



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6223 Name Reuben Sparks Corps Cafe

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Reuben Sparks</u> |
| 2. What is your full Address? | 2. <u>W. Whitbourne</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>15</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Miller</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Reuben Sparks do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Reuben Sparks SIGNATURE OF RECRUIT.

W. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reuben Sparks do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 3 day of October 1915.

Signature of Attesting Officer C. Dink

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date Oct 3 1915 1915

Place St Johns

W. D. Dowden Approving Officer.
 Major, Commanding Officer,
 The Royal Newfoundland Regiment.

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

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



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No. 6223 Name Reuben Sparks Corps Cofe

Questions to be put to the Recruit before Enlistment.

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|--|--|
| 1. What is your name? | 1. <u>Reuben Sparks</u> |
| 2. What is your full Address? | 2. <u>Whitbourne</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Miller</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Reuben Sparks.....do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Reuben Sparks.....SIGNATURE OF RECRUIT.
D. W. D. Dowden.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reuben Sparks.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

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The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 3 day of October.....1915

Signature of Attesting Officer C. Dink Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date OCT - 4 1915.....191.....
Place St. John's.....
..... Major } Approving Officer.
..... Commanding Dept. }
..... The Royal Newfoundland Regiment.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

6223

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

Name Reuben Sparks
 Apparent age 18 years 1 months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 30 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Sparks
Whitbourne | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<p style="font-size: 2em; font-family: cursive;">Discharged A. Jones Jan. 9/1919</p>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] " " "

C.R. 6223

Extract from Daily Orders, Part 11, UNIT 1 The Royal Newfoundland
Regiment, dated October 12th 1918.

Hospital.

6223 Pte. R. Sparkes

Admitted to Barracks Hospital 11/10/18.

C.R. 6223

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Oct. 12/18.

Admitted to Barracks Hospital 11-10-18.

6223 Pte. R. Sparkes.

C.R. 6223

Extract from Daily Orders part 11, Depot St. John's dated
Nov. 12st., 1918.

HOSPITAL

#6223 Pte. R. Sparkes.

Discharged from Escasoni Con. GHospital
19-11-18.

BC.

C.R. 6223

Extract of Daily Orders Part II, dated Jan. 10th 1919.

Demobilization

The discharge of the undernoted man has been ~~confirmed~~
confirmed by the Officer i/c records on noted date.

6223 Pte. Reuben Sparks.

Discharged 9-1-19

C.R. 6223

Extract from Preliminary Report of Medical Board held
of Tuesday December 3rd., 1918 and the following
were the findings.

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

6223 Pte. R. Sparks.

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

BC.

C.R. 6223

Extract from Daily Orders part 11, Depot. St. John's
dated December 14th., 1918.

The undernoted discharges demobilization have been
approved by O. C. Discharge Depot from noted
date He is removed from Depot strength and is
transferred to Discharge Depot pending confirmation
by Officer i/c Records.

#6223 pte. R. sparks

12-12-18.

C.R. 6223

Extract from Daily Orders part 11, Depot St. John's dated
Nov. 13th., 1918.

HOSPITAL

6233 Pte. R. Sparks.

Discharged from Escasoni Con. Hospital
19-11-18.

C.R. 6223

Extract from Daily Orders Part 11 Unit The Royal WFLD. Regt.,
St. John's ~~Regt.~~ Oct. 5th, 1918.

6223 Pte. Reuben Sparkes.

Attested For General Service With The Royal WFLD. Regt., from
Oct. 5th.

C.R. 6223

MESSAGE FROM DAILY ORDERS PAGE 11, DEPOT
ART. JOHN'S DATED OCTOBER 30th., 1918.

#6223 Pte. R. Sparks.

DISCHARGED FROM M. I. D., HOSPITAL 24/10/18
TO BRASCH'S CONVALESCENT HOSPITAL.

C.R. 6223

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regt.,
dated October 15th 1918.

Hospital.

6223 Pte. R. Sparkes,

Transferred from Barracks Hospital to M.I.D. Hospital 13/10/18.

Sparks, Leuben

6223

Ray Dept

65

January 9th., 1919

#6223 Pte. Reuben Sparkes,

Whitbourne,

Trinity Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 373."

Yours faithfully,

Captain,
Paymaster & U. i/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6223 Rank Pvt Name Ruben Sparks
Intended place of residence Whitbourne

2. Occupation Miller
Classification of soldier B Medical Category F

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

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

Place
Date DEC 12 1918 Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns Dec 12th 1918
Signature of soldier Ruben Sparks
Signature of witness ASDubs ACapt

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St Johns Dec 11th 1918
Signature of soldier Ruben Sparks
Signature of witness [Signature]

STATEMENT OF SERVICE

7. Enlisted for service 3. 10. 18 No of days on Military
Discharged from service 12. 12. 18 plus 28 days Service 72 Days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
Date DEC 12 1918
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place St Johns Nfld
Date January 19, 1919
Officer in Charge of Records
The Royal Newfoundland Regiment

29
30
31
9

2079/375

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6223 Rank Plt Name Sprays Ruben
 Date of Enlistment 3.10.18 Address Whitbourne District Junata
 Occupation Miller Classification for Discharge B Medical Category E
 Recommendation S.M.B. Per unfit Disability Rating less 20%
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 10/12/18

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Ruben Sprays

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$ 60.00

(b) Clothing Supplied Joseph H. Knowlton

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 213 to his home at Waltham and Release Certificate No. 43 issued.

Date 11-12-18 C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-1-19

Date 12-12-18 W. H. Waley Capt.
Depot Paymaster.

Discharge approved for 12 12 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122		Board 1st	" 2	1	Form 6
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 12 12 18 C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 12 1918 R. H. [Signature]
O. C. Discharge Depot.

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

Date Dec. 14/1918

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

MEDICAL HISTORY

OF

Surname Sparks

Christian Name Tuben

Table I.—GENERAL TABLE

Birthplace :—Parish Whitbourne County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	3	Oct		
at	<u>St Johns</u>			
Declared Age	18	years		
Trade or Occupation	<u>Miller</u>			
Height	5	feet $\frac{21}{4}$ inches		
Weight		122 lbs.		
Chest Measurement	Girth when fully expanded	35 inches		
	Range of Expansion	4 inches		

Physical Development	Right		Left	
	Arm	Number	Arm	Number
Vaccination Marks				

When Vaccinated	R.E.—V=		L.E.—V=	
	Year	Month	Year	Month
Vision	4/6	4/6		

(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)
(b) Slight defects but not sufficient to cause rejection	(b)	(b)

Approved by (Signature) Samuel Peterson
 (Rank) Major Medical Officer

Enlisted at St Johns on 3 day of Oct 1918

Joined on Enlistment	Corps	Regtl. No.
	<u>Royal Nfld Regt</u>	<u>6223</u>
Transferred to		<u>1</u>

Became non-effective by on day of 191 on day of 191
 (Signature)
 (Rank)

Table III - Boards: Counts of Injury, Infection, Inflammation, etc.
list in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

L. Paterson M.D.
L. Paterson M.D.

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *November 28th 1918*

Regimental No. *6223*

Name *Sparkes, Reuben*

Address *Whitbourne*

Present Medical Category *A E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

R. H. East
O.C. Discharge Depot.

P. Paterson
Senior Medical Officer

D. W. Burden
M. O. Depot

Civil Re-establishment Committee.



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

To work as Millwright

Reuben Sparker

Signature of Man.

Reg. No. 6223

C. S. Dicks A. C. H.

Signature of the Vocational Officer or his Representative.

Place St. Johns n. 7 L. D.

Date 11/12/18. 191



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 *Sparks, Reuben*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6223*
 Intended address *Whitbourne*
 Height on discharge *5* Feet *4"*
 Color of hair on discharge *Light.*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *John*
 Christian name of Mother *Elizabeth*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Whitbourne, Sept. 28, 1900*
 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)

Reuben Sparks

(Rank) *Pvt*

Station

St. Johns

Date

Nov 25/18

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.


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

Station

St. Johns, Nfld.

Date

Nov. 28/18



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station ... **St. John's**

Date **Nov. 28th '18.**

- | | | | |
|-------------------|---------------------------|-------------------------------|----------------------|
| 1. Unit | Royal Newfoundland | 5. Age last birthday | 18 years |
| 2. Regimental No. | 6223 | 6. Enlisted on | Oct. 3rd '18. |
| 3. Rank | Pte. | at | St. John's |
| 4. Name | SPARKES, REUBEN | 7. Former trade or occupation | Millwright |
| | | 8. Disability | |

INFLUENZA AND PNEUMONIA.

9. History **Entered M.I.D. Hospital, Influenza and Pneumonia**
15-10-18. Discharged to Escasoni 24-10-18., and discharged
from there 19-11-18.

10. What is his present condition?

General condition good.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

No accompaniment chest.

Has slight cold at present.

Pulse 92. Temp. 98.4.

Medical Report on an Inmate

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

YES

STATEMENT OF CASE

Signature L. PATTERSON, Major.

Rank or Qualification

Remarks if any by Officer in Hospital.

Place Signature

Date Rank

5

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **may** be considered as aggravated by:—
due to

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes. rough breathing at left apex

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

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

(State in percentage.)

Less than 20%

Remarks if any:—

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

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,
Naval and Military Convalescent Hospital, **No**
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in. the Army **Permanently Unfit**

Remarks if any:—

(Sgd) W. S. FRASER..... President

H. SINCLAIR TAIT

Signatures.....

..... L. PATERSON, Major.....

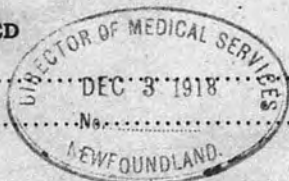
Place St. John's, Nfld......

Date Dec. 3rd., 1918.....

APPROVED

Station.....

Date.....



(Sgd) GLUXX MACPHERSON, Major.....

D. M. S. NEWFOUNDLAND.
Administrative Medical Officer

ROYAL NEWFOUNDLAND REGIMENT.

OCT 3 - 1918

Medical Examination Held at Iddefin on _____ 191

1. Name Reuben Sparker Age (a) Declared 18 Sept 25/18
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none 6223

eyes Blue
Complexion Fair
marks

3. Height 5-4 1/4 Weight 122

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement (a) Expiration 31 (b) Inspiration 33

7. Examination of Heart ~

8. Examination of Urine _____

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

~

10. Have you been successfully vaccinated, and when? yes 6 mths ago is Linn

11. Name and address of next of kin Father John Whitbourne

12. Category

REMARKS—

A11

Richard [Signature]
[Signature]

Medical Examiners.

Demahelger

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 *Reuben Sparks*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6223.*
 Intended address *Whitbourne*
 Height on discharge Feet
 Color of hair on discharge *light*
 Complexion *light*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge *Fair*
 Christian name of Father *John*
 Christian name of Mother *Ezzabeth*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth. *Whitbourne Sept. 28th 1900*
 Nature and locality of civil employment required *mining*

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) *Reuben Sparks*

(Rank) *Plt*Station *Purces Point*Date *Dec 10 1918*

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.



Station

Date

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

Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
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- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's, Nfld.*
 Date *Nov. 28/18.*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>18 yrs.</i> |
| 2. Regimental No. <i>6223</i> | 6. Enlisted on <i>Oct. 3rd 1918.</i> |
| 3. Rank <i>PL</i> | at <i>St. John's, Nfld.</i> |
| 4. Name <i>Sparks, Ruben</i> | 7. Former trade or occupation <i>Millwright.</i> |

8. Disability

Influenza & Pneumonia

9. History

*Entered M. I. U. Staff Influenza & Pneumonia
 13-10-18 Discharged to barracks 24. 10. 18 & discharged
 from there. 19. 11. 18*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

1
General condition good
No accompanying chest.
Has slight cold at present.
Pulse 92. Temp. 98.4

11. Was sanatorium advised and refused?
operation

V

12. Do you recommend discharge as permanently unfit?

yes

Signature

H. Peterson

Rank or Qualification

Major

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by due to

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes rough breathing at left apex

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

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

(State in percentage.)

less than 20%

Remarks if any:—

16. Is the disability permanent? *no*

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

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp. *no*

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

Signatures..... *[Signature]* President

[Signature]
[Signature]

Place *[Signature]*.....

Date *Dec 3/18*.....

APPROVED



Station.....

Date.....

[Signature]
D. W. S. NEWFOUNDLAND.
Administrative Medical Officer

COPY

Civil Re-establishment Committee.



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

.....
TO WORK AS MILLWRIGHT
.....
.....
.....

.....
REUBEN SPARKES
.....

Signature of Man.

Reg. No. **6223**

G.B. DICKS, A/CAPT
.....

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S, N.F.L.D.**
.....

Date **11-12-18** 191.....

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6223 Rank Pte Name Reuben Sparkes

Intended place of residence Whitbourne

2. Occupation Miller

Classification of soldier B Medical Category E

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

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

Place G.G. DULEY, CAPT

Date DEC 12 1918 FOR Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S REUBEN SPARKES
Signature of soldier

DEC 12 1918 G.B. DICKS, A/CAPT
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S REUBEN SPARKES
Signature of soldier

DEC 11 1918 J. DAYMOND, SGT
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-10-18 No of days on Military

Discharged from service 12-12-18 Service 72 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R.H. TAIT, CAPT
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date DEC 12 1918

CONFIRMATION OF DISCHARGE

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

Place

Date Officer i/c Records
The Royal Newfoundland Regiment

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Number of Sheet

One

Signature of O. C. Company

ABD [Signature]

Regimental Number and Name		Enlistment		Trade	
No.	<i>6223 Reuben Spender</i>	Age on	<i>18 years 8 1/2 months</i>	<i>Mechanic</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined	Date		<i>3-10-18</i>	<i>C of E</i>	
Joined	Date	Period of	} with Colours <i>90</i> years.	Place of Birth	
Joined	Date			} with Reserve <i>36 1/2</i> years.	<i>Whitbourne</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Case of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>9/19</i>			<i>✓</i>

To be carried over.

The Royal Newfoundland Regiment

6223

DEMOBILIZATION OF

Reg. No. 6223 Rank Pte Name Sparrs Ruben
 Date of Enlistment 3.10.18 Address Whitburn District Trinity
 Occupation Miller Classification for Discharge B Medical Category 6
 Recommendation S.M.B. Per unfit Disability Rating less 20%

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1. D 400A.....	1. B 1915.....	2.	do 2nd.....	" 3.....	3
B 179.....	2. D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 10/12/18

W. H. C. Discharge Depot
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Ruben Sparrs

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied *Joseph H. Snowling*

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 213 to his home at Waltham and Release Certificate No. 43 issued.

Date 11-12-18

C. B. Dickes Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-1-19

Date 12-12-18

M. Bowley Capt.
Depot Paymaster.

Discharge approved for 12-12-18

Forwarded with following documents to O.C Discharge Depot.

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

Date 12. 12 18

C. B. Dickes Capt.
Demobilization Officer.

APPROVED. [Signature]

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.
with following additional documents.

Date DEC 12 1918

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

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

Date Dec. 14/1918

M. Bowley Capt.
[Signature]

Reg. No. 1223 Rank Pte Name Sparks Rhuben

Attested 3-10-18 Address Whitbourne

Allotment..... Allottee

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas Cause.....

Vacc 4-10-18

11-10-18 Adm. to Barracks Hosp.

13-10-18 Adm. " " " "

24-10-18 Discharged from M. I. S. to Escasoni

19-11-18 do do Escasoni

3-12-18 Rec. Discharge as Permanently unfit.

11-12-18 **PASSED TO DEMOBILIZATION OFFICER**

12-12-18 **DISCHARGE APPROVED ON DEMOBILIZATION**

C.R.

6223

April 22nd 22

Dr. W.W. Blackall, F.A.D.C.L., M.B.E.,
Superintendent,
Department of Education (C. of E.)

Dear Dr. Blackall:-

In answer to your letter of 21st instant,
I am quoting herein the particulars of the military service of
Reuben Sparks, of Whitbourne, Regtl. No. 6223.

	3-10-18
Admitted Barracks Hospital	11-10-18
Transferred M. I. D. Hospital	13-10-18
Transferred Evesham Hospital	18-10-18
Discharged from Hospital	19-11-18
Boarded and recommended for discharge medically unfit	3-12-18
Passed to Demobilisation Officer	11-12-18
Discharge approved	12-12-18
Discharge Confirmed	9-1-19

He gave his age on enlistment as 18 years
11 months and his trade as mechanic. He served 99 days with
the Colours.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

CS

C.E. 6223

OFFICE:
SUPERINTENDENT OF EDUCATION,
CHURCH OF ENGLAND.

SUPERINTENDENT: W.W. BLACKALL, B.A., D.C.L., M.B.E.
ASST. SUPERINTENDENT: S.C. THOMPSON



Department of Education

(CHURCH OF ENGLAND)

MILITIA BUILDING, *St. John's,*

April 21, 1922.

28
30
31
9
R
WB/M

Col. Rendell, C. S. O.,
Militia Bldg.,
City.

My dear Colonel:

I have an application for admission as a pupil-teacher from a ~~R~~ Reuben Sparkes, of Whitbourne, who, in his letter, says that he is an ex-soldier and is twenty years of age. This seems a bit of an enigma to me. I shall be grateful to you if you will at your earliest convenience give me some particulars of this man's service.

Yours very faithfully,
W. W. Blackall.

Sup't Education. (C. E.)

6223
3
9/10/18 - 9/1/19

99 days

18 yrs 11 mos. - mechanic. Capt.
Whitbourne
Baracks, Herts 11-10-18
M.I.D. " 13-10-18
Essex " 24-10-18
Beck " 19-11-18
Barnet 3-12-18
11-12-18
17-12-18
9-1-19

+ sec. dirich will
Passes to Dirich officer
Dirich app
" Colf.