



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3600 Name Silas Smith Corps Engineers

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Silas Smith.
2. What is your full Address? 2.
3. Are you a British Subject? 3. Yes.
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Sickerman
6. Are you Married? 6. No.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes.
9. Are you willing to be enlisted for General Service? 9. Yes.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Silas Smith. 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.

E 11/5/17 Silas Smith SIGNATURE OF RECRUIT.
Edward Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Silas Smith 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 11 day of May 1917

Signature of Attesting Officer By Edward Capt Adjutant

†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 1st

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)

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3600 Name Silas Smith Corps C of C

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Silas Smith</u> |
| 2. What is your full Address? | 2. <u>Spanish Bay St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Skipper</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, Silas Smith 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.

E 14/11/17 .. Silas Smith .. SIGNATURE OF RECRUIT.
McEdward .. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Silas Smith 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 .. 14 day of .. April .. 191 .. 7

Signature of Attesting Officer .. J. J. O'Grady, Capt. R.A.M.C.

†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 191

Place } Approving Officer.

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 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

C.R. 3600

Extract from Daily Orders part 11, Depot St. John's dated Nov. 11th. 1918.

#3600 Pte. Silas Smith.

Having been found medically unfit is struck of
the strength from 30/10/18.

BC.

C.R. 3600

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

3600 Pte.S.Smith

Discharged 30-10-18 medically unfit

C.R. 3600

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated October 30th. 1918.

Hospital.

3600 Pte. Silas Smith

Admitted Jensen Camp, October 29th. 1918.

C.R. 3600

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Oct 14, 1918.

The undernoted Man returned from Overseas and reported at
Depot from 12-10-18.

3600 Pte. S. Smith.

C.R. 3600

Official Report

Extract from List to G.C. Depot from Director of Medical Services
dated October 17th 1918.

At a Medical Board held on Wednesday, October 16th., the
following was a finding:-

3600 Pte. S. Smith.

Recommended Discharge - Permanently Unfit.
and admission to Jensen Camp.

C.R. 3600

Extract from telegram from Synoptical,
London dated September 25th 1918.

3600 Smith.

The above mentioned embarked ~~at Southampton~~
per Government transport on Sept. 23rd.
at London arriving at Montreal.

BEING SENT HOME FOR DISCHARGE.

C.R.

3600

Extract of telegram to Synoptical London dated May 23rd. 1918.

Pay as follows:

3600 Smith

Royal Nfld. Regt..... 5 pounds.

C.R. 3600

Abstract from Medical Hall, published St. John's Rev. 18-8-17.

#3600 PTE. S. SMITH

C.H. 3600

Extract from Daily Orders Part II Unit The Royal Newfoundland
Regt., St. John's, April 14th, 1917.

3600 Pte. Silas Smith.

Attached to the Strength from April 14th, 1917.

Smith, Silas

3600

Sept.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Silas* 2. Surname... *Smith*
3. Rank... *Private* 4. Regtl. No... *3600*
5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded... *Spaniards Bay*
- *Bishop's Cove. Conception Bay.*
6. Date of enlistment in the Regiment... *April 14th 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- *Not applicable*
8. Relationship of such dependents... *Not applicable*
9. Address in full of such dependent..... *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *Not applicable*
- *Not applicable*
12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *One Year & 200 days*

\$70

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

No.

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

No.

15. Have you been issued with a War Service Badge?.....

Yes

16. Have you, during the present war, served in the Imperial Forces. *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

No.

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

No

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

Not applicable.

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

Oct. 30th 1918

No

(b) Reason for discharge.....

Physically unfit.

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.....

No.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No*

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

Am receiving \$50 per month from Pensions Board, no other pay or allowances.

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: *Silas Smith*
 Place of Residence: *Spaniards Bay - Bishops Cove.*
 Declared before me at: *Saint John's*
 This *19th* day of *March* 1918.

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

John Ferrelus
Notary Public

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>1.00</i>	<i>70.00</i>
Certified Correct.			Paymaster.	



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

October 17th 1918 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records.
Militia Dept.

3600, Pte. Smith, S.

Above noted man has been recommended for discharge as permanently unfit, and admission to Jensen Camp, by Medical Board, held on Wednesday, October 16th. I am sending him herewith for your attention, and necessary action please, and have given him verbal instructions to report to the D.M.S. for his attention, after he has finished his business with you.

Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

WFC
Copy for DMS

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Feb 28 1919

Received from the First Newfoundland Regiment
the sum of Thirty five Dollars.
on account of Pay. Clothing S. Smith
balance

Ch. No. 118/2	Initials <u>ES</u>
Pay Ledger 382	Initials <u>ES</u>
Gen. Ledger	Initials

Regtl. No. _____ Rank

[Handwritten signature]

No. 3600

Rank Olt

Name Smet. S.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15⁰⁰ -

Oct 12th 1918

Received from the First Newfoundland Regiment
the sum of Fifteen ⁰⁰/_{xx} Dollars.
on account of Pay.
~~balance~~

S. Smith.

Ch. No. 3887	Initials EW
Pay Ledger 309	Initials WM
Gen. Ledger	Initials

Regtl. No.

Rank

[Handwritten signature/initials]

No. 3600

Rank O-2

Name Smith S.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 85 $\frac{20}{x}$

July 28 1919

Received from the First Newfoundland Regiment
the sum of Eighty Five $\frac{20}{x}$ Dollars.
on account of Pay P.D.P.
balance

S. Smith

Ch. No.	8905	Initials	J.S.
Pay Ledger	382	Initials	aux.
Gen. Ledger		Initials	

Regtl. No.

Rank

Incl. J. J. J. J. J.

No. 3600

Rank

OL-

Name

Smith S

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Proceedings on Discharge.



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

No. 3600 Army Rank Private

Name Smith Silas
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge October 30th 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>22</u> years <u>10</u> months	Descriptive marks.	
Height <u>6</u> feet <u>—</u> inches		
Chest measurement { girth when fully expanded <u>—</u> ins. range of expansion <u>—</u> ins.		
Complexion <u>fair</u>		
Eyes <u>dark</u>		
Hair <u>Brown</u>		
Trade <u>Fisherman</u>		
Intended place of residence (To be given as fully as practicable) { <u>Bishop's Cove</u> <u>Spaniards Bay</u>		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)		

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

17
20
20
21
21
20
20
20

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St Johns _____ Silas Smith (Signature of Soldier.)

(Date) 14/11/18 _____ W Howlsey Corp (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

(Date) _____

Signature _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

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I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St Johns _____ Silas Smith (Signature of Soldier.)

(Date) 14/11/18 _____ W. Kewlury Corp (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

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Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

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(Place) _____

(Date) _____

Signature _____

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RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservation

Silas Smith
Witness W Newbury Corp

5170

Outfit Number..... *B*Result of the examination of the specimen of *Putres* taken fromReg. No. *3600* Rank *Pvt* Name *Smith*Corps *2d Newfoundland Regt*Result *Tubercle bacilli not found**July 31st 1918**A. A. M. S. T. S.*

Specialist Sanitary Officer.

TO BE LEFT BLANK.

Military Dental Unit 5170
13 Dock Street,
London

Medical Officer
N. F. R. D.

Garry

Pli Smith No. 3600.

Particulars for

Upper

Medical History Sheet (A.B. 5178) Supplied with

Senture (12 Teeth)

Treatment completed. Pat. (May report

for adjustment).

For.



J. Huntly Wilson Capt.
Dental Officer in Charge

[100-20-18]



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 *Silas Smith*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *2600*
 Intended address *Bishops Cove. Spaniards Bay.*
 Height on discharge *6* Feet
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *William*
 Christian name of Mother *Barbara*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Bishops Cove. Dec. 1895*
 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) *Silas Smith*

(Rank) *Plc*

Station *St. Johns.*

Date *Oct 15/15*

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.

John G. Gifford
 Medical Officer, Hospital,
 Unit, or Command Depot.

Station *St. Johns*

Date *Oct 15/18*

Medical Report on an Invalid.

Station Hughes Co. Camp.
Date 6-3-18

- 1. Unit Royal Field Art.
- 2. Regimental No. 3600
- 3. Rank Plt.
- 4. Name Smith Sila
- 5. Age last birthday 23.
- 6. Enlisted { on 14 April 1917
at P. B. ...

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

8. Disability in respect of which invaliding is Proposed.

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

D.A.H. ? Tubercular

COPIES SENT		
To	No.	DATE
M. of M.	<u>15</u>	<u>23 SEP 1918</u>
2ND LH		

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

This man after completing training as a recruit was marked unfit for duty because of rapidly acting heart. He was put on graduated exercise for a month; without improvement. Examination of chest showed signs of consolidation; family history bad. Set in hospital, was there 42 days under observation.

Vide AF 5178.

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

aggravated by military service.

Constitutional

na.

*From no previous region on left
 active. upon pulse rate was 100
 T.B. not found. Chemia - 5170
 kept for active 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.

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

20. Do you recommend—

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

*Discharge as permanently unfit
 for active service.
 M.K. / A.C.C.*

 Officer in medical charge of case.

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

Station _____

 Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

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

5170

MEDICAL HISTORY

OF

Surname

Smith

Christian Name

Silas

Table I.—GENERAL TABLE.

Birthplace:—Parish

Spaniards Bay

County

Brishop Cove

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>14th</i> day of <i>April</i> 191 <i>7</i> , at <i>Headquarters</i>		on _____ day of _____ 191____ at _____	
Declared Age	<i>22</i> years _____ days		_____ years _____ days	
Trade or Occupation	<i>Fisherman</i>			
Height	<i>6</i> feet _____ inches		_____ feet _____ inches	
Weight	<i>155</i> _____ lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <i>38 1/2</i> inches		_____ inches	
	Range of Expansion .. <i>5 1/2</i> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)			
	(b)			
(b) Slight defects but not sufficient to Cause rejection				
Approved by (Signature)	<i>W.E. Procmier</i>			
(Rank)	<i>Lieut.</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St Johns</i> on <i>14th</i> day of <i>April</i> 191 <i>7</i>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>4/1st Regt of Artillery 5600</i>			
Transferred to				
Became non-effective by				
(Signature)	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Rank)				

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(a) To	No.	DATE
M or M.	<i>15292/164</i>	<i>23 SEP 1918</i>
D.G. 15. 1		
By		

(b)

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				
Hazeley Down	29	7	18	9	9	18	D.A. 46.	42	Pains in precordial region & slight irregularity of heart's action. Pulse rate rises to 120-140 on least exertion. No murmurs.	<i>B. S. Miriam</i> CAPT. R.A.M.C.

S Smith

C.R. 3600

~~*S R D*~~

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. 3600 Army Rank Pte.

Name Smith Silas
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. *Description at the time of discharge.*

Age 22 years _____ months
 Height 6 feet _____ inches

Chest measure-
 ment { girth when fully expanded _____ ins.
 range of expansion _____ ins.

Complexion _____
 Eyes _____
 Hair _____
 Trade _____

Intended place of residence
 (To be given as fully as practicable) { _____

Descriptive marks.

COPIES SENT

To	NO	DATE
M. G. M.	<u>1392</u>	<u>23 SEP 1918</u>
G. I. S.		
V. L. S.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— _____

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to* _____

* Strike out if not applicable.

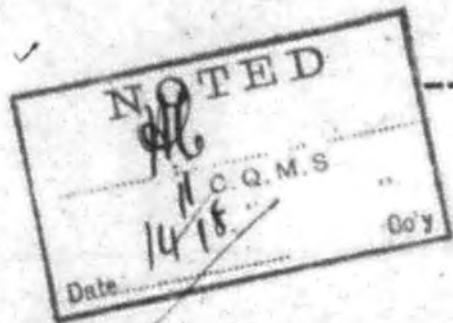
[OVER.]

EXTRACT OF TELEGRAM.

"Despatched 5/11/18, (1338);
"Military. St. John's.

"Reference your telegram 31st October- Last Pay Certificate- September 20th-
"~~ered it balance~~ paid in full- 3600- Smith.

Symoptical."



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
09.

Number of Sheet *1*

Regiment of *1st Newfoundland.*

Signature of O. C. Company *Wm. R. Dwyer*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<i>3600. Smith, Silas.</i>	Age on	<i>22</i> years — months	<i>Fisherman</i>			
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion			
Joined	Date	Period of <i>with Colours, 208</i> years. <i>with Reserve, 365</i> years.		<i>C of C.</i>			
Joined	Date			Place of Birth			

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>Barr</i>	<i>31/7/17</i>	<i>Pte.</i>		<i>not returning bread and butter to cook house</i>	<i>Cpl. Boland</i>	<i>3 days C.B.</i>	<i>31/7/17</i>	<i>Capt. Grant</i>	<i>C of C.</i>
<i>Barr</i>	<i>3/9/17.</i>			<i>Absent from parade at 8 P.M. till tattoo roll call</i>	<i>Cpl. Kendall</i>	<i>3 days C.B.</i>	<i>4/9/17</i>	<i>Capt. Robertson</i>	<i>Forfeit 1 day pay by P.M. C of C.</i>
<i>Capt.</i>	<i>3-12-17</i>			<i>Absent from 5.30 pm parade</i>	<i>C. Edwards</i>	<i>4 days C.B.</i>	<i>4-12-17</i>	<i>Lieut. G. Emerson</i>	<i>C of C.</i>
<i>Sgt.</i>	<i>5-1-18</i>			<i>Refusing to obey an order</i>	<i>W. Adams</i>	<i>3 days C.B.</i>	<i>7-1-18</i>	<i>Lieut. G. Emerson</i>	
<i>Hayley Down Camp</i>	<i>19-1-18</i>			<i>Irregular conduct in dining hall</i>	<i>Cpl. Adams</i>	<i>3 days C.B.</i>	<i>21-1-18</i>	<i>Lieut. G. Emerson</i>	
	<i>15-2-18</i>			<i>Absent from 6.15 P.M. parade</i>	<i>Cpl. Adams</i>	<i>3 days C.B.</i>	<i>14/2/18</i>	<i>Lieut. G. Emerson</i>	

PRESENT

NO. *13702*

DATE

BY

Discharged Medically Unfit
St. John's, 30/9/18

To be carried over

Army Form B. 121.

COPY.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Gillick & Sons Ltd., Printers, Old Bailey, E.C. 4.
(1464) W0027/M2550 2/12/22 53 50

Forms
B. 121
41.

ROYAL NEWFOUNDLAND REGIMENT.

Number of Sheet _____

Regiment of _____

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>3600 Smith, Silas</i>	Age on	years months	Religion	
Joined	Date	Place and Date of Enlistment			
Joined	Date	Period of	{ with Colours years. with Reserve years.	Place of Birth	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded.	Date of award or of order depending with total	By whom awarded	REMARKS
<i>Barry</i>	<i>31.7.17</i>	<i>Pte.</i>		<i>Not returning bread and butter to Cook house</i>	<i>Cpl. Poland</i>	<i>3 days C.B.</i>	<i>31.7.17</i>	<i>C.S. Frost</i>	<i>C.S.F.</i>
<i>-do-</i>	<i>3.9.17</i>			<i>Absent from parade 8 P.M till tattoo roll call</i>	<i>Cpl Kendall</i>	<i>3 days C.B.</i>	<i>21.9.17</i>	<i>Capt Robertson</i>	<i>Forfeit 1 days pay by R.O. C.S.F.</i>
<i>Coy.</i>	<i>3.12.17</i>			<i>Absent from 5.30 pm Parade</i>	<i>Cpl Woodlaw</i>	<i>4 days C.B.</i>	<i>4.12.17</i>	<i>Lt. G. Emerson</i>	<i>A.W.</i>
<i>-do-</i>	<i>5.1.18</i>			<i>Resisting to obey an order</i>	<i>Lt. Adams</i>	<i>3 days C.B.</i>	<i>7.1.18</i>	<i>Lt. G. Emerson</i>	<i>J.M.S.</i>
<i>Nogley Coy</i>	<i>19.1.18</i>			<i>Irregular Conduct in Dining Hall</i>	<i>Lt. Adams</i>	<i>3 days C.B.</i>	<i>21.1.18</i>	<i>Lt. G. Emerson</i>	<i>J.M.S.</i>
<i>" "</i>	<i>15.2.18</i>			<i>Absent from 6.15 pm Parade</i>	<i>Cpl. O'Brien</i>	<i>3 days C.B.</i>	<i>16.2.18</i>	<i>Lt. G. Emerson</i>	<i>J.M.S.</i>



To be carried over

Army Form B. 121.

LAST PAY CERTIFICATE

N.F.P./54

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.F. 19, 22/5/17.

Regtl No. 3600 Rank Pte Name Smith S Unit ROYAL NEWFOUNDLAND REGT who was Transferred
to Newfoundland on 20/9/18 Authority DO Cause Repatriation

DR.

STATEMENT OF ACCOUNT

PERIOD: FROM <u>31.8.18</u> TO <u>20.9.18</u>	PARTICULARS					PARTICULARS					CR.					
	£	s	d	£	s	d	£	s	d	£	s	d	£	s	d	
						Balance Dr. from										
						Allotment 21 days @ 60	1	2	60	12	11	9	Balance Cr. from Previous P.B.			
						Cash Payments:							Pay 21 days @ £1.00	1	21	00
						<u>Sept 13/18</u>							Field Allow 21 days @ £.10	1	2	10
						<u> 20/18</u>							Other Allowces days @ £	1	23	10
						Other Debits:							Other Credits:			
						<u>Laundry etc.</u>										
						Total Debits				18	7	8	Total Credits			
						Balance due by Paymaster							Balance due to Paymaster			
										18	9	8				
										18	9	8				

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

H. Coy

[Signature]

O.C. "A" Co Company.

(Place) HAZELEY DOWN CAMP.

Sept 20/18 191
(Date)

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

2nd. BATT. ROYAL NEWFOUNDLAND REGT

Pay & Record Office, London,

No. 12800/800

NEWFOUNDLAND CONTINGENT

N.F.P./79

From:

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

To:

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

24th, November 1917

Subject: 3600, Pte. Silas Smith

With reference to the following telegram (7120) from the Hon. Minister of Militia, received 23 /11 / 17,-

"Pay to 3600 Smith £4. 0. 0.

Draft £4.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. O. [Signature]
Chief Paymaster & O. 1/c Records.

Receipt hereunder

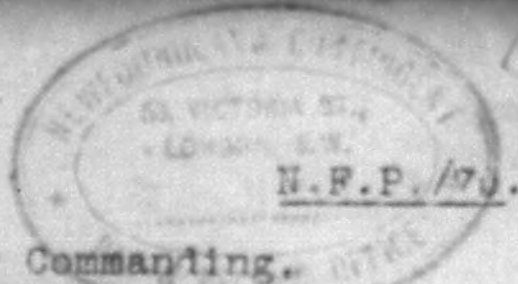
191
Copy
Karr
Officer Comdg. Battn
1st Newfoundland Regiment

Received the sum of

 on account of
cable remittance from Newfoundland.

Silas Smith
No. 3600 Rank Pte

AJ 038665



No. 8321/717

NEWFOUNDLAND CONTINGENT

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

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

~~Subject~~ 27th May 1918

June 6th 1918

Subject: 3600, Pte. S. Smith,

With reference to the following telegram (4698) from the Hon. Minister of Militia, received

Received hereunder.
Stam
LIEUT. COLONEL
OFFICER COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGIMENT
ATTN 1st Newfoundland Regiment

Pay to 3600 Smith £5:0:0

received the sum of _____
_____ on account of
cable remittance from Newfoundland.

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

Pte S. Smith
No 3600 Rank Pte

Chief Paymaster & O. i/c Records.

20,- The Chief Quartermaster,
Royal Newfoundland Regiment,
52 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
3600	Pte	Smith	\$2.50	S.S.

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

No. 3600. *Lias Smith*

Date _____



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Silas Smith
aged _____ conducted at Holms
Date: 22 Recruiting Officer:
14/4/17

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes.
- 8 yes.
- 9 no no
- 10 ~
- 11 ~
- 12 ~
- 13 teeth to be attended to
- 14 ~
- 15 ~
- 16 ~
- 17 ~
- 18 ~
- 19 ~
- 20 ~
- 21 ~
- 22 ~
- 23 ~
- 24 ~
- 25 ~
- 26 ~
- 27 ~
- 28 ~
- 29 ~
- 30 ~
- 31 ~
- 32 ~

360

no
6ft.
153 lbs.
28-28 1/2
\$300 per year.
Father - William

Subject to teeth

Signature of Medical Examiners:

Bishops Cove
W. Burden

916

PLEASE QUOTE ABOVE REFERENCE
AND DATE OF THIS LETTER IN YOUR
REPLY.



Department of
Public Health and Welfare
St. John's,
Newfoundland.

August 21st., 1944.

Mr. W.R. Martin,
Dominion Secretary,
G.W.V.A.,
St. John's.

Re: Silas Smith. #3600.

Dear Sir:

With reference to your letter of the 8th., August, 1944 re the above named, the Medical Adviser of the Board of Pension Commissioners states that this man's disability was aggravated by service, and the aggravation was considered to have ceased in 1925.

We trust that this information will be satisfactory.

Yours very truly,

PBL



P. no. 916

The Great War Veterans' Association of Newfoundland
(INCORPORATED)
DOMINION COMMAND



TELEPHONE 609
CABLE "WARVETS"
IN REPLY REFER
WRM-ME.
TO.....



ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

Aug. 8th. 1944.

C.C. Oke, Esq.,
War Pensions Officer,
Department of Public Health & Welfare,
St. John's.

Re: 3600 Silas Smith, Royal Nfld. Regt.

Dear Sir:-

I am directed to ask if you will kindly arrange for the above named ex-pensioner to be re-examined by the Board with a view to treatment and a possible granting of a War Pension.

This man at one time received a pension of \$60.00 per month which was gradually reduced until the allowance ceased altogether. He is now in poor circumstances and unable to work and your early attention to this case would be greatly appreciated.

*This man described
was appointed by Government to
the appointment ceased in 1928.*

Yours faithfully,

W.R. Martin
W.R. MARTIN,
DOMINION SECRETARY.

MM
has been handled
J

THE BOARD OF PENSION COMMISSIONERS
FOR NPLD.

Pension No. 916

Regt. No. 3600 Rank Pte Name Silas Smith

Corps served with _____

Date of Medical Board 3/3/25 Disability nil %

Pension for self \$ _____ per month for _____ months.

Allowance for wife _____ " " " _____ months.

Allowance for children:

1st child _____ per month for _____ months.

2nd child _____ per month for _____ months.

_____ children @ _____ ea. per month for _____ months

Total monthly pension _____ for _____ months.

Total authorized amount nil

Voted. Int. Man
Date. 1/4/27

Pension granted to:-
Name Silas Smith

Address Bishops Cove
Manlands Bay

Approved by:-
W. J. [Signature] Chairman.

[Signature] Commissioner.

[Signature] Commissioner.

[Signature] Secretary.



3/3/25
Ad

.....
Date of Marriage _____ Name of Wife _____

Particulars of children:
NAME SEX DATE OF BIRTH COMES OF AGE

Report of Medical Board

Station St. John's Nfld. Date MARCH 3rd, 1925.
 No. and Rank 3600 PRIVATE Age 30 YEARS Height 6 ft.
 Name SILAS SMITH Complexion FAIR
 Unit Royal Newfoundland Eyes BROWN Hair DARK
 Address BISHOP'S COVE, (The Board will please note how the soldier's appearance corresponds with above description).
 Former Trade SPANIARD'S BAY.
 Enlisted at ST. JOHN'S On
 Disease or Disability Original DISORDERED ACTION OF THE HEART.
 TUBERCULOSIS.

Subsequent

aggravated.

Present Condition (Compare with previous Board)

*149 lbs weight. Pulse 90 intermittent Complexions
 of pain in left side ^{over heart} - asulla. Respiration clear all over
 lungs, somewhat distant at left apex, but no accompan-
 iments*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *20%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *20% in months nil*

Recommendation of Medical Board

Members of Board

[Signature]
[Signature]

C. C. Oke.
Secretary

916

Bishop's Cove.
May 18th 1925

Dear Sir

I have your letter that I received from you on the 2th of April stating that the Board that examined me could find nothing wrong with me and I am not to receive any further reward Sir there's some mistake I spent about six months in Jensen Camp I where getting treatment for ~~ten~~ lung trouble left side I have never been able to work since then and I always received a Pension the last was \$22.50 twenty two fifty a month and it was little enough I cant work I am leaved in a horrid condition at the present time I do wish you would consider this matter over there's Please turn over

would you please let me know
what your are going to do please
let me know as quick as possible
as I want to get another
medical Board. & thanking you.
Very Very much I remain yours
Very Very truly

Silas. Smith

reg. No. 36.00

Spaniards Bay
Bishops Cove
L.I.B. 1

E.B.D.
He will have to furnish
us with a Medical
Certificate

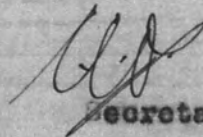
May 22nd 1925.

Mr. Silas Smith, ✓
Bishop's Cove, C. B.

Dear Sir:-

With reference to your letter of May 18th regarding the decision of the Medical Board, I beg to state that if you consider that you are still suffering from the effects of your disability and can prove same by a Medical Certificate, we shall be glad to have your case re-considered.

Yours very truly,


Secretary.

EBD.

916

916

April 2, 1925.

Mr. Silas Smith,
Bishop's Cove,
Spaniard's Bay.

Dear Sir:-

I am directed by the Board of Pension Commissioners to inform you that as a result of your recent Medical Examination it is certified that you are no longer suffering from the disability for which you were pensioned, and, under these circumstances it is regretted that there are no grounds at present for making you any further award.

If, however, your disability should recur, you should communicate with this Department with a view to the further consideration of your claim.

Yours faithfully,


Secretary.

BT.

916.

March 4th 1925.

The General Passenger Agent,
Nfld. Govt. Railway,
City.

Dear Sir:-

Kindly supply Ex-Pte. Silas Smith with first
class passage from St. John's to Spaniard's Bay
and charge same to this Department.

Yours very truly,

Secretary.

FBD.

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.D.

Pension No. 916

Regt. No. 3600 Rank 16 Name Alas Smith

Corps served with _____

Date of Medical Board 14/11/24 Disability 30 %

Pension for self \$ 22.50 per month for 6 months.

Allowance for wife 7.50 " " " _____ months.

Allowance for children:

1st child _____ per month for _____ months.

2nd child _____ per month for _____ months.

_____ children @ _____ ea. per month for _____ months

Total monthly pension 22.50 for 6 months.

Total authorized amount 135.00

Noted. Int. M. M. M.

Pension granted to: -
Name Alas Smith

Address Proctor Court
St. Mary



11/12/24
Approved by: -

W. J. Howley Chairman.
W. J. Howley Commissioner
A. J. [unclear] Commissioner.
[unclear] Secretary.

.....
Date of Marriage _____ Name of Wife _____

Particulars of children:

NAME	SEX	DATE OF BIRTH	AGES OF AGE
------	-----	---------------	-------------

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—

Date.....

AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 3600

Rank PRIVATE

Name SILAS SMITH

ADDRESS: BISHOP'S COVE,
SPANIARD'S BAY.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 29 YEARS

Height 6 ft.

Color of Eyes BROWN

Complexion FAIR Colour of Hair DARK

Weight

Marks of Identification:

FEBRUARY 21st 1924: Man still complains of pain over left chest on exertion. Unable to do any hard work. Has morning cough with frothy expectoration. Appetite morning poor. Weight about same as last examination. P. 90. T. 99°. Left chest upper dull front and behind. Breathing bronchial. No rales. Heart irregular in action.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION OF HEART. TUBERCULOSIS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Disability for which pension has been awarded:—

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

- (2) Give a definite detailed description of the present condition.

Man still complains of pain over left chest especially on exertion e.g. walking etc.

Has morning cough with frothy sputum. Appetite fair.

Weight increased about 4 lbs while at Labrador.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

Signature
of Witness

H.S. Atkinson

Pensioner's signature

Silas Smith

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

*Disordered action Heart
Tuberculosis*

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any have the disabilities diminished or increased since last examination?.....
Condition about as last report.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No.

5 Will disabilities materially increase or diminish?.....
gradually increase

6 Are the disabilities permanent?.....
Yes.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....
No.

(b) Should he continue to do so?.....

(c) If so, is any alteration in the form of the present appliance recommended?.....

(d) If any appliance is necessary?.....

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?.....
Yes.

(b) Nature of treatment advised.....
Hospital

(c) Is pensioner willing to accept treatment advised?.....
Yes.

(d) If not, is his refusal reasonable?.....

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refused to accept the same for the following reasons:.....
(To be completed when treatment advised has been refused.)

*Approved: 20% for 6 Months
H. S. Atkinson
M.D.
Head of District Office
of Pensioners*

The foregoing report submitted by

Bay Roberts

Place

Pensioner's signature

H. S. Atkinson

Signature

Medical Examiner.

Date

Nov. 14 1924

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer).

9 (a) Has pensioner married since last medical re-examination?.....
No.

(b) If so, is he receiving the additional allowance for a wife?.....

10 (a) Has a child been born to pensioner since last medical re-examination?.....

(b) If, so, is he receiving the additional allowance for a child?.....

11 If pensioner was married, has his wife died since last medical re-examination?.....

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?.....

(State date of death and names of children who have died.)

Place

Bay Roberts

H. S. Atkinson

Date

Nov 14 1924

Head of District Office,
(or Medical Practitioner)

C. C. Oke. Secretary.

Bishops. Cove.
Dec. 3th 1924

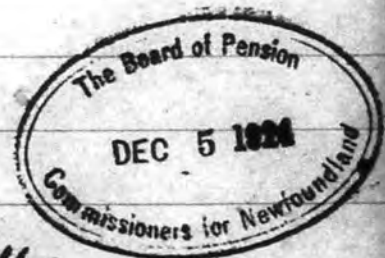
9/11 / MS

Dear Sir

Could you please give me any information about my Pension I was examined by Dr. H. S. Atkinson at Bay Roberts a long time ago I have not got any Pension since October three months ago would you please let me know what you now about it it see looks as though I am thrown aside please let me know and oblige

Yours truly

Silas Smith.
Spaniards Bay.
Bishops Cove.
C. B.



THE BOARD OF PENSION COMMISSIONERS
FOR AFIELD.

Pension No. 916
Regt. No. 3600 Rank Plt Name Smith Silas

Corps served with _____

Rank held when disability was incurred _____

Date of Medical Board 27/11/23 Disability 30%

Pension for self: \$ 30.00 per month for 3 months

Allowance " wife: \$ _____ " " " " _____ "

Allowances for children:

1st. Child \$ _____ per month for _____ months

2nd. " " \$ _____ " " " " _____ "

_____ Children @ \$ 22.50 each for _____ "

Total monthly pension \$ 30.00 for 3 months

Total authorized amount \$ 90.00
67.50

M. J. V. B. initials
date

Pension granted to: Name Silas Smith
Address Buckingham Court
B. B.

19/12/23
B.B.

Approved by: Corborsaw Chairman
Stumradell Commissioner
[Signature] Secretary.

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
5.			
6.			
7.			

M. O. B. This is case of approval with B.B.

Part 37 to 31/12/23

Medical Director

Report of Medical Board.

Station **St. John's, Nfld.** Date **NOVEMBER 27th 1923.**
 No. and Rank **3600 PRIVATE** Age **28 YEARS** Height **6 ft.**
 Name **SILAS SMITH** Complexion **FAIR**
 Unit **Royal Newfoundland** Eyes **BROWN** Hair **DARK**
 Address **BISHOP'S COVE, SPANIARD'S BAY.**

Former Trade _____
 Enlisted at _____ On _____ (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original **DISORDERED ACTION OF HEART. TUBERCULOSIS.**

Subsequent

Present Condition (Compare with previous Board)

*Wt. 147 lbs. complain of pain in left chest
 in evening. Cough troublesome in mornings only.
 rattling over left chest. bronchial more pronounced towards
 base. over rt. chest. sounds normal in character but
 diminished somewhat. No accompanying fever.
 General condition improved slightly.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

40%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

30% 3 mths. J. J. J.

Recommendation of Medical Board

Members of Board

[Signature]

[Signature]

916

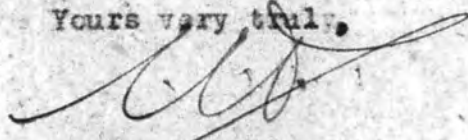
November 30th 1923.

The General Passenger Agent,
Reid Newfoundland Co.,
City.

Dear Sir:-

Kindly supply Ex-Pte. Silas Smith with first class
passage from St. John's to Spaniard's Bay, and charge same to this
Department.

Yours very truly,



Secretary.

EDD.

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.D.

Pension No. 916

Regt. No. 3600 Rank Pte. Name Silas Smith

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred _____

Date of Medical Board June 4/23 Disability 50 %

Pension for self: \$ 37.50 per month for 6 months

Allowance " wife: \$ _____ " " " _____ "

Allowances for children:

1st. Child \$ _____ per month for _____ months

2nd. " " \$ _____ " " " _____ "

_____ Children @ \$ _____ each = \$ _____ for _____ "

Total monthly pension \$ 37.50 for 6 months

Total authorized amount \$ 225.00

M. M. M. Noted
initials
20/6/23 date

Pension granted to: Name SILAS SMITH

Address BISHOP'S COVE
GANDER BAY.

Approved by: *W. C. ...* Chairman

M. M. M. Commissioner

C. C. ... Secretary.

20/6/23 ✓
B.S.

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

3.75

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date.....

The Secretary, Board of Pension
 Commissioners for Newfoundland.

AS SOON AS POSSIBLE.

Per.....

Regimental No. 3600 Rank PRIVATE
 Name SILAS SMITH ADDRESS: BISHOP'S COVE,
 SPANIARD'S BAY.
 Unit ROYAL NEWFOUNDLAND REGIMENT
 DESCRIPTION OF PENSIONER:
 Apparent Age 28 YEARS Height 6 ft. Colour of Eyes BROWN
 Complexion FAIRH Colour of Hair DARK Weight
 Marks of Identification:

JUNE 3rd, 1920: TUBERCULAR RIGHT APEX. WEIGHT 142 LBS. EXPECTORATE
 FREELY. TEMP. 99. HEART IRREGULAR. THIN, EMACIATED. NO APPE-
 TITE. VERY FEEBLE. GENERAL CONDITION BAD.

JUNE 20th 1922: 141 LBS. PULSE 108. COUGHS MOSTLY IN MORNINGS.
 NO ACCOMPANIMENTS IN BUNGS. DISTANT BREATHING OVER LEFT, BRONCHIAL
 AT RIGHT APEX. HEART CONDITION SAME. GENERAL CONDITION POOR.

DECEMBER 1922: T. B. upper left LUNG EXTENDING TO LEFT LOWER
 BASE. PULSE REGULAR, NIGHT SWEATS. MY OPINION UPPER LOBES RIGHT
 AND LEFT LUNGS AFFECTED. BASE OF LOWER LEFT LUNG AFFECTED.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION OF HEART. TUBERCULOSIS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, NEWFOUNDLAND

TO THE BOARD OF PENSION COMMISSIONERS

The undersigned, being the

of the

NAME

RESIDENCE

DATE OF BIRTH

DATE OF DEATH

STATE OF SERVICE

DATE OF ENTRY INTO SERVICE

REASON FOR APPLICATION

DETAILS OF SERVICE

DETAILS OF MEDICAL HISTORY

DETAILS OF CURRENT CONDITION

DETAILS OF TREATMENT

DETAILS OF OTHER RELEVANT FACTS

DETAILS OF OTHER RELEVANT FACTS

DETAILS OF OTHER RELEVANT FACTS

DETAILS OF OTHER RELEVANT FACTS

DETAILS OF OTHER RELEVANT FACTS

Disability for which pension has been awarded:—

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition.

Appetite poor
 Still has morning cough
 with some expectoration
 Weight same.
 Night sweats continue,
 apex both lungs dull
 percussion
 Breathing bronchial
 no râles
 Base left also dull
 Temp. (normal) 98°
 Pulse 84
 Heart irregular

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature

Pensioner's signature

of Witness

H.S. Admison

Silas Smith

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Disordered heart action
Tuberculosis

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Condition about same

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No.

5 Will disabilities materially increase or diminish?

Increase

6 Are the disabilities permanent?

Yes.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

No.

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

Hospital

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

Yes. Pensioner
app. 20/2/23
50/2/23
27 am 2/2/23
end of period
5/2/23

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

H.S. Artinson

Medical Examiner.

Place

Bay Roberts

Date

June 4 1923

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

No.

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Bay Roberts

Date

June 4 1923

H.S. Artinson
Head of District Office,
(or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

Pension No 916
 Regt. No 3600 Rank Plt Name Smith, Elias
 Corps served with Royal Newfoundland Regt.
 Rank held when disability was incurred _____
 Date of Medical Board June 20th Disability 100%
 Pension for self \$ 37.50 per month for 6 months
 Allowance for wife \$ _____ per month for _____ months
 Allowance for children:
 First child \$ _____ per month for _____ months
 Second " " _____ per month for _____ months
 Children 0 " _____ each = \$ _____ for _____ months
 Total monthly pension \$ 37.50 for 6 months
 Total authorized amount \$ 225.00

Granted to:-
 Name Elias Smith ((NOTED))
 Address Bishop's Lane St. John's
Spaniards Bay (Initials)
 (Date) 29th/12

Approved by:-
H. A. [Signature] Chairman
W. P. [Signature] Medical Advisor.
[Signature] Secretary.

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Expires.
1. <u>New Board paid total disability down</u>			
2.			<u>1908</u>
3.			
4.			
5.			
6.			
7.			

Report of Medical Board.

Station St. John's, Nfld. Date JUNE 20th 1922.
 No. and Rank 3600 PRIVATE Age 27 YEARS Height 6 FT.
 Name SILAS SMITH Complexion FAIR
 Unit Royal Newfoundland Eyes BROWN Hair DARK
 Address BISHOP'S COVE, SPANIARD'S BAY.

Former Trade

Enlisted at _____ On _____ (The Board will please note how the soldier's appearance corresponds with above description).

Disease or Disability Original DISORDERED ACTION HEART. TUBERCULOSIS.

Subsequent

Present Condition (Compare with previous Board)

141 lbs. Pulse 108.
 Cough mostly in mornings. No accompaniments
 in lungs. Distant breathing over left, bronchial at
 right apex. Heart condition same. General condition
 poor.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

50% 2P
PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

Members of Board

50% For months

875
 7
 30)6025 (225
 60

435
 2
 470

438
 225
 663

2 ~~875~~

875
 7
 6025

470
 2
 40

435 438
 2 2
 876

817
 663
 154

663
 34
 7

	Date	Initials
RECEIVED	7 ⁷ / ₂₂	CLD
REFERRED TO	7 ⁷ / ₂₂	W.M.D.
ANSWERED		

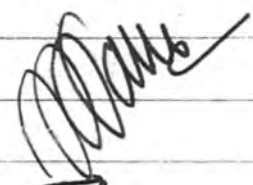
Bishops. Cove.

July 4 1962

Lieut- C. B. Oke.

Dear Sir

Would you please
 let me know what
 the results of my
 last medical Board
 that I had in June
 what Pension I am
 getting as I want to
 know Badly Please
 oblige me yours
 Truly



pte.

Silas. Smith
 Spaniards Bay
 Bishops. Cove.
 C. B.
 Pension. no 916

875
 7
 6025 (225)
 30) 60
 60

435
 2
 470

438
 225
 663

2 ~~875~~
 4

875
 7
 6025

470
 2
 40

435
 2
 876

817
 663
 154

663
 34
 7

	Date	Initials
RECEIVED	7 ¹ / ₂	CLB
REFERRED TO	7 ¹ / ₂	W.T.W.
ANSWERED		

Bishops, Cove.

July 4 1902

Lieut- C. C. Oke.

Dear Sir
 Would You Please
 let me know what
 the results of my
 last medical Board
 that I had in June
 what Pension I am
 getting as I want to
 know Badly Please
 oblige me yours
 Truly

[Signature]

pt.
 Silas. Smith
 Spaniards Bay
 Bishops, Cove.
 C. B.
 Pension. No 916

916 X

June 21st/22.

The General Passenger Agent,
Roid Newfoundland Co.,
City.

Dear Sir:-

Kindly supply Ex-Pte. Silas Smith with
first class passage to Spaniard's Bay, and
charge same to the Board of Pension Commissioners.

Yours faithfully,

Secretary.

Per EAD

EAD.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.
Date MAY 11, 1922.

AS SOON AS POSSIBLE

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 3600 Rank PRIVATE
Name SILAS SMITH ADDRESS: BISHOP'S COVE, SPANIARDS BAY.
Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 27 YEARS Height 6FT. Colour of Eyes BROWN
Complexion FAIR Colour of Hair DARK Weight
Marks of Identification:

FEBRUARY 9, 1920: CHRONIC ADVANCED TUBERCULOSIS. VALVULAR DISEASE
HEART. LOST WEIGHT PAST MONTH. PULSE 112. TEMPERATURE 99. UNABLE
TO DO WORK.

MAY 19, 1920: TUBERCULOSIS. NIGHT SWEATS. HAS LOST 16 LBS.
IN TWO MONTHS. TEMPERATURE 99. HEART'S ACTION IRREGULAR.

JUNE 3, 1920: TUBERCULAR RIGHT APEX. WEIGHT 142 LBS.
EXPECTORATES FREELY. TEMPERATURE 99. HEART IRREGULAR. THIN,
EMACIATED. NO APPETITE. VERY FEEBLE. GENERAL CONDITION BAD²

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:
DISORDERED ACTION HEART. TUBERCULOSIS.

FORM FOR HISTORY AND MEDICAL EXAMINATION OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, NEWFOUNDLAND
MAY 11, 1922

EXAMINEE'S NAME

The Secretary Board of Pensions
Commissioners for Newfoundland

NAME OF THE PENSIONER

NO. OF PENSIONER'S RECORD

AGE AT DATE OF EXAMINATION

DATE OF EXAMINATION

(Date of Birth)

(Date of Birth)

(Date of Birth)

(Date of Birth)

(Date of Birth)

REASON FOR APPLICATION FOR PENSION

DATE OF APPLICATION

REMARKS

REMARKS

REMARKS

Disability for which pension has been awarded:—

NO. OF PAGES

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes

(2) Give a definite detailed description of the present condition.

Temp 99. Pulse 90 Weight 139

Complains shortness of breath especially
occasionally during the day.

Emaciated, appetite fair

Right upper lobe badly impaired

Expectoration not quite so profuse.

Tuberculosis.

Special Questions:

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature

L. J. Ditchard

Pensioner's signature

Silas Smith

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

The foregoing report submitted by Pensioner's signature

Signature..... Medical Examiner.

Place.....

Date..... Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)



12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place.....

Date..... Head of District Office, (or Medical Practitioner.)

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland,

TO MEDICAL EXAMINER:

Medical Report required; review date:—

Date MAY 16, 1921.AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per _____

Regimental No. 3600Rank PRIVATEName SILAS SMITHADDRESS: BISHOP'S COVE, SPANIARDS BAY.Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 26 YEARS Height 6FT. Colour of Eyes BROWNComplexion FAIR Colour of Hair DARK Weight _____

Marks of Identification: _____

FEBRUARY 25TH., 1919: WEIGHT 164 LBS. NO COUGH. PULSE 88. NO
ACCOMPANIMENTS.MAY 9TH., 1919: FOUR WEEKS AGO NOTICED INCREASE OF COUGH. WEIGHT
NOW 139 LBS. HALF UPPER AND MIDDLE BUNG QUITE INVOLVED. RIGHT APEX
DISABLING. GENERAL TUBERCULOSIS. LOST 40 LBS. IN SIX WEEKS.DECEMBER 2ND., 1919: WEIGHT 164 LBS. PULSE 112. HARSH v ESICULAR AT
RIGHT APEX. NO ACCOMPANIMENTS. NO COUGH.FEBRUARY 9TH., 1920: CHRONIC ADVANCED TUBERCULOSIS. VALVULAR DISEASE
HEART. LOST WEIGHT PAST MONTH. PULSE 112. TEMPERATURE 99. UNABLE TO DO
WORK.MAY 19TH., 1920: TUBERCULOSIS. NIGHT SWEATS. HAS LOST 16 LBS. IN
TWO MONTHS. TEMPERATURE 99. HEART'S ACTION IRREGULAR.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION HEART. TUBERCULOSIS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Dr. JOHN S. Macdonald
Date MAY 14 1953
The Secretary, Board of Pensions
St. John's, Newfoundland

PHYSICAL EXAMINER
AS SOON AS POSSIBLE

NAME: [Faint text]
ADDRESS: [Faint text]
SOCIAL INSURANCE NUMBER: [Faint text]
AGE: [Faint text] YEARS
SEX: [Faint text]
HAIR: [Faint text] EYES: [Faint text]

HEIGHT: [Faint text]
WEIGHT: [Faint text]
HEALTH: [Faint text]
DISEASES: [Faint text]
OPERATIONS: [Faint text]
SMOKING: [Faint text]

REMARKS: [Faint text]

MEDICAL REPORT.

Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

(2) Give a definite detailed description of the present condition.

Tubercular Respiratory weight 142
 Spleenomegaly freely Temp 99.1 Leuk
 Irregular Thirst associated no
 appetite very full general
 condition has

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
 (If there are no complaints, it will be so stated.)

Signature

of Witness

James Hutchins

Pensioner's signature

Silas Smith

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.—

Incurable

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Increased 25%

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No

5 Will disabilities materially increase or diminish?

Increase

6 Are the disabilities permanent?

Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

Medicines

(c) Is pensioner willing to accept treatment advised?

Yes

(d) If not, is his refusal reasonable?

*Total Allowance
WSP*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

The foregoing report submitted by

James C. Philips Smith
Pensioner's signature

Place

Bay Roberts

Signature

James C. Philips Smith
Medical Examiner.

Date

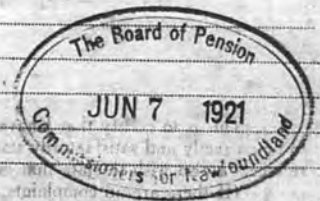
8-6-21

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

- 9 (a) Has pensioner married since last medical re-examination?
- 9 (b) If so, is he receiving the additional allowance for a wife?
- 10 (a) Has a child been born to pensioner since last medical re-examination?
- 10 (b) If so, is he receiving the additional allowance for a child?
- 11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)



12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)

Place

Date

Head of District Office,
(or Medical Practitioner.)

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

TO MEDICAL EXAMINER:

Medical Report required; review date:—

AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland.

Date. ~~FEBRUARY~~ FEBRUARY 17th, 1920The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 3600

Rank PRIVATE

Name SMITH SILAS

Unit ROYAL NEWFOUNDLAND

ADDRESS: BISHOP'S COVE. SPANIARDS BAY

DESCRIPTION OF PENSIONER:

Apparent Age 25

Height 6 FEET

Colour of Eyes BROWN

Complexion FAIR

Colour of Hair DARK

Weight

Marks of Identification:

OCTOBER 16TH, 1918.,
-----Pain over precordial region on slight exertion, when pulse rate rises rapidly T. B. not found, Chronic cough. Unfit for active Service.
-----FEBRUARY 25TH, 1919
-----Weight 164 pounds. A gain of 15 pounds. No cough. Pulse 88.
No accompaniments now.
-----Four weeks ago notice increase of cough. Weight 139, pounds now. Half upper and middle lung quite involved. Right apex disabling. General tuberculosis. Lost 40 pounds in six weeks.
-----DECEMBER 2ND, 1919.,
-----Weight 164 pounds. Pulse 112. Harsh vesicular at right apex.
No accompaniments. No cough.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED.

DISORDERED ACTION OF HEART. TUBERCULOSIS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, NEWFOUNDLAND

TO MEDICAL EXAMINER

Date of EXAMINATION, 1920

Medical Report required; return this AS SOON AS POSSIBLE.

The Secretary, Board of Pension Commissioners for Newfoundland

Rank PRIVATE

Service No. 2800

Name WILLIAM

Address: BISHOP'S COURT, SPANARDS WAY

DESCRIPTION OF PENSIONER

Height 5 FT 10 IN

Age 35

Color of Eyes BROWN

Color of Hair DARK

Weight

Complexion

Mark of Identification

OCTOBER 1911

This case prescribes a condition on slight exertion, which produces
acute radiating pain in the lower back, which is relieved by rest.

PREVIOUSLY ILL

Weight 145 pounds. A gain of 15 pounds. No cough. Pulse 92.
No abnormality now.

Four weeks ago noticed increase of weight. Weight 155 pounds now.
Halt upon and slight exertion. Slight pain in
lower back, radiating in the lower back. Lost 40 pounds in six weeks.

EXAMINED ON 1919

Weight 145 pounds. Pulse 112. - Heart enlargement at times.
No abnormality now.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED

DETERMINED ACTION TO BE TAKEN

Disability for which pension has been awarded:—

Form 38
1919

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? Yes

(2) Give a definite detailed description of the present condition.

Chronic advanced Tuberculous
Valvular heart disease
Loss weight 18 lbs. past month

Pres. 11/11
Imp. 99.

Unable to work, has not
Earned a cent since 1918

Special Questions:—

Members of the Board
The answers to the following questions are to be filled in by the responsible officer of the Office of the Board of Pension Commissioners.
(a) Has the pensioner ever been examined by a medical board?
(b) If so, on what date?
(c) What was the result of the examination?
(d) If the pensioner has been examined by a medical board, has the medical board recommended that the pensioner be granted a pension?

This is to certify that I have read or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature [Signature]
of Witness

Pensioner's signature Silas Smith

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Pulmonary Tuberculosis

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Increased 75%

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No

5 Will disabilities materially increase or diminish?

Increase

6 Are the disabilities permanent?

Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

No

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

Yes?

(b) Nature of treatment advised?

Op. treatment

(c) Is pensioner willing to accept treatment advised?

Yes

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

.....

The foregoing report submitted by Pensioner's signature

Signature.....

Medical Examiner.....

Place.....

Date..... } Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)



12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place.....

Date..... Head of District Office (or Medical Practitioner.)

*Suggested 60% 3 mos
Clara Macpherson et al*

THE BOARD OF PENSION AND STORES
FOR NEWFOUNDLAND.

Pension No.. 916

Regt. No. 3600 Rank Pte Name Silas Smith

Corps Served with Royal Newfoundland Regiment

Date of Medical Board ~~1921~~ JUNE 3, 1921.

Pensionable disability 60% for 12 months

Pension Granted: \$30.00 per month for 12 months

Total Authorized amount \$360.00

or Gratuity Granted:

\$ Payable in equal monthly instalments.

Granted to:-

Name Silas Smith

Address Bishop's Cove,
Spaniards Bay.

Date case disposed of 24 1921

Approved by:

Members of Board

Chairman

NOTED
16-6-21
B.S. ✓

NOTED
17/6/21
M.M.S.

Remarks:

PENSION No. 916 ~~100~~

PENSION No. ~~100~~

PENSIONER'S NAME Smith Elias

PARTICULARS	DR.		CR.		
	\$	c.	\$	c.	
Pr @ \$1000 Jan 1-1-20 to 3-3-20		21	00		
" " 3000 " 4-3-20 to 3-6-20		90	00		
" " 3000 " 4-6-20 to "		207	00	318	00
109 allowance		31	80	31	80

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 916

Regt. No. 3600 Rank Pte. Name Silas Smith.

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board March 9th., 1920.

Pensionable Disability 60% for 3 months

Pension Granted:

\$ 30.00 per month for 3 months

Total Authorized amount \$ 90.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments

Granted to:

Name SILAS SMITH.

Address BISHOP'S COVE.
SPANIARD'S BAY.

Date case disposed of MAR 23 1920

Approved by:

Members of Board

Chairman

Corporal

Remarks:

Should recommend hospital in this case.
50% ag grad -

*all
Noted
M. M. M.*

*6 p.m.
S.S.*

MILLER MILL
BOND

C. C. Oke. Pro. Secretary

Dec. 15th
1919

Dear Sir 916

would you please
let me know the results
of that Medical Board
when I was discharged
from Jensen Camp
on or about the 28th of
November. I want to know
if I am getting my Pension
this month or next. Please
let me know.

I am your most
Obedient, Servant.

address. Silas, Smith.

no. 3600

Bishops Cove,

Harbour. Grace
Dist.

N. Y. S. D.

COPY.

916

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

The General Passenger Agent,
Reid Newfoundland Co.,
City.

Kindly supply #3600 S. Smith with first class passage
and meals and sleeper (if necessary) to his home Spaniard's Bay
and charge to the Board of Pension Commissioners for Nfld.

Date Dec. 5th-1919. (Sgd.) _____
Asst. Secy.

B.P.C. Form 21.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.

Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to
No. 916.....

916

St. John's,

December 3rd., 1919.

To:- B. P. C.

3600, Ex-Pte. Silas Smith.

Please note that the marginally noted man was
DISCHARGED from Jensen Camp DECEMBER 3RD., 1919.

Amb

AMB.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 916

Regt. No. H-3600 Rank Pvt Name Silas Smith
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Dec 2/19

Pensionable Disability 70 for 3 months

Pension Granted: 10
~~20~~ per week for 3 months

Total Authorized Amount \$ 60⁰⁰

or Gratuity Granted:

\$ Payable in equal monthly instalments

Granted to:

Name Silas Smith
Address Bishop's Cove
Stamards Bay.

Date case disposed of _____

Approved by:

Members of Board Chairman

Remarks:

Just out of hospital. gone

[Handwritten signatures and initials, including "W. H. Jones" and "S. B. Jones"]

[Faint stamp: "AD BENEFIT"]

[Faint stamp: "NOV 1919"]

FOURTH BOARD

REPORT OF MEDICAL BOARD

Station ST. JOHN'S. NFLD. Date DECEMBER 2ND., 1919.
 No. and Rank 3600 PRIVATE Age 24 Height 6FT.
 Name SMITH SILAS Complexion FAIR
 Unit ROYAL NEWFOUNDLAND Eyes BROWN Hair DARK
 Address BISHOP'S COVE. SPANIARDS BAY
 Former trade FISHERMAN
 Enlisted at ST. JOHN'S on 14/4/17

Disease or Disability: ORIGINAL: DISORDERED ACTION OF HEART.
 TUBERCULOSIS.

SUBSEQUENT:

Present Condition (Compare with previous Board)

*Weight 164 lb. Pulse 112
 Harsh vesicular at right apex, no accompaniments
 No Cough*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *40%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *40% 3 months*

RECOMMENDATION OF MEDICAL BOARD.

Discharge from Camp.

MEMBERS OF BOARD:

[Signature]
[Signature]
[Signature]

[Signature]
[Signature]

APPROVING MEDICAL OFFICER.



3600, EX-PTE. SILAS SMITH.

THIS MAN IS NOT TAKING TREATMENT. BREAKS RULES OF CAMP
AND IS NOT A SUITABLE PATIENT FOR JENSEN CAMP.

NO COUGH OR SPUTUM AND NO CHEST SYMPTOMS REQUIRING
SANATORIUM TREATMENT.

(SGD) ARCH C. TAIT.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 916

Regtl. No. 3600 Rank Pte Name Silas Smith

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 9. 5. 19.

Pensionable disability 100% for while in hospital months

Pension granted:

50.00 per month for _____ months

or Gratuity granted:

\$ _____ payable in _____ equal monthly insts.

Granted to:

Name Silas Smith

Address Bishops Cove
Spaniards Bay.

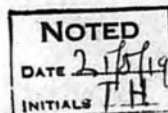
TH

Date case disposed of MAY 19 1919

Approved by:

Members of Board

[Signature] Chairman
[Signature]
[Signature]



Remarks:

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, Nfld.

St. John's, Nfld.,

April 29th., 1919.

To:— **L. E. Fritchard, Esq., M. D.,
Bay Roberts.**

From:—The Board of Pension Commissioners for Nfld., St.
John's, Nfld.

Sir:—

The Board of Pension Commissioners requiring a report on
the Pensioner named in the margin, kindly notify him to appear be-
fore you AS SOON AS POSSIBLE.

Name
3600, Pte. Silas Smith

You will find a form on which to record your examinations on
pages 2 and 3.

Pensioner will be notified to appear before you on whatever
date you will find convenient.

Address
**Bishops Cove
Spaniards Bay**

If another Registered Medical Practitioner is in your neigh-
bourhood, or likely to be there during the week, it is preferable that
you should both examine the Pensioner at the same time, and both
sign report.

The form when *fully* completed, signed and dated, is to be re-
turned by the president of the Board of Medical Examiners to the
undersigned.

If the pensioner neglects to present himself for examination
within a reasonable period, you will please telegraph the fact to the
undersigned.

If it is necessary for the pensioner to travel, in order to present
himself for examination, bills for Transport should be certified by
you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for
such examination is One dollar (\$1.00) for each Doctor for each
examination.

I have the honour to be,

Sir,

Your obedient servant,

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age... **24** on Height... **5ft.** Colour of Eyes... **BROWN** ..

Complexion... **FAIR** Colour of Hair... **DARK** Marks of Identification
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **OCT. 16'18** and other necessary information, follows:—

Condition of Pensioner:— **ACCOMPANIMENTS AT BOTH APICES. PULSE 120.
TEMPERATURE NORMAL. WEIGHT 149 LBS.**

**CONDITION FEBY. 25'1919: WEIGHT 164 LBS. NO COUGH. PULSE 88.
NO ACCOMPANIMENTS NOW.**

DISABILITY: DISORDERED ACTION HEART. TUBERCULOSIS

Signature (or mark) of the pensioner, for identification only; to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

**PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR
DISABILITY IS ESTIMATED.**

MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? *Yes*
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

PLEASE RECORD WEIGHT

Silas Smith age 25 four weeks ago noticed increase of weight ^{now} 139 lbs. Left upper and middle leg quite unwell. Right arm ^{apices} working. —

14 General Debility !!

Lost forty lbs in six weeks

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

Increased

- (4) Will it materially increase or diminish? *Increase*

- (5) Is the disability permanent? *Yes*

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

100% 5-5

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

No idea - Still good

- (8) Would treatment reduce the prisoner's disability or increase his comfort?

Said to be kept in hospital might help.

- (9) If so, is pensioner willing to accept such treatment, and when? *Yes*

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place President

Date Members

*Approved for 100%
Watson*

Pensioner's Signature. Silas Smith

Signature of Witness. James Pritchard

CONTINUATION.

Expect pension to envelope
within a few weeks &
income subsistence and
live ^{about} eight months. 20.



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? No
- 8 (b) If so, is he receiving the additional allowance? —
- 9 (a) Has a child been born to pensioner since last medical re-examination? —
- 9 (b) If so, is he receiving the additional allowance? —
- 10 If pensioner was married, has his wife died since last medical re-examination?
—
- 11 Have any of pensioner's children died since last medical re-examination?
—

Place Bay Roberts

Date 7 May 9th 1919

James Pritchard

Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 916

Regtl. No. 2000 Rank Lt. Name Silas Smith

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Feb. 24th 1919

Pensionable disability 100% for 3 months & treatment

Pension granted:
\$ 50.00 per month for 3 months

or Gratuity granted:
\$ _____ payable in _____ equal monthly insts.

Granted to:
Name Silas Smith
Address _____

*OK
S.M.C.N.*

Date case disposed of MAR 10 1919

Approved by:
Members of Board
[Signature] Chairman
[Signature]
W. H. Parsons

[Handwritten mark]

[Handwritten mark]

Remarks:

Report of Medical Board.

Station	St. John's, Nfld	Date	FEBRUARY 24th., 1919.
No. and Rank	3600 - PRIVATE	Age	24
Name	SMITH SILAS	Height	6'
Unit	Royal Newfoundland	Complexion	FAIR
Address	BISHOPS COVE. SPANIARDS BAY	Eyes	BROWN
Former Trade	FISHERMAN	Hair	DARK
Enlisted at	ST. JOHN'S	On	14/4/17
Disease or Disability	Original D. A. H. TUBERCULOSIS	(The Board will please note how the soldier's appearance corresponds with above description.)	

Subsequent

Present Condition (Compare with previous Board)

*Weight 164 a gain of 15 lbs, no cough, pulse 88
No accompaniment now*

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

100%

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

100% 3 months requires rest

Recommendation of Medical Board

Disch from service C, Members of Board

Clayton Macpherson
Major

W. H. Case
W. H. Case
Major

Approving Medical Officer.



Medical Report on an Invalid.

Station Hazebury Town Camp
 Date 10/9/18

1. Unit Royal N.F.L.
 2. Regimental No. 3600
 3. Rank Pvt
 4. Name Smith Silas
 5. Age last birthday 24
 6. Enlisted { on 14th April 1917
 at St Johns N.F.

7. Former Trade { Fisherman
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge; N.A.
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

D. & H. Tuberculosis



Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. ✓
- 10. Place of origin of disability..
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

this man after completing training as a recruit was marked unfit for draft because of rapidly acting heart he was put on graduated exercises for a month without improvement examination of chest showed signs of consolidation family history bad sent to Hosp. was there 42 days under observation

Vide E 70178

aggravated by military service

Constitutional

N. A.

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.

Pains over preaccident region on slight exercise which subsides rapidly S.B. Not found chronic enough unfit for active service

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

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

N.d.

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

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

N.d.

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

N.d.

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

N.d.

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?

N.d.

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

N.d.

20. Do you recommend—

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

Discharge permanently unfit for active service

W.K. Cap. Rowe

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

*Accompagnments at both apices
Pulse 100, Temp normal Weight 149*

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes

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

Exposure restrain of Military service

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

No

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Total while in Hosp.

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

27. Do the Board recommend—

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

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Yes Pension

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

[Signature] President.

Station *S. Johns*

[Signature] } Members.
[Signature]

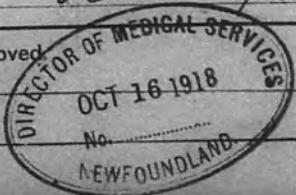
Date *Oct 16th 1918*

Approved

[Signature] Administrative Medical Officer.

Station

Date



Medical Report on an Invalid.Station St. John's, Mfld.,
Date 16/9/18

1. Unit **Royal Mfld.**
2. Regimental No. **3600**
3. Rank **Private**
4. Name **SMITH SILAS**
5. Age last birthday **24**
6. Enlisted { on **April 14th., 1917**
at **St. John's, Mfld.**
7. Former Trade } **Fisherman**
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***D. A. H. TUBERCULOSIS**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- This man after completely training as a recruit was marked unfit for draft because of rapidly acting heart. He was put on graduated exercises for a month without improvement. Examination of chest showed signs of consolidation. Family history bad. Sent to Hospital, was there 42 days under observation**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3.) **Aggravated by military service**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **Constitutional**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

Pains over precordial region on slight exertion when pulse rate rises rapidly T.B. not found, chronic cough. Unfit for active 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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

Discharge as Permanently Unfit for Active Service

(Sgd) J. StP. Knight, 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 _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

**Accompaniments at both apices. Pulse 120
Temp. normal. Weight 149**

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

Yes

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

Exposure and strain of military service

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent? **No**

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Total while in Hospital

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

27. Do the Board recommend—

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

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium; ----- **Yes, JENSEN**
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(Sgd) W. S. FRASER President.

Station St. John's, Nfld.

J. S. TAIT

Date Oct. 16th, 1918

L. PATERSON, Major } Members.

Approved



Station

(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.

Date

COPY

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 Smith Christian Name Silas

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Spaniards Bay County Bishops Cove.

Examined ... { on 14th day of April 1917.
at Headquarters

Declared Age ... 22 years ... days.

Trade or Occupation ... Fisherman.

Height ... 6 feet, ... inches.

Weight ... 153 lbs.

Chest Measurement { Girth when fully Expanded. 38 1/2 inches.

{ Range of Expansion 5 1/2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V = 6/6
L.E.—V = 6/6

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

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

Approved by (Signature) Spd. W. E. Provencher
(Rank) Lieut. Medical Officer.



Enlisted ... { at St. John's
on 14th day of April 1917.

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to ...	ROYAL NEWFOUNDLAND REGIMENT.	<u>3600.</u>

Became non-effective by ...
on ... day of ... 1917.

(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 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				
Seymour House	29	7	18	9	9	18	D. A. H.	42	Pain in precordial region + slight irregularity of heart's action. Pulse rate raised to 120-140 on least exertion no urwinias.?	of C. S. Winson Capt. Rains

916

3600

Feby. 28/19

F. E. Pittman, Esq.,
General Passenger Agent,
City.

Dear Sir:-

Kindly provide Ex-Pte. Silas Smith with first class
passage to his home Spaniard's Bay, and charge to the
Board of Pension Commissioners for Nfld.

Yours faithfully,

Asst. Secretary,
Board of Pension Commissioners for
Newfoundland.

CCO/LEB.

from Jensen Camp



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

916

February 27th., 1919.

From:- D. M. S.
To:- B. P. C.

3600, Pte. Smith, S.

Please note that the marginally noted man was discharged from Jensen Camp February 26th., 1919.

Cluny Macpherson

Major, D. M. S.

AMB.

Cluny Macpherson

Water Street, St. John's, Newfoundland

December 1918

11 Private Smith ^{no} 3600



MARK CHAPLIN

KING OF TAILORS.

Dec. 18 to Silas

\$ 5.00

[Handwritten signature]

Certified correct for \$5.00

^{Pte}
no. 3600 Silas. Smith

[Handwritten signature]

[Handwritten initials]

COPY

3600

October 29th., 1918.

From:- D. M. S.
To:- O. C. Depot.

3600, Pte. Silas Smith

CRS
Please note that the marginally noted
man was admitted to 'Jensen Camp' Oct. 29th., 1918.

OK
AMB.

Major, D. M. S.

Copy to B. P. C. for information.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

916

April 29th., 1919.

From:- D. M. S.
To:- B. P. C.

3600, Pte. Silas Smith,
Bishops Cove, Spaniards Bay

The marginally noted man should report to
Dr. L. E. Pritchard, Bay Roberts, for re-
examination, on whatever date the doctor
notifies him to appear.

Cluny Macpherson

Major, D. M. S.

AMB.

April 29/19

Expte. Selas Smith,
Bishop's Cove,
Spaniard's Bay.

Dear Sir:-

Kindly report to Dr. L. E. Pritchard, Bay Roberts,
for re-examination, on whatever date he notifies you
to appear.

Yours faithfully,

Asst. Secy.,
Board of Pension Commissioners
for Newfoundland

LBB.

Jensen Camp

30/9/19

15.

Dept. of Pensions

B600. Ex Pte Smith. S.

wishes to draw sum

of \$15⁰⁰ for expenses.

I certify that this is
necessary.

Albert

alb

THE BOARD OF PENSION AND RETIREMENTS
FOR NEWFOUNDLAND.

Pension No. 916

Regt. No. 3600 Rank Pte. Name SILAS SMITH.

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board MAY 19th., 1920.

Fensionable disability Apparition 60% for 12 months

Fension Granted: 30
\$ 50.00 per month for 12 months

Total Authorized amount \$ 600.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments.

Granted to:-

Name SILAS SMITH

Address BISHOP'S COVE.
SPANIARD'S BAY.

Date case disposed of _____

Approved by:

Members of Board

L. C. H. H. Chairman

W. B. H.

L. C. H.
W. B. H.

Remarks:

Case of apparition

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date May 14th 1920.

The Secretary, Board of Pension
Commissioners for Newfoundland.

AS SOON AS POSSIBLE.

Per.....

Regimental No. 3600

Rank PRIVATE

Name SILAS SMITH

ADDRESS: BISHOP'S COVE, SPANIARDS BAY.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS

Height 6FT.

Colour of Eyes BROWN

Complexion FAIR

Colour of Hair

DARK

Weight

Marks of Identification:

OCTOBER 16TH., 1918:

PAIN OVER PRÆCORDIAL REGION ON SLIGHT EXERTION, WHEN PULSE RATE RISES RAPIDLY. T. B. NOT FOUND. CHRONIC COUGH.

FEBRUARY 25TH., 1919:

WEIGHT 164 LBS. A GAIN OF 15 LBS. NO COUGH. PULSE 88. NO ACCOMPANIMENTS NOW.

MAY 9th., 1919:

FOUR WEEKS AGO NOTICED INCREASE OF COUGH. WEIGHT 139 LBS. NOW. HALF UPPER AND MIDDLE LUNG QUITE INVOLVED. RIGHT APEX DISABLING. GENERAL TUBERCULOSIS. LOST 40 LBS. IN SIX WEEKS.

DECEMBER 2nd., 1919:

WEIGHT 164 LBS. PULSE 112. HARSH VESICULAR AT RIGHT APEX. NO ACCOMPANIMENTS. NO COUGH.

FEBRUARY 9th 1920.

CHRONIC ADVANCED TUBERCULOSIS. VALVULAR HEART DISEASE. LOST WEIGHT 18 LBS. PAST MONTH. PULSE 122. TEMPERATURE 99. UNABLE TO DO WORK. HAS NOT EARNED A CENT SINCE 1918

B. P. C. Form 98

5 M 8-12-19. DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION OF HEART. TUBERCULOSIS?

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

ST. JOHN'S, Newfoundland

Date: MAY 14, 1900

The Secretary, Board of Pension Commissioners for Newfoundland

TO MEDICAL EXAMINER: Medical Report required; review dates:—

AS SOON AS POSSIBLE

Regimental No. 2400 Rank PRIVATE

Name JOHN SMITH ADDRESS: ST. JOHN'S, NEWFOUNDLAND

The ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Age 50 years Height 5 FT 10 IN Colour of Hair BROWN Colour of Eyes BROWN Composition FAIR Marks of Identification: None

CHIEF COMPLAINT: None

PAIN OVER PRONATOR REGION ON RIGHT WRIST, VERY PERSISTENT SINCE RAPIDLY T. A. NOT FORMED, CHRONIC COURSE.

REMARKS: None

WEIGHT 140 LBS. A GAIN OF 15 LBS. IN COURSE OF PAST YEAR. NO ACCOMPANIMENT.

REMARKS: None

YOU WERE TOO NOTICED INCREASE OF COUGH, WHICH WAS NOT BALT WHEEZY AND MIDDLE LUNG QUITE INVOLVED, RIGHT ARMY MEDICAL GENERAL TUBERCULOSIS. LOSS 40 LBS. IN SIX MONTHS.

REMARKS: None

WEIGHT 140 LBS. WITH 148. BARS VENTILATOR AT RIGHT ARMY. NO ACCOMPANIMENT. NO COUGH.

REMARKS: None

CHRONIC BRONCHITIS, TUBERCULOSIS. VERY HEAVY DISCHARGE, LOSS WEIGHT IN THE PAST YEAR, LOSS 40 LBS. UNABLE TO DO WORK. HAS NOT HAD A BARS VENTILATOR.

R.C.C. Form 98

Disability for which pension has been awarded:—

PROGRESSIVE BRONCHITIS AND TUBERCULOSIS

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

(2) Give a definite detailed description of the present condition.

Yes

Tuberculosis, right shoulder, last 16 lbs in two months, Temp 99. Heart action irregular.

- (a) Will disability materially increase or diminish?
(b) Are the disabilities permanent?
(c) Is pensioner wearing an artificial appliance for disability due to or aggravated by trauma?
(d) Should he continue to do so?
(e) If so, is any alteration in the form of the present appliance recommended?
(f) If any appliance is necessary?
(g) Would treatment reduce the pensioner's disability or increase his capacity?
(h) Nature of treatment advised?
(i) Is pensioner willing to accept treatment advised?
(j) If not, is his refusal reasonable?
(k) If not, is his refusal reasonable?
(l) If not, is his refusal reasonable?

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners...

Special Questions:

Signature of Medical Examiner (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners...

- (a) Has pensioner married since last medical re-examination?
(b) If so, is he receiving the additional allowance for a wife?
(c) Has a child been born to pensioner since last medical re-examination?
(d) If so, is he receiving the additional allowance for a child?

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:— (If there are no complaints, it will be so stated.)

Signature of Pensioner, Silas Smith

Signature of Witness

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Palmer Dabeneau

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Increased

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No

5 Will disabilities materially increase or diminish?

Increase

6 Are the disabilities permanent?

Yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

No

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

Yes

(b) Nature of treatment advised.

T.B.

(c) Is pensioner willing to accept treatment advised?

Yes

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

.....

The foregoing report submitted by Pensioner's signature

Signature..... Medical Examiner.

Place.....

Date..... Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

No

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

No

10 (b) If, so, is he receiving the additional allowance for a child?

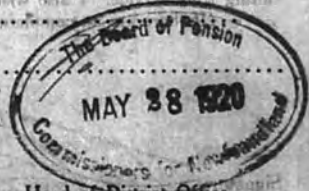
11 If pensioner was married, has his wife died since last medical re-examination?

No

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)



Place..... *By Robert*

Date..... *19 May 1920*

I suggest 100%

Clayton Macpherson M.D.

Head of District Office, (or Medical Practitioner.)

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

AS SOON AS POSSIBLE.

The Secretary, Board of Pension
 Commissioners for Newfoundland.

Per.....

Regimental No. 3600

Rank PRIVATE

Name SILAS SMITH

ADDRESS: BISHOP'S COVE,
 SPANIARD'S BAY,

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 27 YEARS

Height 6 FT.

Colour of Eyes BROWN

Complexion FAIR

Colour of Hair

DARK

Weight

Marks of Identification:

FEBRUARY 9, 1920: CHRONIC ADVANCED TUBERCULOSIS. VALVULAR DISEASE
 HEART. LOST WEIGHT PAST MONTH. PULSE 112. TEMP. 99. UNABLE TO
 DO WORK.

MAY 19, 1920: TUBERCULOSIS. NIGHT SWEATS. HAS LOST 16 LBS. IN
 TWO MONTHS. TEMP. 99. HEART'S ACTION IRREGULAR.

JUNE 3, 1920: TUBERCULAR RIGHT APEX. WEIGHT 142 LBS. EXPECTORATED
 FREELY. TEMPERATURE 99. HEART IRREGULAR. THIN, EMACIATED. NO
 APPETITE. VERY FEEBLE. GENERAL CONDITION BAD.

JUNE 20, 1922: 141 LBS. PULSE 108. COUGHS MOSTLY IN MORNINGS. NO
 ACCOMPANIMENTS IN LUNGS. DISTANT BREATHING OVER LEFT, BRONCHIAL
 AT RIGHT APEX. HEART CONDITION SAME. GENERAL CONDITION POOR.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION OF HEART. TUBERCULOSIS.

ST. JOHN'S, Newfoundland.
Date: _____
The Secretary, Board of Pension Commissioners for Newfoundland.
Per: _____

Do not consider pension
at present

Patent

Comp. mind. — sufficient amount

J.D. paying all his allowances for
Smalls in (Scotts)

Have arrived treatment offered it
cannot afford it
New York on principle & attend by
prescribe for patent??
Am interested in the by — of a

Recd 11/15
Pitman

3
MEDICAL REPORT

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

T B

apex left lung
entire right left lower

Rise

Pulse 96

right arm

My opinion
upper lobes of right left
lung affected.
Boards lower left lung

Special Questions:

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.
(1) In cases in which medical re-examination is being made of a pensioner in accordance with the second part (paragraphs of page 1) of the medical instructions, will he be re-examined?
(a) Has the pensioner been re-examined?
(b) If so, is he receiving the additional allowance for a child?
(c) Has a child been born to pensioner since last medical re-examination?
(d) If so, is he receiving the additional allowance for a child?

C. P. Petcher

This is to certify that I have read, or have heard read, the above description of my disabling condition; that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature of Witness: *Ray White*

Pensioner's signature: *Silas Smith*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

The foregoing report submitted by Pensioner's signature

signature Medical Examiner.

Place.....

Date.....

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place.....

Date... December 1922

Head of District Office, (or Medical Practitioner.)

Handwritten notes and signatures:
"Contracted disability"
"50% - 60%"
"Approved"
"Pensionable disability"
"50% - 60%"
"6/10/22"



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

FILE

916

June 19th., 1919.

From:- D. M. S.
To :- B. P. C.

3600, Pte. Smith, Silas.

Please note that the marginally noted
man was admitted to Jensen Camp
June 18th., 1919.

Clive Macpherson

AMB.

Major, D. M. S.

The Board of Pension Commissioners for Newfoundland.

DISABILITY

Pension No. 916

CLAIM FOR PENSION.

I hereby make claim for pension and solemnly declare that the answers given by me to the following questions are true.

1. What is your full name? Silas Smith Regt. No. 3600
2. What is your address? Bishops Cove

3. (a) Are you married? no On what date? _____
- (b) What is your wife's maiden name? _____
- (c) When was she born? _____
- (d) Is she living with you? _____
- (e) Is she supported by you? _____
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you? no
- (b) Are they living with you? _____
- (c) Are they being supported by you? _____
- (d) Have any of them contracted marriage? _____
- (e) Give full particulars of children hereunder: _____

PARTICULARS OF CHILDREN

(Name in Full)	(Sex)	Date of Birth (Day, Month, Year.)
----------------	-------	--------------------------------------

Silas Smith

Signature of Pensioner.

IMPORTANT

This claim form must be signed in the presence of either a representative of the Board of Pension Commissioners, a Barrister, Solicitor, Notary Public, Justice of the Peace, or any person authorized to administer an oath, who will make the following declaration:

I solemnly declare that I was present and saw the claimant (described above) sign this claim for pension form and to the best of my knowledge and belief he is the claimant he represents himself to be.

Date Dec 10/21

George J. J. J. Signature
J. J. J. Address
General Merchant Occupation

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

Pension No. 916

Regt. No. 3606 Rank Pte Name SILAS SMITH

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred _____

Date of Medical Board DEC 1922 Disability 50%

Pension for self \$ 37.50 per month for 6 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " " \$ _____ per month for _____ months

_____ Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ 225.00 for _____ months

Total authorized amount \$ _____

Granted to: -

Name SILAS SMITH

Address BISHOP'S COVE

SPANIARDS BAY.

((NOTED))

[Signature]
Initials
6/1/23
date.

Approved by: -

Chairman

[Signature] Medical Advisor.

[Signature] Secretary.

5/1/23
[Signature]

Date of Marriage _____ Name of Wife _____

Particulars of children:

	Name	Sex	Date of birth	Expires.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.C.

Pension No 916
Regt. No 3600 Rank Plt Name Smith Silas

Corps served with _____

Rank held when disability was incurred _____

Date of Medical Board 21/2/24 Disability 30 %

Pension for self: \$ 2250 per month for 6 months

Allowance " wife: \$ _____ " " " " _____ "

Allowances for children:

1st. Child \$ _____ per month for _____ months

2nd. " " " " " " _____ "

_____ Children @ _____ each \$ _____ for _____ "

Total monthly pension \$ 2250 for 6 months

Total authorized amount \$ 1350.00

M. J. [Signature]
Initials
10/3/24
Date

Pension granted to:

Name Silas Smith

Address Bushy Cove

Apennine Bay
C. B.

Approved by

[Signature]
[Signature]
[Signature]

Chairman

Commissioner

Secretary

The Board of Pension
MAR 14 1924
Commissioners for Newfoundland
10/3/24
B+

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Date comes of age.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

[Signature]

address

Silas Smith
Spaniards Bay
Bishops Cove,
C. B.

Pension no, 916

916 Bishops Cove
Jan 8 1923

Lieut. C. C. Oke Wam
Sect. & account

Dear Sir

I received your letter asking if I were Examined or not I was Examined on the 3. of December. by Dr. S. E. Prichard. at Bay Roberts But I did not get any Pension yet But I got my Traveling Expences. which was \$5.00 five dollars ~~and~~ wishing to hear from you you will have to notify Dr. Prichard about my Papers
I remain yours over.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 3600Rank PRIVATEName SILAS SMITHADDRESS: BISHOP'S COVE,
SPANIARD'S BAYUnit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 29 YEARSHeight 6 ft.Color of Eyes BROWNComplexion FAIR Colour of Hair DARK

Weight

Marks of Identification:

JUNE 4th 1923: Appetite poor. Still has morning cough with some expectoration. Weight same. Night sweats continue. Apex both lungs dull percussion. Breathing bronchial, no rales. Base left also dull. Temp. (normal) 98° . Pulse 88. Heart irregular.

NOVEMBER 27th 1923: Pulse 92. Weight 147 lbs. Complains of pain in left chest on exertion. Cough troublesome in mornings only. Breathing over left chest bronchial, more pronounced towards base. Over right chest sounds normal in character but diminished somewhat. No accompaniments present. General condition improved slightly.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION OF HEART. TUBERCULOSIS.



THE BOARD OF PENSION COMMISSIONERS FOR NEWSPAPERS

Disability for which pension has been awarded:—

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition.

Man still complains of pain over left chest on exertion unable to do any hard work Has morning cough with frothy expectoration.

Appetite morning poor. Weight about same as last examination

P. 90 T 99°

Left chest upper dull front & behind
Breathing bronchial No râles
Heart irregular in action.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

H.S. Atkinson

Signature
of Witness

[Signature]

Pensioner's signature

Silas Smith

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.

Tuberculosis of disordered head action

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any have the disabilities diminished or increased since last examination? *Condition much same as last*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition? *no.*

5 Will disabilities materially increase or diminish? *Increase*

6 Are the disabilities permanent? *Yes*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *no.*

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? *Yes.*

(b) Nature of treatment advised. *Sanatorium*

(c) Is pensioner willing to accept treatment advised? *Yes.*

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refused to accept the same for the following reasons:.....

Appointed 30th March 1922
Medical Examiner

The foregoing report submitted by.

Place *Bay Roberto*
Date *Feb 21 1922*

Pensioner's signature _____
Signature *A.S. Atkinson MD*
Medical Examiner.

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer).

9 (a) Has pensioner married since last medical re-examination? *no.*

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?.....
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?.....
(State date of death and names of children who have died.)

Place *Bay Roberto*
Date *Feb 21 1922*

A.S. Atkinson
Head of District Office,
(or Medical Practitioner)

No. 680

Pension No. 916

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Silas Smith
 (Pensioner's Name) (Relationship to member of forces)
Crochings Cove St. John's
 (Pensioner's Address)

 (Name of member of forces) (Rank) 3600

 (Regt. No.)

Entire Disability ... 30.00 %

Pensionable Disability ... 30.00 %

AWARD

For Pensioner.....	\$ 15.00	a month
For Pensioner (Bonus).....	\$ 7.50	a month
For Wife.....	\$	a month
For..... Children.....	\$	a month
Additional to pension for helplessness.....	\$	a month
 Total.....	<u>\$ 22.50</u>	a month for <u>6</u> months from <u>4/9/24</u> to <u>3.3.25</u>

Amount of adjustment payment :

from 4/9/24 to 30.11/24 @ \$ 22.50 \$ 65.25

Date 2/12/25

Check No. 7677

Remarks :

Computed by [Signature]
 Checked by [Signature]

[Signature]

 (Secretary)
 Board of Pension Commissioners for Newfoundland.

916

Smith Silas

No.	Rank	NAME	Casualty	Date
Pvt @ \$3000	Drum	1-1-21 to 31-12-21		\$360.00

1941



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

1941

1941

OCT 20 1921

1921.

The accompanying ~~Victory Medal~~ and/or **British War Medal**
is/are forwarded herewith to

Silas Smith

in respect of his service as No. 3600 Rank Pte.

Name S. Smith Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received D.H.

Signature Silas Smith

Date 20th October

Address Bishops Cove, C.B.

[P.T.O.]

C.R. 3600

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. NAME. *S. Smith*

DATE... *1921*

PLACE... *Bease Town*



A 3600

DEPARTMENT OF MILITIA

ADDRESS REFER TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

3600

ST. JOHN'S, NEWFOUNDLAND.

October 29th., 1918.

From:- D. M. S.
To:- O. C. Depot.

3600, Pte. Silas Smith

Please note that the marginally noted man was admitted to 'Jensen Camp' Oct. 29th., 1918.



Cluny Macpherson

AMB.

Major, D. M. S.

Copy to B.P.C. for information.

To be Noted

}	Part II. Orders
	Card Index
	Nominal Roll

November. 8th. 1918

Officer Commanding.

Headquarters.

Sir,-

The under-mentioned men have been discharged on the dates given

Kindly note and post in Daily Orders Part 11.

I have Etc.

Sgd. ...H.M.Maddick.

Lieut.

Paymaster & O. i/c. Records.

748. Sgt. Jos, McKinlay.....Oct. 29th. 1918. Med. Unfit.

3600. Pte. Silas Smith.....Oct. 30th. " " "

Reg. No. *3600* Rank. *Pte* Name *Smith S.*

Attested Address. *Spaniards Bay*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *12-10-18*

Embarked for Overseas Cause *Discharge*

*16-10-18. Recd. by. Surgon-General. Unfit, and
admission to Green Camp.*

29-10-18 Admitted to Green Camp.

DISCHARGED—MEDICALLY UNFIT *30/10/18. No. 200*

October 17th 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records.
Militia Dept.

3600, Pte. Smith, S.

Above noted man has been recommended for discharge as permanently unfit, and admission to Jensen Camp, by Medical Board, held on Wednesday, October 16th. I am sending him herewith for your attention, and necessary action please, and have given him verbal instructions to report to the D.M.S. for his attention, after he has finished his business with you.

WFC

Copy for DMS

DEPARTMENT OF VETERANS AFFAIRS

Ottawa 4, Ont
April 10, 1968

To  Copy for HO file

Date.....

Attention of

NAME SMITH Silas

SERVICE 3600 WW1
NUMBER

C.P.C. No. 261034
W.V.A. No. 54330

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

PME GPC St John Newfoundland Date April 5, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 3, 1968
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~PA~~
~~BO~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry