Recruiting
Form A, 1914.

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 686.

Name in full William Joshua Snow Age 26 years.

Address 5 St Kings Bridge Road

Married / Single Height 5 ft 6¼ Weight 118.

Color Dark Hair Dark Brown Eyes Brown

Other distinguishing marks Scar above back left index finger

Nearest relative Charles Snow (Father)

Address 5 St Kings Bridge Road

Dependents None

Occupation Clerk. Present Wage 45 00 a month

Previous service —

Decorations —

General Remarks

Date of Enlistment December 15th

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

William Snow

Declared before me this 15th day of December 1914

Eric Hype
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 686

Name William Joshua Snow

Apparent age 26 years _____ months. Height 5 feet 6½ inches.

Chest measurement { Girth when fully expanded _____ inches. Range of expansion _____ inches.

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Brown

Other distinguishing marks: Scar above back left index finger

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Charles Snow, 54 Kings Bridge Road, St. John's

| Relationship Father

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth	

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension (years)	(days)	Service in Reserve not allowed to reckon towards G. O. Pay (years)	(days)	Signature of Officers certifying correctness of entries
Service towards limited engagement reckons from 15/12/14									
Joined at St. John's on 15th December '14									
		Wounded		4/11/15					
		Promoted to	L/Cpl	20/10/15					Deprived of Stripes 14-9-16.
		3rd D.A.H. Entered		31/12/15					
Embarked S.S. Dominion and entrained for Cairo with A. 19-20		Sent 31-8-15. Embarked		St. John's 5-2-15. Embarked			N.C.F. 20-8-15. Disembarked		Kep.
		Sent 15-10-15. Admitted		H.S. Moreno			for Kalliste 13-11-15. Landed		Salonika Bay
		Invalided to England		23-12-15			H.S. Neck 5-11-15. Admitted		Stoke.
		Embarked for Salonika		15-5-16			Admitted Hawkswort		Entered 31-12-15
		Returned Newfoundland		October 1916			to Newfoundland		per Sandhamin 31-1-17
		Discharged		Medically Unfit					31-1-17

Total Service forfeited as above .. ..

Total Service towards Engagement to 31-1-17 (date of discharge) 2 years 49 days

" " " Pension " _____ (") _____ " _____ "

Snow, Wm

686

Pay Dept.

FORM P/D

No.

PAY DEPT

1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte.W.Snow

Voucher No.27756

Cheque No.27756

Reg'l A/c No. Name C.B. Folio No.

Date		Req'n No.	Invoice No.	Particulars.			Amount.	
Jan.	29	292		Pay on a/c	$20			
							$20	

CERTIFICATION

Dissect^{n} Sheet No.

Recap. Sheet No. 292

Checked by

E.M. Dowley

PAYMASTER

RECEIPT

January 29th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty Dollars

and Cents in Payment as above stated.

January 1917.

$20.00

[Sig.] W Snow

STATEMENT OF ACCOUNT

No. 686

Name Snow. W.

Date	Particulars	Ch. No.	Dr.		Cr.		Bal.	
Oct. 9	Pay to date				11	00	11	00
31.	" " "				35	20	46	20
Nov 30	" " "				55	50	101	70
Dec 31	" " "				57	35	159	05
1917								
Jany	" " "				57	35	216	40
	Bonus				12	95	229	35
	C allowance				25	00	254	35
	R. Allowance £440				20	43	274	78
Oct 19	To Pay	22	15	00			259	78
25	" "	32	15	00			244	78
30	" "	34	15	00			229	78
Nov 8.	" "	44	15	00			214	78
15	" "	46	15	00			199	78
22	" "	50	15				184	78
Dec 21		76	48				136	78
Jany 11	" "	94	21	05			115	73
29	" "	108	20	00			95	73
			179	05	274	78	95	73

Signed A. Sloany D.A.M.

Army Form O. 1625.

PAY LIST. Sept. 2nd to Sept. 29th 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland Regt.

No. 686. Rank Pte Name W. Snow.

Died (a) at on the of 191 .

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Embarked 'Scandinavian'
«FROM» Liverpool 27-9-16

{ Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 12 days at 1.05 from 2/9/16 to 13/9/16	12	11	10
					" 16 " " 1.00 " 14/9/16 " 29/9/16	3	5	9
					Proficiency, Service or good conduct pay			
	Sept 8th 1916 £1 10 0				28 days at 10d from 2/9/16 to 29/9/16	1	11	6
	" 22 " 6 £3 0 0				Messing allowance days at			
	" 26 " 6 £1 16 2	16	6	2	from ____ to			
	Boot after	1		8	Clothing and kit allowance			
	Barrack Damages	1		7	Amount produced by the sale of Necessaries			
	Laundry Stoppage	1	1	8	Personal Clothing and Effects from Form 2...			
	Consolidated stoppage.....				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
	£	16	9	1	£	16	9	1

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

Dated at NEWFOUNDLAND CONTINGENT.

this 6th day of Oct 1916 191 .

NEWFOUNDLAND CONTINGENT 53 VICTORIA ST., LONDON, S.W.

F. H. Marshall 2Lt
for Paymaster.
PAYMASTER & OFFICER i/c RECORDS.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form D. 1815.

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

W. 9667—4002—750M. 9/15 Forms O. 1625.
H. & J., Ld., Bury St., E.C. 27

CHECKED.

STATEMENT OF ACCOUNT

No. 686

Name Snow W.

Folio 56-1916-17 & 157/1

Date	Particulars	Ch. No.	Dr.		Cr.		Bal.	
	Bal. brought forward		179	05	274	78	95	73
Feby 1	To Pay.							
		112	75	30			20	43
May 21	" "	–	20	43			—	
	War Service Gratuity							
	5 Mos. @ $70.00							
					350	00	350	00
1918.	Bonus							
Dec 18	To Pay. P. Dividends		12	95			337	05
		7153	87	15			249	90
1919 March 1	To Pay							
		11143	70	00			179	90
April 1	" "							
		14037	70	00			109	90
May 1	" "							
		18520	70	00			39	90
June 1	" "							
		21797	39	90			—	
			624	78	624	78	—	

Signed Albany S.S.M.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St.John's,Newfoundland.

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

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

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

Christian name...William Joshua 2.Surname...Snow...

3.Rank...Pte... 4.Regtl.No...68...

5.Address in full to which future payments of gratuity are to ~~fur~~ be forwarded...Main street Bell Isld C.B. N.F...

6.Date of enlistment in the Regiment...Dec. 12/14...

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?...

11.Were you on active service only in Nfld.If so,give dates,and particulars of such service...not applicable...

12.Give total length of time which you served on active service, whether in Nfld,or Overseas...2 years and 48 days...

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

.....Not applicable.....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....Received 3 months at rate pay in two payments one week in Jany. 1917 and $87.15 in Dec. 1918 paid by Pay & Record Office St Johns Nfld.

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.....

.....not applicable.....

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.? ..No...If not give:- (a) Date of discharge...Jan. 1917.....(b) Reason for discharge. disability from Injuries. Received on active service

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.....

.....Gallipoli.....1915.....

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

(b). If (b), are you in receipt of full pay and allowances from that Committee.....not applicable.....

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

Signature of Applicant: William Joshua Snow

Place of Residence: Main St. Bell Island

Declared before me at: Bell Island

This 12th day of March 1919

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			5 mos	$30.00

Certified Correct. Paymaster.

Supplementary

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 686 Pte. Wm. Snow.
Company. From ------ To -------- (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
Embarked per S. S. Scandinavian
From Liverpool Date 27/9/16.
Draft No.

DR. Classification (See procedure) CR.

Date	Pay Book Col	Particulars	Rate	Dys	$	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	$	¢	£	s	d
	8	Forfeited Pay									1	Pay							
	9	Allotments									2	Field Allowances							
	10										3	Other Allowances							
	11/12	Total Stoppages									4/5	Total @ 4.86 2/3							
	13	Fines									6a								
	14	Clothing and Necessaries										**Ration Allowance,**							
	15	Arms & Accoutrements										**From. 8/3/16 To 18/4/16. 42 Dys**							
	16	Barrack Damages															4	0	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period					4	4	0										
	28	" Due by Paymaster									27								
							4	4	0								4	4	0

This account is in accordance with information received at the Pay & Record Office to 17/4/17 and is therefore subject to amendment if, and as may be found necessary.

NEWFOUNDLAND CONTINGENT
53, VICTORIA ST., LONDON, S.W.
17 APR 1917
P. & R. OFFICE

191

NEWFOUNDLAND CONTINGENT
CERTIFIED CORRECT
for F. H. Marshall Lt
PAYMASTER & OFFICER I/C RECORDS
O.C. " " Company.

Supplementary

NEWFOUNDLAND CONTINGENT

(Substituting A.F.O. 1625) N.F.P/36.

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	8	Forfeited Pay									1	Pay							
	9	Allotments									2	Field Allowances							
	10										3	Other Allowances							
	11/12	Total Stoppages									4/5	Total @ 4.86 2/3							
	13	Fines									6a								
	14	Clothing and Necessaries										**Ration Allowance,**							
	15	Arms & Accoutrements										**From. 8/3/16 To 18/4/16. 42 Dys**							
	16	Barrack Damages																	
	17	Hospital Stoppages															4	0	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period					4	4	0										
	28	" Due by Paymaster									27								
							4	4	0								4	4	0

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NEWFOUNDLAND CONTINGENT
53, VICTORIA ST., LONDON, S.W.
17 APR 1917
A.F.O. OFFICE

_____ 191

NEWFOUNDLAND CONTINGENT
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Date	Pay Book Col	Particulars	Rate	Dys	$ ¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	$ ¢	£	s	d
	8	Forfeited Pay								1	Pay						
	9	Allotments								2	Field Allowances						
	10									3	Other Allowances						
	11/12	Total Stoppages								4/5	Total @ 4.86 2/3						
	13	Fines								6a							
	14	Clothing and Necessaries									Ration Allowance,						
	15	Arms & Accoutrements									From, 8/3/16 To 18/4/16, 42 Dys @ 2/-				4	4	0
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments															
	20	1st Payment															
	21	2nd "															
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Pari[illegible]															
	28	" Due by Paymaster									ance Due to Paymaster						
						4	4	0							4	4	0

[redacted]

NEWFOUNDLAND CONTINGENT
68, VICTORIA ST.,
LONDON, S.W.
17 APR 1917
A.P.O. OFFICE

191

NEWFOUNDLAND CONTINGENT
CERTIFIED CORRECT.
for F. H. Marshall Lt.
PAYMASTER & OFFICER I/C RECORDS
O.C. " " Company.

C.R. 686

RECEIPT.

I certify that I have received the 1914-15

STAR.

No. 686

Name. W. J. Snow

Witness. Gordon Hibbs

Date. 28 May — 20

Place. St Johns Nfld.

C.R. ~~8567~~ 686?

June 5th, 1919

Hon. R. L. Squires
Bank of Nova Scotia Bldg.
C I T Y

Dear Sir:-

I am in receipt of your letter of June 4th forwarding letter from the father of No.856 Pte. Wm. Snow. The letter has been passed to the Pay Office with instructions to deal direct with Mr. Snow in this matter.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 686

Extract from Nominal Roll, Officers N. C. O.'s and men oDISCHARGED from the Royal Newfoundland Regiment.

Regtl.#	rank	name	date	reason.
686	pte.	Snow Wm. J.	31/7/17	Med. Unfit.

C.R. 686

6 November, 1916.

Sir,

I have the honour to acknowledge, with thanks, receipt of your interesting statement dated 4th instant in the terms of which I fear that I must concur as far as regards the true meaning of the telegram upon which Mr. George Snow builds his hopes.

I have the honour to be,
Sir,
Your obedient servant,

Governor.

D.M. Baird Esq.
Hon. Secretary Nfld. Centre,
St. John Ambulance Association.
P.O. Box 262.

V.

C.R.686

1

November 1st, 1916.

Sir,

I have the honour to acknowledge the receipt of Your Excellency's Memorandum of date 30th October, sending in quadruplicate a Memorandum in response to what has appeared in the Press respecting the enquiry instituted by Mr. G. Snow in the endeavour to obtain particulars regarding missing men of the First Newfoundland Regiment.

In order that the public may be advised of the efforts which have been made by Your Excellency to obtain information regarding those reported missing, I have sent a copy of your Memorandum to the Press for publication.

I have the honour to be,
Sir,
Your Excellency's obedient servant,

J. R. Bennett

Colonial Secretary.

His Excellency
Sir W. E. Davidson, K.C.M.G.,
&c. &c. &c.
Governor.

C.R. 686

Copy of Cablegram to Governor St. Hohn's Nfld from P.&.R.O. 30th Sep. 16.

686, Pte Snow.

Left Liverpool on Scandinavian 27th, Sept. Passage has been provided to Quebec. On Furlough.

C.R. 686

Extract from Telegram received from London, dated September 30, 1916.

Leaving Liverpool, Scandinavian, September 27th, passage has been provided, Quebec, following ~~6n~~ furlough:

#686 Pte. Shaw.

APR 1 2 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 686, Lance-Corp. W. J. Snow, who was previously reported at Wandsworth, January 4th, suffering from a bullet wound in the neck, is now fit for duty and was granted furlough March 8th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Chas. Snow,
6 Mullock St.

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.

January 5th 1916.

686, L.Cpl. W. Snow.

1st Newfoundland Enteric Fever To H.S. "Braemar Castle" for England Ex St. Pauls Mil. Hosp. Malta 23rd December 1915.

(20)

January 4, 1916.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 686, Lance Corporal William J. Snow, who was previously reported with bullet wound through neck at Suvla, November 5th, is now reported as having been admitted to Third London General Hospital, Wandsworth.

Yours faithfully,

Colonial Secretary.

Mr. Charles Snow,
50 Colonial St.

C.R. 686

Extract of Cablegram received from London, dated January 3,1916.

#686 Pte. Snow,

admitted Wandsworth.

Extract of Casualty List received from P.&.R.O.

January 3rd 1916.

686, Pte. W. Snow.

At 3rd London General Hospital 31st December 1915. Enteric.

(29)

December 29, 1915.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 686, Lance Corporal William J. Snow, who was reported on November 4th as having received a bullet wound through the neck, was admitted to Twenty-sixth Casualty Clearing Station, Suvla, on November 5th and transferred to Hospital Ship MOREA.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Charles Snow,
50 Colonial Street.

(20)

December 22. 1915.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that the nature of the injuries sustained by No. 686, Lance-Corporal William J. Snow, of which you have already been notified, consisted of bullet wound through neck.

This information was received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Chas. Snow,
50 Colonial St.

C.R. 687

APPOINTMENT.

Extract of Regimental Orders, dated Dec. 7th., 1915.

By Lieut. Col. Sir W.E.Davidson, K.C.M.G. Officer Comdg.,

The Lieut.Col.Comdg., has approved the following provisional App.

687 Pte. W.Snow.

To be L/Cpl. dating from Oct.20th.,

C.R. 686

Extract of Casualty received from Pay & Record Office,

London dated Dec 4th 1915.

686 L/C W.Snow

GSW. Neck

Adm.26,Cas.Clear,Station Suvla 5,Nov.1915 & Trans.to H.S."Morea"

C.R. 686

EXTRACT OF CASUALTY RECEIVED FROM PAY & RECORD OFFICE LONDON DATED 27TH NOVR., 1915

ATL. TO HOSPS. IN MALTA EX. H.S. "MONMA" 10TH NOVR.'15

No. 686 L/Cpl. W. Snow-G.S.W. Neck

C.R. 686

Extract of List of N.C.Os.and Men ~~of th~~ Wounded and Missing for week ending November 27th. 1915.

686 Pte. W. Snow

1st. Newfoundland Regiment..... Bullet Wound Neck, 5/11/15.

S (20)

November 26, 1915.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 686, Private William Joshua Snow, was wounded on November 4th.

I trust that later reports will bring news of his convalescence.

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

Yours faithfully,

J. R. Bennett

Colonial Secretary.

Mr. Charles Snow,
54 King's Bridge Rd.
City.

C.R. 686

Copy of Cablegram to Governor St. John's Nfld.
from P. &. R. O. Nov. 26th. 1915

686, Snow,

Reported Wounded November 4th.

G.R. 686

Extract of Mediterranean Force Casualties, No: M. 13760, dated Nov. 26th. 1915

Telegram from 3rd. Echelon Alexandria, dated 23rd. November, 1915. (No. M.F.C. 28097). Received 24th. November 1915.

Reported Wounded 4th. November, 1915.

686 Pte. W. Snow.

C.R. 686

Extract from Regimental Orders by Lt. Col., Sir W. E. Davidson, K.C.M.G., Officer Commanding, dated Dec. 7th., 1915.

AUTHORITY THE ROYAL GAZETTE, DEC. 7th., 1915.

TO BE LANCE CORPORAL. FROM OCT. 20th., 1915.

PTE. W. SNOW.

Extract from Nominal Roll Co.1st.Bn.Nfld.Regt.

Embarked,at Devenport for Active Service 20-8-15

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

R.686

686 Pte. W. Snow.

C.R. 686

Extract from Nominal Roll Embarked St.John's, Per S.S. "Dominion" Feb.2nd,1915.

686 Pte. Snow Wm.

C.R. 686

William J. Snow. was attested for General service

with the NEWFOUNDLAND REGIMENT on .. ~~Sept~~ DEC .. 15th.,. 1914

Regimental No 686 was allotted to Pte. WM.J. Snow.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment ~~or Corps~~ Newfoundland

CR

Regimental No. 686 Rank Pte Name Wm Snow

Enlisted (a) 15/12/14 Terms of Service (a) one year Service reckons from (a)

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD:		x3/2/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
5/11/15.	26 C.C.S.	Admitted, G.S.W. Neck B 213	H.S."Morea"	5/11/15.	Auth. A 18821.
10/11/15.	Comdt., Malta.	do	Hosp.,Malta.	10/11/15.	" E 273.
18/1/16.	"Braemar Castle"	Invalided to England	H.S."Braemar Castle"	23/12/15.	B 868.

Captain
for Major,
Officer i/c Records 11 & 12 Dists.,
3rd. Echelon, G.H.Q., M.E.F.

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

[P.T.O.

ORIGINAL.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. [533] W13971/694 400m 2/15 H-1 93 56 Forms B. 121. 39.

Number of Sheet First.

Regiment of First Newfoundland

Signature of O.C. Company L. J. Bain

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. 686 Snow. Wm	Age on 26 years — months	Clerk	
Joined ____ Date ____	Place and Date of Enlistment: St John 15/10/14	Religion C of E	
Joined ____ Date ____	Period of with Colours 2 48 years. with Reserve 3 365 years.	Place of Birth St John.	
Joined ____ Date ____			
Joined ____ Date ____			

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
Ashchurch	1915 20-6	Pte		Overstaying Pass from Midnight Sunday 20th till Reveille 23rd	Cpl. L. Woods	4 Days C.C.	1915 24-6	Capt. R.E. Bernard	
Aup.	1916 Sept. 12	L/Cpl.		Improper Conduct	Documentary	Deprived L/Cpl. stripe	14.9.16	Lt. Col. Whitaker	
				Medically Unfit	St John's	31/7			

To be carried over

Army Form B. 121.

6495

Officer in charge of records Nfld Regt
Saint Johns. N.F.

Dear Sir

I was granted Exclension of Furlough from April 21st 1916 to May 14th of that year for which, to date, I have received no Ration Allowance. Kindly give the matter your Attention and, if possible, forward Amount due me by return of Post as I am at present badly in need of money. Thanking you in Anticipation

I Remain
Yours respectfully

Regtl #686 Pte W. J. Snow
D. J. S. Co
Bell Isld
Sept 16-19

over

2/Lt. Crawford.

Is his a/c available, please?

[illegible]

Bell Isld C.B. Mar 2-19.

4356

Mr. D.K. Bennett
Minister Militia
Newfoundland

Dear Sir:

Would you please forward balance due me under Gratuity Allowance?

Thanking you in anticipation

I Remain
Yours respectfully,

W.J. Snow
D.I.S.Co Bell Isld

address: c/o

Regimental Number 686
Rank Pte.

J. Holland

DEPARTMENT OF MILITIA

1st NEWFOUNDLAND REGIMENT

P. O. BOX No 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO
"PAYDEPT."
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE
ADDRESSED TO THE
PAYMASTER

PAY DEPARTMENT

ST. JOHN'S. NEWFOUNDLAND.

Sept. 19th. 1917. 191

Wm. J. Snow,

Bell Island.

Dear Sir:-

With reference to your letter of recent date, re Ration money due you whilst on furlough in England, I beg to state that I have not yet received statement of the amount from London.

These payments are refunded by the British Authorities from time to time, and we have only to await payment from them, to refund the amounts to the parties concerned.

As soon as I receive particulars, I shall let you have the amount.

Yours truly,

J. M. Howley

Lieut.
Deputy Paymaster.

FORM K

No. 676

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Snow, Regl. No. 686

hereby agree, until further notification by me, and in similar official form, to make an Allotment of ..... Dollars and ..... Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and/or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
655		Bank of Montreal			65 —
			Total Allotment, $		

Cancelled as from July 1st

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

(Sig.) Eric S. Lugrin Capt
Officer Commanding
Company

St Johns
Jan 20 1915

(Sig.) Wm Snow

(Rank) Private

Dear Sir:— Please forward my Discharge Badge and oblige

Yours respectfully

Wm Snow
Main Street
Bell Isld. C.B. N.S.

✓

O.K.
J.A. Howley
Old Records

Pte W.J. Snow
#686 1st Regt

N117

3/3/17

Bell Isld Apl 16-17

Capt. J. J. O'Grady
1st N.F. Regt.

Dear Sir:—

Please forward my discharge Badge also a copy of the latest drill book.

I have written for them once before and have no doubt you will favour me this time. Thanking you in anticipation, I Remain

Yours respectfully
William Joshua Snow
Pte. #686
Main Street
Bell Island
Nfld

O.K.
M. Dowley
O.C.R.

U147

Capt. J. J. O'Grady
1st Nfld Regt

686

Sept.20,1919

Wm.J.Snow,
C/o D.I.S. Co.,Ltd.,
Bell Island, C.B.

Dear Sir:

With reference to your letter of 16/9/19 (6495) all accounts have now been received from our London Branch,and in the course of a few days,we will be able to state definitely if you are entitled to receive Ration Allowance,as stated in your letter.

Yours truly,

Lieut.
For Paymaster.

FORM P/D

No.

PAY DEPT

1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. W. Snow, Voucher No. 27013.

First Newfoundland Regiment. Cheque No. 27013.

Reg'l A/c No. Name C.B. Folio No.

Date		Req'n No.	Invoice No.	Particulars.			Amount.	
Jan.	11	274		A/c pay to Dec.31/16.	$21	05		
							$21	05

CERTIFICATION

Dissect^{n} Sheet No.

Recap. Sheet No. 274.

Checked by

J. M. Howley

PAYMASTER

RECEIPT

January 11th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty One Dollars

and Five Cents in Payment as above stated.

January 1917.

$21.05

[Sig.] W. J. Snow.

FORM P/D

PAY DEPT

No.

1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #686 Pte. William Snow

Voucher No. 30754.

Cheque No. 30754.

Reg'l A/c No. Name C.B. Folio No.

Date		Req'n No.	Invoice No.	Particulars.			Amount.	
May	21	384		Ration allowance due whilst on Furlough in England.	$20	43		
							$20	43

CERTIFICATION

Dissect^n Sheet No.

Recap. Sheet No. 384

Checked by

PAYMASTER

RECEIPT

May 21st, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty---------- Dollars

and Forty Three---------- Cents in Payment as above stated.

May 1917.

$ 20.43

[Sig.]

11/6/17

FORM P/D

No.

PAY DEPT

1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte.W.Snow

Voucher No. 27808

Cheque No. 27888

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.		Amount.
Feb. 1	295		Balance of pay	$37 35	
			Bonus 1 week @ $1.85	12 95	
			Civilian Clothes	25	
					$75 30

CERTIFICATION

Dissect^n Sheet No.

Recap. Sheet No. 295

Checked by

J. M. Dowley

PAYMASTER

RECEIPT

February 1st 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Seventy Five Dollars

and Thirty Cents in Payment as above stated.

February 1st 1917.

$ 75.30

[Sig.] W. Snow

FORM K

No. 676

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Snow, Regl. No. 686

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and ..... Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and/or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1		Bank of Montreal		65
			Total Allotment, $	

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

(Sig.) Eric S. Pope Capt

Officer Commanding Company

St Johns

Jan 30 1915

(Sig.) Wm Snow

(Rank) Private

FORM P/D

PAY DEPT.

No.

1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Mrs. C. Snow.

Voucher No. 19375.

Cheque No. 19375.

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.		Amount
March			Special remittance a/c #686 Pte W. Snow.	$ 20 00	
					$ 20 00

CERTIFICATION

Dissect[n] Sheet No.

Recap. Sheet No. 90¾.

Checked by

W. Howley
PAYMASTER

RECEIPT

April 14th, 1916.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty ..... Dollars

and ..... Cents in Payment as above stated.

April, 1916.

$ 20.00

[Sig.] Her Patience X Snow
mark

Witness W. Howley

(921)

ORIGINAL

No. 5

Army Form O. 1727.
N.F

FAMILY REMITTANCES.

Corps 1st Newfoundland { ~~Squadron,~~ ~~Battery, or~~ Company } C

STATEMENT OF PAY AND ALLOWANCES not drawn by officers, civilians (including subordinates), warrant officers, non-commissioned officers, and men during the month of March, which it is desired to remit for payment at home. (In the case of inter-colonial remittances the name of the colony should be substituted for home.)

Remitter			Name, christian name and address of person to whom payment is to be made	Amount £	$	¢	Signature of remitter
Regtl. No.	Rank	Name					
686	Pte	W. Snow	Mrs C. Snow 50 Colonial St St. Johns		20	00	W Snow
	Capt.	J. J. Donnelly	M. J. Donnelly c/o J. D. Ryan Water St St. Johns		35	00	Request per Letter 5/4/16
Payments made Apr. 14th 1916							
					55	00	Certified correct. Officer Comdg.

The sum of (in words) Fifty Five Dollars.
will be credited by me in my account for March 1916, under the head of "Remittances," and I certify that the remittances included in this return are strictly in accordance with regulations.

Station London
Date March 14 1916.

NEWFOUNDLAND CONTINGENT
VICTORIA ST.
PAY & RECORD OFFICE

W. V. Dinwoodie Capt.
Paymaster.
PAYMASTER & OFFICER I/C RECORDS

FORM P/D

No.

PAY DEPT.

1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Mrs. C. Snow.

Voucher No. 25237.

Cheque No. 25237.

Reg'l A/c No. Name C.B. Folio No.

Date		Req'n No.	Invoice No.	Particulars.			Amou	
June.	27	132.		Special Remittance.	$20	00		
							$ 20	00

CERTIFICATION

Dissect[n] Sheet No.

Recap. Sheet No. 132.

Checked by

J. McDowley
PAYMASTER

RECEIPT

July 20th, 1916.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Twenty Dollars

and Cents in Payment as above stated.

July 1916.

$20.00

[Sig.] her Patience x Snow mark

DUPLICATE ORIGINAL

Army Form O. 1727.

FAMILY REMITTANCES.

Corps 2/ 1st Newfoundland Squadron, Battery, or Company "E"

STATEMENT OF PAY AND ALLOWANCES not drawn by officers, civilians (including subordinates), warrant officers, non-commissioned officers, and men during the month of June, which it is desired to remit for payment at home. (In the case of inter-colonial remittances the name of the colony should be substituted for home.)

Remitter			Name, christian name and address of person to whom payment is to be made	Amount			Signature of remitter
Regtl. No.	Rank	Name		£	s.	d.	
686	L/Cpl.	Snow. E.	Mrs. E. Snow				per Letter
			6 Mullock St				dated 25/6/16
			St John				No 2072/27/6/16.
			N.F.	£4	2	2	
			$20.00				
		Certified that this amount has been debited to the above soldiers account. R.A. Fox Lieut & O.C. E.E.		£4	2	2	Certified correct. Officer Comdg.

The sum of (in words) Twenty Dollars

will be credited by me in my account for June 1916, under the head of "Remittances," and I certify that the remittances included in this return are strictly in accordance with regulations.

NEWFOUNDLAND CONTINGENT

Station London D. H. Marshall 2nd Paymaster.

Date June 27th 1916. Asst. PAYMASTER & OFFICER I/C RECORDS

NEWFOUNDLAND CONTINGENT 55 VICTORIA ST. LONDON JUN 30 1916 PAY & RECORD OFFICE

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$ 87 15/xx

Dec 18th 1918

Received *from the First Newfoundland Regiment the sum of* Eighty Seven 15/xx *Dollars.*

~~on account~~ *balance of Pay.* S.D.S.

Ch. No. 7153	Initials EW
Pay Ledger 157	Initials AWL
Gen. Ledger.....	Initials.....

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

No. 686 Rank Gr

Name Snow W J

Lieut J.M. Howley
Dept Militia St Johns

3478

Dear Sir:

Kindly forward Post discharge pay.
Thanking you in anticipation
I remain
Yours respectfully

W.J. Snow
Pte. #686
Main Street
Bell Island Dec 15/18

December 20,1918.

Pte. W.J. Snow, No.686,
Main Street, BELL ISLAND.

Dear Sir:

I enclose herewith Cheque for $87.15 being amount of Post Bischarge Pay due you.

Yours truly,

Capt.
Paymaster.

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

$ 10 00/cts. Feb 21 1917

Received *from the First Newfoundland Regiment*

the sum of Ten 00/cts. *Dollars.*

~~on account~~ *balance* *of Pay.* Clothing

Ch. No. 11711	*Initials*
Pay Ledger 157	*Initials*
Gen. Ledger	*Initials*

Regtl. No. *Rank*

F. C. B.

No. 686 Rank Pl-

Name Snow Wm

Captain J. H. Crowley
Hfld Regt.

4007

Sir:

Kindly forward balance of allowance due for clothes as stated Per Prov. Daily Papers

Thanking in anticipation I remain

Yours respectfully

Ex Pte Wm Snow #686
Main Street
Bell Island
Nfld
7. C. 11/19.

March 4, 1919

Ex Pte. Wm. Snow, No. 686,
Main Street,
BELL ISLAND.

Dear Sir:

I enclose herewith cheque for $10.00 being amount due you on account of Clothing Allowance.

Yours truly,

A. C. R.
Capt.
Paymaster.

686

June 12th, 7

Mr. William Snow,
6 Mullock St.,
City.

Dear Sir,-

I enclose herewith cheque for $20.43, being the amount due you as Ration Money whilst on Furlough in England.

Yours faithfully,

Lieut.
D/Paymaster

Dispatching Office Stamp.	ST. JOHNS EAST FE 13 17 RECEIVED	No. 573 From [illegible] Registered Letter Addressed – Wm J Lane 6 Gallows St
Arrival Office Stamp.	68/6	Received by [illegible]

686

February 13th, 7

Pte.William J.Snow,

6 Mullock St.,

City.

Dear Sir,-

I enclose herewith Certificate of discharge,dated January 31st 1917.

Yours truly,

2nd.Lieut.& D/Paymaster.

W. Snow. 686.

P. & R. 10

FORM K

No. 676

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Snow, Regl. No. 686

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and ..... Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and/or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
655		Bank of Montreal		65
		CANCELLED.		
			Total Allotment, $	

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

(Sig.) Ewart Tupper Capt

Officer Commanding Company

St Johns

Jan 20 1916

(Sig.) Wm Snow

(Rank) Private

No. 686 Name Snow. W. Sqn., Batty., or Company 'C' Corps 1st Newfoundland Date of enlistment 15/12/14 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet 20/6/15 No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 1 Signature O.C. Company, etc. Character

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

Army Form B. 122

[P.T.O.

Army Form W. 3016.

No. _____ Date March 8th 1916

(1) To the Officer i/c Records,

58 Victoria St.

London S.W. (Station).

(2) The Officer Commanding,

1st Newfoundland

Ayr. (Station).

(3) The Paymaster,

1st Newfoundland

58 Victoria St. S.W. (Station).

Regimental No. 686

Rank and Name L/C Snow W.

Regiment or Corps 1st Newfoundland

has been granted a furlough from 8 March to ~~15~~ 19th April

Convalescent Furlough — 6 negative tests complete — 6 weeks furlough w o Letter.

His address while on leave will be :—

58 Victoria Street

S.W.

This man has been furnished with a warrant to Victoria & given an advance of £1 (one pound)

I consider he is fit for * { Duty. / ~~Light duty.~~ }

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge _____ Registrar, R.A.M.C.T. Hospital

3rd London General Hospital,

WANDSWORTH, S.W. (Station).

* Strike out that which is inapplicable.

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

W. 427—721—3000 bks.—4/15.—S. P. & Co., Ltd.—18717.

Embarked 'Scandinavian'
FROM Liverpool 27-9-16

Army Form O. 1625.

PAY LIST. Sept 2nd to Sept 29th 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland Regt.

No. 686 Rank Private Name W. Snow.

Died[a] at on the of 191 .

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance *Dr.* last month				Balance *Cr.* last month			
	Cash issues (Date of each issue to be stated)				Pay 12 days at 1.05 from 2/9/16 to 13/9/16	2	11	10
					" 16 " " 1.00 14/9/16 " 29/9/16	3	5	9
	£ s. d.				Proficiency, Service or good conduct pay			
	Sept 8th 1916 1 10 0				28 days at 10d from 2/9/16 to 29/9/16		11	6
	Sept 22nd " 6 3 0 0				Messing allowance days at			
	" 26 " 6 1 16 2	6	6	2	from ____ to			
	Boot a/c			8	Clothing and kit allowance			
	Barrack Damages			4	Amount produced by the sale of Necessaries			
	Laundry Stoppage		1	8	Personal Clothing and Effects from Form 2...			
	Consolidated stoppage.....				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
	£	6	9	1	£	6	9	1

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £ _____ is correctly chargeable against the Public[b].~~

Dated at

this day of 6/10/16 191 .

NEWFOUNDLAND CONTINGENT

Paymaster.

NEWFOUNDLAND CONTINGENT 58 VICTORIA ST. LONDON

PAYMASTER & OFFICER I/C RECORDS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

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

W. 9667—4002—750M. 9/15. Forms O. 1625. 27
H. & J., Ld., Bury St., E.C.

CHECKED.

INVALID SOLDIER.

2/1st NEWFOUNDLAND REGIMENT.

I recommend for Furlough 686 Pte. Lucas W.

for 3 months on account of his eyesight (C.B178A)

also nervousness & debility

which renders him unfit for duty, will you kindly arrange for his re-examination shortly before his Furlough expires.

Signed N. Florson

M.O. Lt. R.A.M.C.

Ayr.

16. 9. 16.

Supplementary

NEWFOUNDLAND CONTINGENT

686 Pte. Wm. Snow.

STATEMENT of ACCOUNT of ~~No.~~ ---- ---------

____ Company. From _____ To _____ (Dates inclusive)

Substituting A.F. Scandinavian .F.P/36.
Embarkation Liverpool S. 27/2/16.
From _____ Date _____
Draft No.

DR. Classification (See procedure) CR.

Date	Pay Book Col	Particulars	Rate	Dys	$	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	$	¢	£	s	d
	8	Forfeited Pay									1	Pay							
	9	Allotments									2	Field Allowances							
	10										3	Other Allowances							
	11/12	Total Stoppages									4/5	Total @ 4.86 2/3							
												Ration Allowance,							
	13	Fines									6a								
	14	Clothing and Necessaries										**From, 8/3/16 To 18/4/16, 42 Dys @ 2/-**					4	4	0
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "					4	4	0										
	24	Balance Debit Last Period																	
	28	" Due by Paymaster					4	4	0		27	Balance Due to Paymaster					4	4	0

_____ 191

CERTIFIED CORRECT.
Sgd F. W. Marshall, Lieut.,
FOR
O.C. " " Company.

Supplementary

NEWFOUNDLAND CONTINGENT

686 Pte. Wm. Snow.

STATEMENT of ACCOUNT of ~~No.~~ --- ---------

_____ Company. From _____ To _____ (Dates inclusive)

Substituting A.F. ~~C. 1025~~ Scandinavian N.F.P/36.

Embar Liverpool S. 27/9/16.

From _____ Date _____

Draft No.

DR. Classification (See procedure) CR.

Date	Pay Book Col	Particulars	Rate	Dys	$ ¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	$ ¢	£	s	d
	8	Forfeited Pay								1	Pay						
	9	Allotments								2	Field Allowances						
	10									3	Other Allowances						
	11/12	Total Stoppages								4/5	Total @ 4.86 2/3						
											Ration Allowance,						
	13	Fines								6a							
	14	Clothing and Necessaries									**From, 8/3/16 To 18/4/16, 42 Dys @ 2/-**				4	4	0
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments															
	20	1st Payment															
	21	2nd "															
	22	3rd "															
	23	Final "				4	4	0									
	24	Balance Debit Last Period															
	28	" Due by Paymaster				4	4	0		27	Balance Due to Paymaster				4	4	0

NEWFOUNDLAND CONTINGENT 56, VICTORIA ST., LONDON, S.W. 17 APR 1917 PAY & RECORD OFFICE

_____ 191

DUPLICATE MAIL COPY Posted 26 APR 1917

NEWFOUNDLAND CONTINGENT
CERTIFIED CORRECT. Capt. W. Marshall, Lieut.

FOR PAYMASTER & OFFICER COMMANDING

O.C. " " Company.

ORIGINAL.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 3472/23

From

PAY & RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W.

FM/WF 17th, April 1917

To

Deputy Paymaster & O i/c Records,
1st. Newfoundland Regt.
Headquarters,
St. John's,
Newfoundland.

SUBJECT:

686, PTE. W. J. SNOW.

Reference Nos.

REPLY

Dated May 19th.1917 191

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

With reference to the following letter dated 3/4/17,-

"I had nine weeks furlough after "leaving Hospital March 8th last, "six weeks of which was granted me "at the 3rd. General Hospital "Wandsworth, and the other three "having been granted by the "O. C. Depot, Ayr. I was discharged "from the above Hospital as stated "on March 8/16 and reported for duty "at Ayr on May 14th. the day my "furlough, including extension, "was up. On asking them to pay "me my ration money for that time, "they tell me here I shall have to "get a letter from you to the "effect that I am entitled to it. "Can you help me in the matter."

" Ex Cpl. No. 686 Pte Snow

Copy of this office No. 2707/168, 27/3/17 & 2/4/17, exchanged with O. C. 2nd. Battalion is enclosed.

Supplementary account for this soldier, shewing credit ration allowance 8/3/16 - 18/4/16, 42 days @ 2/- = £4. 4. 0 also enclosed.

Kindly make necessary payment and debit this office. There are a number of similar adjustments to be made in accounts of soldiers who have been repatriated. Schedule is in course of preparation and will follow in a few days, please.

for F. H. Marshall Major,
Paymaster & O i/c Records.

Supplementary account received.
Payment will be made in accordance with your request.

G. Howley Lieut.
D/Paymaster

DUPLICATE
MAIL COPY
Posted 26 APR 1917 5472/23

Deputy Paymaster & O i/c Records,
1st. Newfoundland Regt.
Headquarters,
St. John's,
Newfoundland.

FM/WF 17th, April 7

Reply.

686, PTE. W. J. SNOW. May 19th.1917.

With reference to the following letter dated 3/4/17,-

"I had nine weeks furlough after "leaving Hospital March 8th last, "six weeks of which was granted me "at the 3rd. General Hospital "Wandsworth, and the other three "having been granted by the "O. C. Depot, Ayr. I was discharged "from the above Hospital as stated "on March 8/16 and reported for duty "at Ayr on May 14th. the day my "furlough, including extension, "was up. On asking them to pay "me my ration money for that time, "they tell me here I shall have to "get a letter from you to the "effect that I am entitled to it. "Can you help me in the matter."

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Kindly make necessary payment and debit this office. There are a number of similar adjustments to be made in accounts of soldiers who have been repatriated. Schedule is in course of preparation and will follow in a few days, please.

Major,
Paymaster & O i/c Records.

Supplementary account received.
Payment will be made in accordance with you request.

Lieut.
Deputy Paymaster.

Copy

6 Mullock Street
St Johns Nfd Mar 3—17

Major Truewell
1st Newfoundland Regiment
58 Victoria St
London S W

Dear Sir:—

I had nine weeks furlough after leaving hospital March 8th last. Six weeks of which was granted me at the 2nd Genl Hospital Wandsworth the other three having been granted by the O.C. Depot Ayr. I was discharged from the above hospital as stated on Mar. 8th—16. and reported for duty at Ayr on May 14. the day my furlough including extention was up. On asking them to pay me my ration money for that time they tell me here I shall have to get a letter from you to the effect that I am intitled to it.

Can you help me in this matter

Yours respectfully

William J. Snow

Ex L/C #686 1st Nfld Reg.

Capt A E Bernard
C Co
1st Nfld Reg.

Dear Sir

Re the allotment I made in St Johns. My desire is to be paid the full amount here in future. I left 6s 6d per day to the Bank of Montreal St Johns in my own name.

Yours respectfully
pd W. Snow Pte
186
1st Nfld Reg.

Form K.
676

Edinburgh Mans

ORIGINAL

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 2496/252.

From
PAY & RECORD OFFICE.
58, VICTORIA STREET,
LONDON, S.W.
F.M./N.M. 27, June, 1916.

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

SUBJECT: NO.686, L/C. W.SNOW.

Reference Nos.

REPLY

Dated June 29th/16. 191

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

I enclose letter from the above soldier 25/6/16 requesting remittance of Twenty Dollars to Mrs. C.Snow, St.John's. A.F.O.1727 also enclosed in triplicate for signature and return to this Office, when necessary action will be taken.

Amount should be debited in "E" Company Pay Books under Column 10, and A.F.O.1727/17 quoted as authority for entry.

F.H. Marshall 2/Lieut.
Assistant Paymaster.

Attended to by O.C., Company.

H.F.G. Stokes Capt. ADJUTANT,
2/1st NEWFOUNDLAND REGIMENT
NEWTON-ON-AYR, N.B.

For O.C.

1st NEWFOUNDLAND REGIMENT
PAY & RECORD OFFICE
Ref. No. 2124
Recd. JUN 30 1916
Ans'd.
Ans'd.
File No.

Cr
By Bal. from a/c & Co. 9th £6-8-9.
BC

Capt. Limewell
Paymaster Newfoundland Regt

Dear Sir:

Please forward $20.00 to Mrs. G. Snow. #6 Mullock Street St John's Nf. Charging same to my a/c

Yours respectfully,

L Cpl W. Snow,
#686 1st Nfld. Reg. Stobhill hospital Glasgow 25-6-16

2496/252.

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

F.M./N.M. 27, June, 6.

NO.686, L/C. W.SNOW.

June 29th/16.

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Amount should be debited in "E" Company Pay Books under Column 10, and A.F.O.1727/17 quoted as authority for entry.

Attended to by O.C.,Company.

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

For O.C.

2/Lieut.
Assistant Paymaster.

File No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

	NAME OF CORRESPONDENT OR PURPORT OF COMMUNICATION	Cross References
	Pte Snow. Wm	1700-W
	68	

Date	P.A. or B.F.	Initials	Referred to	FOR REMARKS (If purpose for which referred cannot be expressed on one line, add minute to file and enter here "Wish Minute")	Initials	Date
19 7 46	O.a	M		Acc for Gen Cert (Proof)		
13.2.46	BF	B				
20/2/46	BF	B	J.D.	write G.W.D. state their mem: date of death ask them to send a form for NPA to Mrs Snow.		
				Mr Graves	B	17.2.46.
14.2.46	BF	B				
			Pension Board	Bal of a/c. due to date of death.	B	13.2.46.
3-3.46	BF	B				
			J.D.	Send follow up to Sec. G.W.D.		
				Bell. J.	B	4/3/46
				Pension Board	B	4/3/46
8 Apr 46	BF	com				
6 Apr	PA	B	Ledger Clerk your attention		B	8.4.46
10/4/46	PA	wm				
6 Dec	PA	B				

DEPARTMENT OF VETERANS AFFAIRS

R. Nfld. Regt.

Regt. No. 686 Pension No. NIL V.A. No. NIL

NAME AND NEW ADDRESS (Typewritten)

SNOW, William,
Bell Island, Conception Bay,
NEWFOUNDLAND.

FOR A DEPENDENT PENSIONER DECEASED SOLDIER'S NAME MUST ALSO BE INSERTED

PLATE IMPRESSION (H.O. use)

FILE IN REGISTRY "NF" DISTRICT.

Old District Office "NF"

New District Office "NF"

Issued at "NF" District Office

By Baxter Peckham.
Signature in Full

Date 24th. Jan. 1950.

D.V.A. 509 250M--3-49--REQ. P 489-433-HO

1700-W.

DVA FILE No.

NAME Brown W 1700 CD

Reg. No.

Pen. No. 686

FLAGS

MAIL REQ. B.F's

DATE	CHARGE TO	CLERK OUT	CLERK IN	DATE	
23/2	YMCR. CB2	W	25/2		

DVA 153A—200M—12-51

HW1-D. 54

In reply please quote Date and Initials

CCO/JD.

686 old war

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

OKe
Ask Martin to pass for the form.

The Hon. Commissioner:

RE: 686, William J. SNOW

The above-named pensioner died on 19th.November,1945. At the time of his death he was living on Bell Island, and he received pension at $64.50 a month, $45.00 of which was paid to himself, made up as follows: $37.50 for self and $7.50 for son William, who lived with him. The balance of $19.50 was paid to his wife living at Harbour Grace, for herself and one child.

On the death of the pensioner, the Board considered the application of the Widow for a pension, but as the marriage took place subsequent to the date on which the disability was incurred, under the Act, there is no claim. The balance of pension, plus bonus for one child amounting to $124.85 was paid Mrs. Snow on 28th.March , 1946

I wrote the Secretary of the Great War Veterans' Association on 18th.January,1946 informing him of the death of Mr. Snow and requested that a form for N.P.A. be sent to Mrs. Snow. We have never received the form, so the case has not been considered for assistance from this Special fund.

Under the scale of allowances which we have been paying we could allow $30.00 a month.

C. C. OKE
War Pensions Officer

6 December, 1946.

COMMISSION OF GOVERNMENT

OFFICE OF
THE SECRETARY

Dec. 5-46

54

ST. JOHN'S
NEWFOUNDLAND

The COMMISSIONER FOR ~~FINANCE~~ Public Health and Welfare

Action Copy to you

Move for report

Information Copies to all other Commissioners
and Comptroller and Auditor General

Secretary

FORM HA2-500-12-41-MPC.

Decemb 3rd 1946

Hr General

2

Gentlemen:
I am a Widow With three helpless School children and I must now appeal to you for Some help. my late husband died last november he was a Builder in the World War I: 686 William J Snow and Since he died I did not get any Support for my Children. The Board off War Pensions cut off my Support that I was getting from my husbands Pension and Since then we have had a hard time trying to live on nath and no fuel and the are living in a house and the falling down. my Idea in Writing to the Commission of Government is to See if you Gentlemen Will get me Back my Pension that and Support that I am intilled to to Support theses Children: I have nothing in the World that I can depend on for a living no income What ever not one cent in any Way: the Government Will

in Some Way from
the government

yours truely
Mrs Jessie Snow
Hr Lynol
Hanny Street

My: Husband name
Ono.
686 William J. Snow

have to to Something
in ~~fa~~ Some Way for me
and my three children
We cont be left to
Starve after all my
friends to go out get
Kill fighting for Something
Better my Broth my Son
got Killed my husband
died of War troubles
and is it Possible that
I With three children
must Suffer Hunger and
cold Please try to
Send me Back my
Pension that I lost
in 945: or Sent me

H W 1—D.

In reply please quote Date and Initials

CCO/JD.

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

The Hon. Commissioner:

RE: 686. William J. SNOW

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Under the scale of allowances which we have been paying we could allow $30.00 a month.

6 December, 1946.

No.

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Miss Eileen Snow
(Pensioner's Name)

(Name of Member of Forces)

c/o Bank of Nova Scotia
(Pensioner's Address)
Bell Island.

(Relationship to Member of Forces)

(Unit)

(Regimental No.)

Pensionable Disability ____ % a month for ____ months

AWARD

For Pensioner ____ $ ____ a month

For Wife ____ $ ____ a month

For ____ Children ____ $ ____ a month

Total ____ $ ____

from ____ to ____

Amount of Adjustment Payment:

From 20.11.45 to 19.11.46 @ $7.50 monthly = $ 90.00

Date 10 April 1946

Check No. 59

Computed by WM

Checked by KJ

W W Moulland
(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Bonus c/o your brother William Gladstone for 1 year @ $7.50 mthly = $90.00

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Form P.H. 384

THE BOARD OF PENSION COMMISSIONERS

The following case was considered at a Meeting of the Board held on _____

Name Late William Snow

Address Bell Island.

[x] Disability [ ] Dependent [ ]

Pension No. 54 Regt. No. 686 Pension Rate 50%

Account of Typhoid, Eyesight under standard.

Imperial Award _____ Monthly Payment $ 64.50
self & 1 ch. 45.00 37.50 + 7.50
wife & 1 ch. 19.50 12.50 + 7.00

[ ] Death

1. Date of Death 19 Nov 1945 Cause Coronary Thrombosis
Place Bell Island.
Next of Kin wife, Mrs. Wm. Snow
Address Harbour Grace.
Unpaid balance of Pension $40.85

[ ] Bonus Sec. 43(2)

2. Children eligible for bonus 2 at $ 14.50 per mth.
From 20 Nov. 1945 to 19 Nov 1946
Payable to
1 child, living with Mrs. Snow at Hr. Grace
1 child living with sister of late W.J. Snow at B. Island.

[ ]

3. Subject matter (1) disposal of unpaid pension due at date of death. (2) payment bonus a/c two children
~~(3) Widow's pension~~.

Recommendations and Findings of Board Pay balance of pension ($40.85) to Mrs. Wm. Snow (widow) and bonus for one child to mother, and for the other child to ~~Aunt~~ Sister living at Bell Island.

J. C. PRATT Chairman
J. J. O'GRADY Commissioner
J. B O'REILLY Commissioner
C. C. OKE. Commissioner
R. G. Macaulay Clerk to Board.

APPROVED: J. C. P.

Date: 23.3.46

Entered: Ken

Date 28/3/46

Re – The Late W. J. Snow. Bell Island.

Sir:-

The G.W.V.A. Bell Island Branch, were responsible for Expenses during the last illness and burial of the Late W. J. Snow.

But we Make no Claim for the balance of his pension, but would prefer that it be paid to his family.

His Son William Gladstone is residing on Bell Island with his Sister.

Yours Truly,

J. G. Robbins.
Secy. G.W.V.A.

February 28th/46

54P.

Bell Island,

March 25th, 1946

C.C. Oke Esq.,
Pensions Officer,
St. John's.

Dear Sir:-

Reference your letter RCM/JD 54 dated 19th. March 1946.

It is pointed out that it was the hope of the G.W.V.A meeting when they relinquished their right by motion to the unpaid portion of the pension ,that it would go to the children now living onBell Island, as the wife of W.J.Snow had not lived with him for something like thirteen years and consequently bore none of the expense or responsibili-~~it~~ ties during his illness and death.

You apparently misunderstood the past secretarys letter and assumed that William Gladstone was living with the late W.J.Snow's sister. This is not so . He is living with his own sister or W.J.Snow's daughter, who's name and address is:-

Miss Eileen Snow,
c/o Bank of Nova Scotia,
Bell Island.

Yours truly

Aiden R Snowdon.

Sect. G.W.V.A (Bell Island)

$7.50/12

$90.00

4503 Book (54) April 2nd 1946
Hr Gnoel

Mr C C Coke
St Johns

dear Sir I would like to adwise you that the Cheque Covering $124.85 that you Said Would be Coming for me and my Son have not Come yet. Will you Please See that I get it and you will do me a favour as we are Bodely in need of it the Children Will have to Stay from School for the Want of food: So Mr Coke you Say that there is no Pension for me: Well I am the only Widow With on

Without children that did
not get a War Pension
I know them Who Was
married after there Husbands
discharge and get $76 Per
month for five children
and several others and
Why? how those my
children got to Stand?
I am Writing the King
to day to see if he can
get my childerns Pension
that belong to them
and Why I am fooled out
off there living Please send
me the amount promised Right
away the money would be better to
me then a Promise Mrs William Grow
Mr Gerail.

RCM/JD.54

Please quote above reference and date of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE

ST. JOHN'S,
NEWFOUNDLAND.

19 March 1946

The Secretary,
G.W.V.A.
Bell Island.

Re: the late #686, Wm. J. SNOW.

Dear Sir:

At a recent Meeting of the Board of Pension Commissioners it was decided to pay Mrs.Snow the balance of pension due to the date of death and bonus of one year's pension for the child Walter, to be paid in one payment. Bonus of one year's pension for William will be paid to the sister of the late soldier, with whom he is living. It is requested please that you forward her name and address to this Department as soon as possible.

Yours very truly,

No.

Pension No. 56

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs William Snow
(Pensioner's Name)

Hatley Street
(Pensioner's Address)
St. Grace.

(Name of Member of Forces)

(Relationship to Member of Forces)

(Unit) (Regimental No.)

Pensionable Disability — % a month for — months

AWARD

For Pensioner $ a month

For Wife $ a month

For Children $ a month

Total Monthly $ 62.50

from 1.11.45 to 29.11.45

Amount of Adjustment Payment:

From to @ $ $ 124.85

Date 28 March 1946 Check No. 29848

Computed by

Checked by WM

K. Moore
(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Balance pension due to date death $ 40.85

Bonus 1 year's allowance for son Walter Raymond 84.00

Total due: $ 124.85

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Form P.H. 384

[redacted]D. 54

[redacted] above reference and [redacted] of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE

ST. JOHN'S,
NEWFOUNDLAND.

19th.March,1946

Mrs.William Show,
Harbour Grace.

Dear Madam:

At a recent Meeting of the Board of Pension Commissioners, it was decided to pay y you the balance of pension due to the date of death of your late husband, plus the bonus of one year's pension for your son, making a total of $124.85, as final payment from this Division of the Department.

As your marriage was incurred subsequent to your late husband's discharge from the service you are ineligible for widow's pension.

A cheque covering payment of the above-named amount will be forwarded as soon as possible.

Yours very truly,

THE BOARD OF PENSION COMMISSIONERS

The following case was considered at a Meeting of the Board held on ~~Nov. 7th~~

Name Late William Snow.

Address Bell Island

[✓] Disability [ ] Dependent [ ]

Pension No. 54 Regt. No. 686 Pension Rate 50% S. w. 2 ch.

Account of Typhoid, Enteritis under Standard.

Imperial Award _____ Monthly Payment $ 64.50.
self + 2 ch 45.00
wife + 1 ch. 19.50

[✓] Death

1. Date of Death 19 Nov. 1945 Cause Coronary Thrombosis.
Place Bell Island
Next of Kin wife: Mrs. William Snow.
Address Harbour Grace
Unpaid balance of Pension $40.85

$174.60 [✓] Bonus Sec. 43(2)

2. Children eligible for bonus ✓ at $ 14.50 per mth.
From 20 Nov. 1945 to 19 Nov. 1946.
Payable to _____
1 child living with the mother at Harbour Grace
1 " " ~~brother~~ sister of late W. J. Snow at B. Island.

[✓]

3. Subject matter (i) Disposal of unpaid pension due at date of death.
(ii) Payment bonus a/c two children
(iii) Widow's pension.

Recommendations and Findings of Board Pay balance of pension ($40.85) to Mrs. Wm. Snow (widow) and bonus for one child to mother, and for the other child to ~~guardian~~ living at Bell Island.

E. R. Ash Chairman

J. E. Greene Commissioner

J. Mullins Commissioner

E. Lake Commissioner

Clerk to Board.

APPROVED:

Date:

Entered:

Date

54

feb 22nd 1946
Hr Grove

Mr C C ake
st Johns:

Dear Sir
With reference to your letter february
the 15th I advise you that my Son
William Gladstone is not living with
me: you will find him on Bell Island
Mr ake you must Remember that I
have three children Belong to William
Snow living with me and they
are only school age one 13 Wraymond
one 11 Clyde sick and 9 Ruth and
theses children must be fed and
I have no income only what I
was getting from the War Pension
my Sons have been feeding me
and theses children since ~~[illegible]~~
November: my Pension stoped

yours very truly
Mrs William Snow
Hr Grove

CCO/JD. 54

Please quote above reference and date of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE

ST. JOHN'S,
NEWFOUNDLAND.

16th.February,1946

The Secretary,
G.W.V.A.Branch,
Bell Island.

Re: The late William Snow - Bell Island.

Dear Sir:

It is requested please that you advise us who was responsible for last sickness and burial expenses of the above-named. Please advise them to send in a claim for any balance of pension due to date of death, attaching invoices of expenses. You are also requested to advise this Department immediately if the son William Gladstone is now residing with Mrs.Snow at Harbour Grace and if not, with whom he is living at present.

Yours very truly,

RCM/JD. 54

Please quote above reference and date of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE
ST. JOHN'S,
NEWFOUNDLAND.

15 February 1946

Mrs. William Snow,
Harbour Grace.

Dear Madam:

With reference to your letter of 2nd.February 1946 we wish to advise you that pension ceases on date of death of a soldier and widows pension is awarded only if married before man incurred disability for which he was pensioned. Please advise us if your son William Gladstone is now living with you,as a bonus of one years children's allowance may be paid on his behalf, together with your other son Walter Raymond.

The G.W.V.A.St.John's is investigating your case with a view to issuing an allowance from the Patriotic Fund of that Association.

Yours very truly,

Harbor Grace,

Feb. 2nd 1946

Messrs. Board of Pensions Commissioners,
St. John's.

Dear Sirs,

I am writing you to ask what is happening to the pension I received up until the death of my husband William Snow, No 686, Royal Nfld. Regt, which occurred in November and since when I have received no cheque from you.

I was receiving an allowance for myself and for my son, Walter, aged 13, and on my last authority sheet dated Sept. 7th 1945 it stated that from 1st Sept my allowance would be $ 13.50 and Walter's 7.00 and up to 12th Feb 1947 when it would increase to $ 20.00.

Will you kindly look into this matter and advise me what the trouble seems to be

Yours very truly,

Mrs William Snow

The Pension number in question is # 54.

CCO/JD. 54

Please quote above reference and date of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE

ST. JOHN'S,
NEWFOUNDLAND.

18 January 1946

The Secretary,
G.W.V.A.
St.John's.

Dear Sir:

The above-named died on 19th.November,1945 and it is requested please that you send a form for N.P.A. to Mrs.Snow, Harbour Grace.

Yours very truly,

54

Hr Grocl

Dec 7th 1945

Gentlemen
where is my Pension
up untill to day I did
not get any Pension
for this month if you
please send me what
ever is for me from
my husbands Pension its
all I have to live on
and I have Rent to Pay
my Boys are only School
Age and if I dont
get my Pension theses
boys will have to Stay from
School and me Will have
yours Sincerely
Mrs William Snow
Hr Grocl

Mrs William Snow
Fr Jacob

Back here in Manfourdeard
I think there Sorething
can be done for me
and theres Childern so
Will you Please Write
and tell me if theres
any limit of time for me
to Wait and if not it
Will give me a Chance
then I Will try to
get it I Will have to
Write the Crown Head
and I dont Want to do
that but its better for to
do that then to let the
Childern Starve and
the land lord after me
for my Rent and I.

Ft Lyon
Jan 2nd 1946
Sept Pen.

dear Sir
Please tell me Where
is my Pension Hung up
and Why I did not get
any for December and did
not get any yet Send
my Husband dick you
know that is all my
income and me and
three children and
suffering Hungry is that
What the Board of
Pensions do With a
soldiers family When
he dies stone Them
did I send my Boys
out to fight and die
for me to stand

Will have to go on the
street if I cant Pay my
Rent I was getting $19.50
for a few months and that
Payed my Rent and
Helped to Keep us alive so
I know its only a month
but then its long time
With no food Hop that
you Will try to let
me know Whats Wrong
Yours truly
Mrs William Snow
Ft Lyon

CERTIFICATE OF DEATH

This extract made from the death certificate furnished this Department in respect of WILLIAM JOHN SNOW

Name of Deceased WILLIAM JOHN SNOW

Date of Death NOVEMBER 19th.1945

Place of Death BELL ISLAND,NEWFOUNDLAND.

CAUSE OF " CORONARY THROMBOSIS ARTERIO SCLEROSIS

I certify that the above is a true and correct copy of the information given on the certificate presented to this Department.

Dated at St. John's, Newfoundland, this

18th. day of JANUARY 1946

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

PER [illegible]

10/7/41.

Proof Death

William John Snow,
Bell Island
Nov. 19th/45
coronary Thrombosis
artery
giving Cause of Death, pulmonis

Gen'l Prot. St Johns
W. Templeman MD

Bragues

DS.

Ask Secty. C.W.V.A.
Bell Island for
D/C. giving
cause of death.

Nov.
Bell
Nov 19/45

CCO/JD. 54

Please quote above reference and date of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE

ST. JOHN'S,
NEWFOUNDLAND.

4th.January,1946

The Secretary,
G.W.V.A.
Bell Island Branch.

Re: William J.Snow,Bell Island,'Deceased'

Dear Sir:

Would you be good enough to forward to this Department a Death Certificate in respect of the above-named giving the cause of death.

Yours very truly,

H. W. 100—3M—13-7-38—Dicks

Pension No.....

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department of War Pensions for Newfoundland

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

ST. JOHN'S, Newfoundland,

Date 1st.May 1945

The Secretary, Dept. of War Pensions for Newfoundland.

Per JD.

Regimenal No. 686 Rank Pte.

Name William Snow

Unit Royal Nfld. Regt.

DESCRIPTION OF PENSIONER:

Apparent Age 55 Height 5 7 Colour of Eyes

Complexion Colour of Hair Weight 153

Marks of Identification:

DISABILITY:-

TYPHOID. EYESIGHT UNDER STANDARD.

sability for which pension has been awarded:—

MEDICAL REPORT

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

yes.

) Give a definite detailed description of the present condition

Man states "I am feeling sick" "I have had very severe pains in my legs like spring".
I still have to pains in my chest as I did last year.
I am still very worried —
N.E. Heart: Systolic at apex. B.P. 210/110.
Lungs NAD
C.N.S. Ankle jerks & knee jerks absent. Reflexes normal. A bit of on accommodation. Romberg neg. Babinski normal. No sensory
Abdo. NAD
See attached General Hospital Report. April 1942.
? Serology. This should be investigated

pecial Questions:—

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

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

nature Witness ..... Pensioner's Signature .....

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

General Disseminated — Post Typhoid

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

1. Coronary Artery Disease
2. Hypertension.

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

Stationary.

(b) If increased or undiminished is increase or failure to diminish due to intemperance, improper co duct 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? Yes

(b) Nature of treatment advised? Continued treatment at home or at hospital + investigation of serology.

(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 treatme
(To be completed when treatment advised has been refused.)
advised and refused to accept the same for the following reasons:

4/9/46

The foregoing report submitted by

Pensioner's Signature

Signature
Medical Examiner.

Place St John's

Date 28.8.45.

Members (of a Board)

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

10. 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.)

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 states "I am feeling rotten" "I have had very severe pains in my legs like spring".
I still have to have in my chest as I did last year.
I am still very worried —
N.E. Heart: Systolic at apex. B.P. 210/110.
Lungs NAD
C.N.S. Ankle jerks & knee jerks absent. Reflexes normal. Pupils of light & on accommodation. Romberg neg. Babinski normal. No sensory
Abdo. NAD

See attached General Hospital Report. April 1942.
? Serology. This should be investigated

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 ..... Pensioner's Signature .....

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

General Weakness — Post Typhoid

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

1. Coronary Artery Disease
2. Hypertension.

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

(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?

Nil.

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? Yes

(b) Nature of treatment advised? Continuation of treatment at home as at present + investigation of serology.

(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 refused to accept the same for the following reasons:
(To be completed when treatment advised has been refused.)

4/9/48
Approved for 24 50 days
Mrs. [illegible]

The foregoing report submitted by

Pensioner's Signature

Signature ..... Medical Examiner.

Place St Johns
Date 28.8.48.

Members (of a Board)

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

10. 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.)

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank Name William Snow.

Disability 50 per cent. Period 24 months

Pension for self $ 37.50 per month

Allowance for wife $ 12.50 per month

ALLOWANCE FOR CHILDREN

First Child $ 7.50 per month

Second Child $ 7.00 per month to 12.2.47

Third and Other Children $ Each $

TOTAL MONTHLY PENSION $ 64.50 For 24 Months

Total Authorized Amount $ 64.50 From 1.9.45 to 12.2.47

" 57.50 " 13.2.47 to 31.8.47

PENSION GRANTED TO William Snow,
Bess Solomon

Approved by J. Brady Acting Chairman.

1.9.45 by

Commissioner.

Commissioner.

Commissioner.

No..... Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

William Shaw.
(Pensioner's Name)

(Name of Member of Forces)

Bell Island.
(Pensioner's Address)

(Relationship to Member of Forces)

(Unit) (Regimental No.)

Pensionable Disability 50 % a month for 24 months

AWARD

For Pensioner $ 37.50 a month

For Wife $ 12.50 a month

For 2 Children $ 14.50 a month

Total $ 64.50

Amount of Adjustment Payment: $ 57.50 from 1 Sept. 45 to 12 Feb. 1947 13.2.47 to 31.8.47.

From ..... to ..... @ $ ..... $ .....

Date 7 Sept. 1945 Check No .....

Computed by .....

Checked by .....

(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Allowence for Wm. will be discontinued from 13.2.47.

Pension for self $37.50
allowence for Wm. $7.50

TOTAL $45.00

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Form P.H. 384

No..... Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs. William Snow,
(Pensioner's Name)

Harvey St.,
(Pensioner's Address)
Harbour Grace.

(Name of Member of Forces)

(Relationship to Member of Forces)

(Unit) (Regimental No.)

Pensionable Disability.....% a month for.....months

AWARD

For Pensioner.....$.....a month

For Wife.....$.....a month

For.....Children.....$.....a month

Total.....$

from.....to.....

Amount of Adjustment Payment:

From.....to.....@ $..... $.....

Date 7 Sept. 19 45 Check No.....

Computed by [illegible]

Checked by..... M. Harris
(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Pension allowence for self. $2.50
" " " " Walter. 7.00
$19.50
From 1st. Sept. 1945 to 12 Feb. 1947
Then allowence a/c Walter will be $7.50
Making Total payment from 13 Feb. 47 $20.00

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Form P.H. 384

3500 12-43

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the issuing Authority. It is no security for debt.
IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

Rec'd 10 Sept. 45.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner Mrs Williams Snow

Rank ..... Regiment ..... Regtl. No. .....
Rating ..... Ship ..... Official No. .....

Pension No. 54 Rate of Pension ..... Age 46

Occupation (if any) —

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf)

PART 6 MUST ALSO BE COMPLETED

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated)
Jessie Shepherd	June 2nd	1900	Hr Grace	March 6th 1925

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or in employment, the name and address of employer	State where each child lived and, if not with father, the reason
Walter Raymond	March 22	1933	High School	
Clyde	Dec 5th	1934	Hr Grace	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature Mrs Williams Snow —
(The Signature must be inserted in the presence of the person who signs the Certificate below).

Pensioner's Address Hr Grace

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.
†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.
Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.
Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.
Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.
†*Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such Banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.
†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.
†*Police Officials not below the rank of Sergeant.
†*Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch of Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.
†Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification).
*Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 31 day of August 19 45 and that I believe the Declarant to be the person named herein. (Date must be inserted)

* Signature M P Teasleton

Qualification Barrister SC

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)," "Permanent Civil Servant (Rank).....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)", &c.

Postal Address Harbor Grace.

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment).

I certify that Jessie Snow the wife,

and .....

child or children of ~~Mr.~~ Mr P Stapleton

are living, and have been seen by me this day [redacted]

Signature [redacted]

Date August 31/45

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE (For Children in Employment).

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Wacher Raymond & Clyde

~~child or~~ children of Mr. William Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature M P Stapleton
~~(Head Teacher).~~

Date August 31/45

Designation of School .....

* To

The Board of Pension Commissioners for Newfoundland

St. John's, Newfoundland

* To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature .....
(Head Teacher).

Date .....

Designation of School .....

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank Name Shaw Wm.

Disability 40 per cent. Period 2 months

Pension for self $ per month

Allowance for wife $ per month

ALLOWANCE FOR CHILDREN

First Child $ per month

Second Child $ per month

Third and Other Children $ Each $

TOTAL MONTHLY PENSION $ For Months

Total Authorized Amount $ From 1. 7. 45

To 31. 8. 45

PENSION GRANTED TO W. S. Shaw

Bill Leland

Entered 23 Aug 45 D.M.

Approved by J. Brady Chairman.

Commissioner.

Commissioner.

Commissioner.

5th

Bell Island,

July 31, 1945.

Mr. C. C. Oke,
War Pensions Officer,
St. John's, Nfld.

Dear Sir:

I have to inform you that I am still under treatment here and shall not be likely to be able to travel to town for a week or two yet. I am anxious to lose no time in facing the music over there as soon after I am ready to go over and take whatever may be offered. I feel that the matter of my pension allowance being extended to June 30 may not be just, as I was totally incapacitated here before that date as Doctor Templeman, medical Health Officer here, will certify. There is no question as to its being because of war disability.

Will it be necessary for me to get in touch with you when I am able to go over, which I hope will be within the next forthnight, or shall I go right over.

Yours sincerely,

W. J. Snow, R686

18/8/45 Continue 40% to end of August 1945 [illegible]

TELEPHONE 148

J. B. O'REILLY, M.D., C.M.

EYE, EAR, NOSE, AND THROAT

388 DUCKWORTH STREET

ST. JOHN'S, NEWFOUNDLAND

686

Order # 4656
re Imperial Optical Co.
NOM
Aug 27/45

August 27th, 1945.

Mr. C.C. Oke,
Board of Pensions,

Re: Mr. W.J. Snow, # 686, Order No. 4655.

Dear Sir,

This man requires no change in present glasses, but frames are in a bad state of repair.

Yours truly,

J.B.O'Reilly, M.D., C.M.

JBO'R:PT.

TELEPHONE 148

J. B. O'REILLY, M.D., C.M.

EYE, EAR, NOSE, AND THROAT

284 DUCKWORTH STREET

ST. JOHN'S, NEWFOUNDLAND

August 27th, 1945.

Mr. C.C. Oke,
Board of Pensions,

Re: Mr. W.J. Snow, # 686, Order No. 4655.

Dear Sir,

This man requires no change in present glasses, but frames are in a bad state of repair.

Yours truly,

J.B.O'Reilly, M.D., C.M.

JBO'RiPT.

H W 1—D.

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

In reply please quote
Date and Initials
/: RCM/JD. 686

Department of Public Health and Welfare

ST. JOHN'S
6th.July,1945.

Mr.W.J.Snow,
Bell Island.

Dear Sir:

It is requested that you report at this Department on Friday morning, July 13th. 1945 so that arrangements may be made for examination with respect to your service disability. We wish to advise you that your pension has been extended to 30th.June,1945.

Please obtain receipts of all expenditure incurred by you so that you may be refunded for same.

Yours very truly,

L.G.Mason
for Secretary,
Department of Public Health and Welfare.

Kindly address all Communications to the Department, not to Individuals.

Pam. 3

54/686

Medical

Dear Mr. Moores:

I am at present receiving electrical treatment on one of my legs as a development of an old condition as old as the last war. Walking at present is out of the question. Whatever this treatment is going to do we will probably know by the 30th of the present month when I shall be going out for my examination not later than the 31st unless you advise me otherwise

Yours sincerely

W. J. Snow R 686

W. TEMPLEMAN, M.D., C.M.
WABANA, NEWFOUNDLAND.

July 11th 1945

Dr L Crummey
Secretary Public Health

Dear Sir:

Dr W. J. Snow who was notified to report for medical examination is now confined to his home - due to an injury to his leg. He is at present unfit to travel to St Johns unless he can be immediately admitted to Hospital.

Yours truly
W Templeman

Form P.H. 312-5M-11-42-Bowden's

Entered in Ledger 25-7-45 [illegible]

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William J. Snow

Rank: Pte. Regiment: Royal Nfld. Regtl. No. 686

Rating: Ship: Official No.:

Pension No. 54 Rate of Pension: 100 per cent Age: 55

Occupation (if any):

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (*See also overleaf*)

PART 6 MUST ALSO BE COMPLETED

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
This woman fills in her own form at H.M. Grace				If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (*see also overleaf*)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer	State where each child lives and, if not with father, the reason.
William Gladstone	Feb. 13	1924	Bell Island	Bell Island
The others are with their mother Snow				
at H.M. Grace. She completes her form				
from her home address				

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature William J. Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address: Bell Island.

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†*Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such Banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†*Police Officials not below the rank of Sergeant.

†*Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

†Notaries Public and other persons competent by the law of the country to administer such declarations. (The law must be quoted sufficiently for verification.)

*Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 11 day of July 1945 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature: C. D. Taylor

Qualification: J.P.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired,)" "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge .....Station)," &c.

Postal Address:

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

*The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

.....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this Certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL.
BOYS.

I certify that William G. Snow

child or children of Mr. W. Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature (Head Teacher) [illegible]

Date July 11/45

Designation of School .....

*To .....

.....

.....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL.
GIRLS.

I certify that .....

child or children of Mr. .....

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature (Head Teacher.) .....

Date .....

Designation of School .....

This form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

W. TEMPLEMAN, M.D., C.M.
WABANA, NEWFOUNDLAND.

May 3rd 1945

Mr G. Oke.
War Pensions Officer.

Dear Sir:

W. J. Prowse who is scheduled to report St Johns for medical examination is at present unfit for travel. I suggest he be given an extension of six weeks.

Yours truly

W Templeman

In view of above certificate
Condemn Pension.
40% to End of June.
then Retrounded in
St Johns.
30/5/45

MEDICAL ADVISOR.
BOARD OF PENSION COMMISSIONERS FOR NFLD.

No.

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Wm J. Snow
(Pensioner's Name)

(Name of Member of Forces)

(Relationship to Member of Forces)

Bell Island
(Pensioner's Address)

(Unit)

686
(Regimental No.)

Pensionable Disability 40 % a month for 2 months

AWARD

For Pensioner $ 30.00 a month

For Wife $ a month

For 1 Children $ 6.00 a month

Total $ 36.00

from 1 May 45 to 30 June 45

Amount of Adjustment Payment:

From — to — @ $ — $ —

Date July 10th 1945 Check No —

Computed by Wm

Checked by

W. Moulard
(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Form P.H. 384

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank ..... Name William Snow.

Disability 40 per cent. Period 2 months

Pension for self $ 30.00 per month

Allowance for wife $ ..... per month

ALLOWANCE FOR CHILDREN

First Child $ 6.00 per month

Second Child $ ~~6.00~~ per month

Third and Other Children $ ..... Each $ .....

TOTAL MONTHLY PENSION $ 36 00 For 2 Months

Total Authorized Amount $ 36 00 From 1 May 1945

To 30 June 1945.

PENSION GRANTED TO William Snow,
Bell Island.

10 July 1945
M

Approved by ..... Chairman.

..... Commissioner.

..... Commissioner.

..... Commissioner.

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the Issuing Authority. It is no security for debt.
IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

7-9-44

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner Mrs William Snow

Rank ..... Regiment ..... Regtl. No. 686
Rating ..... Ship ..... Official No.

Pension No. 54 Rate of Pension 14 per month Age 44
Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. *(See also overleaf)*

PART 6 MUST ALSO BE COMPLETED

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated)
Jessie Sheppard	June	9: 1900	Hr Grace Hosp Secret	March 6 1918

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. *(See also overleaf)*

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or in employment, the name and address of employer	State where each child lived and, if not with father, the reason
Walter Raymond	~~[illegible]~~	1928	High School	
	March	28		
Clyde	Dec	15 1934	Hr Grace	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature Mrs William Snow
(The Signature must be inserted in the presence of the person who signs the Certificate below).

Pensioner's Address .....

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.
†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.
Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.
Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.
Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.
†*Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such Banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.
†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.
†*Police Officials not below the rank of Sergeant.
†*Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch of Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.
†Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification).
*Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 2 day of Sept 1944 and that I believe the Declarant to be the person named herein.

Date must be inserted

*Signature M. P. Stapleton

Qualification Commr S.C.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)," "Permanent Civil Servant (Rank).....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)", &c.

Postal Address .....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment).

I certify that Jessie Snow the wife,

and .....

~~child or~~ children of Mr. Wm Snow

are living, and have been seen by me this day.

Signature M P Stapleton

Date Sept 2/49

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE (For Children in Employment).

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Raymond & Clyde

~~child or~~ children of Mr. Wm Snow

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature M P Stapleton (Head Teacher).

Date Sept 2/49

Designation of School .....

* To

The Board of Pension Commissioners for Newfoundland

St. John's, Newfoundland

* To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature ..... (Head Teacher).

Date .....

Designation of School .....

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

Form P.H. 312-5M-11-42-Bowden's

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

11-9-44

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William J. Snow

Rank: Pte. Regiment: Royal Newfoundland Regtl. No. 686

Rating: Ship: Official No.

Pension No. 54 Rate of Pension 70% Age 54

Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf)

PART 6 MUST ALSO BE COMPLETED

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
Jane Sheppard	June 2	1900	Ht Grace	1918 5 March
This woman is	living at Ht Grace on her			If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (see also overleaf)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer	State where each child lives and, if not with father, the reason.

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature W. J. Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Island

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†*Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such Banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†*Police Officials not below the rank of Sergeant.

†*Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

†Notaries Public and other persons competent by the law of the country to administer such declarations. (The law must be quoted sufficiently for verification.)

*Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 31st day of July 19 44 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature J. J. Carew

Qualification Notary Public

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired,)" "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge .....Station)." &c.

Postal Address Bell Island

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

*The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife, and this woman gets her pay separately at Wed Guard child or children of Mr. ..... are living, and have been seen by me this day.

Signature ..... W. J. S.

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this Certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL.
BOYS.

I certify that Ed. Charles & William Gladstone child or children of Mr. Snow W. J. Snow has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature ~~(Head Teacher)~~ E. S. Carey Notary Public

Date July 31/44

Designation of School .....

*To .....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL.
GIRLS.

I certify that .....

child or children of Mr. ..... has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature ..... (Head Teacher.)

Date .....

Designation of School .....

This form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

Please quote above reference and date of this letter in your reply.

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

54.

November 7th., 1944.

Mr. W.J. Snow,
Bell Island.

Dear Sir:

In reply to your letter of the 23rd., October, 1944, will you please obtain a certificate from Charles teacher, stating what progress he is making at school and what profession he intends to presume. Will you please let us have this information as soon as possible.

Yours very truly,

CCO/PEL.

Bell Island,
Oct., 23, 1944.

Mr. C. C. Oke,
War Pensions Officer,
St. Johns, Nfld.

Dear Sir:

It was my intention for some time to apply to you for the continuation of my son Charles' allowance while he is still at school as all the children I have, Eileen, William and Charles are still attending school and probably will be for some time yet. In the case of my son Frank who was killed overseas in 1943, his allowance was continued for some time whilst he was attending school prior to his enlistment. Charles's teacher has urged me to keep him at school as long as possible. This is quite a hardship and it is because of that that I am asking you to continue his pension allowance.

Yours sincerely,

W. J. Snow R.C.M.P.

[illegible] Charles [illegible]
[illegible]
[illegible]

CCO/PBL.

Please quote above reference and date of this letter in your reply.

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

54

November 9th.,1944.

Mr. W.J. Snow,
Bell Island.

Dear Sir:

In reply to your letter of the 23rd.,October, 1944, will you please obtain a certificate from Charles teacher, stating what progress he is making at school and what profession he intends to presume, also enclose a statement showing your yearly income, from all sources.

Yours very truly,

CCO/PBL.
Please quote above reference and date of this letter in your reply.

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

54

November 10th.,1944.

Mr. W.J. Snow,
Bell Island.

Dear Sir:

In reply to your letter of the 23rd.,October, 1944, will you please obtain a certificate from Charles teacher, stating what progress he is making at school and what profession he intedns to pursue, also enclose a statement showing your yearly income, from all sources.

Yours very truly,

Hr Grove
Hornby Street
Aug 30. 1944

Board off War Pensions
Gentlemen
Will you Kindly obliage
me and send my
cheque to my own Private
address I find it very
difficulty to find mor
Stipend every month Some
times I have to wate
for for a Week for my
money after it comes it
its in the Post office I can
get it when the mail
comes.

yours truely
Mrs William Grove
Hr Grove

Dear Mr Oke: Bell Island Aug 29/04

5M/

Math Lodge has completed the life certificate for his wife and child and himself but it got tangled up somehow and some little thing has to be done with it that has to be done here. Mrs Lodge sent it back to me asking me to get Matt to do it. But as it is near the end of the month I am writing to ask you

if you will please see that Mrs Lodge is sent the cheques due her at the end of this month. Everything is just the same with this family. The child Jean is at Catalina for his holidays. Mrs Lodge is in St Johns and Hatch is here. This has had the Loom spinning around causing the delay in getting it in but I shall see that it is done within the next week or so. And you need have no hesitation in paying the cheques at the

time as Hack has expired long ago. It is the child that is away that delayed it. But the J. P. who signed for Hack will finish it now.

Yours Concisely

W. Johnson

54

Bell Island
June 30 — 1944

Mr. C. C. Oke
War Pensions Office
St. Johns

W.M. ~~Pow~~ Sir up

Look this

You will recall that you sent me to Sudbury Hospital prior to my being transferred to the General. I spent from March 11 to March 15th. in there. Evidently you did not take this into account when you were adjusting my account in which case I am short whatever that would amount to. There were a letter from you and a statement

B

but I found that I did not have any of it when I arrived home "broke".

I have to thank you for your endeavours to kill or cure my agitation for adequate recognition of my fundamental disability. In this connection Doctor Templeman assures me that aside altogether from my heart condition or blood pressure my original disability is such that nothing more is needed to warrant a much higher pension rate than forty percent. It seems odd that another condition for which the Board seems to take no responsibility should overshadow the crippling effect of the original disability. However as this case is to be reviewed in less than a year and in view of the kindly

6

treatment you yourself extended to me in this case, I am going to lay off. But I must remind you that I am losing weight very fast & I am anxious to know whether there is anything being done in connection with my abdominal belt as I hope by it to be able to ease some of the pains and ~~to~~ hold up some of the weight that is bearing down on the nerves in the region of the original trouble.

Besides,—

My daughter-in-law Emma Snow received a letter from your office in connection with her husband Francis Douglas Snow's deferred pay. I spoiled the page which is supposed to account for the deceased soldiers relatives. the first page is ok. Will you

Ok. Dr
Sept 7th 1917

2

be kind enough to forward me another sheet. Just the second sheet is all we need. And I shall be much obliged if you will let us have one at your earliest convenience

Yours sincerely

W. J. Snow

R688

54

Mr L.L. Oke,
War Pensions Office
St Johns.

Dear Sir:

Please arrange to have sent me a statement of the full amount paid me in the form of pension in the year 1943. And am unable to calculate it for my income tax return because I do not know how much of it was sent to my wife. This would not have to include hospital expenses.

Yours sincerely, [illegible]

R 686.

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

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

August 12th, 1944.

Wm. J. Snow,
Bell Island.

Dear Sir,

Herewith is a statement of Pension paid you for the period 1st January, 1943, to 31st December, 1943.

Total War Pension Paid Self.....	$252.00
" Hospital Allowances.....	150.40
Paid Self	$402.40

Total W.P. Paid Wife	$84.00
" Hospital Allowance.....	50.14
Paid Wife.....	$134.14

Yours very truly,

RCM/DOC

No. ..... Pension No. 5d

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs Wm Evans
y. son Andrew,
(Pensioner's Name)

c/o L. Sheppard, R.O.
(Pensioner's Address)
Ha Grace

—
(Name of member of forces)

—
(Relationship to member of forces)

— (Unit) 686. (Regimental No.)

Pensionable Disability — % a month for — months

AWARD

For Pensioner ..... $ ..... a month

For Wife ..... $ ..... a month

For ..... Children ..... $ ..... a month

Total ..... $

from ..... to ..... —

Amount of Adjustment Payment:

From — to — @ $ — $ 1.93

Date 13.7.45 Check No. 2090

Computed by My

Checked by ..... R. E. Moores (CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:
adjustment of pension y. husband's hospitalization at Bedburg Hospital.
12.3.45 to 14.3.45

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. ..... Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

William Snow
(Pensioner's Name)

Bell Island.
(Pensioner's Address)

—
(Name of member of forces)

—
(Relationship to member of forces)

—
(Unit)

686.
(Regimental No.)

Pensionable Disability 100 % a month for Hospitalization. ~~months~~

AWARD

For Pensioner $ 75.00 a month

For Wife $ 25.00 a month

For 3 Children $ 37.00 a month

Total $ 137.00 less 1.00 per day.

from 12.3.44 to 14.3.44.

Amount of Adjustment Payment:

From — to — @ $ — $ 5.62

Date 13.7.44 Check No. 2089

Computed by MJ

Checked by

R. Moores.
(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks: adjustment of Hospital account.

Pension from 12.3.44 to 14.3.44 @ $137.00 p/month. = $13.26
Less $1.00 per day for Hospital period = $3.00
" amt. paid @ 28.00 per month. = 2.71 } 5.71
Due c/o M. N. Hospitalization = $7.55

Self and two children = $5.62
Wife and 1 child = 1.93
$7.55

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Pension a/c D.P. from 18 7/42 to 14 7/42 @ $137.00 p mth = $ 13.26

Less pension paid @ $ 28.00 p mth = $ 2.71

Less $1.00 per day for D.P. period = 3.00 5.71

Due $ for period in new D.P. = $ 7.55

Man and 2 children = $\frac{102.00}{137.00} \times \$7.55$ = $ 5.62

Wife + 1 child = $\frac{35.00}{137.00} \times \$7.55$ = 1.93

$ 7.55

Please quote above reference and date of this letter in your reply.

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

September 16th. 1943

The Manager,
Bank of Nova Scotia.

Dear Sir,

We enclose herewith Cheque No. 2312 for $7.00 and Cheque No. 2313 for $30.00 both payable to your bank on account of Mrs. Wm. Snow and Michael W. Morrissey, respectively, replacing Cheque Nos. 18097 and 17878 dated August 31st. which were negotiated through the Bank of Nova Scotia, Harbour Grace and were lost in the mail in transit from the Harbour Grace to St. John's branch.

Yours very truly,

CCO/SM

Please quote above reference and date of this letter in your reply.

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

September 16th. 1943

The Manager,
Bank of Nova Scotia.

Dear Sir,

We enclose herewith Cheque No. 2312 for $7.00 and Cheque No. 2313 for $30.00 both payable to your bank on account of Mrs. Wm. Snow and Michael W. Morrissey, respectively, replacing Cheque Nos. 18097 and 17878 dated August 31st. which were negotiated through the Bank of Nova Scotia, Harbour Grace and were lost in the mail in transit from the Harbour Grace to St. John's branch.

Yours very truly,

CCO/SM

SEPTEMBER 13/1943

Mrs. William Snow
c/o L.Sheppard, R.O. [illegible] Grace

DEPT.PUBLIC HEALTH & WELFARE
ST. JOHN'S.

CHEQUE 2312 FOR $7.00 FORWARDED IN ERROR. PLEASE RETURN IMMEDIATELY.

No. —

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs Wm Snow,
(Pensioner's Name)

c/o L. Sheppard, R.O.
(Pensioner's Address)
Ar. Grace

—
(Name of member of forces)

—
(Relationship to member of forces)

—
(Unit)

686
(Regimental No.)

Pensionable Disability — % a month for — months

AWARD

~~For Pensioner $ a month~~

~~For Wife $ a month~~

~~For Children $ a month~~

~~Total $~~

from — to —

Amount of Adjustment Payment:

From — to — @ $ — $ 7.00

Date 8.9.43 Check No. 2312

Computed by M

Checked by

(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Replacing cancelled cheque # 18097 for June 1943

Stop payment issued 8/9/43.

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Please quote above reference and date of this letter in your reply.

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

June 29th., 1944.

The Superintendent,
Sudbury Hospital,
St. John's.

Re: #686, William J. Snow.

Dear Sir:

The above named was admitted to your hospital sometime in March 1944 for treatment and was later transferred to the General Hospital. Would you please forward report of dates of admission and discharge and treatment given, as it is necessary to adjust his pension account due to Hospitalization received.

Yours very truly,

RM/PL

Adm. Sudbury. 11.3.44
Dio. " 14.3.44.

Bell Island,
June, 12, 1944.

Dear Mr. Moore:

Doubtless you will recall the matter of the four days which I was at Sudbury Hospital last spring prior to my being transferred from there to the "General" on March 15th. I took this matter up favourably with you before you went on your "vacation" in May which, owing to its special nature, I trust you enjoyed very much, and I have no doubt that you will be in the mood to give this matter your attention in the very near future.

Yours sincerely,
R-686 W.J. Snow

/KB
Please quote above reference and date of this letter in your reply.

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

MERCHANT NAVY HOSPITAL.

10th July, 1944.

Mr. C.C. Oke,
War Pensions Officer,
Dept. of Public Health & Welfare.

Re: #686 - William J. Snow.

Dear Sir:

In reply to your letter of the 29th of June re the above-named, the following information is submitted:

Date of Admission: March 11, 1944.

Date of Discharge: March 14, 1944.
(Transferred to General Hospital.)

Treatment: Medicinal.

Yours truly,

E. Moore
Nurse-in-charge.

Authority for 100% on u. Exam. sheet.
M

H. W. 100—3M—13-7-38—Dicks

Pension No.....

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department of War Pensions for Newfoundland

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date _____

The Secretary, Dept. of War Pensions for Newfoundland.

Per _____

Regimenal No. 686 **Rank** Pte.

Name Wm. Snow.

Unit Royal Nfld. Regt.

DESCRIPTION OF PENSIONER:

Apparent Age **Height** **Colour of Eyes**

Complexion **Colour of Hair** **Weight**

Marks of Identification:

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

Patient complains of pain in chest and pre-cardiac region which radiates to the back. This has been present off and on since 1935. In Dec 1941 the pain became acute and he has had about six similar attacks. The two last attacks were recent attacks. For the past year he has been unable to sleep without sedatives due to the pain.

Past History Typhoid 1915 and 1916. Has had severe constipation ever since this and has had practically continual abdominal discomfort. He had an operation in 1925. Reports of Dr Keegan attached state "uncomfortable with marked symptoms". These are dated Aug 16th 1934 and March 1935 following periods in the General Hospital. He was again admitted to the General Hospital on March 15th 1943. & discharged on June 10 1943. See attached reports.

admitted General Hospital for full investigation — 14. Mar. 1944 see attached report. Condition as described therein.

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 ..... Pensioner's Signature .....

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

Generalized osteoarthrosis (Post Typhoid)

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

1. Coronary artery disease
2. Hypertension

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

Non-pensionable disabilities were not mentioned before.

(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?

NA.

5. Will disabilities materially increase or diminish? Increase (3.L).

6. Are the disabilities permanent? Yes.

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

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

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

(d) If any appliance is necessary? Yes.

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

(b) Nature of treatment advised? Properly fitted belt. General medical care for hypertension. Sedentary work.

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

The foregoing report submitted by:

Pensioner's Signature

Signature

Medical Examiner.

Place St Johns

Date 14. 4. 44.

Members (of a Board)

(In cases in which a 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.)

100 lb lost. Complete for lately diagnosed Heart condition. Died in war 1914 + 40 yrs for Pulmonary Tuberculosis

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

10. 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.)

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank _____ Name William Snow

Disability 100 per cent. Period Hospital ~~months~~

Pension for self $ 75.00 per month

Allowance for wife $ 25.00 per month

ALLOWANCE FOR CHILDREN

First Child $ 15.00 per month

Second Child $ 12.00 per month

Third ~~and Other~~ Children $ 10.00 Each $ —

TOTAL MONTHLY PENSION $ 137.00 For Hospital Period ~~Months~~ Less $1.00 per day.

Total Authorized Amount $ 137.00 From 12th 3.44

To 13.4.44

PENSION GRANTED TO William J. Snow,
Bell Island

28/4/44 Approved by _____ Chairman.

_____ Commissioner.

_____ Commissioner.

_____ Commissioner.

HW1—D.

In reply please quote
Date and Initials
/ ELS/ML.

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health and Welfare

ST. JOHN'S
General Hospital,
April 13th. 1944.

Officer,
Dept. War Pensions,
Dept. Public Health,
CITY.

Re:- Mr William Snow. Bell Island.

This man was admitted to this hospital March 14th. '44., recommended by The Services Medical Board for:

I. Gastro intestinal series.
II. Electrocardiograph.
III. Wasserman.

The electrocardiograph was taken and shows cardiac hypertrophy with coronary artery disease. Blood pressure 235/140.
X-Rays were taken of the gastro intestinal tract and do not show any disease of the stomach or duodenum. The wasserman has been taken on three occasions and each time the report returned "DOUBTFUL".

This man has multiple and varied symptoms with no particular reference to any one system.
He had some bad teeth and old roots which were given attention. (There are still a root or two to be extracted)

Final Diagnosis: Cardiac Hypertrophy.
Coronary artery disease.
Hyperpiesis.
Questionable as to specific or not.

Discharged: April 13th. '44.

E. Leo Sharpe,
General Superintendant.

Kindly address all Communications to the Department, not to Individuals.

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank Name William Snow

Disability 40 per cent. Period 12 + months

Pension for self $ 30.00 per month

Allowance for wife $ 10.00 per month

ALLOWANCE FOR CHILDREN

First Child $ 6.00 per month

Second Child $ 6.00 per month

Third ~~and Other~~ Children $ 4.00 Each $ —

TOTAL MONTHLY PENSION $ 56.00 For 12 + Months

Total Authorized Amount $ 56.00 From 14.4.44 to 14.9.44

$ 52.00 FROM ~~TO~~ 15.9.44 to 30.4.44

PENSION GRANTED TO William Snow,

Bell Island

28/4/44

Approved by [signature] Chairman.

[signature] Commissioner.

[signature] Commissioner.

Commissioner.

No. .....

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

William Snow.
(Pensioner's Name)

Bell Island.
(Pensioner's Address)

—
(Name of member of forces)

(Relationship to member of forces)

— (Unit)

681 (Regimental No.)

Pensionable Disability 100 % a month for Hospital Period ~~months~~

40 % do. 12 + months.

AWARD

For Pensioner $ 30.00 a month

For Wife $ 10.00 a month

For 3 Children $ 16.00 a month

Total $ 56.00

Amount of Adjustment Payment: $ 57.00 from 14.4.44 to 14.9.44 & 15.9.44 to 20.4.45.

From — to — @ $ — $ 69.24

Date 28/4/45

Check No. 14450.

Computed by n/

Checked by

R. B. Meaney
(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Pension due w/ Hospital = $ 57.34

" " w/ Increased award = 11.90 (to apply below)

$ 69.24

Calculations attached.

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Pension @ $137.00 from 15/3/44 to 13.4.44 = $134.50 (1)

Less paid @ $28.00 = $27.48

Less $10.00 per day = $30.00 } = 57.48

$77.02

Man & 2 children = 102.00 / 137.00 of $77.02 = $57.34

Wife & 1 child = 35.00 / 137.00 × $77.02 = 19.68

(For Calculations see Reverse side)

N/

= $77.02

Hospital Adjustment. 15.3.44 to 13.4.44.

N/

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

ST JOHN'S,
NEWFOUNDLAND.

IN REPLY REFER TO
No.

35.00 × $77.02
137.00

77.02
× 35.00
3851000
23106
137.00) 269570.00 (19.68
137
1325
1233
927
822
1050
1096
-46

102.00 × $77.02
137.00

77.02
× 102.00
1540400
77020
137.00) 7856040.00 ($57.34
685
1006
959
470
411
594
548
46

(11)

Pension @ $42.00 from 14.4.44 to 30.4.44 = $23.80
Less paid @ $31.00 " " " " = 11.90

Due a/c Man + 2ch. = $11.90 (So 30.7.44)

Pension @ $14.00 from 14.4.44 to 30.4.44 = $7.93
Less paid @ $7.00 " " " " = 3.97

Due to 30.4.44 a/c wife + 1 ch. = $3.96

	Man + 2ch.	wife + 1ch.
Due a/c Hospitalization =	57.34	19.68
Due a/c Increased Award =	11.90	3.96
	$69.24	$23.64

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

ST JOHN'S,
NEWFOUNDLAND.

IN REPLY REFER TO
No. _____

$\frac{17}{30} \times 21.00 \times 17$

14700
21 00

30) 3570
$11.90

$\frac{17}{30} \times 42.00 \times 17$

29400
4200

30) 7140
$23.80

$\frac{17}{30} \times 7.00 \times 17$

30) 119.00
3.97
$3.97

$\frac{17}{30} \times 14.00 \times 17$

9800
1400

30) 238.00
$7.93

No. ..... Pension No. 5[illegible]

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs. Wm. Snow. (Pensioner's Name)

(Name of member of forces)

Yo. L. Sheppard, Rd. (Pensioner's Address)

(Relationship to member of forces)

Sta. Grace.

(Unit) — (Regimental No.) 681

Pensionable Disability 100 % a month for Period ~~months~~ Hospitalization

40 % for 12 + months.

AWARD

For Pensioner ..... $ ..... a month

For Wife ..... $ 10.00 a month

For 1 Children ..... $ 4.00 a month

Total ..... $ 14.00

Amount of Adjustment Payment: $ 16 [illegible] from 14.4.44 to ~~30~~ 14.9.44 . 15.9.44 to 30.4.45.

From — to — @ $ — $ 23.64

Date 28/2/45 Check No. 14450.

Computed by my

Checked by .....

R. G. Moores (CLERK) BOARD OF PENSION COMMISSIONERS

Remarks:

Pension due y/ husband's Hospitalization.
From 15.3.44 to 13.4.44 @ 100% = $ 19.68

Due y/ Increased award from
14.4.44 to 30.4.44 = 3.96

Pension due to 30.4.44 = $ 23.64

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No..... Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

William Snow.
(Pensioner's Name)

Bell Island.
(Pensioner's Address)

–
(Name of member of forces)

–
(Relationship to member of forces)

–
(Unit)

686
(Regimental No.)

Pensionable Disability 100 % a month for P. ~~months~~

AWARD

For Pensioner $ 75.00 a month

For Wife $ 25.00 a month

For 3 Children $ 37.00 a month

Total $ 137.00

from 16.3.43 to 1.6.43.

Amount of Adjustment Payment:

From – to – @ $ – $ 21.90

Date 8.9.43. Check No. 2310

Computed by M

Checked by .....

(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks: Correct adjustment of your account due to Hospitalization for period 16/3/43 to 1/6/43.

Pens. due @ $137.00 monthly from 16/3/43 to 1/6/43 = $ 349.28
Less " paid @ $28.02 monthly for same period = $ 70.74
" $1.00 per day for period of P = 78.00
Less allowance for wife + 1 child = 50.14 — 198.88
Pension due of P — 150.40
Less " paid by cheque # 17383 (June 11/43) — 128.50
$ 21.90

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. ..... Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

William Snow
(Pensioner's Name)

Bell Island
(Pensioner's Address)

—
(Name of member of forces)

—
(Relationship to member of forces)

— (Unit) 686 (Regimental No.)

Pensionable Disability 100 % a month for Hospitalization.

AWARD

For Pensioner $ 75.00 a month

For Wife $ — a month

For 2 Children 15.00 12.00 $ 27.00 a month

Total $ 102.00 less $1.00 per day in Hospital

from 16.3.43 to 1.6.43

Amount of Adjustment Payment:

From — to — @ $ — $ 128.50

Date 11.6.43 Check No. 17383

Computed by RW

Checked by .....

(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:

Pension @ $102.00 from 16/3/43 to 1/6/43 = $ 260.04

Less pension paid for same period @ $21.00 = 53.54

$ 206.50

Less $1.00 per day for Hospital period. = 78.00

$ 128.50

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank _____ Name William Snow

Disability 20 per cent. Period Permanent ~~months~~

Pension for self $ 15.00 per month

Allowance for wife $ 5.00 per month

ALLOWANCE FOR CHILDREN

First Child $ 3.00 per month

Second Child $ 3.00 per month

Third ~~and Other~~ Children $ 2.00 ~~Each $~~ _____

TOTAL MONTHLY PENSION $ 28.00 For Permanent ~~Months~~

Total Authorized Amount $ 28.00 From 2.6.43

To While Eligible

PENSION GRANTED TO William Snow,
Bell Island.

7.9.43.
RM

Approved by _____, Chairman.

_____ Commissioner.

_____, Commissioner.

_____ Commissioner.

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank Name William Snow.

Disability 100 per cent. Period of Hospitalization ~~months~~ less 1c per day.

Pension for self $ 75.00 per month

Allowance for wife $ 25.00 per month

ALLOWANCE FOR CHILDREN

First Child $ 15.00 per month

Second Child $ 12.00 per month

Third and Other Children $ 10.00 Each $

TOTAL MONTHLY PENSION $ ~~102.00~~ 137.00 For P. less 1c per day Months

Total Authorized Amount $ 137.00 From 16.3.43

To 1.6.43.

PENSION GRANTED TO William Snow,
Bell Island.

28.8.43
R.M.

Approved by E. Roth Chairman.

J. J. Brady Commissioner.

[illegible] Commissioner.

Commissioner.

Please quote above reference and date of this letter in your reply.

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE
ST. JOHN'S,
NEWFOUNDLAND.

July 14th., 1943

Wm. Snow, Bell Island

This man has been treated at the General Hospital for nerves, high blood pressure and trouble with his foot. His foot was operated on by Dr. Conroy and he has been discharged from hospital. A more complete report will be furnished from his records at the General Hospital.

A. W. Policoff, M. D.

24/8/43
Continue 20% Pension
Permanent.

AWP/SM

H W 1—D.

54

In reply please quote
Date and Initials

/ELS/ML.

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health and Welfare

ST. JOHN'S
General Hospital,
June 1st. 1943.

Officer,
Department of War Pensions,
Department of Public Health,
CITY.

1 # 686

Re:- Mr William Snow, Bell Island.

The above named was admitted to this Hospital March 15th. 1943., to the service of Dr. Policoff.

Complaints:- Pain in heart and back of head. Gas in stomach after food. Pain in legs.

Personal History:- Age 53. Wife alive. Four children. Appetite poor. Works as an accountant.

History of Illness:- War 1915.
1925 Appendectomy.
1934 Electric Treatment.

In November 1941 first began to notice his heart. He fainted and was in bed for two days. In 1942. December, fainted again . In bed one day, Could not walk very well because of pain in heart and general weakness.

X-Ray Report:- Cervical Vertebrae-- Mild degree of arthritis.
Right foot-- Exostosis distal end of first Metatarsal Bone.

Operation:- Excision of Exostosis of great toe. Rt. foot.

Treatment:- Nitro Glycerine gr. 1/100. Tab. 1 B.I.D.
Tr. Digitalis mv T.I.D.
Empirin Compound & Codeine gr. 1/4 For pain P.R.N.
Nembutal Grs. III for sleep.

Discharged June 1st 1943.

Approved. 100% while in Hospital
24/8/43.

E.Leo Sharpe,
General Superintendant.

Att: Mr C.C.Oke.

Kindly address all Communications to the Department, not to Individuals.

No. ..... Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs. Dr Snow
(Pensioner's Name)

C. L. Sheppard RO
(Pensioner's Address)
Hr. Grace

—
(Name of member of forces)

—
(Relationship to member of forces)

— (Unit) 686 (Regimental No.)

Pensionable Disability ..... % a month for — months

AWARD

For Pensioner ..... $ ..... a month

For Wife ..... $ ..... a month

For ..... Children ..... $ ..... a month

Total ..... $

from — to —

Amount of Adjustment Payment:

From — to — @ $ — $ 50.14

Date 7.9.43. Check No. 2309

Computed by Rm

Checked by .....

(CLERK)
BOARD OF PENSION COMMISSIONERS

Remarks:
Allowance for yourself & son increased due to husband's hospitalization from 16.3.43 to 1.6.43

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

Dear Mr Oke: Rm Oke
Wire & pd
in fewt days 7/23 Rm

Doubtless you will recall that you arranged to pay Mrs George Winsor, 1 Parade street my board allowance while under observation & treatment after leaving General Hospital from June 1st to June 11th.

Mrs Winsor is after me for her money. I presume this has not been sent out yet as I note there is a small

reimbursement covering two days I stayed at Winsors prior to my entering hospital plus my travelling expenses due me which has so far not come along.

You will favor me if you will check up on this matter as we need the money.

Yours sincerely 54

E. J. Snow R.686

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the Issuing Authority. It is no security for debt.
IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by some one on his behalf.

19.10.4

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner Mrs Jessie Snow

Rank ..... Regiment ..... Regtl. No. .....
Rating ..... Ship ..... Official No. .....

Pension No. 54 S Rate of Pension 700 Age 42
Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (*See also overleaf.*)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth		Present Address	Date of Marriage
	Day and Month	Year		
Jessie Sheppard	June 2nd	1900	Ha Grace	March 4 1918

If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (*See also overleaf.*)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth		State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
	Day and Month	Year		
Walter Raymond	March 19	22	High School	
Lyde	June 5	22	Ha Grace	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature Mrs William Snow
(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Ha Grace

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.
†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.
Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.
Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.
Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.
†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.
†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.
†* Police Officials not below the rank of Sergeant.
†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.
† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)
* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 12 day of October 19 42 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature A J Goodland

† Qualification J.P.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)." "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)," &c.

Postal Address Harbour Grace

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.
* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that Jessie Snow the wife, and Walter Raymond, and Clyde

X

child or children of Mr. William Snow are living, and have been seen by me this day.

Signature A. J. Goodland

Date Oct. 10 1942

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE (For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Raymond & Clyde Snow

child or children of Mr. Mrs. Jessie Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature A. J. Goodland / Mary E. Davis (Head Teacher.) Grade Teacher

Date Sept. 18, 1942

Designation of School Harbour Grace

•To .....

The Board of Pension Commissioners for Newfoundland.

.....

•To be filled in by PAYING OFFICER before despatch to the Pensioner.

HARBOUR GRACE NFLD. OCT 15 1942

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature ..... (Head Teacher.)

Date .....

Designation of School .....

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

54

February 2nd. 1943

Mr. Wm. Snow, R. O., Bell Island:

With further reference to our memo of January 21st. and your reply of January 27th., information requested by us was not enclosed in your letter as stated by you. We are returning our letter of January 21st. together with memo which we presume was forwarded by you in error.

Please let us have the requested information as soon as possible.

CCO/SM

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William J. Snow

Rank: Pte. Regiment: Royal Nfld Regtl. No. 686

Rating: Ship: Official No.:

Pension No. 54 S Rate of Pension 20/- Age 58

Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth		Present Address	Date of Marriage
	Day and Month	Year		
Nothing doing				If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth		State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
	Day and Month	Year		
Edward Charles	Sept 15th	1929	Bell Island	
Will Gladstone	Feb 13th	1931	Bell Island	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature W. J. Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Island

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.
†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.
Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.
Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.
Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.
†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.
†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.
†* Police Officials not below the rank of Sergeant.
†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.
† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)
* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 18 day of Sept. 1942 and that I believe the Declarant to be the person named herein. (Date must be inserted.)

*Signature J. J. Jodrey

Qualification Justice of the Peace

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)." "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)," &c.

Postal Address Bell Island

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife, and this woman lives in the town of Lapoint

child or children of Mr. William Evans

are living, and have been seen by me this day.

Signature D. J. Jordan J.P.

Date 19/9/62

Note: This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Ed. Charles & Wm Gladstone

~~Child~~ children of Mr. [illegible]

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature D. J. Jordan J.P.
(Head Teacher.)

Date 19/9/62

Designation of School R.C. Convent

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature .....
(Head Teacher.)

Date .....

Designation of School .....

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

*To .....

The Board of Pension Commissioners
for Newfoundland.

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife, and this woman fills in her own certificate ..... child or children of Mr. William Smart are living, and have been seen by me this day.

Signature D. Jordan J.P.

Date 19/9/52

Note: This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Ed. Charles & Wm Gladstone ~~child~~ children of Mr. W. Johnson has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature D. Jordan J.P.
(Head Teacher.)

Date 19/9/52

Designation of School R.C. Convent

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that ..... child or children of Mr. ..... has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature .....
(Head Teacher.)

Date .....

Designation of School .....

9. CERTIFICATE
(For Children in Employment.)

I certify that ..... child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

*To .....

The Board of Pension Commissioners
for Newfoundland.

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

11

Please quote above reference and date of this letter on your reply

54

DEPARTMENT OF
PUBLIC HEALTH AND WELFARE,
ST. JOHN'S,
NEWFOUNDLAND.

August 31st. 1942

Mr. W. J. Snow,
Bell Island.

Dear Sir,

In reply to your enquiry of recent date you are advised that we contacted Mr. Hiscock with regard to your glasses and he stated that the understanding with you was that delivery could not be made for three or four weeks.

Mr. Hiscock will do his best to send along your glasses as quickly as possible.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM

This might concern you:

On July 30 st. you sent me to Lorne Hiscock at Trapnell's for glasses. He promised to send them along, but I have heard nothing of them since.

This is a handicap as the old ones I had are broken. Would you please attend to matter with you

(contact Hiscock by Phone & wake him up)

R. J. S. R 68

Hiscock says he would take 3 to 4 weeks and that he will do his best to have them along as quickly as possible

RJS

8.10.41

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William J Snow

Rank: Rte. Regiment: Nfld Regtl. No. 686

Rating: Ship: Official No.

Pension No. 542 Rate of Pension 20/00 Age 51

Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
no responsibility				
She's on her own	& fills out her own form			If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Eileen Millicent	June 2/1925	1905	R.C. Convent School	at home here
Edward Charles	Sept 15	1928	RC Boys School	"
William Gladstone	Feb 13	1931	RC Boys School	"

The Board of Pension Commissioners for Newfoundland OCT 1 1941

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature W J Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Island

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 7th day of Sept 1941 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature W Templeman M.D.C.M.

Qualification M.D.C.M. Medical Practitioner

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)," "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)," &c.

Postal Address Bell Island

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

.....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
BOYS.

I certify that William Gladstone & Edward Charles Snow

child or children of Mr. W. J. Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature H. V. L. Barry
(Head Teacher.)

Date Sept. 23rd, 1941.

Designation of School R.C. Boys' Thoughline

*To The Board of Pension Commissioners for Newfoundland.

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
GIRLS.

I certify that Eileen Millicent Snow

child or children of Mr. W. J. Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature Sr. M. Benignus
(Head Teacher.)

Date Sept. 25th 1941

Designation of School The Nuns
Bell Island.

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

54
686

April 4th. 1942

Mr. W. J. Snow,
Bell Island.

Dear Sir,

In reply to your letter of 28th. March you are advised that cheque for $32.00 covering Nujol supplied you by L. J. Lawton was for the period 30th. April 1940 to 31st. July 1941.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM

HW 1-40

In reply please quote
Date and Initials
/.....

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

APR 1 1942
St. John's, Newfoundland

Department of Public Health and Welfare

ST. JOHN'S

March 14th. 1942

32.00 cheque
covered periods
30.4.40 to 31.7.41

Mr. W. J. Snow,
Bell Island.

Dear Sir,

We have for acknowledgment your letter of 10th. March 1942 having particular reference to the bill for $32.00 covering Mujol supplied by L. J. Lawton of Bell Island for your goodself.

According to our records, cheque #2999 dated 12th. September 1941 for $32.00 was made out on voucher No. 1722, forwarded and duly cashed. If non-receipt of this cheque is still maintained, kindly let us hear from you so that the case may be referred to the proper authorities.

As previously stated, glasses will be supplied you when you present yourself for an examination, and reasonable expenses will be assumed by the Board of Pension Commissioners in this respect.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM

Over

Kindly address all Communications to the Department, not to Individuals.

Bell Island March 28th 1907

Dear Mr Butler: I have to thank you for your letter. Since it arrived Mr Lawton has discovered what you say to be correct. Evidently as he handled the Militia and most most of the Sick Poor bills here besides the Warpensions he got mixed up. As soon now he is not clear how distinct one is from another over there. I have a small bill from Mr Lawton for mineral oil for me on hand to be certified and I would be very thankful if you will let me know what period the $32.00 cheque covered so that I can be sure there will be no overlapping. Now that I know how little Mr Lawton knows about the way things are run over there I shall be able to make things easier for every body only, of course as heretofore, for myself.

Thanks in anticipation for the information as to the period covered in the $32.00 cheque you mention.

Yours William Sugar
R. 686.

19-9-41

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

The Board of Pension Commissioners for Newfoundland
SEP 19 1941

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner Jessie Snow

Rank ..... Regiment ..... Regtl. No. .....
Rating ..... Ship ..... Official No. .....

Pension No. 548 Rate of Pension 7.00 Age 41
Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated.)
Jessie Shepherd	June 2	1900	Hr Grace [redacted]	March 5 1918

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Walter Raymond	Tuesday	1933	High School	
[illegible]	March	22	Hr Grace	
[illegible]	Dec.	5	Hr Grace	
		1954	Hay Street	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature Jessie Snow
(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Harvey Street Hr Grace.

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.
†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.
Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.
Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.
Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.
†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.
†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.
†* Police Officials not below the rank of Sergeant.
†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.
† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)
* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 16 day of Sept 1941 and that I believe the Declarant to be the person named herein. (Date must be inserted.)

*Signature M. P. Stapleton

Qualification Commissioner S.C.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)." "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))." "Sergeant of Police (in charge..... Station)," &c.

Postal Address Harbor Grace

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

.....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE (For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Raymond and Clyde Snow

child or children of Mr. Mrs Jessie Snow.

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature Mary E. Davis.
(Head Teacher.)

Date September 5, 1941

Designation of School Harbour Grace

*To .....

The Board of Pension Commissioners for Newfoundland.

.....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

HARBOUR GRACE SEP 18 21 NEWFD.

Dept. of Public Health & Welfare SEP 19 1941 St. John's, Newfoundland.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature .....
(Head Teacher.)

Date .....

Designation of School .....

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

.....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
BOYS.

I certify that Raymond and Clyde Snow,

child or children of Mr. Mrs Jessie Snow.

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature Mary E. Davis.
(Head Teacher.)

Date September 4, 1941

Designation of School Harbour Grace

*To .....

The Board of Pension Commissioners
for Newfoundland.

.....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

HARBOUR GRACE
SEP 18 41
NEWFD.

Dept. of Public Health & Welfare
SEP 19 1941
St. John's, Newfoundland.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
GIRLS.

I certify that .....

child or children of Mr. .....

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature .....
(Head Teacher.)

Date .....

Designation of School .....

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

Bell Isle Sept. 22/41

War Pensions Clerk
Dept Public Health & Welfare
Saint Johns

54/686

Dear Sir:

I have lost the Life certificate form that accompanies my last pension cheque. Please send me another. In the meantime all the children are here just the same as last month. Do not hold my cheque as I am financially disturbed already.

D. J. Snow
R 686.

54/686

May 12th. 1941

Mr. W. J. Snow,
Bell Island.

Dear Sir,

We are in receipt of a bill for drugs furnished you from December 1937 to May 1938 amounting to $12.00 by Lawton's Drug Store, Wabana.

According to our records this bill was paid by Cheque No. 20004 drawn in favour of Lawton's Drug Store, dated June 13th. 1938 to the amount of $12.00, and the cheque was negotiated through the Bank of Nova Scotia, Bell Island on June 16th. 1938.

Yours very truly,

For H. M. Mosdell, M. D.
Secretary for Public Health and Welfare.

DLB/SM

Mr Butler

Mr War Pensions Department
Dept. Public Health and Welfare
Address St. John's.

Bought of

LAWTON'S DRUG STORE

Established 1907

The Rexall Store

WABANA'S PIONEER PHARMACISTS

Sunday Hours: 2 to 4.30 p.m. 7.30 to 9 p.m.

WABANA, NFLD.

L. J. LAWTON, Registered Pharmacist Proprietor.

Exclusive Agents for: Jonteel, Cara Nome and Harmony Toilet Preparations.

Lord Baltimore Stationery.

EASTMAN KODAK AGENCY.

Date	Items	Folio	Charges	Credits	Balance
	To Mineral Oil furnished Pensioner William Snow.				
1937					
December	2 Bottles		2 00		
1938					
January	2 Bottles		2 00		
February	2 Bottles		2 00		
March	2 Bottles		2 00		
April	2 Bottles		2 00		
May	2 Bottles		2 00		
			12 00		

Dept. of Public Health & Welfare
MAY 9 1941
St. John's, Newfoundland.

Received the above medicine
W. J. Snow
R 686

Paid 13.6.38
Cheque # 20004
V# 11077

N.B. this is a third time I have certified W. J. Snow. Once early spring (end of may) 1938 again later as a repeat and again now.

Mr Lawton has been holding me personal responsible in case the Department turns it down. The condition calling for the goods is a very genuine war disability. Your comment would be appreciated so that I know W. J. S. where I stand with Lawton

SERVING THE BELL ISLAND PUBLIC SINCE 1907

No _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

William Snow
(Pensioner's Name)

Bell Island.
(Pensioner's Address)

(Name of member of forces)

(Relationship to member of forces)

(Unit) (Regimental No.) 686

Pensionable Disability 20 % a month for _____ months

AWARD

For Pensioner $ 15.00 a month

For Wife $ _____ a month

For 4 Children $ 10.00 a month

Total $ 25.00

Less 20 % 20.00

Add 10 % 22.00

Add 10% Monthly Payment 24.20

Increased as son drank for school term 1937-38.

from 1.9.37 to 30.6.38

Amount of adjustment payment:

From _____ to _____ @ $ _____ $ 4.80

Date 3.1.38 Check No 9778

Computed by _____

(CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Checked by _____

Remarks:

Pension @ 24.20 from 1/9/37 to 31/12/37 = 96.80
less paid @ 23.00 same period = 92.00
4.80

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Wm. J. Snow
(Pensioner's Name)

Bell Island
(Pensioner's Address)

(Name of member of forces)

(Relationship to member of forces)

(Unit) (Regimental No.)

Pensionable Disability 20 % a month for Life months

AWARD

For Pensioner $ 15.00 a month

For Wife $ _____ a month

For 3 Children $ 8.00 a month

Total $ 23.00

Less _____ %

Add _____ %

Monthly Payment 23.00

from 1.7.37 to _____

Amount of adjustment payment:

From 1.7.37 to 31.8.37 @ $ _____ $ 55Y

Date 10-9-37 Check No. 3727

Computed by _____ _____ (CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Checked by _____

Remarks: Pay 23.00 from 1.7.37 to 31.8.37 46.00
less paid July 27.00 Aug 18.38 10.38
5.52

Includes increase as from 1 July, 1937

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs Wm Snow
(Pensioner's Name)

Bellsland
(Pensioner's Address)

(Name of member of forces)

(Relationship to member of forces)

(Unit) (Regimental No.)

Pensionable Disability _____ % a month for _____ months

AWARD

For Pensioner _____ $ _____ a month

For Wife _____ $ 5.00 a month

For _____ Children _____ $ 2.00 a month

Total _____ $ _____

Less _____ % _____

Add _____ % _____

Monthly Payment 7.00

from 1.7.37 to _____

Amount of adjustment payment:

From 1.7.37 to 31.8.37 @ $ _____ $ 1.68

Date 10-9-37 Check No. 3728

Computed by Jm

(CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Checked by _____

Remarks: Pay 7.00 from 1.7.37 to 31-8-37 14.00
Less paid 6 16 July 1937 12.32
1.68

Includes bonus from 1 July 1937

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs Wm Snow
(Pensioner's Name)

Harvey St Brow
(Pensioner's Address)

_____ (Name of member of forces)

_____ (Relationship to member of forces)

_____ (Unit) _____ (Regimental No.)

Pensionable Disability _____ % a month for _____ months

AWARD

For Pensioner _____ $ _____ a month

For Wife _____ $ _____ a month

For _____ Children _____ $ _____ a month

Total _____ $ _____

Less _____ % _____

Add _____ % _____

Monthly Payment _____

from _____ to _____

Amount of adjustment payment:

From _____ to _____ @ $ _____ $ 7 9v

Date 8-IV-35 Check No. 7506

Computed by _____

Checked by _____

(CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Remarks:

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Mrs Snow
(Pensioner's Name)

Bell Isld.
(Pensioner's Address)

(Name of member of forces)

(Relationship to member of forces)

(Unit) (Regimental No.) 686

Pensionable Disability 20 % a month for _____ months

AWARD

For Pensioner _____ $ 15 00 a month

For Wife _____ $ _____ a month

For 5 Children _____ $ 12 00 a month

Total _____ $ 27 00

Less 15 % 22 95

Add 10 % 25 24

Monthly Payment _____

from 1-7-36 to _____

Amount of adjustment payment:

From _____ to _____ @ $ _____ $ 24 08

Date August 31/36 Check No. 8006

Computed by M

(CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Checked by _____

Remarks:

Pension @ 25 24/100 per month from 1/7/36 to 31/8/36 $50 48
Paid on ofc for above period $26 40
$24 08

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No. _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Wm Snow
(Pensioner's Name)

Bell Isld
(Pensioner's Address)

(Name of member of forces)

(Relationship to member of forces)

(Unit)

686
(Regimental No.)

Pensionable Disability 20 % a month for Life months

AWARD

For Pensioner _____ $ 15 00 a month

For Wife _____ $ _____ a month

For _____ Children _____ $ _____ a month

Total _____ $ 15 00

Less 20 % 12 00

Add 10 % 13 20

Monthly Payment _____

from _____ to _____

Amount of adjustment payment:

From 1-7-36 to 31-7-36 @ $ 13 20 $ 13 20

Date 7/8/36

Check No. 1507

Computed by _____

(CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Checked by _____

Remarks:

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

No _____ Pension No. 54

DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND

AUTHORITY FOR PENSION PAYMENTS

Wm Snow
(Pensioner's Name)

Bell Island
(Pensioner's Address)

(Name of member of forces)

(Relationship to member of forces)

(Unit)

686
(Regimental No.)

Pensionable Disability 20 % a month for _____ months

AWARD

For Pensioner $15 00 a month

For Wife $ _____ a month

For 4 Children $10 00 a month

Total $25 00

Less 20 % 2000

Add 10 % 2200

Monthly Payment

Increased a/c Frank for school term from $20 24/2 to $22.00

from 9/12/36 to 30/6/37

Amount of adjustment payment:

From _____ to _____ @ $ _____ $ 8 34

Date May 7/36

Check No. 15141

Computed by M

(CLERK)
DEPARTMENT WAR PENSIONS FOR NEWFOUNDLAND

Checked by _____

Remarks:
Pension @ $22.00 a month from 9/12/36 to 30/6/37 $104.32
" " @ 20 24/2 " " " 9/12/36 to 30/6/37 $95.98
8 34

If you do not receive any notice regarding re-examination at the end of your pension period, kindly communicate with this Department when the necessary arrangements will be made.

7-11-40

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

Board of Pension Commissioners for Newfoundland — OCT 30 1940

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner ~~Jessie Snow~~ Mrs William Snow

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

Rating ..... Ship ..... Official No. .....

Pension No. 54 S. Rate of Pension ..... Age 40

Occupation (if any) .....

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated.)
Jessie	June	1900	Ha Grace. Harvey Street	March 8th 1918

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Walter Raymond	nov. 10th	1922	Ha Grace.	
Clyde	Clyde.	1933	High School	
	Dec. 5	1934		

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature Mrs William Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Mrs William Snow Ha Grace.

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 5 day of Sept 1940 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature Michael P. Stapleton

Qualification Commissioner S.C.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)." "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)," &c.

Postal Address Harbor Grace

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that Jessie Snow the wife,

and .....

.....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature M. Stapleton

Date Sept 5/1940

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE (For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Raymond Snow

child or children of Mr. Jessie Snow

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature Mary E. Davis (Head Teacher.)

Date Oct. 25, 1940

Designation of School Harbour Grace

*To .....

The Board of Pension Commissioners for Newfoundland

.....

.....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature ..... (Head Teacher.)

Date .....

Designation of School .....

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

See 6 on Life Certificate for useful Forms

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the issuing Authority. It is no security for debt.
IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

Board of Pension Commissioners for Newfoundland
AUG 27 1940

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William Snow

Rank: Pte. Regiment: Nfld. Regtl. No. 686
Rating: Ship: Official No.

Pension No. 54 S Rate of Pension $20/- Age 50
Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (*See also overleaf.*)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
this woman bills in her own form				If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (*See also overleaf.*)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Eileen Milligent Snow	June 20	1925	✓ Holidays	Death
Edward Charles ✓ "	Sept 15	1928	"	"
Wm Gladstone ✓ "	Feb 13	1931	✓	"

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature W. J. Snow
(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Isld

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.
†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.
Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.
Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.
Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.
†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.
†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.
†* Police Officials not below the rank of Sergeant.
†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.
† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)
* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 26 day of Aug 19 40 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature F. D. Jones

Qualification Justice of the Peace

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)." "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge..... Station)," &c.

Postal Address Bell Island

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

.....

~~child or~~ children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
BOYS.

I certify that Ed Chas & Thos Fitzstone Snow

~~child or~~ children of Mr. W J Snow

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature J. D. Jordan SP
(Head Teacher.)

Date Aug 26/40

Designation of School R.C. Convent

*To .....

The Board of Pension Commissioners for Newfoundland

.....

.....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
GIRLS.

I certify that Ellen Mullward Snow

~~child or~~ children of Mr. W J Snow

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature J. D. Jordan SP
(Head Teacher.)

Date Aug 26/40

Designation of School R.C. Convent

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner W. J. Simms

Rank Pte. Regiment Nfld Regtl. No. 681

Rating Ship Official No.

Pension No. 54-5 Rate of Pension 20% Age 49

Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 6 MUST ALSO BE COMPLETED.

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
this woman is residing at St. Grace separated from me and receiving a separate allowance				If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Francis Douglas	9th Nov	1920	St Johns (Holidays)	Bell Isld
Gilcan Millicent	2 June	1925	✓ Bell Isld now	"
Ed. Charles	15 Sept	1928	✓ "	"
Wm Gladstone	13 Feb	1931	✓ "	"

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature [redacted]

(The Signature must be ins[redacted]o signs the Certificate below.)

Pensioner's Address [redacted] Bell Island

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces. †*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. (The law must be quoted sufficiently for verification.)

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

Board of Pensions 15 1939 Newfoundland

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 9 day of Aug. 1939 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature J. J. Carew

Qualification Notary

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)." "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police in charge..... Station)," &c.

Postal Address .....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

.....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

9. CERTIFICATE
(For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
BOYS.

I certify that F. D. Snow, Chas. Snow, William T. Snow

child or children of Mr. W. J. Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature J. J. Carew
(Head Teacher.) Notary

Date .....

Designation of School U C

*To be [redacted] PAYING OFFICER before despatch to the Pensioner.

The Board of Pension Commissioners for Newfoundland

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL.
GIRLS.

I certify that Eileen Mildred Snow

child or children of Mr. W. J. Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature J. J. Carew
(Head Teacher.) Notary

Date .....

Designation of School U C

This Form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

Date of Birth Sheet

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment or pension may be delayed.

(DISABILITY PENSIONERS.)

ANY PERSON WILFULLY MAKING A FALSE DECLARATION WILL BE LIABLE TO PROSECUTION.

DECLARATION.

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I HEREBY DECLARE that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner W. J. Snow

Rank Pte Regiment 1st Nfld Regtl. No. 685

Rating Ship Official No.

Identity No. A 54 Rate of Pension 2/- p/d Age 48

Occupation (if any) Accountant

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (*See also overleaf.*)

PART 6 MUST ALSO BE COMPLETED.

I FURTHER DECLARE that the following are true particulars of my Wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
Jessie Toppend	2 June	1901	Bell Island	Mar 1918

This woman receiving her allowance herself & one child born March 22 - 1932

If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (*See also overleaf.*)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I FURTHER DECLARE that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Francis Douglas	Dec 9	1920	S.A. College St Johns	
Eileen Millicent	June 20	1922	At Bell Island	
Edward Charles	Sept 15	1928	At "	"
William Gladstone	Feb 13	1931	At "	"
Walter Raymond	Mar 22	1933	At	Living with mother in separation

4. The Pensioner must either sign, or if he cannot write, make his mark.

PENSIONER'S SIGNATURE W. J. Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address

5. Persons before whom the declaration may be subscribed :—

IN NEWFOUNDLAND.

Magistrate, J. P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(2) Managers of British Banks.

(b) In other parts of the British Empire :—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

† The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries :—

† British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. [The law must be quoted sufficiently for verification.]

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

The Board of Pension Commissioners for Newfoundland

FEB 10 1938

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 26 day of Feb, 1938, and that I believe the Declarant to be the person named herein. (Date must be inserted.)

*Signature A. J. Carey

Qualification Notary Public

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. [Retired]." "Permanent Civil Servant [Rank.....]." "Minister of Religion [Church of England, St. John's Church [place]]." "Sergeant of Police [in charge.....Station]," &c.

Postal Address .....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(FOR WIFE, CHILDREN UNDER SCHOOL AGE, AND CHILDREN OVER SCHOOL AGE, BUT NOT IN EMPLOYMENT.)

I certify that _____ the wife,

and _____

_____

child or children of Mr. _____

are living, and have been seen by me this day.

Signature _____

Date _____

Note.— This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL.

BOYS.

I certify that ~~Ellen M.~~ Mark Snow, Edward C. & William G. Snow

child or children has have Mr. W. J. Snow

been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature × P. G. Moulton (Head Teacher.) For Mark

Date ~~Mrs. N. G. Lodge~~ For the last Jan 21st/38

Designation of School Private School

8. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL.

GIRLS.

I certify that Eileen Millicent Snow

child or children of Mr. W. J. Snow

has been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature × Mrs. N. G. Lodge (Head Teacher.)

Date Jan 21st/38

Designation of School Private School

9. CERTIFICATE.

(FOR CHILDREN IN EMPLOYMENT.)

I certify that _____

child of Mr. _____ is at present in

my employment.

Signature _____

Date _____

Rank or Profession _____

Address _____

Note.—If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

* To _____

The Board of Pension Commissioners for Newfoundland

* To be filled in by PAYING OFFICER before despatch to the Pensioner

This Form should be read carefully. After completion, it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

(63LS)

Mrs Snow

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment or pension may be delayed.

(DISABILITY PENSIONERS.)

ANY PERSON WILFULLY MAKING A FALSE DECLARATION WILL BE LIABLE TO PROSECUTION.

DECLARATION.

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I HEREBY DECLARE that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: Mrs William Snow

Rank / Rating: S. 54 — Regiment / Ship: — Regtl. No. / Official No.:

Identity No.: S. 54 — Rate of Pension: 700 — Age: 37

Occupation (if any): none

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (*See also overleaf.*)

PART 6 MUST ALSO BE COMPLETED.

I FURTHER DECLARE that the following are true particulars of my Wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated.)
Jessie Stickford	June 2nd		Bell Island	March 1922

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (*See also overleaf.*)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I FURTHER DECLARE that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Walter Reginald	March	1933	Hawker 22nd	Tuesday 1933
Clyde	Dec	1935	Doe 5th	Saturday 1935

4. The Pensioner must either sign, or if he cannot write, make his mark.

PENSIONER'S SIGNATURE: Mrs William Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address: Bell Island

5. Persons before whom the declaration may be subscribed:—

The Board of Pensions Commissioners for Newfoundland — JAN 29 1938

The Paying Officer may not attest this Declaration.

IN NEWFOUNDLAND.

Magistrate, J. P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officers, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

† The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

† British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. [The law must be quoted sufficiently for verification.]

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 26 day of January, 193 8 and that I believe the Declarant to be the person named herein. (Date must be inserted.)

*Signature: D. D. Jordan J.P.

Qualification: Justice of the Peace

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. [Retired]." "Permanent Civil Servant [Rank.....]." "Minister of Religion [Church of England, St. John's Church [place]]." "Sergeant of Police [in charge..... Station]," &c.

Postal Address .....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(FOR WIFE, CHILDREN UNDER SCHOOL AGE, AND CHILDREN OVER SCHOOL AGE, BUT NOT IN EMPLOYMENT.)

I certify that Jessie Snow the wife,

and Raymond and Clyde

child or children of Mr. Wm Snow

are living, and have been seen by me this day.

Signature D. J. Jordan J.P.

Date Oct 7/03

Note.— This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. BOYS.

I certify that

child or children Mr. Not Attending School

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature D. J. Jordan J.P.
[Head Teacher.]

Date

Designation of School

8. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that

child or children of Mr.

has been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature
[Head Teacher.]

Date

Designation of School

9. CERTIFICATE. (FOR CHILDREN IN EMPLOYMENT.)

I certify that

child of Mr. is at present in my employment.

Signature

Date

Rank or Profession

Address

Note.—If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

* To

The Board of Pension Commissioners for Newfoundland

* To be filled in by PAYING OFFICER before despatch to the Pensioner

This Form should be read carefully. After completion, it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

(63LS)

#619

Pen. No. 54.

February 3, 1938.

Mrs. William Snow,
Bell Island.

Dear Madam:

Re attached Life Certificate, exact date of birth of Walter R. must be given - day, month and year. Also sections 6 and 7 must be completed in detail and be signed by the person who attests section 5.

Yours truly,

J. A. MCGRATH,
Clerk, War Pensions.

JM/W.

JAM:GC

Pens. # 54.

October 23, 1939.

W. J. Snow, Esq.,
Bell Island.

Dear Sir,

With respect to your recent application for the continuation of your son's allowance for educational purposes, I am instructed by the Board to advise you that they are unable to accede to your request in view of the fact that your boy is not attending school.

In relation to the amount of $20.00 which you claim is owing you in respect of his education, will you please advise me why you think this amount is made up.

I am returning the correspondence between you and Mr. Cochrane and the reports of progress from the Prince of Wales and the Salvation Army Colleges.

I have not kept copies of reports from the United Church College.

Yours very truly,

J. A. MCGRATH,
Clerk, War Pensions.

Sept. 1939

SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

54/686 Wm Snow

30.00 Life & 5.

9 Frank Page 8.IX.36

H W 1—D.

In reply please quote
Date and Initials

/.....

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

August 18th. 1939

Mr. William J. Snow,
Bell Island.

Dear Sir,

In reply to your letter of July 14th. with reference to continuation of pension allowance on account of your son, Frank, would you please obtain from the Principal of the Prince of Wales College a report of progress made during his period of attendance there. On receipt of this information, the question of continuation of allowance will be considered by the Board.

I am returning herewith reports from the Salvation Army College of which copies have been made.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

HAM/SM

Kindly address all Communications to the Department, not to Individuals.

Bell Island
Aug 29/39

War Pensions Clerk
Dept Public Health
Welfare
St Johns

Dear Sir:

I am sending herewith the requested documents re my son Frank and I thank you very much for your kindly interest in the matter.

Kindly return the references as they are very valuable.

Yours sincerely
M. Johnson

22 September 1939

Mr. William Snow,
Bell Island.

Dear Sir,

With reference to your application for continuation of pension allowance with respect to Frank, please advise me where he is now attending school and the course of study he intends following.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

JAM/SM

Bell Isld

54

Lt J. A. McEnach

Oct. 17-1939

War Pensions Clerk

Public Health & Welfare

St Johns

Dear Sir:

Replying to your request on the other side of this reply attached hereto is the correspondence between myself & J. A. Cochrane, Principal of the P. of W College. Frank was to go to Mt Allison but the previous term bills were behind when War came & I could not borrow or money while I owed $400.00 on Frank's education already and you owed me $20.00 or so of that & with everything so dark we had to wait. They are still uncertain. If we could get that $20.00 we would pay it on a Typewriter as he is eager to continue his studies here until things get better.

Yours Sincerely,

W. J. Snow

H W 1—D.

In reply please quote
Date and Initials
/ 54

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

22 September 1939

Mr. William Snow,
Bell Island.

Dear Sir,

With reference to your application for continuation of pension allowance with respect to Frank, please advise me where he is now attending school and the course of study he intends following.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

JAM/SM

Kindly address all Communications to the Department, not to Individuals.

THE SALVATION ARMY

April 15th. 1937

Mr. W. J. Snow,
Bell Island, C. B.

Dear Mr. Snow,

I have passed to Frank the report for his first term's work and in this he is to be congratulated for his very good results.

He has a good grasp of English Literature and his powers of expression are much above the average. Apparantly he has a special aptitude for writing and would do well undoubtedly in journalistic work if he applied himself along this line.

I would strongly urge your allowing him to finish his Grade XI at this College and would suggest a further course at the Memorial University College, if you find this possible.

Yours sincerely,

W. A. Mercer, Principal
Adjutant.

THE SALVATION ARMY

December 14, 1937

Mr. Wm. J. Snow,
Bell Island.

Dear Mr. Snow,

I am enclosing a report on your son Frank. He has proved himself to be an exceptionally brilliant student and I would suggest his remaining at school as long as you can possible keep him there.

In the last Council of Higher Education examination he excelled himself. The following are the marks scored:

English Literature	82
English Language	61
Algebra 8	80
Geometry	84
Arithmetic	46
History	76
Physics	88
French	145

This year he will be studying his Association of Grade XI and I have every hope of his doing well.

Yours truly,

W. A. MERCER, Major.
Principal S. A. College.

August 18th. 1939

Mr. William J. Snow,
Bell Island.

Dear Sir,

In reply to your letter of July 14th. with reference to continuation of pension allowance on account of your son, Frank, would you please obtain from the Principal of the Prince of Wales College a report of progress made during his period of attendance there. On receipt of this information, the question of continuation of allowance will be considered by the Board.

I am returning herewith reports from the Salvation Army College of which copies have been made.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

HAM/SM

Bell Island
July 14th, 1939

Dear Jack:

Last winter you wrote me advising me to get a report on my son Frank's progress last year from his teacher.

Frank was into a motor car accident just prior to the "exams" after being off some time sick over there

during the Winter and for that reason he did not sit for Exam last year but he felt confident that had he been able to sit he would have succeeded in passing.

He went back to School at the S.A. College when it reopened as usual last September and thinking he was not making progress enough there he left after the X'mas holidays and went to the Prince of Wales College where the standard is much higher than

at the S.A. College where he left as there is no gymnasium etc. there. He did all this "on his own" and is keen on going back as long as I can find the money.

He sat this year for Grade 11 and although he was into a collision on the Cove Road the day after the Kings visit smashing off his teeth and injuring his hand barely a week before the exams part of which

D

he had to complete left-handed, he has every hope of passing. He returned home July 2nd.

Nightingale can verify all this as he cleaned up the wreckage. It was not Frank's fault. He was taking one of the teachers here down to the cove. The latter was unhurt.

He has a cycle belong to me which I gave him to get him away from the corners over there in his off time.

E

I have received nothing for Frank from you since he started in September last.

I wrote to his former teacher at the S.A. College but I suppose because Frank left and because he did not sit for Exams last year he did not bother to reply. I am enclosing the last report I got hoping it may serve the purpose along with this explanation.

Frank has improved a great deal in every way since that report

was made. and as he is anxious to continue at school and I am insolvent I wonder if you could have the matter of the little allowance for him adjusted?

Yours sincerely,

W. J. Snow

P. S.

Alf Murray was telling me you were over with the boys last night and I am sorry I did not see you. I fully intended attending that meeting but I was forced to stay with a sick man until it was too late.

At any rate I am hoping to take a few days off soon and then I shall be over when I hope to have another of our old time reunions so much enjoyed by all concerned.

Kind regards to all the boys. H. S.

H W [illegible] Dicks

54

Department of Public Health and Welfare and War Pensions

Memorandum to Mr. McGrath *Date* June 19th-39

Mrs. W.J. Snow who lived at Harbour Grace has since removed to Markland and we desire you to send her June cheque to her in care of Mrs. Archibald Yetman, Markland via Whitbourne.

R. Sainsbury
PROBATION OFFICER.

March 2nd., 1939

Dear Sir,

Your application of February 10th. for continuation of Pension allowance with respect to your son, Frank, was considered at a recent meeting of the Board.

It is requested that you would please furnish me with a report of your son's progress in his course from the superintendent of his school. On receipt of this information this application will be considered and you will be further advised.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

Mr. Wm. Snow,

Bell Island.

54/

Bell Island
February 10 - 1939

Lt J.A. McGrath
War Pensions Clerk
Dept. Public Health & Welfare
Saint Johns.

Dear Sir:

My son Frank returned to school at the S.A. College as usual last September but I have received no allowance for him. My circumstances have not improved since that allowance was granted when he reached the age of sixteen years. You will favor me if you will take the matter up with the Board with a view to continuing the allowance as originally granted.

Yours sincerely.

D. Snow

R 686

MW3

54

Department of Public Health and Welfare and War Pensions

Memorandum for Mr. McGrath

Date Oct. 17th-38

Mrs. W. J. Snow of Bell Island is now removed to Harbour Grace. Please sned cheque in care of Mr. L. Sheppard, Relieving Officer at Harbour Grace.

P. Samphey
PROBATION OFFICER.

18.10.38

Harbour Grace
Oct 17 1918

Dear Sir

54

Please send my
Cheque to Harbour Grace

Mrs William Snow
Harbour Grace

Written on here merely overlooked by me

(54)

Bell Island
January 19- 1938

Lt J.A. McGrath,
War Pensions Clerk,
St Johns.

As my Declaration has to go to St Johns for teachers signature it might be somewhat overdue on arrival in the precincts of the museum Bldg and as I am reminded by the Chancellor of my exchequer that I am not in a financial altitude whereby it would facilitate matters to have my pension preserved over there I submit the following supplementary details of my scattered fleet

black and white etc. in order that there will be no hang-up at the end of the month if the Declaration has not by that time zigzaged itself over the red taped illusion leading to the land of dreams come true — your desk.

My Declaration will be as follows:

Francis Douglas Dec 9th 1920
Eileen Millicent June 20 1925 d
Edward Charles Sept 15 1928 d
William Gladstone Feb 13 1931 d

Jessie Snow June 2 — 1901
with Walter Raymond Mar 22 — 1933 d
are also here completely separated & I presume this woman will "do" her own Declaration & I am only telling you they are here in order to enlighten you in case there would be any question of their whereabouts.

Yours Sincerely
W. J. Snow

H.W.L.—D.N.

In reply please quote
Date and Initials

Pension No: 54

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

THE HON. COMMISSIONER FOR PUBLIC HEALTH & WELFARE:

Re: William J. Snow, #686.

The application of the above noted for continuation of pension allowance to his son whilst studying for his Associate grade, was considered at a recent meeting of the Board.

It was recommended by the Board that this allowance be continued for a further school period.

J. A. McGrath,
Clerk, War Pensions.

December 22nd., 1937

JAM/SM

See file Secretary
C H&W letter 23.12.37

3. Jan. 38

Kindly address all Communications to the Department, not to Individuals

December 23rd., 1937.

Dear Sir,

I have for acknowledgement your application under date of December 16th. for continuation of pension allowance for your son while he is at school.

This matter was considered at a recent meeting of the Board when it was agreed to continue allowance in respect of your son for a further school period.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

Mr. W. Snow,
Bell Island.

JAM/SM

Bell Island
Dec. 16 - 1937

Lieut J.A. McLeod R.C.
War Pension Clerk,
St Johns.

Dear Sir:

As required by the Board of Pension Commissioners, and requested in your letter of October 28 I have just received a report on my son Frank's progress.

You will recall that his part of my pension was discontinued June 30th last, pending this report.

An early adjustment would relieve matters somewhat.

Yours Sincerely
H. J. Snow

COPY

THE SALVATION ARMY

12 - SPRINGDALE STREET,

ST. JOHN'S.

December 14, 1937.

Mr. W. J. Snow,

Bell Island.

Dear Sir:-

I am enclosing a report on your son, Frank. He has proved himself to be an exceptionally brilliant student, and I would suggest his remaining at school as long as you can possibly keep him there.

In the last Council of Higher Education Examination, he excelled himself. The following are the marks scored.

English Literature	- 82
" Language	61
Algebra	80
Geometry	84
Arithmetic	46
History	76
Physics	88
French	145

This year he will be studying his Associate or Grade XI, and I have every hope of his doing well.

Yours truly,

Sgd. W. A. MERCER,

W.A. MERCER
MAJOR (Principal S.A. College)

Original Pleas

54

Pension No: 54

Oct. 28, 1937

Dear Sir,

I have your letter of the 6th. inst. requesting continuation of pension allowance in respect of your son whilst he is attending school.

In this connection, will you please have me furnished with a report of this boy's progress at school for the past twelve months, together with a list of the marks he obtained in each subject, also advising what course of study he proposes following.

On receipt of this information, the matter will be considered by the Board of Pension Commissioners.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

Mr. W. J. Snow.
Pension No: Sn54,
Bell Island.

JAM/SM

Bell Island Oct 6-57

(54)

Dear Mr McGrath:

I thank you very much for your explanation, and would like to call your attention to the fact that my son returned to school at the S.A College where he is undergoing preparatory training before entering the Memorial College.

As the allowance for him was granted last year - thanks a whole lot - I suppose it will be continued as from September at least until next June 30th.

You will favor me if you will give this little matter your attention. I am sorry to trouble you in the meantime.

Yours sincerely,

W. J. Snow

H W 1—D.

In reply please quote
Date and Initials

/

Pension No: 54

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

September 27, 1937.

Dear Sir,

I beg to acknowledge receipt of your letter of the 3rd. inst. with reference to the shortage noted in your pension.

Pension was reduced to $20.24 ($23.00 less statutory deductions) as from June 30th., on account of your son, Frank, at the end of the school term. Pension was however, paid in error at $22.00 per month ($25.00 less statutory deductions) resulting in an overpayment of $1.76 which was deducted from your August pension of $20.24 leaving payment for that month at $18.48. Future cheques will be for $20.24.

Yours faithfully,

J. A. McGrath,
Clerk, War Pensions.

Mr. Wm. J. Snow,
Bell Island.

Kindly address all Communications to the Department, not to Individuals.

Pension No: 54

September 27, 1937.

Dear Sir,

I beg to acknowledge receipt of your letter of the 3rd. inst. with reference to the shortage noted in your pension.

Pension was reduced to $20.24 ($23.00 less statutory deductions) as from June 30th., on account of your son, Frank, at the end of the school term. Pension was however, paid in error at $22.00 per month ($25.00 less statutory deductions, resulting in an overpayment of $1.76 which was deducted from your August pension of $20.24 leaving payment for that month at $18.48. Future cheques will be for $20.24.

Yours faithfully,

J. A. McGrath,
Clerk, War Pensions.

Mr. Wm. J. Snow,
Bell Island.

Pension No: 54

Sept. 9, 1937.

Dear Madam,

I beg to advise you that your pension has been increased from $6.16 per month to $7.00, as from July 1st. 1937. I am enclosing herewith cheque for $1.68 covering balance due you on this account for the months of July and August.

Your pension is now made up as follows -

Self - $5.00
Walter 2.00 $7.00 per month.

Yours faithfully,

J. A. McGrath,
Clerk, War Pensions

Mrs. William Snow,
Bell Island.

SM/

Pension No: 54

Sept. 9, 1937

Dear Sir,

I beg to advise you that your pension was reduced from $25.00 to $23.00 from July 1st. due to the fact that pension allowance on account of your son Frank was discontinued at the end of the school term, which, subject to the statutory reductions, would have amounted to $21.50.

Your pension has however, been restored in full, under the regulations governing increases in pensions as from July 1st, so that future pension cheques will be for $23.00, subject to reduction from time to time according as your children come of age and pension allowance is discontinued.

The enclosed cheque for $5.52 includes increase due as from July 1st. to August 31st.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

Mr. William J. Snow,
Bell Island.

Bell Island
Sept 1 - 1937

Lieut J.A. McGrath,
War Pensions Clerk,
Dept. Public Health & Welfare,
St. John's.

1848
176
2024

Dear Sir:

I note that my pension cheque which arrived is $18.45 for August. It was $22.00 for July. I thought there was a recent restoration of the 1932 cut for broken down sports in my class. I am curious to know what happened in my case this time; and you will favor me if you will advise me.

With kind regards,
Yours sincerely,
W. J. Snow. R.C.M.P.

Pension reduced % Trust at 30.85 School term ~~from~~ prior to 23.00 less deductions = 7.00 less

Paid in error at 25.00 instead of reduced rate therefore overpayment of 1.75 was deducted from August cheque.

Lieut J.A. McGrath — Bell Island

July 10th. 1937

54

Dear J.A.

I am enclosing my Certificate and would like to point out to you that Mrs. Snow is now residing on Bell Island entirely apart from me with the two children, W.R. & Clyde exactly as when she was granted her allowance separate from mine, excepting that she is here instead of at Hr. Grace.

B.

Might I tell you that because you paid Mrs. Snow an allowance for Clyde which due to his age constituted an overpayment which caused you in recovering to cut Mrs. Snow's cheque got me into a mess as I had paid in advance only the difference between what you told me her amount would be and what we jointly were supposed to pay her. And so when the recovery of your overpayments set in

C

She had the goods on me for not keeping my agreement.

I am deeply grateful for you for your kindly interest in my case and I heartily thank you. I have not mentioned Mrs Snow on my certificate presuming she has to do her own "form".

With we my best personal wishes and kindest regards to yourself & family I am

yours sincerely

W. J. Snow

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS.)

ANY PERSON WILFULLY MAKING A FALSE DECLARATION WILL BE LIABLE TO PROSECUTION.

DECLARATION.

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I HEREBY DECLARE that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William Snow

Rank: pte — Regiment: Nfld — Regtl. No.: 686

Rating — Ship — Official No.

Identity No.: 54 — Rate of Pension: 20 — Age: 47

Occupation (if any): Accountant

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (*See also overleaf.*)

PART 6 MUST ALSO BE COMPLETED.

I FURTHER DECLARE that the following are true particulars of my Wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
				If unmarried, this should be stated.

I FURTHER DECLARE that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (*See also overleaf.*)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Frances Douglas	Dec 9th	1920	St Johns College now at Bell Bell for holidays	home all now home
Eileen Millicent	June 20	1925	" " Bell Bell	for Summer
Ed. Charles	Sept 15	1928	" " "	holidays
Wm. Gladstone	Feb. 19	1931	" " "	

4. The Pensioner must either sign, or if he cannot write, make his mark.

PENSIONER'S SIGNATURE W. J. Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address: Bell Bell

The Board of Pension Commissioners for Newfoundland JUL 13 1937

5. Persons before whom the declaration may be subscribed:—

The Paying Officer may not attest this Declaration.

IN NEWFOUNDLAND.

Magistrate, J. P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

† The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

† British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. [The law must be quoted sufficiently for verification.]

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

CERTIFICATE.

This CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 10th day of July, 1937, and that I believe the Declarant to be the person named herein. (Date must be inserted.)

*Signature: J. E. Stewart

Qualification: Justice of the Peace

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. [Retired]." "Permanent Civil Servant [Rank.....]." "Minister of Religion [Church of England, St. John's Church [place]]." "Sergeant of Police [in charge..... Station]," &c.

Postal Address .....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(FOR WIFE, CHILDREN UNDER SCHOOL AGE, AND CHILDREN OVER SCHOOL AGE, BUT NOT IN EMPLOYMENT.)

I certify that _____ the wife,

and _____

child or children of Mr. _____

are living, and have been seen by me this day.

Signature _____

Date _____

Note.—This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Wm. Gladstone, Charles & Frank Snow

child or children Mr. Wm. J. Snow

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature J. G. Stewart S.P.
[Head Teacher.]

Date _____

Designation of School Frank at S. Cy College when often Charles & Wm G. at Private School

8. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that Eileen M Snow

child or children of Mr. Wm J Snow

has been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature J. G. Stewart S.P.
[Head Teacher.]

Date _____

Designation of School ~~Private School at~~ Bell Isl

9. CERTIFICATE.
(FOR CHILDREN IN EMPLOYMENT.)

I certify that _____

child of Mr. _____ is at present in my employment.

Signature _____

Date _____

Rank or Profession _____

Address _____

Note.—If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

* To _____

The Board of Pension Commissioners for Newfoundland

* To be filled in by PAYING OFFICER before despatch to the Pensioner

This Form should be read carefully. After completion, it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

(63LS)

W3-MPO-100M-21-4-37

Department of Public Health and Welfare and War Pensions

Memorandum for Mr. Wm. J. Snow, Bell Island. Date July 16/37

It is noted on the Life Certificate recently submitted by you that the date of Birth of your child, Wm. Gladstone, does not agree with our records. It is requested therefore that you would please have me furnished with a copy of this Birth Certificate of the adjustment of our records if necessary.

J. A. McGrath,
Clerk, War Pensions.

3—D N-100-M-21-4-36

54

Department Public Health & Welfare

Memorandum for Mr J. A. McGrath Date July 23/37

Dear Sir:

Referring to your instructions regarding forwarding a birth certificate for my cousin Wm Gladstone the minister who would furnish it was away when I applied, but I hope to get one in a short time. Probably filling

—D N-100-M-21-4-36

Department Public Health & Welfare

Memorandum for B Date

in my Life Certificate from memory I made a mistake about this boys birthday. It should be Feb 13th 1931. My recollection re his birth certificate is that it is among those not returned to me from that Department. I shall forward a duplicate in a short time.

Yours Sincerely
W. J. Snow

April 29th., 1937.

Memo to Clerk,
War Pensions:

Re -686, Wm.J. Snow:
- - - - - ---------

At a meeting of the Board held on April 26th., it was decided that the allowance in respect of Frank, son of the above noted, be pontinued until the end of the present school term, in view of the progress he is making in his studies.

J.A. MCGRATH,
Clerk, War Pensions.

Department of Public Health & Welfare

Memorandum to Jamely

Date Nov 1, 1936

Walter Raymond Snow
born 22nd March 1933
at Bell Island
parents: Wm & Jessie Snow.

Clyde Snow not registered.

G.H.J.

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment or pension may be delayed.

(DISABILITY PENSIONERS.)

ANY PERSON WILFULLY MAKING A FALSE DECLARATION WILL BE LIABLE TO PROSECUTION.

DECLARATION.

1. These particulars are to be filled in by the Pensioner, or, if he can not write, by someone on his behalf.

I HEREBY DECLARE that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: William Snow

Rank: Pte — Regiment: Nfld — Regtl. No. 5.86

Rating — Ship — Official No.

Identity No. 54 — Rate of Pension: 20/- — Age: 47

Occupation (if any): Clerk

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 3 MUST ALSO BE COMPLETED.

I FURTHER DECLARE that the following are true particulars of my Wife, that she is alive this day, and that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
Jessie Sheppard	June 2nd	1900	Harbour Grace	March 1908
deceased	two last children			If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I FURTHER DECLARE that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Freda Dangen	Dec 9th	1921	R.A.C. College St Johns	School St Johns
Eileen Millward	June 20	1923	Bell Island	home & School
Edward Charles	Sept. 15	1928	" "	" " "
William Elsworth	Feb 13	1930		13 Colonial Lane St Johns
Walter Raymond	March 22	1933		Harbour Grace
[illegible]	[illegible]	[illegible]		with their mother

4. 3234 **PENSIONER'S SIGNATURE** William Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Address: Bell Island

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(b) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorised by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

† The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

† British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. [The law must be quoted sufficiently for verification.]

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 15 day of February, 1937 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature: J. J. Cacer

Qualification: Notary Public

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. [Retired]." "Permanent Civil Servant [Rank.....]." "Minister of Religion [Church of England, St. John's Church [place].]." "Sergeant of Police [in charge..... Station]," &c.

Postal Address .....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that _____ the wife,

and _____

_____

child or children of Mr. _____

are living, and have been seen by me this day.

Signature _____

Date _____

Note.—This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL.

Boys.

I certify that Francis Douglas Snow, Edward Charles Snow

child or children Mr. William Snow

has ~~have~~ been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature Clara Lodge Teacher for Charles Watson

[Head Teacher.] x W. A. Mercer acting

Date 9-2-37

Designation of School St. John's College St. John's

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL.

Girls.

I certify that Eileen Millicent Snow

child or children of Mr. William Snow

has been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature Clara Lodge (pli School)

[Head Teacher.]

Date Feb 5th/37

Designation of School _____

9. CERTIFICATE.

(For Children in Employment.)

I certify that _____

child of Mr. _____ is at present in

my employment.

Signature _____

Date _____

Rank or Profession _____

Address _____

Note.—If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

* To _____

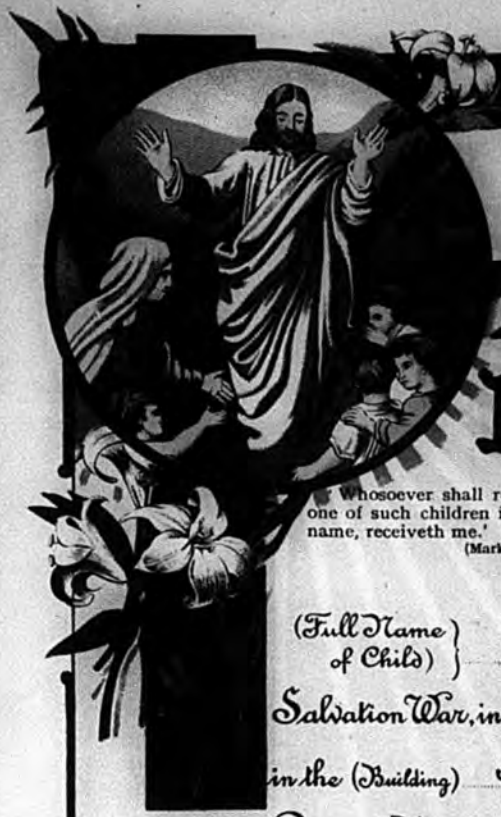
The Board of Pension Commissioners for Newfoundland

* To be filled in by Paying Officer before despatch to the Pensioner

This Form should be read carefully. After completion, it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

(63LS)



The SALVATION ARMY

DEDICATION CERTIFICATE

FOR GOD AND THE WAR.

'Whosoever shall receive one of such children in my name, receiveth me.' (Mark ix. 37)

Register No. 240, Corps Bell Island.

(Full Name of Child) Clyde Snow. was dedicated to God and the Salvation War, in the manner set forth by the Orders and Regulations of The Salvation Army in the (Building) Home, (Town) Bell Island, on December 5th, 1935.

Date of Birth December 4th 1935, (Fathers Name) Wm. J. Snow.

Place of Birth Bell Island. (Mothers Name) Jessie Snow.

I hereby Certify that I dedicated the above named child, and that this is a correct copy of the entries in the Corps Dedication Register. (Name) Joseph Hewitt. (Rank) Adjutant.

C173. 20,000. 11/31
O/S. 93. N.H.Q. 20706 A

No. 54

I certify that I attended
Mrs Wm Snow, of Bell Island
in case of confinement
when she gave birth to
a male child Dec 4th
1934

J. A. Lynch M.D.

H.W.1-D.

In reply please quote
Date and Initials

/

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Pension No: 54

Department of Public Health & Welfare and War Pensions

ST. JOHN'S Feby. 19, 1937

Mr. Wm. Snow,
Bell Island.

Dear Sir:

I beg to acknowledge receipt of your letter of the 14th. inst. enclosing completed Life Certificate.

In this connection, I beg to draw to your attention the date of birth of your child, Clyde. According to the Birth Certificate presented, this child was born on December 4th., 1935; as this date does not agree with our records, and as the birth of this child is not registered, I am to ask whether it would be possible for you to obtain confirmation of this date from the medical practitioner present at the birth. Kindly advise also if this child, Clyde, is the same one referred to on previous certificates as being born on February 3rd., 1934.

Please give this matter your immediate attention, and oblige,

Yours faithfully,

J. A. McGrath,
Clerk, Dept. of War Pensions.

SM/

Kindly address all Communications to the Department, not to Individuals.

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment or pension may be delayed.

(DISABILITY PENSIONERS.)

ANY PERSON WILFULLY MAKING A FALSE DECLARATION WILL BE LIABLE TO PROSECUTION.

DECLARATION.

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I HEREBY DECLARE that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: Mrs William Snow

Rank / Rating: Regiment / Ship: Regtl. No. / Official No.:

Identity No: 54 Rate of Pension: 7.92 Age: 36

Occupation (if any): Nothing

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf.)

PART 5 MUST ALSO BE COMPLETED.

I FURTHER DECLARE that the following are true particulars of my Wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage
Jessie Sheppard	June 2	1900	St. Grace	March 5/1918
now wife of William Snow				If unmarried, this should be stated.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (See also overleaf.)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I FURTHER DECLARE that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school; or, if in employment, the name and address of employer.	State where each child lives and, if not with father, the reason.
Walter Raymond	March 19	1933	✓	These children are not with their father as I am separated from him
Clyde	Dec 15	1934	Children are under school age	

4. The Pensioner must either sign, or if he cannot write, make his mark.

PENSIONER'S SIGNATURE Mrs William Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address: Harvey Street Harbour Grace

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND.

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.C. Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay, or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law; Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†* Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

† The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†* Police Officials not below the rank of Sergeant.

†* Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

† British Diplomats or Consular Officers empowered by law to administer oaths.

† Notaries Public and other persons competent by the law of the country to administer such declaration. [The law must be quoted sufficiently for verification.]

* Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Board of Pension Commissioners for Newfoundland JAN 19 1937

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 1 day of January, 1937, and that I believe the Declarant to be the person named herein. (Date must be inserted.)

*Signature: John Kane

Qualification: Police Sergeant in Charge of Station H. Grace

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired)," "Permanent Civil Servant [Rank.....]," "Minister of Religion [Church of England, St. John's Church [place]]," "Sergeant of Police [in charge..... Station]," &c.

Postal Address: H. Grace

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

* The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that Jessie Snow the wife,
and Walter Raymond & Clide Snow the Children
child or children of Mr. William Snow
are living, and have been seen by me this day.

Signature John Kingsbert
Date Jan. 17th 1937

Note.—This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE for CHILDREN ATTENDING SCHOOL. Boys.

I certify that
child or children Mr.
has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature
[Head Teacher.]
Date
Designation of School

8. CERTIFICATE for CHILDREN ATTENDING SCHOOL. Girls.

I certify that
child or children of Mr.
has been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature
[Head Teacher.]
Date
Designation of School

9. CERTIFICATE. (For Children in Employment.)

I certify that
child of Mr. is at present in my employment.

Signature
Date
Rank or Profession
Address

Note.—If the child is in its father's employment this certificate should be amended accordingly and signed by the person who attests overleaf.

* To

The Board of Pension Commissioners for Newfoundland

* To be filled in by Paying Officer before despatch to the Pensioner

This Form should be read carefully. After completion, it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

(63LS)

Pension No: 54

W 3 Div.-100-M-21-4-36

Department Public Health & Welfare

Memorandum for Lt. J. A. McGrath War Pensions Clerk Date

Dear Sir:

I enclose herewith a birth Certificate applied for to Adjutant Hewitt by Mrs. Snow.

Adjutant Hewitt would not issue this Certificate to Mrs Snow without my permission and I am forwarding it to

W 3—D 1v-100-M-21-4-36

Department Public Health & Welfare

Memorandum for B Date

you rather to establish the Date of birth as required by you.

You will favor me if you will return this "Dedication" if it is in order.

Regarding my life "Certificate" I have had to get it signed in town and it

W 3—D 1s-100-M-21-4-36

Department Public Health & Welfare

Memorandum for *b* Date

hasn't been returned yet. The place is blocked with ice now and mails are not regular, but I feel sure I shall have it over there before the end of the month.

Yours sincerely

W. J. Simpson
MBH

In reply please quote
Date and Initials

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S.

April 30th., 1937.

Memo for the Honourable,
The Commissioner for Pensions:

Re - 686, Wm.J. Snow:
Bell Isld. C.B.

At a meeting of the Board held on April 26th., it was recommended, in view of the attached letter and report, that the allowance being paid in respect of Frank, child of the marginally named pensioner, who has now become of age, be continued until the end of the present school term, in view of the progress he is making in his studies.

For your approval, please.

APPROVED
Comm'r P.H. & W.

J.A. MCGRATH,
Clerk, War Pensions.

BT:

Kindly address all Communications to the Department, not to Individuals.

H.W.

In reply please quote
Date and Initials

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S.

April 29th., 1937.

Memo to Clerk,
War Pensions:

Re -686, Wm.J. Snow:

At a meeting of the Board held on April 26th., it was decided that the allowance in respect of Frank, son of the above noted, be pontinued until the end of the present school term, in view of the progress he is making in his studies.

J.A. MCGRATH,
Clerk, War Pensions.

Kindly address all Communications to the Department, not to Individuals.

Bell Island
April 16 - 1937

Lieut J. A. McGrath,
Nat Pensions Clerk,
St. John's.

Dear Sir:

Some time ago I made application for the continuation of my son's pension allowance on substantial grounds. Since that time the cost of living has increased considerably, further complicating my hardships.

I have today received a communication from the principal of the college where "Frank" is attending urging me to keep him there. This I cannot do unless I get some assistance and have been borrowing for years to keep him at school.

I enclose herewith a copy of Adjutant Mercer's correspondence on the subject, and hope that you will bring about a favorable consideration of my application.

Yours respectfully,
W. J. Snow

Certified
COPY
W. J. S.

THE SALVATION ARMY

(WILLIAM BOOTH, FOUNDER)

HEADQUARTERS FOR NEWFOUNDLAND

12 SPRINGDALE STREET,

ST. JOHN'S.

April 15, 1937

Mr. W. J. Snow,
Bell Island, C.B.

Dear Mr. Snow:

I have passed to Frank the report for his first term's work, and in this he is to be congragulated for his very good results.

He has a good grasp of English Literature and his powers of expression are much above the average. Apparently, he has a special aptitude for writing and would do well undoubtedly, in jeurnalistic work if he applied himself along this line.

I would strongly urge your allowing him to finish his Grade XI at this College, and would suggest a further course at the Memorial University College, if you find this possible.

Yours sincerely,

Sgd. W. A. MERCER.

W. A. MERCER. PRINCIPAL.
ADJUTANT.

e2c

H—M

In reply please quote
Date and Initials

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Pension Number: 54

Department of Public Health & Welfare and War Pensions

ST. JOHN'S.

C
O
P
Y

THE SALVATION ARMY - DEDICATION CERTIFICATE

FOR GOD AND THE WAR

Register No: 215 Corps: Bell Island.

Full Name of Child: Walter Raymond Snow was dedicated to God and the Salvation War, in the manner set forth by the orders and Regulations of the Salvation Army in the (Building) HOME (Town) BELL ISLAND on April 10th. 1933.

Date of Birth: March 22, 1933.
Place of Birth: Bell Island.
Father's Name: William J. Snow
Mother's Name: Jessie.

I HERE BY CERTIFY that I dedicated the above named child and that this is a correct copy of the entries in the Corps Dedication Register.

NAME: N. Cole, Comdt.

Kindly address all Communications to the Department, not to Individuals.

March. 29 7/37

Dear Sir

I am very Sorry for the delay I have made. I am sending you Walters Raymonds. Birth Certificate and Lost as soon as I get Clyde's I will send I sent to Bell Island for Clyde's Certificate and it some how got lost in the mail anyway its nearly two months coming from Bell Island to Harbour Grace.

Yours truly

Mrs Witton Jones

Harbour Grace

Pension No: 54

April 1, 1937

Dear Madam:

I beg to return herewith Birth Certificate of Walter Raymond Snow, recently forwarded to this office, for which I thank you.

With reference to Clyde, we have already received this certificate from your husband so that nothing further need be done by you in this connection.

Yours faithfully,

J. A. McGrath,
Clerk, War Pensions.

Mrs. William Snow,
Bell Island.

H—M

In reply please quote
Date and Initials

/

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

PENSION NO: 54

Department of Public Health & Welfare and War Pensions

ST. JOHN'S. March 6, 1937

STATEMENT OF ACCOUNT
OF
MRS. WM. SNOW WIFE OF #686 WM. SNOW
ON ACCOUNT OF OVERPAYMENT RE CHILD, CLYDE.

FROM NOVEMBER 1, 1936.

$1.76 per month

from 1.11.36
to 28. 2.37 ..... $7.04

To be deducted at rate of $1.76 per month

from 1.3.37 to 30.6.37.

Kindly address all Communications to the Department, not to Individuals.

Bell Island,

February 14, 1937

Lieut J. A. McGrath,
War Pensions Clerk,
Board of Pension Commissioners,
St. Johns.

Dear Sir:

I enclose herewith my Life Certificate somewhat delayed because of a scattered family.

Kindly note that my eldest son Francis Douglas is attending the S.A. College, St. Johns. This is with a view to his undergoing a university course and I desire to apply to The Board for the continuation of my pension allowance for him until he is twenty one

years old on the ground of inadequate circumstances on my part to maintain him at school.

In this connection I would like to call your attention to the fact that I have more than two families to support and that we have been on half time plus a twenty percent cut in wages for approximately five years, during which time I have only been able to keep my children at school on extended credit, and for the past three years have had to forego my life insurance premiums entirely. Besides having to withdraw one of my children from college for want of money to keep her there.

Regarding my circumstances I have the privilege of referring you to Mr Walter Squire, and the Manager of the Bank of Nova Scotia, both of Bell Island who have been continually lending me money for the past five years.

I am advised by my son's late instructor, Captain A Moulton that he has the stuff to make a good scholar if he can be kept at school. His present instructor is Adjutant W. A. Meuer Principal S.A. College St. Johns.

I hope that you will consider this application favorably and I assure you that strictly speaking I am completely insolvened.

Yours sincerely.
William Snow
R. 686

H W 3—D 1v-100-M-21-4-36

Department Public Health & Welfare

Memorandum for J. A. McGrath Date Feb 25/36

Dear Sir: Herewith the certificate asked for in your letter of the 19th inst.

I hope that this will be the last episode in this "nuisance". any other dates given were through ignorance on my part, which would be quite natural in the circumstances or unintentional diviations from exactness.

I will now pass back the microphone to "Jack Tobin" who will give you a play by play account of the last period in the hockey match between the Bull Dogs etc etc.

With sincere regards

Yours

W J Snow

Pension No: 54

Feby. 19, 1937

Mr. Wm. Snow,
Bell Island.

Dear Sir:

I beg to acknowledge receipt of your letter of the 14th. inst. enclosing completed Life Certificate.

In this connection, I beg to drawtto your attention the date of birth of your child, Clyde. According to the Birth Certificate presented, this child was born on December 4th., 1935; as this date does not agree with our records, and as the birth of this child is not registered, I am to ask whether it would be possible for you to obtain confirmation of this date from the medical practitioner present at the birth. Kindly advise also if this child, Clyde, is the same one referred to on previous certificates as being born on February 3rd., 1934.

Please give this matter your immediate attention, and oblige,

Yours faithfully,

J. A. McGrath,
Clerk, Dept. of War Pensions.

SM/

HW—D 1v-100-M-21-4-36

Department Public Health & Welfare

Memorandum for J. A. McGrath Date Jan 28-37

54

War Pensions Clerk

K. Johnson

Dear Sir:

I have been unable to get my Life Certificate in because I am awaiting a report from Frank's teacher which has been somewhat delayed. I hope to have

H W 3 D 1v-100-M-21-4-36

Department Public Health & Welfare

B

Memorandum for

Date

this any day now and my intention is to apply for the continuation of Frank's allowance I had hoped to have this in before this but Assistant Manager at the S.A. College, Frank's teacher has been slow in reporting and I am witholding the Life Certificate so that all will go forward together.

H—D 1v-100-M-21-4-36

Department Public Health & Welfare

Memorandum for C Date

Regarding myself and family things are identically the same as they were a short time ago when I completed a form at your office. There is no change whatsoever excepting that Frank is over 16 and I am going to apply for extension of his allowance on the ground of circumstances.

Yours Sincerely
Wm Snow

(R 681)

PENSION NO: 54

March 6, 1937

STATEMENT OF ACCOUNT
OF
MRS. WM. SNOW WIFE OF #686 WM. SNOW
ON ACCOUNT OF OVERPAYMENT RE CHILD, CLYDE.

FROM NOVEMBER 1, 1936.

$1.76 per month

from 1.11.36
to 28. 2.37 ..... $7.04

To be deducted at rate of $1.76 per month

from 1.3.37 to 30.6.37.

March 8th., 1937.

Capt., A. Moulton,
Salvation Army College,
City.

Re - Francis Douglas Snow, son of
William Snow, Bell Island.

Dear Sir:-

I am to request that you please furnish me with a report of progress in the case of the above noted boy, as at June 30th., 1936 and also December 31st., 1936, and also advise me if it is the intention of this boy to follow any particular profession.

Thanking you,

Yours very truly,

J.A. MCGRATH,
Clerk, War Pensions.

BT:

Pension No: 54

November 9, 1936.

Mr. W. J. Snow,
Bell Island.

Dear Sir:

In reply to your letter of October 26th. I beg to advise you that this application was submitted to the Board at a recent meeting, when the following decision was reached:

Pension for your wife and the two children, Walter and Clyde, will be forwarded to her direct at Harbour Grace. This allowance is subject to the statutory reduction of 20% and increase of 10%, amounting to $7.92 per month, with effect from November 1st. Your request to have the amount made up to $10.00 per month however, cannot be agreed to as it is felt that any arrangements other than those agreed to by the Board will have to be made by yourself.

I am writing Mr. R. A. Parsons, K. C., to this effect.

Yours faithfully,

Clerk, Dept. of War Pensions.

SM/

Bell Island Dec 5 - 1936

Lt J.A. McGrath.
War Pensions Department.
St. Johns

Dear Sir:

You will favor me if you will forward the necessary form to fill in in connection with the continuation of pension allowance for my son Francis Douglas who is to continue at school for a number of years and who will be sixteen years old on the 9th inst.

Yours sincerely,
W. Johnson
R. 686.

P. S. May I take this opportunity of thanking you for what you arranged for me in connection with the compassionate allowance for my "late" wife. It helped me considerably along the sunken road.

Loyalty to friends is an admirable habit. Friendship itself is a wonderful thing. Hope to see you soon. You know my wish

W. J.

27.00
5.40
216.0
31.6
247.6

9.00
1.80
7.20
72

Pension No: 54

November 9, 1936.

R. A. Parsons, K. C.,
Barrister & Solicitor,
Exchange Building,
CITY.

Dear Sir:

I beg to acknowledge receipt of your letter of October 26th. with reference to the case of Mrs. W. M. Snow.

This case was recently considered by the Board when it was agreed that pension allowance for Mrs. Snow and for the two children, Walter and Clyde who are living with her, should be forwarded to her direct to Harbour Grace. This allowance amounts to $7.92 per month.

The Board cannot however, agree that the amount of $10.00 per month be paid to Mrs. Snow every month from her husband's pension, as it is felt that any arrangements other than those agreed to by the Board will have to be made by Mr. Snow himself.

Yours faithfully,

SM/

Clerk, Dept. of War Pensions.

54

R. A. PARSONS, K.C.,
BARRISTER & SOLICITOR.

R. A. PARSONS, K.C., B.C.L.

EXCHANGE BUILDING
ST. JOHN'S, NEWFOUNDLAND

October 26th, 1936.

Lt. J. A. McGrath,
Pensions Clerk,
Department of Public Health & Welfare,
C I T Y.

Dear Sir:-

I beg to advise you that Mrs. W. J. Snow some weeks ago took proceedings for non-support of herself and two children against William J. Snow, who, I understand, is in receipt of a War pension.

Proceedings were discontinued this morning, an understanding having been reached between the parties. Mr. Snow undertook to make a compassionate allowance of $10.00 monthly. This was accepted by Mrs. Snow and had the approval of the presiding Magistrate and the Probation Officers, Inspector Byrne and Major Sainsbury. The allowance, of course, goes to the support of the two children who will continue to reside with Mrs. Snow. The children's names are Raymond and Clyde, who are four years and two years respectively.

The understanding reached was, that subject to your approval monthly payments in the amount of $10.00 each should be made through your Department and should be deducted from the pension payable to Mr. Snow. Mr. Snow directs me to request you to pay the amount of $10.00 each and every month commencing November 1936 to Mrs. W. J. Snow, Harvey Street, Harbour Grace until you have been directed by her to forward the cheques to another address.

I request you to pay the amount of $10.00 monthly on this account until I direct you to discontinue payment.

RAP/EK.

Yours very truly,

R. A. Parsons

54

R. A. PARSONS, K.C.,
BARRISTER & SOLICITOR.

R. A. PARSONS, K.C., B.C.L.

EXCHANGE BUILDING
ST. JOHN'S, NEWFOUNDLAND

October 26th, 1936.

Lt. J. A. McGrath,
Pensions Clerk,
Department of Public Health & Welfare,
C I T Y.

Dear Sir:-

I beg to advise you that Mrs. W. J. Snow some weeks ago took proceedings for non-support of herself and two children against William J. Snow, who, I understand, is in receipt of a War pension.

Proceedings were discontinued this morning, an understanding having been reached between the parties. Mr. Snow undertook to make a compassionate allowance of $10.00 monthly. This was accepted by Mrs. Snow and had the approval of the presiding Magistrate and the Probation Officers, Inspector Byrne and Major Sainsbury. The allowance, of course, goes to the support of the two children who will continue to reside with Mrs. Snow. The children's names are Raymond and Clyde, who are four years and two years respectively.

The understanding reached was, that subject to your approval monthly payments in the amount of $10.00 each should be made through your Department and should be deducted from the pension payable to Mr. Snow. Mr. Snow directs me to request you to pay the amount of $10.00 each and every month commencing November 1936 to Mrs. W. J. Snow, Harvey Street, Harbour Grace until you have been directed by her to forward the cheques to another address.

I request you to pay the amount of $10.00 monthly on this account until I direct you to discontinue payment.

RAP/EK.

Yours very truly,

R. A. Parsons

5J

St Johns October 26-1936

Mr. J.A. McGrath,
War Pensions Clerk,
Dept. of Public Health and Welfare,
St Johns.

Dear Sir:

Through my solicitor, I have decided to allow $10 — of my war pension on account of the two children in question that Mrs Snow has with her at Harbour Grace in a compassionate way without obligation on my part.

As I have, apart from this, two homes to support, and to help my mother, who's war pension is insufficient to maintain her in comfort, this allowance of $10.00 monthly involves a hardship on my part. I have been wondering

B

if the Board would restore my pension to what it was prior to the deduction on account of Mrs. Snow.

This allowance going to Harbour Essex is purely compassionate and will tend to complicate my hardships through no fault of my own.

I hope that you will consider the suggested adjustment favorably and I assure you that I have done my very best in the matter.

Yours sincerely

W. J. Snow.

54

August 13, 1936.

Dear Sir:

Re: #686, Wm. J. Snow.

We are in receipt of a communication from the above noted pensioner to the effect that he disclaims all responsibility for the maintainance of his wife and child, Walter Raymond.

I would be very much obliged if you could give me some information in this connection, for the information of the Board of Pension Commissioners.

Thanking you,

Yours faithfully,

J. A. McGrath,
Clerk, Dept. of War Pensions.

Magistrate Hollett,
BELL ISLAND.

SM/

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner William Snow

Rank Pte Regtl. No. 686 Rate of pension 70 Percent

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, ~~that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her~~ I make no claim after July 3rd 1936 as I from then refused to support her

Full maiden name	Date of birth	Present address	Date of marriage
			(If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	20 Dec, 1920	Attending School St. John's
Eileen Millicent	" June 1925	all in the City with this aim in view when school reopens
Edward Charles	15 Sept 1928	
William Gladstone	19th Feb 1931	

IV. Pensioner's Signature William Snow

(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Wabana, Bell Island

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 10 day of Aug 1936 and that I believe the Declarant to be the person named herein.

The Board of Pension Commissioners for Newfoundland AUG 11 1936

E. L. JARDINE NOTARY PUBLIC DOMINION OF NEWFOUNDLAND

Signature D. L. Jardine

Qualification Notary Public

Address Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

Pension No. 54

The Board of Pension Commissioners for Newfoundland

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner William Snow

Rank Pte Regtl. No. 68 Rate of pension 20/-

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Jessie Sheppard	1900	Wabana, Bell Island	5th March 1918 (If unmarried this should be stated)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	19th Dec, 1920	✓ Bell Island
Eileen Millicent	2nd June 1925	✓ Bell Island
Edward Charles	15th Sept. 1928	✓ Bell Island
William Gladstone	13 Feb. 1931	✓ Bell Island

IV. Pensioner's Signature W. J. Snow
(The signature must be inserted in the presence of the person who signs the Certificate below)

Pensioner's Address Bell Island

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 1st day of July 1936 and that I believe the Declarant to be the person named herein.

The Board of Pension Commissioners for Newfoundland
JUL 3 1936

Signature D. J. Jardine
Qualification Justice of the Peace
Address Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

3—D N-100-M-21-4-36

Department Public Health & Welfare

Memorandum for J. A. McGrath Pension Clerk Date Aug 10-36

Dear Sir: The enclosed certificate covers me and my children since July 4th 1936, and is not likely to change. As I said before I reiterate now, I emphatically disown everything else and when you have adjusted my pension covering myself and my four children the transaction will be ended as far as I am financially responsible.

Yours Sincerely
Wm. Snow

666

3—D N-100-M-21-4-36

Department Public Health & Welfare

Memorandum for Mr. ~~Walter~~ William Snow, 12 Codner's Lane. Date Aug. 10, 1936.

PENSION NO: 54

Enclosed herewith please find a "Pink Form" for your completion, as requested by you in your letter of August 9th.

J. A. McGrath,
Clerk, Dept. of War Pensions.

SM/

Pension
54

Bell Island,
August 17, 1936.

J.A.McGrath Esq.,
Dept. War Pensions,
St. John's.

Dear Sir,

Yours of 13th inst. re Wm.J.Snow, to hand, and in connection therewith I beg to state that sometime last February Mrs Snow made a complaint against her husband for non-support. The case was called for Feb. 19th. Mr Snow appeared and asked for postponement in order that he may engage a lawyer. Postponement was granted for a week, and on the 26th., when the case was called again, Mrs Snow did not appear, and the case was dismissed. This is all I know about the parties officially.

Rumour has it however that they have not been living together for a long time, Mr Snow being of the opinion that his wife has not been as faithful as she ought to be. A couple of months ago Mrs Snow gave birth to a baby. Mr Snow claims that he is not the father of this child, and furthermore that he is not the father of the one that preceeded this latter.

Mrs Snow certainly has a bad reputation, but I am not in position to judge as to whether she deserves it.

Yours faithfully,

[illegible]

St Johns
August 9, 1936

Dear Mr McGrath:

Pursuant to our conversation at Headquarters yesterday afternoon re the question of paying Mrs. Snow and a child an allowance, I would like for you to mail me the pink form today so that I can complete it in accordance with the present situation covering my four children, Francis Douglas 15, Eileen Millicent 11, Edward Charles 7, William Gladstone, 5.

B

On account of "Walter Raymond" My pension was increased 10 cent and his name was listed by me only because the record demanded. Because it subjected me to a larger cut and apart from record he might be dropped for the sake of a "dime". When the fatherhood question was put up to Mrs Snow and explanation demanded she answered by selling out and picking up "her" children and running away at my expense and after exhausting the results of the swindle came back "fixed" again. This has cost me a fortune for which her allowance could not compensate me in a century.

C

In short, she now lies in the ruins of her own temple, torn down by her own misconduct.

As soon as I receive the pink form I will complete it before a J. P. covering myself and the foregoing four "legitimate children"; and as for the rest I emphatically disown ~~the~~ whole "shooting match", Mrs Snow included.

If Mrs Snow want sympathy or financial support for her or her children the proper thing for her to do is to make the father's pay. I stuck it for three years and

consume more would take a glutton.

Anyway, when I get the "form" you will then be able to fix it up for myself and the four children. I denounce the rest completely but if the Pensions Board wish to adopt them it's all sixes to "Bill".

You should be congratulating me for not committing murder not hanging up my pension.

I shall be expecting the pink form by tomorrows post and with kindest personal regards.

Yours sincerely

Wm Lawson

686

H[illegible]—D.

In reply please quote
Date and Initials

/

COMMISSION OF GOVERNMENT

NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

Board of Pension Comm for Nfld.

Dear Sir:

I make no claim for an allowance for my wife after she left my home July 3rd. 1936 the same applies to the child Walter Raymond whom she took with her. I do not think it is the function of the "Board" to make allowances to women leading immoral lives.

Yours Sincerely,
William Snow
R. 681

Kindly address all Communications to the Department, not to Individuals.

Harbour Grace
C/o Joseph Pike
Haney Street
aug 7/36

Dear Sirs

in answer to you letter dated. July. 30. wanting to know how long I have been seperated from my husband. I have not been living with him since december 1934. I havent recieved any support from him since may. 1935. havent recieved any money for clothes for three years in fact he's swindled me out of that allowance for 18 years Mr Snow is a swindler. beline it or not he sold my sister to a Jew for two Hundred dollars for his own Pocket he

4

to depend on I
staying With my Step sister
now and her husband is
on the sick list this seven
years now and they are
non able to keep me there
in come is to small if
something is not done
for me soon there Will
be trouble. Mr Snow found
a Way to fight the Board of Pensions
and get a dollar a day for his
mother and support her With
What he is getting for me ~~But~~
If you Want any more information
you Will have to send Postage.

yours truly Mrs W.J. Snow
Harbour Grace

Swindled the child
Walter Raymond out of his
allowance for three years and
then cut him of when he
thought he had done it long
enough ~~then~~ this is only
a few thingh out of so
money that speak about
I only want my support that
mrs Snow is getting for me
I tell you I am stonny
and two children also I
had to sell my coat to day
for one dollor to get them
something to eat, since
wanting you lost my child
died I got him in under
ground but the bills are not

Payed yet. I have been about
it a little. and if there
is not something done for
me. about this War Pension.
and I cant get my support
that I am entitled to by
friday august 14. I will take
a step. I will write to the
king and see if I cant
get some help and
find out if there's any such
thing as justic or Rights
in this country aff cours
I will have to Pay Rent.
I have no place to live.
my sister supported me last
summer and now there
is no one now for me

54

Board of Pensions
St Johns
Nfld

Dear Sir:

I am the Wife of W. J. Snow a War Pinsoner Who is not giving me any Support of any kind: Mrs Snow is Recieving a Pension for me While I am Starving Mrs Snow also Recieved a Pension for Walter Raymond for three years and this child did not get one cent of it Mrs Snow dismisted Walter Raymonds name from his Pension; am I entitled to the amount he is Recieving for me or must I ~~S~~ STARVE and he get it if Something is not done at once I will put it in the Hands of the law and let them

and

deal with it. my husband
died out I had to get out on
stone I have three children
to look after and that keeps
me from going to work
if I could get it, chances are
we will be dead from hunger
by the time there is something
done ~~the~~ I have one child
very sick now. hope you will
give this your quickest attention
I would like to get something
done before there is more
trouble. thanking very much

I. Remmann

Mrs W J Snow
23 Horwey street
Harbour Grace

c/o Joseph Pike

Form T 6—"DN"—200M—26-11-35

Department Posts and Telegraphs

NEWFOUNDLAND

Operating in Connection with

COMMERCIAL CABLES TO ALL PARTS OF THE WORLD

3 H M 1OPD HRGRACE AUG 1/36 IP

BOARD OF PENSIONS DEPT

275

ST JOHNS

CHILD DIED THIS MORNING SEND SOME HELP FOR BURIAL REPLY

MRS W J SNOW

21 2P 1

Pension No: 54

July 30, 1936.

Mrs. W. J. Snow,
Harvey Street,
Harbour Grace.

Dear Madam:

In reply to your letter of recent date with reference to your husband's pension, I am to request that you would please advise me how long you have been separated from your husband. ~~please.~~

On receipt of this information your case will be considered, and you will be further advised.

Yours very truly,

J. A. McGrath,
Clerk, Dept. of War Pensions.

Mrs Walter Raymond

Form T 6—"DN"—200M—28-11-35

Department Posts and Telegraphs

NEWFOUNDLAND

Operating in Connection with

COMMERCIAL CABLES TO ALL PARTS OF THE WORLD

54

5 H M 17COLL HRGRACE 505P AUG 1/36

L CRUMMEY 439 RUSH

RUSH

DEPT OF PUBLIC HEALTH AND WELFARE

ST JOHNS

HAROLD SNOW AGE 3 MONTHS CHILD OF WM SNOW RELIEF COM BELLISLAND DIED HERE THIS MORNING

L SHEPPARD R O

510P 1

THE DEPARTMENT OF WAR PENSIONS FOR NEWFOUNDLAND.

Pension No: 54

REPORT OF INVESTIGATION
on
DISABILITY PENSIONERS.

Name: William Snow Regt: NO: 686 Amount 28 16

Address: Bell Island

PARTICULARS OF MARRIAGE:

Name of Wife Jessie Date of Marriage 5/3/18

Is wife living with pensioner? If not, give reason, and her present address.

Yes

PARTICULARS OF CHILDREN:

Name:	Sex.	Date of Birth.	State if living with pensioner, if not, give reason, and present address.
Francis	Male	9/12/20	
Eileen	Female	20/6/25	
Ed. Chas.	Male	15/9/28	
Wm. G.	DO	13/2/31	Yes
Walter R.	DO	22/3/33	
Clyde	Leo	3/2/34	

(State if pensioner is receiving allowance for the children above mentioned).

REMARKS: Receiving allowance for all except Clyde.

21/1/35
Date.

W L Roots
Investigator.

William Snow

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner William Snow

Rank..... Regtl. No..... Rate of pension.....

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Jessie Sheppard	June 2 1900	Habana	March 5 - 1918 (If unmarried this should be stated)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	Dec 9 1920	Habana
Eileen Millicent	June 26 1925	"
Edward Charles	Sept 15 1928	"
Gordon Raymond	March 1933	"
William Gladstone	Feb 19 1931	"

IV. Pensioner's Signature William Snow
(The signature must be inserted in the presence of the person who signs the Certificate below)

Pensioner's Address Habana, Bell Island

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 3rd day of February 1935 and that I believe the Declarant to be the person named herein.

Signature John B. Stewart

Qualification Justice of the Peace

Address Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

Pension No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department Of War Pensions For Newfoundland

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

ST. JOHN'S, Newfoundland,

Date March 1935.

The Secretary, Dept. of War Pensions for Newfoundland.

Per .....

Regimental No. 686 Rank

Name WM. SNOW.

Unit

DESCRIPTION OF PENSIONER:

Apparent Age Height Colour of Eyes

Complexion Colour of Hair Weight

Marks of Identification:

1000,4-7-34
B.P.C. Form 98

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?

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

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 .....

Pensioner's Signature .....

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

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

advised and refused to accept the same for the following reasons: .....

.....

The foregoing report submitted by:

Pensioner's Signature .....

Signature .....
Medical Examiner.

Place .....

Date .....

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

(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 examination? .....

(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? .....

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)

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank Pte: Name W M. SNOW.

Disability ..... per cent. Period ..... months

Pension for self $ ..... per month

Allowance for wife $ ..... per month

ALLOWANCE FOR CHILDREN

First Child $ ..... per month

Second Child $ ..... per month

Third and Other Children $ ..... Each $ .....

TOTAL MONTHLY PENSION $ 128.00 For ..... Months

Total Authorized Amount $ ..... From .....

To .....

PENSION GRANTED TO .....

Approved by ..... Chairman

..... Commissioner.

..... Commissioner.

ADMITTED TO HOSPITAL February 9th., 1935. ✓
DISCHARGED . . . . . .March 21st., 1935. ✓

100% whilst in HP:

LEGAL ADVISOR.
BOARD OF PENSION COMMISSIONERS FOR NFLD.

March 28th.,1935.

Pension No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department Of War Pensions For Newfoundland

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

ST. JOHN'S, Newfoundland,

Date March 28th., 1935.

The Secretary, Dept. of War Pensions for Newfoundland.

Per B.T.

Regimental No. 686 Rank Pte:

Name WM. SNOW. Address: Bell Isld.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 46 Yrs. Height 5'7" Colour of Eyes Dk. Brown.

Complexion Fair. Colour of Hair Brown. Weight

Marks of Identification:

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID: (EYE-SIGHT UNDER STANDARD):
(1925) GENERAL VISCEROPTOSIS. APPENDECTOMY.

1000,4-7-34
B.P.C. Form 98

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?

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

Chief complaint is pain, and, at night, swelling of ankles. Loss of power in legs. See Dr Keegan's report.
The belt supplied him was of no use as it simply rolled up into a coil and was no support
No sleep without anestane of sedative. Taking what looks like Luminal from Dr Keegan.
Entered hospital with pain in head

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 .....

Pensioner's Signature .....

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

20%

(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? Yes.

(b) Should he continue to do so? Yes

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

(d) If any appliance is necessary? Curtis Bell would be better

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
(To be completed when treatment advised has been refused.)
advised and refused to accept the same for the following reasons:

Approved:
The foregoing report submitted by: Months
by
Medical Adviser.

Pensioner's Signature .....

Signature .....
Medical Examiner.

Place .....
Date Mar 28. 35

Members (of a Board)

(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 examination?

(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?

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)

W S
20 20 P/
19-835

FOR OFFICE USE ONLY

54

Pension No. 54

686

Regt. No. 686 Rank Pte. Name William Snow

Disability 20% per cent. Period PERMANENT months

Pension for self $ 15.00 per month

Allowance for wife $ 5.00 per month

ALLOWANCE FOR CHILDREN

First Child $ 3.00 per month

Second Child $ 3.00 per month

Third and Other Children $ 6.00 Each $ 2.00

TOTAL MONTHLY PENSION $ 32.00 For PERMANENT Months

Total Authorized Amount $ From 19-8-35

To

PENSION GRANTED TO William Snow

Bell Island

Approved by Chairman

Commissioner.

J. P. O'Grady. Commissioner.

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner: William Snow

Rank..... Regtl. No..... Rate of pension.....

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Jessie Sheppard	1900	Wabana	Mar 5, 1918 (If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	Dec 9th 1920	All living at home on Bell Island
Eileen Millicent	June 26, 1925	
Edward Charles	Sept 15, 1928	
William Gladstone	Feb 7, 1931	
Walter Raymond	Mar 22, 1933	

IV. Pensioner's Signature.....
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address: Wabana, Bell Island

CERTIFICATE

The Board of Pension Commissioners for Newfoundland
OCT 3 1934

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 1st day of October 1934 and that I believe the Declarant to be the person named herein.

Signature: J. Carew

Qualification: Notary Public

Address: Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner William Shaw

Rank Pte. Regtl. No. 1d Rate of pension Should be 50 %

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Jessie Stoppard	Jan. 2, 1920	Bell Island	Mar 5 – 1918
			(If unmarried this should be stated)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	Dec 9, 1920	Bell Island
Eileen Millicent	June 20, 1925	" "
Edward Charles	Sept. 15, 1928	" "
William Gladstone	Feb. 13, 1931	" "
Walter Raymond	Mar. 22, 1933	" "

IV. Pensioner's Signature [signature]
(The signature must be inserted in the presence of the person who signs the Certificate below)

Pensioner's Address Bell Island, Nfld.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 7th day of June 19 34 and that I believe the Declarant to be the person named herein.

The Board of Pension Commissioners for Newfoundland
JUN 9 Rec'd

Signature [signature]

Qualification

Address Wabana

FILE RECEIVED

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank _____ Name Snow Wm J

Rate of Pension _____ %, period _____

Date of Marriage _____ Name of wife _____

Additional allce. for wife _____ per month.

Date _____

_____
Secretary.

. . . . . .

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension _____ %, period _____

Receiving allowance for 5 children.

PARTICULARS of 6 child.

NAME	SEX	DATE OF BIRTH.
Walter Raymond	Male	22 March 1933

Allce. @ $2.00 less 20% = 1.60 per month, granted from 1st May 1933

Date child comes of age 21 March 1949

Date _____

_____
Secretary.

Approved by _____ Chairman.

_____ Commissioner.

_____ Commissioner.

The Board of Pension
MAY 4 1933
Commissioners for Newfoundland

Pension increased by 10 cts monthly only as pension subject to 20% reduction instead of 15%

Newfoundland

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

Bell Island
April 28-33

Dear Sir.—

Enclosed you will please find birth certificate for your convenience in connection with my pension

Yours sincerely,

W. J. Snow.

R 686
P 54

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank PTE Name WM. SNOW

Corps servered with ROYAL NFLD. REGIMENT

Date of Medical Board JUNE 1933 Disability 20%

Pension for self $15.00 per month, for 12 months.

Allce for wife $5.00 " " " 12 "

ALLOWANCE FOR CHILDREN:

1st. Child.....$3.00 " " " 12 "

2nd. " $3.00 " " " 12 "

~~xxxxx~~ other children $2.00 " " each $6.00

TOTAL MONTHLY PENSION $32.00 per month, for 12 months.

Total authorized amount $384.00 from 29-7-33

to 28-7-34

Jam 18.7.33

PENSION GRANTED TO: WM. SNOW
BELL IS.

Approved by McGrath Chairman.
E Rad Commissioner.
Commissioner.

The Board of Pension Commissioners for Newfoundland
AUG 14 1933

Date of Marriage _____ Name of wife _____

Name of Child. Sex Date of Birth. Date allce. expired.

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

AS SOON AS POSSIBLE, PLEASE:

ST. JOHN'S, Newfoundland,

Date June 1933.

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B.T:

Regimental No. 686 Rank Pte:

Name WM. SNOW. Address: Bell Isld. C.B.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 44 Yrs. Height 5'7" Color of Eyes Dk.Brown.

Complexion FAIR. Colour of Hair BROWN. Weight

Marks of Identification:

June 1932:

Auto-toxaemia and Visceroptosis.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID.
EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS. APPENDECTOMY.

This applicant now suffers from Auto-toxaemia and Neuritis also Visceroptosis, after typhoid. Eye-sight under standard. Had appendix removed 1925 as result of bowel condition. Requires constant use of purgatives. Constant pain in region of transverse colon.

CONDITION FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYE-SIGHT UNDER STANDARD.
1925. GENERAL VISCEROPTOSIS. APPENDECTOMY.

B.P.C. Form 98.
1,000 1-11-30

Disability for which pension has been awarded:—

Typhoid. Appendicitis. Varicose veins

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.

Ambulant. Varicosities. at present confined to bed with neuritis

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 witheld 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 J. Chynoweth

Pensioner's Signature Mrs Snow

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? None

(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? no

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? –

(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
(To be completed when treatment advised has been refused.)
advised and refused to accept the same for the following reason: –

The foregoing report submitted by:

Pensioner's signature Wm Gross

Signature J B Lynch
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 answer.)

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

(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? yes

(b) If so, is he receiving the additional allowance for a child? no

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? no
(State date of death and names of children who have died.)

Date

Place

J B Lynch
Head of District Office,
(or Medical Practitioner)

Approved:
no % for, in order, in hand
Months
by
Medical Adviser.

9-5
29.7.33

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank _____ Name Snow Wm

Corps served with _____

Date of Medical Board Aug 31 disability 20

Pension for self $ 15.00 per month, for 12 months.

Allce. for wife $ 8.00 " " " 12 "

ALLOWANCE FOR CHILDREN:

1st. Child .... $ 3.00 " " " 12 "

2nd. " $ 3.00 " " " 12 "

3rd & other children $ 2.00 each " " 12 "

$ 4.00

TOTAL MONTHLY PENSION $ 30.00 per month, for 12 months.

Total authorized amount $ 360.00 " from 29. 7. 32 to 28. 7. 33

Pension granted to Wm Snow

Bill Beard

Approved By: _____ Chairman.

_____ Commissioner.

_____ Commissioner.

MAR 15 1933
Commissioners for Newfoundland

Date of Marriage _____ Name of Wife _____

Name of Child.	Sex	Date of Birth	Date Allow. expires.

160
60

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

AS SOON AS POSSIBLE, PLEASE:

ST. JOHN'S, Newfoundland,

Date June 1932

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B.T:

Regimental No. 686 Rank Pte:

Name Wm.Snow.

Address: Bell Isld.

Unit Royal Nfld., Regt;

DESCRIPTION OF PENSIONER:

Apparent Age 43 Yrs Height 5'7" Color of Eyes Dk.Brown

Complexion Fair. Colour of Hair Brown. Weight

Marks of Identification:

January 1932:

Suffers auto-toxaemia. Visceroptosis.

SGD: J.B. Lynch.

June 1932: Auto-toxaemia and Visceroptosis.

Sgd: J.B.Lynch.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.

1925 GENERAL VISCEROPTOSIS. APPENDECTOMY.

B.P.C. Form 98.
1,000 1-11-30

Disability for which pension has been awarded:—

Typhoid, eye sight under standard
General neurasthenia. Appendectomy

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.

This applicant now suffers from Autobowman and neurasthenia also neuroplasia after Typhoid. Eye sight under standard. Had appendix removed 1925 as result of bowel condition. Patient suffers from atony of bowels requiring constant use of purgatives, constant pain in region of transverse colon.

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 witheld 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 [illegible]

Pensioner's Signature W. J. Snow

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

Typhoid, Auto trauma, Neuropathic

(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?

None

(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? no

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? no

(c) If so, is any alteration in the form of the present appliance recommended? no

(d) If any appliance is necessary? no

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? no

(b) Nature of treatment advised none

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

advised and refused to accept the same for the following reason:

The foregoing report submitted by:

Pensioner's signature M. J. Snow

Signature J. Blyant
Medical Examiner.

Approved: No Fat 20 Medical Adviser

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 answer.)

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

(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.)

Date

Place

Head of District Office,
(or Medical Practitioner)

November 22, 1934.

William J. Snow, Esq.,

Bell Island.

Dear Sir:

On going through our files we came across the enclosed Certificate of Baptism of your daughter, Eileen, which is herewith returned to you.

Yours very truly,

SECRETARY.

SM/

BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank PTE. Name WILLIAM SNOW

Corps served with Royal Nfld. Regt.

Date of Medical Board _____ Disability 100% in Hospital

Pension for self $_____ per month for ____ months

Allce. for wife $_____ " " ____ "

ALLOWANCE FOR CHILDREN

1st. Child $_____ " " _____ "

2nd. Child $_____ " " _____ "

3rd. & other children $_____ Each $_____

TOTAL MONTHLY PENSION $ 128.00 for ____ months

Total authorized amount $_____ From 4-8-34

Wife & five children To _____

PENSION GRANTED TO. WILLIAM SNOW.

Approved by _____ Chairman

_____ Commissioner

_____ Commissioner

The Board of Pension Commissioners for Newfoundland
SEP 22 1934

Date of Marriage _____ Name of wife _____

Name of Child. Sex. Date of Birth. Date allce. expires.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No.

ST JOHN'S,
NEWFOUNDLAND.

Aug. 4,1934.

Re:- 686, Wm. Snow: (Ben.No: 54)

Kindly note that the marginally named was ADMITTED to the General Hospital on to-day's date, August 4th.,1934.

B. Thomas

12.8.34

100% whilst in HP.

MEDICAL ADVISOR.
BOARD OF PENSION COMMISSIONERS FOR NFLD.

WS

Form P.H. 312-5M-11-42-Bowden's

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

DECLARATION

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: Wm J Singer

Rank: Pte Regiment: Nfld Regtl. No. 68

Rating: 54 Ship: Official No.

Pension No.: [redacted] Rate of Pension: DISPUTED Age: 54

Occupation (if any)

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf)

PART 6 MUST ALSO BE COMPLETED

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated)
this woman fills in her own declaration at St Joh where she has been receiving allowance for herself and one child				

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (see also overleaf)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer	State where each child lives and, if not with father, the reason.
Ed Charles Singer	Sept 15	1928	Bell Isld	
Wm Gladstone Singer	Feb 13	1931	Bell Isld	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature →

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†*Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such Banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†*Police Officials not below the rank of Sergeant.

†*Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and of Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

†Notaries Public and other persons competent by the law of the country to administer such declarations. (The law must be quoted sufficiently for verification.)

*Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 2 day of Dec 1943 and that I believe the Declarant to be the person named herein.

(Date must be inserted.)

*Signature: C. L. Taylor

Qualification: J. P.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired,)" "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge .....Station)." &c.

Postal Address: Bell Island

Where a Declarant signs by means of a mark, the Declaration should be re over to him or her by the person who attests the Declaration, who should sati himself that the Declarant understands the purpo of the statements sig by him.

*The person signing here must also sign Certificates 8 to 9 overleaf if requi

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. CERTIFICATE.—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that ..... the wife,

and .....

child or children of Mr. .....

are living, and have been seen by me this day.

Signature .....

Date .....

Note: This form should be signed by the person who attests the Certificate overleaf.

7. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. BOYS.

I certify that Ed. Charles Snow & Wm. Geldon Snow

child or children of Mr. William J Snow

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature (Head Teacher) V. B. Barry

Date Oct 8th, 1943

Designation of School St. Kevin's

8. CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. GIRLS.

I certify that .....

child or children of Mr. .....

has / have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature (Head Teacher.) .....

Date .....

Designation of School .....

9. CERTIFICATE (For Children in Employment.)

I certify that .....

child of Mr. ..... is at present in my employment.

Signature .....

Date .....

Rank or Profession .....

Address .....

Note: If the child is in its father's employment this Certificate should be amended accordingly and signed by the person who attests overleaf.

*To .....

.....

.....

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

This form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No.

ST JOHN'S,
NEWFOUNDLAND.

August 20th., 1934.

Re:- 686, Wm. Snow: (Pen.No: 54)

Kindly note that the marginally named was DISCHARGED from the General Hospital on August 18th., 1934.

B. Thomas

Noted

Pension No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

The Department Of War Pensions For Newfoundland

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

ST. JOHN'S, Newfoundland,

Date August 20th.,1934.

The Secretary, Dept. of War Pensions for Newfoundland.

Per B:T:

Regimental No. 686 Rank Pte:

Name WM. SNOW. Address: - Bell Isld. C.B.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 45 Yrs. Height 5'7" Colour of Eyes Dk.Brown.

Complexion Fair. Colour of Hair Brown. Weight

Marks of Identification:

Hospital Report - August 16th.,1934:

Admitted to hospital August 3rd., 1934, for investigation of Gastro-Intestinal condition.
This man has some Visceroptosis, togethwe with marked symptoms of Neurasthenia.
He was examined by me some years ago for same condition, when I stated that operation interference was not indicated. An operation was afterwards performed, which, according to himself, did not relieve him in any way. He is anxious to wear an abdominal belt, and take mineral oil, both of which will probably improve his mind.

Discharged August 18th., 1934. (Sgd: L.E. Keegan,Supt., General Hospital.

Approved: Regular rate, 20%, until admission to HP; then 20 % for 12 Months, from date of discharge from HP:

by [illegible] Medical Adviser.

Board of Pension Commissioners for Nfld.

1000,4-7-34
B.P.C. Form 98

FOR OFFICE USE ONLY

Pension No. 54

Regt. No. 686 Rank ..... Name Wm Snow

Disability 20 per cent. Period 12 months

Pension for self $15.00 per month

Allowance for wife $5.00 per month

ALLOWANCE FOR CHILDREN

First Child $3.00 per month

Second Child $3.00 per month

Third and Other Children 3 $2.00 Each $6.00

TOTAL MONTHLY PENSION $32.00 For 12 Months

Total Authorized Amount $..... From 19.8.34

To 18.8.35

PENSION GRANTED TO .....

Approved by ..... Chairman

Board of Pension Commissioners for Newfoundland SEP 8 1934

..... Commissioner.

J J O'Grady Commissioner.

Noted 31/8/34

B. P. C. No. 54

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 JULY 23 1934

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B:T:

Regimental No. 686 Rank Pte:

Name WM. SNOW. Adress: Bell Isld. C.B.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 45 Yrs. Height 5'7" Colour of Eyes Dk.Brown.

Complexion FAIR. Colour of Hair BROWN. Weight

Marks of Identification:

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYE-SIGHT UNDER STANDARD.
(1925) GENERAL VISCEROPTOSIS. APPENDECTOMY.

1000, 17-10-33
B.P.C. Form 98

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?

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

141 lbs. Pulse 120. Heart Regular
Constipation & pain with prominent abdomen. Been kept
lying down for the past week, to relieve pain.

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 .....

Pensioner's Signature .....

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

Intes. whilst w. Hp.

(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? Yes

(b) Nature of treatment advised? Thorough investigation of Gastro-intestinal Condition with aid of X-ray

(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 refused to accept the same for the following reasons:

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

Been investigated & Been cured.

The foregoing report submitted by:

To Gastro-intestinal Hosp. & Dispensary

Pensioner's signature

Signature

Medical Examiner.

Place

Date

R. S. Rae

Stetson

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?

(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

Date

Head of District Office, (or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Pension No. 54

Regt.No. 686 Rank _____ Name Wm Snow

Corps served with _____

Date of Medical Board January 1932 Disability 20 %

Pension for self $ 15.00 per month, for 6 months.

Allce. for wife $ 5.00 " " " 6 "

ALLOWANCE FOR CHILDREN:

1st. Child $ 3.00 " " " 6 "

2nd. Child $ 3.00 " " " 6 "

2 Children @ $2.00 each 4.00 6 $ _____

TOTAL MONTHLY PENSION $ 30.00 per month, for 6 months.

Total authorized amount $ 180.00 from 29/1/32

to 28/7/32

Pension granted to Wm Snow

Bell Isle

Approved by W. Winmordell Chairman.

Board of Pensions Commissioners for Newfoundland JAN 30 1932

Commissioner

Commissioner.

Regt.No. _____ Rank _____ Name _____

Corps served with _____

Date of Medical Board _____

Pension for self _____ per month, for _____ months.

Allce. for wife _____ " " " _____

ALLOWANCE FOR CHILDREN:

Date of marriage _____ Name of wife _____

1st. Child _____ " " " _____

2nd. Child _____ " " " _____

Name of Child. Sex Date of Birth. Date allce.exps.

TOTAL MONTHLY PENSION $ _____ per month, for _____ months.

Total authorized amount $ _____ from _____

to _____

Pension granted to _____

21/1/32

Regt.No. _____ Rank _____ Name _____ Pension No. _____

B. P. C. No.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

AS SOON AS POSSIBLE, PLEASE:

ST. JOHN'S, Newfoundland,

Date December 1931.

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B.T:

Regimental No. 686 Rank Pte:

Name WM. SNOW. Address:- BELL ISLD.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 42 YRS. Height 5'7" Color of Eyes Dk.Brown.

Complexion FAIR. Colour of Hair BROWN. Weight

Marks of Identification:

June 19, 1931:

Suffers from autotoxaemia. Spleen and liver enlarged. General visceroptosis.

June 19,1931:

Suffers from autotoxaemia. Spleen and liver enlarged. General visceroptosis.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.
1925 - GENERAL VISCEROPTOSIS. APPENDECTOMY.
- -

B.P.C. Form 98.
1,000 1-11-30

Disability for which pension has been awarded:—

Dyspnoea Pneumothorax

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.

Suffers Asthmatic. Pneumothorax

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 witheld 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 J Blynch

Pensioner's Signature W. J. Snow

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

Typhoid Pneumonia

(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? none

(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? no

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? —

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

advised and refused to accept the same for the following reason:

The foregoing report submitted by: Pensioner's signature W. J. Snow

Approved: 20 % for 6 Months Signature J. Murphy
Medical Examiner.

Place

Date by Medical Adviser

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?

(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.)

Date

Place

Head of District Office,
(or Medical Practitioner)

54

Sept 8, 1931.

Mr. Wm. Snow,
BELL ISLAND.

DearSir:

It is requested that you kindly advise this Department,as soon as possible, of the exact dates of birth of your children, also the exact date of your marriage.

Yours very truly,

Secretary.

/MMS.

706

Pension No 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Wm Snow

Rank ..... Regtl. No. 686 Rate of pension ought to be 50%

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
Jessie Sheppard	1900	Wabana Bell Island	5 March 1918 ✓
			(If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
Francis Douglas	9 1920 ✓	Wabana
Eileen Millicent	10 6 1925 ✓	
Edward Charles	15 9 1928 ✓	
William Gladstone	13 1931 ✓	

IV. Pensioner's Signature Wm Snow
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Wabana, Bell Island, Nfld.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 2nd. day of Sept 1931 and that I believe the Declarant to be the person named herein.

Signature J. Maiden

Qualification Notary Public

Address Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

706

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Wm Snow

Rank ..... Regtl. No. 661 Rate of pension one tithe 50 p.

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
Jennie Sheppard	1900	Wabana Bell Island	8. March 1918 ✓ (If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
Francis Douglas	9. 12. 1920 ✓	Wabana
Eileen Millicent	10. 6. 1925 ✓	
Edward Charles	15. 9. 1928 ✓	
William Gladstone	13. 11. 1931 ✓	

IV. Pensioner's Signature Wm Snow
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Wabana, Bell Island, Nfld.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 2nd. day of Sept 1931 and that I believe the Declarant to be the person named herein.

Signature J. Maiden

Qualification Notary Public

Address Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

Read dates
binds. Gain
month as valleys
Year

Bell Island,
Sept. 11 — 31

Mr. C. C. Oke,
Board of Pension Commissioners.

Dear Sir:

Replying to your letter of Sept. 8. All the certificates therein requested have been in your office, and I am not sure that they were all returned. A few days ago I sent in this information on the form that you furnish for that purpose from time to time. This information was written from memory

and was the best I could do at the time. It might have contained errors. I am certainly not free from these things, but I have never failed to very promptly acquaint you with births, marriages, and deaths in my family.

As you have had every birth certificate, every marriage certificate, and every death certificate in connection with my career as a pensioner, you cannot but have a true record of these things in your office at present.

However, the following is again from memory, but if you want the certificates I shall endeavor to get

them for you:

Married March 5 — 1918

Children living now:

Francis Douglas Dec 9 — 1920 ✓
Eileen Millicent June 20 — 1925
Edward Charles Sept 15 1928
William Gladstone Feb. 13 1931

there was another, Violet Victoria born about October 17 - 1918 and died the same day. Oals Henry Louis who's birth and death's dates I cannot recall, but he lived only four months. I think you kept on paying me for him after he died although I had sent in the death certificate. I went in and pointed it out to the clerk there and he deducted whatever he overpaid me. My recollection is that you owe me a small sum on

these things, but I am not particular about trifles.

If you want these certificates kindly let me know so that I can get them looked up.

May I take this opportunity of extending my very best wishes.

Yours sincerely
W. J. Snow

N. B. Written in haste please excuse scribble.
W. S.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No. 54

ST JOHN'S,
NEWFOUNDLAND.

Sept 8, 1931.

54

Mr. Wm. Snow,
BELL ISLAND.

DearSir:

It is requested that you kindly advise this Department, as soon as possible, of the exact dates of birth of your children, also the exact date of your marriage.

Yours very truly,

Secretary.

/MMS.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank _____ Name William Snow

Rate of Pension ____ %, period _____

Date of Marriage _____ Name of Wife _____

Additional allce. for wife _____ per month.

Date _____ _____ Secretary.

. . . . . .

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 20. %, period 28/7/31

Receiving allce. for _____ children.

PARTICULARS of _____ child.

NAME	SEX	DATE OF BIRTH.
William Gladstone	male	July 13/31

Allce. @ $2.00 per month granted from 13/2/31

Date child comes of age _____

Date 17/3/31 _____ Secretary.

Marriage from $28.00 to $30.00 from 13/2/31

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Wm. Snow

Rank ~~Pte.~~ Mordall Regtl. No. 646 Rate of pension About 50 percent

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Jessie (nee Sheppard)	1900	Bell Island Newfoundland	1918 (If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	Dec 9 1920	Bell Island
Eileen Millicent	June 20 1925	" "
Edward Charles	Sept. 15 1928	" "
William Gladstone	Feb. 13 1931	" "

IV. Pensioner's Signature Wm. J. Snow
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Island

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 24 day of February 1931 and that I believe the Declarant to be the person named herein.

Signature R. L. Taylor

Qualification J.P.

Address B. Isld.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

[redacted] 13. Kin[redacted]y note the [redacted]dition of "William Gladstone" to the number of my children since I received my last pension cheque.

W. J. S.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank PTE Name WM. SNOW

Corps served with ROYAL NFLD. REGIMENT

Date of Medical Board JAN 1931 disability 20%

Pension for self $ 15.00 per month for 6 months.

Allce. for wife $ 5.00 " " " 6 "

ALLOWANCE FOR CHILDREN:

1st. Child $ 3.00 per month for 6 months.

2nd. Child $ 3.00 " " " 6 months.

1 ~~children~~ $ 2.00 each " " 6 months.

$ 2.00

TOTAL MONTHLY PENSION $ 28.00 per month for 6 months.

Total authorized amount $ 168.00 from 29-1-31

to 28-7-31

Pension granted to:-

WM. SNOW

BELL ISLD.

Approved by Wm. Mordell CHAIRMAN

Commissioner

Commissioner

Board of Pension Commissioners for Newfoundland
MAR 28 1931

Date of marriage 5-3-1918 Name of Wife J.

Name of Child.	Sex.	Date of Birth.	Date Allce. exprs.
1. Francis	Male	9-12-20	8-12-36
2. Eileen	Female	20- 6-25	19- 6-42
3. Edward Chas.	Male	15- 9-28	14- 9-44

B. P. C. No. 54

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 DECEMBER 1930.

AS SOON AS POSSIBLE, PLEASE:

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B.T.

Regimental No. 586 Rank PTE:

Name WILLIAM SNOW. Address:- BELL ISLD. C.B.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER :

Apparent Age 41,Yrs. Height 5'7" Color of Eyes Dk.Brown.

Complexion FAIR. Colour of Hair BROWN. Weight

Marks of Identification:

June 29,1930:

Complains of headache. Suffering from antotoxaemia.
Pain in lower abdomen. Sleeps poorly.
Both liver and spleen palpable.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS. APPENDECTOMY.

3,000 1-3-28
B.P.C. Form 98.

Disability for which pension has been awarded :—

Typhoid. Pneumothorax. Appendicitis.

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.

Suffering from Autotoxemia. Hunger sleeps poorly. Liver & Spleen palpable.

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 J. Blyth

Pensioner's Signature Wm Snow

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

Typhoid Neurosthenia

(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?

nil

(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? no

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 no

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

advised and refused to accept the same for the following reasons :

The foregoing report submitted by: [illegible]

Pensioner's signature

Signature
Medical Examiner.

Place Approved: 20 % for 6 Months

Date

by Medical Adviser.

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?

(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

Date

Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

PENSION No. 54

REPORT OF INVESTIGATION
DISABILITY PENSIONERS.

RATE OF PENSION 20 % 12

NAME WM. SNOW Regt. No. 686 AMOUNT $ 28.00

ADDRESS BELL ISLD

PARTICULARS OF MARRIAGE.

NAME OF WIFE J. DATE OF MARRIAGE 5-3-1918

Is wife living with Pensioner, if not, give reason and address?

PARTICULARS OF CHILDREN.

NAME	SEX	DATE OF BIRTH	State if living with pensioner, if not give reason and address.
1. Francis	Male	9-12-20	
2. Eileen	Female	20- 6-25	
3. Edward	Male	15-9- 28	

(State if Pensioner is receiving allowance for the children above mentioned.)

REMARKS: OK.

Date 11. 6. 31

INVESTIGATOR.

B. P. C. No. 58

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

AS SOON AS POSSIBLE, PLEASE:

ST. JOHN'S, Newfoundland,

Date June 1931

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B.T:

Regimental No. 686 Rank PTE:

Name WM. SNOW. Address: BELL ISLD.

Unit ROYAL NFLD REGT:

DESCRIPTION OF PENSIONER:

Apparent Age 41 Yrs. Height 5'7" Color of Eyes Dk.Brown.

Complexion FAIR. Colour of Hair BROWN. Weight

Marks of Identification:

JANUARY 1931:

Suffering from auto- toxaemia.
Sleeps poorly. Liver and spleen palpable.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD;
1925 GENERAL VISCEROPTOSIS. APPENDECTOMY.

B.P.C. Form 98.
1,000 1-11-30

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?

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

Suffers from autotoxemia. Spleen and liver enlarged. General neuroptosis

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 witheld 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 J. A. Lynch

Pensioner's Signature Wm. Snow

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? None

(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? no

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? no

(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
(To be completed when treatment advised has been refused.)
advised and refused to accept the same for the following reason:

The foregoing report submitted by: Pensioner's signature [signature]

Signature ..... Medical Examiner.

Approved:

Place ..... 20 % for 6 Months

Date ..... by [signature] } Members (of a Board)

Medical Adviser.

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? yes

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

(b) If so, is he receiving the additional allowance for a child? no

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? no
(State date of death and names of children who have died.)

Date Jan 19 [illegible]

Place Belleville

[signature]
Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt.No. 686 Rank PTE Name WM. SNOW

Corps served with ROYAL NFDL. REGIMENT

Date of Medical Board JUNE 19,1931 disability 20 %

Pension for self $ 15.00 per month, for 6 months.

Allce. for wife $ 5.00 " " " 6 "

ALLOWANCE FOR CHILDREN:

1st. Child $ 3.00 " " " 6 "

2nd. Child $ 3.00 " " " 6 "

2 children @ $ 2.00 each $ 4.00

TOTAL MONTHLY PENSION $ 30.00 per month, for 6 months.

Total authorized amount $ 180.00 from 29- 7-31

to 28-1-32

Pension granted to WM. SNOW,

BELL IS.

Approved by: Chairman.

Commissioner

Commissioner.

The Board of Pensions Commissioners for Newfoundland
AUG 7 1931

Date of marriage Name of wife 5- 3-1918

Name of Child.	Sex	Date of Birth.	Date allce.exps.
1. Francis	male	9-12-20	8-12-36
2. Eileen	female	20- 6-25	19- 6-42
3. Edward Chas	male	15- 9-28	14- 9-44
4. William G.	male	13- 2-31	12- 2-48

7/7/31

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Wm. Snow

Rank Pte Regtl. No. 68 Rate of pension ought to be 50/00

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
Jessie Sheppard	1900	Bell Isld.	Mar 5, 1918 (If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
Francis Douglas	1920	Dec 9th Bell Island.
Eileen Millicent	1925	June 20th Bell Island.
Edward Charles	1928	Sept. 15th Bell Island.

IV. Pensioner's Signature Wm Snow
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Island

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 8th day of January 1930 and that I believe the Declarant to be the person named herein.

Signature J. J. Carew

Qualification Notary Public

Address Bell Island.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 54

Regt.No 686 Rank PTE Name WM. SNOW

Corps served with ROYAL NFLD. REGIMENT

Date of Medical Board JUNE 29,1930 % of disability 20%

Pension for self $ 15.00 per month for 6 months.

Allce.,for wife $ 5.00 " " " 6 "

ALLOWANCE FOR CHILDREN:

1st.Child $ 3.00 per month for 6 months.

2nd.Child $ 3.00 " " " 6 "

1 children @ $ 2.00 each " " 6 " $ 2.00

TOTAL MONTHLY PENSION $ 28.00 per month for 6 months

Total authorized amount $ 168.00 from 29-7-30

to 28-1-31

Pension granted to:-

WM. SNOW

BELL ISLD.

Approved by: W. M. Mosdell Chairman.

Commissioner.

Commissioner.

The Board of Pension
AUG 16 1930
Commissioners for Newfoundland

Date of marriage 5-3-18 Name of Wife

Name of Child.	Sex.	Date of birth.	Date all.Exp.
1. Francis	Male	9-12-20	8-12-36
2. Eileen	Female	20- 6-23	19- 6-42
3. Edward Chas.	Male	15- 9-28	14- 9-44

B. P. C. No. 54

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 JUNE 10.1930

AS SOON AS POSSIBLE, PLEASE:
- - - - - - - - -

The Secretary, Board of Pension Commissioners for Newfoundland.
Per B.T:

Regimental No. 686 Rank PTE:
Name WILLIAM SNOW. ADDRESS:- Bell Isld. C.B.
Unit ROYAL NFLD REGT:
DESCRIPTION OF PENSIONER :

Apparent Age 41 YEARS. Height 5'8" Color of Eyes DK.BROWN.
Complexion FAIR. Colour of Hair BROWN. Weight
Marks of Identification:

June 25,1929:
- - - - -

Weight 135½ lbs. Complains of headache, which his doctor tells him, is toxic. Claims he is worse than at last Board. Constant pain across lower abdomen - causes loss of sleep, even when lying down. Has been wearing special belys. Both liver and spleen are palpable about two inches lower than normal.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS . APPENDECTOMY.

3,000 1-3-28
B.P.C. Form 98.

Disability for which pension has been awarded :—

Typhoid. Weight below normal, 1925
General Visceroptosis. Appendectomy.

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.

Complains of three hernias suffering from autotoxemia. Pain in lower abdomen. Sleeps poorly. Both liver + spleen palpable

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 J M Lynch

Pensioner's Signature Wm Snow

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

already stated

(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? None

(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? no

6 Are the disabilities permanent? yes

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

Wearing Abdominal Belt

(b) Should he continue to do so? yes

(c) If so, is any alteration in the form of the present appliance recommended? no

(d) If any appliance is necessary?

8 (a) World treatment reduce the pensioner's disability, or increase his comfort? no

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

advised and refused to accept the same for the following reasons :

The foregoing report submitted by:

Pensioner's signature

Signature

Medical Examiner.

Place

Approved: 20 % for 6 Months

Date

by J. A. McCuaig Medical Adviser

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? yes

10 (a) Has a child been born to pensioner since last medical re-examination? no

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

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? no
(State date of death and names of children who have died.)

Place Bell Island

Date June 29th

The Board of Pension Commissioners for Newfoundland JUN 28 1930

J. R. Lynch.

Head of District Office, (or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

PENSION No. 54

REGT. NO. 686 RANK [redacted] NAME WM. SNOW

Corps served with ROYAL NFLD. REGIMENT

Date of Medical Board JUNE 25, 1929 Disability 20%

Pension for self $15.00 per month, for 12 months.

Allowance for wife $ 5.00 per month, for 12 months.

ALLOWANCE FOR CHILDREN:

1st. Child $ 3.00 per month, for 12 months.

2nd. Child $ 3.00 per month, for 12 months.

1 child ~~/~~ $ 2.00 per month, for 12 months.

(@$2.00)

TOTAL MONTHLY PENSION $28.00 per month, for 12 months.

TOTAL authorized amount $336.00 from 29-7-29 to 28-7-30.

Pension granted to: WM. SNOW

BELL ISLD.

Approved by: W. M. Mordell (Chairman)

(Commissioner)

(Commissioner)

(Secretary)

Approved: 10 % for 12 Months

Medical Adviser.

The Board of Pension Commissioners for Newfoundland
AUG 13 1929

Date of Marriage 5-3-1918 Name of Wife J.

NAME OF CHILD.	SEX.	DATE OF BIRTH.	DATE AILCE EXP.
1. Francis	Male	9-12-20	8-12-36
2. Eileen	Female	20- 6-25	19- 6-42
3. Edward C.	Male	15- 9-28	14- 9-44

Mlaver 2/7/29

20TH BOARD

Form Z179 B.P.C. 5M, 21-11-'25

Pension No. 54

Report of Medical Board

Station St. John's, Nfld.

Date JUNE 25TH.,1929.

No. and Rank 686 PTE:

Age 40 YEARS.

Height 5'7"

Name WILLIAM SNOW.

Complexion FAIR.

Unit REGT: Royal Newfoundland

Eyes D. BROWN.

Hair BROWN.

Address BELL ISLD.

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

Former Trade

Enlisted at

On

Disease or Disability

Original TYPHOID. EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS. APPENDECTOMY.

Subsequent

Present Condition (Compare with previous Board) WT-135½

Complains of headache, which his doctor tells him is toxic. Claims he is worse than at last Board. Constant pain across lower abdomen. Causes loss of sleep even when lying down.

Has been wearing special belts.

Both liver and spleen are palpable about two inches lower than normal.

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 ?

Recommendation of Medical Board

Members of Board

Clancy MacPherson

J Bodley

Pension No. 54

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Wm. Snow

Rank Pte Regtl. No. 88 Rate of pension Ought to be 50%

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
Jessie Sheppard	2nd June 1900	Bell Island	Mar. 5, 1918 (If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
Frances Douglas	9th Dec. 1920	Bell Island
Eileen Millicent	20th June 1925	" "
Edward Charles	15 Sept. 1928	" "

IV. Pensioner's Signature William Snow
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Bell Island, Newfoundland

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 2nd day of February 1929 and that I believe the Declarant to be the person named herein.

Signature J. J. Carew

Qualification Notary Public

Address Bell Island.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

Pension No.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. ***I HEREBY DECLARE*** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Wm Snow

Rank Pte Regtl. No. 68 Rate of pension ought to be 50 %

II. ***I Further Declare*** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
Jessie Sheppard	June 2nd 1901	Wabana	March 5, 1918 (If unmarried this should be stated.)

III. ***I Further Declare*** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
Francis Douglas	Decr 4th 1920	
Eileen Millicent	June 20/ 1925	

IV. Pensioner's Signature William Snow
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Wabana

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 2nd. day of July 1928 and that I believe the Declarant to be the person named herein.

The Board of Pension Commissioners for Newfoundland
JUL 20 1928

Signature J. J. Carew

Qualification Notary Public

Address Bell Island

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. NO. 686 Rank Pte Name Wm Snow

Rate of Pension ____%, period _____

Date of Marriage _____ Name of Wife _____

Additional allce. for wife _____ per month.

Date _____ _____
Secretary.

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 20% period 28/7/29

Receiving allce. for 2 children. 1 dead.

Particulars of 4th child.

NAME	SEX	DATE OF BIRTH.
Edward Charles	Male	15/9/28

Allce. at $2.00 per month granted from 15/9/28

Date Child becomes of age _____

Date DEC 15 1928

The Board of Pension Commissioners for Newfoundland

_____
Secretary.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. NO. 686 Rank: PTE. Name: WM. SNOW

Corps served with... ROYAL NEWFOUNDLAND REGIMENT.

Date of Medical Board JUNE 16,1928 Disability 20%

Pension for self $15.00 per month, for 12 months.

Allowance for wife $ 8.00 permonth , for 12 months.

ALLOWANCE FOR CHILDREN:

1st. Child $ 3.00 per month, for 12 months.

2nd. Child $ 3.00 per month, for 12 months.

____ children, _____ per month, for ____ months.
(@)

TOTAL MONTHLY PENSION $26.00 per month, for 12 months.

TOTAL authorized amount $276.00 from 29-7-28 to 28-7-29.

. . . . . .

Pension granted to:

WM. SNOW

BELL ISLAND.

Approved by:

The Board of Pension Commissioners for Newfoundland
AUG 17 1928

_____ CHAIRMAN.
_____ COMMISSIONER.
_____ COMMISSIONER.
_____ SECRETARY.

. . . . . .

Date of Marriage 5-3-18 Name of Wife J.

Name of Child.	Sex.	Date of Birth.	Date Allce exp.
1. Francis	Male	9-12-20	8-12-36
2. Eileen	Female	20- 6-25	19- 6-42

MMann 24/7/28

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION 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 JUNE 1928.

The Secretary, Board of Pension Commissioners for Newfoundland.

Per B.T.

Regimental No. 686 Rank PTE:

Name WILLIAM SNOW. Address: Bell Isld. C.B.

Unit Royal Nfld Regt:

DESCRIPTION OF PENSIONER :

Apparent Age 40 YEARS. Height 5'7" Color of Eyes BROWN.

Complexion FAIR. Colour of Hair D. BROWN. Weight

Marks of Identification:

June 27,1927:

Has pain over the region of the appendix operation-also pain over region of ??? which is apparently dilated. Very little difference from last Examination.

. . . . . .

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS. APPENDECTOMY.

3,000 1-3-28
B.P.C. Form 98.

Disability for which pension has been awarded :—

Typhoid. eyesight undiscovered

General Neuroptosis appendectomy

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.

Troubled with obstinate constipation
Pain in region of appendix & portion
below very much distended.

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 J Blynch

Pensioner's Signature W Snow

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? none

(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? no

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? no

(d) If any appliance is necessary? —

8 (a) World treatment reduce the pensioner's disability, or increase his comfort? no

(b) Nature of treatment advised none

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

advised and refused to accept the same for the following reasons:

The foregoing report submitted by: Pensioner's signature W. Snow

Approved: 20 % for 12 Months

Place Yorkton Signature J A Lynch Medical Examiner.

Date June 22 by [illegible] Medical Adviser. [illegible] } 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? yes

10 (a) Has a child been born to pensioner since last medical re-examination? no

(b) If so, is he receiving the additional allowance for a child? no

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? no
(State date of death and names of children who have died.)

Place Yorkton J A Lynch

Date June 16 Head of District Office, (or Medical Practitioner)

1-1022

BANK OF MONTREAL

ST. JOHN'S
NEWFOUNDLAND

February 11th
1928.

The Board of Pension Commissioners,
City.

Dear Sirs:-

We shall be pleased to use our best endeavours to stop payment of cheque number 9181 issued by you in favour of William Snow, Bell Island should it be presented.

Yours faithfully,

W M Carmichael

Pro Manager.

MD.-

Acc 317

14

GUANANTEE FOR ISSUE OF DUPLICATE CHEQUE

We hereby undertake to hold His Magesty's Government free from any loss that may arise through the issue to us of duplicate cheque No.9181, for the sum of Twenty Six Dollars ($26.00). Payable to William Snow.

And we do further undertake to refund the said sum should should the original cheque be presented for payment, or the Government be called upon to pay same.

FOR

THE BANK OF NOVA SCOTIA

BELL ISLAND NFLD.

Witness. H. Bennett Manager. H. J. Bruce

Stop payment issued Feb 10/28

Duplicate issued Feb 11/28

Bell Island,Nfld.

To Wit:

I,W.J.Brien,Manager,

Bank of Nova Scotia,

Bell Island,Nfld.

of Bell Island,Nfld.

make oath and say That cheque drawn by Board of Pensions Department No.9181 payable to William Snow for the sum of Twenty six Dollars ($26.00) has been lost in the Mails.

W.J.Brien
.....
Manager,
Bank of Nova Scotia,
Bell Island,Nfld.

Declared before me at Bell Island

this .....1..... day of Feby ....., 1928

P.A. Taylor
.....
Justice of the Peace.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No: 54

Regt.NO: 686 Rank Pte. Name WILLIAM SNOW

Corps served with:- ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board: JUNE 27th. 1927 Disability 20%

Pension for Self: $15.00 per month, for 12 mths.

Allowance for Wife: $5.00 per month, for 12 mths.

Allowance for children:

1st Child $3.00 per month, for 12 mths.

2nd Child $3.00 per month, for 12 mths.

____ children (2) ____ per month, for ___ mths.

TOTAL MONTHLY PENSION: $26.00 per month, for 12 mths.

TOTAL AUTHORIZED AMOUNT $312.00

Pension granted to: WILLIAM SNOW
BELL ISLAND

Approved by:

The Board of Pension Commissioners for Newfoundland
SEP 28 1927

CHAIRMAN.

COMMISSIONER.

COMMISSIONER.

SECRETARY.

Date of Marriage 5-3-18 Name of Wife J.

Name of Child.	Sex.	Date of Birth.	Date Alloc
1. Frances	Female	9-12-20	8-12-37
2. Eileen M.	Female	20- 6-25	19- 6-42

30/8/27

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION 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 .....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per .....

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 39 YEARS Height 5'7" Color of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

JULY 26, 1926: Has constant pain over site of operation, increased by movement. Has pain at times on left side especially when bowels move. Patient much the same as at last examination.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID, EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS, APPENDECTOMY.

3,000 14-8-25
B. P. C. Form 98

Disability for which pension has been awarded:—

Dyspepsia, sys. sympt. under Standard
1925 General Neuroplasm appendectomy

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.

Has pain over region of the appendix operation. Also pain over region of colon which is apparently detected. Very little difference from last examination

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 J. Mayock

Pensioner's Signature W. Snow

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

Typhoid, Pneumonia.

(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? no

(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? no

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? no

(d) If any appliance is necessary? yes

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

(b) Nature of treatment advised Wrong Weak abdominal belt

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

advised and refused to accept the same for the following reasons:

Pensioner's signature W. Lane

The foregoing report submitted by

Signature [illegible] Medical Examiner.

Place [illegible]

Date [illegible]

Approved: [illegible] 12 Months

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?

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

10 (a) Has a child been born to pensioner since last medical re-examination? no

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

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? no
(State date of death and names of children who have died.)

Place Rice Island

Date June 27 1927.

Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 54

Regt. No. 686 Rank Pte. Name WILLIAM SNOW

Corps served with ROYAL NFLD REGT.

Date of Medical Board July 1926 Disability 20% expiring 28.7.27

Pension for self 15.00 per month for 12 months.

Allowance for w[illegible] 5.00 per month for 12 months.

Allowance for ch[illegible]en:

1st Child 5.00 per month for 12 months.

2nd Child 3.00 per month for 12 months.

___ Children @ ___ per month for ___ months.

TOTAL ALLCE. FOR C[illegible] ___ per month for ___ months.

Total monthly pension $26.00 for 12 months.

TOTAL AUTHORIZED AMOUNT 312.00

Pension granted to: Name William Snow

Address Bell Isld.

3.8.26
BT

Approved by: The Board of Pension Commissioners for Newfoundland AUG 20 1920

R. Duff Chairman.

Commissioner.

Commissioner.

Secretary.

PARTICULARS OF FAMILY:

5.3.16 M.

Date of Marriage. Name of Wife.

Names of Children.	Sex.	Date of Birth.	Expiration of Allce.
Francis	Male	9.12.20	8.12.36
Henry Lewis	Male	12.4.24	11. 4.40
Eileen M.	Female	20. 6.25	19. 6.42

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION 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 .....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per .....

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 38 YEARS Height 5'7" Color of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

JUNE 10, 1926: Has some pain or rather ache constantly over site of operation, especially on coughing, sneezing, or talking loud. Also present as soon as starts to chew his food, though not so hard as when he sneezes. Is wearing a belt for visceroptosis.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID, EYESIGHT UNDER STANDARD.
1925 GENERAL VISCEROPTOSIS, APPENDECTOMY.

3,000 14-8-25
B. P. C. Form 98

Disability for which pension has been awarded:—

Typhoid, eyesight under normal.
1925 Gunout Venereal Phlebitis. appendicitis

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.

Has constant pain over right of sternum, increased by movement. Has pain at times on left side especially when bowels move. Patient much worse a bad rheumatism

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 J. Bryant

Pensioner's Signature Wm. Snow

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

Typhoid bowel condition as the effect

(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?.....
None

(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? ...Uncertain.....

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

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

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

(c) If so, is any alteration in the form of the present appliance recommended? ...No.....

(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...X Ray of Intestine.....

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

advised and refused to accept the same for the following reasons: .....

Pensioner's signature ...Wm. Snow.....

The foregoing report submitted by

Signature ...J K Lynch.....
Medical Examiner.

Place...Wilmer.....

Date...July 26.....

} 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? ...Yes.....

10 (a) Has a child been born to pensioner since last medical re-examination? ...No.....

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

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? ...No.....
(State date of death and names of children who have died.)

Place...Wilmer.....

Date...July 26.....

Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 54

Regt. No. 696 Rank Pte. Name William Snow

Corps served with ROYAL NFLD REGT.

Date of Medical Board June 15/26 Disability 20% expiring 28-7-26

Pension for self $15.00 per month for 3 months.

Allowance for wife $5.00 per month for 3 months.

Allowance for children:

1st Child $3.00 per month for 3 months.

2nd Child $3.00 per month for 3 months.

___ Children @ ___ per month for ___ months.

TOTAL ALLCE. FOR C$ ___ per month for ___ months.

Total monthly pension $26.00 for 3 months.

TOTAL AUTHORIZED AMOUNT $78.00

Pension granted to:

Name William Snow

Address Bell Isld.

23.6.26
BT

Approved by: The Board of Pension Commissioners for Newfoundland JUL 29 1926 Chairman. Commissioner. Commissioner. Secretary.

Approved: 20 % for 3 Months by Medical Adviser.

PARTICULARS OF FAMILY:

Date of Marriage.	Name of Wife.
5.3.18	J.

Names of Children.	Sex.	Date of Birth.	Expiration of Allce.
Francis	Male	9.12.20	8.12.36
Eileen M.	Female	20. 6.25	19. 6.42

SIXTEENTH BOARD

Form Z179 B.P.C. 5M, 21-11-'25 Pension No. 54

Report of Medical Board

Station	St. John's, Nfld.	Date	JUNE 15, 1926
No. and Rank	686--PRIVATE	Age	38 YEARS Height 5'7"
Name	WILLIAM SNOW	Complexion	FAIR
Unit	Royal Newfoundland	Eyes	BROWN Hair D.BROWN
Address	BELL ISLAND		(The Board will please note how the soldier's appearance corresponds with above description).
Former Trade			
Enlisted at	ST. JOHN'S On	15/12/14	
Disease or Disability	Original	TYPHOID, EYESIGHT UNDER STANDARD. 1925GENERAL VISCEROPTOSIS, APPENDECTOMY	
	Subsequent		

Present Condition (Compare with previous Board)

Has some pain or rather ache constantly over site of operation, especially on coughing sneezing or talking loud. Also present as soon as he starts to chew his food, tho' not so hard as when he sneezes.

Is wearing a belt for visceroptosis.

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% 3 mos.

Recommendation of Medical Board

Members of Board

Amy MacPherson

J B O'Neill

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No. 54

ST. JOHN'S,
NEWFOUNDLAND.
March 31, 1926.

To B.P.C.

686 William Snow.

Kindly note that the marginally named man is to be carried on at his present rate, 100% until April 28, 1926, by authority of Dr. Knight.

Margaret Doyle.

6/4/26

11853

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 54

Regt. No 686 Rank Pte Name Wm Snow

Corps served with

Date of Medical Board 3/2/26 Disability 100%

Pension for Self 75.00 per month for 2 months.

Allowance for Wife 25.00 " " " 66666 2 months.

Allowance for children:

1st. Child 15.00 per month for 2 months.

2nd. " 66662.00 " " " 2 months.

Children @ each per month for months.

Total monthly pension$ 127.00 for 2 months.

Total authorized amount$ 254.00.

Pension granted to:-

Name Wm Snow

Address: Bell Isle
C.B.

Approved by:-

Chairman

P. J. Howley Commissioner

do.

Secretary.

The Board of Pension
FEB 20 1926
Commissioners for Newfoundland

Date of Marriage: Name of Wife:

Names of Children.	Sex.	Date of Birth.	Date expires.

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION 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 .....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per .....

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 27 YEARS Height 5'7" Color of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

DECEMBER 29, 1925: Just out of hospital, where he had the appendix removed. Has some pain near operation wound, but thinks it is of different nature from old pain. Bowels still constipated. Anaemic and general condition poor. Pulse 112.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.
GENERAL VISCEROPTOSIS, APPENDECTOMY 1925

3,000 14-8-25
B. P. C. Form 98

Disability for which pension has been awarded:—

Typhoid. Injury below stm bone,
General Varicosities. after death 1928

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.

applicant says he felt benefited by long rest in Hospital. He still has pain over region of appendix and he says the constipation is worse since the operation. He does not appear to have covered much benefit from operation. His vision still perfect. Pulse 86

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 J. Lynch

Pensioner's Signature W. Snow

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

Typhoid

(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? much the 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? not certain

6 Are the disabilities permanent? likely

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

(b) Should he continue to do so? yes

(c) If so, is any alteration in the form of the present appliance recommended? no

(d) If any appliance is necessary? Boots well

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? 2 Months

(b) Nature of treatment advised. none

(c) Is pensioner willing to accept treatment advised? —

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

Approved: yes for 2 Months
by Grace Hospital
Medical Superintendent

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

advised and refused to accept the same for the following reasons:

Pensioner's signature W. Snow

The foregoing report submitted by

Signature [illegible]
Medical Examiner.

Place Windsor

Date Feb 8

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? yes

10 (a) Has a child been born to pensioner since last medical re-examination? no

(b) If so, is he receiving the additional allowance for a child? no

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? no
(State date of death and names of children who have died.)

Place Windsor

Date Feb 8th 1922

Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No. 54

ST JOHN'S,
NEWFOUNDLAND.
November 14, 1925.

To B.P.C.

686 William Snow,

Kindly note that the marginally named man was ADMITTED to the General Hospital on November 7, and DISCHARGED on November 12, 1925. DIAGNOSIS: GENERAL VISCEROPTOSIS.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No. 54

ST. JOHN'S,
NEWFOUNDLAND.

December 28, 1925.

To B.P.C.

686 William Snow.

Kindly note that the marginally named man was ADMITTED to the GNERAL HOSPITAL for operation in respect of GENERAL VISCEROPTOSIS ON NOVEMBER 20, 1925.

M.D.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

IN REPLY REFER TO
No. 54

ST. JOHN'S,
NEWFOUNDLAND.

December 28, 1925.

To B.P.C.

686 William Snow.

Kindly note that the marginally named man was DISCHARGED from the GENERAL HOSPITAL on DECEMBER 28, 1925. DIAGNOSIS: GNERRAL VISCEROPTOSIS.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 54

Regt. No 686 Rank Pte. Name Wm. Snow

Corps served with Royal Nfld Regt.

Date of Medical Board Dec 29/25 Disability 100 %

Pension for Self 75.00 per month for 1 months.

Allowance for Wife 25.00 " " " 666666 months.

Allowance for children:

1st. Child 15.00 per month for 1 months.

2nd. " 12.00 " " " 1 months.

____ Children @ ____ each per month for ____ months.

Total monthly pension$ 127.00 for 1 months.

Total authorized amount$127.00.

Pension granted to:-

Name Wm. Snow

Address: Bell Isld.

4.1.26
B T

Approved by:-

The Board of Pension Commissioners for Newfoundland
JAN 5 1926

Chairman

Commissioner

do.

Secretary.

7/1/26

Date of Marriage: Name of Wife:

Names of Children. Sex. Date of Birth. Date expires.

Form Z179 B.P.C. 5M, 21-11-'25

Pension No. 54

Report of Medical Board

Station St. John's, Nfld.

Date DECEMBER 29, 1925.

No. and Rank 686 --PRIVATE

Age 27 YEARS

Height 5'7"

Name WILLIAM SNOW

Complexion FAIR

Unit Royal Newfoundland

Eyes BROWN

Hair D. BROWN

Address BELL ISLAND

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

Former Trade

Enlisted at ST. JOHN'S On

Disease or Disability Original TYPHOID. EYESIGHT UNDER STANDARD.

Subsequent GENERAL VISCEROPTOSIS 1925.

Present Condition (Compare with previous Board) Pulse 112

Just out of Hospital, where he had the appendix removed. Has some pain near operation wound, but thinks it is of different nature from the old pain. Bowels still constipated. Anaemic & general condition poor

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

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% one month.

Recommendation of Medical Board

Members of Board

R. S. Mason

J. Bodwitch

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 54

Regt.No 686 Rank Pte. Name William Snow

Corps served with Royal Nfld Regt.

Date of Medical Board Oct 22/25 Disability Hospital Healed

Pension for Self _____ per month for 100% months.

Allowance for Wife _____ " " " 66666 months.

Allowance for children:

1st. Child _____ per month for _____ months.

2nd. " 66666 " " " _____ months.

____ Children @ _____ each per month for _____ months.

Total monthly pension $ _____ for _____ months.

Total authorized amount $ _____. 100% in Hospital

Pension granted to:-

Name William Snow,

Address: ~~Bell Isld.~~ c/o G. Winsor
1 Cochrane St

26.10.25

B T Approved by:-

_____ Chairman

_____ Commissioner

_____ do.

_____ Secretary.

Date of Marriage: _____ Name of Wife: _____

Names of Children.	Sex.	Date of Birth.	Date expires.

Form Z[illegible].P.C.

Pension No. 54

Report of Medical Board

Station St. John's Nfld.

Date OCTOBER 22, 1925.

No. and Rank 686--PRIVATE

Age 26 YEARS Height 5&7"

Name WILLIAM SNOW

Complexion FAIR

Unit Royal Newfoundland

Eyes BROWN Hair D. BROWN

Address BELL ISLAND

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

Former Trade

Enlisted at ST. JOHN'S On

Disease or Disability Original TYPHOID. EYESIGHT UNDER STANDARD.

Subsequent

Present Condition (Compare with previous Board)

Stiff. eyes are straight & in same condition as on enlistment"
Throat is now apparently normal & does not complain regarding throat condition.
Complains of pain in Rt iliac region. pain increased by pressure.
Has alternate attacks of diarrhoea & constipation.
Pulse. 120.

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

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

Sudbury Hospital for Bismuth Meal. & X Ray Exam.

Enter General Hospital for operation.

Members of Board

J Paterson

J Morries

PENSION ACCOUNT.

Hospital Period

Name Wm Brown Regt. No 686 Rank Hospital Wom

Remarks

Date of Admission	Date of Discharge	Number of Days	Rate of Pension	Total Cr.	Previous Pension Rate	Previous Pension Date Paid to	Previous Pension Amount	Payments Amount	Payments Date	Payments Ch. No.	Total Dr
1 11/25	6 11/25		13 00	2 60				10 00		6399	
7 11/25	12 11/25		104 00	20 80				40 00		6400	
13 11/25	19 11/25		127 00	29 63				138 23		8020	
20 11/25	28 12/25		104 00	135 20							
				188 23							

54

Telegraph Codes:
A.B.C. 4th. Edition
A.B.C. 5th. Edition
Western Union

Dominion Iron & Steel Company, Limited
Wabana Mine
Conception Bay, Newfoundland

October 6, 1925

Dr. W. W. Parsons,
Medical Adviser,
Board of Pension Commissioners,
Saint Johns.

Dear Sir:

I have received your letter of Sept. 25th. I am sure that the report to which you refer, not blinking the Wassermann that accompanied it, is no nearer the truth than if it said that Napoleon discovered America. You would probably like to associate the rest of my disability with the same disease that this wooden-headed Scotchman associated the defective vision that I have had from birth. You have me where you want me, but not for long.

Yours respectfully
Will Snow.

Dominion Iron & Steel Company, Limited
Wabana Mine
Conception Bay, Newfoundland.

Telegraph Codes:
A.B.C. 4th. Edition
A.B.C. 5th. Edition
Western Union

September 18th. 1925.

54

Dr. Parsons,
Medical Adivser,
The Board of Pension Commissioners,
St. John's.

Dear Sir:- "Re M. 686"

I acknowledge with thanks your letter of the 12th. I am perfectly satisfied that my pension is not being paid for my eye condition. But while I am not qualified to participate intelligently in the discussion of so advanced a subject as that to which my file refers. I know enough about my eye condition to be able to tell you that the assertion that the condition is caused by the disease for which I underwent treatment at the 4th Scottish General Hospital is an absolute prevarication and a down-right shame and was a false conclusion arrived at for the want of knowing better.

Furthermore, the improvement shown at my last examination was in connection with the eyes, due to the use of glasses and should not have caused a reduction in my Pension.

Yours respectfully,

Wm. Snow

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

DR. W. H. PARSONS, M.C., M.D., C.M., CHAIRMAN
HON. H. M. MOSDELL, M.B., M.L.C.
CHAS. C. OKE, SECRETARY

In reply refer to
No.....

St. John's

September 25, 1925.

Mr. William Snow,
Bell Island.

Dear Sir:

Replying to your letter of the 18th inst. Dr. Fergus, who is the Specialist who examined you in Scotland has given a definite report of your eye condition following his examination, and we of course, have to take that report. This is confirmed by the blood examination made at the time.

Yours faithfully,

Medical Adviser.

WHP:VMD

THE BOARD OF PENSION COMMISSIONERS FOR NFD.

Pension No. 54

Regt. No. 686 Rank Pte Namd Wm Snow

Disability

Rate of Pension 10 % 31/7/26

Date of Marriage Name of Wife

Additional Allce. granted for wife per month.

Date Secretary.

ALLOWANCE FOR CHILD OR CHILDREN

Rate of Pension 10 % ending 31/7/26

Receiving allce. for 1 children.

Particulars of 2nd ~~child~~.

Name	Sex	Date of Birth.
Eileen Millicent	Female	20/6/25

Allce. of $1.50 per month granted from p 20/6/25

Child becomes of age

Date Secretary.

The Board of Pension Commissioners for Newfoundland AUG 7 1925

Pension Increased from $1.50 to $13.00 from 20/6/25

7/8/25

Dominion Iron & Steel Company, Limited
Wabana Mine
Conception Bay, Newfoundland

Telegraph Codes:
A.B.C. 4th. Edition
A.B.C. 5th. Edition
Western Union

9th July, 1925.

Mr. C.C. Oke,
St. John's, Nfld.

Dear Sir:-

I feel that you would hardly be concerned with any remarks that I may make in connection with the enclosed certificate. I know that you will return it in due course and thanking you for past courtesies,

I remain,

Cordially yours,

Will Snow, #686.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank Pte. Name Wm. Snow

Corps served with Royal Nfld. Regt.

Date of Medical Board July 2/25 Disability 10%

Pension for Self $7.50 per month for 12 months.

Allowance for wife $2.50 per month for 12 months.

Allowance for children:-

1st Child $1.50 per month for 12 months.

2nd Child ____ per month for ____ months.

____ Children @ each ____ per month for ____ months.

Total monthly pension $11.50 for 12 months.

Total authorized amount $138.00

Pension granted to:-

Name Wm. Snow

7.7.25 Address Bell Isld.

B T

8/7/25 AJ

Approved by:-

Approved: ____% for ____ Months

by ____ Medical Advisor.

P S Howley Chairman.

Chas Commissioner.

Commissioner.

Secretart.

The Board of Pension Commissioners for Newfoundland JUL 14 1925

7/7/25

Date of Marriage 5.3.18 Name of Wife J.

NAMES OF CHILDREN.	SEX.	DATE OF BIRTH	Date COMES OF AGE
Francis	Male	9.12.20	8.12.36

JULY 31, 1926

B. P. C. No. 54

TWELFTH BOARD

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION 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.....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 686 Rank PRIVATE.

Name WILLIAM SNOW ADDRESS: BELL ISLAND.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS Height 5'7" Color of Eyes BROWN

Complexion FAIR Colour of Hair D.BROWN Weight

Marks of Identification:

FEBRUARY 7, 1925: Was wounded through right side of neck Nov. 4, 1915 (Gallopoli) and contracted Typhoid and jaundice while at Malta. Constipation followed the Typhoid, and has been a cause of ill health ever since. One of the first wymptoms before the jaundice was a pain in right iliac region, and this pain still recurs with marked swelling running down from anterior iliac spin into pelvis. The swelling is still visible. Eyesight gave out during Typhoid, and has not improved since. The pupils are widely dilated and he complains of headache. The palate is oblique--the left side apparently drawn back with separation of the pillars, the right prominent as if forced forwards, probably a paralysis of right palative nerve from the bullet wound.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID: EYESIGHT UNDER STANDARD.

B. P. C. Form 98
2M 18-9-23.

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?

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

Constipation is the principle difficulty to combat. Applicant must take medicine daily to keep him regular. Pain and swelling in the illiac region diminished somewhat ~~at~~ since last examination. Eyesight has improved since he has commenced to wear glasses. Inclined to think suffers slight neuritis in legs.

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 L A Giovanetti Pensioner's signature W. Snow

15 6
14 5
17.50
5-3-18
9-12-6
Mary 7
12 4
dud 19 8
4

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

Eyesight under standard

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

Swelling diminished in pelvic region
Has headache only occasionally

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

Eyesight improved with use of glasses

(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?..May diminish.....

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

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

Wearing glasses for a month

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

(c) If so, is any alteration in the form of the present appliance recommended?..no.....

(d) If any appliance is necessary?....no.....

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? ..Yes.....

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

Approved: do for Medical Adviser by

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.)

Pensioner's signature _____

The foregoing report submitted by

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 pactitioner 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?....Yes.....

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

(b) If, so, is he receiving the additional allowance for a child?.....no.....

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?....no.....
(State date of death and names of children who have died.)

Place..Bell Island.....

Date....July 2/25.....

A A Giovanetto
Head of District Office;
(or Medical Practitioner))

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank Pte. Name William Snow

Corps served with Royal Nfl. Regt.

Date of Medical Board Feby 7/25 Disability 15%

Pension for Self $11.35 per month for 6 months.

Allowance for wife $3.75 per month for 6 months.

Allowance for children:-

1st Child $2.35 per month for 6 months.

2nd Child $2.35 per month for 6 months.

___ children @ ___ ea. ___ per month for ___ months.

Total monthly pension $19.50 for 6 months.

Total authorized amount $117.00

MMann 16/4/25

Pension granted to:-

Name William Snow

Address Bell Isld.

8.4.25
BT

The Board of Pension Commissioners for Newfoundland APR 27 1925

Approved by:-

Chairman.

Commissioner.

Commissioner.

Secretary.

Date of Marriage March 5/18 Name of Wife J Sheppard

NAMES OF CHILDREN.	SEX.	DATE OF BIRTH	Date COMES OF AGE.
Francis Douglas	Male	9.12.20	8.12.36
Hary Lewis	Male	12.4.24	11.4.40

E E V E N T H B O A R D.

Form Z179 B.P.C.

Pension No. 54

Report of Medical Board

Station St. John's Nfld.

Date FEBRUARY 7, 1925.

No. and Rank 686 - PRIVATE

Age 25 YEARS

Height 5' 7"

Name WILLIAM SNOW

Complexion FAIR

Unit Royal Newfoundland

Eyes BROWN

Hair D.BROWN

Address BELL ISLAND, C. B.

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

Former Trade

Enlisted at

On

Disease or Disability

Original TYPHOID. EYESIGHT UNDER STANDARD.

Subsequent

Present Condition (Compare with previous Board)

Was wounded through right side of neck Nov 4. 1915 (Gallipoli) and contracted typhoid and jaundice while at Malta. Constipation followed the typhoid and has been a cause of ill-health ever since. The eyesight gone out during the typhoid and has not improved since. One of the first symptoms before the jaundice was a pain in the right iliac region and this pain still recurs with marked swelling running from the anterior iliac spine down into pelvis. The swelling is still visible.

The papils are widely dilated the complaint of headache. The palate is oblique — the left side apparently drawn back with separation of the pillars, the right prominent as if forced forward, probably a paralysis of right palatine nerve from the bullet wound.

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

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% while in Hospital 15% 6 months w.r.l

Recommendation of Medical Board

Sudbury Hosp.
Barium enema & observation. Next ~~[illegible]~~
Mercury vapor lamp (General treatment)
to affect the sympathetic.
Reason of wound?

Negative.

Members of Board

N S Kason

L Paterson

11

54

Wabana, Nfld.
May 5th, 1925.

Mr. V. Warren,
Board of Pensioners Office,
10 Water Street,
St. John's, Nfld.

Dear Sir:-

I enclose herewith Henry Louis's certificate of death to guide you in making the necessary deduction due to overpayment in my pension in this connection.

I also enclose certificate of birth of Francis Douglas, who's allowance you will favor me by reviewing from the beginning to see whether or not you commenced payments in this connection in time.

I hope you are well; and you will favor me by returning the certificates as soon as you have finished with them.

Yours sincerely,

Will Snow

Regtl No. 686.

54.

May 11, 1925.

Mr. William Snow,
Bell Island,
C.B.

Dear Sir:

I beg to acknowledge receipt of your letter of May 5, with enclosure containing Birth Certificate of your son Francis Douglas, and also Death Certificate of your son, Henry Louis, and in reply beg to state that you have been receiving the allowance for your son Francis Douglas since January 1, 1922, in addition to the allowance for your son Henry Louis, who died on August 19, 1924. On adjusting your account it was found that you have been overpaid the sum of $16.83, this amount will have to be deducted from your pension at

Enclosed please find the two certificates, for which I thank you, and also statement of your account, showing overpayment.

Yours very truly,

Secretary.

Pension No ~~636~~ 53c

Stated of c 6 P6 Wm Snow

Whose Child Henry Louis Snow
Died August 19/24

Pension all for Child overpaid c 225 from ~~1~~ 20/8/24 to 30/4/25
$18 83/cx

Pension No. 54.

STATEMENT OF ACCOUNT OF ~~6~~66 WILLIAM SNOW, BELL ISLD.

WHOSE CHILD HENRY LEWIS SNOW DIED 19 August, 1924.

Amount overpaid on acct. child @ $2.25 per month

from 20.8.24 to 30.4.25 $ 18.83

V 7

THE BOARD OF PENSION COMMISSIONERS FOR NFLD.

Pension No 54

Regt. No 686 Rank Pte. Name Wm. J. Snow

Pensionable Disability 15% for _____ months

Pension granted $11.25 per month ending 31/12/22

Additional Allce. for wife @$ 3.75 per month.

Additional Allce. for one ~~children~~ child @$ 2.25 per month

Total monthly reta $ 17.25 from Jan. 1st. 1922.

Approved:-

_____

E. E. Fike Secretary

Date Dec 16-/21

W.R.M.

The Board of Pension Commissioners

for Newfoundland.

DISABILITY Pension No. ~~45~~ 54

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? William J Snow Regt. No. 186
2. What is your address? Bell Island
3. (a) Are you married? Happily On what date? Mar 5th 1918
   (b) What is your wife's maiden name? J Sheppard
   (c) When was she born? 1901
   (d) Is she living with you? Yes
   (e) Is she supported by you? Slippery Days
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you?
   (b) Are they living with you? See 3 d
   (c) Are they being supported by you? See 3 e
   (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.)
Francis Douglas	Male	Dec 9th — 20

Go astern!!!

William Snow
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. 8/921

A A Jordan J.P. & Army Pensions Signature
Bell Island Address
Occupation

THE BOARD OF PENSION COMMISSIONERS FOR NFLD.

Pension No. 64

Regt. No. 686 Rank Pte. Name Wm Brown

Disability

Rate of Pension 15 % ending 31/1/25

Date of Marriage

Name of Wife

Additional Allowance granted for wife per month.

Date

Secretary.

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 15 % ending 31/1/25

Receiving allowance for 1 children.

Particulars of 2nd child.

Name	Sex	Date of Birth
Henry Lewis	Male	12/4/24

Allowance of 2.25 per month granted from 12/4/24

Child becomes of age

Date 1/9/20

Secretary.

Permn allowance for 2nd child @ 2.25 per month from 12/4/24 to 31/1/24 $10.42

Permn Increase from 1/1/25 to 1/1/50 from 12/4/24

4/9/24

THE BOARD OF PENSION COMMISSIONERS
FOR NFLD.

Pension No 54

Regt. No 686 Rank Pte Name Snow Wm

Corps served with

Rank held when disability was incurred

Date of Medical Board 17/7/24 Disability 15 %

Pension for self: $11 25 per month for 6 months

Allowance " wife: $3 75 " " " 6 "

Allowances for children:

1st. Child $2 25 per month for 6 months.

2nd. " $ " " " "

Children @ $ each $ for "

Total monthly pension $17 25 for 6 months

Total authorized amount $103-50

Noted initials
19/11 date

1725

Pension granted to:
Name Wm Snow
Address Bell Island

Approved by: Leon Lossow. Chairman
R.H. Howley Commissioner
Chas Ryan Comm'r.
Secretary

5/8/24 B.J.

The Board of Pension Commissioners for Newfoundland
SEP 2 1924

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.			

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION 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.....

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND, C. B.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 25 YEARS Height 5' 7" Color of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

AUGUST 26th 1922: Complains of pain in right iliac fossae since he had an attack of enteric. This pain now worse than at any time previous. Now troubled principally with constipation and blood present continuously in stools. Headaches persistent and worse in afternoons. No improvement in eye condition.

JULY 25th 1923: Persistent headache. Eyesight gradually failing. Slight squint to right of right eye. On exertion has pain in right iliac fossae. Takes Nujol twice a day to relieve constipation.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.

B. P. C. Form 98
2M 18-9-23.

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.

Patient is in fairly good health is able to attend to his duties. But owing to defective eye-sight he finds it hard to continue his work for the full hourly period per day. Must take Nujol daily to keep bowels regular. Occasionally complains of pain in right illiac fossa especially on exertion.

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 L. A. Giovanetto Pensioner's signature N. Snow

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

Gun Shot wound (Typhoid Fever

(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? Slightly worse

(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? no

(c) If so, is any alteration in the form of the present appliance recommended? no

(d) If any appliance is necessary? no

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

(b) Nature of treatment advised. He receives treatment to keep eyes

(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.)

Pensioner's signature

The foregoing report submitted by

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 pactitioner 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? Yes

(b) If, so, is he receiving the additional allowance for a child? No

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? No
(State date of death and names of children who have died.)

Place Bell Island

Date July 17/24 H. Livermetto Head of District Office, (or Medical Practitioner)

Approved: Aug 15 1924 by E. M. Brown Medical Adviser

Monthly Total $ 30.00

THE BOARD OF PENSION COMMISSIONERS
FOR NFLD.

Pension No 54

Regt. No 686 Rank PTE Name Snow Wm.

Corps served with

Rank held when disability was incurred Aug. 26/22

Date of Medical Board Aug. 26 Disability 15 %

Pension for self $ 11.25 per month for 12 ~~6~~ months

Allowence for wife $ 3.75 per month for ~~6~~ months

Allowance for children:

First child $ 2.25 per month for 12 ~~6~~ months

Second " $ per month for months

Children @ $ each = $ for months

Total monthly pension $ 17.25 for ~~12~~ months

Total authorized amount $ ~~103.50~~

Granted to:-

Name Wm J Snow.

Address Bell Isl

(NOTED) Initials 7/9/23 date.

Approved by:-

Chairman

Medical Advisor.

Secretary.

4/9/23 87

Date of Marriage Name of Wife

Particulars of children:

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

Form Z[illegible] P. C.

PENSION NO.

Report of Medical Board.

Station St. John's, Nfld.

No. and Rank 686 PRIVATE

Name WILLIAM SNOW

Unit Royal Newfoundland

Address BELL ISLAND

Former Trade

Enlisted at On

Disease or Disability Original

Subsequent

Date AUGUST 26th 1922

Age 23 YEARS Height 5' 7"

Complexion FAIR

Eyes BROWN Hair DARK BROWN

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

TYPHOID. EYESIGHT UNDER STANDARD.

Present Condition (Compare with preious Board)

Complain of pain in rt. chest since he had attack of enteric. This pain now worse than at any time previous. Now troubled principally with constipation & blood present continuously in stools. Headaches frequent & worse in afternoons. No improvement in eye condition.

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

15%

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?

15%.

Recommendation of Medical Board

Members of Board

J Boileau.

THE BOARD OF PENSION COMMISSIONERS
FOR NFLD. 54

REGT. NO. 686 RANK Pte NAME Snow Wm J.

CORPS SERVED WITH Royal Newfoundland Regt.

REGT RANK HELD WHEN DISABILITY WAS INCURRED Pte

DATE OF MEDICAL BOARD Dec 31. 1921

PENSIONABLE DISABILITY 15% to be boarded in Lewis at Westphalia

PENSION GRANTED - $ 11.25 PER MONTH FOR 6 MONTHS

ADDITIONAL ALLOWANCE FOR WIFE - $ 2.75 PER MONTH FOR 6 MONTHS

ADDITIONAL ALLOWANCE FOR CHILDREN

$ 1 CHILDREN AT $ 2.25 PER MONTH EACH

OR GRATUITY GRANTED -

$ ..... PAYABLE IN ..... EQUAL MONTHLY INSTALLMENTS.

TOTAL MONTHLY PAYMENTS $ 17.25 TOTAL AUTHORIZED AMOUNT $103.50

GRANTED TO -

NAME Wm J Snow

ADDRESS Bull Island
CB

DATE CASE DISPOSED OF 24.1.22.

APPROVED BY -

MEMBERS OF BOARD

24/1/22. BY.

REMARKS -

NAME OF WIFE .....

PARTICULARS OF CHILDREN -

NAME	DATE OF BIRTH	EXPIRES

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland.
Date DECEMBER 31, 1921

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

AS SOON AS POSSIBLE

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND, C. B.

Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 23 YEARS Height 5' 7" Colour of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

JANUARY 6, 1920: RIGHT EYE, UNABLE TO READ LARGE TYPE AT TWO FEET. LEFT EYE, VISION 3/6. SUFFERS FROM CONSTIPATION AND PAIN IN ABDOMEN.

JANUARY 5, 1921: PHYSICAL CONDITION FAIRLY GOOD. CONSTIPATION NOT SO BAD BUT REQUIRES MEDICINE CONSTANTLY. ALTERNATING DIARRHOEA, NOT SO OFTEN. LOSS OF ABOUT HALF PINT OF BLOOD ABOUT ONCE IN TWO MONTHS FROM RECTUM. THIS IS MARKED WHEN THERE IS CONSTIPATION. MARKED HEADACHES ALWAYS.

LOSS OF VISION IN RIGHT EYE. VISION OF LEFT EYE, 3/6. CAN SEE LARGE TYPE SIX INCHES FROM SAME.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.

B. P. C. Form 98
5 M 8-12-19.

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.

Loss of vision in right Eye
Left Eye vision 6/6.
Still has alternating diarrhoea & constipation
Constipation not quite so bad.
Not much change since last examination

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: [illegible]

Pensioner's signature: N. Snow

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

Typhoid fever
Eye-sight - under standard

(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? None

(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? Not much.

6 Are the disabilities permanent? very likely

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

(b) Should he continue to do so? No

(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?

Granted 25% pension (W.O.)

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.)

Pensioner's signature

The foregoing report submitted by

Signature W. L. Carmichael
Medical Examiner.

Place Nakusp

Date Jany 10/22

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.)

The Board of Pension Commissioners
JAN 14 1922
Ottawa, Ontario

12 Have any of pensioner's children died since last medical re-examination? No
(State date of death and names of children who have died.)

Place Nakusp

Date Jany 8/22

W. L. Carmichael
Head of District Office, (or Medical Practitioner.)

PENSION No. 54 ~~570~~

PENSION No. ~~570~~

PENSIONER'S NAME John Williams

PARTICULARS	DR. $	DR. c.	CR $	CR c.
Pen @ $1000 from 1-1-20 to 31-12-20	120	00	120	00
10% Increase	12	00	12	00

MED BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank Pte Name William Snow

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board January 5, 1921

Pensionable disability 15% for 12 months

Pension Granted:

$7.50 per month for 12 months

Total Authorized amount $90.00

or Gratuity Granted:

$ Payable in equal monthly instalments.

Granted to:-

Name William Snow

Address Bell Isld.

Date case disposed of

Approved by:

Members of Board

Chairman

Remarks:

B. P. C. No. 54

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 Dec. 29, 1920.

AS SOON AS POSSIBLE

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 22 YEARS Height 5' 7" Colour of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

JANUARY 17TH., 1917 :

FEELS WEAK. HAS ALTERNATE ATTACKS OF DIARRHOEA AND CONSTIPATION AT THE PRESENT TIME. VISION: RIGHT 6/60, LEFT 6/9.

AUGUST 1ST., 1917:

EYE SIGHT OF RIGHT EYE ALMOST USELESS. HALF VISION WITH LEFT EYE. CHRONIC CONSTIPATION WITH ALTERNATING DIARRHOEA.

JULY 19TH., 1918:

COMPLAINS OF DIARRHOEA WHICH HAS PERSISTED SINCE HE HAD TYPHOID FEVER IN MALTA IN 1915. FEELS WEAK AND IS LOSING WEIGHT. WOUNDS IN NECK HEALED. SAYS HE FINDS STIFFNESS IN MUSCLES OF BACK OF NECK.

VISION LEFT EYE 3/6. RIGHT EYE ALMOST USELESS.

AUGUST 19TH., 1919:

LOSS OF VISION OF RIGHT EYE. VISION OF LEFT EYE 3/6. CHRONIC CONSTIPATION WITH ALTERNATING DIARRHOEA.

JANUARY 6TH., 1920:

RIGHT EYE UNABLE TO READ LARGE TYPE AT TWO FEET. LEFT EYE VISION 3/6. SUFFERS FROM CONSTIPATION AND PAIN IN ABDOMEN.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TYPHOID. EYESIGHT UNDER STANDARD.

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.

Physical Condition fairly good. Constipation not so bad ~~so~~ but require medicine constantly. Alternating diarrhoea not so often, loss of about half pint blood about once in two months from rectum; this is marked when there is constipation. ~~Vision of~~ Marked headache always.

Special Questions:—

Loss of vision in right eye. Vision of left eye 3/4. Can see large type six inches from same.

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. A. Giovannetti

Pensioner's signature W. Snow

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

Gun shot would in neck: Typhoid Fever, relapse. Jaundice

(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?

Eyesight if any change is worse

(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? My opinion 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? no

(c) If so, is any alteration in the form of the present appliance recommended? no

(d) If any appliance is necessary? no

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? ~~[illegible]~~ Cure Sug

(b) Nature of treatment advised. Specialists in London & Glasgow said Hand are [illegible]

(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.)

approved 15 2 1921

Pensioner's signature

The foregoing report submitted by

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? no

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

10 (b) If, so, is he receiving the additional allowance for a child? no

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? no
(State date of death and names of children who have died.)

The Board of Pension Commissioners for Newfoundland JAN 11 1921

Place Bell Island

Date Jan 8/21

H A Giovannetti M D

Head of District Office, (or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank Pte. Name William Snow

Corps served with ~~ROYAL NEWFOUNDLAND REGIMENT~~

Date of Medical Board December 23rd., 1929.

Pensionable Disability 20% for 12 months

Pension Granted:

$10.00 per month for 12 months

Total authorized amount $ 120.00

or Gratuity Granted:

$ _____ Payable in _____ equal monthly instalments

Granted to:

Name William Snow

Address Bell Island.

Date case disposed of JAN 1 9 1920

Approved by:

Members of Board

[illegible] for Chairman

[illegible]

Noted aut.

Remarks:

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland,
Date Dec.23rd.,1919.

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

AS SOON AS POSSIBLE.

The Secretary, Board of Pension Commissioners for Newfoundland.

Per.....

Regimental No. 686 Rank PRIVATE

Name SNOW, WILLIAM ADDRESS: BELL ISLAND.

Unit ROYAL NEWFOUNDLAND

DESCRIPTION OF PENSIONER:

Apparent Age 21 Height 5'7" Colour of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN. Weight

Marks of Identification:

JANUARY 17TH, 1917.

Feels weak. Has alternate attacks of diarrhoea and constipation at the present time. Vision right $\frac{6}{60}$ Left $\frac{6}{9}$

AUGUST 7TH, 1917.

Eye sight of right eye almost useless. Half vision with left eye Chronic constipation with alternating diarrhoea.

JULY 19TH, 1918.

Complains of diarrhoea which has persisted since he had typhoid fever in Malta in 1915. Feels weak and is losing weight. Wounds in neck healed. Says he finds stiffness in muscles of back of neck. Vision left eye 3/6. Right almost useless.

AUGUST 19TH. 1919.,

Loss of vision in right eye. Vision of left eye 3/6. Chronic constipation with alternating diarrhoea.

OCTOBER 28TH, 1919

Right eye unable to read large type at sixteen inches. Left eye vision 3/6. Diarrhoea improving. Has increased in weight.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED.
TYPHOID. EYESIGHT UNDER STANDARD.

B. P. C. Form 98
5 M 8-12-19.

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? I am.

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

Right eye unable to read large type at ~~[illegible]~~ feet
Left eye vision 3/6.
Suffers from Constipation. & pain in abdomen

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 Wm L. Carnochan Pensioner's signature W. J. Swan

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

Eyesight - under standard
Constipation

(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? None

(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? No.

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? ✓

(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.)

✓

Pensioner's signature

The foregoing report submitted by

Signature Wm J Carnochan
Medical Examiner.

Place Wabana.

Date Jany 6/20. I Augest 2.0%.

Clem MacPherson M.D.
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? No.

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? No.

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

No

12 Have any of pensioner's children died since last medical re-examination? No.
(State date of death and names of children who have died.)

Place Wabana

Date Jany 6/20

The Board of Pension Commissioners for Newfoundland
JAN 13 1920

Head of District Office,
(or Medical Practitioner.)

Nov. 20/19.

William Snow, Esq.,
Bell Island.

Dear Sir:-

I beg to advise you that on being re-examined you were granted pension of $10.00 per month for six months, ending January 31/20.

I herewith enclose cheque for $40.00 being balance due you to November 30th.

Yurs faithfully,

Asst. Secy.

TMH/GEC.

Bell Island, C.B.

October 28th, 1919

Hon. Sir P.T.McGrath,

"Chairman"

Board of Pensions Commission,

St. John's Nfld.

Dear Sir:-

My pension of twenty dollars per month(received by me every month since January Ist, 1919) has been discontinued since July 31st, without any intimation as to why it had been stopped.

I do not know of any particular reason as to why this should be, but am inclined to regard it as gross neglect on the part of those in charge, and will thank you for an early explanation.

Yours truly,

William J. Snow

Ex. Pte. #685

	Date	Initials
	13.11.19	WRB MBR

Oct. 15, 1919.

From:- Secy. B.P.C.

To:- Secy. S.M.B.

686 Pte. Wm. Snow.

With reference to the attached form and Memo.

This man ~~has~~ should forwarded to us, travelling expenses connected with his visit to Dr. Murphy, in the approved way.

I think it will be wise to assess his pension in accordance with the report made by the Medical Board.

Secretary.

WHP/BT

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Form P.H. 312-5M-11-42-Bowden's

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

This Certificate is the property of the Issuing Authority. It is no security for debt.

IMPORTANT.—This form should be completed and returned at once to the Paying Officer or payment of pension may be delayed.

(DISABILITY PENSIONERS)

Any person wilfully making a false declaration will be liable to prosecution.

DECLARATION

1. These particulars are to be filled in by the Pensioner, or, if he cannot write, by someone on his behalf.

I hereby declare that I am the Pensioner named below and entitled to the Pension specified.

Name of Pensioner: Mr William Snow

Rank: Regiment: Regtl. No.:

Rating: 5H Ship: Official No.:

Pension No.: [redacted] Rate of Pension: $7.00 Age: 43

Occupation (if any):

2. This part must be filled in if the Pensioner is drawing an allowance in respect of his wife. (See also overleaf)

PART 6 MUST ALSO BE COMPLETED

I further declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full Maiden Name	Date of Birth: Day and Month	Date of Birth: Year	Present Address	Date of Marriage (If unmarried, this should be stated)
Jessie Sheppard	June: 2nd	1899	Hr Grace	March 5th 1918.

3. This part must be filled in if the Pensioner is drawing an allowance in respect of his children. (see also overleaf)

PARTS 6 TO 9 MUST ALSO BE COMPLETED WHERE NECESSARY.

I further declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day, and that I am responsible for their care and maintenance.

Name	Date of Birth: Day and Month	Date of Birth: Year	State where each child is at school, or, if in employment, the name and address of employer	State where each child lives and, if not with father, the reason.
Walter Raymond	March 22	1928	High School	
Clyde	Dec 5	1931	at Hr Grace	

4. The Pensioner must either sign, or if he cannot write, make his mark.

Pensioner's Signature: Mr William Snow

(The Signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address: Hr Grace Harry Street

5. Persons before whom the declaration may be subscribed:—

IN NEWFOUNDLAND

Magistrate, J.P., Notary Public, Com. of Affidavits, Minister of Religion, Registered M.D., Bank Manager, R.O., Police Officer, Collectors and Authorized Customs Officers, Rangers, Officers on the active, half-pay or pension lists of any of His Majesty's Naval, Military or Air Forces.

†*(5) Managers of British Banks.

(b) In other parts of the British Empire:—

Magistrates.

Barristers-at-Law, Commissioners for Oaths, or duly qualified Solicitors.

Ministers of Religion habitually officiating at a place of worship within 10 miles of the place where the declarant resides for the time being.

Physicians or Surgeons registered as such under the law of the country, and regularly practising within 10 miles of the place where the declarant resides for the time being.

†*Managers, Secretaries, Chief Cashiers and Accountants of Banks registered under the law of the country; other Officials of such Banks who are authorized by their Banks to sign documents on their behalf; and Officials of such Banks for the time being in charge of Branch Banks.

†The following Officers of Savings Banks registered under Act of Parliament, viz.: Actuaries, Managers, Directors, Secretaries, Chief Cashiers, Accountants and Officials for the time being in charge of Branch Banks.

†*Police Officials not below the rank of Sergeant.

†*Postmasters, Postmistresses and other Officers actually in charge of any Head, Branch or Sub-Post Office, and at Head Post Office the Officers next in command to the Postmaster.

(c) In foreign countries:—

†British Diplomats or Consular Officers empowered by law to administer oaths.

†Notaries Public and other persons competent by the law of the country to administer such declarations. (The law must be quoted sufficiently for verification.)

*Ministers of Religion duly licensed by Ecclesiastical Authority in the United Kingdom to officiate as chaplains in the place where they attest.

The Paying Officer may not attest this Declaration.

CERTIFICATE.

THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the above-mentioned person in my presence this 1st day of October 1943 and that I believe the Declarant to be the person named herein.

Date must be inserted.

*Signature: A. J. Goodland

Qualification: J.P.

Qualification to be stated in terms of list in margin, e.g., "Captain, R.N. (Retired,)" "Permanent Civil Servant (Rank.....)" "Minister of Religion (Church of England, St. John's Church (place))," "Sergeant of Police (in charge .....Station)." &c.

Postal Address.....

Where a Declarant signs by means of a mark, the Declaration should be read over to him or her by the person who attests the Declaration, who should satisfy himself that the Declarant understands the purport of the statements signed by him.

*The person signing here must also sign Certificates 6 to 9 overleaf if required.

These Life Certificates 6 to 9 are not to be completed unless the pensioner is entitled to and is receiving an allowance in respect of any of the persons set out hereon.

6. **CERTIFICATE.**—(For Wife, Children under School Age, and Children over School Age, but not in Employment.)

I certify that Jennie Snow the wife,

and Raymond, Clyde

~~child or~~ children of Mr. William Snow

are living, and have been seen by me this day.

Signature M. Goodland

Date Oct. 1, 1943

Note: This form should be signed by the person who attests the Certificate overleaf.

7. **CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. BOYS.**

I certify that Raymond, Clyde

~~child or~~ children of Mr. William Snow

~~has~~ have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature M. Goodland
(Head Teacher)

Date Oct. 1, 1943

Designation of School S. Ga. High

8. **CERTIFICATE FOR CHILDREN ATTENDING SCHOOL. GIRLS.**

I certify that

child or children of Mr.

has have been seen by me this day.

During school holidays the signature of the person who attests the Pensioner's own declaration will be accepted here.

Signature
(Head Teacher.)

Date

Designation of School

9. **CERTIFICATE**
(For Children in Employment.)

I certify that

child of Mr. is at present in my employment.

Signature

Date

Rank or Profession

Address

Note: If the child is in its father's employment this Certificate should be amended accordingly and signed by the person who attests overleaf.

*To

*To be filled in by PAYING OFFICER before despatch to the Pensioner.

This form should be read carefully. After completion it should be posted to the address shown above.

If this form is not filled up correctly and returned promptly payment of pension may be delayed.

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Sept. 15th/19

To :- The Secy. S. M. B.
From:- The Secy. B. P. C.

686 Pte. Wm. Snow.

Attached form is returned to you for re-consideration, please.

Dr. Murphy's report on this man's eye condition is, that with glasses the vision can be improved- left eye normal and the right eye 6/60.

Secretary.

WHP/LBD.

PENSION NO 54. REGIMENTAL NO. 686. ENLISTED ST JOHN'S.

NAME. WILLIAM SNOW. AGE 28. OCCUPATION CLERK.

DISABILITY:- TYPHOID AND EYESIGHT UNDER STANDARD. MARCH 1915. DARDANELLES. TYPHOID. HOSPITAL AT MALTA. TWO MONTHS THEN TRANSFERRED 3RD LONDON GENERAL HOSPITAL. TILL MARCH 1916. WENT ON FURLOUGH NINE WEEKS. REPORTED BACK TO AYR AND DISCOVERED EYES NOT UP TO STANDARD.
FEELS WEAK HAD ALTERNATE ATTACK OF DIARRHOEA AND CONSTIPATION VISION $\frac{6}{60}$ RIGHT.
25% SIX MONTHS.
JANUARY 1917.

2ND BOARD. EYESIGHT OF RIGHT EYE ALMOST USELESS. HALF VISION WITH LEFT EYE. CHRONIC CONSTIPATION WITH ALTERNATING DIARRHOEA.
2-5
AUGUST 1917.

3RD BOARD. COMPLAINS OF DIARRHOEA WHICH PREVENTS SEVERE TYPHOID FEVER IN MALTA IN 1915. FEELS WEAK AND LOSING WEIGHT. WOUNDS NECK HEALED. FINDS STIFFNESS IN MUSCLE OF BACK OF NECK. VISION LEFT EYE 3-6 RIGHT EYE ALMOST USELESS.
40% TWELVE MONTHS.
JULY 1918.

4TH BOARD. LOSS OF VISION RIGHT EYE. VISION LEFT EYE 3-6 CHRONIC CONSTIPATION WITH ALTERNATELY DIARRHOEA.
40% THREE MONTHS. WITH TREATMENT.
AUGUST 1919.

5TH BOARD. RIGHT EYE. UNABLE TO READ LARGE TYPE AT SIXTEEN INCHES LEFT EYE VISION 3-6.

DIARRHOEA IMPROVING HAS INCREASED IN WEIGHT.
30%-Three-Months.

PENSION NO 54. REGIMENTAL NO. 686. [illegible]

NAME. WILLIAM SNOW. AGE 28. OCCUPATION CLERK.

DISABILITY:- TYPHOID AND EYESIGHT UNDER STANDARD.
MARCH 1915. DARDANELLES. TYPHOID. HOSPITAL
AT AMLTA. TWO MONTHS THEN TRANSFERRED 3RD
LONDON GENERAL HOSPITAL. TILL MARCH 1916.
WENT ON FURLOUGH NINE WEEKS. REPORTED BACK
TO AYRE AND DISCOVERED EYES NOT UP TO
STANDARD.
FEELS WEAK HAD ALTERNATE ATTACK OF DIARRHOE
AND CONSTIPATION VISION $\frac{6}{60}$ RIGHT.

25% SIX MONTHS.
JANUARY 1917.

2ND BOARD. EYESIGHT OF RIGHT EYE ALMOST USELESS H
VISION WITH LEFT EYE. CHRONIC CONSTI
WITH ALTERNATING DIARRHOEA.
2-5
AUGUST 1917.

3RD BOARD. COMPLAINS OF DIARRHOEA WHICH PREVENTS [illegible] VERE
TYPHOID FEVER IN MALTA IN 1915. [illegible] WEAK
AND LOSING WEIGHT. WOUNDS NECK HEALED.
STIFFNESS IN MUSCLE OF BACK OF NECK. VI
EYE 3-6 RIGHT EYE ALMOST USELESS.
40% TWELVE MONTHS.
JULY 1918.

4TH BOARD. LOSS OF VISION RIGHT EYE. VISION LEF
3-6 CHRONIC CONSTIPATION WITH ALTE ATE
DIARRHOEA.
40% THREE MONTHS. W RE
AUGUST 1919.

5TH BOARD. RIGHT EYE. UNABLE TO READ L
AT SIXTEEN INCHES LEFT EYE VI

DIARRHOEA IMPROVING HAS INCRE
30%-Three-Mo

PENSION NO 54. REGIMENTAL NO [illegible] RANK [illegible]

NAME. WM SNOW. AGE 28 OCCUPATION. [illegible]

DISABILITY:- Eye sight of right eye almost useless. Half vision with left eye. Chronic constipation with alternating diarrhoea.
2-5%
August 1917.

2Nd Board. Complains of diarrhoea, which prevents severe typhoid fever in Malta in 1915. Feels weak and losing weight. Wounds neck healed. Finds stiffness in muscles back of neck. Vision left eye 3-6. Right eye almost useless.
40% Twelve Months.
July 1918.

3RD Board. Loss of vision of right eye. Vision left eye 3-6. Chronic constipation with alternating diarrhoea.
40% Three Months with treat[illegible]
August 1919.

4th Board. Right eye unable to read large typ[illegible] 16 inches, left eye vision 3-6.

Diarrhoea improving, has increased weight.
30% Three Months.

PENSION NO 54. REGIMENTAL NO 686. ENLISTED ST JOHN'S

NAME. WM SNOW. AGE 28 OCCUPATION.

DISABILITY:- Eye sight of right eye almost useless. Half vision with left eye. Chronic constipation with alternating diarrhoea.
2-5%
August 1917.

2Nd Board. Complains of diarrhoea, which prevents severe typhoid fever in Malta in 1915. Feels weak and losing weight. Wounds neck healed. Finds stiffness in muscles back of neck. Vision left eye 3-6. Right eye almost useless.
40% Twelve Months.
July 1918.

3RD Board. Loss of vision of right eye. Vision left eye 3-6. Chronic constipation with alternating diarrhoea.
40% Three Months with treatment.
August 1919.

4th Board. Right eye unable to read large type, at 16 inches, left eye vision 3-6.

Diarrhoea improving, has increased in weight.
30% Three Months.

October 2nd 1918

To D.M.S.

From B.P.C.

686 Pte. WM. Snow,
Bell Island

With reference to your communication of October 28th re the marginally noted. The Board has decided that this man should carry on at the rate of 40% for 12 months, instead of entering hospital for treatment at present.

We would advise that sometime later on, if Snow should be in a position to come on for treatment, that he should be given the first vacancy.

pro Secretary.

CCO/LBD.

M.F.A. 2

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.
686

ST. JOHN'S, NEWFOUNDLAND,

October 28th., 1918

The Board of Pension Commissioners for Nfld.,

City.

686, Pte. William Snow,
Bell Island

Gentlemen:-

The enclosed copies of correspondence with regard to the marginally noted man are forwarded for your information.

Yours faithfully,

Clury MacPherson

Major, D.M.S.

CM/AMB.

ENCLOSURE.

COPY

686

October 28th., 1918.

William Snow, Esq.,
(Ex 686, Private)
Bell Island.

Dear Sir:-

I am in receipt of your letter of October 24th.

At your re-boarding by Dr. Carnochan in July it was stated:

(1) that your condition would be improved by treatment, and

(2) that you were ready to accept such treatment at any time.

Your name was therefore placed on the waiting list for the Naval & Military Convalescent Hospital and when an opening occurred you were notified.

I regret that the untoward occurrences you mention ~~would~~ oblige you to change your mind in this regard and note accordingly that you are not now willing to enter Hospital.

Yours faithfully,

CM/AMB.

Major, D.M.S.

COPY

Dear Major Macpherson:-

My wife was recently confined - owing to an accident. My child died last Friday. My sister, Miss Emily Snow, who was under your care, 6 Mullock Street, died, as you are aware, last Thursday. My wife is still in danger here, and I need to keep an eye on my mother - 6 Mullock Street - as she is not very well after a summer nursing my sister above mentioned.

In view of this and not less the fact, that I have been discharged from the Regt. since Jan. 1917 or roughly the end of 1916, or nearly two years, during which time I have received very little from the Government, I could not by any means leave my home now that I am married and my wife and mother sick, with my sister just dead, also my child, and the funeral expenses unpaid.

Thanking you very nvery much for your office, I decline.

Yours Respectifully,

(Sgd) WILLIAM SNOW,

Bell Island,

Oct. 24th., 1918.

686

BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Form to be signed by pensioner on receipt of pension and returned to the Secretary of the Board

Received of *The Board of Pension Commissioners for Newfoundland*

the sum of Sixteen ~~xx~~/100 *Dollars,*

being payment of pension or ~~gratuity~~ to Sept 30/18 $ 16.00/100

Date Sept 2—18

The Board of Pension Commissioners for Newfoundland
SEP 3 - Rec'd

W. J. Shaw *Signature of Pensioner*

P. Taylor *Signature of Witness*

N.B.—This form must be signed, and returned immediately on receipt, otherwise your next payment may be delayed.

Form B.P.C. 4

PENSION No. 54

July 16th.1918.

ex-686 Pte.Wm.Snow,
Bell Island.

Dear Sir:-

You will hold yourself in readiness to be re-boarded by DR.W.L.CARNOCHAN,at whatever time he notifies you to appear.

Yours truly,

pro.Secretary.

M.F.A. 2

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.
686

ST. JOHN'S, NEWFOUNDLAND,

July 13th., 1918

From:- The Director of Medical Services.

To:- The Board of Pension Commissioners for Nfld.

686, Pte. Wm. Snow
Bell Island

The marginally noted man should report to Dr. W. L. Carnochan, Bell Island, for re-examination, on whatever date the Doctor notifies him to appear.

CLUNY MACPHERSON,
Major, D. M. S.
Per aWB

Despatching Office Stamp.

ST. JOHNS EAST
17 JY 10
NEWFD

Arrival Office Stamp.

No. 164 From [illegible]

Registered Letter Addressed—

[illegible] Lane
Main St
Belle Isle

Received by [illegible]

Despatching Office Stamp.

Arrival Office Stamp.

No. 662 From Chief Med Department

Registered Letter Addressed—

Pt W. Snow
Bay Robert

Received by J Smiley

No. _____

No. of Postman's Uniform } _____

Received a Registered Letter addressed as on the receipt form bearing the above number.

NOTE.—This Form must be assorted up, each separately as a letter.

Main Street,

Bell Island,

December 18th, 1917

Capt. J. M. Howley,

Pay & Record Office,

St. John's Nfld.

Dear Sir:-

Will you kindly forward my Pension cheque for January 1918 at once, as I need it badly. Hoping you will overlook the bother caused you, but I would very much like to receive same before Xmas.

Thanking you in anticipation:-

Yours respectfully,

William J. Snow

Regt'l # 686

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 reservation of the claims noted on the 3rd page.

Place St Johns Ariz. W. Jones (Signature of Soldier)

Date Feb 2nd 1917 E. F. Shea (Signature of Witness

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg.No.636

Name William Joshua Snow

Apparent age 26 years _____ months. Height 5 feet 6½ inches.

Chest measurement { Girth when fully expanded _____ inches. Range of expansion _____ inches.

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Brown

Other distinguishing marks: Scar above back left index finger

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Charles Snow, ~~84 Kings Bridge Road~~ 50 Colonial St., St. John's

| Relationship Father

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth	

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension: years	days	Service in Reserve not allowed to reckon towards G. C. Pay: years	days	Signature of Officers certifying correctness of entries
Service towards limited engagement reckons from 15/12/14									
Joined at St. John's on 15th December '14									
		Promoted to	L Corp	26/10/15					
Discharged		St Johns	Jan	31/17					
Total Service forfeited as above									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " " Pension " _____ (") _____ " _____ "

DUPLICATE

INVALID SOLDIER.

2/1st NEWFOUNDLAND REGIMENT.

I recommend for Furlough 686 Pte Snow W

for 3 months on account of his eyesight (J B 178 A)

Also nervousness & debility

which renders him unfit for duty, will you kindly arrange for his re-examination shortly before his Furlough expires.

Signed H. F. Hutson

M.O. Lt. R.A.M.C.

Ayr.

16.9.16.

N.M.D. Form D400A Sec a

Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension. on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full William Snow.

Regiment from which discharged 1st. Newfoundland

Regimental number 686.

Intended address 6 Mulock St.

Height on discharge 5 Feet 7

Color of hair on discharge Dk Brown

Complexion fair.

Color of eyes Brown.

Figure on discharge medium.

Christian name of Father Charles.

Christian name of Mother Patience.

Wife's maiden name in full
Date and place of marriage
Christian names of children } —

Place and date of soldier's birth. Bonis. 12 Oct. 1898

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) William J. Snow

(Rank) Pte

Station St Johns Nf. Date Jan. 4-17

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.

F.W. Borden Lt.
Medical Officer i/c Hospital.
Unit, or Command Depot.

Station St. Johns. Date Jan. 4, 1917.

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No..... **EUROPEAN WAR.**

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full — I hereby solemnly declare that my name is William Snow. and that I was

Fill in rank and force — a (rank) Private (1st. Nfld. Reg.) in ~~(R. N. R.)~~ or 1st Newfoundland Reg.

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address — I am residing at (Street and number) 6 Mullock St.

Town of St. John's

and request my next pension cheque be sent to this address.

William Snow. SIGNATURE or mark of Pensioner.

Witness C. O'Shea.

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this ..... day of ..... 19....., and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

..... Signature.

..... Rank or position.

..... Postal Address.

Add any Remarks .....

$.....

STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and
No. 686

All communications should be addressed to the Secretary, MAJOR CLUNY MACPHERSON, St. John's, Newfoundland.

St. John's, Newfoundland

July 23rd., 1917.

Re 686 Pte. William Snow.

Secretary,

Pensions & Disabilities Board.

Sir:-

I have the honour to notify that the marginally noted man should report to Dr. Carnochan, Bell Island, for examination on whatever date between July 22nd. and 29th. the Doctor notifies him to appear.

I have the honour to be

Sir

Your obedient servant,

Cluny Macpherson

Major - Secretary.

July 24th. 1917.

Mr. William Snow,

Bell Island.

Dear Sir:-

I have been instructed to notify you, to hold yourself in readiness between the dates of July 22nd. and 29th, for re-examination by Dr. Carnochan of Bell Island.

Dr. Carnochan will notify you when to appear.

Yours truly,

Secretary.

HEM/JH.

October, 30th., 1917.

Mr. W. J. Snow,
Main Street,
Bell Island.

Dear Sir.-

I am in receipt of your letter of Oct., 17th., which I have placed before the "Pensions & Disabilities Board", and have been directed to reply, stating, that a first Medical Board rated your disability at 20% for six months, and that you were paid Pension at that rate.

As you were re-boarded, it was found, that owing th to the condition of your eyes, your disability should then be considered at 40%, and you are now being paid at that rate.

We have no power to alter the finding of the Medical Board at your first examination, and consequently,

October, 30th., 1917.

cannot make the payment that you request.

Yours faithfully,

Secretary.

Lieut J M Howley
Paymaster 47 Regt

Dear Sir: Replying to your letter of Recent date: I know I was paid some Ration money but there is still three weeks due me.

For the first six months I was paid $8 00/00 per month which was little better than a scandal. but the Next year you think I am worth $16 00/00. I must have been worth 16 00/00 the first six months or I could never have got it later, Now Mr Howly I am more than disappointed that I dident get the $48 00/00 due me or should I say which I was wronged from Jany to July 1916.

Having paid me 16 00/00 after my latest Medical Examination. You stand convicted in as much as I only got Half I should. Have got the First Six months.

over

I Suffered Severely last winter from want of money and Havent got my Bills paid up yet that is the fault of the Offecials at the Head of our Rgtt affairs. I took the $8.00/00 paid me for a start in the firm Conviction that as soon as I was examined properly it should be made good.

When do I get the $8.00/00 due me? or who is responsible for its delay.

Yours respectfully

N J Snow

Main Street

Bell Island C B.

Oct 17-17

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. 54. **EUROPEAN WAR.**

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full — I hereby solemnly declare that my name is William J. Snow and that I was

Fill in rank and force — a (rank) Private #686 (1st. Nfld. Reg.) or (R. N. R.) in C. Co 1st Bat. Nfld Regt.

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address — I am residing at (Street and number) Main Street

Town of Bell-Island C. B.

and request my next pension cheque be sent to this address.

William J. Snow SIGNATURE or mark of Pensioner.

Witness Albert W. Bursey

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this 3rd day of July 19~~17~~, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

Albert W. Bursey Signature.

Electrician Rank or position.

East Wabana Postal Address.

Add any Remarks My Address which was #6 Mullock Street St Johns N.F. is now changed to Main Street Bell Isle C.B.

W J Snow

$

W. P. Griffith & Sons Ltd., Printers, Old Bailey.
[834] W13042/4155 750m 12/15s 127 55

Forms B. 120 35.

COPY

Army Form B. 120.

~~REGIMENTAL~~ Company CONDUCT SHEET

Number of sheets (in words) } 1

Signature of C.O. or Adjutant } J.G. Baine

Regiment of Newfoundland 1st Regiment.

Regimental Number and Name } 686 Snow Wm

Attested _____ 19 .

Joined 15/12/14 19 .

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	Date of Commencement	Date of Expiration	REMARKS
Acrehouse	1916 20-6	Pte		Overstaying Pass from Midnight Sunday 20th to Last Reveille 25th	Cpl Woods	4 Days C.C.	1916 21-6	Capt A.E. Bennard			[illegible]
Ayr	1916 Sept 12	L/Cpl		Improper Conduct & Documentary		Deprived of Lce Stripe	14-9-16	Lt Col Whitaker			[illegible]

To be carried over

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[128] W3298/600 50m 8/14 67 59a

Forms B 178A 2

COPY

Army Form B. 178A.

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

MEDICAL HISTORY

OF

Surname Snow Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish County

	SPECIAL RESERVE.	REGULAR ARMY.
Examined	on 1 day of Dec 1914	on day of 191
	at St Johns	at
Declared age	26 years — days	years days
Trade or occupation	Clerk	
Height	5 feet 6¼ inches	feet inches
Weight	118 lbs.	lbs.
Chest Measurement: Girth when fully expanded	36 inches	inches
Chest Measurement: Range of expansion ...	2½ inches	inches
Physical development		
Vaccination marks: Arm	Right / Left	Right / Left
Vaccination marks: Number ...		
When vaccinated	1904	
Vision	R.E.–V. = m L.E.–V. =	R.E.–V. = L.E.–V. =
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)
(b) Slight defects but not sufficient to cause rejection	(b)	(b)
Approved by (Signature)	Henry Macpherson	
(Rank)	Capt Medical Officer.	Medical Officer.
Enlisted	at St Johns	at
	on 15 day of Dec 1914	on day of 191
Joined on enlistment	Corps: 1 Nfld Regt — Regtl. No.: 686	Corps / Regtl. No.
Transferred to		
Became non-effective by		
	on day of 191	on day of 191
(Signature)		
(Rank)		

[P.T.O.

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				
3rd L.G. Hosp Wandsworth	31	12	15	8	3	16	Typhoid Fever	69	Cause Active Service Dardanelles. Nature Typhoid Fever, relapse whilst in this hospital. Six negative tests. Results Recovered	F.J. Medland Capt R.A.M.C.T.
4th Scottish Gen Hosp Glasgow	15	5	16	11	8	16	Compound Myopic Astig 222 C. 1	88	Vision under standard. Voluntary Operation Improved with treatment Recommended for Home Service	J Lochrie Capt RAMC.T

[P.T.O.

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

Date	Brief details, and signature
	T. V. / 2
24.4.15	Vacc ch V / 2
	Fit for Foreign Service
1.6.16	Spectacles supplied
16.9.16	Recommended for 3 mths furlough A.F.W.

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St Johns	Dec 15/14	Feby 5/15			
T.S. Dominion	Feb 5/15	" 16/15			
Edinburgh Castle	" 16/15				

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 5d

Regt. No. 686 Rank Pte Name Wm Snow

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 28/10/19.

Pensionable Disability ~~30.00~~ 20% pm for 3 months

Pension Granted:

~~$15.00~~ 10= pm per month for 3 months

Total Authorized Amount $ ~~$15.00~~ 30.00

or Gratuity Granted:

$ _____ Payable in _____ equal monthly instalments

Granted to:

Name Wm Snow

Address Bell Island

Date case disposed of _____

Approved by:

Members of Board

P M Scott Chairman

W. P. Posno

Remarks: Rec 20% 6 months.

G. N. MURPHY, M.D., C.M.

160 DUCKWORTH STREET.

OFFICE HOURS
10—12 A.M.
2— 4 P.M.

St. John's, Jan 12 1917

Major Montgomerie
Dear Sir

Private Innes vision is
OD $\frac{20}{72} = \frac{1}{56}$ without correcting
OS $\frac{6}{24}$
glasses. By correcting with
common lenses viz OD −4.50 = −3.50 / 180
OS −1.50 cyl / 180

His vision is improved as follows
OD $\frac{20}{60}$
OS $\frac{6}{6}$

The condition is of compound
myopic astigmatism in the
right eye & simple myopic
astigmatism in the left.
I detected no organic disease

Yours faithfully
G. N. Murphy

54

1000-20-5-19

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and No. .....

All communications should be addressd to the DIRECTOR OF MEDICAL SERVICES, DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.
October 20th., 1919.

To:— Wm. H. Carnochan, Esq., M. D.,
Bell Island.

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

Name

686,PTE. WM. SNOW

Address

BELL ISLAND.

Sir:—

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

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.

If another Registered Medical Practitioner is in your neighbourhood, 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 returned 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)~~ ($3.00) for each Doctor for each examination.

I have the honour to be,
Sir,
Your obedient servant,

THE SECRETARY
BOARD OF PENSION COMMISSIONERS FOR NFLD.

~~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 29 Height 5' 7" Colour of Eyes BROWN

Complexion FAIR COLOUR OF HAIR: DARK BROWN Marks of Identification

.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on AUG. 19'1919. and other necessary information, follows:—

Condition of Pensioner:—

LOSS OF VISION IN RIGHT EYE. VISION OF LEFT EYE 3/6.
CHRONIC CONSTIPATION WITH ALTERNATING DIARRHOEA.

DISABILITY: TYPHOID. EYESIGHT UNDER STANDARD.

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? I am.

(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.)

Right-Eye unable to read large type at 16 inches.
Left-Eye, vision 3/6.
Diarrhoea improving - has increased in weight -

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

None

(4) Will it materially increase or diminish? No.

(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 in percentages)

40%

(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 due to or incurred during service?

(State in percentage.)

40%

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

No

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

If not, why? ✓

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

Place Nakusa ..... President

Date Oct. 28/19. Wm L. Carnochan

..... Members

Pensioner's Signature ..... M. J. Simms .....

Signature of Witness ..... Mrs L. Carnochan .....

CONTINUATION

Approved for 30% 3 mos.

Chas MacPherson Lt-Col

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? ..... No .....

9 (a) Has a child been born to pensioner since last medical re-examination? ..... No .....

9 (b) If so, is he receiving the additional allowance? ..... No .....

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

..... No. .....

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

..... No. .....

Place ..... Wabana. .....

Date ..... Oct. 28th/19. .....

..... Mrs L. Carnochan .....

Medical Examiner.

October 28th., 1919.

William N. Carnochan, Esq., M. D.,
Bell Island, C. B.

686, Ex-Pte. William Snow.

Dear Dr. Carnochan:-

I presume in recommending the marginally noted man for 40% you are taking into account his expenses in coming to St. John's These should not be counted in this way.

I should be glad if you would get this man to submit to you his travelling expenses in connection with his visit to Dr. Murphy which I shall be glad if you will certify and forward to me.

Yours faithfully,

(SGD) CLUNY MACPHERSON?
LT.COL.,R.OF O.
Secty.Standing Medical Board.

CM:AMB.

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.....

St. John's

Oct. 15, 1919.

From:- Secy. B.P.C.

To:- Secy. S.M.B.

686 Pte. Wm. Snow.

With reference to the attached form and Memo.

This man ~~has~~ should forwarded to us, travelling expenses connected with his visit to Dr. Murphy, in the approved way.

I think it will be wise to assess his pension in accordance with the report made by the Medical Board.

W H Parsons
Secretary.

WHP/BT

To write Cameron

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.....

St. John's

Sept. 15th/19

To :- The Secy. S. M. B.
From:- The Secy. B. P. C.

686 Pte. Wm. Snow.

Attached form is returned to you for re-consideration, please.

Dr. Murphy's report on this man's eye condition is, that with glasses the vision can be improved- left eye normal and the right eye 6/60.

W H Parsons

Secretary.

WHP/LBD.

40% intended to cover expenses & time lost of coming back and forth to Dr Murphy to be fitted with glasses
Cm.

N.M.D. Form 98. 1000-20-5-19

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and No. .....

All communications should be addressd to the DIRECTOR OF MEDICAL SERVICES, DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

August 6th., 1919.

To:— Wm. N. Carnochan, Esq., M. D.,
Bell Island.

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

Sir:—

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

Name

686, Pte. Wm. Snow

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

Bell Island.

If another Registered Medical Practitioner is in your neighbourhood, 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 returned 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)~~ ($3.00) for each Doctor for each examination.

I have the honour to be,
Sir,
Your obedient servant,

Chas Macpherson

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....29.....Height....5'7"....Colour of Eyes....BROWN....

Complexion..FAIR...COLOUR OF HAIR:....DARK BROWN.....Marks of Identification

.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on..JULY 19'1918..and other necessary information, follows:—

Condition of Pensioner:—

COMPLAINS OF DIARRHOEA WHICH HAS PERSISTED SINCE HE HAD TYPHOID FEVER IN MALTA IN 1915. FEELS WEAK AND IS LOSING WEIGHT. WOUNDS IN NECK HEALED - SAYS HE FINDS STIFFNESS IN MUSCLES OF BACK OF NECK.

VISION LEFT EYE 3/6. RIGHT EYE ALMOST USELESS.

DISABILITY:* TYPHOID. EYESIGHT UNDER STANDARD.

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? I am.

(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.)

Loss of vision in right-eye
Vision of left-eye 3/6.
Chronic constipation with alternating diarrhoea

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

No material change

(4) Will it materially increase or diminish? No.

(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 in percentages) 40 %.

(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 due to or incurred during service?

(State in percentage.) 40 %.

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

would improve

(9) If so, is pensioner willing to accept such treatment, and when? No.

If not, why? says he can't afford it.

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

Place Wabana ..... President

Date Aug 19/19

Wm L. Carrochan ..... Members

Pensioner's Signature ..... W. Pace .....

Signature of Witness ..... Wm L. Jarnochan .....

CONTINUATION

Approved 40% 3 mos
& treatment.
Army Macpherson Major

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? ..... Yes .....

9 (b) If so, is he receiving the additional allowance? ..... No. child died when 3 days old.

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

..... No. .....

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

..... baby 3 days old .....

Place ..... Wakam - Aug. 19/19 .....

Date ..... Wm L. Jarnochan .....

Medical Examiner.

Army Form B. 179.

Medical Report on an Invalid.

Station St. Johns Nf.

Date Jan. 7, 1917

1. Unit Newfd Rgt.
2. Regimental No. 686.
3. Rank Pte.
4. Name Snow William
5. Age last birthday 28
6. Enlisted { on 15 Dec. 1914. at St. Johns Nf.
7. Former Trade or Occupation { Clerk.

8. Disability.

Typhoid. Eyesight under standard.

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. Nov. 1915.

10. Place of origin of disability. Dardanelles.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Had Typhoid Dardanelles. Was in Hosp. in Malta 2 mos. Then transferred 3rd London. General Hos. till March 8, 1916. Went on furlough 9 wks. Reported back to Regt. and was discovered that his eyes were not up to the standard.

12. (a) Give your opinion as to the causation of the disability. Active Service.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). Active Service Dardanelles.

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.

Feels weak. Has alternate attacks of diarrhoea & constipation at the present time.

Vision. Right. Nor $\frac{6}{60}$. Lep. $\frac{6}{9}$.

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

(a) In action? ✓

(b) On field service?

(c) On duty?

(d) Off duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

19. Do you recommend

(a) Discharge as permanently unfit, or Yes.

(b) ~~Change to England?~~

F. W. Borden

Officer in medical charge of case.

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

Station _____

Date _____

Officer in charge of Hospital.

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

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

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — May have resulted as a sequela of typhoid

21. Has the disability been aggravated by

(*a*) Intemperance? — no

(*b*) Misconduct? — no

22. Is the disability permanent? — yes

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

To be stated in months.

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

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity. — ¼ for six months

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

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — yes

(*b*) Change to England?

Signatures :—

R. S. Fraser — President.

L. Paterson Major
Jonathan Dart — Members.

Station St John's
Date Jan 17th 1917

Approved.
Station
Date

Clunny MacPherson, Major
Administrative Medical Officer.

DIRECTOR OF MEDICAL SERVICES
JAN 18 1917
No. 552
NEWFOUNDLAND.

N. M. D. Form 98.

STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and No. 686

All communications should be addressed to the Secretary, MAJOR CLUNY MACPHERSON, St. John's, Newfoundland.

St. John's, Newfoundland
July 23rd., 1917.

W. L. Carnochan, Esq., M. D.,
Bell Island, C. B.

Sir:-

The Pensions & Disabilites Board requiring a report on the Pensioner named in the margin kindly notify him to appear before you during the week of July 28nd-29th. A form of examination for you to fill out is enclosed herewith

686 Private William Show

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

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

Main Street Bell Island

The fee laid down by the Pensions & Disabilities Board for such examination is One dollar ($1.00) for each Doctor for each Pensioner examined.

I have the honour to be,
Sir,
Your obedient servant,

(Sgd) CLUNY MACPHERSON

Major-Secretary

To the Medical Board, or Medical Examiner.

The Pensions and Disabilities Board requires a report on the present condition of

686 PRIVATE WILLIAM SNOW

The object is to enable the Board to decide the degree of pension, if any, to be awarded for the next ensuing year. To this end clear and decisive answers to the questions in the accompanying report should be filled in by the Board, as it is essential that the Pensions and Disabilities Board should be in possession of the most reliable information to enable them to decide on the man's claim to Pension.

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

On page 4 of this sheet will be found the scale of Pensions as proposed for Newfoundland, by the Patriotic Association of Newfoundland.

The identity of the Pensioner should be established, to prevent personation. For that purpose a description of the pensioner and of the Disabling condition is given below. Should any items be omitted we should be glad if you will fill them in on the second copy and return to us.

Apparent age	28
Height	5'7"
Complexion	Fair
Colour of Eyes	Brown
Colour of Hair	Dark Brown
Mark of Identification	

TYPHOID. EYESIGHT UNDER STANDARD

Condition January 17th., 1917. Had Typhoid Dardanelles. Was in Hospital in Malta two months, then transferred to 3rd London General; there until March 8th., 1916. Went on furlough 9 weeks. Reported back to Ayr and was discovered that his eyes were not up to standard.

Feeble. Has alternate attacks of Diarrhoea and Constipation at the present time. Vision:

Right $\frac{6}{60}$ Left $\frac{6}{6}$

Two copies of a Report Form are enclosed in order that you may retain a copy in case of loss of the original in the mail. Please return your report direct to me by Registered Post.

You will please forward also, under the description of the pensioner's present condition, his signature. Please have him affix this to the copy also which you retain.

Sympathetic consideration for the pensioner is desired, but at the same time self-help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self-respect of the pensioner.

I have the honour to be,

Sir,

Your obedient servant,

(Sgd) CLUNY MACPHERSON, Major.

686 PRIVATE WILLIAM SNOW

Report of the Medical Board.

(1) Are you satisfied that pensioner presenting for examination is the man named above. I am

(2) What employment does he follow? ELECTRICAL DEPARTMENT AT BENCH WORK

(3) What have been his average weekly earnings the past year? HAS ONLY WORKED 4 WEEKS. RECEIVES $10.00 PER WEEK

(4) What are his present weekly earnings? $10.00 PER WEEK

(5) Name and address of present employer, or if unemployed, of last employer. DOMINION IRON & STEEL CO., WABANA .

(6) The present state of the disabling condition.

Eye sight of right eye almost useless. Half vision with left eye.

Chronic constipation with alternating diarrhoea.

(7) Is the Disability permanent? Yes

(8) Has it become better, or worse, during the past year? No improvement

(9) Will it materially improve, or get worse? Not improve

(10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? 2/5

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

(11) Is the pensioner married, or a widower, and if so, and he has children, give names and ages. (Pensioner's statement may be accepted). Single

(12) Are any others dependent on Pensioner? Give names and relationship.

No

(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear? January 31st., 1917.

Signature of Pensioner (to be procured at examination).

(Sgd) W. J. SNOW

Date. August 1st., 1917.

M. D.

Place. Bell Island (SGD) W. L. CARNOCHAN

M. D.

Approved. CLUNY MACPHERSON, Major,

Date. August 7th., 1917.

13.—Those who are entitled to be awarded pensions shall be divided into six classes, and each member of each class shall be awarded a pension in direct proportion to his partial or total disability, as follows:—

Class 1.—Total disability, 100 per cent.

For example—Loss of both eyes.
Loss of both hands, or all fingers and thumbs.
Incurable tuberculosis.
Loss of both legs, at or above knee joint.
Insanity.
Permament extreme leakage of valves of heart

Class 2.—Disability 80 per cent and less than 100 per cent.
Pension 80 per cent of Class 1.

For example—Loss of one hand and one foot.
Loss of both feet.
Disarticulation of leg at hip.

Class 3.—Disability 60 per cent and less than 80 per cent.
Pension 60 per cent of Class 1.

For example—Loss of one hand.
Loss of leg at or above knee.
Loss of tongue.
Loss of nose.

Class 4.—Disability 40 per cent and less than 60 per cent.
Pension 40 per cent of Class 1.

For example—Loss of one eye.
Loss of one foot.
Total Deafness.
Loss of two thumbs.

Class 5.—Disability 20 per cent and less than 40 per cent.
Pension 20 per cent of Class 1.

For example—Loss of one thumb.
Anchylosis of elbow, knee, shoulder, wrist or ankle.

Class 6.—Disability under 20 per cent, a gratuity not exceeding $100.

For example—Total deafness in one ear.
Partial deafness in both ears.
Loss of index or other finger.

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and No. 686

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

St. John's, Nfld.,
July 13th., 1918

To:— W. L. Carnochan, Esq., M. D.,
Bell Island

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

Sir:—

Name
686, Pte. Wm. Snow

Address
Bell Island

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

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.

If another Registered Medical Practitioner is in your neighbourhood, 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 returned 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,

Elmy Macphersen

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.....28.....on..... Height 5'7".....Colour of Eyes.....Brown.....

Complexion....Fair.....Colour of Hair..Dark Brown.....Marks of Identification

.....

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

Condition of Pensioner:— TYPHOID. EYESIGHT UNDER STANDARD

January 17th., 1917. Had Typhoid Dardanelles. Was in Hospital in Malta two months, then transferred to 3rd London General; there until March 8th., 1916. Went on furlough. Reported back to Ayr and discovered that his eyes were not up to standard.

Feels weak. Has alternate attacks of Diarrhoea and Constipation
Vision: Right 6/60 Left 6/6

Condition August 1st., 1917 Eye sight of right eye almost useless. Half vision with left eye.

HL

Chronic Constipation with alternating Diarrhoea.

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? I am.

(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.)

Complaints of diarrhoea which has persisted since he had Typhoid fever in Malta in 1915. Feels weak + is losing weight.
Wounds in neck healed – says he feels stiffness in muscles of back of neck.
Vision left eye 3/6. – Right eye almost useless.

(3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperence or improper conduct?
Increased 1/5 Not intemperate

(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.)
2/5

(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.)
2/5th

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

(9) If so, is pensioner willing to accept such treatment, and when? yes any time
If not, why?

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

Place ..... President

Date .....

..... Members

Pensioner's Signature ..... W. Snow .....

Signature of Witness ..... Wm L. Carnochan .....

CONTINUATION.

Approved for 40%
Recommend Conv. Hosp.
Chas. Macpherson

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? ..... yes.

8 (b) If so, is he receiving the additional allowance? ..... No.

9 (a) Has a child been born to pensioner since last medical re-examination? ..... No

9 (b) If so, is he receiving the additional allowance? ..... No.

10 If pensioner was married, has his wife died since last medical re-examination? ..... No.

11 Have any of pensioner's children died since last medical re-examination? ..... No.

Place ..... Bell Island.

Date ..... July 19th/18.

..... Wm L. Carnochan.
Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 54

Regt. No. 686 Rank Pte. Name Wm. Snow.

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board July 19th 1918

Pensionable disability 40 % for 12 months

Pension granted:

$ 16.00 per month for 12 months

or Gratuity granted:

$ _____ payable in _____ equal monthly instalments

Granted to:

Name Wm. Snow

Address Bell Island

C.B.

Date case disposed of JUL 29 1918

Approved by:

Members of Board

P. McGrath Chairman

Remarks:

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

674

DISABILITY Pension No. 54

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 ? Wm Snow Regt. No. 686
2. What is your address ? Bell Island Newfoundland
3. (a) Are you married ? Yes On what date ? March 5th 1918
   (b) What is your wife's maiden name ? Jessie Shepard
   (c) When was she born ? A.D. 1900
   (d) Is she living with you ? Yes (periodically)
   (e) Is she supported by you ? Yes
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you ? Two
   (b) Are they living with you ? Yes (periodically)
   (c) Are they being supported by you ? Yes
   (d) Have any of them contracted marriage ? No
   (e) Give full particulars of children hereunder :

PARTICULARS OF CHILDREN

(Name in Full)	*(Sex)*	*Date of Birth (Day, Month, Year)*
Francis Douglas	Male	9 Dec. 1920
Eileen M.	Female	

Wm Snow
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 Oct. 6/1926

J. Hearey Signature
Bell Island Address
Notary Public Occupation

The Board of Pension Commissioners for Newfoundland

DISABILITY Pension No. 54

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? William Snow Regt. No. 62
2. What is your address? Bell Island, Nfld.
3. (a) Are you married? Yes On what date? March 5, 1918.
   (b) What is your wife's maiden name? Jessie
   (c) When was she born? 1900
   (d) Is she living with you? Yes
   (e) Is she supported by you? Yes
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you? Two
   (b) Are they living with you? Yes
   (c) Are they being supported by you? Yes
   (d) Have any of them contracted marriage? No
   (e) Give full particulars of children hereunder:

PARTICULARS OF CHILDREN

(Name in Full)	(Sex)	Date of Birth (Day, Month, Year)
Francis Douglas	Male	Dec. 9, 1920
Eileen M.	Fem.	June 20 1925

Wm. Snow
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.

J. Carew Signature
J. Buckland Address
Notary Public Occupation

Date Aug 1st 1927

THE BOARD OF PENSION COMMISSIONERS
FOR NFLD.

Pension No 54

Regt.No. 686 Rank Pte Name William Snow

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred

Date of Medical Board July 25/23 Disability 15%

Pension for self: $ 11.25 per month for 12 months

Allowance " wife: $3.75 " " " 12 "

Allowances for children:

1st. Child $ 2.25 per month for 12 months

2nd. " $ " " " "

Children @ $ each $ for "

Total monthly pension $17.25 for 12 months

Total authorized amount $ 207.00

Noted
initals
12/10/23 date

Pension granted to: Wm. Snow
Name

Address Bell Isld.

12/11/23
B J

Approved by: Chairman
Commissioner
Secretary.

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.			

Need Index

B. P. C. No. 54

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland.

Date

The Secretary, Board of Pension Commissioners for Newfoundland.

Per

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

AS SOON AS POSSIBLE.

Regimental No. 686 Rank PRIVATE

Name WILLIAM SNOW ADDRESS: BELL ISLAND

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTINON OF PENSIONER:

Apparent Age 24 YEARS Height 5' 7" Colour of Eyes BROWN

Complexion FAIR Colour of Hair DARK BROWN Weight

Marks of Identification:

JANUARY 8th 1922: Loss of vision in right eye. Left eye vision 3/6. Still has alternating diarrhoea and constipation. Constipation not quite so bad. Not much change since last examination.

AUGUST 26th 1922: Complains of pain in right iliac fossae since he had an attack of enteric. This pain now worse than at any time previous. Now troubled principally with constipation and blood present continuously in stools. Headache persistent and worse in afternoons. No improvement in eye condition.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

THYPHOID. EYESIGHT UNDER STANDARD.

B. P. C. Form 98
2 M 9-4-20.

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.

Persistent headache. Eye sight gradually failing. Slight squint to right of right eye. On exertion have pain in right Illiac fossa. Takes nujol twice a day to relieve constipation

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 R A Giovannetti

Pensioner's signature W Snow

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

Typhoid Fever. complication
partial loss of eyesight

(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?

Eyesight ~~+~~ diminished

(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? wore glasses but failed to give relief.

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

(d) If any appliance is necessary? no

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

(b) Nature of treatment advised change of glasses

(c) Is pensioner willing to accept treatment advised? Yes. Treated at Glasgow Hosp. for 3 mos

(d) If not, is his refusal reasonable? ~~for eyes~~. But no improvement.

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: —

Pensioner's signature

The foregoing report submitted by

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? no
(State date of death and names of children who have died.)

Place Bell Island

Date July 25-/18

A Bisonnette

Head of District Office. (or Medical Practitioner.)