



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 959

Name in full Chesley J. Rowe Age 19

Address Head's Corner

Married  Single  Height 5' 6 1/2" Weight 118

Color Fair Hair Light Brown Eyes Blue

Other distinguishing marks None

Nearest relative Wm Rowe (Father)

Address Head's Corner

Dependents None

Occupation Carpenter Present Wage 1.00 per day

Previous service None

Decorations None

General Remarks None

Date of Enlistment 15th Aug 1914

*Re: Chesley J. Rowe*  
I 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.

Declared before me this 7th day of Feb. 1914

Chesley Rowe  
137 Parnell

Enlistment





Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,  
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

- WW1
- (1) Service number 989
  - (2) Surname ROWE
  - (3) Christian names Chesley
  - (4) Date of Birth 1896
  - (5) Religion C of E
  - (6) Unit of enlistment Royal Infld. Regt
  - (6a) Highest corresp. rank Pte
  - (7) Units overseas Royal Infld. Regt
  - (7a) Highest corresp. ranks Pte
  - (8) Rank on day of discharge Pte
  - (8a) Corresp. unit -
  - (9) Military honours Nil



(2)

Departmental Secretary,  
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date .....

for Supervisor, War Service Records.

Rowe, C.

989

Ray Sept.

**Casualty Form—Active Service.**

Regiment or Corps \_\_\_\_\_

Regimental No. 989 Rank Pte. Name Howe, G.

Enlisted (a) Jan. 27/15 Terms of Service (a) 1 year Service reckons from (a) Jan. 21/15.

Date of promotion to } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
 present rank } to lance rank } roll of N.C.Os. }

Extended Duration of Re-engaged Ag. 15/15. Qualification (b) \_\_\_\_\_  
WAR.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, Mfld.		20/3/15	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
9/10/15	"Nevassa Ill, Pyrexia, O 4038	H.S. "Nevassa"		9/10/15	Auth. A 16276
14/10/15.	Comdt., Admitted	St. Andrews Hosp. Malta.		14/10/15	" O 4182
	War Office Invalided to England & Admitted	Royal Victoria Hosp. Netley		20/11/15	H 3327



(sgd) W. L. Jackson  
 Captain  
 for Major,  
 Officer i/c Records 11 & 12 Dists.  
 3rd Echelon, Base, Egypt.

(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. [P. T. O.]

### Statement of Accounts

OF

No. 989 Rank Pte Name O. J. Rowe,  
 Company, etc. Repatriated per S. S. 23/2/18 Class A  
 From 22/12/17 to 23/2/18 (dates).

DEBITS				CREDITS			
Date				Date			
	Period			21/12/17	Balance	14	9 4
	22/12/17-23/2/18				Period.		
	Allotment of 60d for				22/12/17-23/2/18		
	64 days @ 38.40	7	17 10		Pay & Field Alce.		
	Payments at Depot	1	10 0		64 days @ 1.10		
	Hosp. Advances	1	0 0		270.40	14	9 4
	P. & R.O. Payments	18	0 0		Ration Allice.		
					23/1/18-4/2/18		
					13 days @ 2/-	1	6 0
					21/2/18-23/2/18		
					3 days @ 2/-	6	0
	Creditor Balance	2	2 10		Debtor Balance		
	Total £	30	10 8		Total £	30	10 8

*Checked*

This account is in accordance with information received at the Pay & Record Office to 2/2/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.  
*WAB*



Certified correct,  
*J. H. Marshall*  
 CHIEF PAYMASTER & OFFICER IN CHARGE

Station \_\_\_\_\_  
 Date \_\_\_\_\_







This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Army Form B. 268.



# Proceedings on Discharge

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

No.	<u>989</u>	Army Rank	<u>Private</u>
Name	<u>Rowe Chesley</u>		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	<u>1st Battr. Royal Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c.			
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	<u>April 15<sup>th</sup> 1918</u>		
Place of discharge	<u>St. John's, Nfld.</u>		
1. Description at the time of discharge.			
Age	<u>22</u> years	months	Descriptive marks.  <u>Tattoo Right Arm</u>
Height	<u>5</u> feet	<u>8 1/2</u> inches	
Chest measurement	girth when fully expanded <u>31</u> ins.		
	range of expansion <u>34</u> ins.		
Complexion	<u>Fresh</u>		
Eyes	<u>Grey</u>		
Hair	<u>Dark</u>		
Trade	<u>Carpenter</u>		
Intended place of residence (To be given as fully as practicable)	<u>St. John's, Nfld.</u>		
	<u>Newfoundland</u>		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>			
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
To be filled in on the soldier quitting the Colours.	3. Military character :—		
	4. Character awarded in accordance with King's Regulations :—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.
Army Form B. 2088 has been issued to*			

Certificate to be signed by Soldier on Discharge.

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

Date May 1<sup>st</sup> / 5 / 18. Sig. of Soldier' Chesley J. Rowe  
Place Heart's Content Sig. of Witness' William J. Rowe

\*\*\*\*\*

## 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. It 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 compliance with 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 i/c Records when required by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W. Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.



**A Name in full** *Rome Chesley*  
**Regiment from which discharged** *1st Bfld*  
**Regimental Number** *989*  
**Where born (Parish, Town and County), and when** *Hearts Content Bfld 1896*  
**Intended address** *Hearts Content Bfld*  
**Height on discharge** *5 Feet 8 1/2* Inches  
**Colour of Hair on discharge** *Dark* **Colour of Eyes** *Grey*  
**Descriptive marks** *Tattoo R. Arm* **Complexion** *Fresh*  
**Figure on discharge** *Medium*  
**Christian name of Father** *William*  
**Christian name of Mother** *Mary*  
**Wife's Maiden name in full** \_\_\_\_\_  
**Date and Place of Marriage** \_\_\_\_\_  
**Christian names of Children** \_\_\_\_\_  
**Nature and locality of civil employment desired** *Carpenter*

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) *Rome Chesley* (Rank) *Pte*  
**Station** *Wandsworth* **Date** *17/1/18*

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

Medical Officer i/c  
Hospital.

**Station** *1st London General Hospital* **Date** *17-1-18*  
*Wandsworth SW* *H Bell*

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.**

## Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 989 Rank Pte Name Rowe CEnlisted (a) Jan 27/15 Terms of Service (a) 1 year Service reckons from (a) Jan 27/15

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended Duration of War Re-engaged Aug 15/15 Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 56, or other official documents.
Date	From whom received				
		Embarked S. Johns R. I. I.		20/6/15	
		Disembarked Alexandria		1/9/15	
		Embarked for Gallipoli		13/9/15	
9/10/15	"Nevarra"	Ill, Pyrexia	C 4038	Hs "Nevarra"	with A 16276
14/10/15	Comdt Malta	Admitted		St Andrews Hosp. Malta	" C 4162
	War Office	Inhabited to England & Admitted		Royal Victoria Hosp. Netley	A 3327
					Adj Jackson Captain for Major O/c Records 1/12 Dist 3rd Echelon Base Egypt

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.

P.T.O.



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

CERTIFIED COPY



No. 989

Rank

Name (surname first) Rome Chesley

Regiment 1/1 Newfoundland

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

*None.*

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

- (I) *Hearts Content*
- (II) *Carpentry*
- (III) *Sixteen Months*

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

*Carpentry*

4. What is the name of your Approved Society?

*Com J Rome*

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

*Yes*

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

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









*Checked*  
This account is, in accordance with information received at the Pay & Record Office to 2/2/18 and is therefore subject to amendment if, and as may be found necessary.

Despatching  
Office  
Stamp

NEWBURY  
18  
APR 19  
S. JOHN'S

Arrival  
Office  
Stamp

*[Handwritten signature]*

No 261

From Regt post office

Registered Letter Addressed--

*to Chesley Rowe  
Hants Content*

Received by

A. M.



## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

989

ST. JOHN'S, NEWFOUNDLAND.

June 28th., 1918

Capt. J. M. Howley,  
Secty. Pensions & Disabilities Board.

989, Pte. Chesley Rowe  
Heart's Content.

Dear Sir:-

The marginally noted man should report to  
Dr. Arthur Anderson, Heart's Content, for re-examination  
on whatever date the Doctor notifies him to appear.

Yours faithfully,

*Cluny Macpherson*

Major, D. M. S.

July 3rd. 1918.

Private Chesley Rowe,  
Heart's Content, T.B.

Dear Sir,-

Kindly present yourself to Dr.  
Arthur Anderson, Heart's Content, T.B. for re-  
examination, on whatever date the Doctor noti-  
fies you to appear.

Yours faithfully,

Secretary.

J/H.

March 15, 1919

#989 Pte. Chesley Rowe,

Hearts Content.

Dear Sir:-

With reference to your application  
I enclose cheque for seventy dollars (\$70.00),  
being amount of first payment on account of  
the "War Service Gratuity."

Yours truly,

Paymaster & O.i/c Records  
Captain,

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

1132  
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. *Shealey John* 2. Surname..... *Rowe*.....

3. Rank..... *Private*..... 4. Regtl. No..... *989*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Heart's Content January 27th 1915*.....

6. Date of enlistment in the Regiment..... *January 27<sup>th</sup> 1915*.....

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

..... *William Thomas Rowe Heart's Content*.....  
8. Relationship of such dependents..... *Father*.....

9. Address in full of such dependent..... *Heart's Content*.....

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 Mfld. If so, give dates, and particulars of such service..... *no*.....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *3 years & 77 days*.....



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

*no*

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

*Received about \$84.00 from Pension Board*

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

*yes*

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

*(in field Regt) yes*

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

*no*

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

*no*

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

*not applicable*

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

*no*

*April 12/18*..... *(Disability)*  
*(deafness & trench feet)*

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

*yes; at Gallipoli, at France twice*  
*(1 month at Gallipoli, about 14 mths in France)*

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

*no*

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

Signature of Applicant: *Chesley, John Rowe.*

Place of Residence: *Hearts Content.*

Declared before me at: *Hearts Content*

This *13<sup>th</sup>* day of *March* 191*9*

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

*Adam R Martin*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>6 mos.</i>	<i>420.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.

MIDFORD BAND

Aug 10/8/19  
The Pension Board Committee  
Water Street  
St John's

Dear Sirs  
I wish to inform you  
that I have only received four  
months pay of gratuity money  
amounting to \$1280.00. If I under  
stand correctly, I am to receive  
six months pay, and should have  
the amount of \$1400.00 for the  
months of (July and August.) I would  
like to get information regarding  
this matter. I hope I've made no  
intrusion, and trusting to receive  
prompt attention.

I am

Yours Respectfully  
99/ Chesley Rowe  
Hearts Content


to Mr Office  
W.M.P.  
15.8.19.

Sept. 17, 1919

No. 989, Pte. C. J. Rowe,  
Heart's Content.

Dear Sir:

With reference to your  
letter of Aug. 10th. to the Board of  
Pension Commissioners, I am enclosing  
herewith cheque for \$125.34, War Ser-  
vice Gratuity.

Yours truly,  


Major  
For Paymaster.

IMV  
Enc. 1

February 24, 1920

Pte. C. J. Howe,  
Heart's Content,  
T.B.

Dear Sir:

I enclose cheque  
for \$35.00, balance of Clothing Allowance  
due you, please.

Yours truly,

Major  
Paymaster

LM-  
Enc.

989

Heart Content  
May 19

J. R. Bennett. esq.  
Minister of Melita  
Dear Sir.

Kindly send  
me a "form" for the returned  
Soldier's allowance as per  
instructions  
and oblige

Yours Respectively  
Ex. Private Chesley J. Rowe  
Pen. No. 484



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 125 <sup>34</sup>/<sub>100</sub>

Aug 19 1919

Received from the First Newfoundland Regiment  
the sum of one hundred and twenty five <sup>34</sup>/<sub>100</sub> Dollars.  
on account of Pay. *with*  
balance

Ch. No. 8131	Initials. J.L.B.
Pay Ledger. 361	Initials. Wm
Gen. Ledger.....	Initials.....

Regtl. No. \_\_\_\_\_

Bank \_\_\_\_\_

*[Signature]*



No. 989 Rank Pl

Name C J Rowe

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35<sup>00</sup>

Feb 7 19 20

Received from the First Newfoundland Regiment  
the sum of Thirty five Dollars.

~~on account~~  
balance of Pay. C. Allen

Ch. No. <u>28760</u>	Initials <u>AIL</u>
Pay Ledger <u>36</u>	Initials <u>WR</u>
Gen. Ledger	Initials

Regtl. No. C. Allen Rank

No.

989

Rank

Pt

Name

C. J. Rowe

Heart's Content

Henry O Day

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.<sup>00</sup>/<sub>100</sub>

Mar. 25<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifteen 00/<sub>100</sub> Dollars.  
on account of Pay.  
balance

Chesley Rows

Regtl. No.

989

Rank

Pvt.

Ch. No. 5107	Initials...
Pay Ledger...	Initials...
Gen. Ledger...	Initials...

JAN 25 1918

No. 989

Rank

Pte

Name

C. Taylor

Rome.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$66<sup>42</sup>/<sub>100</sub>

Apr. 15<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Sixty Six <sup>42</sup>/<sub>100</sub> Dollars.  
on account of Pay when Discharged.  
balance 74

Ch. No. <u>51</u>	Initials.....
Pay Ledger... <u>[Signature]</u>	Initials.....
Gen. Ledger... <u>[Signature]</u>	Initials.....

Regtl. No. .... Rank .....

[Signature]

No.

989

Rank

Pte

Name

Le Rowe

## DEPARTMENT OF VETERANS AFFAIRS

Dep. of VETERANS AFFAIRS War Service Records
FEH - 9 1962
Referred to _____
Charged to _____

Ottawa Ont

Date Feb 8/62

Copy for H.O. FILE

Attention of

NAME ROWE, Chesley John.

SERVICE 989 ROY, NFD, CPC No. 261081

NUMBER REGT. WW1. W.V.A. No. 204414

NAVY  
ARMY x  
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO Sunnybrook Hospital Feb 6/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Feb 1/62  
Cause of Death  
Place of Death Sunnybrook Hospital Toronto 12, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
PAY  
BO.  
H.O.

} Destroy form if advice of death already received.

for  
Chief, Central Registry





*Doc's in Dead section*

DEPARTMENT OF VETERANS AFFAIRS

Regt. No. 989 NPLD.

Pension No.

V.A. No.

NAME AND NEW ADDRESS (Typewritten)

1571-C  
ROWE.....C.J.  
217 GEORGE ST.  
TORONTO ONT.

PLATE IMPRESSION (H.O. use)

*Pa. in M.F. Docs  
in Dead section.  
C.O.F.A.*

For a dependent pensioner deceased soldiers' name must also be inserted.

Old District Office.....TORONTO

TORONTO

New District Office.....

Issued at.....TORONTO.....District Office

By.....E.S. GORDON/JF.....  
Signature in Full

Date.....15.9.50.....

REGIMENTAL NO. 980.

484  
PENSION NO. 407

NAME. CHISLEY BOWE.

MARCH 30TH, 1918

FEELS WORSE. DEAFNESS, CAN HEAR SPOKEN VOICE TWO BARS ABOUT 4 FT.  
RIGHT EAR TWO FEET, LEFT DISTURBANCE.

AUGUST 12TH, 1918

DEAFNESS, SPOKEN VOICE 4 FT BOTH BARS. WATCH RIGHT 1" FROM EXT.  
MEATUS. LEFT PRESSURE ON EXT. MEATUS.  
GENERAL HEALTH IMPROVES CONSIDERABLY.

SEPTEMBER 9TH, 1919.

DEAFNESS--SPOKEN VOICE FOUR FEET. WATCH RIGHT. 1" FROM EXT. MEATUS  
LEFT ONLY BONY CONTACT.

GENERAL CONDITION GOOD. BUT FEELS A NERVOUS CONDITION WHICH WILL  
NOT ALLOW HIM TO REST.

DEAFNESS AND GENERAL DEBILITY.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No: 484

Regt. NO: 989 Rank: PTE Name: CHESLEY ROWE

Corps served with: ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board SEPT 26, 1927 Disability Nil

Pension for Self \_\_\_\_\_ per month, for \_\_\_\_\_ months.

Allowance for Wife: \_\_\_\_\_ per month, for \_\_\_\_\_ months.

ALLOWANCE FOR CHILDREN:

1st Child \_\_\_\_\_ per month, for \_\_\_\_\_ months.

2nd Child \_\_\_\_\_ per month, for \_\_\_\_\_ months.

\_\_\_\_\_ children, \_\_\_\_\_ per month, for \_\_\_\_\_ months.  
( )

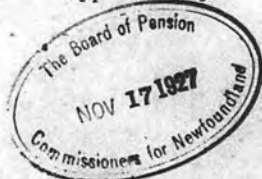
TOTAL MONTHLY PENSION Nil per month, for \_\_\_\_\_ months.

Total authorized amount Nil.

Pension granted to:

CHESLEY ROWE

Approved by:



[Signature] CHAIRMAN.

[Signature] COMMISSIONER.

[Signature] COMMISSIONER.

[Signature] SECRETARY.

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Name of Child. Sex. Date of Birth. Date allice.exp.

[Signature]  
31/11/27



DEPARTMENT OF  
SOLDIERS' CIVIL RE-ESTABLISHMENT

IN YOUR REPLY REFER TO FILE NO. SCR 1571-C

Ottawa, October 3, 1927.

The Secretary,  
Board of Pension Commissioners,  
St. John's, Newfoundland.

No. 989 - Chas. Rowe.


Dear Sir:

I beg to refer to your letter of July 2nd, requesting medical examination of the man marginally noted.

For your information there is attached a copy of B.P.C. Form 800B completed at Toronto, Ontario, on September 26th, 1927.

It is hoped that this report will be satisfactory.

Yours faithfully,

  
F.W. Makeman, M.D.,  
for  
Director Medical Services.

RBP/Mc

NEWFOUNDLAND  
Department of Soldiers' Civil Re-Establishment

FORM FOR MEDICAL RE-EXAMINATION  
FOR PENSION PURPOSES

B.P.C. ....

The following is a definite description of the man appearing before me for re-examination:

Regimental No. 989 Rank Pte. Unit Newfoundland  
 Name Chesley Rowe Date of Discharge .....  
 Place of Discharge Newfoundland  
 Age 31 Height 5' 7" Build med Weight 135 lbs  
 Complexion med Colour of eyes blue of hair brown  
 Marks of Identification Nose left arm  
 Nature of employment, former Apprentice Carpenter  
 present Factory

1. The man who appeared for examination, whom I have described above, I am satisfied is the man of the same name who is described in the previous documents on this file.
2. The following is a definite, detailed description of the present disabling condition: (If there is a new disabling condition not heretofore described, it is essential that a complete history of its origin be given, and if attributed to Service, the reasons for this opinion should be definitely stated.)

*Subjective:* At present is feeling fair  
 good. at times gets nervous and  
 shaky. Has pain at times in leg.  
 Hearing is much the same.

*Objective:* General appearance fair  
 Color and nutrition fair. Teeth need  
 attention. Throat neg.  
 Chest: Resonant thru-out. Breath sounds  
 clear.  
 Heart: Left border 2 1/2" from midline  
 sounds sharp. Rhythm regular. Rate  
 100 standing. B.P. 160/90.  
 Abdomen  
 Fair. No evidence of discharge  
 Hearing R.C. 15  
 L.C. 15.

Man is nervous and ill at ease  
 during examination. Some tremor of  
 hands and feet.

THIS IS TO CERTIFY that I have read, or heard read, the record of my complaints as made by me on  
 this date, that my complaints are correctly and satisfactorily recorded and that I have not withheld any information  
 concerning my disabling condition.

Chesley J. Rowe  
 Pensioner's Signature

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

*No*  
(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct, or neglect to exercise reasonable care required by the nature of the disabling condition?

4. Will disabilities materially increase or diminish? *Unable to state*

5. Are the disabilities permanent? *Unable to state*

6 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by Service? *No*

(b) Should he continue to do so?

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

NOTE: If any appliance is required and has not been previously supplied, special I.S.C. Form 144 should be completed as directed

The information supplied by answers to question 6 must be forwarded by Head of District Office to the nearest unit of the Department of Soldiers' Civil Re-Establishment.

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

(b) Nature of treatment advised

(c) Does pensioner refuse treatment advised? \_\_\_\_\_ and if so, is this unreasonable? \_\_\_\_\_

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

treatment advised, and refuse to accept the same for the following reasons:

Approved: *W. J. Parsons*

for

Months

by

*W. J. Parsons*  
Medical Adviser.

Pensioner's signature \_\_\_\_\_

The foregoing report submitted by:

Place *Toronto Ont*

Date *Sept 26 1917*

Signature *W. J. Parsons*

Medical Examiner.

484

23/3/27

143 St. Helens Ave.  
Toronto.

The Board of Pensions  
Commissioners  
Newfoundland.



Dear Sir

Kindly change  
my address from 77. A. St  
Edmunds Drive to the address  
above named; - Thanking you  
for the past -

I am yours truly  
Chesley Bowen.

143 St. Helens. Ave  
Toronto 14  
Ontario



Pension No  
484

Manner

Hearts Content  
21/12/25-

Pension Commissioners  
for Newfoundland

Dear Sirs:-

many thanks  
for cheque received dated  
Nov 20th/25.

I wish to draw your  
attention to the fact that  
I have not received my  
"October money"

hoping you will look  
this matter up-

am awaiting a reply  
Yours Respectfully

Charles J. Rowe

WMS  
what about  
this? please

~~WMS~~

*[Faint, mostly illegible handwriting on lined paper, possibly bleed-through from the reverse side. Some words like "WMS" and "please" are faintly visible.]*

RM

77-A. St Edmunds.  
Drive  
24/1/26  
Toronto

The Board of Pension Commissioners  
for Newfoundland

Dear Sirs.

This is just to say  
that I am residing at the  
above named, address.

Kindly forward my "Cheques"  
here and other Correspondence  
when necessary



Oblige

Yours truly

Osley Rowe

77-A. St Edmunds Drive  
Toronto. 12.

484

989

Nov 3, 1927.

Mr. Chesley Rowe,  
143 St. Helen's Ave.,  
TORONTO, 4, Ont.

Dear Sir:-

I have to inform you that as a result of your recent Medical Board it has been found that the disability for which you were receiving pension has now passed away. It is therefore regretted that you are no long entitled to receive an allowance.

Yours very truly,



Secretary.

/B.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 484  
Regt. No. 989 Rank Rt Name Chesley Rowe  
Corps served with \_\_\_\_\_  
Date of Medical Board 22/9/25 Disability 10 %  
Pension for Self 7.50 per month for 24 months.  
Allowance for Wife \_\_\_\_\_ " " " 6566 months.  
Allowance for children:

1st. Child \_\_\_\_\_ per month for \_\_\_\_\_ months.  
2nd. " 6566 " " " \_\_\_\_\_ months.  
\_\_\_\_\_ Children @ \_\_\_\_\_ each per month for \_\_\_\_\_ months.  
Total monthly pension \$ 7.50 for 24 months.  
Total authorized amount \$ 180.00

Pension granted to:

Name Chesley Rowe  
Address: Rt Content

Approved by:-

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
Commissioner  
\_\_\_\_\_  
do.  
[Signature]  
Secretary.

Date of Marriage: \_\_\_\_\_ Name of Wife: \_\_\_\_\_  
Names of Children. Sex. Date of Birth. Date expires \_\_\_\_\_

[Signature]  
7/10/25

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

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

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

AS SOON AS POSSIBLE

Regimental No. 989 Rank PRIVATE  
Name CHESLEY ROWE ADDRESS: HEART'S CONTENT.  
Unit ROYAL NEWFOUNDLAND REGIMENT  
DESCRIPTION OF PENSIONER:  
Apparent Age 29 YEARS Height 5'8½" Color of Eyes GREY  
Complexion FRESH Colour of Hair DARK Weight  
Marks of Identification:

SEPTEMBER 20, 1924: Extremely restless. Very nervous. Has had several kinds of work to do within the last two months but cannot hold his work because of inability to force himself to perform the simplest acts which he says before he had Enteric fever were simple and unconsciously performed. Fairly well nourished. Speaks rapidly. Good memory. Very little will power. Knee jerks somewhat exaggerated. Concentration and attention both impaired.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:  
DEAFNESS AND GENERAL DEBILITY

## MEDICAL REPORT.

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

Yes

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

Generally nervous, complains of "formication" knees to ankles. Lacks power & concentration & attention to work. Physically apparently sound. Condition apparently mental.

Hearing to ordinary conversation not much below normal

Diagnosis. Neurasthenia.

Special Questions:—

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

Signature  
of Witness .....

A. R. Anderson

Pensioner's Signature.....

Charles Rowe

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

Deafness & General Debility

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

Weather

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

Deafness improved

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

5 Will disabilities materially increase or diminish? Diminish

6 Are the disabilities permanent? No

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? No

(b) Should he continue to do so? Yes

(c) If so, is any alteration in the form of the present appliance recommended? No

(d) If any appliance is necessary? No

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

(b) Nature of treatment advised... Admission to Sandburg for electrical treatment

(c) Is pensioner willing to accept treatment advised? Yes

(d) If not, is his refusal reasonable? No

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

advised and refused to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature A. B. [Signature]  
Medical Examiner.

Place Healdsburg

Date Sept 22<sup>nd</sup> 1926

Members (of a Board)

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

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

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

(b) If so, is he receiving the additional allowance for a wife? No

10 (a) Has a child been born to pensioner since last medical re-examination? No

(b) If so, is he receiving the additional allowance for a child? No

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

12 Have any of pensioner's children died since last medical re-examination? No  
(State date of death and names of children who have died.)

Place Healdsburg

Date Sept 22<sup>nd</sup> 1926

A. B. [Signature]  
Head of District Office,  
(or Medical Practitioner)



430

~~434~~

2



Aug 20/24  
Corner Brook  
Bay of Islands  
The Newfoundland  
Board of Pensions  
St John's

Dear Sirs

I wish to state I am in Corner Brook from Montreal, arriving here about one month and a half ago. Sorry I did not let you know before as I did not know where I would be going.

I am a Pensioner, and write so as you can arrange for my medical examination, hoping I will not

put you to any trouble

Yours Respectfully  
Chesley J. Rowe  
No. 12 Camps  
Corner Brook

484

Hearts Content

16/1/25?

The Board of Pensions  
Commissioners  
Newfoundland



Dear Sirs

I beg to advise you, that I am at Home; In future will you kindly forward my checks to place above mention.

I also wish to say that I have not got my November and December money, I feel certain they were sent to "Corner Brook," can you arrange to have them returned to me. I have written my-self, and unable to get any reply.

Kindly advise me, whether I got all my money ending 13/7/24 as I am under the impression I did not get my July money hoping I am not putting you to any trouble

I am yours truly  
Chesley Rowe

{Pen. No.  
484}

~~WMS~~

Note &  
Look up

House  
~~WMS~~

THE BOARD OF PENSION COMMISSIONERS  
FOR Nfld.

Pension No. 484

Regt. No. 969 Rank Pte Name Chesley Rowe  
Corps served with Royal Newfoundland Regiment  
Date of Medical Board 20.9.24. Disability 10 %

Pension for self \$ 7.50 per month for 12 months.

Allowance for wife \_\_\_\_\_ " " " \_\_\_\_\_ months.

Allowance for children:

1st child \_\_\_\_\_ per month for \_\_\_\_\_ months.

2nd child \_\_\_\_\_ per month for \_\_\_\_\_ months.

\_\_\_\_\_ children @ \_\_\_\_\_ ea. per month for \_\_\_\_\_ months \_\_\_\_\_

Total monthly pension \$7.50 for 12 months.

Total authorized amount \$90.00

Noted.

*W. P. ...*  
Date: 17/10/24

Pension granted to: -  
Name Chesley Rowe

Address Corner Brook

14.10.24.  
B.T.

Approved by: -

W. P. ... Chairman.  
P. H. ... Commissioner.  
J. H. ... Commissioner.  
A. J. ... Secretary.



.....  
Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

NAME	SEX	DATE OF BIRTH	AGES OF AGE

*[Handwritten signature]*

*[Handwritten signature]*

325

16/10/24  
B.T.

## FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONER

**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND**

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

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

Per.....

Regimental No. 989

Rank PRIVATE

Name CHESLEY ROWE

ADDRESS:

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS

Height 5' 8½"

Color of Eyes GREY

Complexion FRESH Colour of Hair DARK

Weight

Marks of Identification:

JANUARY 5th 1924:

Complaints - Nervous and restless, frequently has to jump up from Church service or barber chair and run outside to get relief. Otherwise he gets along well at his work, sleeps well and eats well. When in service he developed enteric fever, which was followed by deafness and he states that this deafness bothers him a great deal at present, though he hears the ordinary conversational voice easily.

Exam: A well developed, fairly well nourished man, who appears somewhat jumpy, speaks rather rapidly, but otherwise shows no evidence of mental or nervous disease. Cranial nerves normal. ~~Motor~~, sensory and reflex systems all normal. Memory is excellent. There is no defective concentration or attention and no evidence of delusions or hallucinations.

The disability in this case is that contained in his subjective symptoms, enumerated above, which beyond the question of the deafness which should be referred to the Ear Specialist for examination, do not constitute much of a disability.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DEAFNESS AND GENERAL DEBILITY.



THE BOARD OF PENSION COMMISSIONERS FOR REFORMED

THE BOARD OF PENSION COMMISSIONERS FOR REFORMED

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THE BOARD OF PENSION COMMISSIONERS FOR REFORMED

THE BOARD OF PENSION COMMISSIONERS FOR REFORMED

Disability for which pension has been awarded:—

## MEDICAL REPORT.

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

yes

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

Complaints: extremely restless. Very nervous. Has had several kinds of work to do within past two months but cannot hold his work because of inability to force himself to perform the simplest acts which he said says before he had enteric fever were simple and unconsciously performed.

Fairly well nourished. Speaks rapidly. Good memory. Very little will power. Knee jerks somewhat exaggerated. Concentration and attention both impaired.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

Signature  
of Witness

G. Fisher

Pensioner's signature

Charles J. Rowe

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

*Deafness and general debility*

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

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

*About the same*

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

*No*

5 Will disabilities materially increase or diminish?.....

*should diminish*

6 Are the disabilities permanent?.....

*I do not think so*

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

*not required*

(b) Should he continue to do so?.....

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

(d) If any appliance is necessary?.....

*No necessary*

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

*Yes*

(b) Nature of treatment advised.....

*rest*

(c) Is pensioner willing to accept treatment advised?.....

*Yes*

(d) If not, is his refusal reasonable?.....

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

The foregoing report submitted by

Pensioner's signature *[Signature]*

Place

*Cornes Brook*

Signature *[Signature]*  
Medical Examiner.

Date

*Sept. 20<sup>th</sup> / 24*

Medical Examiner  
% for  
12 Months

Members  
(of a Board)

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

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

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

*No*

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

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

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

11 If pensioner was married, has his wife died since last medical re-examination?.....

*never married*

(State date of death.)

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

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

Place

*Cornes Brook*

Date

*Sept. 20<sup>th</sup> / 24*

*[Signature]*

Head of District Office,  
(or Medical Practitioner)





23/4/24

30 Coleraine St.  
Point St. Charles  
Montreal

Board of Pensioners  
Melicia Bldg  
St John's

Dear Sir

I wish to say that I am an ex soldier getting a little pension for disabilities received overseas.

Last year I came to Montreal one month prior to my medical examination which should have been in July.

I notified my Doctor at Hearts Content to report my whereabouts

To the Minister of Pensioners  
St John's.

I did not hear any more of my "Medical Board," until in December, when I was advised to report for an examination, which I did promptly.

I understand I am still in the receipt of my little Pension, for I have received one Premium in March.

Kindly advise me if I am to receive the other seven months back money from August to February which I did not get.

If I am entitled to this money, on your behalf I would very much like to

get it. as I find it very hard to get along.

hoping that I have made no intrusion and thanking you for past favours.

Yours Respectfully  
Chesley J. Rowe

P.S. Please address all  
Correspondence to  
300 Coleraine St.  
Pt. St Charles  
Montreal.

484

May 5th 1924.

Mr. Chesley J. Rowe,  
300 Coleraine Street,  
Point St. Charles,  
Montreal.

Dear Sir:-

With reference to your letter of April 23rd regarding back payment of your pension, I beg to state as you did not furnish us with your address after you had left Newfoundland and as you could not be located for Medical examination, we cannot grant you pension for the period from the time your former award expired until you were medically examined again.

Yours very truly,



Secretary.

ED.

C. Rowe.

989

P.R.O.



Newton Park School  
Apr  
April 14<sup>th</sup>/4/16

Paymaster, Newfoundland Contingent

Dear Sir,

Recd. Postal money  
order value of £1.0.0 with thanks.  
am forwarding on Receipt  
of my own signature, hoping  
Sir you will get it without  
any trouble. Thanking you  
for the part favour.

hereby remain yours

Obedient Servant

989 Chesley: J. Rowe

# ANGLO-AMERICAN

WESTERN UNION

DIRECT UNITED STATES

No. *41*



## CABLEGRAM

No. <i>762</i>	Service Instructions <b>Via Anglo</b>	Time Received. <i>11/19/15</i>	Receiving Office <small>(See back of Form for Telegraph Offices.)</small>
Handed in at <i>Heart's Content</i>	<b>DEFERRED</b>	No. of Words. <i>25</i>	

No inquiry respecting this Message can be attended to without the production of the original.

To LCO Rpl0 Capt. Jimewell  
 Pay and Record Office  
 7thld Regt 38  
 Victoria Street Lon  
 Kindly advise whereabouts  
 and condition of  
 Chesley Rowe nineeightnine  
 Charles  
 Rowe

1ST N-FOUNDLAND REGIONAL PAY & RECORD OFFICE	
Ref. No.	<i>1309</i>
Rec'd.	<b>NOV 30 1915</b>
Acc'd.	
Ans'd.	
File No.	

Please hand your Reply direct to this Office.

## MESSAGES AND SIGNALS.

No. of Message

Prefix	Code	m.	Words	Charge		Recd. at	m.
Office of Origin and Service Instructions.			Sent			Date	
			At	m.		From	
			To			By	
			By			(Signature of "Encoding Officer.")	

TO	G.C.	Royal	Victoria	Hospital
			Hutley.	

Sender's Number

Day of Month

In reply to Number

A A A

88

30th Nov. 1915.

Kindly	advise	condition	nine	eight
nine	Private	Ghesley	Rowe	enable
me	reply	relatives	cablegraphic	enquiry
from	Newfoundland	reply	Synoptical	London.
	Officer	i/o	Records	
		Newfoundland	Contingent.	

From

Place

Time

The above may be forwarded as now corrected.

(X)

General

Signature of Addressee or person authorized to telegraph in his name

\* This line should be erased if not required.

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



# 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 1d. being reckoned as 1d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions

Office Stamp



Charges } c. d.  
to pay }

Handed in at } 5 3/4 Received here at } 8 16 1/2

*Wtms*

*Netley Abbey*

TO { *0 1/2* ~~6~~ *Records New Foundland*  
*Walsingham Ldn*

*R 5953 30/11/15 a a a you o/c*

*of*  
*Rowe convalescent - endorse*  
*nerves Netley*

1ST W. WOOL SOLDIER REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	<i>1371</i>
Rec'd.	<b>DEC 1 1915</b>
Acc'd.	_____
Ans'd.	_____
File No.	_____

No. 152

# WESTERN UNION

## ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM



Prefer _____ Code _____ WORDS CHARGE		At _____ To _____ By _____	SENT FOR STAMPS
<b>VIA WESTERN UNION</b>			THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

30, Nov. 1915.

L.C.O.

To CHARLES ROWE,

HEARTS CONTENT (NEWFOUNDLAND)

ROWE ROYAL VICTORIA HOSPITAL NETLEY SOUTHAMPTON FORMERLY

DYSENTERY SINCE ENTERIC NOW CONVALESCENT.

TIMWELL.

*Handwritten signature:*  
 [Illegible signature]  
 [Large diagonal slash]

**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 59, Victoria Street.

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



No.

150/11

# WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES  
CABLEGRAM

SENT

FOR STAMPS

Prefix

Code

At

To

By

WORDS

CHARGE

VIA WESTERN UNION

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

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

30/11/15

To COLONIAL SECRETARY

ST. JOINS NEWFOUNDLAND

~~UNRIDDLE LONG ENTERIE BOVE DYSENTERY GREEN ROYAL VICTORIA HOSPITAL~~~~NETLEY WOODS ANGOSTANSE BEAUFORT WAR HOSPITAL FISHPONDS BRISTOL~~~~ALL POUCHHOOK BOONE FRENCH INPARINA DISKPILE~~

TIMWELL

Translation:- With reference to your telegram 27 November Long enterie  
~~Bove dysentery Green ~~xxxx~~ Royal Victoria Hospital Netley Woods~~  
 just arrived at Beaufort War Hospital Fishponds Bristol all making  
 substantial progress Boone French have no other information than that almost  
 furnished Venereal

Timwell

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

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.

March 24 6

989 Pt. Ousley Row Peel House  
Regency St.

The Bank of Montreal  
informs me that they are  
posting an envelope to this  
office to-day & addressed to  
you. Please call here at  
your earliest convenience  
J. A. Anderson

989 Ph C. J. Rowe  
Newton Park School

1345/1

Apr 21-13.

Reference to your letter regarding the amount of the  
to get

989 Rowe, C. J.

Newton Park School  
Ayr Scotland

1182  
APR 1 1918  
To Pay Master.

1/1 Newfound Regt.

Dear Sir

ok. 1-2-0  
1/1/18 Y.

Would you kindly

be able to send me (by cable)  
an advance of two pounds £2.0.0  
as I have another ten days to  
spend I would be very much  
pleased to get it. Hoping  
you will do what you can for me  
and putting you to no inconvenience  
trouble.

I hereby remain

Yours Obedient Servant.

(Pte) Chesley J. Rowe 989  
1/1 Newfound Regt.

1344/1

April 11th.

6.

989 Pte. C.J. Rowe,  
Newton Park School,  
Ayr, N.B.

Reference your letter undated. Herewith enclosed  
Postal Money Order value £1-0-0 together with  
Receipt form for your signature and return to  
this office.

Capt,  
Paymaster & O.I/c Records.

14726/175

BT 100000

3rd London General  
Wandsworth

31st December 7

989

Pte

G. Rowe

2:0:0

14725/173

WARD. 9.

Dec 28/12/17

Please pay to (Pte. C. Rowe)  
989. 111 Newfoundland Regt.  
The Sum of two pounds.  
(£2. 0. 0).

NAME	Approved
POST	W. S. Chall
NO.	29 DEC
REMARKS	3rd London General Hospital WANDSWORTH, S. W.
DEL. NOS.	14725/173
INITIALS	<i>[Signature]</i>
DATE	
BY	
REMARKS	
NO.	



£2 0 0  
31/12/17

**Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations. Admitted. 13/12/17.**

Soldier's  
Regtl. No. 989 Rank Pte Name Rowe G.  
(Surname first)

Corps or Regiment (also Unit if known) 1st Nfld.

To OFFICER in charge of RECORDS 58, Victoria St. S.W.

REGIMENTAL PAYMASTER 58, Victoria St S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 19.1.18. has been sent to <sup>By address below.</sup> ~~London~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and ~~sent~~ sent of plain clothes.

He proceeded on (date) January 23<sup>rd</sup> 1918.

to (full address) 58 Victoria Street, S.W.  
3<sup>RD</sup> LONDON GENERAL HOSPITAL

Place WANDSWORTH. Officer Comm.

Date 23/1/18. G.C. Hall Hospital.  
Capt. M.D.

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Register, R.A.M.C.T.



**Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.** Admitted 13/12/17

Soldier's  
Regtl. No. 939 Rank Pte Name Roper G  
(Surname first)

Corps or Regiment (also Unit if known) 1<sup>st</sup> Nfld

To OFFICER in charge of RECORDS 58 Victoria St S.W.

REGIMENTAL PAYMASTER 58 Victoria St S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 14/1/18, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and ~~a suit of plain clothes.~~

He proceeded on (date) January 23<sup>rd</sup> 1918

to (full address) 58 Victoria Street S.W.

<sup>3<sup>rd</sup></sup> LONDON GENERAL HOSPITAL  
Place WANDSWORTH. Officer Comm.

Date 23/1/18 G C Hall Hospital.  
Capt M.D.

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office of the P.A.M.C.F.



NEWFOUNDLAND CONTINGENT  
PAY & RECORD OFFICE, 59, VICTORIA ST., LONDON, S.W.

CABLEGRAM RECEIVED

FROM Colonial Secretary REGD.NO. \_\_\_\_\_  
 RECEIVED: DATE 28/11/15 TIME \_\_\_\_\_ NO. of WORDS \_\_\_\_\_  
 DECODED BY \_\_\_\_\_ CHECKED BY \_\_\_\_\_  
 SUBJECT \_\_\_\_\_  
 ACKNOWLEDGED PER \_\_\_\_\_ NO. \_\_\_\_\_ DATE \_\_\_\_\_

CABLE WORD	MESSAGE
ABSOLVETH	What is address (of)
IDEOGRAM	what is nature of illness (of)
COMPEDIARE	report by telegram present condition of
fortweight	48
Long	Long
nine eightynine	989
Rowe	Rowe
ABSOLVETH	What is address (of)
COMPEDIARE	report by telegram present condition of
nine ninetytwo	992
Boone	Boone
sixty three	63
French	French
WHIPHANDLE	660
Woods	Woods
WELKIN eight	108
Green	Green
CHOPHOUSE	Colonial Secretary

*orig. See File 57*

No. 989 Rank Pvt Name Rowe S.

Pay	F.A.	KG	Total
100	10		110
Less Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance				90	Balance							
Acquittance Rolls	10-2-2			2	Pay @ net Rate	9-6-11	25-1-18	229	50	114	50	23 10 7
Hospital Advances	1-0-0			0	Return allowances							16 24 6
Payments at Capt's	1-10-0			0	8 days 221	24-1-18	28-1-18	5	50	2	50	10 4 -
P. & K. Payments	2-0-0			0	<del>(17-13-2)</del>	29-1-18	20-2-18	23	50	11	50	2 7 3
13.11-2					8-5-7							
Chgo 7466	23-1-18	10	0	0	1-12-10							
23-11-2												
Carl 5436	28-1-18	5	0	0								
R. No 5530	3-1-18	2	0	0								
52-9-2 5779	20-2-18	1	0	0								

A.A. Co. Cont.

342-0



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



1<sup>st</sup> Imp'd (Regiment).

No. 989, Rank Pte., Name Rowe G.

is discharged from Hospital with orders to proceed to Wandsworth  
58 Victoria St. S.W.

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

\_\_\_\_\_  
Officer Commanding,

Place Wandsworth H. Tazan } Hospital.  
Capt. R.A.M.C. (F)

Date 23/1/18 Registrar, R.A.M.O.T.

fulfill to 10 am. 30/1/18 3rd London General Hospital,  
WANDSWORTH, S.W.

If a General Mobilization is ordered every soldier on pass must return Immediately to his unit without waiting for instructions.

No. \_\_\_\_\_

Regiment Newfoundland

Army Form B. 295.

**PASS.**

No. 989

(Rank) Private

(Name) Rowe C.

has permission to be absent from his quarters, from

23-1-18

to 30-1-18

for the purpose of proceeding to London

(Station) London

Date 23-1-18

NEWFOUNDLAND CONTINGENT

*H. S. Anderson*  
Commanding.  
per \_\_\_\_\_  
REGIMENTAL QUARTERS & OFFICERS' CLERK

CROWN COPYRIGHT RESERVED.

WA 11135M1141-1177. 600,000 Pads. J.T.S.B., Ltd. (S 177) Q. No. 156. 1918.

If a General Mobilization is ordered every soldier or pass must return immediately to his unit without waiting for instructions.

*James*

No. \_\_\_\_\_

Regiment Royal 2nd Lt.

**PASS.**



No. 984 (Rank) Pte. (Name) Ross L.

has permission to be absent from his quarters, from

19-2-18 to 25-2-18.

for the purpose of proceeding to

London

(Station) Hayley Down Camp.

(Date) 19/2/18

*James*

Commanding. COLONEL. [P.T.O.]

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

CROWN COPYRIGHT RESERVED



RECEIPT.

C.R. 989

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of  
2 inches of Riband of Victory Medal-1914-1919.

NO. 989 NAME Chesley J. Rowe

DATE.....

PLACE.....

March 27/20  
Harb Content

RECEIPT FOR ISSUE OF

C.R. 989

RIBAND OF BRITISH WAR MEDAL-1914-1919.

---

I certify that I have received a issue of 2 inches  
of Riband of British War Medal-1914-1919

*Cherley Road*  
Name.....

*March 27/20*  
(Date).....

*Hearts Content*  
(Place).....

C.R. 989

Hearts Content  
March 3<sup>rd</sup>/107

Department of Militia  
St John's n.b.

Dear Sirs

yours of Feb'y 16<sup>th</sup> recd.  
and beg to reply that I have  
recd. "The Star" by Registered  
Post o.k. Thanks for same

"No Acknowledgement was my mistake  
and I heartily thank you for  
calling my attention to the same,  
trusting this will be o.k."

Yours Sincerely

Charles J. Rowe  
989

P.S.  
Enclosed find 2 other  
Receipts?

C.R.

No. 469

A REGISTERED POSTAL PACKET

Received from

Addressed

989



Tom O'Neal  
 Heart Content  
 Alley

Received a Registered Postal Packet addressed as on Receipt Form bearing the above No.

Office }  
 Stamp }

Received a Registered Postal Packet addressed as above... }

Alley

C.R. 989

Sept 13 18

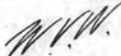
Mr. William Rowe  
Heart's Content

Dear Sir:-

I beg to inform you that I am forwarding  
one Cotton Bag containing effects belong to ex Pte.  
No. 989 Chesley Rowe, of the Royal Newfoundland Regiment

Enclosed herewith is receipt; please  
sign same and return at your earliest convenience.

Yours faithfully,



Lieut.

Casualty Officer.


No. of Paper 973

PERSONAL EFFECTS.

Name Rowe C.

No. 989 Rank Plt.

Regiment Newfoundland.

Article	Where stored	Notified by
<p>1 Cotton Bag:- Containing Kettles Photos - Spoon 2 Relig. Books - 1 packet Cigs (broken) 1 Field Dressing - 1 Pencil (piece)</p>		SHIPPED TO NEWFOUNDLAND
	<p>Final Disposal</p>	

Remarks:- Repacked

Next of Kin:  
Wm. Rowe  
A. L. C. C. C.

C.R. 989

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

989 Pte. C. Rowe,

discharged 13 - 4 - 18, Medically unfit

C.R. 989

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 16, 1916.

#989 Pte. C. Rowe.

Having been found Medically Unfit is discharged from  
15/4/16.



C.R. 989

Extract from Preliminary Report, from The Director of  
Medical Services, To Officer Commanding Depot, dated  
April 1st, 1918.

#989 Pte. C. Rowe.

Recommended Discharge as Permanently Unfit.

C.R. 989

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, March 26, 1918.

The following man reports to Depot on 25/3/18 from  
Overseas:-

#989 Pte. C. Rowe.

C.R. 989

Extract from Nominal Roll of repatriation Draft No. 57  
Submitted by the War Office, London, dated February  
25th., 1918.

---

#989 Pte. C. J. Rowe.

REMOVED LONDON  
FOR DISCHARGE.  
D.J.

Embarked Liverpool Feb. 23rd. 1918.

C.R. 989

Extract from Casualties from Pay and Record Office, London,  
dated Feb. 20th 1918.

FOR DISCHARGE.

989 Pte. Rowe, G.J.

Reported at 58 Victoria Street 20/2/18, from Depot, Winchester  
He has been granted furlough 22 noon 22/2/18 and ordered  
to report at P & R.O. on the latter date for disposal. To be  
repatriated.

Authority for Discharge A.F. B.179.

C.R. 989

Extract from Casualties received from Pay & Record Office,  
London, dated February 20, 1918.

#989 Pte. C.J. Rowe. ✓

Reported at 58 Victoria Street, 20/2/18 from Depot  
Winchester. They have been granted furlough to noon  
22/2/18 and ordered to report at P & R.O. on the latter  
date for disposal. to be repatriated.

C.R. 989

Extract of Casualties received from Pay & Record Office,  
London, dated February 5, 1918.

The following man on pass awaiting repatriation is  
ordered to report to the Depot at Winchester 5/2/18,  
and there to await disposal.

#989 Pte. C.J. Rowe.

Authority:- Officer i/c Records.

CR  
989

Extract of Casualties received from Pay & record Office,  
London, dated January 30, 1918.

#989 Pte. C. Rowe.

is granted an extension of furlough to 5/2/18 to report  
at 58 Victoria Street on latter date for further orders.

Auth:- O.i/c Records.

C.R. 989

Extract of Casualties received from Pay & Record Office,  
London, dated January 23, 1918.

For Discharge.

#989 Pte. C. Rowe. ✓

ex 3rd London General Hospital, 23/1/18 is granted furlough  
to 10 a.m., 30/1/18 with orders to report at 58 Victoria  
Street, on the latter date for further orders. To be  
repatriated.

Auth:- Authority for discharge A.F.B.179.



Extract from Casualties received from Pay and Record  
Office, London dated January 4th., 1918.

---

The u/s men of the 1/1st Newfoundland Regt. have  
been discharged from the 3rd., London General  
Hospital, Wandsworth, on the 3/1/17, and have been  
granted furlough during the period stated below.

989 Pte L. Rowe.

3-1-17. 12-1-17

C.R. 989

Extract from Daily Orders Part II, UNIT <sup>Royal</sup> The Newfoundland Regt.  
dated 29th. Dec. 1917.

REPORT.

989 Pte. G. Rowe

Invalided to U.K. 12/12/17 Sick.

# FOUNDLAND 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 Message may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

*Wm. Rowe*

Address

Line Number	Red	By	Sent	by	Check

Dated December 16th, 1917.

To Mr. William Rowe,  
Heart's Content.

Regret to inform you that Record Office, London, officially reports No. 989 Private Chasley J. Rowe at Wandsworth suffering from trenchfoot.

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

R. A. SQUIRES,  
Colonial Secretary.

**FOR TYPEWRITER**

C.R. 989

Extract of Consultation received from Pay & Record  
Office, London, dated December 15, 1917.

#989 Pte. C.J. Rowe. ✓

Trench Foot.

Admitted 3rd London General Hospital, Wandsworth.  
dated 13/12/17.

C.R. 989

Extract from Nominal Roll Draft (All Ranks) to 1st Bn.  
B.M.F. Embarked Southampton.

989 Pte. C. Rowe.

25-3-17.

C.R.

989

Extract of Casualty List received from P. & R. O.  
January 4th. 1917.

989, Pte C. Rowe. ✓

The following man of the 1/1 Nfld Regiment has been  
discharged from the 3rd London General Hospital  
Wandsworth on 3/1/17, and have been granted furlough  
from 3/1/17 to 13/1/17.      Fit for 1 Duty.

C.R. 989

Extract of Casualties from list of sick and wounded N.C.O.s and  
men of the Expeditionary Force - France, received from the Pay  
and Record Office, London dated Dec. 7th 1916. List. NO. H.A. 4658

989 Pte. Rowe, C.

Trench Foot.....To Eng Ex. 3 Sty. Hos. 28th Nov '16.

C.R. 989

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.  
December 7th. 1916.

1989, Pte C. Rowe. ✓

1 Newfoundland R. Trench Foot Severe Adm.3 Sty. Hos.  
Rouen 26th. November 1916.



# N. FOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender Frederick M. Bennett Address \_\_\_\_\_

Line Number	Red	By	Sent	Check
		Frederick M. Bennett	Dec 4 1916	

Dated December 4, 1916.

To Mr. William Rowe,

Hearts Content.

Regret to inform you that the Record Office,

London, officially reports No. 989, Private Chesley

J. Rowe, is at Wandsworth suffering from trench feet.

Upon receipt of further information I shall immedi-

ately wire you and trust that the next report will

be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.P.

989 -

Extract from Casualties received from Pay & Record  
Office London, Dec. 2nd, 1918.

Admitted 3rd London General Hospital Wandsworth  
30-11-18.

989 Pte. C. Rowe

Trench Feet.

C.R. 989

Extract of Casualty List received from P.&.R.O.  
December 2nd 1916.

989, Pte C Rowe. ✓

1st Newfoundland Trench Feet. Admitted 3rd London  
General Hospital Wandsworth 30/11/16.

C.R. 989

Extract from Nominal Roll fo H.M.L. Regt. Draft No.11  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton,  
3-10-16.

989 Pts. C. Rowe.

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL

July 22, 1916.

---

Report by telegraph present condition of  
Capt. Newell, Lieut. Bonister, 1500 Mitchell,  
441 Waterman, 1420 Sheppard, 252 Hickey, 996  
O'Driscoll, 1340 Dawson, 1814 Carter, 1068 Dunn,  
490 Keel, 1293 Ryder, 940 Hicks, 1271 Guy, 630  
Cuff, 466 Moulard, 524 Cuff, 1917 Wade, 742  
Mifflin, 1411 Gesso, 682 Rowe, 1368 Brasil,  
1320 Chipman.

COLONIAL SECRETARY.

---

**FOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

**(NOT TRANSMITTED)**

Signature of Sender

Address

Line  
Number

Rcd

By

Sent

by

Check

*Dated*

November 30, 1915.

*To*

Mr. William Rowe,

Heart's Content.

London

Record Office today reports No. 989, Private Chesley J.

Rowe, at Royal Victoria Hospital, Netley, with dysentery,

making substantial progress.

COLONIAL SECRETARY.

①  
✓

NOV 27 1915

Record Office,  
London.

What is the address of; What is nature of illness of;  
Report by telegraph present condition of

48 Long; 989 Rava.

What is address of; Report by telegraph present condition of  
992 Beane; 65 French; 660 Woods; 108 Green.

INVINCIBLE  
COLONIAL SECRETARY.

LINEN BOND

C.R. 959

Extract of Sick and Wounded N.C.O.s. and Men of the Mediterranean Expeditionary Force, NO: H. 5537, dated Nov. 30th. 1915.

989 Pte, C. Rowe

1st Newfoundland..... Sick..... Adm. Royal Victoria  
Hospital, Netley, 30th. Nov. 1915.



NEWFOUNDLAND POSTAL TELEGRAPHS. ✓

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 12 B Sent by Hearts content Rec'd by 24 Check 10pd 714  
Place from \_\_\_\_\_  
To R. J. Bennett Esq  
Col. Secty.  
St John's

NOV 24 1915

Thanks for message kindly  
enquire nature sons no.  
989 illness.  
W. F. Rowe

✓  
R (11)

COPY OF TELEGRAM.

Dated

November 24, 1915.

To Mr. William Rowe,  
Hearts Content.

Regret to inform you that the Record Office,  
London, officially reports No. 989, Private Chesley  
J. Rowe, <sup>has</sup> arrived in England sick, but no particulars as  
to nature of illness have been given.  
Upon receipt of further information I shall immedi-  
ately wire you and trust that the next report will  
be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 989

Extract of Communication from Netley Hospital to Officer i/c Records  
Newfoundland Forces, dated Nov. 23rd. 1915:-

The undermentioned man arrived at this Hospital on 20/11/15 ex S.S. "Koreal"  
Embarked at Egypt.-

(Para. 1102, King's Regulations.)

989 Pts. C. Rowe.

1st. Newfoundland..... Sick.

C.R.

989

Copy of Cablegram to Governor St. John's Hfld.  
from P. & R. O. Nov. 23rd. 1915.

989, Pte Rowe. ✓

Arrived England, Sick. ✓

C.R. 989

Extract of Sick and Wounded Lists H.C.Os. and Lists of the Mediterranean Expeditionary Force, Nos. H. 3733, dated Nov. 3th. 1915.

989 Pte. C. Rowe

1 Newfoundland ..... Dysentery .....  
to Hospital in Malta from H.S. "Novara" on 14th. October, 1915.

C.R.

989

Extract from Nominal Roll of "D" Co. 1st Bn. MFLA.

Regt. Embarked Devenport for Active Service 20-8-15

989 Pte. C. <sup>H</sup>owe.

Disembarked at Alexandria 31-8-15 Proceeded to Abbassiam

Cairo, same date Embarked Alexandria for Gallipoli 13-9-15

C.R. 989

Extract from Nominal Roll of Draft embarked for  
Overseas per S.S. Stephano March 20th 1915.

No. 7. Platoon.

989 Pte. C. Rowe.

C.R. 989

Chesley J. Rowe was attested for General Service  
with the NEWFOUNDLAND REGIMENT on ..... Jan. 27th 1915.  
Regimental No. 989 was allotted to Pto Chesley J. Rowe.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.



REGIMENTAL NO. 989.

PENSION NO. 487

NAME. CHESLEY ROWE.

MARCH 30TH, 1918

FEELS WORSE. DEAFNESS, CAN HEAR SPOKEN VOICE TWO EARS ABOUT 4 FT.  
RIGHT EAR TWO FEET, LEFT DISTURBANCE.

AUGUST 12TH, 1918

DEAFNESS, SPOKEN VOICE 4 FT BOTH EARS. WATCH RIGHT 1" FROM EXT.  
MEATUS. LEFT PRESSURE ON EXT. MEATUS.  
GENERAL HEALTH IMPROVES CONSIDERABLY.

SEPTEMBER 9TH, 1919.

DEAFNESS--SPOKEN VOICE FOUR FEET. WATCH RIGHT. 1" FROM EXT. MEATUS  
LEFT ONLY BONY CONTACT.

GENERAL CONDITION GOOD. BUT FINDS A NERVOUS CONDITION WHICH WILL  
NOT ALLOW HIM TO REST.

DEAFNESS AND GENERAL DEBILITY.

# THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

638

DISABILITY

Pension No. 484

## CLAIM FOR PENSION

I hereby make claim for pension and solemnly declare that the answers given by me to the following questions are true.

1. What is your full name? Chesley Rowe Regt. No. 989
2. What is your address? 77-A. St. Edmunds Drive  
Toronto
3. (a) Are you married? no On what date? \_\_\_\_\_
- (b) What is your wife's maiden name? \_\_\_\_\_
- (c) When was she born? \_\_\_\_\_
- (d) Is she living with you? \_\_\_\_\_
- (e) Is she supported by you? \_\_\_\_\_
4. (a) How many children living under the age of sixteen years (if boys) or seven-  
teen years (if girls) have you? \_\_\_\_\_
- (b) Are they living with you? \_\_\_\_\_
- (c) Are they being supported by you? \_\_\_\_\_
- (d) Have any of them contracted marriage? \_\_\_\_\_
- (e) Give full particulars of children hereunder: \_\_\_\_\_

### PARTICULARS OF CHILDREN

(Name in Full)

(Sex)

Date of Birth  
(Day, Month, Year)

~~TABLE~~

I wish to say that I am quite a stranger here in (Toronto) do not know any Barristers or People of Authority, advise you to try Canon Smart, or Alan Martin (J.P) of Hearts Content. either one of them will give you any information required

Signature of Pensioner.

**IMPORTANT** This Claim Form must be signed in the presence of either a representative of the Board of Pension Commissioners, a Barrister, Solicitor, Notary Public, Justice of the Peace, or any person authorized to administer an oath, who will make the following declaration:

I solemnly declare that I was present and saw the claimant (described above) sign this Claim for Pension Form and to the best of my knowledge and belief he is the claimant he represents himself to be.

Date 25/07/26 \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Occupation \_\_\_\_\_

No. 1783

Pension No. 484

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

*Francis Murphy*  
(Pensioner's Name)

(Relationship to member of forces)

*45 Alexander St*  
(Pensioner's Address)

(Name of member of forces)

(Rank)

*2585*  
(Regt. No.)

Entire Disability *2.5* %

Pensionable Disability *25* %

AWARD

For Pensioner.....	\$12.50	a month
For Pensioner (Bonus).....	\$6.25	a month
For Wife.....	\$	a month
For ..... Children.....	\$	a month
Additional to pension for helplessness.....	\$	a month

Total..... \$18.75 a month for *Life* months  
from *4/7/25* to .....

Amount of adjustment payment:

from *1/21/25* to *3/1/25* @ \$18.75

*10.63*

Date *2/8/25*

Check No. *470*

Remarks:

Computed by *[Signature]*

Checked by *[Signature]*

*[Signature]*  
(Secretary)

No. 2789

Pension No. 484

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

(Pensioner's Name) Ashley Rowe (Relationship to member of forces) Heart's Content

(Pensioner's Address) (Name of member of forces) (Rank) 989 (Regt. No.)

Entire Disability 10% Pensionable Disability 10%

AWARD

Table with 3 columns: Description, Amount, Frequency. Rows include For Pensioner (\$5.00), For Pensioner (Bonus) (\$2.50), For Wife, For Children, Additional to pension for helplessness, and Total (\$7.50) a month for 24 months from 14/7/25 to 13/7/27.

Amount of adjustment payment: from 4/7/25 to 30/9/25 @ \$7.50 Date: 7/10/25 Check No. 1925 ✓ 4739

Remarks:

Computed by... Checked by... [Signature]

[Signature] (Secretary) Board of Pension Commissioners for Newfoundland.

No. 408

Pension No. 484

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Shelby Rowe  
(Pensioner's Name)

(Relationship to member of forces)

Lower Brook  
(Pensioner's Address)

(Name of member of forces)

(Rank)

989  
(Regt. No.)

Entire Disability 10%

Pensionable Disability 10%

AWARD

For Pensioner.....	\$ 500	a month
For Pensioner (Bonus).....	\$ 250	a month
For Wife.....	\$	a month
For..... Children.....	\$	a month
Additional to pension for helplessness.....	\$	a month

Total..... \$ 750 a month for 12 months

from 14/7/24 to 31.7.25

Amount of adjustment payment:

from 14.7.24 to 31.10.24 @ \$ 7.50 = \$ 26.75

Date 17/10/24

Check No. 4624

Remarks:

Computed by [Signature]

Checked by [Signature]

[Signature]

(Secretary)

Board of Pension Commissioners for Newfoundland

No. 560

Pension No. 484

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

*C. Kelley*  
 (Pensioner's Name) (Relationship to member of forces)  
*Deputy Const.*  
 (Pensioner's Address)  
 (Name of member of forces) (Rank) (Regt./No.) *989*

Entire Disability.....% Pensionable Disability.....%

AWARD

For Pensioner.....\$	a month
For Pensioner (Bonus).....\$	a month
For Wife.....\$	a month
For .....Children.....\$	a month
Additional to pension for helplessness.....\$	a month
Total.....\$	a month for.....months
	from.....to.....

Amount of adjustment payment:

From.....to.....@ \$ *7.50*  
 Date *7/12/25*  
 Computed by *mv*  
 Checked by *[Signature]*  
 Check No. *7947*  
 (Secretary)  
 Board of Pension Commissioners for Newfoundland.

Remarks:

*Payment on of pension to 31<sup>st</sup> 25 \$ 7.50*  
*[Signature]*

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

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

No. .... 989 .....

St. John's, Nfld.,

June 28th., 1918

Dr. Giovannetti, Esq.,

To:— Arthur Anderson, Esq., M. D.,  
Heart's Content.

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

Sir:—

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

989, Pte. Chesley Rowe

Name

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

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

Address

Heart's Content

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

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

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

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

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

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

*Cluny Macpherson*  
Major.

DIRECTOR OF MEDICAL SERVICES.

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

27 TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

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

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

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

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

DESCRIPTION OF PENSIONER:—

Apparent age. 21 ..... on 23/1/15 ..... Height 5'8 1/2" ..... Colour of Eyes. Grey .....  
Complexion. Fresh ..... Colour of Hair. Dark ..... Marks of Identification  
Tattoo Right Arm

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on Nov. 30th, 1918 and other necessary information, follows:—

Condition of Pensioner:— DEAFNESS AND GENERAL DEBILITY

AL Feels worse. Can hear spoken voice two ears about 4 feet.  
Right ear, 2 feet, left ear 1 foot distance.

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

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

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

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

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



MEDICAL REPORT.

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

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

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

*Deafness - Spoken Voice is Feeble - both ears  
Wax in Right Ear, just from the treatment  
Huff pressure on the hearing  
General Health - improved considerably*

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

*Deafness - unchanged appreciably*

- (4) Will it materially increase or diminish? *Remain same*

- (5) Is the disability permanent? *Not necessarily*

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

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

*1-5*

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

(State in percentage.)

*Not affected by above always eligible for pay*

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

*Treatment might increase disability*

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

*compensation merit work which he is engaged*

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

Place *Dehradun* President

Date *Aug 12<sup>th</sup> 18* *A. R. Deedee* Members

*Pensioner reports General Hospital incurable. Capt Hastings & W. London considered for award. A. R. Deedee*

Pensioner's Signature... *989 Chesley Rowe*  
Signature of Witness... *R. [illegible]*

CONTINUATION.



*Approved for 20%*  
*Clay Macpherson Major*

*James Keith Macpherson*  
*Major*

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

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

Place .....

Date ..... Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 484

Regt. No. 789 Rank Pte Name Chesley Rowe

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Aug. 12<sup>th</sup> 1918

Pensionable disability 20% for 12 months

Pension granted:

\$8.00 per month for 12 months

or Gratuity granted:

Payable in equal monthly instalments

Granted to:

Name Chesley Rowe

Address Beants Content

Date case disposed of AUG 26 1918

Approved by:

Members of Board

P. J. Smith Chairman  
Julius

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sept. 27th/19

484

To:  
The Secretary S. M. E.

From:-  
The Secy. E. P. C.

888 Pte. Chesley Rowe.

The attached report is returned to you for re-consideration please. It is noted that a voice can be heard both ears at 4 ft., right ear 2 ft., left ear 1 ft.

According to the disability table this means at least 35%.

Secretary.

WHP/LBD.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND

Pension No. 182

Regt. No. 989 Rank Pte. Name Chester Rowe  
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 9-9-19

Pensionable Disability 20% <sup>30% from</sup> for 12 months

Pension Granted ~~\$ 15.00~~  
\$ 10.00 per month for 12 months

Total Authorized amount ~~\$ 20.00~~ 180.00

or Gratuity Granted:

\$ \_\_\_\_\_ Payable in \_\_\_\_\_ equal monthly instalments

Granted to:

Name Chester Rowe  
Address \_\_\_\_\_

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

[Signature] Chairman  
[Signature]  
[Signature]

Remarks:

This man should receive  
at least 30%  
WRP



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

October 4th., 1919.

From:- The Secty., Standing Medical Board.  
To :- The Secty., B. P. C.

989, Ex-Pte. Chesley Rowe.

Reference your memo of September 27th. re the marginally noted man.

The condition you report is that of March 30th., 1918. As he can hear a voice at four feet now it seems to me he is somewhat improved.

Hearing spoken voice at 4ft. might be considered equivalent to hearing 3" with one ear and 5" with the other, which carries pension of 30%

*Clayton Macpherson*

Lt. Col., R. OF C.

Secty., Standing Medical Board.

CM-AMB.

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

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

No. ....

St. John's, Newfoundland.  
August 6th., 1919.

To:— **A. R. Anderson, Esq., M. D.,**  
**Heart's Content.**

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

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

Name

**989, Pte. Chesley Rowe**

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

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

Address

**Heart's Content.**

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

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

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

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

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

**(\$3.00)**

I have the honour to be,

Sir,

Your obedient servant,

*Amey Macpherson*

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

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

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

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

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

DESCRIPTION OF PENSIONER:—

Apparent age 22 Height 5'8½" Colour of Eyes GREY  
Complexion FRESH COLOUR OF HAIR: DARK Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on AUG. 12 1919 and other necessary information, follows:—

Condition of Pensioner:—

DEAFNESS: SPOKEN VOICE 4 FEET @ BOTH EARS.  
WATCH RIGHT, 1 INCH FROM EXT. MEATUS.  
LEFT, PRESSURE ON EXT. MEATUS.

GENERAL HEALTH - IMPROVED CONSIDERABLY.

DISABILITY: DEAFNESS AND GENERAL DEBILITY.

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

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

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

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



MEDICAL REPORT

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

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

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

Deafness - Spoken voice N feel  
 Watch - Right 1 in from 2nd Meatus  
 Left only heavy contact

General health good. but finds a nervous condition which will not allow him to rest.

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

Unaltered

- (4) Will it materially increase or diminish? Remain unaltered.

- (5) Is the disability permanent? No

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

(Extent should be stated in percentages)

25%

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

(State in percentage.)

25%

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

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

If not, why?

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

Place ... Heath, Cumberland

Date ... Sept 9<sup>th</sup> 19

President  
 A. R. Anderson M.B.

Members

Pensioner's Signature .....

*Chesley J. Ross*

Signature of Witness .....

*A. R. Andersen*

CONTINUATION

Treatment suggested would be periodical use of Eustachian Catheter by a Specialist in Ear Diseases.

EUSTACHIAN CATHETER *A. R. Andersen*

*Approved for 20%*

*Clara Macpherson H. G.*



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

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

Place .....

*A. R. Andersen M.D.*

Medical Examiner.

Date .....

Members .....

THE BOARD OF PENSION AND SICKLETS  
FOR NEWFOUNDLAND.

Pension No. 484

Regt. No. 989 Rank Pte. Name Chesley Rowe,  
Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board July 21, 1920.

Pensionable disability 10% for 12 months

Pension Granted: \$ 5.00 per month for 12 months

Total Authorized amount \$ 60.00

or Gratuity Granted:

Payable in \_\_\_\_\_ equal monthly instalments.

Granted to:-

Name CHESLEY ROWE.

Address 39, EAST STREET.

WHITNEY PIER, SYDNEY. C.B.

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board

W. Ross Chairman

J. Jones

*Med  
Man*

*see.*

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

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

ST. JOHN'S, Newfoundland,  
Date, June 21st., 1920

AS SOON AS POSSIBLE

The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per.....

Regimental No. 989 Rank Private  
Name Chesley Rowe Address: 39, East Street,  
Whitney Pier,  
Unit Royal Newfoundland Regt. Sydney, C. B.

DESCRIPTION OF PENSIONER:

Apparent Age 24 years Height 5' 8 1/2" Colour of Eyes Grey  
Complexion Fresh Colour of Hair Dark Weight  
Marks of Identification: Tattoo, Right arm.

March 30th., 1918:

Can hear spoken voice about four feet. Right ear 2 feet, left ear, 1 foot distance.

August 12th., 1918:

Deafness: Spoken voice four feet, both ears.  
Watch, RIGHT: 1 inch from ext. meatus  
Watch, LEFT : pressure on ext. meatus.  
General health: Improved considerably.

September 9th., 1919:

Deafness: Spoken voice four feet  
Watch, Right: one inch from ext. meatus  
Watch, Left : Only bony contact.

General health good but finds a nervous condition which will not allow him to rest.

Disability for which pension has been awarded:

Deafness, and General Debility



3  
MEDICAL REPORT.

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

*Man complains of feeling nervous and of being unable to eat still for any length of time - Sleeps well and carries on at his work every day -*

*Defective hearing both ears - which he says started on childhood but that he recovered from the deafness when he grew up and the condition returned on active service ~~in the~~ -*

*Hearing Left ear - Conversational voice - 5 ft - Whispers 6 in - watch ticks nil  
" Right ear " " 4 ft " " 6 " - " " 0 "*

*General health good -*

Special Questions:—

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

Signature

of Witness

*J. A. [Signature]*

Pensioner's signature

*Chesley Rowe*

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

*Defective Hearing 10/90*

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

*Defective Hearing 10/90*

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

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

*no*

5 Will disabilities materially increase or diminish? *no likely to diminish*

6 Are the disabilities permanent? *yes*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *no*

(b) Should he continue to do so? *no*

(c) If so, is any alteration in the form of the present appliance recommended? *no*

(d) If any appliance is necessary? *no*

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

(b) Nature of treatment advised? *no*

(c) Is pensioner willing to accept treatment advised? *no*

(d) If not, is his refusal reasonable? *no*

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

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

*no*

Pensioner's signature

The foregoing report submitted by

Signature *J. F. Ellis* Medical Examiner

Place *Sydney, Md.*

Date *21-7-20*

Members (of a Board)

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

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

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

9 (b) If so, is he receiving the additional allowance for a wife? *no*

10 (a) Has a child been born to pensioner since last medical re-examination? *no*

10 (b) If, so, is he receiving the additional allowance for a child? *no*

11 If pensioner was married, has his wife died since last medical re-examination? *no*

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? *no*

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

Place *Sydney, Md.*

Date *21-7-20*

*J. F. Ellis M.D.*  
Head of District Office (or Medical Practitioner)



## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

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

ST. JOHN'S, Newfoundland,

Date. JUNE 16, 1921.

AS SOON AS POSSIBLE

The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per.....

Regimental No. 989

Rank PRIVATE

Name CHESLEY ROWEADDRESS: HEART'S CONTENT.Unit ROYAL NEWFOUNDLAND REGIMENT

## DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS Height 5'8½" Colour of Eyes GREYComplexion FRESH Colour of Hair DARK WeightMarks of Identification: TATTOO, RIGHT ARM.

MARCH 30, 1918: CAN HEAR SPOKEN VOICE ABOUT FOUR FEET. RIGHT EAR  
2 FEET, LEFT EAR 1 FOOT DISTANCE.

AUGUST 12, 1918: SPOKEN VOICE FOUR FEET, BOTH EARS.  
WATCH: RIGHT: 1 INCH FROM EXT. MEATUS.  
WATCH: LEFT: PRESSURE ON EXT. MEATUS.

GENERAL HEALTH: IMPROVED CONSIDERABLY.

SEPTEMBER 9, 1919: SPOKEN VOICE FOUR FEET  
WATCH: RIGHT: ONE INCH FROM EXT. MEATUS.  
WATCH: LEFT: ONLY BONY CONTACT.

GENERAL HEALTH GOOD BUT FINDS A NERVOUS CONDITION WHICH WILL NOT ALLOW HIM TO REST.

JULY 21, 1920: MAN COMPLAINS OF BEING NERVOUS AND OF BEING UNABLE  
TO SIT STILL FOR ANY LENGTH OF TIME. SLEEPS WELL, AND CARRIES ON AT  
HIS WORK EVERY DAY.

DEFECTIVE HEARING BOTH EARS WHICH HE SAID EXISTED IN CHILDHOOD, BUT  
THAT HE RECOVERED FROM THE DEAFNESS WHEN HE GREW UP AND THE CONDITION  
RETURNED ON ACTIVE SERVICE.

HEARING LEFT EAR: CONVERSATIONAL VOICE - 5 FT., WHISPER 6", WATCH TICK: NIL  
HEARING RIGHT EAR: " " 4 FT., " 6" " " NIL  
GENERAL HEALTH GOOD.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DEAFNESS, AND GENERAL DEBILITY.



FORM FOR HISTORY AND MEDICAL EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, Newfoundland.  
This JUNE 15, 1914.  
The Secretary, Board of Pension  
Commissioners for Newfoundland.

OF MEDICAL EXAMINERS  
Make a report required; return date.  
AS SOON AS POSSIBLE

Regiment No. 202  
Name: THOMAS JOHN  
Address: 147 ST. JOHN'S ST.  
ROYAL NEWFOUNDLAND REGIMENT  
Description of Pensioner:  
Age: 35 YEARS  
Complexion: BRN  
Color of Hair: DARK  
Weight: 140 LBS  
Color of Eyes: GRN  
Tattoo, Right Arm:  
Tattoo, Left Arm:  
Tattoo, Right Hand:  
Tattoo, Left Hand:  
Tattoo, Right Forearm:  
Tattoo, Left Forearm:  
Tattoo, Right Wrist:  
Tattoo, Left Wrist:  
Tattoo, Right Ankle:  
Tattoo, Left Ankle:

General Remarks: IMPROVING MODERATELY.  
Special Remarks: IMPROVING MODERATELY.  
General Remarks: IMPROVING MODERATELY.  
Special Remarks: IMPROVING MODERATELY.  
General Remarks: IMPROVING MODERATELY.  
Special Remarks: IMPROVING MODERATELY.

General Remarks: IMPROVING MODERATELY.  
Special Remarks: IMPROVING MODERATELY.  
General Remarks: IMPROVING MODERATELY.  
Special Remarks: IMPROVING MODERATELY.  
General Remarks: IMPROVING MODERATELY.  
Special Remarks: IMPROVING MODERATELY.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:  
DEAFNESS, AND GENERAL DEBILITY.

Disability for which pension has been awarded:—

H. C. L. 1011  
1914

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

Yes

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

Heavy  
Conversational Voice Right 5 H Whisper 8 Wates 3  
Left 6 H Whisper 8 Wates 4

General Health - Good

Special Questions:

(1) Is there any history of ...

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



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

Signature of Witness: *W. H. Hudson*

Signature of Pensioner: *Chas. J. Rowe*

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

*Deafness*

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

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

*Diminished slightly*

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

5 Will disabilities materially increase or diminish?

*Remain same*

6 Are the disabilities permanent?

*Practically*

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

*approx 100%*

(b) Should he continue to do so?

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

(d) If any appliance is necessary?

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

*No*

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment ad-

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

vised and refuse to accept the same for the following reasons:

.....

.....

.....

.....

.....

.....

.....

.....

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.....

.....

.....

The foregoing report submitted by Pensioner's signature  
Signature *A. R. Anderson* Medical Examiner

Place.....

Date.....

Members (of a Board)

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

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

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

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

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

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

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

.....

.....

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

.....

.....

.....

.....

.....

.....



Place *W. of Montreal* *A. R. Anderson* *Med Ex*

Date *Aug 5, 21* Head of District Office (or Medical Practitioner.)

P. No. 484

Rowe Chesley

Pension @ 15<sup>00</sup> from 1.1.20 to 13.7.20

96 50

5<sup>00</sup> 14.7.20 31.12.20

27 83

124 33

10% Increase

12 43

12 43

484

Lowell Chesley

\$<sup>00</sup> from 1 <sup>1</sup>/<sub>2</sub> to 31 <sup>12</sup>/<sub>2</sub>

60.00

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 484

Regt. No. 989 Rank Pte Name Chesley Rowe

Corps. served with Royal Newfoundland Regiment

Date of Medical Board August 5/21

Pensionable Disability 10% for 12 months.

Pension granted: \$5.00 per month for 12 months.

Total authorized amount \$60.00

or Gratuity granted: \$ \_\_\_\_\_ payable in \_\_\_\_\_ equal monthly installments.

Granted to:-

Name Chesley Rowe,

Address Hearts Content, T B

Date case disposed of: SEP 9 - 1921

NOTED  
DATE 2/9/21  
INITIALS TS

Approved by:

Members of Board

[Signature] Chairman.  
[Signature]  
[Signature]

NOTED  
DATE 2/9/21  
INITIALS MM

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE BOARD OF PENSION COMMISSIONERS  
FOR N.F.L.D.

Pension No. 484

Regt. No. 989 Rank Pte. Name Chesley Rowe

Corps served with Royal Newfoundland Regiment

Rank held when disability was incurred \_\_\_\_\_

Date of Medical Board Aug 11/22 Disability 100%

Pension for self \$ 75.00 per month for 12 months

Allowance for wife \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Allowance for children:

First child \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Second " \$ \_\_\_\_\_ per month for \_\_\_\_\_ months

Children 0-5 each = \$ \_\_\_\_\_ for \_\_\_\_\_ months

Total monthly pension 75.00 for 12 months

Total authorized amount \$ 900.00 90.00

Granted to: - Name Chesley Rowe

Address Hearts Content. T.B.

(( NOTED ))  
[Signature]  
7/9/22  
6/23.

Approved by: - \_\_\_\_\_ Chairman

[Signature] Medical Advisor.

[Signature] Secretary.

4/9/22 ✓  
B.S.

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

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

## FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

## THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

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

ST. JOHN'S, Newfoundland.

Date.....

AS SOON AS POSSIBLEThe Secretary, Board of Pension  
Commissioners for Newfoundland.

Per.....

Regimental No. 989 Rank PRIVATE

Name CHESLEY ROWE ADDRESS:Unit ROYAL NEWFOUNDLAND REGIMENT.

## DESCRIPTION OF PENSIONER:

Apparent Age 26 YEARS Height 5' 8½" Colour of Eyes GREYComplexion FRESH Colour of Hair DARK WeightMarks of Identification: TATTOO RIGHT ARM.

JULY 21, 1920: MAN COMPLAINS OF BEING NERVOUS AND OF BEING UNABLE  
 TO SIT STILL FOR ANY LENGTH OF TIME. SLEEPS WELL AND CARRIES ON AT HIS  
 WORK EVERY DAY.

DEFECTIVE HEARING BOTH EARS WHICH HE SAID EXISTED IN CHILDHOOD BUT  
 THAT HE RECOVERED FROM THE DEAFNESS WHEN HE GREW UP AND THE CONDITION  
 RETURNED ON ACTIVE SERVICE.

HEARING LEFT EAR: CONVERSATIONAL VOICE 5FT., WHISPER 6", WATCH TICK, NIL  
 " RIGHT " " 4FT. " 6" " " NIL

GENERAL HEALTH GOOD.

AUGUST 5, 1921: HEARING: RIGHT.  
 CONVERSATIONAL VOICE 5FT. WHISPER 8". WATCH 3"  
 HEARING: LEFT:  
 CONVERSATIONAL VOICE 6FT. WHISPER 8". WATCH 4"  
 GENERAL HEALTH - GOOD.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DEAFNESS AND GENERAL DEBILITY.



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

IN SENATE CHAMBERS  
ST. JOHN'S, NEWFOUNDLAND  
THE 15th DAY OF APRIL 1911

REPORT OF THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND  
FOR THE YEAR 1910

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND  
HAS THE HONOUR TO ANNOUNCE THAT THE REPORT OF THE BOARD  
FOR THE YEAR 1910 IS NOW AVAILABLE FOR DISTRIBUTION

AND THAT THE REPORT IS NOW AVAILABLE FOR DISTRIBUTION  
TO MEMBERS OF THE BOARD AND TO THE PUBLIC

MEMBERS OF THE BOARD: THE HONOURABLE THE ATTORNEY GENERAL  
THE HONOURABLE THE DEPUTY ATTORNEY GENERAL  
THE HONOURABLE THE MINISTER OF FINANCE

AND TO THE PUBLIC: THE HONOURABLE THE ATTORNEY GENERAL  
THE HONOURABLE THE DEPUTY ATTORNEY GENERAL  
THE HONOURABLE THE MINISTER OF FINANCE

AND TO THE PUBLIC: THE HONOURABLE THE ATTORNEY GENERAL  
THE HONOURABLE THE DEPUTY ATTORNEY GENERAL  
THE HONOURABLE THE MINISTER OF FINANCE

3  
MEDICAL REPORT.

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

*Deafing Right Ear Conversational Voice 7ft Whisper 60"  
Watch 3"<sup>in</sup>*

*Left Ear " " 7ft Whisper 11"  
Watch 6"<sup>in</sup>*

*General Health Good*

Special Questions:—

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

Signature of Witness..... *Arthur Huron*

Pensioner's signature..... *Chestey Rowe*

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

*Profuse Hemorrhoidal Discharge*

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

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

*Decreased*

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

5 Will disabilities materially increase or diminish?

*Remain same*

6 Are the disabilities permanent?

*Yes*

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

(b) Should he continue to do so?

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

(d) If any appliance is necessary?

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

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

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

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

.....

The foregoing report submitted by Pensioner's signature

Signature *A. B. Anderson M.D.* Medical Examiner.

Place *St. Paul, Minn.*

Date *Aug. 11, 1922*

Members  
(of a Board)

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

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

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

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

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

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

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

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

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

Place *St. Paul, Minn.*

Date *Aug. 11, 1922*

*A. B. Anderson M.D.*  
Head of District Office,  
(or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS  
FOR NEAD.

Pension No. 484  
 Regt. No. 989 Rank Pt Name Rouse Stanley  
 Corps served with \_\_\_\_\_  
 Rank held when disability was incurred \_\_\_\_\_  
 Date of Medical Board 7/1/24 Disability 10 %  
 Pension for self: \$ 7.50 per month for 12 months  
 Allowance " wife: \$ \_\_\_\_\_ " " " " \_\_\_\_\_ "  
 Allowances for children:  
 1st Child \$ \_\_\_\_\_ per month for \_\_\_\_\_ months  
 2nd. " \$ \_\_\_\_\_ " " " " \_\_\_\_\_ "  
 \_\_\_\_\_ Children @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_ for \_\_\_\_\_ "  
 Total monthly pension: 7.50 for 12 months  
 Total authorized amount \$ 90.00

Pension granted to: Name Stanley Rouse  
 Address \_\_\_\_\_

*M. J. [Signature]*  
 initialed  
1/2/24 date

Approved by: *[Signature]* Chairman  
*[Signature]* Commissioner  
*[Signature]* Secretary.

1/2/24  
 107

Date of Marriage \_\_\_\_\_ Name of Wife \_\_\_\_\_

Particulars of children:

	Name	Sex	Date of birth	Date comes of age.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

*[Signature]*

# The Department of Soldiers' Civil Re-Establishment

## FORM FOR MEDICAL RE-EXAMINATION FOR PENSION PURPOSES

B.P.C. \_\_\_\_\_

The following is a definite description of the man appearing before me for re-examination:

Regimental No. 989 Rank \_\_\_\_\_ Unit \_\_\_\_\_  
 Name Rowe Chesley Date of Discharge \_\_\_\_\_  
 Place of Discharge St John Newfoundland  
 Age 27 Height \_\_\_\_\_ Build \_\_\_\_\_ Weight \_\_\_\_\_ lbs  
 Complexion \_\_\_\_\_ Colour of eyes \_\_\_\_\_ of hair \_\_\_\_\_  
 Marks of Identification \_\_\_\_\_  
 Nature of employment, former \_\_\_\_\_  
 present not working now

1. The man who appeared for examination, whom I have described above, I am satisfied is the man of the same name who is described in the previous documents on this file.
2. The following is a definite, detailed description of the present disabling condition: (If there is a new disabling condition not heretofore described, it is essential that a complete history of its origin be given, and if attributed to Service, the reasons for this opinion should be definitely stated.)

**Complaints!** - Defective hearing. Nervousness especially when confined in door. Other than faint tremor. Head back after looking hard.

**Oxycitis!** - Cold fair. Fairly well developed + diminished hearing. Normal. True fair those clear alone normal. Early. Referred for x-rays

This is to certify that I have read, or heard read, the record of my complaints as made by me on this date, that my complaints are correctly and satisfactorily recorded, and that I have not withheld any information concerning my disabling condition.

Chesley Rowe  
 Health & Signature

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

unable to state

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

unable to state

4. Will disabilities materially increase or diminish? unable to state

5. Are the disabilities permanent? no

6. (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by Service?

no

(b) Should he continue to do so? no

(c) If so, is any alteration in the form of the present appliance recommended? no

NOTE: If any appliance is required and has not been previously supplied, special I.S.C. Form 144 should be completed as directed

The information supplied by answers to question 6 must be forwarded by Head of District Office to the nearest unit of the Department of Soldiers' Civil Re-Establishment.

7. (a) Would treatment reduce the pensioner's disability, or increase his comfort? no

(b) Nature of treatment advised? no

(c) Does pensioner refuse treatment advised? no and if so, is this unreasonable? no

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

treatment advised, and refuse to accept the same for the following reasons:

Pensioner's signature

The foregoing report submitted by:

Place

Montreal

Date

7/1/24

Signature

Mr. Ruddy

Medical Examiner

5-1-24

HPC

Rowe, Chesley, #969

Complaints - Nervous and restless, frequently has to jump up from Church service or barber chair and run outside to get relief. Otherwise he gets along well at his work, sleeps well and eats well.

When in service he developed enteric fever, which was followed by deafness and he states that this deafness bothers him a great deal at present, though he hears the ordinary conversational voice easily.

Exam. - a well developed, fairly well nourished man, who appears somewhat jumpy, speaks rather rapidly, but otherwise shows no evidence of mental or nervous disease.

Cranial nerves normal.

Motor, sensory and reflex systems all normal.

Memory is excellent.

There is no defective concentration or attention and no evidence of delusions or hallucinations.

The disability in this case is that contained in his subjective symptoms, enumerated above, which beyond the question of the deafness, which should be referred to the Ear Specialist for examination, do not constitute much of a disability.

Dr. F.H. Mackay,

  
per MF

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT  
Oto-Laryngological Report

Name Rowe, G. Reg. No. 989 Unit 1st Nfld. Age 27

Address Occupation Referred by

Complaint Deafness

History Dating from 1915.

Diagnosis Nerve Deafness - History of Enteric fever 1915

External - Facies, etc.

Nose - Septum

Ethmoid

Turbinatè Bones

Accessory Sinuses - Transillumination

Irrigation

Naso-Pharynx

Pharynx

Tonsils

Teeth and Jaws

Larynx

	<u>Right</u>		<u>Left</u>
External Ear	NEG	:	Neg
Meatus	Neg	:	Neg
M, T,	retracted	:	retracted
Mastoid	NEG	:	Neg
Eust. Tubes	Patent	:	Patent

Hearing	Tuning Fork				Rinne	Weber	Bone conduction
	Whisp. voice	Conv. voice	Low Limit	High Limit			
A.D. at ear	10 ft	-128	-2048	+	not	-5"	
A.S. 1 ft	10 ft	-128	-2048	+	lateralized	-5"	

X-Ray Plates

Lab. Reports Swab

Culture

Treatment

*E. R. Brown*

Place Montreal, S.C.R. CLINIC  
Date Jan 5th. 1924.

E. R. Brown, per. J.R.

Physician in charge of Case.

P.R. 1185.



SCR. CLINIC. M'TL.  
27-12-23

#989-Rowe. C.  
-----

Urine Exam:- Clear, acid, 1017, no albumen, no sugar, Epithelium.



A. Ross.  
per. JR.



Reg. No. *316A* Rank ..... Name *Harding, G.*  
Attested ..... Address *Bonne Bay*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *7-5-19*  
Returned on S.S. *Corsican* Cause *Discharge*

*2.7.19*

**PASSED TO DEMOBILIZATION OFFICER**

*4.7.19*

**DISCHARGE APPROVED ON DEMOBILISATION.**

Army Form B. 103. **D** **Casualty Form—Active Service.** Regimental Number 989.

Rank Pte Regiment or Corps 21<sup>st</sup> Newfoundland  
 Surname Rowe Christian Name L. 1939

Religion C of England Age on Enlistment 19 years — months

Enlisted (a) 27-1-15 Terms of Service (a) Duration Service reckons from (a) 27-1-15

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.

Report	From whom received	Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B. 213, Army Form A. 26, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents
COPY SENT TO G. C. H. Q. ST. JOHNS, N. F. L. D. Date 22 FEB 1918 DATED		Embarked ... Disembarked ... Joined Battalion	Embarked Southampton Disembarked ROUEN 14 OCT 1916		3 OCT 1916 4 OCT 1916
		A/S. "Formosa" Invalided to England as 3 <sup>rd</sup> Sgt. Hoop Rowe 25/1/16 as 3083 French feet			
					Mr. Burchell CAPTAIN, for Officer i/c No. 1 Regular Infantry Section General Headquarters, 2 <sup>nd</sup> Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shouling-Smith, &c.

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Regimental No. 989 Rank Rta Name Rourke

Enlisted (a) Jan 27/15 Terms of Service (a) 1 year Service reckons from (a) Jan 27/15

Date of promotion to | Date of appointment | Numerical position on |  
 present rank | to lance rank | roll of N.C.Os. |

Extended Re-engage Aug 10/15 Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 212, Army Form A. 24, or in other official documents. The authority to be quoted in each case.	Place	Date	Army Form B. 212, Army Form A. 24, or other official documents.
Date	From whom received				
		Entered St. John's, Nfld.	NFLD.	20/3/15.	COPY HERE TO taken from Army Form B. 212, Army Form A. 24, or other official documents. ST. JOHN'S, N.F.L.D. No. <u>29112</u> DATED <u>22 FEB 1918</u>
		Entered St. John's		1/9/15.	
		Entered St. John's		13/9/15.	
9/10/15.	"Nevassa"	Ill, Pyrexia,	G 4038 H.S. "Nevassa"	9/10/15.	Auth. A 16276. <i>J</i>
14/10/15.	Gondt., Malta.	Admitted	St. Andrews Hosp., Malta.	14/10/15.	" G 4162. <i>J</i>
	War Office	Invalidated to England & Admitted	Royal Victoria Hosp., Netley	20/11/15.	# 3327.

*[Handwritten signature]*



*[Handwritten signature]*  
 Captain  
 for Major,  
 Officer & o Records 11 & 12 Diets.  
 3rd. Echelon, Base, Egypt.

(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, Shoeshing Smith, etc., etc., also special qualifications in technical Corps duties. I.P.T.O.

**Casualty Form - Active Service.**

Regiment or Corps **1<sup>st</sup> Newfoundland Regt.**

Rank **Private** Surname **Howe** Christian Name **Charles**

Religion **Church of England** Age on Enlistment **19** years **2509** months

Enlisted (a) **1<sup>st</sup> Nov.** Terms of Service (a) **duration of war** Service reckons from (a) **Jan 27/1918**

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended (.....) Re-engaged (.....) Qualification (b).....  
or Corps Trade and Rate.....

Occupation **Carpenter**..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked <b>Shampton 25.3.17</b>		
			Disembarked... <b>Keven 26.3.17</b>		
			Joined Battalion <b>18 APR 1917</b>		
<b>17/17</b>	<b>21 CCS</b>	<b>Ad J. C. P. Luyck</b>	<b>France</b>	<b>17/17</b>	<b>B 213 G.D. 4596</b>
	<b>Panama</b>		Transferred to England	<b>17/17</b>	<b>W 3003</b>
			<b>Wear</b>		
			<b>O. I. No. 1</b>		
			<b>Infantry Section</b>		
			<b>G. H. Q., 3rd Echelon</b>		

*[Handwritten signature]*



(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, As.

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, so, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Dais" 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 i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital Chelsea, London, S.W.1.

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

**A Name in full** Ross Chesley  
**Regiment from which discharged** 12<sup>th</sup> Fed  
**Regimental Number** 989  
**Where born (Parish, Town and County), and when** Hearts Content Fed 1896  
**Intended address** Hearts Content, Fed  
**Height on discharge** 5 Feet 8 1/2 Inches  
**Colour of Hair on discharge** Dark  
**Descriptive marks** Tattoo R arm  
**Figure on discharge** medium  
**Christian name of Father** William  
**Christian name of Mother** Lary  
**Wife's Maiden name in full** \_\_\_\_\_  
**Date and Place of Marriage** \_\_\_\_\_  
**Christian names of Children** \_\_\_\_\_  
**Nature and locality of civil employment desired** Carpenter

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) Ross Chesley Pto

Station Wandsworth 17/1/18 Date

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

Medical Officer i/c Hospital.

3rd London General Hospital.

Station WANDSWORTH, S.W. 1 Date 17-1-18

B Period of Service and in what Corps ...	Regiment	Years	Days	Ad Service Abroad with Stations		
				Years	Days	Days
Disallowed ...				India	COPY SENT TO	
Service towards Pension ...				S. Africa	O.C. H.Q.	
					ST. JOHNS, N.F.L.D.	
					W.F.P.S. No. <u>10112</u>	
					DATED <u>22 FEB 1918</u>	

Date inclusive to which pay has been issued \_\_\_\_\_  
Sums due on account of public debts ... } Sum due on account 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.

Original

Medical Report on an Invalid.

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 18 JAN 1918

- 1. Unit 1st Newfoundland
- 2. Regimental No. 989
- 3. Rank Plt.
- 4. Name Rowe C.
- 5. Age last birthday 21.
- 6. Enlisted { on 23rd Jan. 1915  
at St John's

- 7. Former Trade or Occupation } Carpenter.
- 7A. If with previous service in Army, state—

  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge; no.
  - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Trench Feet. no.  
Deafness (Catarhal.)

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. 6-12-17.
- 10. Place of origin of disability. France.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
No. 291112  
DATED 22 FEB 1918

Sudden onset of pain & swelling of both feet 6-12-17. Symptoms gradually subsided in two weeks time.  
Troubled with his hearing as a child. No further trouble after eight yrs of age, until six months ago.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Trench Feet, active service.  
Deafness, aggravated by active service.



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.

Patent feels quite fit. His only disability is that he is troubled by hearing ears. Left membrane, thickened. Right " retracted

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

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

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

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

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

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

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

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Had had trouble feel, but is now convalescent. no disability remains.

20. Do you recommend—

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

Yes

F. J. Bee, C.S.  
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,  
Station

H. E. D. [Signature]

Officer in charge of Hospital S.T.F.

18 JAN 1918

Date

Comdg. 3rd London Gen. Hospital.

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

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

Opinion of the Medical Board.

Notes.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him 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, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

*Yes*  
-  
no  
no

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

*active service conditions exposure.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

*no*  
*six months*

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*60*

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

*Yes.*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

*as an out-patient!*

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

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

Date Jan. 19. 1918

*J. H. M. ...* President.

*H. Morrison Davis* Members.

Approved

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

Date Jan 19. 1918

*J. H. M. ...*  
Administrative Medical Officer.

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Collins &amp; Sons Ltd., Printers, Old Bailey, E.C.

Form  
B. 121  
2ARegiment of Newfoundlanders

COPY SENT TO

Signature of O. C. Company

Number of Sheets 1

Regional Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
<u>919 Rowe Co.</u>		Age on <u>19</u> years — months		<u>Carpenter</u>	ST. JOHNS, N.F.L.D.	
Joined _____ Date _____		Place and Date of Enlistment <u>St. John's Feb 27 1915</u>		Religion <u>Ch. of England</u>	No. <u>1911/12</u>	
Joined _____ Date _____		Period of <u>3</u> years (with Colours) <u>2 1/2</u> years (with Reserve)		Place of Birth _____	DATED <u>22 FEB 1918</u>	

*J. March*  
Capt.

Place	Date of Offence	Rank	Charge of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order recording with trial	By whom awarded	REMARKS
<u>Adm</u> <u>base</u>	<u>15/11/15</u>	<u>Pvt</u>		<u>Urinating in wash house about 7.45</u>	<u>Sgt. H. S. P.</u> <u>Sgt. S. S. P.</u>	<u>clean wash house</u> <u>4 days C.B.</u>	<u>9/5/15</u>	<u>Capt. J. March</u>	<u>Pvt.</u>
<u>base</u> <u>Paradise</u>	<u>19-1-17</u>	<u>"</u>	<u>1</u>	<u>Drunk on High St about 9.45 PM</u>	<u>Sgt. W. S. P.</u>	<u>7 days C.B.</u> <u>Forced according to scale</u>	<u>22-1-17</u>	<u>St. Col. Whitaker</u>	<u>F.O.T.</u>
<u>"</u>	<u>26-1-17</u>	<u>"</u>		<u>Absent from Defaulters Calls from 6 PM 9 30 PM</u>	<u>Sgt. J. S. P.</u> <u>R.P.</u>	<u>48 hours F.P. 10/2</u> <u>Forfeit 1 day pay</u>	<u>29-1-17</u>	<u>St. Col. Whitaker</u>	<u>F.O.T.</u>
				<u>Medically Unfit</u>	<u>St John's</u>	<u>13 1/4</u>			

To be carried over

Army Form B. 121

## Medical Report on an Invalid

Station

3rd London General Hospital

Date

July 18th 1918

VICTORIA ST.  
LONDON, S.W.

FEB 1918

PAY &amp; RECORD OFFICE

1. Unit *1st Newfoundland*
2. Regimental No. *989*
3. Rank *Pte*
4. Name *Rowe G*
5. Age last birthday *21*
6. Enlisted *on 23rd July 1915*  
at *St Johns.*

7. Former Trade  
or Occupation *Carpenter*

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

*No.*

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

*French Feet (MP)**Deafness. (Catarhal)*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. *6-12-17*
10. Place of origin of disability. *France*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *Sudden onset of pain and swelling of both feet 6-12-17. Symptoms gradually subsided in two weeks time. Troubled with his hearing as a child. No further trouble after eight years of age until six months ago.*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- French Feet. Active Service*  
*Deafness, aggravated by Active Service*

13. What is his present condition?

*Patient feels quite fit. His only disability is that he is troubled with hearing.*

*Ears / Left membrane thickened  
Right membrane retracted.*

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

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

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

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

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

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

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

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*Has had trench feet but is now convalescent. No disability remains*

20. Do you recommend—

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

*Yes*

*Sgt J J Bell CB*

Officer in medical charge of case.

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

Station Old London Genl Hospital Wandsworth SW

*Sgd*  
HE Bruce Porter Col RIMS  
Officer in charge of Hospital.

Date Aug 18/18

Comdy 3rd Lond G 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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 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.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; Yes

(ii.) Climate; —

(iii.) Ordinary military service; No

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or No

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? Active Service Conditions Exposure

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which? —

23. Is the disability permanent? No

24. If not permanent, how soon do the Board recommend re-examination? Six Months

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present? 60

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or Yes

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended. As an Outpatient

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station

Date

Approved

Station

Date

*Sgt John Pynter Capt R.D.M.C. President.*  
*Sgt H. H. Hinton Service Capt R.D.M.C. Members.*  
*Sgt John Pynter Capt R.D.M.C. Administrative Medical Officer.*

*3rd Ind. B. Hosp. Wandswoth*  
*Jan 19th 1918*  
*Sgt John Pynter Capt R.D.M.C. Wandswoth*  
*May 19th 1918*

## Report of Medical Board.

Station **St. John's, Nfld.** Date **March 30th., 1918.**  
 No. and Rank **989 - Private** Age **21** Height **5'8½"**  
 Name **Rowe, Chesley** Complexion **Fresh**  
 Unit **1st. Nfld.** Eyes **Grey** Hair **Dark**  
 Address **Heart's Content**  
 Former Trade **Carpenter**  
 Enlisted at **St. John's** On **23/1/15** (The Board will please note how the soldier's appearance corresponds with above description.)  
 Disease or Disability: Original **DEAFNESS (CATARRHAL)**

Subsequent

*Deafness & General debility*

Present Condition (Compare with previous Board)

*Feet nervous.  
Deafness Can hear spoken voice two ears  
about 4 feet, right ear 2ft left ear 1ft.  
distance.*

Has he been employed, and by whom?

Average Weekly Earnings

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

*60% 3 months*

Recommendation of Medical Board

*Declare permanently unfit*

Members of Board

*H. H. [Signature]  
J. [Signature]  
L. [Signature]*

Approving Medical Officer

*Amey Macpherson**Major*

D. N. S. NEWFOUNDLAND.



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

**MEDICAL HISTORY of**

Surname Howe Christian Name Nesley John

**TABLE I—GENERAL TABLE.**

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on 23rd day of Jan'y  
 at Seato Content



Declared Age ... 19 years ... days.

Trade or Occupation ... Carpenter

Height ... 5 feet, 6 1/2 inches.

Weight ... 118 lbs.

Chest Measurement { Girth when fully Expanded. 31 inches.  
 Range of Expansion 34 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) Cluny Macpherson  
 (Rank) Capt Medical Officer.

Enlisted ... at St Johns  
 on 1st day of Jan'y 1915

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>1st Newfoundland Regt.</u>	<u>989</u>
Transferred to ...		

Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 1915

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
* Netley 3rd Genl Hospital	20	11	15	7	3	16	26516 Chronic inflammation of both middle ears	109	Was dull in hearing as a boy but says his hearing became worse after an attack of Enteric fever contracted in Gallipoli in Oct 1915 $\frac{48}{40} \times \frac{1}{40} \times \frac{48}{40}$	Sgt Walker Rowlin Major R.M.C.T.
29	6	16	18	7	16	20				
3rd London Genl Hospital Wandsworth Sw	30	11	16	3	1	17	Trench feet	34	Gravel. Condition not severe, still suffering from "chronic otitis media" granted furlough.	Sgt H. Westwood Capt R.M.C.T.
3rd London Genl Hospital Wandsworth Sw	13	12	17	19	1	18	Trench feet. Deafness (Catarhal)	37	Board held - (see overleaf) Disability - Deafness (Catarhal) Trench feet no disability. troubled with hearing Cause - Exposure under active service conditions Capacity - For earning a livelihood lessened by 60%	Sgt G. G. Hall Capt R.M.C.T.
* Netley	20	11	15	7	3	16	Enteric fever	109	Illness commenced late Oct 1915 while on duty in trenches at the Somme (Cable Bay) felt tired & weak and had slight diarrhoea Sent to St Andrews Hospital Malta. Treated for one month, constipation being the chief trouble. Invalided home on 14th Oct. Invalercent on admission Stools regular. Temperature normal. Appetite good, sleeping well not vomited 14-12-15 Temp. <u>Apparatus</u> 1-30 1-50 1-100 1-200 B. Syph. +++ +++ +++ Paratyph. A + ++ Para B faeces +++ urine +++ ++ 28-12-15 neg 28-12-15 sterile 21-1-16 neg 19-1-16 sterile 4-2-16 neg sterile 9-2-16 neg sterile 14-2-16 neg 17-2-16 neg Patient now free from infection & is fit. Discharged furlough Class B 6 weeks 7-3-16	In C 3rd Lond. Genl. Hospital Wandsworth Sw. Sgt G. D. Noble Capt R.M.C.T.

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

Date	Brief details, and signature
H. 10.16	2. Intense tests negative 3rd Scottish General Hospital <i>Step Hill.</i> <i>SW</i>
19-1-18	Board held Sound - Permanently unfit Board - Approved 19/1/18 <i>(and)</i> <i>Cpt GMS</i> for the 3rd London General Hospital <i>Wandsworth SW</i>

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St. John's Hill	Jan 27. 15	20 Mar 15			
TS "Stephano"	20 Mar 15	22 Mar 15			
TS Guduna	22 Mar 15	30 Mar 15			
Edinburgh Castle	3 Mar 15				

*L.D.*

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



# MEDICAL HISTORY

Surname Rowe

Christian Name Charles John

Table 1.—GENERAL TABLE.

Birthplace:—Parish	.....		County	.....	
Examined	on	<u>23rd</u> day of <u>Jan</u> 191 <u>5</u>	on	day of	191
	at	<u>Hearts Content</u>	at		
Declared Age	.....	<u>69</u> years	days	.....	days
Trade or Occupation	.....	<u>Carpenter</u>			
Height	.....	<u>5</u> feet	<u>6 1/2</u> inches	.....	.....
Weight	.....	<u>118</u> lbs.			
Chest Measurement	Girth when fully expanded	.....	<u>31</u> inches	.....	.....
	Range of expansion	.....	<u>32</u> inches	.....	.....
Physical Development	.....				
Vaccination Marks	Arm	.....			
	Number	.....			
When Vaccinated	.....				
Vision	R.E.—V=	.....			
	L.E.—V=	.....			
(a) Marks indicating congenital peculiarities or previous disease	(a)	.....			
	(b)	.....			
(b) Slight defects but not sufficient to Cause Rejection	.....				
Approved by (Signature)	<u>Clay Macpherson</u>			<u>LP</u>	
(Rank)	<u>Capt.</u>				
	Medical Officer.				Medical Officer.
Enlisted	at	<u>St John's</u>	at		
	on	<u>27th</u> day of <u>Jan</u> 191 <u>5</u>	on	day of	191
		Corps. <u>989</u>		Corps.	Regtl. No.
Joined on Enlistment	.....	<u>1st Regt. Cont.</u>			
Transferred to	.....				
Became non-effective by	.....				
	on	day of	191	on	day of
(Signature)	<u>[Signature]</u>				
(Rank)					

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
NO. 204/12  
DATED 22 FEB 1918

NEWFOUNDLAND CONTINGENT.

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd SCOTTISH GENERAL HOSPITAL <i>Nelley</i>	20	11	15	7	3	16	265 lbs chronic infection of both middle ears.	109 20	Was once in hearing as a boy. He says his hearing became worse after an attack of catarrh of middle ear in Belleisle in Oct-1915 $\frac{1}{2}$ W $\frac{1}{4}$ W $\frac{1}{2}$ W	<i>W. D. ...</i> <i>Major ...</i>
8th LONDON GENERAL HOSPITAL WANDSWORTH.	30	11	16	3	1	17	Trench feet	34	Trench. Condition not worse. Still suffering from chronic catarrhal deafness. (middle ear).	<i>J. W. ...</i> <i>Capt. ...</i>
3rd London General Hospital WANDSWORTH, S.W.	13	12	17	19	1	18	Trench Feet Deafness (Cataractal)	37	Board held - at ... Disability - Deafness (Cataractal) Trench Feet no disability. Troubled with hearing Cause - Exposure under Active Service conditions Capacity - for carrying a load lowered by 60%	<i>G. C. ...</i> <i>Capt. ...</i> 3rd London General Hospital WANDSWORTH, S.W.

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

Date	Brief Details, and Signature
4. 10. 16	2 Enteric tests Negative 3rd Scottish General Hospital <i>J. G. W.</i>
19-1-18	Board held. Found - Permanently unfit. Board - approved 19/1/18 <i>g. C. Hall Capt. Recd</i>
	for 3rd London General Hospital, WANDSWORTH, S.W.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
Lt John W. P. M. J. C.	Jan 27. 15	20 Mar. 15			
T. S. "Stephano"	20 Mar. 15	22 Mar. 15			
T. S. ORDUNA	22 Mar. 15	30 Mar. 15			
Edinburgh Castle	30 Mar. 15				

83391

610 B

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

# MEDICAL HISTORY of

Surname Rowe Christian Name Charles

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) ...

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

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

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
MBP.36. No. 29412  
DATED 22 FEB 1918



Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_ Medical Officer.

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

Joined on Enlistment ...  
Transferred to ...  
Became non-effective by ...

Corps. <u>Westfoundland</u>	Regtl. No. <u>989</u>
<u>Regt.</u>	

on ... day of ... 191 ..

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
<i>Navy</i>	<i>20</i>	<i>11</i>	<i>15</i>	<i>4</i>	<i>3</i>	<i>16</i>	<i>Enteric Fever.</i>	<i>109</i>	<p><i>Illness commenced Oct 8<sup>th</sup> 1915 while on duty in trenches at the Dardanelles. (Inula Bay). Felt tired and weak and had slight diarrhoea. Sent to St Andrew's Hospital, Malta. Treated for one month, constipation being the chief trouble. Invalided home on 14<sup>th</sup> Oct. Convalescent on admission. Bowels regular. Temperature normal, appetite good, sleeping well. Not wounded.</i></p> <p><i>12-15</i></p> <p><i>Summ. Agitation 1-20 1-50 1-100 1-200</i></p> <p><i>B. T. pl. +++ +++ +++</i></p> <p><i>Proctylol A. + ++</i></p> <p><i>Pain B. +++ +++ ++</i></p> <p><i>Pathological Report Faeces Urine</i></p> <p><i>28.12.15 neg. 28.12.15 sterile</i></p> <p><i>31.1.16 neg. 17.1.16 B. G. sterile</i></p> <p><i>4.2.16 neg. sterile</i></p> <p><i>9.2.16 neg. sterile</i></p> <p><i>14.2.16 neg.</i></p> <p><i>17.2.16 neg. neg.</i></p> <p><i>Pt. now free from infection &amp; in fit. Discharged under Genl. Class B. Certificate 7.3.16</i></p>	

*Edw. T. Cable*  
*Capt. R.M.C.*

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

No. 989 Rank Pte  
Name (surname first) Rowe, Chesley  
Regiment 1/1 Newfoundland.

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

None



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

(i) Heats Content  
(ii) Carpentry  
(iii) sixteen months.

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

Carpentry

4. What is the name of your Approved Society? Wm J Rowe.

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

No.

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P(T) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

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



Admitted 30. 11. 16.

Army Form W. 3016

No. \_\_\_\_\_

Date 3 Jan'y 1917.

(1) To the Officer i/c Records,

58 Victoria St  
D. W. (Station.)

(2) The Officer Commanding,

Infia Cont  
A. W. (Station.)

(3) The Paymaster,

58 Victoria St  
D. W. (Station.)

Regimental No. 989.

Rank and Name Plt Rowe Lb

Regiment or Corps 1<sup>st</sup> Infia Cont

has been granted a furlough from 3<sup>rd</sup> Jan'y to 12<sup>th</sup> Jan'y

His address while on leave will be:—

58 Victoria St D. W.

*This man has been furnished with  
a warrant to Victoria and given  
an advance of £1. (one pound).*

I consider he is fit for <sup>Duty</sup> ~~W. W.~~ <sup>ty.</sup> I Only

Horace Jagan Capt R.A.M.C.(F)  
Registrar, R.A.M.C.I.  
Hospital,  
3rd London General Hospital,  
WANDSWORTH, S. W. (Station.)

\* Strike out that which is inapplicable.

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

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

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

To the Officer i/c Records

58 Victoria St

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. 1923 of 1916.)

Soldier's surname

Rome.

Christian names

Chesley

(in full)

Regt. No. and Rank

989 Pte

Regt. or Corps

11 Newfoundland

(If T.F. this should be stated.)

His address on discharge will be

Hearts Content,

Nyas.

This information is for the Central Army Pension Loans Office only.

The Soldier states that \_\_\_\_\_ allowance is being issued in respect of him.

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

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

Station

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

Date

19/1/18

President of Board

(Approving Officer).

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

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





*Howe's Furlough*  
*Convalescent Entree*

Army Form W. 3016.

No. \_\_\_\_\_

Date \_\_\_\_\_



(1) To the Officer i/o Records, *paymaster*

*58, Victoria Street*

*London N.W.*

(Station).

(2) The Officer Commanding.

*Newfoundland Consular*

*Ayr*

(Station).

(3) The Paymaster,

\_\_\_\_\_

(Station).

Regimental No. *989*

Rank and Name

*Pte Rowe S*

Regiment or Corps

*1st Newfoundland*

has been granted a furlough from

*March 7/16 to April 17/16*

His address while on leave will be:—

*Peel House*

*Regent Street*

*Westminster*

Amending Slip, Army Form W. 3016.

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

I consider he is fit for\*

(a) Duty.

(b) Light Duty, and likely to be fit for Service Overseas within three months.

(c) Light Duty, and not likely to be fit for Service Overseas within three months.

(d) Suitable as home, but unlikely to be fit for Service Overseas.

\*Do not tick this box in duplicate.

94/Gen. No. 4233 (A. G. O.)  
20th November, 1915.  
and A.C.I. 236 and 255-11.

FORM W. 3016 (REVISED) LONDON: H.M.S.O. 1915.

in the Office.

(2985.) Wt. W9254-1576. 10,000 Books. 6/15. C. & G.



*Shewcks Jurlough*  
*Covalescent Entere*

Army Form W. 3016.

No. \_\_\_\_\_

Date \_\_\_\_\_



(1) To the Officer i/c Records, *Paymaster*  
*58, Victoria Street*  
*London S.W.* (Station).

(2) The Officer Commanding,  
*Newfoundland Contingent*  
*Ayr* (Station).

(3) The Paymaster,  
\_\_\_\_\_  
\_\_\_\_\_  
(Station).

Regimental No. *989*

Rank and Name *Pte Rowe S*

Regiment or Corps *1st Newfoundland*

has been granted a furlough from *March 7/16* to *April 17/16*

His address while on leave will be:—

*Peel House*  
*Regent Street*  
*Westminster*

consider he is fit for \*  (Duty.)  
 (Light duty.)

*A. Stephens*

MAJOR, R.A.M.C. REGISTRAR  
Officer in charge ~~FOR OFFICER I/C ROYAL VICTORIA HOSPITAL,~~

*NETLEY* (Station).

\* Strike out that which is inapplicable.

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



*Two weeks furlough  
Convalescent Entitlement*

Army Form W. 3016.

No. \_\_\_\_\_

Date \_\_\_\_\_ 191

(1) To the Officer i/c Records, *Paymaster*  
*58, Victoria Street*  
*London W.D.* (Station).

(2) The Officer Commanding,  
*Newfoundland Contingent*  
*Ayr* (Station).

(3) The Paymaster,  
\_\_\_\_\_  
(Station).

Regimental No. *989*

Rank and Name *Pte Rowe S*

Regiment or Corps *1st Newfoundland*

has been granted a furlough from *March 7/16* to *April 17/16*

His address while on leave will be:—

*Peel House*  
*Regent Street*  
*Westminster*

Amending Slip, Army Form W. 3016.

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

I consider he is fit for\* 

(a) Duty.
(b) Light Duty, and likely to be fit for Service Overseas within three months.
(c) Light Duty, and not likely to be fit for Service Overseas within three months or requiring special medical treatment.
(d) Service at home, but unlikely ever to be fit for Service Overseas.

\*Strike out that which is inapplicable.

24/Gen. No./4518 (A. G. 1)  
30th November, 1915,  
and A.C.I. 238 and 255/16.

(1,000) Wt. W1687/386. 1.500m. 2/15. P.P.Ltd.

in the Office.

(2385.) Wt. W3254-1878. 10,000 Books. 6/15. C. & G.

824 Army Form W. 8864.

WILL.

Name C. Rowe

Regtl. No. 989 Rank Pfc.

Regiment \_\_\_\_\_

Date of:— 19/11/17

Receipt ... ..

18/10/18.

Transfer ... ..

Final disposal and  
to whom sent ...