



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5467 Name John Saunders Corps C of E.

### Questions to be put to the Recruit before Enlistment.

- |  |                           |
|--|---------------------------|
| 1. What is your name? .....  | 1. <u>John Saunders</u>   |
| 2. What is your full Address? .....  | 2. <u>Flat 511d. B.P.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>             |
| 4. What is your age? .....   | 4. <u>25</u> Years .....  |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>       |
| 6. Are you Married? .....  | 6. <u>no</u>              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>             |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>             |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....            |
|  | Corps .....               |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>            |

I, John Saunders 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.

John Saunders SIGNATURE OF RECRUIT.  
W. R. Power Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Saunders 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 27 day of May 1915

W. R. Power 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 .....

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

Date ..... 1915

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) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5467 Name John Saunders Corps C of E

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>John Saunders</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Flat 14d. B.B.</u> .....           |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>25</u> Years <u>0</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisher</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, John Saunders ..... 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.

John Saunders SIGNATURE OF RECRUIT.  
Pte R.P. [unclear] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Saunders ..... 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 27 day of May ..... 1915

Signature of Attesting Officer Ch. [unclear] 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 ..... 1915 } Approving Officer.  
 Place .....

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

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







# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5467 Name John Saunders Corps C of E.

### Questions to be put to the Recruit before Enlistment.

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>John Saunders</u>         |
| 2. What is your full Address? .....  | 2. <u>Flat 33d. B.B.</u>        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                   |
| 4. What is your age? .....   | 4. <u>25</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>             |
| 6. Are you Married? .....  | 6. <u>no</u>                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>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>                  |

John Saunders 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.

John Saunders SIGNATURE OF RECRUIT.  
Pte R Power Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John Saunders 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 11th day of May 1915

Signature of Attesting Officer P. Brinks 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 compiled with. I accordingly approve, and appoint him to the: .....

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: vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

5467

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

Name John Saunders  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 4 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Saunders.  
Flat 52d. | Relationship Father.  
B.B. 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 United Kingdom engagement reckons from <u>27-5-18</u>									Signature of Officers certifying correctness of entries
Joined at <u>M.A.S.</u> on <u>NOV 27-1918</u>									
<u>Discharged A. Jones Sep 30/1918.</u>									
<u>Admitted to S.D. Hospital 14-6-18</u>									
<u>Discharged to S.D. to Danovans 28-18</u>									
<u>Discharged from Danovans 29-18</u>									
<u>Discharged Medically Unfit 30-9-18</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-9-18</u> (date of discharge) _____ years <u>127</u> days									
" " Pensions " _____ [ " " ] _____ " _____									

C.R. 5467

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

5467 Pte. J.L.Saunders.

Discharged 30-9-18, Medically unfit

C.R. 5467

Extract from Daily Orders Part 11 Unit The Royal Wfld.Regt.,  
St. John's Oct. 6th, 1918.

5467 Pte. J. Saunders.

Having been found medically unfit is discharged from 30-9-18.



C.R. 5467

PRELIMINARY REPORT.

Extract from Medical Board held Sept. 14th, 1918.

5467 Pte. Saunders, J.

Recommended Discharge--permanently Unfit.

C.R. 5467

without cost being returned to the donor.

5467 J. Saunders.

Discharged from Donovans Con. Hosp. 2-9-18.

C.R. 5467

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated August 2, 1918,

#5467 Pte. J. Saunders.

Discharged from M.I.D. Hospital and admitted to  
Donovans Con. Hosp. 22-7-18

# 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.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Red	By	Sent	by	Check

*Dated*        **June 19th. 1918.**

*To*            **Robert Saunders Esq.**

**Flat Islands. B.B.**

**Regret to inform you your son 5467 Pte. John Saunders is dangerously ill of pneumonia. Will keep you advised of his condition.**

**Lieut. Colonel  
for Minister of Militia.**

**Charge to Militia Dept.**



C.R. 5467  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 **Militia Dep<sup>y</sup>.**

Line Number	Rcd	By	Sent	by	Check

Dated **June 20th 1918.**

To **Mr. Robert Saunders, Flat Islands, B.B.**

**Beg to inform that your son 5467 Pte. John Saunders condition slightly improved.**

**W.F. Rendell,**

**Lieut. Col. C.S.O.**

**for Minister of Militia.**



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 14 Sent by 20 Rec'd by \_\_\_\_\_ Check 100d No. 218

Place from Change Islands

To Capt J. J. O'Grady  
St. John's

JUL 2 - 1918  
47

cannot make it convenient  
to come ~~to~~ the Clyde next  
week

H. J. Saunders.

Mailed  
July 4/18  
*[Signature]*

*[Handwritten mark]*

*[Handwritten scribbles]*

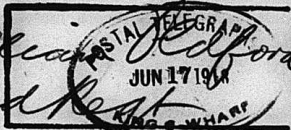
# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 76 Sent by Salvage Rec'd by 17 No. 10

Place from Salvage

To 516



Royal Newfoundland  
Reply how <sup>5467</sup> John Saunders  
is if possible anxious  
to hear

James Dyke

Reply-

5467 <sup>Q</sup>The John Saunders in military Infectious Hospital  
with measles, doing well, no complications.  
(sgd) Major <sup>Q</sup>Paterson.

C.R. 5467

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated May 29, 1918

#5467 Pte. J. Saunders.

Attested for General Service with the Royal Wfld. Regt.  
from May 27, 1918



Counter No. 467

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated

June 14th 1918.

To

Mr. Robert Saunders, Flat Island, B.B.

Regret to inform you that #5467, Pte. John Saunders is at Military Hospital, St. John's, seriously ill with Measles.

W.F. Rondell,

Lieut. Colonel,

Chief Staff Officer,

for Minister of Militia.

**FOR TYPEWRITER**

Saunders, John

5467

Gay Sept.

CERTIFICATE TO BE SIGNED BY THEE SOLDIER ON DATE OF DISCHARGE.

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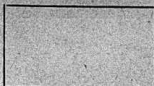
I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date Oct 16/18

Sig. of Soldier John Saunders

Place Flat Island. B.B

Sig. of Witness Robert Saunders



# Proceedings on Discharge.

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

No. <u>5467</u>	Army Rank <u>Private</u>
Name <u>John Saunders</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt</u>	
<small>Battalion, Battery, Company, Depot, &amp;c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>September 30th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <small>Description at the time of discharge.</small>	
Age <u>25</u> years <u>6</u> months Height <u>5</u> feet <u>4 1/4</u> inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>Brown</u> Hair <u>light</u> Trade <u>Fisherman</u> Intended place of residence <u>Flat Island P.S.</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.
<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>V. G.</u>	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
<small>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.</small>	
_____ Initials of Commanding Officer.	
Army Form B. 2068 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

\* Strike out if not applicable.

[OVER.]



To be Noted

Part II Orders \_\_\_\_\_  
Card Index *W.J.S.*  
Nominal Roll \_\_\_\_\_



# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *Sept* 19*18*

Regimental No. *5467*

Name *Samuel John*

Address *Hat Island*

Disease or Disability

Finding of last Standing Medical Board,

held on \_\_\_\_\_ 19 \_\_\_\_\_

Present Condition

Recommendation

*Standing Medical Board for  
discharge.*

Category

Members  
of  
Board

O. C. Depot

D. D. M. S.

M. O. Depot

*J.W. Borden*  
*del*

October 8th, 1918.

Pte. John Saunders,  
Flat Island, B.B.

Dear Sir.-

I enclose herewith cheque for \$56.40, being  
balance of pay due you at date of discharge, also  
Certificate of Pay.

I also enclose Certificate of Discharge,  
dated Sept. 30th, 1918; together with special form which  
kindly sign and return to this office.

Yours faithfully,

Paymaster & O.i/c Records. Capt.

ENCLOSURES 4.

E/W.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35<sup>00</sup>

Nov . 3 . 19 19

Received from the First Newfoundland Regiment  
the sum of thirty five <sup>00</sup> Dollars.  
on account of Pay. Clothing. John Saunders  
balance

Ch. No. 19085	Initials. Eul
Pay Ledger 388	Initials. W
Gen. Ledger	Initials.

Regt. No. Rank  
A.C.R.

No. 5467

Rank

Pt

Name

J Saunders

1918-1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 56<sup>40</sup> / -

Oct 3<sup>rd</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifty Six <sup>40</sup> / - Dollars.  
~~on account~~  
balance of Pay.

Ch. No. 3449	Initials. <i>EW</i>
Pay Ledger 388	Initials. <i>EW</i>
Gen. Ledger.....	Initials.....

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

*[Signature]*



No. 5467. Rank PL-

Name Saunders J.



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 .....

1. Unit *1st. Newfoundland*
2. Regimental No. *5467*
3. Rank. *Pte*
4. Name. *Sarindis John*
5. Age last birthday. *25 years.*
6. Enlisted on *May 29<sup>th</sup> 18*
7. Former trade or occupation *Fisherman*
8. Disability

*Measles and pneumonia.*

9. History: *Developed measles w/ Bronchitis 14-VI-18*  
*He had pneumonia Complication. Was treated*  
*at M. I. S. Hosp. and at Donovans.*  
*Consals cur Corp*

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.)

*Temp. 99.2.*

*Shows action abt waist.*

*Dry friction rub base of Rt. Limp at back.*

*The complaint of some weakness (general)*

*The mental condition is dull.*

11. Was sanatorium operation advised and refused?

*✓*

12. Do you recommend discharge as permanently unfit?

*Yes -*

Signature

*S. W. Bender*

Rank or Qualification

*act MD*

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.

Epidemic disease  
yes & para 118.

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% last months  
(May develop lung disease)

16. Is the disability permanent?

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

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

Offered Jensen Camp but prefers going home. not an absolute refusal

Remarks if any:—

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

General Hospital,  
Naval and Military Con-  
vallescent Hospital,  
Jensen Tuberculosis Camp. no

20. We recommend discharge from retention in the Army

permanently unfit

Remarks if any:—

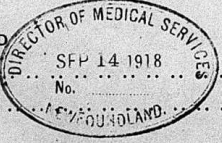
Signatures.

J. H. Case President  
J. M. D. O'Connell  
J. Sinclair Secy.

Place Sydney

Date Sept 16 1918

APPROVED



Station .....

Date .....

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



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

# MEDICAL HISTORY

OF

Surname Saunders

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Fladland County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	27 <sup>th</sup>	May		191
at	St. John's.		at	
Declared Age...	25	years		days
Trade or Occupation	Fisherman			
Height	5	feet	4	inches
Weight	123			lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/9	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>Lamm Peterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
at	St. John's.		at	
Enlisted	on	27 <sup>th</sup> day of May	on	day of 191
	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	Royal Nfld. Regiment.		2469	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treat
	Day	Month	Year	Day	Month	Year			
M. S. D. Hospital	14	6	18	22	7	18	Muscle pneumonia	38	
Danvers Com Hosp.	22	7	18	2	9	18.		J.R.	

ist in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*W. Burden*  
*W. 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*  
Date *Sept. 12/18*

1. Unit *1st. Newfoundland*
2. Regimental No. *5467*
3. Rank. *Pte*
4. Name. *Saunders John*
5. Age last birthday. *25 years*
6. Enlisted on *may 29/18*  
at *St. John's.*
7. Former trade or occupation *Fisherman*

8. Disability

*Measles and Pneumonia*

9. History *Developed measles in Barracks. 14-6-18. He had Pneumonia Complicating, was treated at M. I. D. Hosp. and at Bonnavans 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.)

*Temp. 99.2*

*Heart's action abt weak  
dry friction sub base of Rt. lung at  
back*

*He complains of some weakness*

*His mental condition is dull*

*General*

11. Was sanatorium advised and refused?   
operation

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

Signature

*T. W. B. ...*

Rank or Qualification

*Reg. ...*

Remarks if any by Officer in Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....



# Opinion of the Medical Board.

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

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

(a) ~~Service during this war~~ (b) Chronic (c) Ordinary Military Service  
Remarks if any:— Spedomic disease

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.  
Yes & para 115

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:—

2 1/2 six months

16. Is the disability permanent? ?

(may develop lung disease)

17. Has the disability been aggravated by

(a) Intemperance. no (b) Misconduct. no

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

offered Jensen Camp but  
refus going home  
not an absolute refusal

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 ~~retirement~~ the Army

permanently unfit

Remarks if any:—

Signatures.

M. S. Fraser ..... President  
John Duncan .....  
J. Sinclair, Lieut. .....

Place St. John's .....

Date Sept. 15/18 .....

APPROVED



Station .....

Date .....

(Sgd) CLUNY MACPHERSON, Major

L. M. S. NEWFOUNDLAND.  
Administrative Medical Officer.

CERTIFIED CORRECT COPY  
CLUNY MACPHERSON, Major

Per J. W. B.



## 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 *Saunders John*  
 Regiment from which discharged *1st Newfoundland*  
 Regimental number *5467*  
 Intended address *Flat Island B. B.*  
 Height on discharge *5* Feet *4 1/2*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eye *Brown*  
 Descriptive Marks   
 Figure on discharge *medium*  
 Christian name of Father *Robert*  
 Christian name of Mother *Mary*  
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children   
 Place and date of soldier's birth. *Gooseberry Islands. Mar 11<sup>th</sup> 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) *John Saunders*

Station *St Johns* Date *Sept 12*

(Rank) *Pte*

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.

*W. Berden*  
 Medical Officer i/c Hospital.  
 Unit, or Command Depot.

Station *St Johns*

Date *Sept - 12 - 18*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of The Royal Newfoundland Signature of O. C. Company P. D. Dickson Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>2467</u>	Age on	<u>25</u> years	<u>Freemason</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	Period of	<u>27-5-18</u>	<u>C of E.</u>	
Joined	Date	with Colours	<u>17 1/2</u> years.	Place of Birth	
Joined	Date	with Reserve	<u>36 1/2</u> years.	<u>Newfoundland</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit</u>	<u>St. John's</u>	<u>30 9/10</u>			

To be carried over.

Reg. No. 5467 Rank Pte Name Saunders, J.

Attested 27-5-18 Address Flat Island B.B.

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

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

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

14 4/5. Ptd. No. 10. Hosp. Recd.  
2-8-18 Discharged m. S. D. to Bonouan Con. Hosp.  
2-9-18 do From Bonouan to Billets  
9-9-18 Ideas. Ans. travelling - Bro. - see Standing medical  
Reps. for discharge.  
14-9-18 see - bit - see - unfit

DISCHARGED—MEDICALLY UNFIT 30-9-18 Jos 173

Depot  
5467

October 3rd, 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 II.

I have the honour to be,

Sir

Your obedient servant.

(SGD.) J. M. HOWLEY.

CAPT.

PARAMOUNT & OFFICER i/c RECORDS

2283.	Pte.	Underhay, W. J.	Sept, 30th, 1918.	Med unfit.
1126.	"	Starkes, J. B.	do	do
859.	"	Spencer Roy.	do	do
2971.	"	Norsey Calade.	do	do
574.	SGT.	Caul, J. J.	do	do
742.	"	Hiflin, H.	do	do
4575.	Pte.	Hefferton, S. J.	do	do
4998.	"	Shoppard, S.	do	do
5117.	"	Bavis, Jno. T.	do	do
5467.	"	Saunders John.	do	do
3413.	"	Fenney, J. J.	do	do
3172.	L/C.	Burke, John. F.	do	do
3207	Pte.	Young Harry.	do	do



Sept. 16th, 1918

From Officer Commanding,  
Depot

To Paymaster and Officer i/o Records,  
Militia Department

43575 L/C. S. Hefferton  
4998 Pte. S. Sheppard  
5117 " J. T. Davis  
5467 " J. Saunders

The marginally noted recruits were recommended for discharge as permanently unfit by Medical Board held on Saturday, September 14th.

I am sending them herewith for your attention and necessary action, please. Their accounts on Company Pay Sheets have been squared up to and including 16-9-18. No allotments are current except L/C. Hefferton's, who has one of 70¢ per day.

CCD:AC

## ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Head quarters May 27/18

1. Name

John Saunders

Age (a) Declared

25

(b) Apparent

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

What severe illnesses have you had?

*none*

3. Height

~~5ft 7~~

5467

Weight 123.

4. Eyesight (a) Left

6/9

(b) Right

6/6

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs *n*

Measurement

(a) Expiration

31½

(b) Inspiration 35½

7. Examination of Heart *n*

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

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

11. Name and address of next of kin

Father Robert Flat Sea Bk

REMARKS--

*John Saunders*  
*Assistant*

A11