

3701 chgt b skans

3701

ROYAL NEWFOUNDLAND REGT.

Declassed
30-5-61

1914-1918

10 788/2

57
788
282

379



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3701 Name Charles Skanes Corps C of A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Charles Skanes</u> |
| 2. What is your full Address? | 2. <u>Low Head St. Bunkles St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Machanic</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, Charles Skanes.....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.

Charles Skanes.....SIGNATURE OF RECRUIT.

30-4-17 Brendan Linnott.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Skanes.....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 30 day of April.....1917

Signature of Attesting Officer W. Craft

†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 } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Skanes
 Apparent age 22 years 11 months. Height 5 feet 9 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Francis Skanes
Cow Head St Barrow Dit. 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	30-4-17				Leave Capt. 31-7-17
				Joined at <u>St John's</u> on <u>April 30th 17</u>					Warrant Pl. 20-10-17
				<u>Discharged July 10, 1919</u>					Warrant Pl. 24-7-18
									Reverts to Capt 21-1-19
				<u>Embarked St John's N.S. Korgel to Halifax N.S. 4th 17</u>					
				<u>Embarked for Black 4-2-18</u>					Wounded Oct 10-18
				<u>Admitted 35th Gen. Hosp. Calais 15-10-18</u>					Admitted 3 London Gen
				<u>Hospital 4th L Colours 19-10-18</u>					Notes to Hon. Warrantors 16-12-18
				<u>6 Hqs for demobilization 22-5-19</u>					Arrived Hqs 1-6-1919
				<u>Demobilization</u>					<u>St John's 10-7-19</u>
Total Service forfeited as above									

Total Service towards Engagement to 10-7-19 [date of discharge] 2 years 62 days
 Pensions

Manes, L

3701

Hay sept.

July 12, 1919

#3701 Cpl. Charles Skanes,

Cow Head,

St. Barbe Dist.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Raymaster & O.i/c Records. Captain,

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 questions 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..... *Charles* 2. Surname..... *Adams*
3. Rank..... *Captain* 4. Regtl. No..... *3701*
5. Address in full to which future payments of gratuity are to be forwarded..... *Cow Head St Barbe Distriet*
6. Date of enlistment in the Regiment..... *30/ April /17*
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..... *1st*
9. Address in full of such dependents..... *do*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Months, Six months*
- *12*

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

Not applicable

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.

£ 93. 47 Clothing Etc

15. Have you been issued with a War Service Badge? *no*

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? *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *no*

19. Are you now serving in the Regt.? *no* If not give? - (a) date of discharge. *June 27/19* (b) Reason for discharge.

Demobilization

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.

France, Belgium

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.

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: *E. Shaves*
 Place of Residence: *Cam Head, St Barbe Barbados*
 Declared before me at: *St Johns nfd,*
 This *14th* day of *June* 19*49*....

John M. C. [Signature]
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

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

MEDICAL HISTORY

OF

Surname Skanees

Christian Name Charles

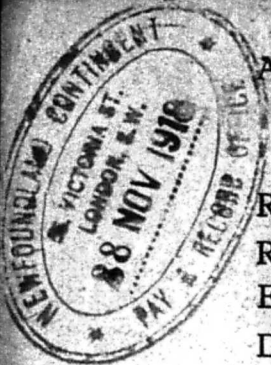
Table I.—GENERAL TABLE.

Birthplace:—Parish Low Head, St. Barbs County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>30</u> day of <u>April</u> 191 <u>7</u>	at <u>Headquarters</u>	on _____ day of _____	191
Declared Age	<u>22</u> years <u>11</u> months <u>days</u>		years	days
Trade or Occupation	<u>Mechanic</u>			
Height	<u>5</u> feet <u>9 1/2</u> inches		feet	inches
Weight	<u>130</u> lbs.			lbs.
Chest Measurement	Grith when fully expanded ... <u>35 1/2</u> inches			inches
	Range of Expansion ... <u>3 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E. V <u>4/6</u>		R.E. V	
	L.E. V <u>4/4</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>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at _____	at _____		
	on _____ day of _____ 191	on _____ day of _____ 191		
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4^{1st} Bn F.D. 3701</u>			
Transferred to				
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191		
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>3rd London General Hospital Wandsworth</i>	<i>19</i>	<i>10</i>	<i>78</i>	<i>27</i>	<i>11</i>	<i>78</i>	<i>S&W left Elbow</i>	<i>39</i>	<i>No complications - Healed:</i>	<i>Schuyler Capt Rouse</i>
<i>Hilsea</i>	<i>17</i>	<i>12</i>	<i>18</i>	<i>18</i>	<i>1</i>	<i>19</i>	<i>Gonorrhoea</i>	<i>33</i>	<i>alkaline mixture of K₂CrO₄ irrig - njon kit</i>	<i>W. Crawford Capt Rouse</i>



Army Form B. 103.

Regimental Number 5701

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland D.
 Rank A/Sergt Surname Shall Christian Name Charles
 Religion Copt. Age on Enlistment 22 years 11 months
 Enlisted (a) 30-4-17 Terms of Service (a) Duration Service reckons from (a) 30-4-17
 Date of promotion to present rank 22-10-17 Date of appointment to lance rank 1-8-17
 Extended { } Re-engaged { } Qualification (b) 1st Lt
 or Corps Trade and Rate Copt.
 Occupation Mechanic Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <u>Dorchester</u>	<u>3-2-18</u>	
			Disembarked... <u>Raven</u>	<u>6-2-18</u>	
			Joined Battalion <u>15 FEB 1918</u>		
<u>27.7.18</u>	<u>O.C. Unit</u>	<u>Appointed Officer</u>	<u>Field</u>	<u>24.7.18</u>	<u>17113</u>
<u>15.8.18</u>	<u>O.C.</u>	<u>Severely reprimanded for 'neglect of duty'</u>		<u>15.8.18</u>	<u>B.2069.</u>
		<u>Wounded in Action</u>	<u>14-10-18</u>		
	<u>3 success</u>	<u>In Germany</u>		<u>14/10/18</u>	<u>ED 2198</u>
	<u>351 on ship</u>		<u>Calais</u>	<u>15/10/18</u>	<u>30349</u>
	<u>Miss Elizabeth</u>	<u>England on 35 page 1/2</u>		<u>19/10/18</u>	<u>W 3083</u>

For Officer in No 1 Infantry Section
3rd Echelon, General Headquarters ✓

C.R. 3701

Extract from Daily Orders Part 11 Unit The Royal Wld.

Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY officer i/c Records from 10-7-19.

3701 Pte. Chas. Skanes.

C.R. 3701

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt.
St. John's, June 14th, 1919.

3701 Cpl. Chas. Skanes

Reported at Headquarters 1-6-19 Ex "Cornican" which sailed
Liverpool 22-3-19.

C.R. 3701

**Extract from Preliminary Report of a Medical Board held on Monday
Afternoon June 9th the following was the finding.**

3701, Cpl. C. Skeans

Recommended Discharge from the Army.

C.R. 3701

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 26-6-19.

3701 Bpl. Chas. Skanes.

C.R. 3701

Extract of DAILY ORDERS BY LT. COL. B. J. BURTON, D.S.O.
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.
21/1/19.

Reverts to Corporal.

#3701 Sergt. C. Skeans.

CR. 3701

Extract from Daily Orders part 11, By Lt. Col., B. H. BARTON
Commanding 2nd., Battalion of the Royal Newfoundland Regiment.

The undermentioned having reported back from the 1st. Bn. is taken on
the strength and posted to "H" Coy. 14/12/18.

3701 Sgt. Skeans.

C.R.

3701

Extract from Casualties received from P & R O .London,
Nov.28th,1918.

The Undermentioned was discharged from 3rd London Gen.
Hospital on 27-11-18 and granted furlough to 6-12-18. all
marked 1, Duty.

3701 Sgt. Shanes, C.

C.R. 3701

extract from War Office List No. C 1753 dated 1. 11. 18.

#3701 Sgt. G. Skanes.

WOUNDED 14. 10. 18.

BG.

C.R. 3701

Oct. 51, 18.

Mr. Francis Skeans,
Cow Head,
St. Barbs.

Dear Sir:-

I beg to inform you that additional information has today been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3701 Sgt. Charles Skeans is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

CR 3701

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 3701 Sent by Cowhead Date 1/10/1918 Check 1/10 No. 1/10

Place from Cowhead

To J R Bennett



My report of no 3701
Sergt Chas Skanes
F S Skanes

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 Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct 22nd, 1918
To Francis Skeans, Cow Head St. Harbe

Regret to inform you that Record Office, London, officially reports No. 3701, Sergt. Charles Skeans at 3rd London General Hospital Wandsworth suffering from G.S.W. left elbow.

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

J.R. Bennett

Minister of Militia.

Chge Dept of Militia
FOR TYPEWRITER

C.R. 3701

Extract from Nominal Roll of sick and wounded
from the France Expeditionary Force to the
3rd., London General admitted 19/10/18.

#3701 Sgt. Chas. Skeans.

G.S.W. L. Elbow.

C.R. 3701

Extract from War Office List No. H.A. 30349

Admitted 35 Gen. H. Calais 15 Oct. 1918.

3701 Sgt. C. Skanes

G.S.W. L. ARM.

C.R. 3701

Extract from Nominal Roll Draft No. 36, 200 Other Ranks
from 2nd., Reserve Batta. Royal Newfoundland Regt., and
proceeded to join the 1st., Batta, Royal Newfoundland
Regiment. B. H. F., Embarked Southampton 4/2/18.

#3701 a²/pl. C. Skanes.

10.

C.R. 3701

Extract from Daily Orders Part II Unit The Royal Rifle
Regt., St. John's, Apl. 30th, 1917.

3701 Pte. C. Skanes.

Attested for this day, posted to P. Coy., and assigned
numbers as shown.

C.R. 3701

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt., St. John's, July 30th, 1917.

3701 Pte. Skeans.

To be Lance Corporal from July 31st, 1917.

Skanes, C.

C.R. 3701

P.F.R.O.

To Paymaster

1st Bat. Royal Newfoundland Regt -
58 Victoria Street

Please pay ~~to the order of~~ the
No 3701 ~~of the~~ ~~Regt~~ ~~the~~
Sum of one pound £1.0.0
and deduct ~~from~~ ~~the~~ ~~same~~ ~~to~~ ~~the~~ ~~credit~~ ~~of~~ ~~his~~ ~~account~~

Sgt. Skane

1st Bat. R.N.F. Regt
approved
Sub-Commissioner
W. J. Skane

O.K. £ 1-0-0 M.R 23/11/18

Receipt No. 9947



P.P.S.

To Pay Master
R Newell, Regt.
58 Victoria St.

Please pay on demand.

3701 Sgt. Skewis. C.

The sum of three pounds.
and deduct from his account.
£ 3. 0. 0.

15/11/18.

3rd London

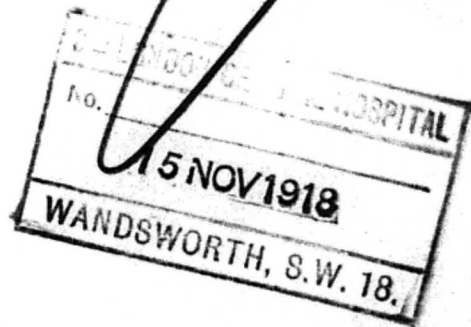
General Hosp.

Approved

Satmpton Capt. Ross

O.R. £ 3-0-0 N.R. 15/11/18

Receipt No 9762



AC

P.L.A.

To Chief Paymaster + Officer in Charge Records

Newfoundland Contingent - O.K.

58 Victoria Street
London SW I

MR. 11/1/18
£1-0-0

Receipt No 9667

Please remit to Sgt. C. Skene

the sum of ~~two~~ Pounds 2.5.0

on account of any balance that may be due me

No. 11 - Sgt Skenes C

Subsistence Cert Name
1000

8th LONDON GENERAL HOSPITAL
No. 11 NOV 1918
WANDSWORTH, S.W. 18.



4/ 1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Skanes, Regl. No. 3701

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 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 July 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2999	Father	Francis Skanes	Low Head Mt. Banks	50
Total Allotment, \$				<u>50</u>

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

(Sig.) J. C. [Signature]
Officer Commanding
7 Company
1917

(Sig.) _____
(Rank) PL

No 3894



4/ 1st. NEWFOUNDLAND REGIMENT 5

ALLOTMENTS

I, Charles Skanes, Regl. No. 3701

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} 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 July 1st 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2998	Father	Francis Skanes	Low Head St Bonks	50
			Total Allotment, \$	50

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.)

Jeff Hunt
Officer Commanding

7. Company

H. Johns
June 7th
1917

(Sig.)

Charles Skanes

(Rank)

PTE

No. 10818/653

NEWFOUNDLAND CONTINGENT



Handwritten signature/initials

From:
Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To:
Officer Commanding,
2/1st. Newfoundland Regt'
Ayr, N.B.

18th, October 1917

19/10/17 1917

Subject: 3701, L/C., C. Skanes

ANSWER

With reference to the following telegram from the Hon. the Minister of Militia, (5960) received 17/10/17,-

Receipt hereunder.

"Pay to 3701 Skanes £5.

L. Skanes
Officer Comdg. 12 Battn.
1st Newfoundland Regiment

Postal Draft
Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of 5 Pounds on account of cable remittance from Newfoundland.

A. D. [Signature]
Major,
Chief Paymaster & O. i/c Records.

L/cpl. C. Skanes
No 3701 Rank

6414/962

2nd Batt. Ryl. Nfld. Regiment
Winchestert

29th April

9

3701 Cpl. C. Skanes

154

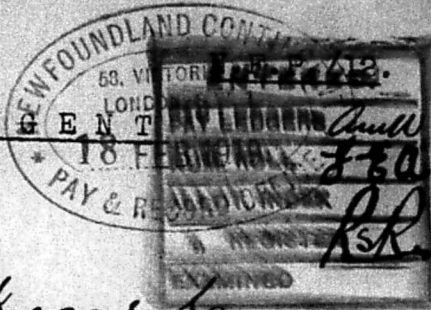
3701 C. Skanes

£5. 2. 0.

5. 0. 0.

ORIGINAL

NEW FOUNDLAND CONTINENTAL



CANCELLATION OF ALLOTMENT

1. I, (No) 3701 (Rank) Cpl. (Name) Sheans L.
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 3894. dated 1st August 1917. in favour of
Mr. F. S. Sheans, Cow Head, St Barbs District Nfld.
for \$ = cts 50 per diem.

Such cancellation to take effect on the 28th day of
February 1919.

2. I agree to accept all risks and consequences of this appli-
cation failing to reach Headquarters, St. John's, in time to become
operative at above-nominated cancelling date, and that in the event
of such non-delivery, and thereby the Allotment continuing to be
paid to the Allottee, I also agree to such further stoppage in the
Pay Books as may be necessary, or otherwise to refund such overpaid
amount or amounts.

Dated at Hazelydowns Camp
Feby. 15 1919.

L. Sheans Cpl.
Allotter.

Approved and Witnessed:
[Signature]
O.C. "A" Company.

COPIES SENT		
TO	No.	DATE
M. of M.	3047/41/PA	21/2/19
O.C. 1st. Bn.		
.. 2ND. BN.		

N.B.- To be made out TRIPLICATE and delivered to the Pay & Record
Office not later than the date of cancellation, in accordance
with P. & R.O. C.L./10, 9/12/16.

Pay

No. 116 *✓*

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM



Prefix _____		Code _____		SENT		FOR STAMPS	
WORDS		CHARGE		At _____		To _____ By _____	
11 <i>✓</i>				VIA ANGLO.		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

15/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To SKANES
COWHEAD (Newfoundland)

AM QUITE WELL CABLE TEN POUNDS THROUGH MILITIA

SKANES

Charge ac
3701 J.S. Skanes

11/-

CHARGED
PAY BOOK *15/11/18*
Date *19/11/18* by *m.R.*

CHECKED.
[Signature]
19-11-18

Authorized.

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. 1.

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.

No 18596/1015

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records
Newfoundland Contingent,
Pay & Record Office
58, Victoria Street
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester



2nd Pay 1919

7/5/ 1919

3701 Cpl. Skanes C.

With reference to the following telegram from the Minister of Militia (.160.)

"Pay to-3701 C. Skanes

£5-0-0

Cheque £5-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Munnell
Chief Paymaster & O. i/c Records.

Receipt hereunder.

W. Seymour
LIEUT. COLONEL,
COMMANDING OFFICER, 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of Five pounds

in respect of telegraphic remittance from the Minister of Militia.

Copl. Skanes C.

No. 3701 Rank Corporal

Witness C. Munnell

No. _____

N.F.P./45.

N.E.W.F.O.U.N.D.L.A.N.D C O N T I N G E N T

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

VANDSWORTH S.W. 18.
 5-NOV1918
 LONDON GENERAL HOSPITAL

Please remit to In 3701 Sgt. Shanes
1st Bat Royal Newfoundland Regt.

the sum of one pounds s. (£ 1 0 0)
 on account of any balance that may be due to me.

*Approved
 Shanes
 5-11-18*

Regtl. No. 3701 Rank Serjt.
 Name Charles Shanes

AC

Approved _____
 Officer I/C.,
 _____ Hospital.

Dated at 3rd London Gen Hosp
5-11-1918

*OK £1-0-0
 Receipt
 5/11/18 R.H. 9513. P.S.M.*

No. 19232/372

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

25th November 1918

Subject: 3701, A/Sgt. C. Skanes

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

Pay to 3701 Skanes £10:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

H. A. Munnell Pay.
Chief Paymaster & O. i/c Records.

0653-27
LONDON GENERAL HOSPITAL, R.A.M.
28 NOV 1918
LONDON DIVISION

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.,
LONDON, S.W.
29 NOV 1918
N.F.P./80.
PAY & RECORD OFFICE

Officer Commanding,
3rd London Gen. Hospital,
Wandsworth,

28th Nov: 1918

ANSWER.

*Sgt Skanes was
Discharged to duty
on 24th inst. please*

*H. Gagan
Major (Commandant)
for OC.*
3rd LONDON GENERAL HOSPITAL
WANDSWORTH, S. W.



No. 3504/548.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

*64
13/19*

4th March 1919

March 7th 1919

3701. Cpl C. Skeans

With reference to the following telegram from the Minister of Militia / / (59)

Receipt hereunder.
Raymond Hunt
for LIEUT. COLONEL,
Officer Commandg. BATTN
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-3701. Skeans.

Received the sum of Five
Pounds £5-0-0 in respect of
telegraphic remittance from the
Minister of Militia.

£5. 0. 0.

Cheque £5. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

C. Skeans

Chief Paymaster & O. i/c Records.

No. 3701 Rank Cpl

Witness [Signature]

[Signature]

6414/962

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street
London, S.W. 1

To: Officer Commanding
2nd Batt. Ryl. Nfld. Regiment

Winchestert



29th April 1919

3701 Cpl. C. Skanes

With reference to the following telegram from the Minister of Militia (154)

Pay to- 3701 C. Skanes

£5. 2. 0.

Cheque £5. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minnow
Chief Paymaster & O. i/c Records.

7/5/ 1919

Receipt hereunder.

Seymour Hunt

Officer Commanding LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Two Pounds
Two Shillings in respect of telegraphic remittance from the Minister of Militia.

C. Skanes

No. 3701 Rank Corporal

Witness *[Signature]*

The Department of Militia:

The sum of Six Dollars $\$6.00$ Dollars is due

Mr. M^{no} Roche Cweling for Board & Lodging

Reg. No. 3701 Rank. Cpl Name. Shane

from while waiting to make connection with 33rd St to

Account for $\$6.00$

J. A. Snow
2-9-19

Captain
Demobilization Officer

ACCOUNT NO. 9330 INITIALS Btm Ew
INITIALS
INITIALS
INITIALS

Curling
20/6/19

To Paymaster

Royal Newfoundland Regt-
St Johns

Please forward \$

Mrs Roche, Curling, the sum of \$6.00
for 4 days Board & Lodging while
waiting to make connections with S.S. etc

I am

Yours etc

C. Stanes

Discharged
26-6-19

No. 3701 Capt. C. Stanes

Sept. 29 19

Mrs. Roche,
Curling,
Bay of Islands.

Dear Madam:

I enclose cheque for
\$6.00, amount due you for board & Lodgings
supplied Cpl. G. Skanes, No. 3701.

Yours truly,

Major
Paymaster.

F. C. R.

LM/
Enc. 1

3701

June, 17th., 1918.

Mr. F. S. Skanes,
Cow Head,
N.D.B.

Dear Sir:-

Referring to your letter of May, 21st., I beg to state, that your son's allotment is only 50cts. per day which is the amount which he instructed us to pay you. His pay is as much as others viz; \$1.10 per day, but he has only allowed you 50cts. of this, whereas in some cases soldiers allow 60¢, 70¢, 80¢ and even 90¢ per day.

Yours faithfully,

Capt. & Paymaster.

1018

310 Bowhead
May 21st 1919

J. M. Howley, Esq.
Paymaster
Dep. of Militia
St. John's, Nf.

Dear Sir:

It is kind enough
to explain the reason
at Corp. Chas. A. Skene's (3701)
Allotment is only \$15.00
or 50¢ per month now.
He has been on active
service ever since
February, and I expect
his pay to be as much
as other who are in the
Mf. Regiment who are on
active service. I have
seen allotments of

Different Soldiers from
this Dist. for \$16 ⁸⁰ and
in a certain case \$18 ⁶⁰ (or about,
and I cannot understand
why one Soldier on active
Service do not receive
as much pay, as another
I am sure to hear
from you soon on this
matter

I remain
Yours truly
J. S. Stevens

Check with
thanks

Gov Head,
April, 22, 1919.

H. W. W. Addick

Ad. Sup. of Militia

St. John's, Nfld.,

Dear Sir: —

I am in receipt of your letter of
Mar. 28th informing me that you have
Cabled to 3701, Sgt. C. Shanes \$5 and
asking me to remit to you 25¢ to cover
the cost of message. I have with me
25¢ to cover cost of said message
and hope same will reach you
safely.

Yours truly

J. S. Shanes

No 3894



4/ 1ST. NEWFOUNDLAND REGIMENT 5

ALLOTMENTS

I, Charles Skanes, Regl. No. 3701

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} 5 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or 5 Persons concerned, viz :

Allotment begins July 1st 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2998	Father	Francis Skanes	Low Head St. Bonks	50
Total Allotment, \$				50

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

(Sig.) J. P. Hint
Officer Commanding
7 Company

(Sig.) Charles Skanes
(Rank) Pl

John
June 7th 1917

July 10, 1919

#3701 Cpl. Charles Skeanes,

Cow Head,

St. Barbe Dist.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2890.

Yours truly

Paymaster & O.i/c Records Captain

Squadron, Troop, Battery and Company Conduct Sheet.

Imperial

Army Form B. 121.
Number of Sheet: *First of 1*

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
(1062) W1998/M499 500m 2/12x6 23 56

Forms
B. 121.
40.

Regiment of *Royal New Zealand*

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>3701 Shanes Charles</i>	Age on	<i>22 years 11 months</i>	<i>Mechanic</i>	<i>Appto 9th Lt B.E.F. July 1918</i> <i>Reports to Capt 21/19</i>
Joined _____ Date _____	Place and Date of Enlistment	<i>St John's 30-11-17</i>		Religion	
Joined _____ Date _____	Period of	with Colours _____ years.		Place of Birth	
Joined _____ Date _____		with Reserve _____ years.			
				<i>CofE.</i>	<i>2 72 / 365</i>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Longley Camp</i>	<i>6-1-19</i>	<i>1st Lt</i>		<i>I Drunk at Nelson about 22.30</i>	<i>Mr A. Ballard</i> <i>Mr Smith</i>	<i>Reports to Corporal</i>	<i>21/19</i>	<i>Lt Col. B.J. Baxter</i>	<i>[Signature]</i>
				<i>II Absent from hospital while a patient</i>	<i>Mr W.A. Smith</i>				
				<i>III Striking the N.F.P.</i>					
				<i>Despatched to St. John's 10/1/19</i>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

Class for Demobilization:—

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No 3701

Name SKINNER Charles Rank Corp

Address (St. Johns, Cow Head)

Present Medical Category E

Recommended for:— { (a) ~~Immediate discharge~~
(b) Standard Medical Board

Members of Board {

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

R. A. Brown
Senior Medical Officer

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3701 Rank Capt Name James Charles
 Date of Enlistment 30-4-17 Address Low Head District St. John's
 Occupation Master Classification for Discharge B Medical Category F1
 Recommendation S. M. B. Physically unfit Disability Rating 20% 6 Mths
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 H. M. H.
 f.o. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

J. James

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied

W. B. H.

Date 12-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1758 to his home at Low Head and Release Certificate No. 2686 issued.

Date 12-6-19 *J.A. Snowball*
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

Date 12-6-19 *H. Mews*
Depot Paymaster.

Discharged approved for 26-6-19
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 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 12-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

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

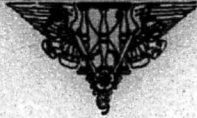
with following additional documents.

Eligible for War Service Gratuity

Date JUN 26 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Civil Re-establishment Committee



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

To resume former Occupation

C. Skanes

Signature of Man.

J. A. Snowball

Reg. No. 3701

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

12-6-14

191

13701

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No 3701 Rank Corpl Name Skanes Charles
 Date of Enlistment 30-4-17 Address Low Beach District H. Barb
 Occupation Machanic Classification for Discharge B Medical Category F1
 Recommendation S.M.B. Physically unfit Disability Rating 20% 6 Mths
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 for O. C. Discharge Depot. *H. News H*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

C. Skanes

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied.....

M. Blush

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ¹⁷⁵⁵ to his home at bow Head and Release Certificate No. 2686 issued.

Date 12-6-19 *J.A. Snow 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

Date 12-1-19 *J.A. Snow Capt.*
Depot Paymaster.

Discharge approved for 26-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

1 *2 Form B*

Date 12-6-19 *J.A. Snow Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratitude

Date JUN 26 1919 *R.H. Jait Capt.*
O. C. Discharge Depot.

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

Date June 27 1919 *J.A. Snow Capt.*
George Reeves

Reg. No. *3701* Rank *Cpt.* Name *Shaves.*

Attested Address *Low Head.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Cossican* Cause *Discharge*

5.6.19.
12-6-19
26-6-19

Rec. Dis. from the Army.
PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Wld. Regiment

DEMOBILIZATION

No. 3701 Rank _____

Name Shears L

Warned for demobilization on

JUN 12 1919

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.

1. Unit and Corps. *Royal Newfoundland* } Former Trade }
 2. Regtl. No. *3/01* } or Occupation }
3. Rank. *Corpl.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *SKANS* } (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 B (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."
11. Date of origin of disability. *Oct 1918*
12. Place of origin of disability. *Belgium*
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. *1 bullet wound external to biceps insertion healed.*

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. } | V.I.D.G. Cured | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Do a*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? *Two scars above elbow joint externally healed with slight contraction, weakness of arm and hand grip weak.*

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

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.

W.H.C. [Signature]

Station *Hageftown Camp.*

Date *Jan 22 1919*

Medical Officer in charge of case.

* Loss of teeth or or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

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.

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No... **3701**. 3. Rank... **Cpl**.....
4. Name ... **Skeans C**.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
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.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (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."

G.S.W. L. ELBOW.

11. Date of origin of disability. **OCT. 19 18.**
12. Place of origin of disability. **BELGIUM.**
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.
T&T BULLETT WD. EXTERNAL TO BICEPS.

INSERTION HEALED.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes. | |
| (ii.) Previous active service. | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | V.D.S. cured | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? **2 scars above elbow joint externally healed with slight contraction Weakness of arm & hand grip weak.**
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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— **Repatriation.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

J. ST. P. KNIGHT. D.A.D.M.S.
 Medical Officer in charge of case.

Station ... **H.D. CAMP.**

Date ... **JAN. 22/19.**

* 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.—(i) 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. **G.S.W. L. ELBOW.**
- (b) The present condition thereof.

Pulse 80. Gets shivering attacks. Wd. near elbow, soundly healed. Good Movement at Joint. Weak grasp & arm feels weak.

22. State whether the disabilities are:—

- (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 :

(a) Attributable to	(b) Aggravated by
Yes.....
.....
.....
.....
No.....

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

G.S.W......

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.

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).

20% 6 Months.

(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?

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?

Yes.

Opinion of Military Member in case of disagreement

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)?

Only to be answered 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:—

N. S. FRASER.

{ President or Chairman.

Station .. St. John's.

J. S. TAIT.

{ Members.

Date .. June 9/19.

J. B. O'RIELLY.

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

Station .. (SGD) L. PATERSON, MAJOR.

Officer in charge, Central Hospital.

{ Only applicable in cases of Patients in Hospitals.

Date .. JUN 9 1919

No. OR

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to 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 ..

O.C. Discharge Centre.

Date ..

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3701 Rank Cpl Name Skanes Charles
 Intended place of residence Cow Head

2. Occupation Mechanic
 Classification of soldier B Medical Category F

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

Eligible for War Service Gratuity

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

Place JUN 12 1919
 Date ST. JOHN'S
 Comanding 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 JUN 12 1919
ST. JOHN'S
 Signature of soldier C. Skanes
 Signature of witness J. A. Newman Capt

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 12-6-19
ST. JOHN'S
 Signature of soldier C. Skanes
 Signature of witness J. A. Newman Capt

STATEMENT OF SERVICE

7. Enlisted for service 30-4-17 No of days on Military
 Discharged from service 26-6-19 plus 14 days Service 802

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 26 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
 Date July 10/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

24/B 2019/2890



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 *Charles Skanes*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3701*

Intended address *Bow Head. St Barbe*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *left elbow.*

Figure on discharge *medium*

Christian name of Father *Francis*

Christian name of Mother *Isabella*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bonne Bay, April 26th, 1894*

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) *C Skanes*

BPL

(Rank)

Station *St Johns*

Date *7-6-19*

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

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

MEDICAL HISTORY

Surname Skanes

Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish Low Head, St. Barbs County St. Barbs

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on 30	day of April 1917	on	day of 191
	at	Headquarters	at	
Declared Age	22 years 11 months		8 years	
Trade or Occupation	Mechanic			
Height	5 feet	9 1/2 inches	feet	inches
Weight	130	lbs.		lbs.
Chest Measurement	Grith when fully expanded		inches	
	Range of Expansion		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/16	R.E.—V=	
	L.E.—V=	6/14	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>Samuel Peterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's, Nfld.	at	
	on	30 day of April 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
		41st 9th Bn 3701		
Transferred to	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

