



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3860 Name William Saunders Corps C of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>William Saunders.</u> |
| 2. What is your full Address? | 2. <u>Long Pond C. B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>School Teacher.</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 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.

Wm Saunders. SIGNATURE OF RECRUIT.
Brandon Sennott Signature of Witness.

F15-6-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 1915.

Signature of Attesting Officer Thomas Luff.

† 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).....

3860

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3860 Name William Saunders Corps C of A

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Saunders
2. What is your full Address? } 2. Long Pond C. B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 20 Years 6 Months
5. What is your Trade or Calling? 5. School Teacher
6. Are you Married? 6. n.o.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. n.o.
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
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, W. William 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.

Wm. Saunders.....SIGNATURE OF RECRUIT.
Brandon Summitt.....Signature of Witness.

F18-6-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. William 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 18 day of June.....1917

Signature of Attesting Officer W. B. Luff

†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.....1917 }
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).....

DESCRIPTIVE REPORT ON ENLISTMENT

J. A. Martin

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

Name *William Saunders*
 Apparent age *21* years *6* months Height *5* feet *10* inches
 Chest Measurement { Girth when fully expanded *37* inches
 Range of expansion *3* inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Charles Saunders*
Long Pond C B | Relationship *Father*
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <i>18-6-17</i>									
Joined at <i>St. John's</i> on <i>June 18 '17</i>									
<i>Discharged January 24/19</i>									
<i>Embarked at John's S.P. Hospital to Halifax N.S. 4th</i>									<i>Embarked for B.C. 4th</i>
<i>Re-embarked Queen 6-2-18 joined Det on the field</i>									<i>15-2-18</i>
<i>Home sent 20-2-18 admitted 36th H. Hospital Halifax 20-6-18</i>									<i>Sent to base depot Canada</i>
<i>Home 20-7-18 transferred to England 20-7-18</i>									<i>Home to Hong for 21-22-18</i>
<i>Well placed to join the bank bus on one quarter past 12 from 12-2-18</i>									<i>Home to Hong for 21-22-18</i>
<i>to Hong 1-10-18 to title for demobility 12-2-18</i>									<i>Home to Hong for 21-22-18</i>
Total Service forfeited as above <i>18 months</i>									<i>St. John's 24-1-19</i>

Total Service towards Engagement to *24-1-19* (date of discharge) *1* years *174* days
 Pensions " " " " " " " " " " " "

C.R. 3860

Extract from Daily Orders part 11, Depot St. John's dated Jan. 25th. 1919.

The undernoted discharge on demobilisation have been approved
CONFIRMED by Officer i/c Records from 24-1-19.

#3860 Pte. Wm. Saunders.

C. R. 3860

Extract of Daily Orders Part II, dated Jan. 11th 1919.

DEMOBILIZATION

The discharge of the undernoted man has been ~~was~~ approved by O.C. Discharge Depot from 10-1-19. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

3860 Pte. Wm. Saunders.

CR. 3860

Extract of Preliminary Report of MEDICAL BOARD held on
Monday, January 6th., the following was the findings-

1/9

Recommended Discharge as permanently Unfit.

3860 Pte. Wm. Saunders.

C.R. 3860

Extract from Daily Orders part 11. Depot St. John's dated Dec. 25/18

The undenoted returned from Overseas and reported at depot 21-12-18.

#3860 Pte. W. Saunderson.

C.R. 3860

Extract from Memorial Roll of repatriation draft No. 79 from
the 2nd., Battalion of the Newfoundland Regiment, which
embarked at Tilbury Docks 12/12/18.

#3860 Pte . W. Saunders.

C.R. 3860

Extract from Daily Orders ~~sent~~ by Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Battalion Royal Nfld. Regt.,

The following having been transferred from Newfoundland
Forestry Corps to this Battn. is taken on the strength from
1-10-18.

3860 Pte. Wm. Saunders,

C.R. 3860

Extract from Orders by Lt. Col., R.J. Barton, D.S.O., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:-

3860 Pte. W. Saunders.

C.R. 3860

Extract from Casualties Received from P.&.R. Office,
London, Aug. 26th, 1918.

The U/M soldier is reported attached to the 2nd Battn.,
Winchester, from 1st Battn., B.E.F. on 22/8/18. Presumably
marked "P.B."

3860 Pte. Saunders W.

Authority:-

D/Os. 2Bn., 23/8/18.



SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3860

INFANTRY RECORD OFFICE - L I O H F I E L D (PART 1)

LIST No H. A. 26575
Dis to Base Dep Calais Class A ex 15 Con Dep 19 July'18

Pte. Donald. J. 15 Notts & Derby

Dis to Base Dep Calais Class A ex 15 Con Dep 19 July'18

INFANTRY RECORD OFFICE - L I O H F I E L D (PART TWO)

LIST No H. A. 26575
Dis to Base Dep Calais Class A ex 15 Con Dep 19 July'18

DIS TO BASE DEP CALAIS CLASS A EX 15 CON DEP 19th JULY'18

MS 29

201240	Pte. Kendrick. W.	1/4 Leibesters	. . . . .
43762	Sgt. Gray. W.	1 Nth Staffs	. . . . .
242349	Pte. Jones. G.	1/6 N Staffs	. . . . .
43739	Sgt. Sixsmith. F.	1 N Staffs	. . . . .
47519	Pte. Smith. A.	1 -do-	. . . . .
203510	" Sanderson. V.	4 S Staffs	. . . . .
17561	" Bull. R.	7 -do-	. . . . .
20105	" Dyson. A.	7 Leicesters	. . . . .
39031	" Kirk. W.	7 -do-	. . . . .
41668	" Langley. A.	8 -do-	. . . . .
16741	" Butt. E.	8 -do-	. . . . .
16281	" Newbold. E.	9 Leicesters att 20 Entrench Btn	. . . . .
41302	" Benton. W.	6 Leicesters	. GSW Head . . .	Dis to Base Dep M.E. Calais Class MB ex 15 Con Dep 19th July'18
201734	" Pearson. E.	7 S Staffs att RE	D.A.H. . . .	Dis to Base Dep M.E. Calais Class MB ex 15 Con Dep 19th July'18

NEW FOUNDLAND EXPEDITIONARY FORCE

LIST No H. A. 26575
Dis to Base Dep Rouen Class A ex 15 Con Dep 19 July'18

3860 Pte. Saunders. W. 1 R New'ndland Reg

Dis to Base Dep Rouen Class A ex 15 Con Dep 19 July'18

C.R. 3860

Extract of Sick and Wounded N.C.Os. and Men of the Expeditionary
Force ---- France, No. H.A. 25637, dated 5 July 1918.

3860 Pte. W. Saunders.

Royal Newfoundland Regiment..... Influenza.....Adm. 15 Con.
Dep. Trouville 28th. June 1918.

C.R. 3860

Extract of Sick and Wounded N.C.Os. and Men of the Expeditionary Force --
France, No. H.A. 25370, dated 1st July 1918.

3860 Pte. W. Saunders.

Royal Newfoundland Regiment..... Influenza.....Adm.
72 Gen. Hos. Trouville 21st June 1918.

C.R. 3860

Extract from War List

#H. A. 24739

#3860 Pte. W. Saunders.

ADMITTED TO 26th General Hospital Staples 19th June 1918

INFLUENZA MILD.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. _____



Cable Connection with all the World

C.R. 3860

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 Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated **May 25th, 1918**

To **Charles Saunders, Long Pond, C.B.**

Beg
~~request~~ to inform you that Record Office, London,
officially reports **No. 3860, Private William Saunders**
previously reported wounded now reported with unit.

Upon receipt of further information I shall immediately wire you.

W.F. Rendell Lieut. Col.
C.S.O.
for Minister of Militia.

FOR TYPEWRITER

C.R.3860

Extract from Telegram received from London, dated May
24, 1918.

Previously reported wounded now reported with Unit.

#3860 Pte. Saunders.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. _____



Cable Connection with all the World **CR 3860**

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 post of Militia.

Line Number	Red	By	Sent	by	Check

Dated

May 7th, 1918.

To

Charles Saunders, Long Pond, C.B.

Regret to inform you that Record Office, London,

officially reports

No. 3660, Private William Saunders

wounded April 13th no particulars given

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

J.R. Bennett

Actg. Minister of Militia.

FOR TYPEWRITER

C.R. 3860

Extract from Telegram received from London, dated
May 6th, 1918.

Wounded April 13th No particulars given #3860 Saunders.

C.R. 3860

Extract of Casualty received from Pay & Record Office, London,
dated 6th May 1918.

3860 Pte. C. Saunders.

Wounded 15/4/18.

Auth: O.C. Unit 22/4/18.

C.R. 3860

Extract from Nominal Roll Draft No. 36 200 Other Ranks, from
2nd., (Reserve) Battn. Royal Newfoundland Regiment and proceed-
ed to join the 1st., Battalion, Royal Newfoundland Regiment &
B. E. F., Embarked Southampton 4/2/18.

#3860 Pte. W. Saunders.

30.

C.R. 3860

Extract From Nominal Roll embarked St. John's for Overseas.
per S.S. "Florissel" Aug. 4, 1917.

3860 Pte. W. Saunders.

R. 3860

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, June. 18th, 1917.

3860 Pte. Wm. Saunders.

Attested this day, posted to F. Company, and assigned
number as shown.

W Saunders

C.R.

3860

P.R.C.

No. 3865

Rank

Pte.

Name

S. Ford

Pay	F.A. Wks	Total
100	10	100
Less Allotment		60
Net Rate		40

N.P.F/33

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate: £ s d						
						From	To		£	s	d				
Balance				Balance	15	18					1	14	5		
Acquittance Rolls		2	4	0	Pay @ Net Rate	16	18	20	155	40	62	00	12	14	9
Hospital Advances		1	11	6											
A.B. 64.			11	0											
P.&.R.O. Payments		3	0	0				2	2	1			4	2	
<i>W.P.A. V264</i>		1	15	0											
<i>£. 565</i>			2	6											
<i>Stoppage</i>			2	8											
<i>Cash. 8212</i>	<i>20/1/18</i>	5	7	0											
					<i>5 7 4</i>										

9.6.0

14 13 4

[Handwritten signature]

Forwarded with the Compliments of the

Secretary of the War Office.

War Office,

22nd April 1918

Not reported a cemetery
to date presumed with
unit 1904

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. IN	3642
Rec'd	23 APR 1918
Ack'd	Ans'd
Ref. Nos. OUT	
AL	
Comd	
P & C	27/4/18 Jh
R & C	
B & F	
P.S.	

RECEIVED
W.O., C2. Cas., (Cor.)
19 APR 1918
ALEXANDRA HOUSE

Full letter
Regt
19 Spalding Rd
13 APR 18
12/4/18
Dear Sir,

I should be glad
if you could give me the
particulars in regards to.

Pte W^m Saunders, 3860
Royal or F.L.D. Regt.

~~He was drafted out to France
nine weeks ago, and I have
had no news of him for
seven weeks~~

Mrs Jas. Halpinny
19. Spalding Rd
Nottingham.

I am very anxious about
him, as he is my nephew,
and I would be greatly
obliged, if you could
forward me all information
possible.

No 3860

Pte W^m Saunders

A. Coy.

Royal Newfoundland Regt.

B. Co. of

France

Yours. Truly

Mrs Jas. Halpinny

Saunders, W^m

3860

Pay Sept.

January 24th., 1919

43860 Pte. William Saunders,
Conception Bay,
Long Pond.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 701."

Yours faithfully,

Captain,
Paymaster & Officer i/o Records

Enc'l 1.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 3860, Rank Pk. Name Saunders. W. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18, Authority _____ Cause _____

OFFICE COPY

DR.

STATEMENT OF ACCOUNT

OR.

PERIOD: From 23/11/18 To 20/12/18

PARTICULARS					£	£	£	s	d	PARTICULARS					£	£	£	s	d		
Balance Dr. from										Balance Cr. from											
Allotment 19 days @ 50¢					19	50	11	19	1	Pay 19 days @ \$1.00					1	19	00				
Cash Payments:										Field Alice 19 days @ \$ ¹⁰ / ₁₀₀					1	1	90				
1st Pay.								15	0	Other Allices days @ \$								1	4	5	
2nd "							2	8	8	Other Credits:										18	9
Other Debits:										Ration Allow.											
B Damage								6		Copy sent to ofn 21303/210											
Misc Stopp.							1	5		Pa 24/12/18.											
Total Debits							15	4	8	Total Credits								15	4	8	
Balance due by Paymaster										Balance due to Paymaster											
							15	4	8									15	4	8	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. Co.

HAZELEY DOWN CAMP.

Dec. 11th 1918.

(Place)

(Date)

O.C. "F" Company.

Made up/checked in accordance with information received in the Pay & Record Office to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 560. Rank Plt. Name Saunders. W. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18. Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d				PARTICULARS	CR.			
		£	s	d	£		s	d		
	Balance Dr. from				Balance Cr. from					
	Allotment 19 days @ 50 ⁰	9	50	1 19 1	Pay 19 days @ \$ 1 ⁰⁰	19	00			
	Cash Payments:				Field Allow 19 days @ \$ 1 ⁰⁰	1	90			
	1 st Pay.			150.	Other Allowances days @ \$	20	90	4	5	11.
	2 nd "			2 8 8.	Other Credits:					
	Other Debits:				Ration allow.					18 9.
	B. Damages			6						
	Mis Stopp.			1 5-						
	Total Debits			5 4 8.	Total Credits			5	4	8.
	Balance due by Paymaster				Balance due to Paymaster					

PERIOD: From 23/11/18. To 20/12/18.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of 9th Co. Dec 11th 1918.

(Place) HAZELEY DOWN CAMP. (Date) _____ to _____
 B.C. "3" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, _____ Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

ORIGINAL.

N.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17:

Regt No 3860 Rank Pte. Name Saunders, W. Unit ROYAL NEWFOUNDLAND REGT who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

PARTICULARS		\$	¢	E	s	d	PARTICULARS		\$	¢	E	s	d
From 23/11/18. To 20/12/18.	Balance Dr. from						Balance Cr. from						
	Allotment 19 days @ 50 ⁰	19	50	11	19	1	Pay 19 days @ \$1 ⁰⁰	119	00				
	Cash Payments:						Field Allow 19 days @ \$ ¹⁰ / ₁₀₀	11	90				
	18 th Pay.				15	0	Other Allowances days @ \$	120	90	14	5	11.	
	22 nd Pay.			2	8	8	Other Credits:						
	Other Debits:						Ration allow.					18	9.
B. Damages					6								
Miss. Stopp				1	5								
Total Debits				15	48		Total Credits				15	48	
Balance due by Paymaster							Balance due to Paymaster						
				15	48						15	48	

CHECKED
G.P.
18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co. Dec 11th 1918.
(Place) HAZLEY DOWN CAMP (Date)

Made up/Checked in accordance with information received in the Pay & Record Office, London O.C. "J" Company, and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Dec. 19th 1918.

W.S.

Chief Paymaster & Officer i/c Records.

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*..... 2. Surname. *Saunders*.....
3. Rank. *Pvt.*..... 4. Regtl. No. *3860*.....
5. Address in full to which future payments of gratuity are to ~~tax~~ be forwarded..... *Manuels Conception Bay*.....
6. Date of enlistment in the Regiment. *June 18th 1917*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Not Applicable*.....
8. Relationship of such dependents..... *Not Applicable*.....
9. Address in full of such dependent..... *Not Applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*.....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *On Service Overseas*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *One year and seven months
over seas in Newfoundland*.....

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

Only one enlistment under no 3860

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.....

no

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

Held rank of Pte

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

not applicable

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

24th Jan. 1919

Disability

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.....

Served at Armentieres April 1918

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.....

(b). If so, are you in receipt of full pay and allowances from that Committee.....

no

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

Signature of Applicant: *William Saunders*
 Place of Residence: *Manuels, Conception Bay*
 Declared before me at: *S. John's, Nfld*
 This *3rd* day of *March* 19*19*

John M. Cahill
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 wtd.</i>	<i>280.00</i>
.....
.....

Certified Correct.

Paymaster.



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS
Wm Saunders

Regl. No. *3860*

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and *Fifty* 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 *August 1st 17.*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3205</i>	<i>Sath</i>	<i>Wm Saunders</i>	<i>Long Pond P.O.</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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.) *[Signature]*
 Officer Commanding
 Company
[Signature]
 June 23rd 1917

(Sig.) *Wm Saunders*
 (Rank) *Pte.*

1901



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

1901

SEP 29 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

William Saunders

in respect of his service as No. 3860 Rank Pte.

Name Wm. Saunders Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

Victory and British War Medals.

Signature

William Saunders.

Date

Sept. 29th 1921

Address

Long Pond. C. B.

[P.T.O.]

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- ROYAL NEWFOUNDLAND REGT.
- Unit and Corps.....
 - Regtl. No. *3860* 3. Rank. *Plt*
 - Name *S. SANDERS*
(Surname) (Christian Names)
 - Age last birthday.....
 - Posted for duty on..... at.....
in category (or grade).....
 - If the disability is an injury was it caused
 - in action
 - on field service
 - on duty
 - off duty?
 - If a Court of Inquiry was held on an injury state:—
 - When
 - Where
 - Opinion of Court
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- (b) Date of Discharge;
(c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- S. A. H*
- Date of origin of disability.
 - Place of origin of disability.
 - Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*He went to France Feb 1918
Contracted influenza sent
to base boarded no. 2. M. B. classified
B. Rejoined depot Aug. of this year
and has been on flight
employment since*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *yes*
- (ii.) Previous active service *no*
- (iii.) Climate in pre-war service *no*
- (iv.) Ordinary military service before the war *no*
- (v.) Serious negligence or misconduct on the man's part. } *no*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *no*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputations the exact position should be stated.

15. What is his present condition?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

Tachycardia on exertion, no fruits to be made out. Condition shows marked improvement. Still complains, breathlessness after exertion.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation (13)

NOK / CPT 10.

ROYAL NEWFOUNDLAND REGIMENT

Medical Officer in charge of case.

Station *HAZELY DOWN CAMP*

Date *30 NOV 1919*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. *Breathless on exertion*

(b) The present condition thereof.

*After test just inside waffle line 72 inches below.
Pulse 88 regular.
96 after exertion returned to 88 in 1 1/2 min.*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

- | | | |
|---|--------------------|-------|
| (i) Service during the present war | <i>4/1</i> .. .. . | ..... |
| (ii) Previous active service .. .. . | ..... | ..... |
| (iii) Climate in pre-war service .. .. . | ..... | ..... |
| (iv) Ordinary military service before the war .. .. . | ..... | ..... |
| (v) Serious negligence or misconduct on the part of the soldier | <i>no</i> .. .. . | ..... |

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

*1918
nt
o
r*

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

40%
✓

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
OR
(b) In what other grade do the Board place him?
(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Yes

Opinion of Military Member in case of disagreement.

Only to be assessed when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
(b) Transport from railway station to his home?
(c) The constant attendance of another person in his own home?

Signatures

Station *S. Shus*
Date *June 1919*

Station *Benjamin Dak*
Date *June 1919*

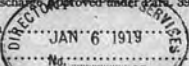
President or Chairman.
Members.

Discharge approved under Para. 392 (xvi) King's Regulations.

Station *Central Hospital*
Date *JAN 6 1919*
No. OR
Officer in charge, Central Hospital.

Discharge approved under Para. 392 () King's Regulations.
or Transfer approved under Class of the Reserve.
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W(T), P. or P(T).)

Station
Date
O.C. Discharge Centre.



Only applicable in cases of Patients in Hospitals.

In as far as the provisions of the Act are concerned...

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F, or F. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

ROYAL NEWFOUNDLAND REG.

1. Unit and Corps..... 7. Former Trade }
or Occupation }
2. Regtl. No. 3860 3. Rank. Plt. 7a. If the soldier claims previous service in Army, he should state—
4. Name SAUNDERS W. (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

D. A. H.

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

He went to France in Feb. 1918, then contracted Influenza sent to base. Boarded No 2. M.B. classified B. Reformed Depot in August 1918. Has been on light employment since.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *Yes*
 - (ii.) Previous active service *No*
 - (iii.) Climate in pre-war service *No*
 - (iv.) Ordinary military service before the war *No*
 - (v.) Serious negligence or misconduct on the man's part. } *No*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *No*

In all cases such as facial fracture, eye, ear, nose and throat, dislocation, etc., a specialist's report is to be attached with radiographs where possible and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*Tachycardia on exertion
No limits to be made
out, condition shows marked
improvement. Still complains
of breathlessness after
exertion*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service during the present war, and if so, to what or by what specific military conditions?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
(a) Discharge as permanently unfit?
(b) Change to United Kingdom?
Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation (S)
MRC
CROSS*
ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

21. Give diagnosis and particulars of:—
(a) Any disability claimed or discovered.
(b) The present condition thereof.
22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the part of the soldier
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Station *RAZES, DOWN CAMP*
Date *30 NOV 1918*

* 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

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.

Dept of Militia,

St. John's Nfld.

Fold Here



July 8th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1297), is forwarded herewith to

William Saunders,

in respect of his service as No. 3860 Rank Pvt.,

Name William Saunders, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received

Kings Certificate.

Signature

William Saunders.

Date

July August 10th 1921.

Address

Long Pond. Manuels. C.B.

Casualty Form - Active Service.

Rank Plt Regiment of Corps Royal Newfoundland
 Surname Sanders Christian Name Charles
 Religion Ch. Age on Enlistment 20 years 6 months
 Enlisted (a) 18-1-17 Terms of Service (a) Quater Service reckons from (a) 18-1-17
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate Capt
 Occupation Teacher Signature of Officer [Signature]

Date	Report From whom received	Record of promotions, reductions, transfers, commutes, &c. during active service, as reported on Army Form B.102, Army Form A. 26 or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form A. 26
			Embarked	3 FEB 1918	
			Disembarked	6 FEB 1918	
			Wounded in Action	15 FEB 1918	
16/5/18	O.C. B. ...	26 Gun Coy Ad. Buffs (Bungo)	Stapas	10-6-18	HA 20719
		72	Zouave	2-6-18	HA 20720
		15 Gun Coy		20/6/18	HA 20627
		2nd Coy D. ...	W. Coy	20-7-18	HA 146575
20.7.18	J.M.S.B.D.	Blackfield B. II		20.7.18	W 3359
		Proceeded to R.H. (Home Report) Class B under Art. 116			
		1958/272. 97. 24. 7-16.			19.8.18 F.W. 5004



[Handwritten signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shooting ...
 W. 1184 - M. 1185 ... G.P. & Co. Ltd. Form B. 103/16. E. 7/24.



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

William Saunders

Regiment from which discharged

Royal Newfoundland

Regimental number

3860

Intended address

Long Row C.B.

Height on discharge

5 Feet 10 1/2

Color of hair on discharge

Brown

Complexion

Light

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Normal

Christian name of Father

Charles

Christian name of Mother

Christiano

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Long Row C.B.**24-1-1897*

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)

*W. Saunders**W.S.*

(Rank)

Station

W.S.

Date

24-1-9

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

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

Station

Date

Reg. No. 3860 Rank *pte* Name *Paulodets. 2d*

Attested Address *Long Point - Mass.*

Allotment Allottee

Date of Allotment Returned from Overseas *21.12.18*

Embarked for Overseas Cause *Discharged*

G. leave from 21-12-18. to 6-1-19.

Recomm. Dis. as Permanently unfit.

9-1-19

PASSED TO DEMOBILIZATION OFFICER

10-1-19

DISCHARGE APPROVED ON DEMOBILISATION.

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

MEDICAL HISTORY

Surname Saunders of Christian Nano William

Table I.—GENERAL TABLE.

Birthplace:—Parish Conception Bay County



		SPECIAL RESERVE.			
Examined	on <u>18</u> day of <u>June</u> 1917	on		day of	191
	at <u>Headquarters</u>	at			
Declared Age	<u>20</u> years <u>6</u> months			years	days
Trade or Occupation	<u>School Teacher</u>				
Height	<u>5</u> feet <u>10</u> inches			feet	inches
Weight	<u>133</u> lbs.				lbs.
Chest Measurement (Girth when fully expanded)	<u>37</u> inches				inches
Range of Expansion	<u>3</u> inches				inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
	Number				
When Vaccinated					
Vision	R.E.—V= <u>6/6</u>			R.E.—V=	
	L.E.—V= <u>6/6</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>A. L. Peterson</u>				
(Rank)	<u>Major</u>				
		Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>	at			
	on <u>18</u> day of <u>June</u> 1917	on		day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.	
Joined on Enlistment					
Transferred to	<u>43rd</u>	<u>3860</u>			
Became non-effective by					
	on	day of	191	on	day of
(Signature)					
(Rank)					

Medical Board Depot, Rouen

From :- C/Commanding Medical Board Depot, Rouen.

To :- 3860 *Pl. Saunders W. 1 NFLD.*

You are ordered today to proceed to England, reporting to the A.I.L.O. S/S "*TEVIOT*" on the ^{*left*} ~~right~~ bank of the River opposite ~~the A.I.O. office at~~ *Base Supply Depot - 9 pm*.

On arrival at Southampton you will report to the Embarkation Officer for the necessary warrant to convey you to *Winchester* where you will report to the C/G Depot of your unit.

The unconsumed portion of the current day's rations, and ^{*three*} ~~two~~ days will be carried on the person.

Authority :- D.A.G.

CR No 1858/272 24/7/16

Reason :-

B. Personnel

was not

19/8/18.

h Major.
Commanding Medical Board Depot, Rouen

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5260 Rank Pte Name Saunders W
 Date of Enlistment 18.6.17 Address Conception Bay District St. Marys
 Occupation School Teacher Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating 40%
 Passed to Demobilization Officer with following documents:-

N.F. P36	B 268	B 111	N.F. Med.	D.F. 1
B 175	W 3494	B 122	Board 1st	" 2
B 175a	D 400A	B 191E	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 95		

Date 9/1/19

W. Saunders
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Saunders

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable £2.00

(b) Clothing Supplied Joseph H. Crawford

Date 9/1/19

W. Saunders
O f/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 454 to his home at Mannels and Release Certificate No. 702 issued.

Date 9-1-19

C. P. Dickes Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 21-1-19

Date 10-1-19

W. H. Howley Capt
Depot Paymaster.

Discharge approved for 10-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 265	B 121	N.F. Med.	D.F. 1	
F 175	W 2494	B 122	Board 1st	" 2	<u>Form 10</u>
F 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 10-1-19

C. P. Dickes Capt
Demobilization Officer.

APPROVED W. H. Howley

Documents as above forwarded to—

Officer of Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY
JAN 10 1919

Date Jan 10 1919

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

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

Date Jan 15 1919

W. H. Howley Capt
O.C.D.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 454 to his home
 at Mannels and Release Certificate No. 702 issued.

Date 9-1-19Crisp Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 21-1-19

Date 10-1-19Wishley Capt
Depot Paymaster.Discharge approved for 10-1-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<u>1 month</u>
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 10-1-19Crisp Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 10 1919

Date

Wishley Capt
O. C. Discharge Depot.

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

Date Jan. 13/1919

Civil Re-establishment Committee

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

To work as Farmer.

W. Saunders.

Signature of Man.

Charles C. Capps

Reg. No. 3860

Signature of the Vocational Officer or his Representative.

Place

St John's Nfld.

Date

9/1/19.

191

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5860 Rank Pvt. Name W. Saunders
 Intended place of residence Creston Bay Longford
 2. Occupation School Teacher
 Classification of soldier B. Medical Category I.
 3. The above named man is discharged in consequence of Demobilization

ELIGIBLE for POST DISCHARGE PAY

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 JAN 9 1919
W. Saunders Capt.
 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 9-1-19
W. Saunders
 Signature of soldier
Roberts Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St. John's Jan 9th 1919
W. Saunders
 Signature of soldier
Baymond Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18. 6. 17 No of days on Military
 Discharged from service 10. 1. 19, plus 14 days Service 586 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
W. Saunders
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JAN 10 1919

CONFIRMATION OF DISCHARGE

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

Place St. John's
 Date February 24 1919
W. Howley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

W. B. 2079/701

Medical Report on an Invalid

Station Hareley B

Date November

1. Unit **Royal Newfoundland**
2. Regimental No. **3860** **Private**
3. Rank **SAUNDERS CLARENCE**
4. Name
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$

7. Former Trade
or Occupation

- 7A. If with previous service in Army, state—
- (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

DISORDERED ACTION OF HEART

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

He went to France February 1918. contracted influenza sent to base, boarded No. 3 M. B. classified B. Rejoined Depot August of this year and has been on light employment since

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).

Yes

(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.

Tachycardia on exertion, no bruits
to be made out. Condition shows
marked improvement. Still complains
breathlessness after exertion

an injury, was it

(a) On field?

(b) On duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

Repatriation (3)

(Sgd) J. StP. KNIGHT, CAPT. R.A.M.C.T.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 given, in the event of the man being invalided, it is essential that the Minister of Pensions be furnished with the most reliable information to **enable him to decide upon the man's fitness.**

- (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) due to causes not connected with present war, viz. (1) earlier, (2) during, or (3) ordinary military service before the war. It is, therefore, essential to state the cause of a disability to differentiate between them.
- (iv.) In answering question 21 the Board should be careful to discriminate between conditions of military conditions and disease to which the soldier would have been equally liable in civilian life, and those from which he is exempted.
- (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.

**BREATHLESS ON EXERTION. APPEARED
BEAT JUST INSIDE NIPPLE LINE
AND TWO INCHES BELOW, PULSE
88 REGULAR. 96 AFTER
EXERTION. RETURNED TO 88 IN
1½ MINUTES**

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war; **YES**
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or **NO**
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—

40% 6 months

100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.
- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend—
 - (a) Discharge as permanently unfit, or **YES**
 - (b) Change to England?
- 28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—
 - (a) Sanatorium;
 - (b) Hospital;
 - (c) Convalescent home;
 - (d) Asylum; or
 - (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
- 29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
- 30. Does the man require the constant attendance of another person?

	Signatures:—	(Sgd) W. S. FRASER	
Station	ST. JOHN'S HPLD.	J. SINCLAIR TAIT	President.
Date	JAN. 6th., 1919	L. PATERSON, Major	Members.
Approved			
Station	(Sgd) CLUNY MACPHERSON, MAJOR		
Date	Administrative Medical Officer.		



Medical Report on an Invalid.

Station Haseley Down CampDate November 28th., 1918

- | | |
|--|--|
| 1. Unit Royal Newfoundland
2. Regimental No. 2880 Private
3. Rank SAUNDERS CLARENCE
4. Name
5. Age last birthday
6. Enlisted { on
at | 7. Former Trade }
or Occupation }
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. |
|--|--|

8. Disability in respect of which invaliding is Proposed.

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

DISORDERED ACTION OF HEART

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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- He went to France February 1918, contracted influenza, sent to base, boarded No. 2 H. B., classified D. Rejoined Depot August of this year and has been on light employment since**
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). **Yes**
- (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.

Tachycardia on exertion, no bruits to be made out. Condition shows marked improvement. Still complains breathlessness after exertion

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

(a) In action?

(b) On field service?

(c) On duty?

(d) On duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

Repatriation (5)

(Sgt) J. STE. KNIGHT, CAPT. R.A.M.C.F.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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, (1) caused or aggravated by service in the present war, (2) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- (iv.) In answering question 21—the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war; **YES**
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or **NO**
- (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
23. Is the disability permanent?
24. If not permanent, how soon do the Board recommend re-examination?
25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
- Degrees of disablement should be expressed in the following percentages:—* **40%**
100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.
26. If an operation was advised and declined, was the refusal unreasonable?
27. Do the Board recommend—
- (a) Discharge as permanently unfit, or **YES**
- (b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—
- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

BREATHLESS ON EXERCISE. APRIL BEAT JUST INSIDE NIPPLE LINE AND TWO INCHES BELOW. PULSE 86 REGULAR. 96 AFTER EXERCISE. RETURNED TO 86 IN 1½ MINUTES

Signatures:—

(SGD) **H. S. FRASER**

President.

Station **ST. JOHN'S HFLD.**

J. SINCLAIR TAIT

Date **JAN. 6th., 1919**

L. PATERSON, Major

Members.

Approved

(SGD) **CLYDE MACPHERSON, MAJOR**

Station

Administrative Medical Officer.

Date

