



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5388 ~~5399~~ Name Robert Sanson ~~Corps~~ Coys Life

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Robert Sanson.</u> |
| 2. What is your full Address? | 2. <u>at intention</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Shaman</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, Robert Sanson 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.

Robert Sanson SIGNATURE OF RECRUIT.

Wm O'Leary Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Sanson 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 Sydney on this 23rd day of May 1918.

W.B. Dicks Lieut. Signature of 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 rank

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

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

Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Lanson

Apparent age 18 years months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Augustus Lanson
Wilmington, N.C. | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5388 ~~5397~~ Name Robert Sanson ~~and~~ Leife

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Robert Sanson
or intention
2. What is your full Address? 2.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 years 0 Months
5. What is your Trade or Calling? 5. Sherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps Yes
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. Yes

I, Robert Sanson 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.

Robert X Sanson SIGNATURE OF RECRUIT.
J. W. Sherman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Sanson 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 23rd day of May 1918.

Signature of Attesting Officer W. Dicks Lieut.

† CERTIFICATE OF APPROVING OFFICER.

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

Date 1918 }
Place } Approving Officer.

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

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

C.R. 5388

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.,
St. John's, Sept. 21/18.

5588 Pte. R. Sampson.

Having been found medically unfit is discharged from 9-7-18.

C.R. 5388

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

5388, Pte. Sampson, R.

Discharged from Donovans Convalescent Hospital, 6/8/1918.

R. 5388

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated June 28, 1918.

#5388 Pte. Robert Samson.

Admitted to Barracks Hospital 26--6--18

C.R. 5388

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated May 25, 1918.

#5388 Pte. Robert Samson.

Attested for General Service with the Royal Wfld. Regt.
from 23.5.18

Sawson, R

5388

Hay Dept.

5388

2841

Winterton Wb.

Oct. 5th 1918

Dear Sirs,

Enclosed please
find signed certificate
acknowledging pay and
allowances.

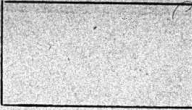
Please inform me if I have
to return my khaki?

I remain,
Yours very truly,
Robert Sarnson

Certificate to be signed by the Soldier on Discharge.

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

Date Oct. 5th. /18 Sig. of Soldier Robert Sansom
Place Winterton I.B. Sig. of Witness Ernest Laing.
C. & E. Teacher



Proceedings on Discharge.

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

No. <u>5388</u>	Army Rank <u>Private</u>
Name <u>Robert Samson</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal 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 <u>September 9th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>17</u> years <u>11</u> months Height <u>5</u> feet <u>5 1/2</u> inches Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>fair</u> Trade <u>Fisherman</u>	Descriptive marks.
Intended place of residence <u>Winterton, I.R.</u> <small>(To be given as fully as practicable)</small>	
<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 <u>being no longer physically fit for war service</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>	
3. Military character:— <u>A.G.</u>	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </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*	

5388

October 9th. 1918.

Mr. Robert Samson,
WINTERTON, T.B.

Dear Sir:

With reference to your letter of
October 5th. you are permitted to keep your uniform.

Yours truly,

Lieut.
For Paymaster

October 2nd 1918.

Pte. Robert Samson,
Winterton, T.B.

Dear Sir,-

I enclose herewith cheque for \$55.25, being balance of pay due you at date of discharge, also certificate of Pay.

I also enclose Certificate of Discharge, dated Sept. 9th, 1918, together with special form which kindly sign and return to this office.

Yours truly,

Capt.
Paymaster & O.i/c Records.

Enclosures 4.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 5'3²⁵

Sept. 25th 19 18

Received from the First Newfoundland Regiment

the sum of Three ²⁵ Dollars.

~~on account~~
balance of Pay.

Ch. No.	3033	Initials	EW
Pay Ledger	382	Initials	um
Gen. Ledger		Initials	EW

Regtl. No. Rank

No. 5388-

Rank PL-

Name Samson, R.

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

MEDICAL HISTORY

OF

Surname Sanson

Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Winton, W. County Wes.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	23 rd	May	1918	191
at	St Johns.		at	
Declared Age	18	years	days	years
Trade or Occupation	Fisherman.			
Height	5	feet 5 1/2	inches	feet
Weight	122		lbs.	lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	66	L.E.—V=	66
	L.E.—V=	66		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	J. O. Borden			
(Rank)	Capt		Medical Officer.	Medical Officer.
Enlisted	at	St Johns	at	
	on	23 rd day of May	1918	on
				day of
				191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	Royal W. Reqiment.	5388		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191

list in case of Warrant Officers treated in quarters.

In the cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Geo Burden
Dw Burden



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station .. **St. John's, Nfld.**.....
Date **August 23rd., 1918**...

- | | |
|----------------------------------|--|
| 1. Unit 1st. Newfoundland | 5. Age last birthday. 18 |
| 2. Regimental No. 5388 | 6. Enlisted on May 23rd., 1918 |
| 3. Rank. Private | at St. John's, Nfld. |
| 4. Name. Samson, Robert | 7. Former trade or occupation Fisherman |

8. Disability

NEURITIS

9. History **Developed Influenza on home leave at Winterton T.B. His Neuritis followed this. He has had 21 days at Donovans Convalescent Camp.**

10. What is his present condition?

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

He complains of pains in back, legs below knees. He states he cannot walk.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature (Sgd) F. W. BURDEN.....

Rank or Qualification ACTG. M. O.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

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

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

Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

Less than 20%

16. Is the disability permanent? **Yes**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

18. The refusal of operation is:— (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital,
Naval and Military Con-
valescent Hospital, **No**
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
retention in

Remarks if any:—

Signatures.

(Sgd.) JOHN G. DUNCAN
President
..... J. SINCLAIR TAIT
..... ARCH. C. TAIT

Place .. St. John's, Nfld.

Date August 26th., 1918.

APPROVED

Station No.

Date NEWFOUNDLAND.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *McY B*

(Sgd.) CLUNY MACPHERSON, Major

Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.

To be Noted

Part II. Orders *WJG*
Card Index
Nominal Roll



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *August 23rd 1918*

Regimental No. *5388*

Name *Robert Sansome*

Address

Disease or Disability *constitutional weak. Neuritis*

Finding of last Standing Medical Board,

held on _____ 19_____

Present Condition *not due to military service*

Recommendation *S.M.B. for discharge*

Category

Members
of
Board

}	<i>RH Last</i>	O. C. Depot
	<i>Waters</i>	D. D. M. S.
	<i>Archibald</i>	M. O. Depot



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 *Sanson Robert.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5388.*
 Intended address *Wulleton J.B.*
 Height on discharge *5* Feet *5 1/2.*
 Color of hair on discharge *Fair*
 Complexion *Fair*
 Color of eyes *Blue.*
 Descriptive Marks —
 Figure on discharge *medium*
 Christian name of Father *Augustus*
 Christian name of Mother ✓
 Wife's maiden name in full ✓
 Date and place of marriage ✓
 Christian names of children ✓
 Place and date of soldier's birth. *Wulleton J.B. Oct 20th 1900*
 Nature and locality of civil employment required

Witness
Sanson 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) *Robert ^{his} x Sanson*
Mark

(Rank) *Pte*

Station *St Johns* Date *Aug 23/18.*

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.

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

Station *St Johns* Date *Aug. 23/18*



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station

Date

St John's N.F.
Aug 23/18

1. Unit *1st. Newfoundland*
2. Regimental No. *8388*
3. Rank. *Pte.*
4. Name. *Saunson Robert*
5. Age last birthday. *18*
6. Enlisted on *23 May 1918*
7. Former trade or occupation *Fisherman*
8. Disability

Neuritis.

9. History *Developed Influenza on Home leave at Compton N.B. his neuritis followed this - He has had 21 days at Danovans Convalescent Camp.*

10. What is his present condition?

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

He complains of pains in both legs below knees. He later became weak.

Report of Dr. Anderson His Content allocated

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature

Geo Burden

Rank or Qualification

ad. med

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x may be considered as ~~aggravated by:-~~
due to

~~(a) Service during this war. (b) Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

yes.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less than 20%

16. Is the disability permanent?

yes

17. Has the disability been aggravated by

(a) Intemperance. No

(b) Misconduct. No

18. The refusal of operation ✓ is:— (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

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

{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. } No

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

Signatures.

John D. Mean President
J. Sinclair Tait
Archibut

Place

St. John's field

Date

August 26th 1918

APPROVED

Station



Date

Cemy Macpherson Major
D. M. S. NEWFOUNDLAND.
Administrative Medical Officer.

P. 5358 Robert Sanson - has been
sick since June 1st with Grippe & later
Neuritis. The latter is improving
though he still has difficulty in walking

Winterton
June 22. 18

Dr. Anderson M.D.
Hearst Hospital

Reported June 27/18

sick since
June 26/18

To be Noted

{ Part II. Orders
Card Index
Nominal Roll

5338 Pfc Robert Sanson
has been sick since June 1st
with Grippe & apparently has
a Neuritis affecting both
Legs (probably Rheumatic) &
is quite unable to report
on Monday (June 10th) when
his leave expires

Signed.

Wenderson
8/6/18

Wenderson
Sgt. Colonel

To be Noted { Part II. Orders
Card Index
Nominal Roll

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's May 23/15

1. Name Robert Samson Age (a) Declared 18
(b) Apparent

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

What severe illnesses have you had? none

3. Height 5ft 5 1/2 Weight 122

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) n

~~53~~ 53 88

6. Examination of Lungs n

Measurement (a) Expiration 32 (b) Inspiration 35

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

} n

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

11. Name and address of next of kin Father Augustus Winterton 2B

REMARKS--

A II

Archibald
A. M. [unclear]
Medical Examiners.

Reg. No. 5387 Rank *Plt* Name *Sanson. R.*
Attested *23-5-18.* Address *Winterton I. B.*
Allotment *504* Allottee *Agustus Sanson (Father)*
Date of Allotment *1-9-18.* Returned from Overseas.....
Embarked for Overseas..... Cause.....

Vacc 24-5-18

H. Leave 16-6-18 to 24-6-18.

1-6-18. Reported by Dr Anderson (With Grippe)

16-6-18. Admitted to Barracks Hoop. Dis. Barracks Hoop to

Bowman 16-7-18. Discharged from Bowman 6-7-18.

8-6-18. Advised by Dr. Anderson Neuritic Pneumonia

22-8-18 Advised do suffering from Grippe

*24-8-18. Head and travelling Dis. Recommended standing
medical bed for exchange (Constitutional weak Neuritic)*

76-2-18 recommended discharge permanently
unfit

DISCHARGED—MEDICALLY UNFIT 9-9-18 No 167

Leport
5388

August 27th. 1918

From :-

Assistant Adjutant - Headquarters

To :-

Paymaster and Officer i/c of Records.
' Militia ' Dept.

4516, Pte Puddle, J.J. ii
4952, Pte Farrell, D. ii
5388, Pte Sampson, R. ii
5625, Pte Gavon, F. ii

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board, held on Monday, August 26th. I am sending them herewith for your attention and necessary action please. Their Accounts on Co's Pay Sheets have been squared up to and including August 27th. They have no allotments current.

Dist :-
OCD/WFC

St John's, Newfoundland.

Sept. 19th, 1918.

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters.

Sir. - The undermentioned men have been discharged on the dates given; kindly note and post in Daily Orders Part 11.

I have the honour to be,

Sir ;

Your obedient servant.

(SGD). J.H. HOWERY.

CAFT.
PAYMASTER & OFFICER i/o RECORDS.

4434.	Private.	Serrick, Claude.	Sept. 7th, 1918.	Med Unfit.
4516.	"	Peddie, Jos. J.	9th.	do
4952.	"	Farrell, Daniel P.	do	do
5388.	"	Samson, Robert.	do	do
5625.	"	Gavan, Thomas.	do	do