

H. Shears

817

P.R.O.



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 817

Name in full Maxwell Distin Shears Age 24

Address 8 Victoria Street St. Johns

~~Married~~ Height 5ft 5in Weight 120

Single

Color Mid Hair Mid Brown Eyes Brown

Other distinguishing marks Scar on Right Hip

Nearest relative Gilbert D. Shears (Father)

Address 8 Victoria St. St. Johns

Dependents

Occupation Broker Present Wage \$60⁰⁰ month

Previous service ---

Decorations ---

General Remarks ---

Date of Enlistment Dec 28

I, Maxwell Distin Shears, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the conditions of my service.

Maxwell Distin Shears

Declared before me this 28 day
of Dec. 1914

Per Shears

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 217

Name Maxwell Distin Shears
 Apparent age 24 years months. Height 5 feet 8 inches.
 Chest measurement { Girth when fully expanded inches.
 { Range of expansion inches.
 Distinctive marks Color: id, Hair: Mid Brown, Eyes: Brown
 Other distinguishing marks: Scar on right hip

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Gilbert D. Shears, 8 Victoria St., St. John's
 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 |
|-----------------|-------------------------|
| | |

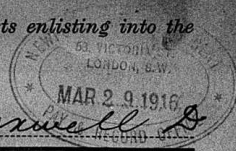
STATEMENT OF THE SERVICES.

| Corps in which served | Regt. or Depot | Promotions, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of Pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries. |
|--|----------------|---|-----------|----------------|--|------|--|------|--|
| | | | | | years | days | years | days | |
| Service towards limited engagement reckons from <u>23/12/14</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>23th December '14</u> | | | | | | | | | |
| | | <u>Sick (Mental)</u> | | <u>8/11/15</u> | | | | | |
| | | <u>Rehabilitated medically unfit</u> | | <u>31/3/16</u> | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Service forfeited as above | | | | | | | | | |
| Total Service towards Engagement to _____ (date of discharge) _____ years _____ days | | | | | | | | | |
| " " " Pension _____ (") _____ " _____ | | | | | | | | | |

Springfield N.H. 100th Regt

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

PRESENT TO
ADDRESS OF
MEDICAL HISTORY
Letter No. _____
Memorandum Christian Name _____
Dated _____



Surname Shears Maxwell

Table 1. GENERAL TABLE.

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|----------------------------------|------------------------------------|---------------|------------------|
| | on | at | on | at |
| Examined | 7 th day of Decr 1914 | St Johns | day of | 191 |
| Declared Age... | 24 years | days | years | days |
| Trade or Occupation... | Brother | | | |
| Height | 5 feet | 5 inches | feet | inches |
| Weight | | 172 lbs. | | lbs. |
| Chest Measurement | Girth when fully expanded... | 34 inches | | inches |
| | Range of expansion... | 4 inches | | inches |
| Physical Development... | Right | Left | Right | Left. |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | 1904 | | | |
| Vision | R. E.—V= | N. | R. E.—V= | |
| | L. E.—V= | | L. E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) N. | | (a) | |
| (b) Slight defects but not sufficient to Cause Rejection | (b) N. | | (b) | |
| Approved by (Signature) | Cluny Macpherson | | | |
| (Rank) | Capt. | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | St Johns. | at | |
| | on | 28 th day of Decr. 1914 | on | day of 191 |
| Joined on Enlistment | Corps. | 1st Nfld Regt. | Corps. | Regtl. No. 817 |
| Transferred to... | | | | |
| Became non-effective by... | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date | Brief Details, and Signature |
|------|---|
| | <p><i>T. V.</i> <u>2</u></p> <p><i>Ob. V.</i> <u>2</u></p> <p><i>Vacc</i></p> <p><i>Fit for Foreign Service</i></p> |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|-------------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <i>St. Johna</i> | <i>Dec 28/15</i> | <i>Feb. 5/15</i> | | | |
| <i>J.A. "Dominion"</i> | <i>Feb 5/15</i> | <i>" 16/15</i> | | | |
| <i>Edinburgh Castle</i> | <i>" 16/15</i> | | | | |

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st. Newfoundland Regiment.

No. 817 Rank Private Name M.D. Shears.

~~Died~~ Discharged on ~~the~~ Board "Scandinavian" on the 31st of March 1916 .

Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

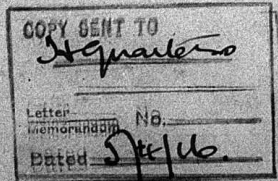
[FORM 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|----------|--|---------|-----|-----|---|----|----|-------|
| | Balance Dr. last month..... | | | | Balance Cr. last month..... | 15 | 19 | 11 |
| | Cash issues (Date of each issue to be stated) | | | | Pay 14 days at 1.10 from 18 to 31st | 3 | 3 | 3 1/2 |
| | | £ s. d. | | | Proficiency, Service or good conduct pay | | | |
| | | | | | days at _____ from _____ to _____ | | | |
| Mar. 23. | " | 191 | 100 | 0 | Messing allowance days at _____ | | | |
| " 31. | " | " | 70 | 0 | from _____ to _____ | | | |
| | " | " | | | Clothing and kit allowance | | | |
| | " | " | 17 | 0 | Amount produced by the sale of Necessaries | | | |
| | Consolidated stoppage | | | | Personal Clothing and Effects from Form 2... | | | |
| | Allotment 18/2-31/316 | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | 14 days @ 70¢ = 9.80 | 2 | 0 | 3 | Deferred Pay or Gratuity..... | | | |
| | Balance due by the Paymaster | 2 | 11 | 1/2 | Balance due to the Paymaster..... | | | |
| | | £ | 19 | 3 | 2 1/2 | | | |

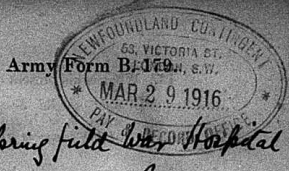
I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(a)

Dated at _____ this _____ day of _____ 191 . _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 4090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.



Original



Medical Report on an Invalid.

Station 22 March 16 London. W.

Date 22 March 16



- 1. Unit 1st N. F. L. D. Regt.
- 2. Regimental No. 817
- 3. Rank Private
- 4. Name Shears Maxwell Dietter
- 5. Age last birthday 25 years
- 6. Enlisted { on 19 Nov. 1884
at St. John's N. F. L. D.
- 7. Former Trade or Occupation Broker

8. Disability.

Mental Confusion & Delusions

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. Some 5 years ago
- 10. Place of origin of disability. St. John's, Newfound.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

When 18 years old had attacks of "Confusion" in which he lost himself for about 6 weeks. A year later for 6 months had similar attacks every 3 weeks, each attack lasting about 10 days. His appendix required removing & his Confusional attacks disappeared. 18 months later had Hemia in Appendix scar, attacks re-appeared, & disappeared after operation for 4 years. In Aug-15 at Dandavells attack came in with delusions of persecution, receiving cablegrams from girl, mistaking hospital ship for Turkish Trans. port on which he was a prisoner. Has been in hospital ever since.

- 12. (a) Give your opinion as to the causation of the disability. Cannot say.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 2). Not due to military service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

This man is quite intelligent & mentally clear, making his statements in a straight-forward manner. He has documentary evidence bearing some of the statements out. It is impossible to forecast when another attack of confusion might occur, possibly at a critical moment, so that, in my opinion, he is unfit for further military service.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

not applicable

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. Do you recommend

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

Permanently unfit

Laurence Boyd *Capt. R.A.M.C.*
Officer in medical charge of case.

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

Station

Date



W. Smith

Major R.A.M.C.

Officer in charge of Hospital.

* Loss of teeth due to disease 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.

NOTE.—(i.) Clear and concise 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1102 and 1105, Pay Warrant, 1913.)

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Ascribed by col. 21/1/14
Mental Stress*

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

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

Not permanent but recurrent.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not lessened.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act?

No.

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

—

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(c) No.

(b) Change to England?

Signatures:—

W. H. Major P. M. M. President.

Station

Francis Smith Esq. M.C. Members.
James Dyer Esq. Capt. R.M.C.

Date

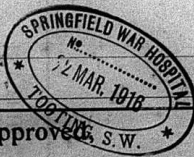
Approved, S.W.

T. H. Meehan

Station **H.Q., L.D.**

Colonel A.M.S.,
Administrative Medical Officer.
for **D.D.M.S., Lond. Dist.**

Date **28th, March 1916.**



Duplicate

NEWFOUNDLAND COLLEGE
58, VICTORIA ST.
LONDON, S.W.
MAR 29 1916
Army Form B. 179.
PAY & RECORD OFFICE

Medical Report on an Invalid.

Springfield War Hospital,

Station London, S.W.

Date 22nd, March 16.

SPRINGFIELD WAR HOSPITAL
No.
22 MAR. 1916
TOOTING, S.W.

- 1. Unit **1st, N.F. - L.D. Regt.**
- 2. Regimental No. **817**
- 3. Rank **Private.**
- 4. Name **Shears Maxwell Distin.**
- a. Age last birthday **25 years**
- b. Enlisted { **19 Nov. 14.**
 { **at St. Johns, N.F. - L.D.**
- v. Former Trade (**Broker.**
or Occupation (

g. Disability.

Mental Confusion c Delusions.

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. **Some 5 years ago.**
- 10. Place of origin of disability. **St. Johns, Newfoundland.**

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

When 18 years old had attack of "Confusion" in which he lost himself for about 6 weeks - A year later for 6 months had similar attacks every 3 weeks, each attack lasting about 10 days - His Appendix required removing and his confusional attacks disappeared - 18 months later had Hernia in Appendix scar, attacks re-appeared and disappeared after operation for four years. In Aug. 15 at Dardanelles attack came on with delusions of persecution, receiving cablegrams from girl, and mistaking hospital ship for Turkish transport on which he was a prisoner - Has been in hospital ever since.

- 12. (a) Give your opinion as to the causation of the disability. **Cannot say.**
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See *note* on page 8). **Not due to Military Service.**

18. 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.

This man is quite intelligent and mentally clear, making his statements in a straightforward manner. He has documentary evidence bearing some of the statement out. It is impossible to forecast when another attack of confusion might recur, possibly at a critical moment, so that, in my opinion, he is unfit for further military service.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

Not applicable.

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. Do you recommend

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

Permanently unfit

James Boyd Capt R.A.M.C.

Officer in medical charge of case.

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

Station _____
 Date _____

SPRINGFIELD WAR HOSPITAL
 No. _____
 19 MAR. 1918

[Signature]
 Major R.A.M.C.,
 Officer in charge of Hospital.

* Loss of teeth on, or loss of teeth, while, 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Aggravated by active service.

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

Mental stress.

21. Has the disability been aggravated by)

(a) Intemperance?)

(b) Misconduct?)

No.

(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent?

No.

23. If not permanent, what is its probable minimum duration?

Not permanent but recurrent.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not lessened.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No.

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

(a) Yes.

Signatures:—

W. H. M. W. *W. G. R. H. W.*
President.

Station _____

Date _____



Francis Smith Capt R.A.M.C.
James David Capt R.A.M.C.
Members.

Approved. _____

Station _____

H.Q., L.D., _____

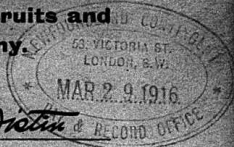
T. H. M. W.
Colonel A.M.S.,

Administrative Medical Officer.

Date 28th, March 1916

for D.D.M.S., Lond. Dist.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits and
 Special Reservists enlisting into the Regular Army.



MEDICAL HISTORY of

Surname Shears. Christian Name Maxwell Austin

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's County Newfoundland
 Examined ... { on 7th day of December 1914
 at St. John's, Newfoundland.
 Declared Age ... 24 years ... days.
 Trade or Occupation ... Broker.
 Height ... 5 feet, 7.5 inches.
 Weight ... 130.22 lbs.
 Chest { Girth when fully Expanded. 37 inches.
 Measurement { Range of Expansion 3 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number 1915 1

When Vaccinated ...

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... (b)

Approved by (Signature) _____
 (Rank) _____
 Medical Officer.

Enlisted ... at St. John's Newfoundland
 on 13th day of December 1914

| Joined on Enlistment | Corps. | Regtl. No. |
|----------------------|-----------------------------|------------|
| | <u>1 Newfoundland Regt.</u> | <u>817</u> |
| Transferred to | | |

Became non-effective by _____
 on _____ day of _____ 191

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

| Name of Hospital. | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of Days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfer, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer. |
|-------------------|----------------------|-------|------|--------------------------|-------|------|----------------------------------|----------------------------|--|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| Netley. | 2 | 11 | 15 | 10 | 11 | 15 | | 3 | Chorea of Campoman Res. liberal Diet. | James Smith Lieut. Col. R.A.M.C. |
| Springfield War | 10 | 11 | 15 | | | | | | Admitted to this hospital from "X" Block, Royal Victoria Hospital, Netley on 10th November, 1915. | W. M. H. Major R.A.M.C. Medical Officer in Charge Springfield War Hospital. Upper Locking |
| | | | | | | | Mental Depression & delusions | B. 179- | | James D. M. Capt. R.A.M.C. |

The Regimental Paymaster,
58, Victoria Street,
WESTMINSTER.

There is no medical objection to this.



Major R.A.M.C.,
Medical Officer in charge,
Springfield War Hospital,
Upper Tooting, S.W.

Tooting.
22.3.16.



Springfield War Hospital.

Upper Tooting, S.W.

Mar. 21st / 16.

The Paymaster,

First Newfoundland Regt.,

Westminster.

Sir:-

would you kindly forward to Henry Trill Esq.,
22, Hendham Rd., Woodsworth
Common, S.W. the sum of
Ten Pounds, (£10.) and

charge same to my
account.

Thanking you in
anticipation.

I am,

Your obedient servant,

(Pte) M. D. Sheas.

C. Coy.

Regt. No. 817.

| | |
|----------|-----------------|
| RECEIVED | RECORDS SERVICE |
| EX. No. | 993 |
| DATE | MAR 23 1916 |

P.T.O.

Springfield War Hospital.
Upper Tooting, S.W.
Mar. 24th/16.

The Paymaster,
1st. Newfoundland Regt.,
58. Victoria St., S.W.

Sir:-

I beg to acknowledge
receipt of your memo.
of 23rd inst., advising
that you had remitted
to Henry Trail Esq., the
sum of Ten Pounds (£10.)

as requested by me.
Thanking you for
your prompt attention.

I am,

your obedient servant.

M. D. Shears.



1077/1

March 23rd.

6.

817 Pte. M.D'Shears,
Springfield War Hospital,
Upper Tooting, S.W.

Reference to your letter of the 21st. inst. the sum
of £10-0-0. has been remitted to Henry Traill, Esq,
22, Hendham Road, Wandsworth Common, S.W.

Capt.,

Paymaster & O.I/c Records,

1078/1.

March 23rd.

6.

Henry Traill, Esq,
22, Hendham Road,
Wandsworth, S.W.

Herewith enclosed postal Money Order for £10,0-0
forwarded at the request and on account of 817
Pte.M.D. Shears of the Contingent. Please sign
and return the enclosed receipt form.

Capt.,

Paymaster & O.i/c Records.

2019/1.

7, December, 5.

From: Paymaster & Officer i/c Records,
Newfoundland Contingent.

To: Medical Officer i/c
Springfield War Hospital,
Tooting.

Miss F. Munn the bearer of this desires to see No. 817 Pte. M. Shears on behalf of his relatives in Newfoundland, and would be glad if such could be kindly arranged.

Capt.

Paymaster & O. i/c Records.

H. T. / N. M.

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

No.

116/68

SENT

FOR STAMPS

Prefix _____ Code _____
WORDS CHARGEAt _____
To _____ By _____**VIA WESTERN UNION**THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

12/11/15

TO PREVENT MISTAKES. PLEASE WRITE DISTINCTLY.

CASUALTY CABLEGRAMTo **W.S.M. GOVERNOR, ST. JOHN'S, NEWFOUNDLAND.**

**LIGHT ONE SEVEN SHEARS NERVOUS DEBILITY AND
NEURASTHANIA PROGRESSING FAVOURABLY LIEUTENANT ROSS COMPOUND
FRACTURE LEFT ELBOW SERIOUS BUT ~~TIMEWELL~~ SATISFACTORY**

- TIMEWELL**NOT TO BE
TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58, Victoria St., S.W.

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

ORIGINAL

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 555/1.



From

PAY & RECORD OFFICE.

58, VICTORIA STREET,
LONDON, S.W.
18, February, 1916.

To

Medical Officer 1/c

Springfield War Hospital,
Tooting,
S.W.

SUBJECT: MEDICAL HISTORY SHEETS.

REPLY

Dated 24th February, 1916. 101

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

Medical History Sheets taken by the 1st. Battalion have just been received here from the Base.

That relating to No. 817 Pte. M.D. Shears, understood to be in your Hospital, is enclosed.

Kindly acknowledge.

Received with thanks.

for Capt.
Paymaster & O.1/c Records.

Major R.A.M.C.,
Medical Officer in charge,
Springfield War Hospital,
Upper Tooting, S.W.

| | |
|---------------------|-------------|
| PAY & RECORD OFFICE | |
| Ref. No. | 673 |
| Rec'd. | FEB 25 1916 |
| Ack'd. | |
| Ans'd. | |
| File No. | |

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 1174/114.

From
PAY & RECORD OFFICE,
58, VICTORIA STREET,
LONDON, S.W.
30, March, 1916.

To
O. C.,
2/1 Newfoundland Regiment,
Newton-on-Ayr,
Scotland.

SUBJECT: NO. 817 PTE. M. D. SHEARS.

REPLY

Dated April 7th 1916

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

Please forward to this Office what documents you may have in your possession relating to this man, who is being repatriated to Newfoundland.

Herewith the following documents of No 817 Private M. D. Shears.:-

Conduct Sheet.

Attestation Paper

Medical History Sheet has not been received

M. A. Minnowell
Capt.

Paymaster & O. i/c Records.

H. F. Stone ADJUTANT,
2nd/1st NEWFOUNDLAND REGIMENT,
NEWTON-ON-AYR, S.

For O.C.

| | |
|---------------------------|------------|
| 1st NEWFOUNDLAND REGIMENT | |
| PAY & RECORD OFFICE | |
| Ref. No. | 1134 |
| Rec'd. | APR 2 1916 |
| Acc'd. | |
| Anal'd. | |
| File No. | |

1174/114.

75

O. C.,
2/1 Newfoundland Regiment,
Newton-on-Ayr,
Scotland.

30, March, 6.

NO.817 PTE.M.D.SHEARS.

April 7th, 1916.

Please forward to this Office what documents you may have in your possession relating to this man, who is being repatriated to Newfoundland.

Herewith the following documents of No. 817, Private M.D. Shears:-

Conduct Sheet
Attestation Paper.

Capt.
Paymaster & O. i/c Records.

Medical History Sheet has not been received.



(Sd.) H.F. Stokes, Capt.,
Adjutant,
2/1st Newfoundland Regiment,
Newton-on-Ayr, N.B.

For O.C.

| |
|---------------------|
| 1ST N.W. REGIMENT |
| PAY & RECORD OFFICE |
| Ref. No. 1134 |
| Recd. APR 28 1916 |
| File No. |



Officer in charge Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W.

In forwarding the Invaliding Documents of No.817,
Pte. M.D. Shears, 1/ Newfoundland Regt., we would like to
point out that he has no home to go to in England.

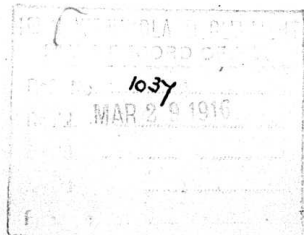
Under the circumstances will you kindly expedite
his discharge and make arrangements to have him return to
Newfoundland at the earliest possible date.

Meantime, he will remain at the Springfield War
Hospital until we hear definitely from you.

Mr. H.

Major R.A.M.C.,
Medical Officer in charge,
Springfield War Hospital,
Upper Tooting.

Tooting.
28.3.16.



DUPLICATE.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 555/1.

From

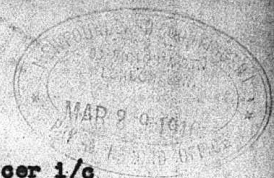
PAY & RECORD OFFICE.

58, VICTORIA STREET,
LONDON, S.W.
18, February, 1918.

To

Medical Officer 1/c

Springfield War Hospital,
Tooting,
S.W.



SUBJECT: MEDICAL HISTORY SHEETS.

REPLY

Dated 24th February, 1918. 191

Reference Nos.

Please return ORIGINAL and retain DUPLICATE.

Medical History Sheets taken by the 1st. Battalion have just been received here from the Base.

That relating to No. 817 Pte. M.D. Shears, understood to be in your Hospital, is enclosed.

Kindly acknowledge.

H. A. Anderson
for Capt.
Paymaster & O.1/c Records.

Received with thanks.

McK

Major R.A.M.C.,
Medical Officer in charge,
Springfield War Hospital,
Upper Tooting, S.W.

817 Shears

November 10th

5

Officer i/c Royal Victoria Hospital,
NETLEY,
Hants.

Sir,

No.817, Private M. Shears, 1st Newfoundland Regiment, has been reported sick (mental) and is at present in the Royal Victoria Hospital. As he is a friend of mine and as his people will naturally wish to have further particulars of him, will you be good enough to tell me if his case is serious or not?

Yours obediently,

H A Anderson



Mr. J.H.A. Anderson,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W.

Dear Sir,

No.817, Pte. M. Shears of the 1st, Newfoundland Regiment,
has been transferred to this Hospital and is progressing very
satisfactorily. As this Hospital is near London and you are a
friend of his, perhaps you could come down and see him.

Yours faithfully,

Major R.A.M.C.,
Medical Officer in charge,
Springfield War Hospital,
Upper Tooting.

Tooting.
15.11.15.



NEWFOUNDLAND CONTINGENT

CABLES AND TELEGRAMS:
"SYNOPTICAL,"
LONDON.
TELEPHONE:
VICTORIA 147.

PAY & RECORD OFFICE,
68, VICTORIA STREET,
LONDON, S.W.,

ALL COMMUNICATIONS TO BE ADDRESSED TO THE
PAYMASTER & OFFICER I/C. RECORDS,
AND THE FOLLOWING NO. QUOTED:

November 10th 1915

Officer i/c Royal Victoria Hospital,
NETLEY,
Hants.

Sir,

No.817, Private M. Shears, 1st Newfoundland Regiment, has been reported sick (mental) and is at present in the Royal Victoria Hospital. As he is a friend of mine and as his people will naturally wish to have further particulars of him, will you be good enough to tell me if his case is serious or not?

Yours obediently,

(Mr) J. H. A. Anderson

2

Officer i/Charge,
Military War Hospital,
Springfield House,
Wandsworth.

Passed.
This man was transferred to you on the 10th instant.

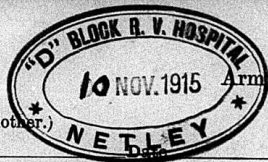
A. S. Stearns

Netley.12-11-15.

Major R.A.M.C.
for Officer i/c R.V.H.

Wandsworth

MEDICAL CERTIFICATE.



Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of _____ Hospital at _____

| No. of Case. | Regiment or Corps. | Troop or Company. | Regt. No. | RANK AND NAME. Surname first. If Married, write "M" under name. | Completed Years of | | | DATES. | | Religion. | DISEASE. (a) Primary. (b) Secondary. (c) Operations. | Destination on Transfer, and to what Hospital or Ship Transferred. |
|--------------|--------------------|-------------------|-----------|--|--------------------|----------|-------------------------|-------------------------|--------------|-----------|---|--|
| | | | | | Age last birthday. | Service. | Service in the command. | Admitted into Hospital. | Transferred. | | | |
| 115 | Newfoundland | C. | 814 | Plc. Maxwell Shears. Distin | 24. | 1 1/2 | 3 1/2 | 8 1/5 | 10 1/5 | Ep. | Wyd. | Springfield War H. Wandsworth. |

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

Wandsworth

Lieut. Col. Rame,
Medical Officer in Charge.
ROYAL VICTORIA HOSPITAL

MEDICAL CERTIFICATE BOOK.
London: Printed for H. M. Stationery Office by Waterlow & Sons Limited.—82.

Woods

MEDICAL CERTIFICATE.



Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of _____ Hospital at _____

| No. of Case. | Regiment or Corps. | Troop or Company. | Regt. No. | RANK AND NAME. | | Completed Years of | | | DATES. | | Religion. | DISEASE. (a) Primary. (b) Secondary. (c) Operations. | Destination on Transfer, and to what Hospital or Ship Transferred. |
|--------------|---------------------|-------------------|------------|--|---------------------|--------------------|--------------|-------------------------|-------------------------|--------------|-----------|---|--|
| | | | | Surname first. If Married, write "M" under name. | | Age last birthday. | Service. | Service in the command. | Admitted into Hospital. | Transferred. | | | |
| <i>15</i> | <i>Newfoundland</i> | <i>C.</i> | <i>814</i> | <i>Shears.</i> | <i>Plc. Maxwell</i> | <i>B4.</i> | <i>11/12</i> | <i>3/12</i> | <i>8/15</i> | <i>10/15</i> | <i>CP</i> | <i>Wyd.</i> | <i>Springfield War H. Woods</i> |

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

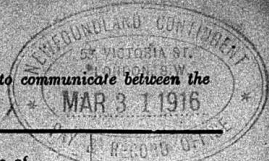
Lucas & Miles

Lieut. Col. Rame,
Medical Officer in Charge.
ROYAL VICTORIA HOSPITAL

MEDICAL CERTIFICATE BOOK.
London: Printed for H. M. Stationery Office by Waterlow & Sons Limited.—82.

Newfoundland contingent.

(This portion of the Form can be used for any purpose where a Nominal Roll is necessary to communicate between the Station Hospital and the Corps.)



| Corps | Regtl. No. | Rank | Names | Age | Disease | Date of | | Remarks |
|---------------------------------|------------|-------------|----------------------|-----|--|-------------------|------------------|-------------------|
| | | | | | | Admission | Discharge | |
| <i>1/ Newfoundland "C" Coy.</i> | <i>814</i> | <i>Pte.</i> | <i>M. D. Shears.</i> | | <i>mental confusions & Delusions</i> | <i>10. 11. 15</i> | <i>31. 3. 16</i> | <i>Invalided.</i> |

D. W. H. Major R.A.M.C.
 Medical Officer.

PAY LIST.

to 30 March 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1st Buffs

No. *817*

Rank

Private

Name

McShears

Died

at

on the

of

191

Deserted at

at

on the

of

191

Embarked at S. I. Henderson on the 6th of April

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|---|----|----------|---|-----------|----------|-----------|
| | Balance Dr. last month..... | | | | Balance Cr. last month..... | <i>20</i> | <i>3</i> | <i>16</i> |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay | | | |
| | | | | | days at from to | | | |
| | | | | | Messing allowance days at | | | |
| | | | | | from to | | | |
| | | | | | Clothing and kit allowance | | | |
| | | | | | Amount produced by the sale of Necessaries | | | |
| | | | | | Personal Clothing and Effects from Form 2... | | | |
| | Consolidated stoppage | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | | | | | Deferred Pay or Gratuity..... | | | |
| | Balance due by the Paymaster | | | <i>2</i> | Balance due to the Paymaster..... | | | <i>11</i> |
| | | £ | | <i>2</i> | | £ | | <i>2</i> |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *2* is correctly chargeable against the Public^(b)

Dated at

this

day of

3

191

Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 4090 or Army Form O. 1615.

(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to **30th March**

1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **2/1st Newfoundland**

No. **817** Rank **Private** Name **M. D. Shears**

Died ^(a) at _____ on the _____ of _____ 191 .
 Embarked s.s. **Scabdinavian** on the **4th** of **April** 1916
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

_____ { *Commanding Squadron, Troop,
Battery or Companv.*

STATEMENT OF ACCOUNT.

[FORM 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|---|----|-------|---|---|----|-------|
| | Balance Dr. last month..... | | | | Balance Cr. last month..... | | | 2 11½ |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay | | | |
| | 191 | | | | days at _____ from _____ to _____ | | | |
| | " | | | | Messing allowance days at _____ | | | |
| | " | | | | from _____ to _____ | | | |
| | Consolidated stoppage | | | | Clothing and kit allowance | | | |
| | | | | | Amount produced by the sale of Necessaries | | | |
| | | | | | Personal Clothing and Effects from Form 2... | | | |
| | | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | | | | | Deferred Pay or Gratuity..... | | | |
| | Balance due by the Paymaster | | | 2-11½ | Balance due to the Paymaster..... | | | |
| | | £ | | 2 11½ | | £ | | 2 11½ |

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance~~ of £ _____ is correctly chargeable against the Public ^(b) AND CONT'

Dated at _____ this _____ day of _____ 1916

J. H. Marshall
 PAYMASTER & OFFICER *Paymaster.*

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1315.
 (b) Words in Italics to be struck out when there is no debtor balance.

Shears, hay.

817

Ray Sept.

STATEMENT OF ACCOUNT

No. 817

Name Shears H. D.

| Date | Particulars | Ch.No. | Dr. | Cr. | Bal. |
|---------|---|--------|--------|--------|--------|
| Apr 30 | To Pay 30 days @ $1\frac{1}{2}\%$ Balance due by Pmt 2-11 $\frac{1}{2}$ | | | 33 00 | 33 20 |
| | | | | 72 | 33 72 |
| May 31 | To Pay 31 day @ $1\frac{1}{2}\%$ | | | 34 10 | 67 82 |
| June 30 | 30 .. | | | 33 00 | 100 82 |
| | Subscribed 73 day @ 5% | | | 36 50 | 137 32 |
| | 6 allowance | | | 25 00 | 162 32 |
| | Bonus | | | 11 20 | 173 52 |
| May 16 | To Pay | | 40 70 | | 132 82 |
| 21 | " | | 36 20 | | 96 62 |
| | Attainment 91 days @ $7\frac{1}{2}\%$ | | 63 70 | | 32 92 |
| | Warranted Maturity 4 mo @ $7\frac{1}{2}\%$ | | 11 20 | 280 00 | 312 92 |
| | Bonus | | 12 70 | | 301 72 |
| Jan 8 | To Pay | 8002 | 87 10 | | 214 57 |
| | | | 238 90 | 453 52 | 214 57 |

Signed Albany Elm

STATEMENT OF ACCOUNT

No. 817

Name Sheon M.D.

| Date | Particulars | Ch.No. | Dr. | | Cr. | | Bal. | |
|---------|-----------------|--------|-----|----|-----|----|------|----|
| | Brought forward | | 238 | 95 | 453 | 52 | 214 | 57 |
| | & Allowance | | | | | | | |
| March | 20 pay | 12329 | 10 | 00 | | | 224 | 57 |
| March 1 | 20 pay | | | | | | 214 | 57 |
| April 1 | " " | 11145 | 70 | 00 | | | 144 | 57 |
| April 1 | " " | 14029 | 70 | 00 | | | 74 | 57 |
| May 1 | " " | 18522 | 39 | 90 | | | 34 | 67 |
| | | | 428 | 85 | 463 | 52 | 34 | 67 |

Cr Balance # 34.67

Signed J. Evans S.M.

13
11
1920



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

M. Johns Wf
Dec. 22/16

1. Unit *1st. Newfoundland*
2. Regimental No. *817*
3. Rank *Che*
4. Name *Sheon Morrice*
5. Age last birthday. *26*
6. Enlisted on *28 Dec 1914.*
7. Former trade or occupation *Broker.*

8. Disability

Mental Confusion & Delusions.

9. History *This mental condition came on a week at Guelpho. History of attack before joining Regiment.*

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.)

Present Condition good. but liable to have attacks at any time.

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as permanently unfit?

✓

Signature

W. Borden

Rank or Qualification

Leit

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank



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 *Maxwell D. Shears*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *817.*
 Intended address *8 Victoria St*

Height on discharge *5* Feet *7*
 Color of hair on discharge *Dark Brown*
 Complexion *Swart brown fair*
 Color of eyes *Greyish Brown*

Figure on discharge *Medium*

Christian name of Father *Giebel*
 Christian name of Mother *Mary*

Wife's maiden name in full }
 Date and place of marriage } *not married*
 Christian names of children }

Place and date of soldier's birth. *St. John's - July 3. 1890*

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) *Maxwell D. Shears*

(Rank) *Private*

Station *St. John's N.F.* Date *Dec. 21st/16.*

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.

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

Station *St. John's N.F.* Date *Dec. 21. 1916.*

Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 817 Rank Pte. Name M. D. ShearsEnlisted (a) 28/12/14 Terms of Service (a) one year Service reckons from (a) _____

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

Extended _____ Re-engaged 15/8/15 Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, Army Form A. 98, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|----------|--------------------|--|---|----------|--|
| Date | From whom received | | | | |
| | | Embarked St. John's, Nfld | | 3/2/15 | |
| | | Disembarked Alexandria | | 1/9/15 | |
| | | Embarked for Gallipoli | | 13/9/15 | |
| 17/10/15 | "Galeka" | Ill, Debility, serious, admitted A 36 | H.S. "Galeka" | 17/10/15 | Auth. A 14763. |
| 22/10/15 | 19th Genl | Admitted, Mental | 19th Genl. Hospital | 22/10/15 | " A 15415. |
| 3/11/15 | "Asturias" | Invalided to England | H.S. "Asturias" | 29/10/15 | " B 567. |
| | | (Sgd.) | E, Parkhouse, Captain, Officer i/c Records, T.F. 6, 3rd Echelon, M.E.F. | | |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

COPY

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

MEDICAL HISTORY

Surname Shears OF Christian Name Maxwell, D.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|-------------------------------|------------|------------------|------------|
| | Right | Left | Right | Left |
| Examined | on 7th. day of Decr. . 191 4. | | on day of 191 | |
| | at St. John's. | | at | |
| Declared age | 24 years days | | years days | |
| Trade or occupation | Broker. | | | |
| Height | 5 feet | 5 inches | feet | inches |
| Weight | 122 lbs. | | lbs. | |
| Chest Measure- ment { | Girth when fully expanded .. | 34 inches | inches | |
| | Range of expansion .. | 4 inches | inches | |
| Physical development | | | | |
| Vaccination marks { | Arm | | | |
| | Number | | | |
| When vaccinated | 1904 | | | |
| Vision | R.E.—V.= | N | R.E.—V.= | |
| | L.E.—V.= | | L.E.—V.= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| | | N. | | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| | | N. | | |
| Approved by (Signature) | Cluny Macpherson, | | | |
| (Rank) | Capt, | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at St. John's. | | at | |
| | on 28th day of Decr. . 191 4. | | on day of 191 | |
| Joined on enlistment | Corps | Regtl. No. | Corps | Regtl. No. |
| | 1st. Nfld. Regt. | 817. | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on day of 191 | | on day of 191 | |
| (Rank) | | | | |

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

| Name of hospital | Admitted to hospital | | | Discharged from hospital | | | Disease | Number of days in hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|------------------|----------------------|-------|------|--------------------------|-------|------|----------------------------------|----------------------------|---|--|
| | Day | Month | Year | Day | Month | Year | | | | |
| Netley. | 8 | 11 | 15 | T 10 | 11 | 15 | | 3 | Stress of Campaign. Rest Liberal Diet. | George S. Miles, Lieut. Col. R.A.M.C. |
| Springfield War. | 10 | 11 | 15 | | | | | | Admitted to this Hospital from "D" Block, Royal Victoria Hospital Netley on 10th. November, 1915 | N. Worth. Major R.A.M.C. Medical Officer in charge Springfield War Hospital, Upper Tooting. |
| | | | | | | | Mental Confusion & Delusions. | B 179. | | James Boyd, Capt., R.A.M.C. |

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examination for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date | Brief Details, and Signature |
|----------|---|
| | <p style="text-align: center;"><u>T. V.</u> 2</p> <p style="text-align: center;"><u>Cle V.</u> 2</p> <p style="text-align: center;">Vacc.</p> <p style="text-align: center;">Fit for Foreign Service.</p> |
| 22/3/16. | <p>Medical Board recommended to be discharged as permanently unfit for further Military service.</p> <p style="text-align: right;">Major. R.A.M.C. M.O.1/c. Springfield Hosp. Tooting, S.W.</p> |

Table IV.—SERVICE TABLE.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| St. John's. | Dec. 28/14. | Feb. 5/15. | | | |
| E.S. "Dominion". | Feb. 5/15 | " 16/15. | | | |
| Edinburgh Castle. | " 16/15. | | | | |

December 19th

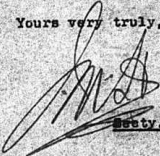
6

Mr. M. B. Shears,
8 Victoria St.,
City.

Dear Sir,-

I will be obliged if you will call at my office,
Colonial Building, on or before Friday morning next.

Yours very truly,



Acty. Pensions & Disabilities Board

Duplicate



Army Form B. 179

Medical Report on an Invalid.

Station Springfield War Hospital,

London, S.W.

Date 22nd, March 1916

- | | | | |
|-------------------|----------------------------|-------------------------------|----------------------------|
| 1. Unit | 1st N.F. L.D. Regt. | a. Age last birthday | 25 years |
| 2. Regimental No. | 817 | 6. Enlisted | 19 Nov. 1894. |
| 3. Rank | Pte. | | St. Johns N.F. L.D. |
| 4. Name | Shears, M.D. | v. Former Trade or Occupation | Broker. |

w. Disability.

Mental Confusion & Delusions.

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 ailment. **Some 5 years ago.**
10. Place of origin of ailment. **St. Johns Newfoundland**
11. Give concisely the essential facts or ~~was~~ history of the disability, noting entries on the Medical History Sheet bearing on the case.

When 18 years old had attack of "confusion" in which he lost himself for about 6 weeks - a year later for six months had similar attacks every 3 weeks, each attack lasting about 10 days. His appendix required removing and his confusional attacks disappeared - 18 months later had Hernia in Appendix scar, attacks re-appeared, and disappeared after operation for four years. In Aug. 15 at Dardanelles attack came on with delusions of persecution, receiving cablegrams from girl, and mistaking hospital ship for Turkish Transport on which he was a prisoner. Has been in Hospital ever since.

12. (a) Give your opinion as to the causation of the disability. **Cannot say.**
- (b) If you consider it to have been caused by active military service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See ~~now~~ on page 5). **Not due to Military Service.**

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

This man is quite intelligent and mentally clear, making his statements in a straightforward manner. He has documentary evidence bearing some of the statements out. It is impossible to forecast when another attack of confusion might recur, possibly at a critical moment, so that, in my opinion, he is unfit for further Military Service,

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

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

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

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

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

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

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

19. Do you recommend

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

Not applicable.

Permanently unfit

James Boyd Capshaw

Officer in medical charge of case.

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

Station _____

Date _____



W. W. H.

Major R.A.M.C.

Officer in charge of Hospital.

* Loss of teeth of, or decay of, 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

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

Aggravated by Active Service.

Mental stress.

21. Has the disability been aggravated by)
 (a) Intemperance?)
 (b) Misconduct?)

No.

(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent?

No.

23. If not permanent, what is its probable minimum duration?

Not permanent but recurrent.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not lessened.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No.

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

--

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(a) Yes.

(b) Change to England?

Signatures:—

W. H. McLean President.



Station _____

Date _____

Approved.

Station H.Q., L.D., _____

Date 28th, March 1916 _____

Francis Smith Capt. R.A.M.C. Members.
James Dwyer Capt. R.A.M.C.

W. H. McLean
 Colonel A.M.S.,
 Administrative Medical Officer.
 for D.D.M.S., Lond. Dist.

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station

Date

Dec 21/16

No.

Age

Height

Rank

Complexion

Name

Shears M.D.

Eyes

Hair

Unit

Address

St John's

Former Trade

Enlisted at

on

Disease or disability

Mental Confusion & Delusions

Present condition

*Same as reported in Army form B 179. para. 13.
from Springfield War Hosp. 12. March 1916
Secy. from appendic operation healthy - no sign
of hernia.*

Estimated disability

No disability

Recommendation of Medical Board

*Discharge as permanently
unfit*

Class

—

Members of Board

*A. S. Hayes
Principal, Suit*



Approving Medical Officer.

Cluny Macpherson. Major



815

Army Form W. 3016.

No. _____ Date January 17th 1916.

(1) To the Officer i/o Records,
& Paymaster,
58 Victoria Street,

London. (Station).

(2) The Officer Commanding,
Newfoundland Contingent,

Ayr. (Station).

(3) The Paymaster,

(Station).

Regimental No. 717.

Rank and Name Dr. Driscoll, M.

Regiment or Corps 1st Newfoundland Regt.,

has been granted a furlough from Jan. 18 to 27 Jan. 1916.

His address while on leave will be :-

Union Jack Club,
London.

I consider he is fit for Duty.
 Light duty.
Class B.

(sgd) A. Stephens,
Major, R.A.M.C., Registrar, for
Officer in charge Hospital,
Royal Victoria

Netley. (Station).

* Strike out that which is inapplicable.

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

817

My dear George

Will you please make out
the cheques payable to G. J. Shesee
as I am in bed & may be going
to hospital - & I don't want the
trouble to have to be done it.

Very sincerely
M. E. Shesee

St Victoria St
July 5th

G. D. SHEARS & SON
 COMMISSION AGENTS
 AND BROKERS

CABLE ADDRESS
 "SHEARSON"

P. O. BOX 863

ST. JOHN'S..... May 16th..... 1917.
NEWFOUNDLAND

Sir:-

I have been informed that there is an amount due me which every soldier receives on being discharged from the Army. If this is correct, would you kindly furnish me with the amount, and I will put in a bill for same.

I may say that when I was discharged, I just received my pay to April 30th. 1916.

I am,

Your obedient servant,

M. D. Shears
 Regtl. No. 817. C. Co.

Lieut J. M. Howley,
 Paymaster 1st. Nfld. Regt.,
 St. John's.

Bonus 11.20
Clothing 25

36.20

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 87 ¹⁵/₁₀₀

Jan 8 1919

Received from the First Newfoundland Regiment
the sum of Eighty Seven ¹⁵/₁₀₀ Dollars.
~~on account~~ of Pay. P.O. balance

M. D. Shears.

| | |
|------------------|----------------|
| Ch. No. 8002 | Initials. E.W. |
| Pay Ledger. 160 | Initials. aux. |
| Gen. Ledger..... | Initials..... |

Regtl. No. 817. Rank Pte.

Frederic Brown

No. 817

Rank

O6-

Name

Shears M. D.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰
X^x

Mar 10 1919

Received from the First Newfoundland Regiment
the sum of Ten ⁰⁰ Dollars.

~~Account~~
balance of Pay. Clothing M. J. Sears.

| | | | |
|-------------|-------|----------|-----|
| Ch. No. | 12529 | Initials | Jew |
| Pay Ledger | 160 | Initials | Jew |
| Gen. Ledger | | Initials | |

Regtl. No.

817

Rank

C. J. [Signature]

No. 817 Rank P6

Name Shears M.D.

G. D. SHEARS & SON
COMMISSION AGENTS
AND BROKERS

CABLE ADDRESS
"SHEARSON"

P. O. BOX 863

817

St. John's, May 26th, 1917.
NEWFOUNDLAND

Sir:-

I beg to acknowledge receipt
of yours of 23rd. inst., enclosing
cheque for \$36.20., and for which
I thank you.

I am,

Your obedient servant,

M. D. Shears

Lieut. J. M. Howley,
Paymaster, 1st. Nfld. Regt.,
C I T Y.

STONE BO

817

May 22nd, 7.

M. D. Shears, Esq.,
P.O.Box 863,
City.

Dear Sir,-

With reference to your letter of May 16th, I enclose herewith cheque for \$36.20, being the amount due you as follows:-

| | |
|-----------------------|----------------|
| Bonus 1 week @ \$1.60 | \$11.20 |
| Civilian clothes | <u>25.</u> |
| | <u>\$36.20</u> |

Yours truly,

Lieut.
D/Paymaster

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

June 18th., 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 318), is forwarded herewith to

Private Maxwell D. Shears

in respect of his service as No. 817 Rank Pvte.

Name Maxwell D. Shears Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

June 21st / 21.

Signature

Maxwell D. Shears

Date

June 21st / 21.

Address

8. Victoria St.
St. John's, N.F.

C.R. 817

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 84 Name Mr. E. Shears.

Witness. M. E. Shears

Date Feb. 26/20.

Place St. Johns.

M. E.

RECEIPT.

C.R. 817

FOR ISSUE OF RIBBON OF VICTORY MEDAL/1914-1919.

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

DATE

Feb. 26/20.

PLACE

St. John's,

NO.

817

NAME

Thos. Shears

RECEIPT FOR ISSUE OF

RIBAND OF BRITISH WAR MEDAL-1914-1919.

C.R. 817

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

Name..... *M. D. Squires*

(Date)..... *Nov: 10. 1919.*

(Place)..... *St. John's N.F.*

C.R. 817

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

#817 Pte. M.D. Shears, discharged June 30th 1916, Unfit

C.R. 817

Extract of Roll of Officers, N.C.Os. and Men Discharged from The
Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

| No. | Rank.. | Name. | Date. | Reason. |
|-----|--------|-------------|-----------------|---------|
| 817 | Pte. | M.D. Shears | June 30th 1916. | Unfit. |

C.R. 817

The following Men Returning by Scandinavian Mar. 31, 1916

~~x816x~~ 817 Shears.

December 10, 1915.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 817, Private Maxwell D. Shears, who was previously reported as suffering from nervous debility, etc., at Netley, Hants, is now reported at Springfield War Hospital, Tooting, November 18th.

This information was received by mail.

Yours faithfully,

Colonial Secretary.

Mr. G. D. Shears,
8 Victoria St.

C.R. 817

Extract of Casualty List received from P. & L R. O. Nov. 18th. 1915.

817, Rte M. D. Shears. ✓

SPRINGDALE WAR HOSPITAL TOOTING.

C.R. 817

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force. List No. H.3100, dated Nov. 18th. 1915.

817 Pte. M.D.Shears

1st. Newfoundland "C" Coy.....Trans. to HS. Asturias for England ex 19
G.H. 28th. Oct. '15.

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 | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **November 14, 1915.**To **Governor,****St. John's.**

817 Shears nervous debility and neurasthenia; progressing favourably. Lieutenant Ross compound fracture left elbow.

Serious but satisfactory.**TIMWELL.**

NOTE: Next of kin notified verbally by Colonial Secretary November 14th,

FOR TYPEWRITER

C.R. 817

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No. H. 2993, dated Nov. 13th. 1915.

817 Pte. M.D. Shears

1/Newfoundland Regiment.....Sick Mental.....Adm. Royal Victoria
Hospital, Netley 8th. November 1915.

C.R. 817

Extract of Report from Springfield War Hospital, Tooting, S.W.
dated Nov. 13th. 1915.

817 Shears, Pte. M.D.

Nervous debility & neurasthania.

Extract of Cablegram to W.S.M. Governor St. John's Nfld.

#817 Shears.

Debility and Neurasthania progressing favourably.

dated November 12, 1915.

✓

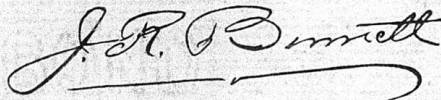
November 11, 1915.

Dear Sir,

Referring to my letter to you of last evening, I beg to say that a further report has now been received from the Record Office of the First Newfoundland Regiment, London, to the effect that your son, No. 617, Private Maxwell Distin Shears, is suffering from mental trouble.

I trust that the next news received will be of his recovery.

Yours faithfully,



Colonial Secretary.

Mr. G. D. Shears,
8 Victoria St.,
City.

187

C.R. 817

OFFICER i/c Records
Newfoundland Contingent,
58, Victoria St., London, S.W.

Notified for your information that
the under-mentioned Invalids were transferred to:-

The Military War Hospital, Wandsworth, ✓
on November 19th.

No. 817, Pte. M.D. Shears, 1/1 Newfoundland Regt.

(Sgd) D. STEPHENS.

Major, R.A.M.C.
For Officer in Charge,
Royal Victoria Hospital.

Netley.

Novr. 10th, 1915.

*See No. 174
apparently conflicting
H*

✓
S (10)

November 10th. 1915.

Dear Sir,

I beg to inform you that a report has this day been received from the Record Office of the First Nfld. Regiment, London, to the effect that No. 817, Private Maxwell Distin Shears, has arrived in England, but no further particulars have been given.

Any further information received at this office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

G. D. Shears, Esq.,
8 Victoria Street.

C.R. 817

Extract of Sick and Wounded N.C.Os. and men of the Mediterranean Expeditionary Force, No. H. 2864, dated Nov. 10th. 1915.

817 Pte. M.D. Shears

1/Newfoundland "C" Co..... Mental.....Admitted 19 G.H. Alexandria
22 Oct. 1915.

C.R. 817

Extract from Nominal Roll of Co. 1st Bn. Nfld. Regt.
Embarked at Devenport for Active Service 20-8-15.

817 Pte. M.D. Shears.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 817

Extract from Roll Embarked St. John's, per S.S. "Dominion"
"G" Company Feb. 2, 1915.

817 Pts. Shears M.

C.R. 817

Maxwell D. Shears was attested for General service
with the NEWFOUNDLAND REGIMENT on .. December 28th 1914
Regimental No 817 was allotted to Pte. M. D. Shears

AUTHORITY:

Record Ledger,

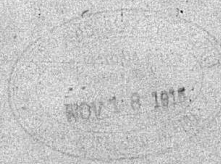
Dept. of Militia,

March 25th, 1919.

Casualty Form - Active Service.

Regiment or Corps Newfoundland
 Regimental No. 817 Rank Pte Name W. J. Shears
 Enlisted (a) 25/12/14 Terms of Service (a) one year Service reckons from (a) _____
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged 15/8/15 Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|-----------|--------------------|--|----------------------|-----------|--|
| Date | From whom received | | | | |
| | | Embarked St. John's, NFLD. | | 3/2/15. | |
| | | Disembarked Alexandria | | 1/9/15. | |
| | | Embarked for Gallipoli | | 13/9/15. | |
| 17/10/15. | "Galeka" | Ill, Debility, serious, admitted A 36. | H.S. "Galeka" | 17/10/15. | Auth. A 14763. <i>HP</i> |
| 22/10/15. | 19th. Genl. | Admitted, Mental, | 19th. Genl. Hospital | 22/10/15. | " A 15415. |
| 3/11/15. | "Asturias" | Invalided to England | H.S. "Asturias" | 29/10/15. | " B-567. <i>HP</i> |



HParkhouse
 Captain,
 Officer i/c Records, TF. 6,
 3rd. Echelon, M. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

PAY LIST.

to **30th March**

1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **2/1st Newfoundland**

No. **817** Rank **Private** Name **M. D. Shears**

Died ^(a) at _____ on the _____ of _____ 191 .
 Embarked s.s. **Scabdinavian** on the **4th** of **April** 1916
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

_____ { *Commanding Squadron, Troop,
Battery or Companv.*

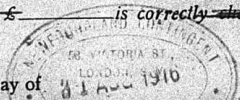
STATEMENT OF ACCOUNT.

[FORM 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|---|----|-----|---|---|----|-----|
| | Balance Dr. last month..... | | | | Balance Cr. last month..... | | 2 | 11½ |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay | | | |
| | 191 | | | | days at _____ from _____ to _____ | | | |
| | " | | | | Messing allowance days at _____ | | | |
| | " | | | | from _____ to _____ | | | |
| | Consolidated stoppage | | | | Clothing and kit allowance | | | |
| | | | | | Amount produced by the sale of Necessaries | | | |
| | | | | | Personal Clothing and Effects from Form 2... | | | |
| | | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | | | | | Deferred Pay or Gratuity..... | | | |
| | Balance due by the Paymaster | | 2 | 11½ | Balance due to the Paymaster..... | | | |
| | | £ | 2 | 11½ | | £ | 2 | 11½ |

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance~~ of £ _____ is correctly chargeable against the Public ^(b) AND CONT'

Dated at _____ this _____ day of _____ 1916



F. H. Marshall
 PAYMASTER & OFFICER
 Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1315.
 (b) Words in Italics to be struck out when there is no debtor balance.