



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5680 Name Hickman Rose Corps C 16

Questions to be put to the Recruit before Enlistment.

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

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

Hickman Rose SIGNATURE OF RECRUIT.

J.R. Raymond Signature of Witness.

17/6/15

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 17 day of June 1915

Signature of Attesting Officer C. D. Dickson Lieut

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 7th Company C 16

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

Date 1915 } Approving Officer.
Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Hubert Rose

Apparent age 19 years months. Height feet inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Rose
Lawson Cove F.B. | Relationship Father.

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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

" " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5689 Name Hickman Rose Corps C/6

Questions to be put to the Recruit before Enlistment.

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

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

Hickman Rose SIGNATURE OF RECRUIT.

J.R. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Hickman Rose do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Dawson Cove on this 17 day of Jan 1915
Signature of Attesting Officer C. Dicks

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5689.

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

Name Shickman Rose
 Apparent age 19 years months. Height feet inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Rose
Dawson Cove F.B. | Relationship Father.

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>12-6-18</u>									
Joined at <u>St. Louis</u> on <u>June 12-1918</u>									
				<u>Discharged July 31-1919</u>					
				<u>Demobilization St. Louis 21-2-1919</u>					
Total Service forfeited as above.....									
Total Service towards Engagement to <u>21-2-1919</u> (date of discharge)						years	<u>255</u>	days	
Pensions									

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 9 Sent by R Rec'd by 22 No. _____Place from LawsonsloweTo Lieut. W. F. RendellChief Staff Officer

Have not heard from my
 son pte. Hickman Rose
 since enlisting last wednesday
 is he well please wire
 his address very anxious

Robt. Rose

Address. Pte. 5689.

C.R. 5689

Extract from Daily Orders Part 11, from Unit The
Royal Mfld. Regt. St. John's, dated June 13, 1918.

#5689 Pte. Hickman Rose.

Attested for General Service with the Royal Mfld. Regt.
from 12.6.18

CR 5689

Extract from Daily Orders part II, Depot St. John's
dated Feb. 25th. 1919.

The discharge of the undernoted on demobilization
have been CONFIRMED by Officer I/e Reeserison
21-2-19.

#5689 Pte. Hickam Rose.

C.R. 5689

Extract from Daily Orders part II, Report
St. John's dated January 24th, 1919.

The discharge of the undernoted on demobilization
have been APPROVED by O. G. Discharge depot
on 24-1-19.

#5689 Pte. *Hickman Rose*
~~Rose Hickman.~~

C.R.

5689.

Extract of Daily Orders, Part II, Depot St. John's, dated
Jan. 8th 1919.

Forfeiture.

5689 Pte. Hickman Rose.

Absent without ~~pay~~ leave from Nov. 15/18 until Jan. 6th 1919
Forfeits 53 days pay under R.W.

C.R. 5-689

**Extract from Medical Board held Wednesday afternoon
Jan. 8th, 1919.**

5689 Pte. M. Rose.

Recommended Discharge as permanently Unfit.

Rose, A

5689

Ag rept.

February 21, 1919

#5689 Hte. Hickman Rose,

Dawson's Cove, F.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1032."

Yours truly,

Capt.
Paymaster & O.i/c Records

Enc '1 1.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5689 Rank Pte Name Rose A
 Date of Enlistment 12.6.18 Address Dawsonplains District Fortune
 Occupation fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:—
Personal " " 20%

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

Date 11.1.19

Wiley Capt.
O/C Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Gickman Rose

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £16.0.0

(b) Clothing Supplied £16.0.0

Date 20.1.19

Joseph A. Snowling
O i/c Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *W 533* to his home at *Newsome Lane* and Release Certificate No. *862* issued.

Date *20-1-19*

C.B. Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *21-2-19*

Date *20-1-19*

C.B. Dicks Capt
Depot Paymaster.

Discharge approved for *24.1.19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *22.1.19*

C.B. Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

JAN 24 1919

Date

R.H. Jait Capt
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname Rose

Christian Name Fisher

Table I.—GENERAL TABLE.

Birthplace:—Parish Dawson's Cove, S. B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	13 day of June 1918	D. Fisher	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 9 inches		feet	inches
Weight	139 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	35 1/2 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>W. J. Fisher</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	D. Fisher	at	
	on	12 day of June 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	The Royal Nfld Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Civil Re-establishment Committee



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

To work at Fishing

Dickman Rose

Signature of Man.

Reg. No. 5689

C. D. Dick Cupp

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

25/1/19

191

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 8-1-19

Regimental No. 5689

Name Rose Hickman

Address Wadsworth Colts Hermitage

Present Medical Category..... E

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board.....


Members of Board {

R. H. Lait Capt.
O.C. Discharge Depot.

Members of Board {

R. Brown
Senior Medical Officer

Archie
M. O. Depot


Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *St. Johns*Date *8th January 1919*

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>19 years</i> |
| 2. Regimental No. <i>5689</i> | 6. Enlisted on <i>12th June 1913</i> |
| 3. Rank <i>Sergeant</i> | at <i>St. Johns</i> |
| 4. Name <i>Rose Nickman</i> | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

Pneumonia

9. History *Whilst home on leave contracted Pneumonia in July & under treatment until November.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note 1 above.)

debrility.
P.R. 100 per min. Heart action weak
no cough lately.

11. Was sanatorium advised and refused?
operation

no

12. Do you recommend discharge as permanently unfit?

yes

Signature

Rank or Qualification

Archibald
for MD Dept

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x *may* be considered as ~~aggravated by:~~
due to
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *less than 20%*
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *less than 20%*
- (State in percentage.)
- Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence *no* (b) Misconduct *no*
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable
- Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *permanently unfit*
- Remarks if any:—

Signatures..... *H. G. Lane* President

..... *Pyndar J. J. Waterman*

Place..... *St. Johns*

Date..... *Jan 8/19*

APPROVED

Station.....

Date.....



Chas. Macpherson
Administrative Medical Officer *Major*



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Rose Hickman.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5689*

Intended address *Hudson Cove St. John's*

Height on discharge *5* Feet *9½*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Robert*

Christian name of Mother *Mary Ann.*

Wife's maiden name in full ✓

Date and place of marriage ✓

Christian names of children ✓

Place and date of soldier's birth *Hudson Cove 29th April 1900*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Hickman, Rose.*

Station, *St John's.*

Pte. (Rank)
Date *8 Jan 1919.*

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 *St John's*

Date *5th January 1919*

Archie [Signature]
Medical Officer i/c Hospital,
Unit, or Command Depot.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters JUN 12 1918

1. Name Sickman Ross Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes. Brown
Comp. Dark.
Hark. —

5689

3. Height 5ft 9 Weight 132.9
4. Eyesight (a) Left 5/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise) m

6. Examination of Lungs m
Measurement (a) Expiration 31 1/2 (b) Inspiration 35 1/2

7. Examination of Heart m

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)
Teeth }
Throat }
Nose }
Ears—(Otorrhea) }
(Deafness) }

10. Have you been successfully vaccinated, and when? No

11. Name and address of next of kin Father Robert Laurson Cor.
KB

REMARKS--

A II

Paterson
St. Burden

Medical Examiners.



THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

ACCOUNT	<i>M.A.H.</i>
CH NO <i>5639</i>	INITIALS <i>cu</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

ROYAL NEWFOUNDLAND REGIMENT

Dr.

To 5689 Pte. Hickman Rose

July 31	To Professional services rendered	30.00
Dec. 19	Do. Do.	10.
		<u>40.00</u>

Hickman Rose

Asper B/P attached

OK.
W. Kelly
Captain
Assistant Adjutant & Quartermaster
Discharge Depot, Newfoundland

~~DISCHARGED UNDER NO.~~ JAN 20 1919

July 31/18

Mr Hickman Rose No 5689

Dr to A E Wilson M.D.
Harbor Bretton

For Professional Services
Rendered.

\$ 30 2

Received Payment
A E Wilson M.D.

Harbor Bretton

Frederic A. Brown

JAN 20 1919

Dec 19th / 18

Mr Hickman Pkx No 5689

Dr to A E Wilson No 0
Heron Bkta.

For professional services
Rendered

two examinations @ 5⁰⁰

10⁰⁰

\$10⁰⁰ / 10

A. E. Wilson

W. H. Brown

Heron Bkta.

I hereby certify that I paid the above
amount to Dr. Wilson.

Hickman-Rose

JAN 20 1919

JAN 20 1919



THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

ACCOUNT	ROYAL NEWFOUNDLAND REGIMENT
CR NO 8639	INITIALS <i>EW</i>
WID LEDGER	INITIALS
PAY LEDGER	INITIALS
C & LEON	INITIALS

To 5689 Pte. Hickman Rose

Hickman Rose.

<i>Trans.</i>	7.80		
<i>Btm.</i>	To Meals & Board whilst proceeding to Depot from leave ---		1.50
	Fare from Placentia to St John's ---		3.30
	Fare from ³ Hermitage to Placentia ---		<u>4.50</u>
			<u>\$ 9.30</u>

As per vouchers attached

OK.

W. H. H. H.
 Captain
 Assistant Adjutant & Paymaster
 Discharge Depot - Newfoundland

JAN 20 1919

REID-NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.Received from A Rose the sum ofFour Dollars Fifty Cents, being the amount of 1st Class FareFrom Hermataje b. PlacenciaAnd have issued him Ticket No. 52357 Form No. 139Date Jan 1 1919Agent, Conductor or Purser J. Keloway

This form to be used when requested to give receipt for amount paid for tickets.

Paid 1.50 for meals and boarding
at Placentia.

And 3.30 paid coming on the train
from Placentia to St Johns.

Wm H. Rose

No 5689-

Wm H. Rose

Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station **ST. JOHN'S**Date **JANUARY 8th., 1919**

- | | |
|-----------------------------------|--|
| 1. Unit Royal Newfoundland | 5. Age last birthday 19 |
| 2. Regimental No. 5689 | 6. Enlisted on JUNE 13th., 1919 |
| 3. Rank PRIVATE | at ST. JOHN'S |
| 4. Name ROSE HICKMAN | 7. Former trade or occupation FISHERMAN |
| | 8. Disability PNEUMONIA |

P N E U M O N I A

9. History **WHILST HOME ON LEAVE CONTRACTED PNEUMONIA IN JULY AND UNDER TREATMENT UNTIL NOVEMBER**

10. What is his present condition?

REGULAR. P. R. 100 PER MINUTE.
HEART'S ACTION WEAK. NO COUGH. LATELY

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Department of Military

Medical Department

Medical Report on an Injured

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

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

Signature (SOD) H. S. TAIT.....

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **MAY** be considered ~~aggravated by~~ ~~due to~~
(a) ~~EXERCISE OF DUTY~~ (b) ~~CLIMATE~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **LESS THAN 20%**
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **LESS THAN 20%**
(State in percentage.)
Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance **NO** (b) Misconduct **NO**
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable
Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~EXERCISE~~ in the Army **PERMANENTLY UNFIT**
Remarks if any:—
(SGD) H. S. FRASER President
J. SINCLAIR TAIT
Signatures
L. PATERSON, MAJOR

Place **ST. JOHN'S**
Date **JAN. 8th., 1919**

APPROVED
Station
Date
No.



(SGd) **CLYNY MACPHERSON, MAJOR**
Administrative Medical Officer

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5689..... Rank .. Pte..... Name Rose, H......
 Intended place of residence..... Dawsons Cove.....

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

3. The above named man is discharged in consequence of..... Demobilization.....

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

Place (sgnd) C. C. Duley, Capt......
 Date Jan. 20, 1919..... for Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date .. St John's..... (sgnd) Hickman Rose.....
 Signature of soldier
 20-1-19..... " C. B. Dicks, Capt......
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date .. St. John's..... (sgnd) Hickman Rose.....
 Signature of soldier
 Jan. 20, 1919..... " J. Daymond, Sgt......
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-6-18..... No of days on Military
 Discharged from service..... 24-1-19 plus 28 days..... Service 255.....

APPROVAL OF DISCHARGE

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

Place St. John's..... (sgnd) R. H. Tait, Capt......
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date Jan. 24, 1919.....

CONFIRMATION OF DISCHARGE

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

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station **ST. JOHN'S**
 Date **JANUARY 8th., 1919**

1. Unit **Royal Newfoundland**
 2. Regimental No. **5689**
 3. Rank **PRIVATE**
 4. Name **ROSE NICKMAN**
 5. Age last birthday **19**
 6. Enlisted on **JUNE 12th., 1919**
 at **ST. JOHN'S**
 7. Former trade or **FISHERMAN**
 occupation
 8. Disability **PNEUMONIA**

9. History **WELLS HOME ON LEAVE CONTRACTED PNEUMONIA IN JULY AND UNDER TREATMENT UNTIL NOVEMBER**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

RESPIRATORY. P. R. 100 PER MINUTE.
HEART'S ACTION WEAK. NO COUGH. LATELY

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as permanently unfit?

YES

Signature (SGD) H. S. TAIT

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **MAY** be considered as ~~PERMANENTLY UNFIT~~ due to
(a) ~~Service during this war.~~ (b) ~~Service during this war.~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **LESS THAN 20%**
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **LESS THAN 20%**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance **NO** (b) Misconduct **NO**
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

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

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

20. We recommend discharge from retention in the Army **PERMANENTLY UNFIT**

Remarks if any:—

(SGD) H. S. FRASER

President

J. SINCLAIR TAIT

Signatures

L. PATERSON, MAJOR

ST. JOHN'S

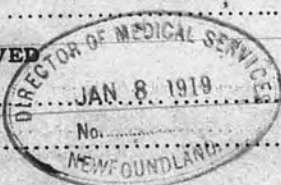
Place

Date **JAN. 8th., 1919**

APPROVED

Station

Date



(SGD) GUYN MACPHERSON, MAJOR

Administrative Medical Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Regt.

Number of Sheet One
Signature of O. C. Company A. B. Dicks / Lieut

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5689</u>	Age on	<u>19</u> years	months	<u>Fisherman</u>		
Joined _____ Date _____		Place and Date of Enlistment		Religion			
Joined _____ Date _____		} with Colours <u>255</u> years.		} Place of Birth			
Joined _____ Date _____		} with Reserve <u>365</u> years.		} <u>St John's</u>			
Joined _____ Date _____				} <u>CofC.</u>			
				} <u>Bungeo</u>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Princes Ranks</u>	<u>15/11/18</u>	<u>P.S.E.</u>		<u>Absent without leave from</u> <u>Apr. 15th until Jan. 6th 1919.</u>	<u>Sgt. Flynn</u>		<u>7.1.19.</u>	<u>Capt. J. J. Harris</u>	<u>Forfeit 53 days pay</u> <u>10/6</u>
				<u>Demobilized</u>	<u>St John's</u>		<u>21</u>		<u>7/19</u>

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5689 Rank Pte Name Rose A
 Date of Enlistment 12.6.18 Address Dawsonpleve District Fortune
 Occupation Tramman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 20%
Pensionable " " 20%
 Passed to Demobilization Officer with following documents:—

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

Date 11.1.19

W. H. Kelly Capt
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Hickman Rose

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied Joseph A. Snow

Date 20-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. W533 to his home at Nawson Cove and Release Certificate No. 862 issued.

Date 20-1-19

CB Duks Capt
Demobilization Officer

4. Pay and Allowances:

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 21-2-19

Date 20-1-19

W. H. Waley Capt
Depot Paymaster.

Discharge approved for 24-1-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 22-1-19

CB Duks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 24 1919

Date

O. C. Discharge Depot.

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

Date Jan 24 1919

W. H. Waley
Depot Paymaster

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. copy Sent by Hermitage Rec'd by _____ Check _____

No. _____

Place from Hermitage 18



To A. A. Daley

Asst ady

Have today examined private A. Rose no 5689. Find him able to report for duty Nov 15th

A. E. Wilson

(Please say if you received this message before.)

Notify Rose to report post-15. your message of 18th over looked sorry



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 94 sent by H Rec'd by 20/25 No. _____

Place from Hermitage 24
Captain O Grady
Nfld Regt



Have examined private
Hickman Rose no 5689
Condition improved
not able to report for
duty for a month. *F. Duff*
A. E. Wilson M.D.

For RSM
to net x return
to Amb Adjutant

To be Noted { Part II Orders _____
Card Index w.j.f.
Magnetic Roll _____



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

November 11th, 1918. 191

5689. Pte. Hickman Rose,
Dawsons Cove,

As to the Doctor has advised us that you will be fit to report for duty on the 15th, November I am holding over your letter of the 5th, inst, until you report for duty. As regards the money you state you have paid for Medical Services bring along the bills when we look into the matter and try and get the money refunded.

Robertson Capt.

Deputy The Royal Newfoundland Regiment
St. John's, Nfld.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____

Sent by _____

Rec'd by _____

Check 11

No. _____

Place from _____

Hermitage 18

To _____

A. H. Daley

asst admt



*Have today examined
private of Rose no 5689
find him able to report
for duty now 15th*

A. E. Wilson

*Received
18/10
[Signature]*

July 31st/18

Capt. O. Grady
St. Johns

This is to certify that I have to day
examined Private. Hickman Rose 5,689
No 5689. who arrived at his home
Sawon's Cove, Hermitage Bay, suffering
from double pneumonia, about last of June/18
am pleased to report. he is now convalescing
& expect him to be able to report for duty
in two or three weeks.

A. E. Wilson MD

Hester Breton

To be Noted

Part II. Orders W. J. H.
Card Index W. J. H.
Nominal Roll W. J. H.

Publy
A. E. B.

NEWFOUNDLAND POSTAL TELEGRAPHS

No. _____

Received _____ m. By _____

Sent out for delivery _____ m. By _____

No. 48 Place from Hermitage? No. of Words 14To 5689 Pte Dickman Rose

Dr. Wilson Canada private Dickman
 Rose very ill for some
 time after arrival home.

W. R. Cowage

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 14 Sent by Ms Rec'd by 10/2 Clerk 24

Place from Hermitage 30

To Capt. & Grady



Been to doctor not fit
for travel yet.

Hickman Rose
no 5689

R.S.M. & Mrs. [unclear]

To be Noted

AUG 30 1918 Hof.

Part II. Orders
Card Index
Receipt Book



Sept. 6th 1918

From :-

Assistant Adjutant - Headquarters

To :-

Pte. Hickman Rose, Reg. No. 5689

Enclosed you will find cheque for the sum of Thirty dollars (\$30.00) on account of your Company Pay. You will receive your issue of Regimental Clothing on your return to Barracks. In the meantime you will keep me fully informed as to your condition, and will ask the Doctor attending you to forward me a certificate stating the approximate length of time before you are fit to travel to St. John's.

Dict :-

CCD/WFC

Dawson's Cove.
Aug. 31 / 18.

To. Capt. O Graly.

Dear sir.

I am just taking the pleasure of writing to you as I thought I would drop you a line or two. Dear sir as I am getting a little better now after a hard struggle but I can tell you that I am not very well yet as some days I ~~may~~ gets out doors but I have lots of days in house as I have been in house this last three days but I hope I will soon get better. Dear sir as I am writing to you to tell you that I have paid away thirty dollars ^{for} ~~for~~ ^{doctor} he have come to me twice and as I would be very pleased if you would be able to send me a few dollars as I am very badly in need of it at present as I have been home quite a while now and I suppose my waggas are going on any how as the last time I got paid was the 15 of June. or perhaps you may be able to help me out a little any how

Dear sir as I am telling you that I have
been home quite a while and as I have
been wearing my own clothes and now I have
got it worn right out. so now soon I have
got to give twenty five or thirty dollars for
another suit of clothes or any how before I
buy another suit I thought I would write
and ask you if you would be kind enough
to send me my uniform as I suppose it is
almost impossible for you to do. but if you
would be kind enough I would pay you for
your trouble. and if you send any would you
please send my clothes and buddes and cap
~~and~~ and if my suit as Brass buttons would you
please send me polish and Brush for to clean them
and the size of my cap as I wears seven
size. common cap. and if you would send
it I will pay you for you trouble. and please
send it by express.

Your Truly.

Pete. Hickman. Rose.
Dausons Cove.

No. 5689. G. Company.
Please Reply.

November 11th, 1918.

✓ 5689. Pte. Hickman Rose,
Dawsons Cove,

As to the Doctor has advised us that you will be fit to report for duty on the 15th, November I am holding over your letter of the 5th, inst, until you report for duty. As regards the money you state you have apid for Medical services bring along the bills when we look ^{will} into the matter and try and get the money refunded.

4-009

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No.

Sent by

Received by

Class

Place from

To

110 Jm 337
Hermitage 12
Military Service Dept
5689



Mrs Rose mother of Hickman
Rose who was unwell when
son left home became dangerously
ill at news of his passing medical
exam Can he possibly be let off
for a while reply!

W R Courage

O. C. DEPOT,

FOR YOUR INFORMATION AND ATTENTION

District Officer Commanding,
Newfoundland.

Major,

Home leave

R. S. M. advised to Grant M.L.

No enquiry respecting this Message will be attended to without the production of this paper

W. H. H. First off. hunting. H. H.

June 29th/18

Captain O'Grady
St Johns

Dear Sir
This is to Certify that Mr
Hickman Rose, Surgeons Coe, Regimental
No 5689, is under my treatment at
present, suffering from Double pneumonia
and will not be able to proceed to
St Johns, for some time, probably
a month.

Yours truly
A. E. Wilson M.D.

Harbor Doctor
1170

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. H u Rec'd by _____ Date 19/11 No. _____

Place from Hermitage 29

To Captain O'Grady



Mr Hickman rose no 5689
 double pneumonia will not
 be able to report for duty
 for some time

96/ A. E. Wilson, MD



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 22 Sent by D Rec'd by _____ Check 7/ No. 233
 Place from Hermitage 21
 To Capt Barty
Barracks Johns'

Willing to come on first chance
 but am not half fit for drill
 yet reply.

4 Aickman Rose
no 5689

If doctor thinks you are fit to
 travel report to me at Barracks -
 a/a.

AUG 22 1918

Hauson's Cove.

Oct 17 18

To Assistant Adjutant General Waters

Dear Sir:

Telling fairly well at present
reported to doctor to day. going to be
examined next week. Received cheque thanks
very much for sending it.

Yours Truly.

Wm Lickman Rose.

No. 5689.

Dawson's Cove.

Nov 5/18.

To Capt C. Gray. Head Quarters

Dear Sir

As I wrote to you a little while ago and as I were telling you that I paid away thirty dollars for doctor bills and since that time I wrote to you and he have examined me twice since that and have cost me ten dollars more as he have reported to St Johns each time. Dear

Sir as I were very thankful with the others ~~for~~ thirty dollars you sent me. Dear

Sir as I would be very pleased if you would send me my ~~wages~~ wages. as I am very bad in need of it and would you please send it by return mail.

Dear sir please let me know about the doctors bills as I have paid it myself yet but I ~~am~~ should think the government ought to stand to it. as I ~~have~~ as the last pay day we were in St Johns were the 15th of June. Yours

W. G. Wickman, Proc.

No. 5689

Reg. No. 2689 Rank PLG Name Cass. Hickman

Attested 11-6-18. Address Dawson, Cal.

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

9 leave from 7-6-18 to 3-7-18. Let's 6-1-19
29-6-18. Advised by Dr. Wilson suffering from
Pneumonia.
9-8-18. Advised by Dr. Wilson suffering from
Double Pneumonia.
20-8-18. Advised by Dr. Wilson improved, but
still unfit for duty one month.
Suspends 23 days pay under G. W. from 10-11-18 to 6-1-19

8-1-19. Rec. Dis- Permanently unfit.

11-1-19. Passed to Demobilization Office

24-1-19.

DISCHARGE APPROVED ON DEMOBILIZATION.