



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 480

Name in full John Joseph Robinson Age 33 next birth
Address 202 Water Street

Married Single Height _____ Weight 164 lbs

Color Light Hair Dark Eyes Brown

Other distinguishing marks Good Semi bicircular scar on forehead

Nearest relative Mother, Mary Ellen Cahill

Address 202 Water Street

Dependents Wife, Mother, & 5 children
Occupation Restaurant Prop Present Wage \$17.00 per month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Sept 8th 1914

I, John Joseph Robinson, 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 conditions of my service.

Declared before me this 9th day of September 1914
John Joseph Robinson
202 Water Street
St. John's
John Joseph Robinson
21st

J. J. Robinson.

480

P. R. 10.

ORIGINAL.

Temporarily



Form D. 178.

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

MEDICAL HISTORY of

Surname Rosenior Christian Name John Joseph

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined { on _____ day of _____ 191 ,
 at _____

Declared Age years _____ days.

Trade or Occupation

Height feet _____ inches.

Weight lbs.

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

Physical Development

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

When Vaccinated

Vision { R.E.—V= _____
 L.E.—V= _____

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

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

Approved by (Signature) _____
 (Rank) _____

Medical Officer.

Enlisted { at _____
 on _____ day of _____ 191 .

Corps.	Regtl. No.
<i>1st Newfoundland</i>	<i>480</i>

Transferred to
 Became non-effective by
 on _____ day of _____ 191 .

(Signature) _____
 (Rank) _____

Certified a True Copy.

ORIGINAL

Medical Report on an Invalid



W. W. W. W.
Capt. RAMET
26/9/16

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

Date Sept. 26th. 1916.

- 1. Unit 1st Newfoundland.
- 2. Regimental No. 480.
- 3. Rank Sergeant.
- 4. Name Robinson. J. J.
- 5. Age last birthday 37.
- 6. Enlisted { on Sept 8th 1914.
at St. John's Newfd.
- 7. Former Trade or Occupation { Restaurant Keeper.

8. Disability.

G. S. W. IV. 4. Severe. & G. S. W. VII 1/2. slight.

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. 1st. July.
- 10. Place of origin of disability. Beaumont Hamel (France)
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Wounded by Machine Gun bullet.
Entrance below right Scapula, exit below right Nipple.
Empyoema following wound.
Also received small bullet wound in left Arm on same occasion

- 12. (a) Give your opinion as to the causation of the disability. Active Service.
- (b) If you consider it to have been caused by active service, climate, or ordinary, military service, explain the specific conditions to which you attribute it (See notes on page 8). Gunshot wound of Chest.

18. 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.

Is short of breath and complains of constant pain in the Chest
Wounds have healed with exception of slight discharge from
wound on Back

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

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

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

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

16. Was an operation performed ? If so, what ? **Yes. Rib resected and Pleural cavity drained, in France.**

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, **Yes.**
or
(b) ~~Change to England~~ ?

Signed. E. H. Bingley. Capt R.A.M.C.T.

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.

Signed Alfred Pearce Gould. Lt. Col

Date 26th. September 1916. R.A.M.C.T.
Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

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

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

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

Active Service.

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

G. S. L. W.

21. Has the disability been aggravated by

(a) Intemperance? No.

(b) Misconduct? No.

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

22. Is the disability permanent? 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?

Total at present.

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

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

No.

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

Vide 16.

26. Do the Board recommend

Yes.

(a) Discharge as permanently unfit, or

(b) ~~Change to England?~~

Signatures: Signed. F. Froud Flashman Lt Col. A.M.C. A.I.F. President.

3rd London General Hospital,
Station WANDSWORTH, S.W.
Date 26. 9. 16. F. J. Wethered. Capt R.A.M.C.T.
R. J. B. Howard. C.S. } Members.

Approved. A. Sgd. F. Froud Flashman Lt Col. A.M.C. A.I.F.
Station 3rd London General Hospital, Administrative Medical Officer.
WANDSWORTH, S.W.
Date 26. 9. 16.

for G. I. M. S. Low Dist

(On leaving Corps or Station where invalided.)

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

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

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

(At Station or Hospital where finally disposed of.)

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

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

56. Helena St.

Station *447.*

Corps *1st Newfoundland*

Regimental No. *480.*

Rank *Sergeant.*

Name *Robinson J.J.*

Disability *9.5.14. III in service 9.5.14. VII 144*

Date *26/9/16*

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.
W. 98330/274. 500M. 9-13 M&C.I.D.

Form
B. 179.
M

Descriptive Return of a Soldier discharged on account of Disability.

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

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

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

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



A Name in full *John Joseph Robinson*
Regiment from which discharged *1st Newfoundland*
Regimental Number *480*
Intended address *3, Cumming Street, St. Johns, Newfoundland.*
(returning at once to Newfoundland)
Height on discharge *5* Feet *8* Inches
Colour of Hair on discharge *light brown* **Colour of Eyes** *blue*
Figure on discharge *medium*
Christian name of Father *Richard*
Christian name of Mother *Mary Ann*
Wife's Maiden name in full *Cora Chasson*
Date and Place of Marriage *13th April 1902 Little River, Newfoundland.*
Christian names of Children *(5) Leo, Stella, John, Norman & Frank.*

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) *John Joseph Robinson* (Rank) *Sergeant*
 Station *Wandsworth* Date *Sept 26th 1916*

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

Station *3rd London General Hospital, WANDSWORTH, S.W.* Medical Officer in Charge *Capt. James* Hospital.
 Date *26/9/16.*

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

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

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

Station _____ Officer in Charge _____
 Date _____ Records. _____

Admitted 25.8.16

ORIGINAL.

Army Form W. 3202.

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 S W

With reference to No. 480 Sgt Robinson. J.D.
of the above Regiment, who appeared before a Medical Board and was approved bythe D.D.M.S., London Command, on the 26.9.16for discharge from the Service as permanently unfit, please note that this man has
been sent to ~~his home on warrant~~ ^{the address below} 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]

Sept 27thHonourable Major Capt R.A.M.C.(F) Officer Commanding
Registrar, R.A.M.C.F.

Place

Wandsworth

3rd London General Hospital, Hospital.

WANDSWORTH, S. W.

Date

27 Sept 1916.

* 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.

PAY LIST.

to

1916 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland Regiment**
 No. **480** Rank **Sergeant** Name **John J. Robinson**
 Died (a) at on the of 1916
 Discharged. Embarked for St. John's on the 27th of September 1916
 per s. s. Scandinavian

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.		Cr.	£	s.	d.	
	Balance Dr. last month.....					Balance Cr. last month....	25	5	6 1/2	
	Cash issues (Date of each issue to be stated)					Pay 138 days at 1.35 from 13/5-27/9	38	5	7	
		£	s.	d.		Proficiency Service or good conduct pay Field Allowance				
	31st August 1916	3	0	0		138 days at 15 from 13/5 to 27/9	4	5	1	
	31/5--35 fros	1	4	6		Messing allowance days at				
	26/6--25 "	17	11			from _____ to _____				
	E.F.M. St. Johns	4	1			Clothing and kit allowance				
	Uniform B.P."	5	9	0		Amount produced by the sale of Necessaries				
	26 September	141	5	3	25	10	9			
	Allotment days 138 dya					Personal Clothing and Effects from Form 2...				
	@ 90¢ per da. \$124.20	25	10	4 1/2		Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
	Consolidated stoppage					Deferred Pay or Gratuity.....				
	Balance due by the Paymaster		4	1		Balance due to the Paymaster.....				
		£	51	5	2 1/2		£	51	5	2 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 51 5 2 1/2 is correctly chargeable against the Public Account of the NEWFOUNDLAND CONTINGENT.

Dated at London this 27 day of September 1916.

Paymaster
 PAYMASTER & OFFICER IN CHARGE RECORDS

(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. 1090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

CHECKED.

62.



John J Robinson

480

Honourably

476 wife Mrs G Robinson 3 Cumming St
St Johns

90

In lieu of No 447 cancelled.

= 90

Geoff Hart - Capt
A Coy

Badajos Bks

10 8 15

J J Robinson
Sergeant

3633/2

September 1st

6

480, Sgt. J. Robinson, 1st. Newfoundland Regt.
Srd. London General Hospital, Wandsworth, S. W.

Reference to your letter of August 30th, a
cable has been transmitted to the Deputy Paymaster,
St. John's, requesting him to pay to Mrs. J. Robinson
the sum of £3. 0. 0. The cost of cable and the
above amount has been debited to your account.

2/Lieut.
Asst. Paymaster,
For Paymaster & P 1/c Records.

F.M/W.F.

CABLEGRAM



No. of Message *4453*



The following **CABLEGRAM** received, at *8:32 PM* M. "Via Commercial Cables,"

From *St Johns* No. of Words, *12*

To *Wsm Synoptical Co*

H 80 ^{Ex. J. J.} *Robinson* were *Ca.*
your condition
anxious *cora*

CASTED UPON
BY
DATE

Colonial Secy

19th

thet at.

transmitted

Ref. No.	<i>2437</i>
Rec'd.	<i>JUL 18 1916</i>
Acc'd.	
Ans'd.	
File No.	



3rd General Hospital
Wandsworth London S.W.
PRIVATE 3049 1906

Capt. General

Dear Sir

Will you please

able to Mrs J. Robinson, no 3 Currying St
St. John's Newmarket Road.

3 Three Pounds and change to my
account.

and oblige

~~Robinson~~

John J Robinson
1st Lt. R.F.D. Regt

480
P.S.

Dear Capt.

I have had a very bad
time of it - I am feeling on now

J.R.

1st W. WINDMILL	
PAY & RECORD OFFICE	
Ref. No.	321
Rec'd.	AUG 31 1916
Ack'd.	
Ans'd.	1 SEP 1916
File No.	

NOTED	
M.P.H.	
Date	2/10/16
Co. J	

No. 219

DIRECT UNITED STATES

WESTERN UNION ANGLO-AMERICAN

CABLEGRAM



Prefix _____		Code _____		At _____		FOR STAMPS		
WORDS		CHARGE		To _____		By _____		
		/		VIA DIRECT.				THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

29/4/16.

To GOVERNOR,

On Newfoundland Government Service.

ST. JOHN'S. (NEWFOUNDLAND)

PAY WIFE 480 ROBINSON DORICO'S PLEXIORA HUSBAND.

SYNOPTICAL.

Translation: Pay- wife- 480- Robinson- fifteen dollars- presentation from- husband-.

Pay & Record Office, London-.

CHARGED

PAY BOOK..... *[Signature]*

Date..... by..... *[Signature]*

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 **33, Victoria Street, S.W.**

DIRECT UNITED STATES

WESTERN UNION ANGLO-AMERICAN

CABLEGRAM

Prefix _____ <small>WORDS</small>	Code _____ <small>CHARGE</small>	At _____ To _____ By _____	SENT _____ FOR STAMPS _____
		VIA DIRECT.	
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.			

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

29/4/18.

To GOVERNOR,

On Newfoundland Government Service.

ST. JOHN'S.

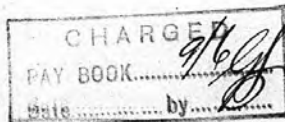
(NEWFOUNDLAND)

PAY WIFE 490 ROBINSON DORICOS PLEXIORA HUSBAND.

SYNOPTICAL.

Translation: Pay- wife- 490- Robinson- fifteen dollars- presentation from- husband-.

Pay & Record Office, London-.



NOT TO BE TELEGRAPHED.

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

Signature _____

Address _____

58, Victoria Street, S.W.

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.

Transc April 21st 1916

Dear Capt Linecutt
Well you please
able £3 Three pounds
to my wife for Easter
as a present from me
and able
480 J. Robinson
Sgt-1 1st Regt

address
Mrs John Robinson
No 3 Cummings St
St Johns
Newfoundland

Charge to
480 Robinson
plus cost of cable
= 5/-
JRA

CHARGE
PAY BOOK
Date..... by.....
W. G. G.

Approved by
Robinson
O.C. E.S.
£3.0-0
W.H.

1ST NEWFOUNDLAND REGIMENT
PAY & RECORD OFFICE
Ref. No. 1336
Recd. APR 28 1916
Accd.
Ans'd.
File No.

on active service

From
M. J.



Capt. Lumsden
1st Newfoundland Regt
Pay & Record Office
London
(58 Victoria St.)
S.W.1
England

M. J.

Pay

3641/75

Deputy Paymaster,
Headquarters,
St. John's.

FM/JC 1st September 6

22nd September, 1916.

480, SGT. J.J. ROBINSON.

I confirm my cable of 31st
August:

"To Deputy Paymaster,
St. John's, Nfld.

"Pay Mrs J. Robinson--three Cummings
"Street--three pounds.
Synoptical."

and enclose A.F.9.1727 relating
thereto.

Received and noted. Payment
has already been made on
receipt of your cable instruc-
tions.

(Sd.) J.M. Howley,
2/Lieut. & D/Paymaster.

2nd Lieut,
Asst. Paymaster,
for Paymaster & Officer i/c Records.

IS M WFOU
PAY & RECORD
Ref. No. <i>1644</i>
Rec'd. OCT - 7 1916
Act'd.
Ans'd.
No.

29, April, 6.

1606/1.

No.480 Sergt.J.Robinson,

1/1 Newfoundland Regiment,

B. E. F.

Remittance £5/-.

Your request 21/4/16 received, and telegram sent to
Headquarters, St.John's, requesting payment be made to
Mrs.John Robinson accordingly.

Capt.

Paymaster & O.i/c Records.

Temp. a/c

CO.

ANO. 480

RANK

Supt.

NAME

John J. Robinson

ALLOTMENT.

90

Date	P.I., As. etc.	Amount	PAY	Amount
	Dr. Balance		Credit Balance <u>17/3</u> 191	7 14 6 ¹ / ₂
	Hospital		Exchange " 191	
	A.B. 64		PAY @ NI RATE	
			From <u>18/3</u> To <u>21/9</u> = <u>194</u> days	19 14 6 ¹ / ₂
3/18	Permittance S. P. 3	0 0 1	<u>20.</u>	
	E.F.M. S. P. 3	5 0 1	<u>\$97</u>	27 9 1
	Reg. Allow.	7 15 6	From _____ To _____ = <u>194</u> days	3 19 9
			<u>104</u>	31 8 10
	P. & R.O. Uniform.	5 90	From _____ To _____ = _____ days	
		16 13 7	From _____ To _____ = _____ days	
31-8-10				
16 13 7				
14 15 3				

331

Army Form O. 1625.

PAY LIST.

to 27 September 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment, or corps

No. 480

Rank

Sergeant

Name

Robinson

Died^(a)

Deserted at

at

Medically unfit

on the

on the

27th

of

September 1916

191

191

I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 27 9 16			4 12 ✓
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster			4 12	Balance due to the Paymaster			
		£		4 12		£		4 12

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 12 is correctly chargeable against the Public^(b).

Dated at

this

FEB 27 1917
 day of

191

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 Army Form B. 2090 or Army Form O. 1815.
 (b) Words in *italics* to be struck out when there is no debtor balance.

POST OFFICE TELEGRAPHS.



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



Office Origin and Service Instructions.

88th Bde

ST. N. W. DISTRICT TELEGRAMS
PAY & RECORD OFFICE

Ref. No. 1769 1.45 PM.

Recd. JUN 3 1916

Handed in at

Acc'd.

File No.

Charges to pay

s. d.

Received here at

11.15. W.

12 M.

TO

Synoptical

WZU 1107 3 aad Please
 Denque Newfoundland 480
 Sgt. Robertson affairs tangibly require
 his presence Monday Newfoundland
 Confirmed 13/6/16
 memo 2292/84

No.

312.

WESTERN UNION



ANGLO - AMERICAN

DIRECT UNITED STATES

CABLEGRAM

Prefix _____		Code _____		At _____		FOR STAMPS	
WORDS	CHARGE	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.			
VIA WESTERN UNION							

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

4/3/16.

On Newfoundland Government Service.

To GOVERNOR

ST. JOHNS (NEWFOUNDLAND)

STAGERY . . OLEOMETER . . AVERSIVELY . . EDULOANS . . NEVISQARE IF 480

SERGEANT . . ROBINSON . . AFFAIRS URGENTLY REQUIRE HIS PRESENCE.

SYNOPTICAL.

Translation:- Following telegram has been received from- Officer
 Commanding- 1 Battalion- make enquiry- Newfoundland- if- 480- Robinson-
 affairs- urgently- require- his- presence.

COPY SENT TO
Officer Robinson
B. C. J.
 No. *2992/84*
 Dated: *13/6/16*

NOT TO BE TELEGRAPHED.

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

Signature _____

Address **58, Victoria St., S.W.**

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.

CABLEGRAM

No. _____



No. of Message _____

1, Northumberland Avenue, W.C.
 Date: **12 JUN 1916**

The following CABLEGRAM received, at _____

8/53

M. "Via Commercial Cables"

D 23 GOVT STJOHNS NF 14

SYNOPTICAL LDM

with reference your telegram 14 June

UNDERSTAIR SERGEANT ROBINSONS WIFE KNOWS NOTHING SPECIAL

REQUIRING HIS PRESENCE HERE

GOVERNOR

COPY SENT TO
20.14 Regiment
B.I.O.F.
 Memorandum No. *2392/74*
 Dated *13/6/16*

1ST NEWSPAPER BOARD OFFICE
 Ref. No. *1587*
 Date: JUN 13 1916
 Acc'd. _____
 Ans'd. _____
 File No. _____

26th Sept 6

Allans Mr Maxwell

480 Sept J Robinson

The above A.C.O. is
going with the draft on
Scandinavian.

Please give him his
railway ticket to Liverpool
and all instructions.

~~J. A. Anderson~~
for

No.

631/802

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix _____		Code _____		At _____		FOR STAMPS
WORDS		CHARGE		To _____	By _____	
				VIA WESTERN UNION		THIS FORM WILL BE ACCEPTED AT ALL POST-OFFICE TELEGRAPH STATIONS.

24th Aug 1913 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To W.S.M. GOVERNOR
ST. JOHNS (NEWFOUNDLAND)

480 ROBINSON IMPROVING.

SYNOPTICAL.

480

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 _____

53 Victoria St., S.W.

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.

Robinson. J. J.

480

Pay Dept

STATEMENT OF ACCOUNT

No. 480

Name Robinson J. J.

157/1 38/3

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.	
	Brought forward.		240	99	240	99		
	War. Service Pinstrip				500	00	500	00
	5 mt @ \$100%				10	00	510	00
	Clothing allowance							
Dec 11	To Pay							
14	" "	6604	29	25			480	75
	Bonus	6919	90	40			390	95
			15	75				
14	To Pay						374	60
							373	70
Oct 28	" "	11805	10	00			363	70
							293	70
Mar 1	To Pay	11096	70	00				
1	sa.	2523	30	00			263	70
Apr 1	To Pay	13994	70	00			193	70
	sa.	2834	30	00			163	70
May 1	To Pay	18476	70	00			93	70
	sa.	3175	30				63	70
June 1	To Pay	21758	8	50			63	20
	sa	4230	60	00				
								20
			750	79	750	99		20 br

Signed Alloany 55 ~

5
/ 11
/ 20

STATEMENT OF ACCOUNT

No. _____

Name Robinson J. J.

Index 54 1916-17 Ledger

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Sept 27	Balance due by J. M.				99
Oct 9	12 days @ 15% 4/1			18 00	18 99
31	22 " @ 2%			44 00	62 99
Nov 21	21 days @ 2%			42 00	104 99
21	" " 25%			5 25	110 24
30	9 " 2 1/2%			20 25	130 49
Dec 5	" " do			11 25	141 74
31	By pay 26 days 2 1/2%			58 50	200 24
	Bonus			15 75	215 99
1916	C. allowance			25 00	240 99
Oct 14	To Pay.	22	15 00		225 99
Nov 14	" "	46	20 00		205 99
16	" "				185 99
Sept 30	To allotment 3 days 9%	46	20 00		183 29
Oct 31	" " 31 "		2 70		165 39
Nov 24	To Pay	50	20 00		145 39
30	To allotment 3 days @ 9%		27 00		108 39
Dec 2	To Pay.	58	20 00		88 39
11	" "	66	20 00		68 39
31	To allotment	82	27 90		40 49
			40 79		
			240 99	240 99	0

Signed A. J. Wany S. S. M.

-Certificate to be signed by the Soldier on Discharge.-

I hereby acknowledge that I have received all my pay and allowances
(including clothing allowance), and all just demands up to the
present date.

(Place) St. Louis, Mo. J. Robinson Signature of Soldier

(Date) Dec. 31st 1916 Eileen Walsh Signature of Witness

29/12/16

480

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. 1

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is.....
John Joseph Robinson..... and that I was

Fill in rank and force a (rank) *sergeant* (1st. Nfld. Reg.)
in *N.F.R.* or

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address I am residing at (Street and number) *3 Cummings St*
Town of *St Johns*

and request my next pension cheque be sent to this address.

J. Robinson..... SIGNATURE or mark of Pensioner.

Witness *W. O'Neill Conroy*

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this *thirtieth* day of *July* 1917, and I believe him to be the person he represents himself to be

To be signed by a Police Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

W. O'Neill Conroy..... Signature.
Notary Public..... Rank or position.
Old St. Johns..... Postal Address.

Add any Remarks.....

\$.....

Medical Report on an Invalid.Station St JohnDate Nov. 21st 1916

1. Unit 1st Newfoundland
 2. Regimental No. 480
 3. Rank Sgt.
 4. Name Robinson, John J.
5. Age last birthday 37
 6. Enlisted { on Oct 8th 1914
 at St John
 7. Former Trade { Resistant. Kifer
 or Occupation

8. Disability.

- G. S. W. 1V Severe
 G. S. W. VIII Slight

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. Sep 5 1/7/16
 10. Place of origin of disability. Beaumont Hamel
 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 when it is likely to afford evidence of the progress of the disability.

Short of breath. Complains of constant pain in chest.

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

(a) In action?

(b) On field service? Yes

(c) On duty?

(d) Off duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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, Yes

or

(b) Change to England?

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, ⁵¹
except†

Station 3rd London General Hospital.

Date _____

Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

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

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

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

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

active service

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

J. S. W.

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?

three 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?

half for six months

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, or total incapacity.

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

vide 16 on original of form board

26. Do the Board recommend

(a) Discharge as permanently unfit, *yes*
or

(b) Change to England? *—*

Signatures:—

Clay Macpherson, Maj President.

L. O. A. Jensen Major

Station *St John*

Date *18th 21st 1916*

Members.

J. Rendell Dat C. P.

Approved.

Station *St John*

Date *21. 11. 16.*

Clay Macpherson Major
Administrative Medical Officer.

D.M.S.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland Regiment
 No. 480 Rank Sergeant Name John J. Robinson

Died (a) at on the of 191 .
 Discharged. Embarked for St. John's
~~Deserted at~~ per s.s. Scandinavian on the 27th of September 1916 .

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	8	14	6½
	Cash issues (Date of each issue to be stated)				Pay 138 days at 1.35 from 13/5 to 27/9	38	5	7
		£	s.	d.	Proficiency, Service or good conduct pay Field Alice 138 days at 15 from 13/5 to 27/9	4	5	1
31st August 1916		3	0	0	Messing allowance days at			
31/5--35 frcs		1	4	6	from _____ to			
26/8--25 "		17	11		Clothing and kit allowance			
E.F.M. St. Johns		4	1		Amount produced by the sale of Necessaries			
Uniform B.P."		5	9	0	Personal Clothing and Effects from Form 2...			
26 September		14	15	3	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Allotment days 138 dys @ 90¢ per da. \$124.20	25	10	9	Deferred Pay or Gratuity.....			
	Consolidated stoppage				Balance due to the Paymaster.....			
	Balance due by the Paymaster		4	1				
		£	51	5				2½

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly chargeable against the Public.

Dated at London this 27 day of September 1916.

NEWFOUNDLAND CONTINGENT.
 J. H. Marshall
 PAYMASTER & OFFICER IN CHARGE RECORDS

(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. 3090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

CH. ED.
 [Signature]



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

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

Examination of Robinson John 857
aged 33 conducted at C. L. B. Army
Date: 8/9/14 Recruiting Officer:

NO. OF TEST

FINDING

- 1 my brother has fits as a boy
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 yes
- 10 no
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 14 years ago
- 34 5 ft 8 1/2 in
- 35 164 lbs
- 36 36 32
- 37 \$100+ a month
- 38 Wife & 202 Water St
- 39 Wife & mother's 5 children

Fit

480

Signature of Medical Examiner Clay Macpherson M.D.

COPY.

Descriptive Return of a Soldier discharged on account of Disability.

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

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

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

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



A Name in full *John Joseph Robinson*
Regiment from which discharged *1st Newfoundland*
Regimental Number *1780*
Intended address *3 Cumming St. Spauld Newfoundland*
(Returning to Newfoundland)
Height on discharge *5* Feet *8* Inches
Colour of Hair on discharge *Light Brown* **Colour of Eyes** *Blue*
Figure on discharge *Medium*
Christian name of Father *Richard*
Christian name of Mother *Mary Ann*
Wife's Maiden name in full *Cord Chaston*
Date and Place of Marriage *13 April 1902 Little Rivers Newfoundland*
Christian names of Children *(5) Leo, Stella, John, Norman, Frank*

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) *John Joseph Robinson* (Rank) *Sergeant*

Station *Waudsworth* Date *26 Sept. 16*

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.

3rd London General Hospital *E. H. Douglas* Medical Officer i/c
 Station *Waudsworth L.W.* Date *26.9.16* Hospital.

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

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 592 (xvi) King's Regulations.

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

To the Secretary.-

Pensions & disabilities Board.
St. John's, Nfld.

The Soldier named below has appeared before an Arm 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 Robinson, Christian names John Joseph,
(in full)

Regt No and Rank 480 Sgt. Regt or Corps 1st Newfoundland,
(If T.F this should be stated)

His address on discharge will be 3 Cumming Street

The Soldier states that* an allotment is being issued
no
in respect of him.

Station St. John's
Date Nov 21/16

Clayton Macpherson
President of Board
Approving Officer.

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 an Army Medical Board at this Station and his discharge from the Service as "no longer physically fit for War Service" has THIS DAY been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, See A C I 1623 of 1916.

Soldier's surname Robinson, Christian names John Joseph
(in full)

Regt. No. and Rank 480 Sgt. Regt. or Corps 1st Newfoundland

His address on discharge will be 3 Cummins Street.

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

Army Form D 4000A and Army Form B 179 for the above-named Soldier are

Station St. John's

Cherry Knapperton
President of Board
(Approving Officer)

Date Nov 21/16,

Papers sent HQ.
Nov. 30/1916
[Signature]

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *John Joseph* 2. Surname *Robinson*
3. Rank *Sergeant* 4. Regtl. No. *480*

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded *3 Bannuip St. St. John's*

6. Date of enlistment in the Regiment *Sept. 8/14*

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

wife - Cora Robinson

8. Relationship of such dependents *wife*

9. Address in full of such dependent *3 Bannuip St.*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Overseas.*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Gallipoli - From Sept. 1915 to Nov. 1915. Malta from Nov. to Jan 1916*

Egypt. Jan. 1916 to March 1916. France - March 1916 to Aug. 1916.

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.....

3 Mos. Post Discharge Pay - \$136.50
Clothes Allowance 25. -

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.....

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

No.

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

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

No.

Dec. 31/15

Physically unfit because of wounds received July 1/16.

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.....

See Question 12.

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

No.

(b). If so, are you in receipt of full pay and allowances from that Committee.....

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

Signature of Applicant:

J. Robinson

Place of Residence:

3 Cammin St. St. John's

Declared before me at:

St. John's, Nfld.

This

27th

day of

Feb. 1919.

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

John McCarty

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>14-12-18</i>	<i>136.50</i>		<i>5.40</i>	<i>500.00</i>
			<i>Less P.D.P.</i>	<i>136.50</i>
				<i>363.50</i>

Certified Correct.

Præster.

FORM K

No. 62



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John J. Robinson, Regl. No. 480

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
476.	Wife	Mrs J. Robinson	3 Cumming St St John	90
Commence 8 th August 1915				
In lieu of 16447 cancelled.				
Total Allotment. \$				90

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.) Geoff Clark Capt

Officer Commanding

Company

Badajo's Aldershot

10. 8. 1915

(Sig.) J. J. Robinson

(Rank) Sergeant

PAY LIST.

to 27th September 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 480 Rank Sergeant Name J. Robinson
 Died^(a) at on the 27th of September 1916
 Discharged Medically unfit on the 27th of September 1916
 Deserted at on the 27th of September 1916

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month ...27/9/16.....		4	1½
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		f	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at			
	"				from to			
	"				Kit allowance			
	Consolidated stoppage							
	Balance due by the Paymaster		4	1½	Balance due to the Paymaster			
		£	4	1½		£	4	1½

This account is in accordance with information received at the Pay & Record Office on FEB 22/1917 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 / 1½ is correctly chargeable against the Public^(b).

Dated this 1st day of October 1916
 1st NEWFOUNDLAND CONTINGENT
 THE VICTORIA ST.
 H.Q. 480

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 Army Form B. 2030 or Army Form O. 1815.
 (b) If there is a balance due out when there is no debtor balance.

PAY LIST. to 27th September 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 480 Rank Sergeant Name J. Robinson

Died (a) at on the 27th of September 1916
 Discharged Medically unfit on the 27th of September 1916
 Deserted at on the 27th of September 1916

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 27/9/16.....		4	1½
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster		4	1½	Balance due to the Paymaster			
		£	4	1½		£	4	1½

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 1½ is correctly chargeable against the Public^(b).

Dated this

NEWFOUNDLAND CONTINGENT
 FEB 21 1917

191

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 Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italic to be struck out when there is no debtor balance.

PAY LIST.

to 27th September 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 480 Rank Sergeant

Name J. Robinson

Died (a)
Discharged Medically unfit at
Deserted at

on the 27th of September 1916
on the of of September 1916

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month ...27/9/16.....		4	1½
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	191	£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	"				Messing allowance days at from to			
	"				Kit allowance			
	"				Produced by the sale of Effects from on 2			
	Col				of Savings Bank balance, including rest (if no balance, to be so stated)			
					Pay or Gratuity			
	Balance due by the Paymaster		4	1½	Balance due to the Paymaster			
		£	4	1½		£	4	1½

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 1½ is correctly chargeable against the Public (b).

Dated this 21 FEB 1917
NEWFOUNDLAND CONTINENT
VICTORIA ST
St. John's

191

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 Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italic to be struck out when there is no debtor balance.

St. John's,

Dec. 7th, 1914.

480

Capt. A. Montgomerie,
First Newfoundland Regiment,
Pay Department,
C I T Y.

Dear Sir:-

As requested I give below the names of
my children who are all under twelve years of age:-

Leo Robinson	11 years
Stella "	8 "
John (Jack) Robinson	6 "
Norman "	4 "
Francis "	2 "

Yours truly,

DEPARTMENT	
Reference No.	
Date Recd.	DEC 7 1914
By	
File	

Mrs. John Robinson

25
480

L/Cpl.
Sgt.

West, W.
Robinson, J.

2
2

1.65
2.00

Dominion Secretary,
St. John's.

Oct 2, 1921.

Dear Sir,—

This will be your authority to collect any monies due me in connection with the Prince of Wales Guard.

Signed

Number

W. West
J. Robinson



**THE GREAT WAR VETERANS' ASSOCIATION
OF NEWFOUNDLAND**

OFFICE OF THE
SECRETARY-TREASURER

**DOMINION COMMAND
G.W.V.A. BUILDING**

PHONE 609

St. John's, Nfld.

October 21st, 1921.

Major J. M. Howley,
Paymaster,
Militia Department,

C I T Y.

Handwritten signature

Dear Sir,-

Enclosed please find receipt form from Sergeant J. Robinson. We should be very glad to receive a cheque for this also for receipt from Mr. Harold Mitchell, totalling four dollars and fifty cents, (\$4.50).

Yours very truly,

Handwritten signature
Dominion Secretary.

ACCOUNT	_____	INITIALS	_____
CK. NO.	771	INITIALS	_____
INL. LEDGER	_____	INITIALS	_____
PAY LEDGER	_____	INITIALS	_____
GEN. LEDGER	_____	INITIALS	_____

Encl.1.

*Harold Mitchell
1/1/21
J.M.H.*

September 8th, 6

480

Mrs. J. Robinson,
3 Cummings Street,
City.

Dear Madam:-

I enclose herewith Cheque for \$14.60,
being the amount due you as a special remittance
from your husband. Kindly sign the attached Voucher,
and return.

Yours truly,

Lieut. & Deputy Paymaster

March 31st,

7.

W. B. Grieve, Esq.,

Secretary,

Recruiting Committee.

Dear Sir,-

480

Your letter of March 30th. to the Officer Commanding, has been referred to me for attention. In reply I beg to state that Sgt. John J. Robinson was Discharged on the 31st December, and paid in full to that date, and that he has not received any pay from the Regiment since then.

Yours truly,

2nd. Lieut. & D/Paymaster.

480
May 2nd, 1916.

Mrs. Cora Robinson,
3 Cummings Street,
City.

Dear Madam:-

Please call at my Office Colonial Building
at your earliest convenience, and oblige.

Yours faithfully,



Deputy Paymaster.



Deputy Paymaster.

For information, and necessary action.

W. R. Davidson

Governor.

29 April, 1916.

No. 193.

Code Telegram from Capt. Timewell.

(recd 29 April 1916)

Pay wife 480 Robinson fifteen dollars
presentation from husband.

Cora Robinson
Honolulu, H.I.

The Anglo-American Telegraph Company Ltd.

ESTABLISHED 1866

EIGHT ATLANTIC CABLES

AUTOMATIC DUPLEX SYSTEM CO. LIMITED



IN DIRECT TELEGRAPHIC COMMUNICATION WITH ALL PARTS OF THE WORLD.

No.
Wds.

14 cts London

DAY
CABLE LETTER.

TO Deputy Paymaster
St. John's.

Pay Mrs J. Robinson
Three Cummings Street
Three Pounds

\$14 60
See Receipt No 158
Brixton
Optical

1892

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ ~~72~~ ⁹⁰

Dec 14 1918

Received from the First Newfoundland Regiment
the sum of ~~one hundred~~ ^{one hundred} ~~and thirty~~ ~~two~~ ~~and~~ ~~eight~~ ~~cents~~ ~~and~~ ~~no~~ ~~more~~ ~~than~~ ~~one~~ ~~hundred~~ ~~and~~ ~~thirty~~ ~~two~~ ~~and~~ ~~eight~~ ~~cents~~ Dollars.
~~on account~~ of Pay. P. O. P.
balance

J. Robinson

Ch. No. 6924	Initials. EW
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

Regtl. No. Rank



No. 480 Rank Sgt

Name Robinson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 90⁴⁰

Dec 14th 1918

Received from the First Newfoundland Regiment
the sum of Ninety ⁴⁰ Dollars.
on account of Pay. P.O. of Robinson
balance

Ch. No. 6919	Initials. <u>EW</u>
Pay Ledger... 157	Initials. <u>AWL</u>
Gen. Ledger.....	Initials.....

Regtl. No. 480 Rank SA

No. 480 Rank Sgt.

Name Robinson J.

61.50
30.50
61.50
91.50

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 29 ⁰⁵/_{xx}

Dec 11th 1918

Received from the First Newfoundland Regiment
the sum of twenty nine ⁰⁵/_{xx} Dollars.
on account of Pay. P. & P.
~~Balance~~

J. Robinson

Regtl. No. 480

Rank Sgt

[Handwritten signature]

Ch. No. 6604	Initials. <i>Rob</i>
Pay Ledger. 157.	Initials. <i>aw</i>
Gen. Ledger.....	Initials.....

No. 480

Rank

Sgt.

Name

Robinson

J. P.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 23 1921.

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

is/are forwarded herewith to

John J. Robinson

in respect of his service as No. 480 Rank Sergt.

Name J.J. Robinson

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Signature

Date

Address

3 Cummings St
St John's

[P.T.O.]

C.R. 480

RECEIPT

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I hereby certify that I have received an issue of 2 inches

I certify that I have received an issue of

2 inches of Riband of Victory Medal-1914-1919.

NO. 480 NAME

J. P. Lewis

DATE:

PLACE:

RECEIPT

CR. 480

I hereby certify that I have received the 1914-1915

STAR.

No 480 Name

J. Robinson

Witness

Date

Place

W. Jones
Dec 4/19
St. John's

C.R. 480

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name.....

J. Robinson

Date.....

20/3/19

Place.....

3 Cannon St

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. P. Readell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli Egypt Malta*

from *Sept 1914* 1915 to *Nov 26 1915* 1916

(Date) *20/3/19* (NO) *420* (Rank) *Sgt* (Name) *John J. Robinson*

(Place) *3rd Battalion St John's 4th Bn*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

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

<u>Regtl.No.</u>	<u>Rank</u>	<u>Name</u>	<u>Date</u>	<u>Reason.</u>
480	Pte.	Robinson J. J.	31/12/16	Med. Unfit.

C.R. 480

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

#480 ~~045~~. John J. Robinson discharged Dec. 31st 1916,
Medically unfit

CD 480

Copy of Cablegram to Governor St. John's Nfld from P. & R. O. 30, Sep. 16

480, Pte Robinson.

Left Liverpooles on 27th. Sept. on Scandinavian, passage has been provided to Quebec. For Discharge.

C.F. 480

Extract from Telegram received from London, dated
September 30, 1916.

Leaving Riverpool, Scandinavian September 27th
passage has been provided, Québec, following
for discharge:

#480 Pte. Robinson.

2904



C.R. 480

NOTIFICATION BY PRESIDENT SEP 8 1916 MEDICAL BOARD OF APPROVAL OF A SOLDIER'S DISCHARGE UNDER (xvi) KING'S REGULATIONS.

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

The soldier named below has appeared before an Army Medical Board at this Station, and his discharge from the Service as "no longer fit physically 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, Robinson---Christian names, John Joseph--- Reg.No. & Rank, 480 Sgt.---Regt., 1st Newfoundland.

His address on discharge will be 3, Cummings Street, St. John's, Newfoundland.

The soldier states that (Allotment by himself allowance is (only being issued in respect of him.

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

3rd London General Hospital, Wandsworth, S.W., 25/9/16.

Sgt J. Grouse Harkman Lt Col AMCAIF President of Board, (Approving Officer)

2900



480

CASUALTIES:

No. 480, Sgt. J. J. ROBINSON is discharged from the 3rd LONDON GENERAL HOSPITAL this date, as PERMANENTLY UNFIT. He proceeds to Liverpool FOR REPATRIATION, on S.S. Scandinavian, 27/ 9/ 16.

Authority:-

A.F. B. 179.
26/ 9/ 16.

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

PRESTON RECORD OFFICE

No.H.A.1979

15236	CSM Payne J.	S/K.O.R.L.	GW VIII(1)L XI Wrist	To Eng.per H.S.St.Patrick ex 5 Gen.H.24 Aug'16
6981	Pte Hart J.W.	16/Manchesters	Ulcer Cornea R.	do.
		Originally shown	GW II(3)Eye R. in error.	
23859	Pte McLaughlin T.	18th Lanc.Fus.	Nephritis	do.
14040	" Williams W.J.	12th L'pools	GW VI(1)	do.
27418	" McCausland J.	11th do.	GW II(1)	do.
14563	" Taylor E.	17th Lanc.Fus.	Conjunctivitis	do.
12022	" Hamilton F.	2nd Borders	H.Y.D.(B)	do.
14195	" Lawrence F.	17th Lanc.Fus.	GW VI(1)	do.
10704	Cpl.Plant S.	4th L'Pool R.	GSW Shldr.R. Good	To Eng.ex 8 Gen.H. 24th August 1916

TERRITORIAL FORCE PRESTON RECORD OFFICE

No.H.A.1979

2183	Pte Houghton J.	5th S.Lanc.R.	Burns of Face (Sick)	Trans to 12 Gen.H.Rouen ex 8 Gen.H.24 August 1916
2417	" McDowell T.	5/Lancs.Fus.	P.O.U.O. Good	To Eng.per HS St.Patrick ex 5 Gen.H.24 August'16.
4511	" Benson J.	1st D.of Lanc Own	Trench Fever Good	To Eng.ex 8 Gen.H. 24th August 1916.
		Yeomanry		
4125	" Gillender R.	5th Border Rgt.	I.C.T.Knee R.	Trans to 3 Conv.Dep,Le Treport ex 3 Gen.H.24 Aug'16.
3419	" Mercer R.	1/4 R.Lanc.R.	SW L.Thigh Leg Amp. (self-inflicted)	To Eng.per HS Marama ex 1 Gen.H.24 August 1916.

TERRITORIAL FORCE SHREWSBURY RECORD OFFICE

No.H.A.1979

47183	Pte Thornhill L.	4/R.W.Fus.	I.C.T.Legs	Dis.to Base for Duty ex 3 Gen.H.Le Treport 24th August 1916.
1904	Sgt Thomas B.	2nd Mon.R.TF att Southern Sec.3rd Bch.	H.Y.D. Good	Adm.8 Gen.H. Rouen 24th August 1916.

EXPEDITIONARY FORCE CANTRENS

No.H.A.1979

703	Pte Pavey R.	E.F.C.	Trench Fever	Dis.to Duty ex 1 Gen.H.Etretat 24th August 1916.
-----	--------------	--------	--------------------	--

NEWFOUNDLAND CONTINGENT

No.H.A.1979

480	Sgt Robinson J.	1/Newfoundland R.	GSW Chest L.Arm	To Eng.per H.S.Marama ex 1 Gen.H. 24 August'16.
-----	-----------------	-------------------	-----------------------	---



August 28, 1916.

Dear Madam,

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. 480, Sergt. John J. Robinson, who was previously reported at the First Stationary Hospital, Etretat, suffering from gunshot wound in the chest and subsequently and his condition was improving. is now at Wandsworth.

Yours faithfully,

Mrs. Mary A. Robinson,
3 Command St.

Colonial Secretary.

084CR

PROGRESS REPORTS.

Nos. P. 26750 & P.26764.

No.P.26750.

O.C. 6 B.R.C.HOS. ETAPLES. Reports 21st Aug. 16.

2711B Pte. McConnell, A.	7/Australians. "D" G.S.W. Head, Frac. & L. Shldr. <u>NOW ON DANGEROUSLY ILL LIST.</u>
10236 Pte. McRae, M.	8/Sea. Highrs. <u>REMOVED FROM DANGEROUSLY ILL LIST.</u>
9592 Pte. Baves, W.	2/Rif. Bde. <u>REMOVED FROM DANGEROUSLY ILL LIST.</u>
2116 L/C. Armstrong, A.	5/Cheshire R. <u>REMOVED FROM DANGEROUSLY ILL LIST.</u>
3890 Pte. Grant, G.	5/Y. & L.R. <u>REMOVED FROM DANGEROUSLY ILL LIST.</u>
4213 Pte. Bailey, F.	9/Lancers. <u>REMOVED FROM DANGEROUSLY ILL LIST.</u>
20560 Pte. Parker, C.	7/Suff. R. <u>SLIGHT IMPROVEMENT.</u>
28/16 Pte. Nicholls, H.G.	16/North'd Fus. att. 4/K.O.Y.L.I. <u>SLIGHT IMPROVEMENT.</u>
4660A Pte. Young, D.	3/Australians. <u>SLIGHT IMPROVEMENT.</u>
13084 L/C. Murdock, H.	9/Blk. Watch. <u>SLIGHT IMPROVEMENT.</u>
4491 Pte. Every, G.	6/Australians. <u>SLIGHT IMPROVEMENT.</u>
57084 Pte. Dean, W.	RFA. C. Bty. 102/Bde. <u>SLIGHT IMPROVEMENT.</u>
3224 Pte. Owen, R.	28/Austrns. <u>SLIGHT IMPROVEMENT.</u>
24192 Pte. Hancock, S.	10/D.C.L.I. <u>SLIGHT IMPROVEMENT.</u>
11120 Sjt. Allington, T.	A. Bty. 152/Bde. RFA. <u>NO CHANGE.</u>
11370 Pte. Doolan, M.	10/Glouc. R. <u>NO CHANGE.</u>
2942 L/C. Furlong, F.	46/Austrns. <u>SLIGHTLY WORSE.</u>
22046 Pte. Irvine, W.	7/Cam. Highrs. <u>NO CHANGE.</u>

No. P.26764.

O.C. 1 GEN.HOS. ETRETAT. Reports 21st Aug. 16.

78230 S/Sm. Price, S.	RFA. 15/Div. A.C. (Adm. 7th Aug. 16.) Subphrenic Abscess. <u>DANGEROUSLY WOUNDED.</u>
21355 Pte. Kelly, J.	1/Lanc. Fus. (Adm. 5th July 16.) G.S.W. Shldr. R. SW. Legs. <u>DANGEROUSLY WOUNDED</u>
1628 Pte. Rose, A.H.	1/16 London Regt. (Adm. 5th July 16.) SW. Back. <u>IMPROVING.</u>
480 Sjt. Robinson, J.	1/Newfoundland R. (Adm. 3/July 16.) GSW. Chest & Arm L. <u>IMPROVING.</u>

Pres. telegraphed
W.A.



266/2

C.R. 480

Extract of Army Form W 3026.

Nominal Roll of Sick and Wounded admitted to the 3rd. LONDON GENERAL
HOSPITAL, WANDSWORTH from FRANCE on 25th. Aug. 1916.

480 Sergt. Robinson. J. GSW. Chest

The Honourable
The Colonial Secretary.

For necessary action.

25 August 1910.

Private Secretary.

No. 443.

Telegram from Capt. Timewell.

(recd. 24 August 1910)

480 Robinson improving.

C.R. 480

2653



CAEWALTIES

O. C., 1st GENERAL HOSPITAL, ETRETAT,

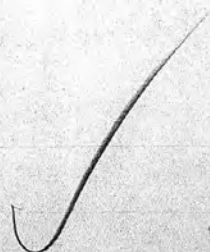
Reports, 21st Aug., 1916,

IMPROVING

No. 480, Sgt. J. Robinson, G.S.W.Chest & L.Arm.

Authority:-

Telegram from
PROELIGAS
rec'd 23/8/16.



G.

22nd August, 1916.

Dear Madam,

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. 480, Sergt. John J. Robinson, who was previously reported suffering from Gunshot Wound Chest, slightly better, is now reported as Improving.

Yours faithfully,

Mrs. Mary A. Robinson,
3 Cummins Street.

Colonial Secretary.

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

EXETER RECORD OFFICE.

LIST No. H.A. 1721.

11100	Pte. Dymock.F.	7/ D.of C.L.I.	GSW.& Frac.L.Humerus. .	Seriously ill in 1 Gen Hos. Etretat. 14th. August. 16.
				(Very slightly better.) Adm. 7/8/16.
15362	" Witt.W.	1/Hamps.R.	SW.L.Knee.C.Fr.L.Femur.	Seriously ill in 1 Gen Hos. Etretat 13th. August. 16.
				(Very slightly better) Adm. 7/7/16.
12587	" Bennett.H.F.	14/ Hants.	GSW.Chest.	Seriously ill in 7 Gen Hos. St. Omer. 13th. August. 16.
7762	Cpl. Youldon.F.	9/Devon.R.	Debility.Good.	To Eng ex 8 Gen Hos. Rouen 13th. August. 16.
15664	Pte. Stacey.F.	8/Devon.R.	GSW.R.Leg.Frac Femur.B.	In 8 Gen Hos. Rouen weekly Prognosis report 13'Aug'16.
18821	" Conibear.WG.	9/Devon.R.	GSW.Thigh.R.& Frac.	do.
			Femur.B.	do.
20089	" Sambell.G.	9/ do.	GSW.L.Knee.B.	do.
9499	" Duggan.J.	1/ D.C.L.I.	V.D.G.	Trans to 39 Gen Hos. Havre ex 12 Gen Hos. 13th. Aug. 16.
18950	" Hargreave.J.	6/ do.	GSW.R.Elbow.	Adm 12 Gen Hos. Rouen 13th. August. 16.
25298	" Sanderson.J.H.	10/ do.	Pneumonitis.	do.



TERRITORIAL FORCE EXETER RECORD OFFICE.

LIST No. H.A. 1721.

3100	Pte. Davey.G.H.	1/5 D.C.L.I.	GSW.Chest.	Seriously ill in 7 Gen Hos. St. Omer. 13th. August. 16.
1560	" Tanner.R.	1/R.Wilts.Yeo.	Ac. Asc. Paralysis.	Dangerously ill in 12 Gen Hos. Rouen 13th. August. 16.
				(Unchanged)
3228	" Harvey, J.T.	1/6-D. C. L. I.	V.D.S.	Trans. to 39. Gen. Hos. Havre ex 12. Gen. Hos. 13'Aug'16.

WARLEY RECORD OFFICE.

LIST No. H.A. 1721.

17713	Pte. Lamb.E.	13/ Essex.	GSW.Head.	Dangerously ill in 7 Gen Hos. St. Omer. 13th. August. 16.
20732	" Burlingham.A.	12/ Suffolks.	GSW.Thigh.& Foot.	do.
27909	" Lavers.H.	12/ do.	GSW.Legs. Hand & Chin.	do.
18543	L/C Dennis.D.	13/ Essex.R.	GSW.Foot.R.Good.	Trans to Eng ex 8 Gen Hos. Rouen 13 August. 16.
14737	Pte. Hutchin.G.	6/ Bedford.R.	By "A.R.Knee.Good.	do.
27399	" Walker.W.	6/ do.	GSW.Knee.R.Good.	do.
16089	" Bowen.A.	8/Norf.R.att 7th.	Shell Shock.Good.	do.
		Linc R.		
9731	" Smith.J.D.	11/ Suff.R.	GSW.	Adm 12 Gen Hos. Rouen 13th. August. 16.
16309	" Langley.W.	11/ do.	GSW.L.Shldr.	do.
17368	Cpl. Ritson.H.	11/ do.	GSW.R.Thigh.	do.

TERRITORIAL FORCE WARLEY RECORD OFFICE.

2341	Pte. Smith.W.	4/Suff.R.	GSW.R.Leg. Bad.	In 8 Gen Hos. Rouen (weekly Prognosis report) 13th Aug'16.
------	---------------	-----------	-------------------------	--

NEWFOUNDLAND CONTINGENT.

LIST No. H.A. 1721.

480	Sgt. Robinson.J.	1/New'd R.	GSW.Chest.Arm.L.	Seriously ill in 1 Gen Hos. Etretat. 14th. August. 16.
				Improving. Adm. 3/7/16.

C.R.

480

Extract of Cablegram received from London, dated
August 21, 1916.

480 Rte. Robinson.

I M P R O V I N G.

C.R. 480

Extract of Casualties received from Pay & Record Office,
London, dated August 7, 1916.

#480 Sergt. J. Robinson. ✓

Gunshot wound Chest Left arm. admitted 3 July 1916.
Seriously ill in General Hospital Stretat
July 31, 1916.

1st August, 1916.

Dear Madam,

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. 480, Sergt. John J. Robinson, who was previously reported suffering from Gunshot Wound in the Chest, is slightly better.

Yours faithfully,

Mrs. Mary A. Robinson,
3 Cummins Street.

Colonial Secretary.

C.R. 480

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 215, from O.C. 1st. Wfld. Regt.
dated 11/7/16.)

#480 Sergt. J. Robinson. ✓

Wounded in Action 1/7/16.

C.R. 480

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.

#480 Sergt. J. Robinson. ✓

Gunshot wound Chest Left arm. Slightly better in 1st General
Hospital, Etretat 23 July 1916. Admitted 3/7/16.

C.R. 480

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.
July 25th. 1916.

480, Sgt. J. Robinson.

1/Newfoundland R. GSW Chest & Arm L. Adm. 3/7/16. Seriously
ill in 1 Gen. Hos. Etretat No Change 16th July 1916.

JUNDLAND 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)

Handwritten signature

Signature of Sender _____

Address _____

Line Number _____

Recd _____

By _____

Sent _____

By _____

Check _____

Dated 17th July, 1916.

To **SYNOPTICAL,**
LONDON.

W.S.M. For 480 Robinson Wire your condition Anxious Care.

COLONIAL SECRETARY.

C.R. 480
 NEWFOUNDLAND CONTINGENT
 53, VICTORIA ST.
 LONDON, S.W.
 JUL 13 1916
 PAY RECORD OFFICE

PROGRESS REPORT

No. P 20535.

O.C., NO. 1 GENERAL HOSPITAL, HAVRE, reports 10th July, 1916.

2131

- | | | |
|--------------------|----------------------|---|
| 215 Pte. Wiggins, | 14 Y. and Lanc. R. | S.W. Head Chest R. Leg and R. Arm. (Admitted 7th July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 2810 Pte. Smee | 1/7 Middx. Regt. | S.W. Neck. paralysis. Arm R. (Admitted 5th July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 480 Sjt. Robinson, | 1 Newfoundland Regt. | G.S.W. Shoulder. L. and Buttock. (Admitted 3rd July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 15903 Pte. Ballard | 2 Roy. Fusrs. | S.W. Back and comp. frac. femur. R. (Admitted 2nd July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 14697 Pte. Smith, | 93 Bde. M.G. Corps. | G.S.W. Thighs and Pelvis. (Admitted 3rd July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 1262 Pte. Lenley, | 12 Y. & Lances. | S.W. and frac. tib. Leg. L. (Admitted 3rd July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 9495 Pte. Walsh | 1 R. Dub. Fusrs. | ng. S.W. and frac. femur. R. (Admitted 3rd July, 1916)
<u>SERIOUSLY WOUNDED</u> |
| 9982 Pte. Webber | 1 Dorset. Regt. | G.S.W. Back and Leg. R. (Admitted 5th July, 1916).
<u>SERIOUSLY WOUNDED</u> |
| 19977 Pte. Martin, | 1 Somerset L.I. | S.W. Thigh. L. (Admitted 3rd July, 1916) <u>SERIOUSLY WOUNDED</u> |

✓

C.R. 490

Extract of Casualties received from Pay & Record
Office, London, dated July 12, 1916.

#480 Sergt. J.J. Robinson. ✓

Gunshot wound Chest and Left Arm.

Admitted 1 General Hospital, Etretat July 3, 1916.

C.R. 480

WRD

(12/6)

No. 129.

Code Telegram to Capt. Timewell.

(sent 12 June 1916)

Your Telegram 4th June. (No. 252)

Sergeant Robinson's wife knows nothing special
requiring his presence here.

Governor.

RECEIVED

MINER BOND

C.R. 480

Adjutant.

Code Telegram from Capt. Timewell.

(recd. 4 June, 1916)

Please ascertain and let me have an answer.
I understand that 480 Robinson is Mess Sergeant and
has a wife and family. Apparently, Sergeant Robinson
has preferred a request and the O.C. hardly credits it.

Governor.

5 June, 1916.

No. 253.

Following Telegram has been received from O.C
1st Battalion.

Make enquiry Newfoundland if 480 Sergeant
Robinson affairs urgently require his presence.

C.R. 480



Adjutant.

Code Telegram from Capt. Timewell.

(recd. 4 June, 1916)

Please ascertain and let me have an answer. I understand that 480 Robinson is Mess Sergeant and has a wife and family. Apparently, Sergeant Robinson has preferred a request and the O.C. hardly credits it!

W. Davidson

Governor.

5 June, 1916.

No. 252.

Following Telegram has been received from O.C 1st Battalion.

Make enquiry Newfoundland if 480 Sergeant Robinson affairs urgently require his presence.

Understand

*Reply T 129
12.6*

Sgt Robinson's wife ~~does not know~~ ^{nothing} of anything special requiring his presence here.

June 11/16

*Allen James
May 10. 1916*

C.R. 480

Deputy Paymaster.

For information, and necessary action.

29 April, 1913.

Governor.

No. 193.

Code Telegram from Capt. Timewell.

(recd 29 April 1913)

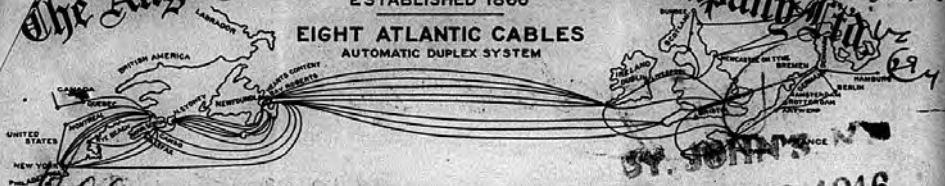
Pay wife 480 Robinson fifteen dollars
presentation from husband.

The Anglo-American Telegraph Company

C.R. 483
 Notice of Pay
 Wash
 1914

ESTABLISHED 1866

EIGHT ATLANTIC CABLES
 AUTOMATIC DUPLEX SYSTEM



BY SONN'S

729

IN DIRECT TELEGRAPHIC COMMUNICATION WITH ALL PARTS OF THE WORLD.

APR 20 1914

No.
 Wds.

Fort Lanson 10

TO {

Governor
 Johnson

Pay wife 480 Robinson
 15th Doricos ^{presentation form} Plexiora
 Husband

Synoptical

MAR 28 1916

Dear Madam,

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. 480, Sergt. John J. Robinson, who was previously reported at Malta, December 31st, suffering from jaundice, was discharged to active service January 26th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mrs. Mary A. Robinson,
202 Water St.

C.R. 480

Nominal Roll of N.C.O's and Men of Newfoundland Regiment,
embarked H.T. "Lake Manitoba" at Port Said for France
18/3/16.

480 Sgt. J. Robinson.

FEB 18 1916

Dear Madam,

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. 480, Sergeant John J. Robinson, who was reported at Malta on November 27th suffering from jaundice, was discharged to Convalescent Camp, Ghain Tuffieha, Malta, on December 31st. This information has been received by mail.

Yours faithfully,

Colonial Secretary.

**Mrs. Mary A. Robinson,
202 Water Street.**

SICK AND WOUNDED N. C. O's AND MEN OF THE MEDITERRANEAN EXPEDITIONARY FORCE

PRESTON RECORD OFFICE

3261 L/C Cousins H.	9/Lan.Fus.HQ.Sec.	Rheum.Trench Feet	. . . . .	Tr.to HS'Soudan' for Eng.ex R.Nav.H.Bighi Malta 25Jan/16
1595 Cpl Olabby J.	1/L. Fus.	Dys.& Malaria	. . . . .	Tr.to HS.'Formosa' for Eng.ex St.Peter's H.Ghain Tuffieha Malta 25/Jan/16.
2975 Sgt Morton F.	11/Manches.	Bronch.& Pleurisy	. . . . .	do.
				do.
1419 Pte Clark W.	6/K.O.R.L.	Dysentery		
18063 Pte Gyne T.	6/ do.	Dysentery & T.Cardiac		do.
2965 Pte Ooe E.	11/Manches.	Dysentery		do.
24345 L/C Chaundy J.H.	11/ do.	Jaundice		do.
3717 Sgt Smith J.	6/K.O.R.L.	Rheumatism		do.
11886 Pte Mills E.	6/Borders	V.D.H.		do.
3017 Pte Cormoy W.	9/L. Fus.	Pyrexia	. . . . .	Tr.to HS.Bornu for active service ex St.Peter's H.ex Ghain Tuffieha Malta 26/Jan/16.
				do.
7349 Pte Stott W.	1/ do.	Bronchitis		do.
3249 Pte Pearce J.	1/ do.	Gastritis		do.
2871 Pte McGovern J.	6/L.N.L.	Myalgia		do.
4789 Pte Reid J.	11/Manches.	Jaundice		do.
3201 Pte Rainford J.	1/L. Fus.	Frost Bite		do.
29967 Pte Dixon T.	6/E.Lancs.	GSW.Leg		do.
6432 OSM Roberts J.	6/K.O.R.L.	Frost Bite	. . . . .	Tr.to HS.'Panama' for Eng.ex St.Peter's H.Ghain Tuffieha Malta 27/Jan/16.
				do.
10076 Sgt Hazzard A.C.	6/Borders	Nephritis		do.
8664 Sgt Wilson J.	6/ do.	Rheumatism		do.
3525 Pte Sykes J.	11/Manches.	Dysentery		do.
18003 Pte Cooper W.	6/L.N.Lancs.	Rheumatism		do.



NEW ZEALAND CONTINGENT

4/914 Spr Bellingham A.	1/F.Co.NZE	Debility.	. . . . .	Tr to HS Formosa for Eng ex St. Peters H. Ghain Tuffieha Malta 25/Jan/16.
7/447 Sgt Napier A.	N.Z.M.O.	Enteritis.	. . . . .	Tr to HT Bornu for active service ex St. Peters H. Ghain Tuffieha 26/Jan/16.
16/563 Pte Warakibr E.	Maori N.Z.	Asthma.		do.

HOSPITAL LIST No. H 5656

NEW FOUNDLAND CONTINGENT

490 Sgt Robinson J.	1/Newfoundlands	Rheumatism.	Tr to HT Bornu for active service ex St. Peters H. Ghain Tuffieha Malta 26/Jan/16.
---------------------	-----------------	-------------	-----------	--

HOSPITAL LIST No. H 5656

C.R. 480

1091

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.
January 15th 1916.

480, Sergt. J. Robinson. ✓

1 Newfoundland R. dis to G.C. Chain Tuffieha Malta ex
St Patricks Military Hospital 31st December 1915.

R31

January 14, 1916.

Dear Madam,

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. 480. Sergeant John Jos. Robinson, was admitted to St. Patrick's Military Hospital, Malta, on Nov. 27th, suffering from jaundice. This information has been received by mail.

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,

Mrs. Mary A. Robinson,
202 Water St.

Colonial Secretary

G.R. 480

DEC 22 1915



502

SICK AND WOUNDED N.C.O's AND MEN OF THE MEDITERRANEAN EXPEDITIONARY FORCE

LIST No. H. 4155.

PRESTON RECORD OFFICE.

13926	Pte. Paliar, R.	1st. Lancs. Fus.	Dysentery.	Adm. & Trans. ex 26 C.C. Stat. Suvla 21st. Nov. '15.
18064	" Openshaw, S.	1st. do.	Jaundice.	do.
15805	" Harrison, J.	6th. Border.	Bronchitis.	do.
19040	" Smith, J.	1st. Lancs. Fus.	Dysentery.	Adm. & Trans. ex 26 C.C. Stat. Suvla 23rd. Nov. '15.
24115	" Jones, G.	1st. do.	do.	do.
9833	" Witter, F.	1st. do.	Jaundice.	do.
19326	" Whitby, R.	1st. do.	Haematuria.	do.
15558	Sgt. Williamson, J.	11th. Manches.	Haemorrhoids.	do.
2918	Pte. Higgins, J. J.	11th. do.	Debility.	do.
23757	" Newton, A.	11th. do.	Dysentery.	do.
3555	" Heathcote, W.	9th. Lancs. Fus.	Cellulitis L. Arm	do.
12085	" Spencer, J.	6th. Borders.	Abscess R. Thigh.	do.
13609	" Livesey, R.	1st. Lancs. Fus.	G.S.W.L. Wrist	Trans. ex 26 C.C. Stat. Suvla 23rd. Nov. '15.
13456	" Connor, J.	1st. do.	do. L. F'arm.	do.

LIST No. H. 4155.

NAVAL FORCE ADMIRALTY.

4026	P.O. Taylor, H.G.	R.N.A.C.D. 9 Sqd.	Oedema lungs ser.	Trans. ex 26 C.C. Stat. Suvla 21st. Nov. '15.
------	-------------------	----------------------	----------------------	---

LIST No. H. 4155.

INDIAN FORCE INDIA OFFICE.

1355	Dvr. Mari,	31 Mule Corps.	P.U.O.	Trans. ex 26 C.C. Stat. Suvla 21st. Nov. '15.
------	------------	----------------	--------	---

LIST No. H. 4155.

NEWFOUNDLAND CONTINGENT.

450	Sgt. Robinson, J.	1st. Newfoundld.	Jaundice. ✓	Adm. & Trans. ex 26 C.C. Stat Suvla 21st. Nov. '15.
-----	-------------------	------------------	-------------	---

✓

C.R. 485

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No: H. 4032, dated Dec. 20th. 1915.

480 Sjt. J. Robinson

1st. Newfoundland Regiment.....Sick.....~~1st.~~ St. Patrick's
Mil. Hospital Malta ex H.S. "Guilford Castle" 27th. November 1915.

C.R. 480

Extract of Casualty received from Pay & Record Office, London,
dated Dec. 18th 1915.

480 Sgt. J. Robinson

Admitted to Hospital in Malta from H.S. "Guildford Castle"

27th Nov. 1915.

Jaundice.

C.R. 480

Extract from Nominal Roll of 60: 1st Bn. Mld. Regt.
Embarked at Devenport for Active Service 20-8-15.

480 Sgt. J. Robinson.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 480

PROMOTIONS.

Extract of Daily Orders Part 11.

By Lieut. Col. Sir W.E. Davidson, K.C.M.G. Officer Comdg.

Dated Feby. 27th, 1915.

No. 480 L/Cpl. J.J. Robinson, ✓

Promoted Corporal, temporary, Dec. 26, 1914.

C.R. 480

Extract from Nominal Roll Embarked St. John's ~~port~~ S.S.
"Florizel" Oct.4.1914.

480 Robinson Jos.J.

CR. 480

John J. Robinson was attested for General service
with the NEWFOUNDLAND REGIMENT on ... Sept. 9th., 1914.
Regimental No 480 was allotted to Pte. J.J. Robinson

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

ORIGINAL



822

Regiment or Corps *1st Newfoundland*

Regimental No. **C.R. 480**

Rank *Serjt*

Name *J. Robinson*

Enlisted (a) *Oct 2/14* Terms of Service (a) *Duration 5 years* Service reckons from (a) *Oct 2/14*

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. 215, Army Form A. 84, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 215, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked St. John's, Nfld.		5/10/14.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
30/12/15.	26 C.C.S.	Admittedm Jaundice	26th.C.C.S.	21/11/15.	C 5287.
14/12/15.	Comdt., Malta.	do	St. Patrick's Hosp., Malta.	27/11/15.	E 2080.
				L+M	Embkd P. Sold 18.2.16
					Disembkd Maltese 23.2.16
		<i>87 TA Ad. Spw Arm Head & Shoulders</i>	<i>668</i>	<i>27.16</i>	<i>80 11968</i>
		<i>Head Ad.</i>	<i>668</i>	<i>37.16</i>	<i>48 582</i>
		<i>"Marana" Newto bag</i>		<i>24.8.16</i>	<i>W 3083</i>

87 TA Ad. Spw Arm Head & Shoulders
Head Ad.
"Marana" Newto bag

all done
CAPTAIN
 FOR O. J. INFANTRY RECORDS
 G. H. Q.
 5th ECHOLON

(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.

