



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 20249 Name William J. Samms Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>William J. Samms</u> |
| 2. What is your full Address? | 2. <u>Cadney</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>27</u> Years..... <u>9</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Fireman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

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

William J. Samms SIGNATURE OF RECRUIT.

E. December 28th 1915 Fred. G. A. Rendell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's on this 31 day of December 191 5.
Fred. G. A. Rendell
Signature of the Attesting Officer.

† Certificate of Approving Officer.

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

Date _____ 191 _____
Place _____ } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

2049

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

Name William J. Lamms

Apparent age 22 years 9 months. Height 5 feet 4 inches.

Chest measurement { Girth when fully expanded 36 inches.
 Range of expansion 3 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. J. Bragg
Goodray | Relationship Wife

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed for fixing the rate of pension	Service in Re-serve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries.
					years days	years days	
Service towards limited engagement reckons from _____							
Joined at _____ on _____							
<u>Discharged at Johns, Dec. 4/1917</u>							
Total Service forfeited as above							
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days							
" " " Pension " _____ (") _____ " _____							



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2049 Name William J. Samms Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|-------------------------------------|
| 1. What is your name? | 1. <u>William J. Samms</u> |
| 2. What is your full Address?..... | 2. <u>Codroy</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>22</u> Years <u>9</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Fireman</u> |
| 6. Are you Married?..... | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... | 11. <u>Yes</u> |

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

William J. Samms SIGNATURE OF RECRUIT.

E. December 28th 1915 Fred. G. A. Ruddle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's on this 31 day of December 1915.
Signature of the Attesting Officer. Fred. G. A. Ruddle

† Certificate of Approving Officer.

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

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

Date 191 _____
Place _____ } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name William J. Lamm
 Age 22 years 9 months. Height 5 feet 4 inches.
 Chest measurement { Girth when fully expanded 36 inches.
 Range of expansion 3 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mr. J. Bragg, Coorsy | Relationship Wife
 Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>28-12-15</u>									
Joined at <u>St. Johns</u> on <u>December 28/15</u>									
<u>Company</u>	<u>St. John's St. Section</u>	<u>for det. 23</u>		<u>7-10</u>					<u>San Fernando for B.C.S. 9/16</u>
<u>Deson</u>	<u>Leaves 10-7-16</u>	<u>Joined Battalion 21-</u>		<u>7-10</u>					<u>Leaves Hospital 10-3-17 Wounded 12-7-17</u>
<u>Admitted 2nd C.C.S. St. John's</u>	<u>2-7-17</u>	<u>Included in</u>		<u>7-10</u>					<u>Admitted</u>
<u>Wounded 27-7-17</u>	<u>Admitted</u>	<u>San Fernando</u>		<u>7-10</u>					<u>to 11/16 6-11-17</u>
<u>Arrived San Fernando</u>	<u>17-11-17</u>								
<u>Discharged Medically Unfit.</u>									<u>4-12-17</u>
<u>Reattached for Special Duty depot 14/18.</u>									
<u>Demobilization 5-5-1919.</u>									
Total Service forfeited as above									

Total Service towards Engagement to 4-12-17 (date of discharge) 1 years 342 days
 " " " Pension " 5-5-19 " " " 204 " 2 $\frac{181}{365}$



REGIMENTAL NUMBER 2049

COMPANY A.

THE
1st NEWFOUNDLAND REGIMENT.

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

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

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

Subject to the Newfoundland Volunteer Act.

§ George V.

Chapter IV.

Signed W. J. Sammel

Witness W. M. Churchill 21st.

Dated at St. John's
June 30th 1916

C.R. 2049

Extract of Preliminary Report of a Medical Board
held on Thursday Afternoon April 15th/19. The
following was the finding.

3rd Board. Recommended Discharge from the Army.

#2049, L/C. Wm. Samms,

C.R. 2049

Extract from Daily Orders part II, Depot
St. John's dated May 6th., 1919.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records on 8-5-19.

L/C. 2049 William Samms.

C.R. 2049

Extract from Nominal Roll of Mfld. Regt. Draft No.8.
Embarked Southampton, 9-7-16, From 2nd. Bn. Depot,
to 1st Bn. B.E.F.

2049 Pte. W.F. Sammes.

C.R. 2049

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

The discharge of the undernoted on demobilization has been APPROVED
by C. C. Discharge Depot on 21-4-19.

2049 L/C. Wm. Samms.

C.R. 2049

Extract from Daily Orders part 11, Depot,
St. John's dated October 30, 1918.

2049 Pte. Wm. Samms.

Reattested for Special Duty 14/10/18.

C.R. 2049

Extract from Roll of Officers, N.C.O's and Men Discharged,
from The Royal Nfld. Regt.,

Regtl.No.	Rank	Name	Date.	Reason.
2049 Samms	L/Cpl.	Samms W.J.	Dec.4/17.	Med.Unfit.

C.R. 2049

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt., Nov. 19th, 1917.

2049 L/Cpl. W. Samms.

Returned from Overseas and attached to Headquarters with
effect from Nov. 17th, 1917.

NORLAND 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 connect on with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **2nd August, 1917.**

To **Mrs. J. Bragg,**

Codroy.

Record Office London today reports No. 2049, Lance

Corporal William T. Samms admitted Wandsworth.

R.A.SQUIRES,

Acting Colonial Secretary.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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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

July 20, 1917.

To

Mrs. J. Bragg,
Codroy.

Regret to inform you that Record Office

London, officially reports No. 2049, L.Corp.

William T. Samms, was at Twentysixth General Hospital,
Etaples, July thirteenth, suffering from severe gunshot
wounds in the right arm and left thigh.

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

JOHN-R-BENNETT, R.A. SQUIRES

Acting Colonial Secretary.

FOR TYPEWRITER

2049 Samms

C.R. 2049

Extract of Daily Orders part 11, by Lieut.Col. J.
Forbes-Robertson, M.C. Commanding 1st Newfoundland
Regiment, 10/3/17.

#2049 Pte. W. Samms, B.Co.,

to be Lance Corporal.

C.R. 2049

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 23, 1916.

2049 Pte. W.S. Samms.

C.R. 2049

William T. Samms was attested for General
Service with the NEWFOUNDLAND REGIMENT ON Dec. 28th 1915.
Regimental No. 2049 was allotted to Pte. W.T. SAMMS.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

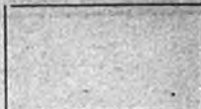
A. W. Samms.

C.R.

Y049

P. & R. O.

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. <u>2049</u>	Army Rank <u>Squad Captain</u>
Name <u>Samm's William Thomas</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>24</u> years _____ months Height <u>5</u> feet <u>3</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Grey</u> Hair <u>Dark</u> Trade <u>Cook</u> Intended place of residence <u>Codroy</u> <small>(To be given as fully as practicable)</small> <u>Newfoundland</u>	Descriptive marks. <u>Large Scar L. Forearm</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> COPY _____ G. S. H. Q. ST. JOHNS, N.F.L.D. M.P. 38. No. <u>1176/138</u> DATED <u>6 - NOV 1917</u> </div>
2. The above-named man is discharged in consequence of <u>L. Forearm</u> <u>Left Leg.</u>	
<small>(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.)</small>	
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*	

* Strike out if not applicable.

[OVER.]

No. *2049* Name *Samms W. J.* Sqn., Batty., or Company } *H.* Corps *Newfoundland Regt.* Date of enlistment } *28-12-15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. } *W. Rudell* Character *Major*
 Company, etc. }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field.</i>	<i>8-2-17</i>	<i>Pte.</i>	<i>I</i>	<i>Absent from Unit until apprehended by Military Police, Amiens, 2:15 P.M. till 4:15 P.M.</i>	<i>Documentary</i>	<i>14 days F.P. 2</i>	<i>18-2-17</i>	<i>H. G. J. Fisher</i>	<i>Ent. Pay Book</i>
			<i>II</i>	<i>Being in possession of a document purporting to be a genuine Pass L/C Bygone well knowing it was not genuine. M.F.P.</i>					<i>J. Kuning</i>
			<i>III</i>	<i>Improperly dressed; no belt or bandolier.</i>					<i>Cap</i>
				<i>Invalided to England 27.7.17</i>					

Army Form B. 122

Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations. *Admitted 27/7/17*

Soldier's Regtl. No. 2049 Rank Lie Name Samms W.T.
(Surname first)

Corps or Regiment (also Unit if known) 1st



To OFFICER in charge of RECORDS 58 Victoria St SW

REGIMENTAL PAYMASTER 58 Victoria St SW

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 1. 11. 17, has been sent to ^{the address below} ~~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) 2 Nov 1917

to (full address) 58 Victoria St SW

Place 3RD LONDON GENERAL. Officer Comm.

Date 2/11/17 G C Hill Hospital.

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office.

No.

Regtl. No. 2049

Rank *Cpl*

Name *James W.*

Regiment

Date from *2-11* 1917

to *10-11-5-11* 1917

To proceed to *London*

I/c. Hospital

Station

Date *2-11-17*

Address whilst on furlough to which any orders will be sent. _____

*61 Batterssea St.
Dalpham*

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

1st Infed. (Regiment).

No. 2049, Rank Pte., Name Samms W.T

is discharged from Hospital with orders to proceed to Home

(Address 58 Victoria St)
D.W.

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

Officer Commanding,

Place WANDSWORTH.

H. Jagan

Capt. R.A.M.C. Hospital.

Registrar, R.A.M.C.T.

Date 2/11/17.

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



Original



Medical Report on an Invalid.

Station 3rd London General Hospital
WANDSWORTH, S.W.
Date 31/10/17

- 1. Unit 1st N.F.L.D.
- 2. Regimental No. 2049.
- 3. Rank L/C.
- 4. Name Samms, W. T.
- 5. Age last birthday 24.
- 6. Enlisted { on 28.12.1915
at St Johns. Nfld.
- 7. Former Trade or Occupation } Fireman.
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. } nil.

8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

S. S. W. Lt Forearm & L. Leg

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 1179/1135
DATED 6 - NOV 1917
Office in medical charge of the.....

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. July 12th 1917
- 10. Place of origin of disability. Ypres
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Wounded while in Action. F. B removed from leg at No. 4 C.C. S. F. B from forearm removed at 26th General. On admission to their hospital on July 27th Wounds were clean. Abscess opened in forearm on 30.7.17. Limitation of flexion of fingers of st. hand owing to scar on dorsum. Some stiffness of L. Leg after movement.
- 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). Active Service
(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. S. S. W.

Original

Medical Report on an Invalid.



Station 3rd London General Hospital
WANDSWORTH, S.W.
Date 31/10/17

- 1. Unit 1st N.F.L.D.
- 2. Regimental No. 2049.
- 3. Rank L/C.
- 4. Name Samms, W. T.
- 5. Age last birthday 24.
- 6. Enlisted { on 28.12.1915
at St Johns. N.F.L.D.
- 7. Former Trade or Occupation } Fireman.
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. } nil.

8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

S. S. W. Lt forearm & L. leg

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 11776/175
DATED 6 - NOV 1917
Office in medical charge of the.....

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. July 12th 1917
- 10. Place of origin of disability. Ypres
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Wounded while in Action. F. B removed from leg at No 4 C.C. S. F. B from forearm removed at 26th General. On admission to their hospital on July 27th Wounds were clean. Abscess opened in forearm on 30.7.17. Limitation of flexion of fingers of rt. hand owing to scar on dorsum. Some stiffness of L. Leg after movement.
- 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). Active Service
S. S. W.
(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.

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.

Wounds are healed
There is limitation of flexion of Rt fingers especially 4 & 5
Stiffness of R. Leg. General condition excellent

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

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

Yes
Yes
Yes

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

No

If so—(a) When?

- (b) Where?
- (c) Opinion?

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

Es. F. B.'s removed

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.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Reclassification

M. Schwartz C. S.

Officer in medical charge of case.

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

London General Hospital,
Station WANDSWORTH, S.W.

H. E. Jones R. A. M. C. T.

Officer in charge of Hospital.
Lt. Col. R. A. M. C. T.

Date 1/11/17

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

G.S. 60

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

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

v

Yes.

23. Is the disability permanent?

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

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

60%

vide 16

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—

Yes

- (a) Discharge as permanently unfit, or
- (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.

}

O.P. in best hospital for Marshall

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

no

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

no

Signatures:—

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

John Percival Tapscott President.
R. B. Howards Members.

Date 1. XI. 17

Approved.

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

John Percival Tapscott
Administrative Medical Officer.

Date 1. XI. 17

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

MEDICAL HISTORY

OF

Surname SaminChristian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish

County Nfld

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>Dec</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's Nfld</u>	at		
Declared Age	<u>22</u> years	days	years	days
Trade or Occupation				
Height	<u>5</u> feet	<u>4</u> inches		inches
Weight		<u>122</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>36</u> inches		inches
	Range of expansion..	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	<u>2</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>J.W. Burden</u>			
(Rank)	<u>Leit.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at		at	
	on	day of	on	day of
		191		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Nfld Reg</u>	<u>2049</u>		
Transferred to	<u>Newfoundland</u>			
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				



COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.D. 38. No. 11774/12
DATED 6 - NOV 1917

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital WANDSWORTH	27	7	17				G.W.R. Forearm & L. leg.		<p>Board held. — see overleaf</p> <p>Disability — G.W.R. Forearm & L. leg. Limitation of flexion of R^l hip especially 4th 5th.</p> <p>Stiffness of L. leg.</p> <p>Cause — G.W. in Active Service.</p> <p>Capacity — for earning a livelihood assumed by 65%.</p>	<p><i>[Signature]</i></p> <p>3rd London General Hospital, WANDSWORTH, S.W.</p>



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. SW

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname

Sammis

Christian names

Wm Thos.

(in full)

Regt. No. and Rank

2024. Hc.

Regt. or Corps

11 nfd.

(If T.F. this should be stated.)

His address on discharge will be

Godroy,

Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that*

no

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

Sp. H. D. G. W. Lt. Col.

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.

Descriptive Return of a Soldier discharged on account of Disability.

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

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

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer 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.

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

A Name in full *Samms William Thomas*

Regiment from which discharged *1st Rfld*

Regimental Number *2049*

Where born (Parish, Town and County), and when *Codroy, Rfld. 9/3/93.*

Intended address *Codroy, Newfoundland*

Height on discharge *5* Feet *3* Inches

Colour of Hair on discharge *dark* **Colour of Eyes** *grey*

Descriptive marks *Large scar L. forearm* **Complexion** *fresh*

Figure on discharge *medium*

Christian name of Father *William Thomas*

Christian name of Mother *Jane*

Wife's Maiden name in full _____

Date and Place of Marriage _____

Christian names of Children _____

Nature and locality of civil employment desired *When fit Fireman*

RECORDED & INDEXED
35, VICTORIA ST., LONDON, N.W.
2 - NOV 1917
O.C. H.Q., ST. JOHNS, N.F.L.D.
N.F.P.38. No. *11774/131*
DATED *6 - NOV 1917*

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) *William Thomas Samms*
(Rank) *Lance Corporal*
Station *Wandsworth* Date *27.10.17*

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.

M. Schwartz Medical Officer i/c
3rd London General Hospital,
Station *WANDSWORTH, S.W.* Date _____

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
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.

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. 2049Rank SerjtName (surname first) William Thomas SammsRegiment 1st New Zealand

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

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38, No. 11774/21
DATED 6-NOV-1917

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?

Farquhar Steamship Company
fireman 6 months

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

fireman New Zealand

4. What is the name of your Approved Society?

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

Date 16/10/17Signature W T Samms

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 8, 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.

No 1935



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *W. J. Samms*, Regl. No. *2049*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and *sixty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins *March 22nd, 1916.*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1873	mother	<i>Mr John Bragg</i>	<i>Coatroy</i>	60
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *Fred G. A. Rudder*
for *Lieut*
 Officer Commanding
 H Company

(Sig.) *W. J. Samms*
 (Rank) *Private*

St John's
March 18 1916

No 1935



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, W. J. Samms, Regl. No. 2049
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz.:

Allotment begins March 22nd, 1916.

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>1873 mother Mr John Bragg Codroy</u>		<u>60</u>
Total Allotment, £				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Fred G. A. Rendell
 Lieut
 Officer Commanding
 H Company
St Johns
March 18 1916

(Sig.) W J Samms
 (Rank) Private.

No. 2049 Rank 1/Cpl Name Samms. W. T.

Pay	F.A.	"Kg	Total
105	10		115
Less: Allotment			60
Net Rate			55

N.P./33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To			£	s	d
Balance					Balance							
Acquittance Rolls		4	15	4	Pay @ Net Rate	9/6/17	2/11/17	147	55	80	85	17 9 9
Hospital Advances		3	5	6	Retion allow 4 days							16 12 3
A.B. 34					to 2/							8 0
P. & R.O. Payments		8	0	0								
16-0-10					18-9-2							
Cheque No. 6913	2 ¹¹ / ₁₁	10	0	0								
Receipt No. 4336	5 ¹¹ / ₁₁	8	0	0								

~~480~~
34-0-0

R.H.G.

Statement of Accounts

No. 2049 Rank Lance Cpl. Name Sammo W. J.
 Company, etc. Repatriated per S.S. (Class F)
 From 9-6-17 to 6-11-17 (dates).

DEBITS				CREDITS						
Date				Date						
Period 9/6/17 to 6/11/17				Balance from period ending 8/6/17				17	9	9
<u>allotment</u> 151 days @ 60¢ per day = \$90.60				18	12	4	Period 9/6/17 to 6/19/17			
Acquittance Rolls (France)				4	15	4	<u>Pay</u> 151 days @ \$1.05 per day = \$158.55			
Hospital advances				3	9	6	<u>Field allowance</u> 151 days @ 10¢ = \$15.10			
P + R.O. Payments				26	0	0	<u>Ration allowance</u> 5 days @ 2¢ = 2/11/17 to 6/11/17			
Creditor Balance				16			Debtor Balance			
Total £				53	13	4	Total £ 53 13 4			

CHECKED.
[Signature]
[Signature]



Certified correct, NEWFOUNDLAND CONTINGENT

Station _____
 Date NOV 1917

CHIEF PAYMASTER Paymaster / C RECORD

3rd London General
windsor
Sep. 1st / 17.

Pay & Record Office
(Inf. Dept.);

Sir:-

If you please
forward me £2.⁰⁰ from my
credit now at the office, and
oblige.

I Remain
yours etc

no. 2049 L/pt. W. T. Samms
Inf. Reg.

OK
£2-0-0
WTA

J. Ernest Lani. Major R.A. (F)

SEARCHED	INDEXED
SERIALIZED	FILED
PAID - RECORD OFFICE	
4942	
SEP - 4 1917	
9/1/17, 6/9/17 ✓	
File No.	

OK
do

9171/97

6th, September

3rd. London General

Wandsworth, S. W. 18.

2044

L/d

W. T. Samms

2. 0. 0.

C
6484

Mo 6
AW. 29/9/17

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	5349
Rec'd.	29 SEP 1917
Ack'd.	
Ans'd.	2/10/17 (10/109/34)
File No.	



Will you please
 allow Left Samms 2049
 to draw £6 from his pay book
 I have bills here for some clothing
 he has ordered.

May
 W. Mation.

Will you please allow
 me to draw £6 from my
 pay book:

Signed
 2049 L/Cor. W. Samms

10109/34

2nd October,

Brooklands

Weybridge, Surrey.

2049

L.Cpl.

W. Samms, 1st Nfld Rgt.

6 : 0 : 0

7

From, O. O., 3rd. London General Hospital.

To, O. O., Records, 58 Victoria St Sw

In accordance with instructions contained in A. O. I. No. 2069 of 1916, I beg to report that:

No. 2049 Lt/Corp W. I. Samms — 1 Med.

will shortly be brought before a Medical Board and will probably be discharged from the army or re-classified.

Duplicate documents will not be required, please.

H. Jagan

Capt R. A. M. C. T.
Registrar, R. A. M. C. T.
3rd London General Hospital,
F. LINDSWORTH, S. W.



NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No. 2049 Rank Lieut.

Name Jamies W.S.

Pay	F. Allce	Working	Total
105	10		115
Less Allotment			60 ✓
Net Rate			55 ✓

Date 1917	DEBITS	£	s	d	CREDITS	£	s	d
	Balance				Balance			
	1/1				22/2/16	11	10	7 ✓
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>			
	A.B. 64.				23/2/16 to 9/8/17 = 77 days.			
	Acquittance Rolls (664)	8	19	5 ✓	@ 50 = \$ 38.50 ✓			
	Hospital Advances				10/3/17 to 9/6/17 = 102 days.			
	<u>STOPPAGES:</u>				@ 55 = \$ 56.10 ✓			
	Hospital dys @ =				1/1 to 1/1 = days	19	8	9 ✓
	Forfeited Pay 14 days @ 1/1 ✓	3	3	4 ✓	@ = \$ 94.60	30	19	4
	Miscellaneous 15.40							
	Cables							
	<u>P.& R.O. PAYMENTS:</u>	12	2	9				
	Sundry Bills							
	Cash	1.8	16	7 ✓				

W.S.

Sammis, W.

20, 49

Ray Dett

SEPARATION ALLOWANCE.

Claimant... *Sammus Annie (wife)*

On account of *Wm. J. Samms* No. *2049* Rank. *L/C*

Decision... *Refused*

Was not married at time of
husband's discharge

.....

.....
W. F. Rudell Lieut. Col.
M. Bowley Capt
.....

Date... *17/5/19*

Instructions.....
.....
.....
.....

Allotment of *60[¢]* per *day* payable to *Mr John Brass*
his *mother* from *22/3/16* to *30/11/17*
Discontinued on account of *being discharged*
..... *L. R. Ke. Sgt.*

NOTICEROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)
(Information for Board of Review)WIFE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on OATH and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate or Justice of the Peace and returned to:-
THE PAYMASTER,

Separation Allowance Branch,
St. John's Newfoundland.

- | 1. Name in full of soldier. | Rank. | Reg't or Unit. | Reg't No. |
|--|--------------------|--------------------------------|-------------|
| <i>William James R. C.</i> | | <i>Royal Newfoundland Regt</i> | <i>2049</i> |
| 2. Age of soldier | Married or Single. | | |
| <i>26</i> | | | |
| 3. Name in full of wife. | | | |
| <i>Annie</i> | | | |
| 4. Address in full. | | | |
| <i>21 James St</i> | | | |
| 5. Date of Marriage. | | | |
| <i>17th Dec 1917</i> | | | |
| 6. Place of marriage. | | | |
| <i>Church of England Cathedral St. John's</i> | | | |
| 7. Did marriage take place since soldier's enlistment. | | | |
| <i>No</i> | | | |
| 8. Was Commanding Officer's permission obtained? If not, why? | | | |
| <i>No</i> | | | |
| 9. If not married, how long have you been dependent on the soldier for your maintenance, and supported regularly by him on a bona fide permanent domestic basis. | | | |
| 10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated. | | | |
| 11. Is separation a legal one? | | | |

12. If legal are you in receipt of alimony. If so, state amount.

13. If not legal, how long since your husband contributed to your support? Explain fully.

14. State amount of allotment received by you from soldier monthly.

15. From what date have you received allotment.

7th Dec 1918

16. Names of children.	Age last Birthday	Names of children	Age last Birthday
Helen	3 mo		

17. Are you already in receipt of Separation Allowance from any Source? If so, state amount.

no

18. Are you in receipt of payment from any Patriotic Fund? If so, how much?

no

19. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.

no Did not know when was entitled to any

20. Was your husband at the time of his enlistment and employee of the Nfld. Government?

no

21. In what capacity and ⁱⁿ what place?

22. Is he in receipt of a salary as such while serving in the Nfld. Regiment. If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant Annis Damm

Place of Residence 21 James St

Declared and subscribed before me

at

this

12th

day of

May

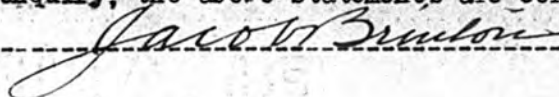
1919

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



This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct

Signature of Clergyman



Signature of member of
Patriotic Fund Committee

N.B. Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment. Commanding Officer's permission in writing must be forwarded.

N.F.P./54

No.416

From Pay & Record Office, London

To Minister of Militia, St. John's, Nfld.

#2049 L/C. W. Samms

Overcredited Ration Allowance as per Claim 171.1/3.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *William Thomas* Surname *Samms*.....
3. Rank *S/sergt.*..... 4. Regtl. No. *2019*.....
5. Address in full to which future payments of gratuity are to be forwarded # *21 James Street* City.....
6. Date of enlistment in the Regiment. *Dec. 28/15*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
(Mother) Mrs Jane Bragg.....
8. Relationship of such dependents. *(Mother)*.....
9. Address in full of such dependent. *Codroy*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *Served at the depot from Dec 28/15 to March 23/16 and attached for depot up to date*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *One year and three hundred & sixty one days*.....

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

Discharged... on account of wounds... occurred in action... July 12/18... reattached... Oct. 14/18... under original... Regt. Number (2049)

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid... *No*

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *Not applicable*

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

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

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

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....

I took part in... 1st Oct drive 1916... and... April 14/17... at... ^{many} Wounded at... ^{many} J. P. 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? *No*
(b). If so, are you in receipt of full pay and allowances from that Committee.....

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

*Disch
4-12-17
with
14-10-18
still in
status etc*

Signature of Applicant: *Wm William Thomas James*
 Place of Residence: *21 Tanager St. St. John's*
 Declared before me at: *St. John's*
 This *28th* day of *May* 19*19*

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>6 mos.</i>	<i>\$ 600.00</i>

Certified Correct.

Paymaster.

W



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Samms, Regl. No. 2049

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins November 1st 1915.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1236	wife	Mrs Wm Samms	James Street	50
Total Allotment, \$				50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Robertson, Capt.
 Officer Commanding
 Company
St. John's, Nfld
Nov 11th
 1915

(Sig.) William Samms
 (Rank) L/Cpl.

COPY



N.F.P/L ALLOTMENTS



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 1958 (Rank) Private (Name) George Samms
 hereby apply for cancellation of Allotment made by me on
 N.F.K.No. 1761 dated ~~20-5-15~~ 19/2/17 in favour
 of Mother for \$ cts 60
 per diem. Such cancellation to take place from (inclusive)
 the Twenty Eighth day of February 1917

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date: and also in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.*

Dated at AggrMarch 5th 1917

*Can only be
made effective
from March 31st 17*

G Samms

Allottee.

Approved and Witnessed.

E. Barnes 2nd Lieut

C. C. "E" Company.

NOTED with Markings S.A.C. Cpl Date 7/3/17 Coy	NOTED J. S. Claidge C.A.Y.S Date 5/3/17 "E" Coy
--	---

*Attention is drawn to the fact that Allotments are payable by Headquarters per Calendar, not Regimental month, and therefore reasonable time must be allowed for delivery of this request at St. John's, in order to become operative.

To be made out in triplicate and sent to the Paymaster & Officer in Charge of Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

Certificate to be signed by the Soldier on date of discharge

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

Name William T. Samms Sig. of Soldier L/col

Place st Johns Sig. of Witness J Harding



Statement of Accounts

No. 2049 Rank Lance Corporal Name Simons W.J.
 Company, etc. Repatriated per S.P. Class A
 From 9th 17 to 6th 17 (dates).

DEBITS				CREDITS			
Date				Date			
	Period 9 th 17 - 6 th 17				Balance period ending 8 th 17	17	9 9
	Allotment				Period 9 th 17 - 6 th 17		
	151 days @ 60 per day = £90.60	18	12 4		1 day		
	Acquittance Rolls				151 days @ 1.05 per day = £158.55	32	11 6 1/2
	Grance	4	15 4		Field Allowance		
	Hospital advances	3	9 0		151 days @ 10 ^s per day = £15.10	3	2 0 1/2
	Dr R.O. Payments	26	0 0		Ration Allowance		
					5 days @ 2 ^s	10	0
	Creditor Balance		16 8		Debtor Balance		
	Total £	53	13 4		Total £	53	13 4

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

CHECKED
 Station
 Date



Certified correct,

NEWFOUNDLAND CONTINGENT
 Paymaster
 CHIEF PAYMASTER & OFFICER IN CHARGE

Statement of Accounts

No. 2049 Rank Lance Corporal ^{OF} Name Samons W.D.
 Company, etc. Repatriated per S.S. Class "A"
 From 9⁶/₁₇ to 6¹¹/₁₇ (dates).

DEBITS				CREDITS			
Date				Date			
	Period <u>9⁶/₁₇ - 6¹¹/₁₇</u>				Balance period ending <u>8⁶/₁₇</u>		<u>17 9 9</u>
	<u>Allotment</u>				Period <u>9⁶/₁₇ - 6¹¹/₁₇</u>		
	<u>151 days @ 60 per day</u> <u>= \$90.60.</u>	<u>18</u>	<u>12</u>	<u>4</u> ✓	<u>1 day</u>		
	<u>Acquittance rolls</u>				<u>151 days @ \$1.05 per</u> <u>day = \$158.55.</u>	<u>32</u>	<u>11 6¹/₂</u> ✓
	<u>Grance</u>	<u>4</u>	<u>15</u>	<u>4</u> ✓	<u>Field Allowance</u>		
	<u>Hospital advances</u>	<u>3</u>	<u>9</u>	<u>0</u> ✓	<u>151 days @ 10¢ per</u> <u>day = \$15.10</u>	<u>3</u>	<u>2 0¹/₂</u> ✓
	<u>B.R.O. Payments</u>	<u>26</u>	<u>0</u>	<u>0</u> ✓	<u>Ration Allowance</u>		
					<u>5 days @ 2¢</u>	<u>10</u>	<u>0</u> ✓
	Creditor Balance		<u>16</u>	<u>8</u>	Debtor Balance		
	Total £	<u>53</u>	<u>13</u>	<u>4</u> ✓	Total £	<u>53</u>	<u>13 4</u> ✓

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

CHECKED.
 Station
 Date



Certified correct,

NEWFOUNDLAND CONTINGENT
 Paymaster.
 CHIEF PAYMASTER & OFFICER I/C RECORDS

DUPLICATE MAIL COPY
 Army Form W. 3296.
 NOV 14 1917

Statement of Accounts

No. 2049 Rank Lance Corporal OF Name Samms W.F.
 Company, etc. Repatriated per S.S. Class. A
 From 9⁶/₁₇ to 6¹¹/₁₇ (dates).

Date	DEBITS				Date	CREDITS
	Period <u>9⁶/₁₇ - 6¹¹/₁₇</u>					Balance period ending <u>8²⁶/₁₇</u> 17 9 9 ✓
	Allotment					Period <u>9⁶/₁₇ - 6¹¹/₁₇</u>
	151 days @ 60 ⁰ / ₁₀₀ per day = \$90.60	18	12	4 ✓		Pay
	Acquittance rolls France	4	15	4 ✓		151 days @ \$1.05 per day = \$158.55 32 11 6 ¹ / ₂ ✓
	Hospital Advances	3	9	0 ✓		Field Allowance
	P.R.O. Payments	26	0	0 ✓		151 days @ 10 ⁰ / ₁₀₀ per day = \$15.10 3 2 0 ¹ / ₂ ✓
						Ration Allowance
						5 days @ 2/- 10 0 ✓
	Creditor Balance		16	8		Debtor Balance
	Total £	53	13	4		Total £ 53 13 4

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

CHECKED AW.



Station _____
 Date _____

Certified correct,

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

DUPLICATE
 MAIL
 Form W. 3296
 14 NOV 1917

Statement of Accounts

No. 2049 Rank Lance Corporal Name James W. J.
 Company, etc. Repatriated for S.S. Class. H
 From 9th to 6th (dates).

DEBITS				CREDITS			
Date				Date			
	Period <u>9th - 6th</u>				Balance period ending <u>8th</u>	17	9 9 ✓
	Allotment				Period <u>9th - 6th</u>		
	151 days @ 60¢ per day \$90.60	18	12 4 ✓		Pay		
	Acquittance rolls				151 days @ \$1.05 per day \$158.55	32	11 6 1/2 ✓
	Grance	4	15 4 ✓		Field Allowance		
	Hospital Advances	3	9 0 ✓		151 days @ 10¢ per day = \$15.10	3	2 0 1/2 ✓
	P.R.O. Payments	26	0 0 ✓		Ration Allowance		
					5 days @ 2/-	10	0 ✓
	Creditor Balance		16 8		Debtor Balance		
	Total £	53	13 4		Total £	53	13 4

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

CHECKED
 C.W.



Certified correct,
 NEWFOUNDLAND CONTINGENT
 CHIEF PAYMASTER & PAYING OFFICER

Station _____
 Date _____

May 5th., 1919

#2049 L/Cpl. William T. Samms,

#21 James St.,

City.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2172."

Yours truly

Paymaster & O. I. c Records **Captain,**

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2049 Rank 1/0pl Name Sammis W^m
 Intended place of residence 21 James St. St. John's
 2. Occupation Weman
 Classification of soldier B Medical Category E

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S

Date APR. 19 1919

J. W. Musgrave
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S

APR 19 1919

W. Sammis
 Signature of soldier

J. A. Brewster
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S

18-4-19

W. Sammis
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-10-18 No of days on Military

Discharged from service 21-4-19 plus 14 days Service 204

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

APR 21 1919

Date

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

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.

Date May 5/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

A. B. 2049/2/1919

Reg. No. 2049 Rank Lt. Name Jamies W.

Attested _____ Address Leeroy. Seaman's Institute

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas 17-11-17.

Embarked for Overseas _____ Cause _____

2-11-17

Rec discharge Perm unfit

4-12-17

Discharged as perm unfit

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. 2449 Rank L. Cpl Name Samuel Wm
 Date of Enlistment 14.10.18 Address St Johns District St Johns
 Occupation Fireman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Personnel Hygiene Disability Rating 100%
 Passed to Demobilization Officer with following documents:—

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

Date 17.4.19
H. M. Evans
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am not in a position to resume civilian occupation W. Samuel

Particulars passed to Vocational Officer for information and action.

Date 19.4.19
A. M. Clouston

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00(b) Clothing Supplied
A. M. Clouston
Date 19.4.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *me* and Release Certificate No. *2013* issued.

Date *19-4-19*

J.A. Crawford
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *3-5-19*

Date *19-4-19*

H.M. [unclear]
Depot Paymaster.

Discharge approved for *21-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *19-4-19*

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 21 1919

Date

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

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

Date

Civil Re-establishment Committee

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

To take a course in Motor
Engineering.

W. Samms
Signature of Man.

J. W. Matthews
Signature of the Vocational Officer or his Representative.

Reg. No. 2049.

Place

St. Johns

Date

April 19 1919

THIRD BOARD

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	APRIL 15th., 1919.		
No. and Rank	2049 - L/CPL.	Age	26	Height	5'4½"
Name	SAMMS WILLIAM	Complexion	FAIR		
Unit	Royal Newfoundland	Eyes	GREY	Hair	DARK BROWN
Address	223 THEATRE HILL				
Former Trade	FIREMAN	(The Board will please note how the soldier's appearance corresponds with above description).			
Enlisted at	ST. JOHN'S	On	DEC. 1915		
Disease or Disability	Original	G.S.W. RIGHT FOREARM AND RIGHT HAND, LEFT THIGH AND LEG			

Subsequent

Present Condition (Compare with previous Board)

Hand is in same condition - being finger weak & stiff - cannot be closed into palm. Other fingers normal. Leg weak going up hill - seen adherent to muscle beneath

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

20% 10% N.S.

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

20% 10% N.S.

Recommendation of Medical Board

Members of Board

Clay Macpherson
Major

W. G. ...
Prison. Dept
W. ...

Approving Medical Officer.



ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Pt John on Oct 14 1918

#2049

1. Name Private William James Age (a) Declared 25
(b) Apparent

2. Do you know of anything wrong with you?

What severe illnesses have you had?

3. Height _____ Weight _____
4. Eyesight (a) Left _____ (b) Right _____

5. Physical Defects (Examine after strenuous exercise)
Bullet wound Rt hand & forearm. Healed.
Leg and little finger limited movement -

6. Examination of Lungs n
Measurement (a) Expiration (b) Inspiration

7. Examination of Heart n

8. Examination of Urine

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

*Re-attested
Oct 14/18
C. J. [Signature]
[Signature]*

10. Have you been successfully vaccinated, and when?

11. Name and address of next of kin Wife Annie 12 1/2 James St
Pt John

12. Category

REMARKS—
OK for ordg work
James King

[Signature]

[Signature]
[Signature]

Medical Examiners.

#2049

I, William Samms discharged soldier of the Royal Newfoundland Regiment, hereby agree to serve in the Royal Newfoundland Regiment for Home Service in the Dominion of Newfoundland as long as my services shall be required, under the same terms and conditions under which I was serving before discharge.

William Samms

#2049

I, William Samms do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, 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.

William Samms

WITNESS:

C. D. Dickson, Lieut.

PLACE

St. John's, C.B. Army

DATE

Oct. 14th 1918.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Samms, Regl. No. 2049

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

Allotment begins November 1st 1910.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>7231</u>	<u>wife</u>	<u>Mrs Wm Samms</u>	<u>21 James Street</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Robertson
 Officer Commanding
 Company
St Johns
Nov 11th
 1910

(Sig.) William Samms
 (Rank) L/Cpl.

COPY.

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]



Proceedings on Discharge.

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

No.	2049		Army Rank	Lance Corporal		
Name	Samms William Thomas <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>					
Corps	1 st Newfoundland Regiment					
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>						
Date of discharge	December 4 th 1917					
Place of discharge	St. John's, Nfld.					
1. Description at the time of discharge.						
Age	24	years	9	months	Descriptive marks. Large Scar L. Forearm	
Height	5	feet	3	inches		
Chest measurement	girth when fully expanded		ins.			
	range of expansion		ins.			
Complexion	Fair					
Eyes	Grey					
Hair	Dark					
Trade	Fireman					
Intended place of residence <small>(To be given as fully as practicable)</small>	Cotway		Newfoundland			
	Newfoundland					
<small>(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.)</small>						
2. The above-named man is discharged in consequence of L. Forearm & Left Leg						
<small>(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.)</small>						
3. Military character :—						
4. Character awarded in accordance with King's Regulations :—						
<div style="border: 1px solid black; padding: 5px;"> <p>To be filled in on the soldier quitting the Colours.</p> </div>						
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*						

* Strike out if not applicable.

[OVER.]



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Sammus William*

Regiment from which discharged *1st. Newfoundland*

Regimental number *2049.*

Intended address *Codroy. West Coast*

Height on discharge *5* Feet *4 1/2 in.*

Color of hair on discharge *Dark Brown.*

Complexion *Fair*

Color of eye *Grey*

Descriptive Marks *Three & Four Fingers Right Hand Crooked*

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Codroy March 9 1893*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Sammus William*

Station *St Johns.* Date *Nov 21/17*
Lance Cpl (Rank)

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.

See Burden
Medical Officer i/c Hospital,
Unit, or Command Depot.

Station *St Johns* Date *Nov. 20/17*

No. 327

From Minden, N.M.

Registered Letter Addressed—

W. H. Ramsey

Adm.

J. P. [unclear]

Received by _____

Despatching
Office
Stamp

NEWMID
17
DEC 1913

Arrival
Office
Stamp

Casualty Form—Active Service.

COPY.

Regiment or Corps Newfoundland

Regimental No. 2049

Rank Plt

Name Samms W. J.

Enlisted (a) 28.12.15

Terms of Service (a) Duration War

Service reckons from (a) _____

Date of promotion to present rank } _____

Date of appointment to lance rank } 10.3.17

Numerical position on roll of N.C.Os. } _____

Extended _____

Re-engaged _____

Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Southampton		9.7.16	
	Unit	Embarked France	France	10.7.16	
		Joined Battalion		21.7.16	
		Wick		23.1.17	
24.2.17	O.C. Unit	Awarded 14 days S.P. 2	In the Field	8.2.17	O 1810. 9c
24.3.17	O.C.	Appth. L. Corp	Unit	10.3.17	12c
14.7.17	O.C. 88.2 M.B.	Wounded in Action	In the Field	12.7.17	Memo
15.7.17	4 C.C.S.	M. S.W. Leg & Hand		12.7.17	C.D. 7502
22.7.17	26 G.H.	" " "	Etaples	13.7.17	H.A. 11676
	"Unit de Liege"	Mov to England		27.7.17	W 3083
			Sgt E. Aldridge		Memo
			O.C. No. 1 Coy 1st Section		

(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.)

[Handwritten signatures and notes at the bottom of the page, including "Sgt E. Aldridge" and "O.C. No. 1 Coy 1st Section"]

Descriptive Return of a Soldier discharged on account of Disability.

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

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

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge of Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, 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 *Semmt William Thomas*
Regiment from which discharged *1st Aft*
Regimental Number *2049*
Where born (Parish, Town and County), and when *Codroy Aft 9.3.98*
Intended address *Codroy Aft*



Height on discharge *5* Feet *3* Inches
Colour of Hair on discharge *Dark* **Colour of Eyes** *Grey*
Descriptive marks *Large scar L. forearm* **Complexion** *Dark*
Figure on discharge *Medium*
Christian name of Father *William Thomas*
Christian name of Mother *Jane*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *When fit to return as Dragoon*

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) *Semmt William Thomas* (Rank) *L. Cpl*
 Date *27.10.17*

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.

M. Schwartz C.S. Medical Officer i/c
1st London General Hospital.

Station *Sg* Date _____

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.

COPY

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. 2049 Rank L Cpl
Name (surname first) William Thomas Samms
Regiment Newfoundland

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

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?

Barques Steamship Coy.
Fireman 6 Months

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

Fireman when fit

4. What is the name of your Approved Society?

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

Date 16.10.17 Signature Sge W. T. Samms

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.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Lane No. 59 Sent by H Rec'd by Am Check 10p No. _____
 Place from St. Vincent 22
 To Capt. Howley
Stou Bldg



Deliver my checks to
my wife she calling
for them.

Mr William Summs



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 3 Sent by Cg Rec'd by B Check 10/ No. _____

Place from St Vincent

To Mrs Wm Samms
21 James St

JUL 22 1919
22 178

wiring howley now
go and draw the ~~money~~
money right away

Wm. William
#2049. Samms



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

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

Examination of William Samms
aged 22 conducted at C. L. B.
Date: Dec. 28th / 1915 Recruiting Officer:

NO OF TEST	FINDING
1	<u>ni</u>
2	<u>no</u>
3	<u>no</u>
4	<u>no</u>
5	<u>no</u>
6	<u>no</u>
7	<u>yes</u>
8	<u>yes</u>
9	<u>no</u>
10	<u>ni</u>
11	<u>ni</u>
12	<u>ni</u>
13	<u>One tooth to be extracted - OK</u>
14	<u>Large tonsils</u>
15	<u>normal</u>
16	
17	
18	
19	<u>Her teeth - right 6/9 left 6/9</u>
20	<u>ni</u>
21	<u>ni</u>
22	<u>ni</u>
23	<u>ni</u>
24	<u>ni</u>
25	<u>ni</u>
26	<u>ni</u>
27	<u>ni</u>
28	<u>normal</u>
29	<u>ni</u>
30	<u>ni</u>
31	<u>ni</u>
32	<u>ni</u>
33	<u>mes - 2 scars left arm</u>
34	
35	<u>ht 122 Chest 33 - 36</u>
36	<u>5 ft. 4</u>
37	<u>2500 a month</u>
38	<u>Mother - Mrs J. John Bragg - Cadney</u>
39	<u>none</u>

2049

Signature of Medical Examiner:

J. W. Borden

ni

Nov. 22, 18

No. 2049 Pte. William T. Samms,
Headquarters.

Dear Sir:-

With reference to your
application for Separation Allowance, please
forward me your Marriage Certificate.

Yours faithfully,

Captain & Paymaster.

May 18th 1920

Major Howley
O. I. C. Records

Please pay to W. Samms, 2049
the sum of fifty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$50.00

Pension \$10.00

J.C.S.

W.W. Beckell
Vocational Officer

ACCOUNT	37648	INITIALS	<i>W</i>
CHK NO.			
DATE			
PAY TO ORDER OF			
GEN. LEDGER		INITIALS	<i>[Signature]</i>

W. Samms

Civil Re-Establishment Committee.

(DEPARTMENT OF MILITIA.)

FORM R
21-11-19-1000

MAJOR HOWLEY

Officer in charge of Pay and Records.

DEC 13 '19

Please pay to Samms, W. 2049
the sum of twelve dollars and eighty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$12.83

Pension Monthly \$5.00

Wages Monthly

[Signature]
VOCATIONAL OFFICER.

[Signature]
Wm Samms

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To L/C. W. Samms

Billeting Soldiers as undermentioned

from Feb 21st /19 to Feb 28th /19

<u>2049. L/C. W. Samms</u>	<u>7</u>	<u>20</u>
----------------------------	----------	-----------

Certified correct for \$ 7.20

A. J.

W. Samms
Billeting Officer.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$\$15.00$
 $\frac{100}{100}$

Nov 19 1917

Received from the First Newfoundland Regiment
the sum of fifteen $\frac{00}{100}$ Dollars.
on account of Pay.
balance

W. Samms

Ch. No. <u>1367</u>	Initials <u>CSW.</u>
Pay Ledger <u>40</u>	Initials <u>CSW.</u>
Gen. Ledger <u>10</u>	Initials <u>CSW.</u>

Regtl. No. 2049 Rank Serjt.

CSW.

No. 2049

Rank L/Cpl.

Name

A. J. Samms

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20⁰⁰/₁₀₀

Feb 10 19 19

Received from the First Newfoundland Regiment
the sum of Twenty Dollars.
~~an account~~ of Pay. Clothing
balance

W. Samms

Ch. No. 965	Initials EW
Pay Ledger 369	Initials DM
Gen. Ledger	Initials

Regtl. No.

Rank

A. C. A.

No. 2049 Rank *Plt*

Name *Lanms W.T.*

~

Reg. No. 2049 Rank Pte Name Sammis Wm
Attested Address 31 James St
Allotment 50 Allottee Mrs Wm Samms (wife)
Date of Allotment 1-11-18 Returned from Overseas.....
Embarked for Overseas Cause.....

Reattested for special duty from 14/10/18

15.4.19. 3rd Bn. rec. Dis. from the army.

17.4.19. PASSED TO DEMOBILIZATION OFFICER

21.4.19. DISCHARGE APPROVED ON DEMOBILISATION

The Royal Newfoundland Regiment

2049

DEMobilIZATION OF

Reg. No. 2049 Rank Lt. Col Name Samms Wm
 Date of Enlistment 14.10.18 Address St John's District St John's
 Occupation Fireman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 100%
 Passed to Demobilization Officer with following documents:—

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

Date 17.4.19for H. Mews Street
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation W Samms

Particulars passed to Vocational Officer for information and action.

Date 19-4-19Chilblouston St

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00(b) Clothing Supplied Chilblouston StDate 19-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *25* and Release Certificate No. *2412* issued.

Date *19-4-19*

J.A. Crawford
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *5-5-19*

Date *17-11-19*

H. M. ...
Depot Paymaster.

Discharge approved for *21-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *19-4-19*

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 21 1919*

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

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

Date *April 26/19*

James ...
i/c Records

COPY.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4. Forms B. 121. 41.

Regiment of *Newfoundland*

Number of Sheet *12*
 Signature of O. & Company *W. J. ... Capt. ...*
... King



Regimental Number and Name		Enlistment		Trade	
No.	<i>20477 Samms W. J.</i>	Age on	<i>22</i> years <i>9</i> months	<i>Fireman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 28.12.15</i>	Religion	<i>Co. E.</i>
Joined	Date	Period of with Colours <i>2 3/4</i> years. with Reserve <i>3 6/5</i> years.	Place of Birth <i>Colony</i>	Good Conduct Badges, Service Pay or Proficiency Pay	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disqualifying with trial	By whom awarded	REMARKS
		<i>Pvt.</i>		<i>Medically Unfit</i>	<i>14 12 17</i>				
				<i>Reattested</i>	<i>14 10 18</i>				
				<i>Demobilized</i>	<i>5 5 19</i>				

To be carried over

Army Form B. 121.

Army Form B. 103.

Casualty Form—Active Service.

1399

Regiment or Corps 1st Newfoundland Regt. Regimental Number CR 2049

Rank P5 Surname Jamies Christian Name W. J.

Religion C. of E. Age on Enlistment 22 years 9 months.

Enlisted Dec 28/15 Terms of Service (a) duration of war Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment to lance rank 10.3.17

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

Signature of Officer i/c Records.

COPY SENT TO
O.C. HQ
ST. JOHNS, N.F.L.D.
N.F.P.30. No. 11774/35
DATED 6-NOV-1917

Report	Record of promotions, reductions, transfers, casualties, &c., 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
		Embarked ...	<u>Southampton</u>	<u>9.7.16</u>
		Disembarked...	<u>Rouen</u>	<u>10.7.16</u>
			<u>France</u>	<u>21 JUL 1916</u>
<u>24.2.17</u>	<u>O.C. Unit awarded 14 days f.p.2</u>	<u>In the field</u>	<u>28.2.17</u>	<u>01810, 9c</u>
<u>24.3.17</u>	<u>O.C. Appointed L. Corporal</u>	<u>Unit</u>	<u>10.3.17</u>	<u>01810, 12c</u>
<u>14.7.17</u>	<u>O.C. 88th T.M.B. Wounded in Action</u>	<u>In the field</u>	<u>2 JUL 1917</u>	<u>Memo.</u>
<u>15.7.17</u>	<u>4 b.b.p. Ad. Sw. l-leg & Hands</u>		<u>12.7.17</u>	<u>E.D. 7502.</u>
<u>22.7.17</u>	<u>26 G. Hosp. Ad. No</u>	<u>Etaples</u>	<u>13.7.17</u>	<u>HA 11676.</u>
	<u>Ville de Liege Invalided to England</u>		<u>27.7.17</u>	<u>W 3085</u>



[Signature]
Major
O. i/c No. 1 Reg Infantry Section
G. I. G. 3rd 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, Shoeing-smith, &c.
(B90150) W 15012-5156 J. P. & Co., Ltd. Forms B102/3. [P.T.O.]

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



SEP 23 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

William T. Samms

in respect of his service as No. 2049 Rank Pte.

Name W.T. Samms Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received two war medals


Signature W. T. Samms

Date Oct 1st / 21

Address No 1 Dummerills Lane City

[P.T.O.]

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. File
Attention of

P.A.

Ottawa, Ont.
Date Jan. 28, 1965.....

NAME **SAMMS, William Thomas** SERVICE **2049 WWI** C.P.C. No. **260392** NAVY
NUMBER **ROY. NFLD. REGT.** W.V.A. No. **220506** ARMY ~~XX~~
R.C.A.F.

The DEPARTMENT has received information from

Mrs. Annie Samms, (widow) 131 Wellington St., N., Kitchener, Ontario, letter d/Dec. 30/64

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Bo 1 48 4510

Particulars are as follows:

~~*Bo 1 48 2370*~~

Date of Death..... **December 4, 1964**.....
Cause of Death.....
Place of Death..... **not stated**.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~XXX~~
~~XXX~~
H.O.

} Destroy form if advice of death already received.

E. C. Richards
for
Chief, Central Registry

War Veterans Allowance

Name: *William Thomas Simms* No: *2049.*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I *Newfoundland. U.K. France.*

IF CANADA) Date(s) disembarked in U.K.
AND) Date(s) S.O.S. in U.K. for Canada
U.K. ONLY) Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

28 December 1915. St. John's. Nfld.
14 October 1918 St. John's Nfld.

3. Date of all discharges and reason:

4 December 1917 Medically unfit.
5 May 1919. Demob.

4. Date and place of birth as per attestation paper:

9 March 1893 Codroy. Newfoundland

5. Marital status: If married, name in full of wife:

Single.

6. Any other military service:

Nil

7. Decorations, if any.

Nil.

London
27/5/59

Clerk's Initials: