <i>Jan.</i>	on	on	on
	191	191	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>1st Mfd Regt.</i>	<i>922</i>		
Transferred to				
Became non-effective by				
	on	day of	191	on
(Signature)			day of	191
(Rank)				

[P.T.O.]

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	16	5	16				Psoriasis - severe + generalized.		Board held - see overleaf Disability - Psoriasis - severe + generalized. Cause - 20a) not due to any of these causes Capacity for earning a livelihood not at all impaired	for C. F. Swan Capt R.A.M.C. 3rd London General Hospital, WANDSWORTH, S.W.

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

Date	Brief Details, and Signature
26.4.15	<p><i>MA</i> $\frac{2}{2}$ <i>MA</i> <i>Ch. V.</i> $\frac{2}{2}$ <i>Fit for foreign service</i></p>
20.3.16.	<i>Fit for active service. surgeon</i>
6/6/16	<p>Board held - 5th June 1916 Found - Permanently unfit Board - approved by D. B. M. S. London District 6th June 1916</p>

for Mr. A. J. Swan Capt. R.N.M.C.
 3rd London General Hospital,
 WANDSWORTH, S.W.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<p><i>St. Johns</i> <i>2^d Dominion</i> <i>Edinburgh Castle</i></p>	<p><i>Jan. 8/15</i> <i>Feb. 5/15</i> <i>" 16/15</i></p>	<p><i>Feb. 5/15</i> <i>" 16/15</i></p>			

Casualty Form-Active Service.

Regiment or Corps Newfoundland

Regimental No. 922

Rank Pte

Name W. Roberts

Enlisted (a) 6.12.15

Terms of Service (a) Duration

Service reckons from (a) 6.12.15

Date of promotion }
to present rank }

Date of appointment }
to lance rank }

Numerical position on }
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. 16, 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. 16, or other official documents.
Date	From whom received				
		Embarked Southampton		28.3.16	
		Disembarked Dover		30.3.16	
87?A	Adm. Services Staff	29 Cds.		9.5.16	G.D. 9729
Sgt. Newkoven	"Invalided to England"	Sgt. Newkoven		16.5.16	9/3183
		Sgt. A.E. Clerk			
		Off/c Infantry Records at Exeter B.C.A.			

Certified true copy

*G.P.D.
20.5.16*

(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) Sgt., Signaller, Banding health, etc., also special qualifications in technical Corps duties.

PAY LIST.

July to August

1916.

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

21st ^{1st} ~~attd~~ Regt

No.

922

Rank

Pk.

Name

W Roberts.

Died^(a)

at

on the of

191

~~at~~
Died^(a)
at

U.K.

on the 11th of August 1916.

I Certify to the correctness of above in every particular.

J. E. J. J.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	1	2	3	Balance Cr. last month	5	10	11½
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay			
	July 14 th 1916	10	0		days at from to			
	" 21 st " 1916	10	0		Messing allowance days at			
	" 28 th " 1916	10	0		from to			
	Post 9/1 8 th			8	Clothing and kit allowance			8
	Parade Damages			7	Amount produced by the sale of Necessaries			7
	Consolidated stoppage				Personal Clothing and Effects from Form 2			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Balance due by the Paymaster	1	18	5½	Deferred Pay or Gratuity			
		£	5	10	Balance due to the Paymaster			11½
		1	2	3				

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 1 18 5½ is correctly chargeable against the Public^(a) unable to verify this on a pay Book for Period 7/11 - 11/11 1916 and received this Fourth day of August 1916. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1813.

(b) Words in Italics to be struck out when there is no debtor balance.

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



1st Newfoundland Regiment.

*The Officer Commanding ✓

The Officer in Charge of Records 58 Victoria St S.W.

The Regimental Paymaster 58 Victoria St

With reference to No. 922. Pte Roberts W.
of the above Regiment, who appeared before a Medical Board and was approved by
the D.D.M.S., London Command, on the 6 6 16

for discharge from the Service as permanently unfit, please note that this man has
been sent to his home ~~on account of ill-health 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] June 7th

A. Hope Gosse Capt. R.A.M.C.T.
Regimental Commanding

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

Place Wandsworth

Date 7/6/16

* 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.



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

1st Newfoundland Regiment.

*The Officer Commanding ✓
The Officer in Charge of Records 58 Victoria St S.W.
The Regimental Paymaster 58 Victoria St

With reference to No. 922. Pte Roberts W.
of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London Command, on the 6 6 16
for discharge from the Service as permanently unfit, please note that this man has
been sent to his home ~~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] June 7th
A. Hope Gosse Capt. R.A.M.C.T.
Registrar R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S.W. Hospital.

Place Wands worth
Date 7/6/16

* 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.

Original



Medical Report on an Invalid.

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

Date 31st May 1916

- 1. Unit 1st Newfoundland Contingent
- 2. Regimental No. 922.
- 3. Rank Private.
- 4. Name Robert. William
- 5. Age last birthday 22.
- 6. Enlisted on 18th Dec. 1914.
at St John. Nf?
- 7. Former Trade or Occupation Shoe maker.

8. Disability.

Proximal nerve & generalized

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. March 16th 1916
- 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.

History of two previous attacks: 2 years ago & 8 months ago. They last about 2 months & then go away again. No intermission between attacks. Proceed to this Hospital on May 16th 1916 & has been suffering from extensive Proximal

- 12. (a) Give your opinion as to the causation of the disability. France
- (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 8). Not due to active service & a preexisting condition

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.

general health good. There is extensive
proliferation on practically the whole body
which is extremely rebellious to treatment.
He is not as well as he is likely to be for some
considerable time & further military service would
serve to aggravate the disease

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

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

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

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

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

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

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

19. Do you recommend

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

Yes.

F. G. Earn Civil Surgeon
Officer in medical charge of case.

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

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

Station A. Hope Gosse Capt RAMCT
for Officer in charge of Hospital.

Date 5/6/16

* 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 invalidated, 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 1163 and 1165, Pay Warrant, 1913).

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

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

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

Not due to any of these causes

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

✓

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

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

No

22. Is the disability permanent?

No

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

Four months

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?

Not at all

In defining the extent of his inability to earn a livelihood, estimate it as *l.*, *h.*, *h.*, or total incapacity.

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

No

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

✓

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes. Fit for light duty P.P.C. 6/5

Signatures :—

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

Station

Date June 5. 1916

Approved.

Station Head Quarters Land Dist

Date 6/6/16

A.P. Long Major R.A.M.C. President.

J.W. & H. ...

W. J. ...

... Administrative Medical Officer.

SURGEON-COLONEL

for D.D.M.S.,

LONDON DISTRICT.

(On leaving Corps or Station where invalid.)

Transfer { Date _____
 Station _____ } Name of { Conveyance _____
 or { _____ } of { Vessel _____
 Embarkation { Date _____
 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 *842.*

Corps *1st Newfoundland Coyt.*

Regimental No. *922*

Rank *Plt.*

Name *Rhodes W.*

Disability *Perniosis severe & generalised*

Date *6/6/16*

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

Form B. 179
 24

WL 98590/274 50M 9-13 MCCLD

No. 922 Name *W. Roberts* Sqr., Batty., or Company } *E* Corps } *Newfoundland* Date of enlistment } *16/12/14* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } *nil* No. and date of last drunk } *nil* Period not reckoning towards freedom from extra fine } Sheet No. } *1* Signature O.C. Company, etc. } *A.H. Woodgear* Character } *2/pt.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award of order dispensing with trial	By whom awarded	Remarks
		<i>Pl</i>							

RECEIVED
 1915

Army Form B. 122

Regimental Number 922

Company C

AUG - 8 1916

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions:

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations,
and to such ordinances as may apply or may
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,
5 George V., Chapter IV.

Signed William Roberts

Witness Robertson

Dated at



191

COPY



Medical Report on an Invalid:

Station

3rd London General Hospital
Wandsworth S.W.

Date

31st May 1916

1. Unit / *1st Newfoundland Regiment*
2. Regimental No. *922*
3. Rank *Private*
4. Name *Roberts William*
5. Age last birthday *22*
6. Enlisted { on *18th Dec 14*
at *S. John's Nfld.*
7. Former Trade { *Shoe Worker*

8. Disability.

Psoriasis . Severe & generalised

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.

March 16th 1916

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.

History of two previous attacks: 2 years ago & 8 months ago. They last about 2 months & then go away again.

No irritation between attacks, ordered to this Hospital on May 16th 1916 & was then suffering from Extensive Psoriasis.

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

Exposure

(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).

Not due to active service: a pre-existing condition.

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.

General health good: There is extensive febricis on practically the whole body which is extremely rebellious to treatment

He is now as well as he is likely to be for some considerable time, & further military service would serve to aggravate the disease.

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

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

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

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

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

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

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

19. Do you recommend

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

Yes.

Sgt C. E. Sears Civil Surgeon
Officer in medical charge of camp.

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

except†

Sgt Louison General Hospital Sgt A. J. G. Goss, Capt R. A. O. J.
Station Wandsworth S.D. Officer in charge of Hospital.
Date 2/6/16

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

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

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

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

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

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

Not due to any of these causes

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

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

22. Is the disability permanent?

No.

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

Six months

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?

Not at all

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

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

Yes

26. Do the Board recommend

(a) Discharge as permanently unfit,

Yes.

or

(b) Change to England?

Signatures:—

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

A. P. Luff Major R.A.M.C. President.
J. W. Lewis Capt R.A.M.C. Members.

Date June 5/16

A. J. Smith Capt R.A.M.C. Members.
Sgt Thorne

Approved.
Station Headquarters Lond Dist.

Sgt
Administrative Medical Officer.

Date 6/6/16

Surgeon General
for D.O.M.S.
London District

(On leaving Corps or Station where invalided.)

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

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

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

(At Station or Hospital where finally disposed of.)

Station and Hospital _____
Arrived from _____ Date _____

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

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 _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

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

The original report is herewith to accompany the discharge documents of the patient.
(Art. 158278, W. R. 1200 5708 528 W. R. A. L.)

FORM B

Medical Report on an Invalid.

Station _____

Date _____

1. Unit _____
2. Regimental No. *922*
3. Rank *Pte*
4. Name *Roberts, William*
5. Age last birthday *22*
6. Enlisted { on *18/12/14*
at *St. John's, Nfld.*
7. Former Trade { *Shoe Maker*
or Occupation

8. Disability.

Psoriasis

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. *March 16th., 1916*
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.

12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

13. What is his present condition?

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

General pneumonia covering most of his body & limbs.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

19. Do you recommend

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

Yes

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† 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 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.

Not due to any of these Causes

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

✓

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

22. Is the disability permanent?

No, may be recurrent

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

Six months

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?

Not at all

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

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

—

26. Do the Board recommend

(a) Discharge as permanently unfit, or

yes

(b) Change to England?

Signatures:—

A.S. Fraser

President.

L. Paterson major

Pruden, J.A. C.P.

Members.

Station _____

Date *Nov 29 1916*

Approved.

Station *St Johns*

Date *Nov 29 1916*

Clay Macpherson, Major
Administrative Medical Officer.

D.M.S.

Casualty Form—Active Service.



Regiment or Corps 1st Newfoundland
 Regimental No. CR 922 ^{X29} Rank Pte. Name W Roberts
 Enlisted (a) 16-12-15 Terms of Service (a) Duration Service reckons from (a) 16-12-15
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.O.s }
 Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 211, Army Form A. 35, 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. 35, or other official documents.
Date	From whom received				
		Emb'k'd Southampton		28.3.16	
		Disemb'k'd ROUEN		30.3.16	
	8740	Admitted to service	29 Oct	9.5.16	ES 9727
		Transferred to England	St. Helens	16.5.16	43083

all Clerk Capt for the de
 Office of Infantry Records
 3rd Colonel B.C.F.

9189
 20/5/16

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

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Regimental No. CR 922 Rank Pte Name W Roberts
 Enlisted (a) 16-12-15 Terms of Service (a) Duration Service reckons from (a) 16-12-15
 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. 36, or other official documents.
Date	From whom received				
		Embark'd Southampton		28.3.16	
		Disembk'd ROUEN		30.3.16	
	8740	Admitted to service	29 Oct	9.5.16	Es 9729.
	Pl. Keel	Transferred to England	Pl. Keel	16.5.16	Sl 3083.

all clerk Capt for the
 Officer of Infantry Records
 3rd Division B.C.S.

9187
 20/5/16

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

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 _____

The Soldier named below has appeared before a 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 14 days after the date on this notification, See A C I 1623 of 1916.

Soldier's Surname Roberts Christian names William
(in full)

Regt No and Rank 22 Pte Regt or Corps 1st Pte

His address on discharge will be 4 Brien Street

The Soldier states that ^{AN} ~~NO~~ allotment is being issued in respect of him.

Army Form D 400A and Army Form B I79 for the above named Soldier are forwarded herewith.

Station St John's

Date 29/1/16

Clay Macpherson Major
President of Board
(Approving Officer)

A.M.S.

PAY LIST.

July to August

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *21st Newfoundland Regt.*
 No. *922* Rank *P/O* Name *W. Roberts.*
 Died ~~at~~ at ~~the~~ on the of 191
 Deserted ~~at~~ ~~the~~ on the *12th* of *August* 1916.

I Certify to the correctness of above in every particular.

W. Roberts
 [Commanding Squadron, Troop,
 Battery or Company.]

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	2	1	3	Balance Cr. last month	5	10	11½
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay			
	July 1 st 1916	10	0		days at from to			
	" 21 st " 1916	10	0		Messing allowance days at			
	" 28 th " 1916	10	0		from to			
		1	10	0	Clothing and kit allowance			
	Rest Oct 8 th			8	Amount produced by the sale of Necessaries			
	Barrack Damage 2 nd			7	Personal Clothing and Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster	1	18	5½	Balance due to the Paymaster			
		£	5	10	6			
		£	5	10	11½			

I hereby Certify that the above account is correct in every particular, and that the
 debtor balance of £ *5 10 6* is correctly chargeable against the Public.
 Dated at *London* this *Tenth* day of *August* 1916. *F. H. Marsden* Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

Descriptive Return of a Soldier discharged on account of Disability.

A. Name in full *William Robert*
 Regiment from which discharged *1st Regt. Lt.*
 Regimental Number *922*
 Intended Address *4 Brien St.*

Height on discharge *5* Feet *11* Inches
 Colour of hair on discharge *Black.* Colour of eyes *Blue*
 Complexion *dark.*
 Descriptive remarks *None*
 Figure on discharge *ect.*
 Christian name of Father *William*
 Christian name of Mother *Susanna*
 Wife's maiden name in full
 Date and place of Marriage } *not married*
 Christian names of Children }
 Where Born *St. Johns. Nf.*
 Nature & Locality of Civil employment desired

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)

St. Johns.
Station.

William Robert
(Rank)
Nov. 28/16 Date. *Pte*

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.

St. Johns Nf.
Station.

Nov. 28/16
Date.

Geo. Burden

Medical Officer i/c.
Hospital.

COPY

NOV 10 1916
 AUG 10 1916

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

MEDICAL HISTORY

Surname

Roberts

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <i>8th</i>	day of <i>Dec</i>	191 <i>4</i>	191
	at <i>St John's</i>		at	
Declared age	<i>21</i>	years	days	years
Trade or occupation	<i>Shawworker</i>			
Height	<i>5</i>	feet	<i>9</i>	inches
Weight			<i>136</i>	lbs.
Chest Measurement	Girth when fully expanded		<i>37</i>	inches
	Range of expansion		<i>3</i>	inches
Physical development	Right	Left	Right	Left
Vaccination marks	Arm			
	Number			
When vaccinated	<i>1908</i>			
Vision	R.E.—V—	<i>15/40</i>	R.E.—V—	
	L.E.—V—	<i>6/20</i>	L.E.—V—	
(a) Marks indicating congenital peculiarities or previous disease			(a)	
(b) Slight defects but not sufficient to cause rejection	<i>(b) Psoriasis</i>		(b)	
Approved by (Signature)	<i>Edmund Macpherson</i>		Medical Officer.	
(Rank)	<i>Capt</i>			
Enlisted	at <i>St John's</i>		at	
	on <i>1st</i>	day of <i>Jan</i>	191 <i>4</i>	191
Joined on enlistment	<i>1st</i>	Corps <i>Med Regt</i>	Regtl. No. <i>922</i>	Regtl. No.
Transferred to				
Became non-effective by				
	on	day of	191	on
				day of
(Signature)				191
(Rank)				

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 rd London General Hospital Waudsworth St. S.W.							Psoriasis. Severe & generalized		Board held — Disability — Cause — 201a) Not due to any of these causes Capacity for earning a livelihood Not at all lessened	Sgt A. L. Swan Capt. A. L. Swan 3 rd London General Hospital Waudsworth St.

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
26/4/15	<p><i>V.V.</i> <i>Vacc.</i> <i>Ch. V.</i> <i>Fit for Foreign Service</i></p>
20/3/16	<p><i>Fit for Active Service</i> ¹⁴ <i>H.P.A.</i></p>
6/6/16	<p><i>Board held</i> — 5th June 1916 <i>Squad</i> — Permanently unfit <i>Board</i> — Approved by <i>D. G. M. S.</i> <i>Lough District</i> 6 June 1916 <i>Sgt</i> <i>for C. A. Lohan Capt. R. M. V.</i> <i>3rd Lough General Hospital</i> <i>Wandsworth Hill.</i></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
<i>S. John's</i>	<i>Jan 8/14</i>	<i>Feb 5/15</i>			
<i>S. Dominion</i>	<i>Feb 5/15</i>	<i>16/15</i>			
<i>Chinabagh Castle</i>	<i>16/15</i>				

-REGULATIONS ON DISCHARGE-

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

No. 929 Army Rank Private
 Name William Roberts
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
 Corps First Newfoundland Regiment
 Battalion, Battery, Company, Depot, etc. Head Quarters
 (If attached to the Regular Establishment of the Special Reserve of Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)
 Date of discharge December 16th 1916
 Place of discharge St John's Nfld

1. Description at the time of discharge.

Age	Years	Months	Descriptive marks.
Height	<u>5</u>	<u>11</u>	<u>inches</u>
Chest (girth when fully expanded)			<u>ins.</u>
Measurement of expansion			<u>ins.</u>
Complexion	<u>dark</u>		
Eyes	<u>blue</u>		
Hair	<u>black</u>		
Trade	<u>shoemaker</u>		

Intended place of residence (To be given as fully as practicable) 4 Friends St John's Nfld

(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.)

2. The above-named man is discharged in consequence of being physically unfit for war service

(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 latter to be quoted)

3. Military Character:- Very good

4. Character awarded in accordance with King's Regulations:-

There is nothing to prevent his becoming a good workman in civil life

Certified that the above is an accurate copy of the character given by me on Army Form B.267 and that Army Form D.489 was awarded in this case.

[Signature]
 Intending Officer

W. Roberts.

C.R. 922

P. 10.



C.R. 422
W.S.D.
5.5
? further action
on front

Filed by

1st Newfoundland Regiment

HEADQUARTERS

St John's, Newfoundland,

March 5th, 1917.

Sir:-

With reference to your communication Re William Roberts, Brien Street. This man was effected with proziasis, and was boarded here. The board recommended him for discharge, and found that his capacity for earning was not lessened. There was no pension or gratuity allowed.

I have the honour to be,

Sir,

Your obedient servant,

His Excellency,

Sir W.E. Davidson, K.C.M.G.

Government House,

City.-

George J. Leahy
Major

OFFICIAL
INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

Officer Commanding,
Headquarters.

William Rodgers, Brine Street,
returned soldier seeks employment; said to suffer
from skin trouble.

What is the nature of his discharge.

Governor.

1 March 1917.

C.R. 922

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

#922 Wm. Roberts, discharged, Dec. 16th 1916, Medically unfit;

C.R. 922

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

<u>Regtl #</u>	<u>Rank</u>	<u>Name</u>	<u>date</u>	<u>reason.</u>
922	Pte.	Wm. Roberts	16/12/16	Med.Unfit.

JUN 24 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 922, Private William Roberts, who was previously reported at the Third London General Hospital, Wandsworth, May 26, suffering from phorasis, was discharged from hospital to Depot June 7th.

This information has been received by mail.

Yours faithfully,

Mr. William G. Roberts,
4 Brine St.

Colonial Secretary.

1714 C.R. 922



C A S U A L T I E S

922 Pte. W. Roberts is discharged from the 3rd.
London General Hospital, this date.
Reports to the Officer in Charge of Records, and
is sent to the Depot for disposal.

✓

✓
R (45)

May 26, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 922, Private William Roberts, has been admitted to the Third London General Hospital, Wandsworth, suffering from phorasis.

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

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

Yours faithfully,

Colonial Secretary.

Mr. Wm. C. Roberts,
4 Brine St.

C.R. 977



SICK & WOUNDED N.C.Os. & MEN OF THE EXPEDITIONARY FORCE. - FRANCE

NEW ZEALAND CONTINGENT

LIST NO.H.8746

5/104a	Dvr. Hearsam, S.A.	N.Z. ASC.	Quinsey.....	Dis.to Base Dtls.Staples ex 2 Aust.Gen.Hos. 13th May.16.
2/149	S/S. Bradbury, G.	NZ.FA.1/Div.	Follicular	Dis.to Anzac Base Dtls.ex 2 Aust.Gen.H.Houseot Tonsillitis. 13th May.16.

NEWFOUNDLAND CONTINGENT

LIST NO.H.8746

922	Pte. Roberts, W.	1/Newfoundland.	Psoriasis.....	To Eng.per HS.Newhaven ex 3 Gen.Hos.15th Lay.16.
-----	------------------	-----------------	----------------	--

1630



C.R. 922

NEWFOUNDLAND CONTINGENT.

Extract of Casualty List received from P. & R. O. May 21st 1916.

922 Pte W. Roberts.

1/Newfoundland. N.Y.D. Adm. 3 Gen. Hos. Le Treport. 13th May 1916.

C.R. 922

CASUALTY.

Extract of Casualty List received from P. & R.O. May 18th 1916

922 (Pte W. Roberts.

3rd London General Hospital Wandsworth May 16th 1916. Psoriasis.

C.R. 922

Extract from Daily Orders part II, Unit
The Royal Newfoundland Regiment, dated
May 20th, 1916 from Srd. Bohelon, B.E.F.

922 Pte. W. Robertw.

Inv. to Egg. H.S. NEWHAVEN 16/5/16.

C.R. 922

Extract from Nominal Roll. Serd Draft to E.M.F. arrived
29, I.D.O. 20-3-16. Joined Battalion 15-4-16

9 #922 Pte.W.Roberts.

~~C.R.~~ 922

Extract from Nominal Roll of Royal MFLA. Regt. Draft No.5.
from 2nd Bn., Depot, to 1st Bn., B.E.F. Embarked 28-3-16.

922 Pte. W.Roberts.

C.R. 922

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

922 Pte. W. Roberts.

88-3-16

C.R. 922

Extract from Nominal Roll Embarked St. John's, Per S.S.
"Dominion" "C" Company Feb. 2, 1915.

922 Pte. Roberts Wm.

C.R. 922

William Roberts (was attested for General service
with the NEWFOUNDLAND REGIMENT on Jan. 8th 1915.
Regimental No 922 was allotted to Pte. William Roberts.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

No. *922* Name *Roberts W.* *Sgt., Batty.,* or Company *E.* Corps *1st Newfoundland* Date of enlistment *16/12/14* G.C. Badges *2* Service or Proficiency Pay *2.4.*
 Date of last entry in Company Conduct Sheet *Nil* No. and date of last drunk *Nil* Period not reckoning towards freedom from extra fine *Nil* Sheet No. *1* Signature O.C. Company, etc. *A. H. Goddard* Character *2.4.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
		<i>He.</i>							

Certified true copy



Army Form B. 122

G.P.O.

Roberts, D.

922

Ray Sept.

5

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland,

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

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

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

Christian name *William*... 2. Surname *Roberts*.....
3. Rank *Private*..... 4. Regtl. No. *922*.....
5. Address in full to which future payments of gratuity are to be forwarded *William Roberts*.....
4. Brine St. City.....
6. Date of enlistment in the Regiment *January 8th 1915*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Mrs William G. Roberts.....
8. Relationship of such dependents *Father*.....
9. Address in full of such dependent *Mrs. William G. Roberts*.....
4. Brine, St. City.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
11. Were you on active service only in Mld. If so, give dates, and particulars of such service *January 8th 1915*.....
Febuary 1915 *to* *from* *to* *embarking*.....
12. Give total length of time which you served on active service, whether in Mld. or Overseas *one year & three mths seven days*.....
1 yr 3. 4. 7 *days*.....

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

Not Applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

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.....

Not Applicable

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? *No*.... If not give:- (a) Date of discharge *Dec. 16th 1916*... (b) Reason for discharge. *Disability*

Caused by pleurisy

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....

*Served in France, three months 1916
Lower Hailly, Hailly, Invercourt, Fort. Mary, etc*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee..... *No*

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

Signature of Applicant: *William Roberts*
 Place of Residence: *4 Prince St St Johns*
 Declared before me at: *St Johns*
 This *First* day of *March* 19*19*.

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

W. G. Miller



POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Not amount due
			<i>4 mo.</i>	<i>280.00</i>

Certified Correct.

Byraster.

BLANDFORD CO.
 ST. JOHN'S, N.S.

STATEMENT OF ACCOUNT

No. 922Name Roberto 107

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Aug 14	Balance due by P.M.				
19	Li. 18. 5/4			9 35	9 35
31	By pay to date 1/2			16 50	25 85
	do 1/2			19 20	45 05
Sept 30	do 1/2			48 00	93 05
Oct 31	do 1/2			49 60	142 65
Nov 21	do 1/2			38 85	181 50
30	do do			16 65	198 15
Dec 16	do do			29 60	227 75
	Remu			12 95	240 70
	to allowance			25 00	265 70
Aug 22	To pay		15 00		250 70
Sept 7	"	4	10 00		240 70
21	"	10	10 00		230 70
Oct 4	"	20	15 00		215 70
16	"	26	10 00		205 70
30	"	30	10 00		195 70
Nov 2	"	35	10 00		185 70
	To allotment 27 day 1/2		18 90		166 80
Sept	" 30		21 00		145 80
Oct	" 31		21 70		124 10
			141 60	265 70	124 80

Signed A. J. S. S. S.

STATEMENT OF ACCOUNT

No. 922Name Roberts Wm

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		141 60	265 70	124 10
Nov. 22	Today				114 10
27	" "	50	10 00		104 10
30	To. Reattachment	52	10 00		83 10
			21 00		53 10
Dec 4	Today		58		73 10
12	" "		66		58 10
18	" "		72		
	war Service Pst duty 4 m. (10/20/00)			280 00	280 00
Mar 1	Bonus Today		12 95		267 95
Apr 1	" "	11099	70 00		197 95
	" "	13897	70 00		127 95
May 1	" "	18479	70 00		57 05
June 1	" "	21760	57 05		0
			39 90		
			545 70	545 70	0

16
12/19/20Signed A. J. [Signature]



1ST NEWFOUNDLAND REGIMENT

William Roberts. ALLOTMENTS

I, *76*, Regl. No. *922*

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

Identity No.	Whether Wife, Child, Sister, Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each per <i>70</i>)
<i>703</i>	<i>Wife</i>	<i>Susanna Roberts</i>	<i>4th Rank St</i>	<i>70</i>
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.)

Officer Commanding

Company

(Sig.)

(Rank)

No. _____



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with No. 922 Pte. W. Roberts

Voucher No. 25605

1st. Infld. Regiment

Cheque No. 25605

Reg'l Ac No. _____

Name _____

C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amou
Sept 20		I	on a/c. Pay	10
				\$ 10

CERTIFICATION

Dissect^o Sheet No. _____

Recap. Sheet No. 167 _____

Checked by _____

M. Howley
PAYMASTER

RECEIPT

20th September 1916

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars
and Cents in Payment as above stated.

20th September 1916

\$ 10.00

[Sig.] *Wm Roberts*

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. Wm. Roberts.

Voucher No. 25821.

1st. Hfld. Regiment.

Cheque No. 25821.

Reg'l Ac No.

Name

C.B. Folio No.

Date	Reg'n No.	Invoice No.	Particulars	Amount
Oct. 13, 192.			On a/c pay	\$10
				\$ 10

CERTIFICATION

Dissect^a Sheet No. _____

Recap. Sheet No. 192.

Checked by _____

J. Howley
PAYMASTER

RECEIPT

October 13th, 1916.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum o

Ten Dollars

and _____ Cents in Payment as above stated.

October 13 1916.

\$0.00

[Sig.] *Wm Roberts*