



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2227 Name Albert Spooner Corps



Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Albert Spooner</u> |
| 2. What is your full Address? | 2. <u>26 Henry St</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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> |

FOR THE PROBATION OF THE WAR

I, Albert Spooner 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.

Albert Spooner SIGNATURE OF RECRUIT.

General W. J. ... Signature of Witness.

8. March 2^d 1916

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Spooner 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 by the said recruit has made and signed the declaration and taken the oath before me on this 8th day of March 1916.

General W. J. ... Signature of Attesting Officer

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 1916 } Approving Officer.
Place

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

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



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|--|--|
| 1. What is your name? | 1. <u>Albert Spooner</u> |
| 2. What is your full Address? | 2. <u>26 Henry St</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, Albert Spooner 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.

Albert Spooner SIGNATURE OF RECRUIT.

E. Mark 2nd 1916 Quaid as Capt Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Spooner 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 8th day of May 1916

Signature of Attesting Officer Quaid as Capt

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st

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

Date 1916 } Approving Officer.
Place

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DESCRIPTIVE REPORT ON ENLISTMENT

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

2227

Name Robert James

Apparent age 18 years 7 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 38 inches
Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Robert James, 21 King St.

| 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

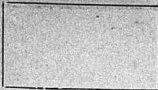
STATEMENT OF THE SERVICES

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 upwards G. C. P&Y		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>2-3-16</u>										
Joined at <u>St John's</u> on <u>March 2nd 1916</u>										
<u>Discharged at St John's Aug. 22/1918</u>										
<u>Embarked at St John's S.B. Steamer for U.K. 19/16</u>										
<u>Joined unit 14-10-16</u>										
<u>Admitted to 1st Coy. 15/11</u>										
<u>Admitted to 2nd Coy. 18/11</u>										
<u>Surrounding then attached Depot 16-3-17</u>										
<u>Embarked for B.E.F. 5-8-17</u>										
<u>Joined Battalion 18-8-17</u>										
<u>Wounded 9-10-17</u>										
<u>Admitted 89th St. 1918</u>										
<u>Invited to England 5/11</u>										
<u>Admitted to 1st Coy. 1st Bn. 4th Div. 9/11</u>										
<u>Invited to Wandswoth 21-1-18</u>										
<u>Surrounding then depot 22-7-18</u>										
<u>Invited to Wandswoth 21-7-18</u>										
<u>Arrived Wandswoth 4-8-18</u>										
<u>Discharged Medically Unfit 22-8-18</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>22-8-18</u> (date of discharge)										
" " " Pension " " " " " " " " " " " "										
" " " " " " " " " " " " " " " " "										

COPY.

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No.	2227	Army Rank	Private
Name	Albert Spooner		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	Royal Newfoundland Regiment		
Battalion, Battery, Company, Depot, &c.			
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	Aug. 22 nd 1918		
Place of discharge	St. John's, Nfld.		
1.	Description at the time of discharge.		Descriptive marks.
Age	19 years 5 months	Wound scars right hip right elbow, right side.	
Height	5 feet 5 inches		
Chest measurement	girth when fully expanded 38 ins.		
	range of expansion 3 1/2 ins.		
Complexion	Fair		
Eyes	Blue		
Hair	Dark Brown		
Trade	Engineer (Steamer)		
Intended place of residence (To be given as fully as practicable)	St. John's Nfld.		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2.	The above-named man is discharged in consequence of <u>Glyc. Rt. Hip Septic Arthritis</u> R. Arm (Anac Oberarm) Rt. Side of chest, Right Eye		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
To be filled in on the soldier quitting the Colours.	3. Military character :—		
	4. Character awarded in accordance with King's Regulations :—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.			
			Initials of Commanding Officer.
Army Form B. 2088 has been issued to*			

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

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

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

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battrn. _____ Regiment.

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

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

(Place) St. John's Field. _____ A. Hooper (Signature of Soldier.)

(Date) Aug. 27th 1918. _____ E. Walsh (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. *Statement of service.*

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

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

Total " " "

11. *Confirmation of discharge.*

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

(Place) _____

(Date) _____

Signature _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

No reserv

R. Walsh

RESERVATIONS REFERRED TO AT PARA. 8.

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

No reser

W. Walsh



This Form is to be used in connection with Pamph.

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

Examination of *Albert Spooner*

aged *18 yrs* conducted at *C.L.B.*

Date: *Feb 29 1916* Recruiting officer:

NO. OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 n
- 10 n
- 11 n
- 12 n
- 13 teeth to be attended too
- 14 ?
- 15 ?
- 16 ?
- 17 ?
- 18 ?
- 19 $\frac{6}{2}$ left. $\frac{6}{9}$ R.
- 20 ?
- 21 ?
- 22 ?
- 23 ?
- 24 ?
- 25 ?
- 26 ?
- 27 ?
- 28 ?
- 29 ?
- 30 ?
- 31 ?
- 32 ?

2 2 2 7

R.H. teeth

yes 2 scars left arm 11 yrs ago
5-5 in.
139 lbs.
34 1/2 - 38
13.00 week
Father,
nobody

Signature of Medical Examiner:

W.B. Burden

Spencer, J

2227

Sept.

DEPARTMENT OF MILITIA,

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *Albert* 2. Surname... *Spooner*

3. Rank... *Private* 4. Regt. No. *2227*

5. Address in full to which future payments of gratuity are to be forwarded... *Mrs. A. Spooner 87 Lower Street*
City.

6. Date of enlistment in the Regiment... *2nd March 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

No one depending upon me

8. Relationship of such dependents... *Son*

9. Address in full of such dependent... *None*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *None*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *2 years and 1 month*

Overseas

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

No. 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 115 \$*

am receiving my Discharge and 86 \$ as A. Bonus and 25 \$ for cloths allowance

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

16. Have you, during the present war, served in the Imperial Forces *N.C.*

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. *None*

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? *None*

19. Are you now serving in the Regt.? *N.C.* If not give: - (a) Date of discharge *22 August 1918* (b) Reason for discharge.....

Physically unfit for War Services on account of Wounds Received in action

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.....

France and Belgium 1916 - 1917

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

(b). If so, are you in receipt of full pay and allowances from that Committee *I am under Massage treatment of my arm I only get my Pension*

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: *Albert Spooner*

Place of Residence: *84 Lower Street City*

Declared before me at:

This *28th* day of *February* 19*67*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>11-12-68</i>	<i>100.10</i>		<i>Sh. 5.00</i>	<i>350.00</i>
			<i>Less P.D.P.</i>	<i>100.10</i>
				<u><i>249.90</i></u>
	Certified Correct.			Paymaster.

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 2227 Rank Pte. Name J. Spooner Unit Royal Nfld. Regt. who was Repatriated to Newfoundland on 21/ 7/18 Authority A. F. B. 179 Cause Class A

STATEMENT OF ACCOUNT

Table with columns: PARTICULARS, \$, s, £, s, d, PARTICULARS, \$, s, £, s, d. Rows include Balance Cr. From, Allotment 212 days @ .50¢, Cash Payments: p. & R. O., Forfeited Pay, Hospital Advances, Other Debits, Total Debits, Balance due by Paymaster, Balance Cr. from 21/12/17, Pay 212 days @ \$1.00, Field Allowance 212 days @ \$ 10, Other Allowances, Other Credits, Ration Allowance 20/6/18-21/7/18, 32 days @ 2/1, Total Credits, Balance due to Paymaster.

CHECKED: [Signature] 26/7/18

PERIOD: From 22/12/17 to 21/7/18

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

(Place) 191 O.C. " " Company.

Made up/checked in accordance with information received in the Pay & Record Office London, to 26/ 7/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Chief Paymaster & Officer i/c Records.

OK/ [Signature]

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

DUPLICATE MAIL COPY.

Regt No. 2227 Rank Pte. Name J. Spooner Unit Royal Nfld. Regt. who was Repatriated
 to Newfoundland on 21 / 7 18 Authority A. F. B. 179 Cause Class A

STATEMENT OF ACCOUNT

PARTICULARS		£			s			d			PARTICULARS		£			s			d		
Balance Cr. from											Balance Cr. from										
Allotment 212 days @ .50¢		106	00	21	15	8					Pay 212 days @ \$ 1.00		212	00							
Cash Payments: P. & R. O.				34	10	0		Field Allowance 212 days @ \$ 10				21	20								
Forfeited Pay		31	90	6	11	1		Other Allowances days @ \$				233	20	47	18	4					
Hospital Advances				4	15	8		Other Credits:													
Other Debits:								Ration Allowance													
								20/6/18-21/7/18, 32 days @ 2/1											5	6	8
Total Debits				67	10	3		Total Credits											66	12	0
Balance due by Paymaster								Balance due to Paymaster												18	3
				67	10	3													67	10	3

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

191

(Place) _____
 Made up/checked in accordance with information received in the Pay & Record Office London, to 26/7/18
 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London.

O.C. " " Company
[Signature]
 Chief Paymaster & Officer i/c Records.

To 21/7/18
From 28/12/17

RECORDED
 FILED

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 46 ⁵²/₁₀₀

Aug 26th 1918

Received from the First Newfoundland Regiment
the sum of Forty Six ⁵²/₁₀₀ Dollars.
on account of Pay. A Spooner
~~balance~~

Ch. No.	1688	Initials	EW
Pay Ledger	198	Initials	WN
Gen. Ledger		Initials	NS

Regtl. No. Rank

No. 2227

Rank

Pl-

Name

Spooner, A

JULY 19th 1919

Capt Howley
O. I. C. Records

Please pay to Albert Spooner, #2227
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education,

\$9.33

Pension \$20.00

G. R. G. Lewis	
AT	3373
CD	
FD	
PD	
GD	

G. R. G. Lewis
for
Vocational Officer

Sign of Spooner

P. E. Spooner

2227

P. 476. 0

Admitted 21. 1. 18.

NOTIFICATION that a Soldier has been sent home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's Regtl. No. } 2227 Rank Sp 00ner

Name Sp 00ner
(Surname first)

Corps or Regiment (also Unit if known) } 1 P. Victoria St.

To Officer i/c of Records 58 Victoria St.

Regimental Paymaster 58 Victoria



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 17. 6. 18, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 20 June 1918

to (full address) 58 Victoria St

Date 20. 6. 18 S.W.
Officer Comm.

Place Wandsworth Hall Cape Hospital.

Three copies to be made; one copy sent to each Officer, above mentioned, 3rd Lt. ... Registrar, R.A.M.C.F. General Hospital,

Admitted 21. 1. 18.

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's Regtl. No. } 2227 Rank Sp 00mer

Name Sp 00mer
(Surname first)

Corps or Regiment (also Unit if known) } 1 R. M.C.

To Officer i/c of Records 58 Victoria St.

Regimental Paymaster 58 Victoria



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the

17. 6. 18

the address below

, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 20 June 1918

to (full address) 58 Victoria St.

Date 20. 6. 18 G. Chaffin { Officer Comm. Capl

Place Wandsworth Registrar, R.A.M.C.F. Hospital

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

WANDSWORTH, S. W.

Ward 3

Barham Lodge
Weybridge
Surrey

7.6.18

Chief Pay Master of
Royal Newfoundland Regt
5 Victoria St
London



S.W. 18

Dear Sir

Please let me have
the sum of 3 £ three Pounds
and charge it to and
account Due to me.

Yours faithfully

W. J. Mooner

2225
Royal Newfoundland
Regt

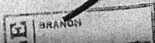
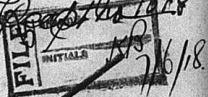
Grace

Weybridge

Nation

P.K. 3-0-0 N.Y.C.

Weybridge 7/6/18



to His Pay. Master of
Newfoundland Bay at Board Office
St. Victoria St

25.6.1918

London. S.W. 12

Dear Sir

I am writing this in my
Boarding House and I am leaving
it because my account is getting large
So if you please let Mrs Bennett
have the amount of 1[£] One Pound
and charge it to me. which I owe
her for lodgings

Wm H Spooner.

2227

at Royal Newfoundland

Ch. Bal. of 27/6/18

27/6/18 Receipt 7913

11-0-0

Wm H

My Address

Mrs O R Jackson
26 Huntington
Road
New York

26 Huntington
York.

July 6. 1918

Chief Paymaster ~~off~~
Royal Newfoundland Post
58 Victoria St
London S W 18

Dear Sir

I am writing you a letter
and telling you I am still at
Huntington Road York and
would like to no when they
ster will be a draft going home
if so I would like to no.

I am yours very

Sincerely Friend
Spencer Albert
2227

NEWFOUNDLAND GOVERNMENT
PAY & RECEIPT OFFICE
✓ 6119
RECEIVED
- 8 JUL 1918

Handwritten scribbles and a large number '7'.

repts. P. 20. 13/7/18
H-22

7

3.5.18

Ward

3rd L. G. H
Wandsworth



Could you please
let me have one
(pound) and charge it
to me

Prof A Spooner
2227 B Company
Royal Newfoundland



Approved
3 APR 1918

capt



OK. £10.00 kept
Receipts 6912

M.O.
Ward R.F.O.O.
J.R.B. 19/4/18 3rd Fl. A
Receipt No 6647

Please let me have
(one pound) and
charge on
account.

Approved
Attorney
Caporano

Ed. J. J. Moore
No 2225 B Company
19/4/18
Royal Newfoundland
Post



Chief Paymaster & Officer of Records,
Newfoundland Contingent
Pay & Record Office,
158 Victoria St, London.

Please remit to me Three Pounds
on balance of account due me.

£ 3. 0. 0. (#2227 Pte) A. Spooner.

Barbara Lodge,
Weybridge,
May 24/18

Approved:

Grace Vaughan



O.K. £3-0-0 h/c
15/6/18 Receipt No

7381



Approved
S. Chaff
Capt. West

Registrar, R.A.M.C.
General Hospital,
W. 222, S. W.

OK
FA 6 1/16
One Pound
Rept No 6462

THE LONDON GENERAL HOSPITAL
6 - APR 1918
WANDSWORTH, S.W. 18

FILE
BRANCH
INITIAL

Dear Sir

Would you please let
me have (one pound) and
charge it too me.

At Albert Spooner. 2227
At 1st Royal Newfoundland
Company Regt

NEWFOUNDLAND C.
58, VICTORIA ST.
LONDON, S.W.
6 - APR 1918
PAY & RECORDS

11/4/18
LONDON GENERAL
POST OFFICE
NO 12 APR 1918

15/4/18
ST
LONDON

3rd L. G. H
Handsworth
B N 18

Would you please let me
have (one pound) and charge
it to my account.

OK
£1.0.0
JAB
15/4/18

Albert Groener

No 2227 B company

Receipt No. 6538

appnd st Royal of Appandland
9 call capt
Regt

BRANCH
INITIAL

Word 11

OK
R 1.0.0 m/4/18
JRS
Receipt no. 6807

3rd L. Y. D

25/4/18
NEWFOUNDLAND CONTINGENT
68, VICTORIA ST.,
LONDON, S.W.
27 APR 1918
PAY & RECORD OFFICE

Should you please
let me have (one
pound) and charge
it to me.

Ed A Spooner
No 2225 B Company

52
FRENCH
INITIAL

ROYAL NEWFOUNDLAND
GENERAL HOSPITAL
REGISTRAR
27 APR 1918

Approved
W. J. G. M. P.

LAND CONTINGENT
50, VICTORIA ST.
LONDON, S.W. 1
8 - MAY 1918
PAY & RECORD OFFICE

18

05

£1.0.0

Receipt no. 7013
8/5/17

Would you please let
me have one Pound
and charge it on my
account.

Br Albert

no. 222

FINANCE
INITIALS

B. Company

Royal Engineers
approves (P.C.)

Capt Rambo

LONDON GENERAL HOSPITAL
REGISTRAR
No. 8 MAY 1918
WANDSWORTH
C.I.

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

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



Please remit to

Pat Albert Spooner

2227 1st Royal Newfoundland Regt

the sum of one pounds 2 s. (£)

on account of any balance that may be due to me.



Regtl. No. 2227 Rank Plt

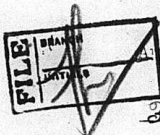
Name Albert Spooner

Approved

W. H. C. Spooner

Officer I/C.,

2nd London General Hospital.



Dated at

3/4/18

191

£1-0-0 W.H.C.
3-4-18 Receipts 6384



Chief Paymaster & Office of Records
Newfoundland Contingent
58 Victoria St London SW

Please remit to me one pound
on Balance of account Due me
£1.0.0

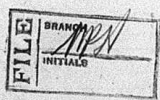
(#2227) (M) J. Spooner

Barham Lodge.
Weybridge
May 16/18

Approve. Grace Vandenberg.
T. A. Lion.

O.K. £1.0.0 M.P.

11⁵/₁₈ Receipt no 7061





ward 7

Weybridge
Barham Lodge
Surrey

18.5.18

Chief Paymaster
Off - Newfoundland Pay Record
office

Dear Sir

Please pay Bearer the
ammout off 2£ (two Pounds)
and charge it on my
account. Yours

Port. A Spooner

2227

B. Company
1st Royal Newfoundland
Regt



Grace W. W. W.
Nelson

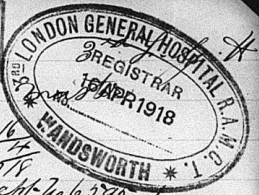
Ok. £. 2. 0. 0

18-5-18

Receipt No. 7241

Ward 11

FILE	BRANCH
	INITIALS



Chief Pay
 P.K. 7-0-0 R.P. 16/4

Dear Sir Receipt No 6585
 Please pay bearer



Sum of (one pound)
 Five shillings
 and no pence
 to the order of
 Messrs. Royal & Newsum Ltd
 Company
 Dept

NEWFOUNDLAND CONTINGENT

N.F.P/53.

Temporary A/c.

Regtl No 2227 Rank *PR*

Name *A. Spooner*

Pay	F. Allow	Working	Total
<i>109</i>	<i>10</i>		<i>119</i>
Less Allotment			<i>50</i>
Net Rate			<i>60</i>

Date	DEBITS	£ s d			CREDITS	£ s d		
		£	s	d		£	s	d
1917	Balance		1	1	Balance	27	10	18
	<u>P.M. ADVANCES:</u>							
	A.B. 64				<u>Pay @ Net Rate:</u>			
	Acquittance Rolls	4	2	6	28/10/17 to 7/3/17 = 13 days			
	Hospital Advances	1	14	0	60 = £ 78 ⁰⁰	16	3	0
	<u>STOPPAGES:</u>				8/3/17 to 5/3/17 = 8 days			
	Hospital dys =	9	0	0	60 = £ 4.20	17	3	
	Forfeited pay 2 dys				1/1 to 1/1 = days			
	Miscellaneous	4	8		<i>Richard Adams</i>			
	Cables	5	9			20	19	6
	<u>P. & R.O. PAYMENTS:</u>							
	Sundry Bills	6	15	11		19	2	3
	Cash							
	<i>Cash 2649.00</i>	12	0	0				
	<i>Cash 13/17 2904</i>	2	0	0				

No.

N.F.P./45.



NEWFOUNDLAND CONTINGENT

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

£ 1-0-0 Please remit to Private Albert Spooner No. 2227
1st Newfoundland Regiment

the sum of 1 one pound s. (£)

Receipt No. 5547
on account of any balance that may be due to me.



Regtl. No. 2227 Rank Private

Name Albert Spooner

Approved W. J. G. Cooper
Officer I/C.,

3rd London General Hospital Hospital.

Wandsworth S.W. 18

Dated at February
H. H. W. 1918

Ward B

3412/2

DEPARTMENT

Reference No.

2144

Date Rec'd.

4 MAR 1918

" Ack'd.

" Ans'd.

3412/2 4/3/18

Dear friend

File

BRA South Western

Hospital London Rd

ACTED UPON

BY

DATE

4.3.18

Stockwell

S.W.9

I am sending to you if you would kindly forward one pound as I am at Stockwell Hosps and cant get any money nor any thing.

Charge to my account
Mr Albert Spooner No 2227 Belmont
Royal Chamberlains
Paris

Art Albert Spooner
No 2227 B Company
1st Royal Newfoundland Regiment

P. 44/45

26 Huntington Road
York.
30. 1. 1914

The Officer in Charge
Newfoundland Regt.
58 Victoria St. S.W.

Sir,

Will you kindly inform me what Hospital
my nephew - ~~N^o 2224 Pte. Albert Spooner 1st Batt.~~
~~Newfoundland Regt.~~ is in. I had a postcard
from him - on Hospital Ship - dated 18th instant, but
nothing further. An early reply will oblige.

Yours faithfully.

(W^m) R. Jackson.

3rd L. G. H.

7

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	589
Rec'd.	FEB - 1 1914
Ack'd.	
Ans'd.	do.
File No.	

JAA

Cable 121 Sent



37 London General Hospital
Ward B-10
Wausworth
London
S.W. 10,

R.F.M.

Mrs A. Spooner

79 New Gower Street - 121

St. John's

N. F. L. D.

Care Bank Marked
London

Wire some money Five pounds for
Furlough soon message Received,
Am doing Well.

Albert Spooner

To Paymaster
N. F. L. D. Pay Office
P. Dear Sir

1ST N. W. FOUNDLAND REGIMENT
PAY & RECORD OFFICE

Ref. No. FEB 76 12 1917

Rec'd.

Ack'd.

Ans'd.

File No.

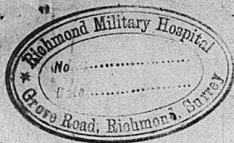
Please send
in soon as

this message to Mother
you get it, add charge the cost of
it to my account.

Yours Respt.
Pte. A. Spooner

No 2227 N. F. L. D. Regt
37 London

Word B 10
Wandsworth
London
P. 10



NEWFOUNDLAND MILITARY HOSPITAL
REGIMENTAL OFFICE

✓ 496
12 JAN 1918

RICHMOND MILITARY HOSPITAL,
Grove Road,
RICHMOND, SURREY.

DATE. *U. 7. 1. 18*.....

Regt. Paymaster. *58 Victory St London S.W*

OK £ 3-0-0
AW. 12-1-18

Please remit *£ 3*..... (*Three Pounds*).....
to... *Mrs. R. Jackson. 26. Huntington Rd. York* and deduct same
from my Credit. *Private Albert Spooner*

No 2227 B Company 1st Newfoundland Regt
ppwamen
Capt. R. A. M. G.
Registrar
736/1
737/1
C.O. MILITARY HOSPITAL,
Grove Road, Richmond,
SURREY

737/1

14th January

8

2227, Pte. Albert Spooner

1st Newfoundland Regt.

Richmond Military Hospital,

11 1 18 496

3: 0: 0

Mrs. R. Jackson, 26, Huntington Road, Yorks.

738/1

14th January

8

Mrs. R. Jackson,
26, Huntington Road,
York.

3: 0: 0

2227, Pte. Albert Spooner
1st Newfoundland Regiment.

Handwritten initials

No.

121

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM

Prefix _____ Code _____		At _____		FOR STAMPS	
WORDS 28	CHARGE 1/24 8	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
VIA WESTERN UNION					

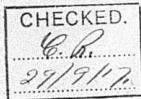
12/2/17

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS A SPOONER
79 NEW GOWER STREET
STJOHNS (NEWFOUNDLAND)

WIRE SOME MONEY FIVE POUNDS CARE BANK MONTREAL LONDON FOR
FURLOUGH SOON MESSAGE RECEIVED AM DOING WELL

ALBERT SPOONER

5/10^d

Charge to
227¹⁰ Albert Spooner.

(Authorised)

NOT TO BE
TELEGRAPHED.

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

58 Victoria St. S.W.

Signature _____

Address _____

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

3760/1

South Western
Stockwell,

9th March 8

A. Spooner

2227 Pte

2:0:0

7859

No.

N.F.P./45.

NEWFOUNDLAND CONTINGENT

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

Please remit to Albert Spooner

No 2225 1st Royal Newfoundland Regiment
the sum of two pounds in m.s. (£)

on account of any balance that may be due to me.

Regtl. No. 2225 Rank Private

Name Albert Spooner

Approved G. Beaumont
Officer i/c.,

South Western Hospital

Stockwell

S.W.

Dated at
5797 1918

*OK. £2
Mys. 7/2/18*

3760/1



Let Anderson:

With reference to this
Saxton's request for £4, as his
Account shows a debit balance of
16/11 at this date his request cannot
be ~~granted~~ granted.

2/1/2

MSH

7

10647/3/R.&C.

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

2227 Pte. A. Spooner,
R. Newfoundland Regt.,
26 Huntington Road,
Yorks.

2/7/18.

REPATRIATION DRAFT No. 68.

I confirm my telegram of this date:

"183- 2/7/18- aaa- Reference- your-
"letter- June- thirtieth- extension-
"granted- to- await- orders- from-
"this- Office- writing- Synoptical-"

You should report in writing to this Office every five days. At present it is not known when the next draft will be proceeding to Newfoundland.

With reference to your request for £4: as your account shows a debit balance of 16/11 at this date, it is regretted it cannot be complied with.

Major,
Chief Paymaster & O. i/c Records.

HA/JC

*Extension
Noted*

Your ref: N^o 10296
N. F. P/35.

26 Huntington Road
York 30.6.1918

The Chief Paymaster
Newfoundland Contingent.
58 Victoria St. S.W. 18.

NEWFOUNDLAND CONTINGENT
PAY & PROVISION OFFICE
Ref. Nos. 11. 5912
Recd - 1 JUL 1918
Ack'd - 1 Jul 1918
Ref. Nos. 111

Sir,

With reference to my application for extension of leave - dated 26th & your reply of 24th instant may I be granted a further extension of leave until such time as it is necessary to return to London for getting ready to embark.

Will you please remit the sum of £4 (four pounds) from the balance standing to my Pay Account to above address. I am spending my furlough with my Uncle & Aunt & wish to remain here until it is necessary for me to return to London.

Yours respectfully

Name & address of Relatives
Staff Sgt. W. Sgt. R. Jackson
West Yorks Regt.
26 Huntington Road. York.

Prof Albert Spooner
W. 2227
1st Royal Newfoundland Regt

June 26 - 1918

26 Huntington Road
York

NEWEDWARDS AND COMPANY, LTD.
PAY & RECORD OFFICE.
Ref. Nos. 1918 5808
Rec'd 27 JUN 1918
ACK'D
Ref. Nos. (U)

Dear Sir

I am now in York spending my furlough and my pass will soon be up and I would be much obliged if you would let me be granted a few days more until the boat goes home if you will let me now when the boat is going I will be able to be there ~~it~~ isn't much good ^{me} going down too London for a few days pass. it would take all my time to if you please Sir let me ~~do~~ do when I have to report you going home.

I remain your truly

Art Albert Spooner

no 2225

1st Royal West-landland Reg

Pass Mailed
to York 27 June 18
extended to 27-7-18
to report at P. R. Jackson
my address
no. R. Jackson

26 Huntington Road
York
Noted
C.S.

(in pads of 50.)

FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME

From a Hospital or Unit as "Medically Unfit."

Fulbrough Ham 29/6/18

I. R. J. J. J. (Regiment)

No. 2227., Rank PLC., Name Spomer

has orders to proceed to his home:

(Address 58 Victoria St
S.W.)

and there to await further instructions as to his discharge from the Service.

W. J. J. J. Officer Commanding.

Place Wandsworth

Registrar, R.A.M.C.F.

Date 20/6/18.

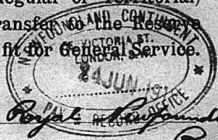
3rd London General Hospital,

WANDSWORTH, S. W.

*Here enter name of Hospital or Unit from which the Soldier proceeds.



Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 2224 Rank 1st Regiment 1st Regt

Name Spoooner Albert
(Surname first)

1. State what special qualifications you have for employment in civil life.

Clerk

COPIES SENT		
To	No.	Date
M. or M.	<u>11/6/18</u>	<u>21 JUL 1918</u>
O.C. 1st. EN.		
" 2ND EN.		

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

Nil

3. What is the nature and locality of the employment you desire?

Clerk

4. What is the name of your Approved Society? *None*

5. Have you been employed whilst with the Colours? If so, in what capacity? *No*

Date 12. 6. 18. Signature _____

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para: 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

LAST PAY CERTIFICATE **OFFICE COPY** N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl. No. 2227 Rank Pte. Name J. Spooner Unit Royal Mfld. Regt. who was Repatriated
 to Newfoundland on 21 / 7 18 Authority A. F. R. 179 Cause Class A.

STATEMENT OF ACCOUNT

	PARTICULARS	\$	c	£	s	d	CR.
	Balance Cr. From						
	Allotment 212 days @ .50¢	108	00	21	15	3	
	Cash Payments: P. & R. O.			34	10	0	
	Forfeited Pay	31	90	6	11	1	
	Hospital Advances			4	15	3	
	Other Debits:						
To							
	Balance Cr. from 21/12/17						15 7 0
	Pay 212 days @ \$ 1.00	212	00				
	Field Allowance 212 days @ \$ 10	21	20				
	Other Allowances days @ \$	233	20	47	18	4	
	Other Credits:						
	Ration Allowance 20/8/18-21/7/18, 32 days @ 2/1				5	6	8
	Total Debits			67	10	3	
	Balance due by Paymaster						18 3
	Total Credits						66 12 0
	Balance due to Paymaster						18 3
				67	10	3	67 10 3

CHECKED: *[Signature]*
 PERIOD: *[Signature]*

File

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

(Place) _____ 191 _____ O.C. " " Company.

Made up/checked in accordance with information received in the Pay & Record Office London, to 26 / 7 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 191 Chief Paymaster & Officer i/c Records.

2227

St John's, Newfoundland,

September 2nd, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J. E. HOWLEY, Captain

Paymaster etc.

2227	Pte.	Spocner, Albert	Aug. 22/18	Med. unfit
1050	"	Beggan, John J.	Do.	Do.
1040	"	Sinnett, Wm. J.	Aug. 23/18	Do.
401	"	Murphy, Jas. F.	Aug. 27/18	Do.
3804	"	Sinass, Wallace	Do.	Do.
2608	"	Marshall, Wm. J.	Aug. 29/18	Do.
2676	"	Harris, Samuel	Do.	Do.
2422	"	Taylor, Frank H.	Aug. 31/18	Do.
3162	"	Gulliver, Arthur	Do.	Do.
969	"	Brace, Jas. J.	Do.	Do.
844	L/C.	Bollett, Fredk.	Do.	Do.
1815	Pte.	Saunders, H. J.	Do.	Do.
1022	"	Curran, Danl.	Do.	Do.
405	"	Malgrove, Frank	Do.	Do.
430	Sgt.	Butcher, Ernest	Do.	Do.
3302	Pte.	Brushett, Leander	Do.	Do.
2329	Opl.	Quick, Cyril	Do.	Do.
860	Pte.	Costello, Danl.	Do.	Do.
459	"	Crotty, Stan F.	Do.	Do.
765	Opl.	Boland, Francis F.	Do.	Do.
2068	Pte.	Sexton, John F.	Sept. 2/18	Do.
2037	"	Gillingham, Kenneth	Do.	Do.

Reg. No. 2227 Rank Pfc Name Shoover A.

Address 49 Gower Street

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas 4-8-18

Embarked for Overseas..... Cause Discharge

8-5-18. Rec - Discharge Ser. - unfit, out Patient for massage.

DISCHARGED - MEDICALLY UNFIT 22-8-18. Ser 155

EXTRACT OF TELEGRAM.

Despatched 22/8/18 (7574):

"Synoptical. London."

"362 - following for - discharge from Service - August 22nd - 2227 Spooner
"Non effective - account - not received - advise by telegraph - balance due
"to - and dates -"

(Sd) Military."

Despatched 28/8/18 (1156):

"Military. St. John's."

"With reference to your telegram 22nd August - debit balance - at July 21 -
"Spooners - 18s. - 3d. - Last Pay Certificate - forwarded by mail - July
"30th - full stop."

(Sd) Synoptical."

C.R. 2227

Extract fro. Nominal Roll of Sick and Wounded from France admitted
to 3rd., London General Hospital Wandsworth, Jan. 18th., 1917.

#2227 Pte. A. Spooner

I.C.T. LEGS.

C.R. 2227

Extract from Casualties.....List No. H.A. 6017.

2227 Pte. A. Spooner.

Adm. 9 Gen. Hos. Rouen, 15th Jan'17.

ICT. Legs Slt.

C.R. 2227

Extract of Nominal Roll embarked St. John's for Overseas.
DET S.S. "Sicilian" July 19th, 1916.

2227 Pte. Spooner A.

G.

20th January, 1917.

Sir,

191

Dear

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. 2227, Private Albert Spooner, has been admitted to Wandsworth Hospital, suffering from inflammation connective tissue legs.

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,

Mr. Archibald Spooner,
26 Henry Street.

Colonial Secretary

C.R. 2227

NEWFOUNDLAND CONTINENT

Extract of Casualty List received from P.&R.O.
January 26th. 1917 .

2227, Pte R.A. Spooner. ✓

1 Newfoundland R. ICT Legs.L. to Eng. per 9 Gen. Hos.
17th. January 1917.

CP 2227

Extract from War Office List #6079 January, 26th. 1917.

2227 Pte. Spooner A. ICT. Legs To Eng. ex 9 Gen.
Hos. 17th. Jan. 17.

C.R. 2227

Copy of Cablegram to Governor St. John's Nfld.
from P.&R.O. 30/1/17.

2227, Spooner ✓

AtvWandsworth ICT. ~~Legs~~ January 18, 1917. I.C.T. Legs.

October 14, 1917.

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. 2227, Private Albert Spooner, was seriously ill at the 2nd General Hospital, LeTreport, October 11th, suffering from shell wounds right thigh, right eye, chest, and fracture of right arm. 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,

Colonial Secretary.

Mr. Archibald Spooner,
79 Gower Street.

Oct. 20th /17

C.R. 3472

Mr.A.Spooner,
87 Gower St.East

2227 Pte. A.Spooner.

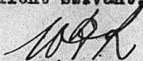
Sir:-

With reference to your enquiry as to the condition of the above mentioned soldier the following reply has just been received from Bendon "2227 Spooner progressing favourably.

I have the honour to be,

Sir,

Your obedient servant,



Major,

Dept.of Militia,

2227. PTE. ALBERT SPOONER.

EXTRACT OF CASUALTY LIST RECEIVED NOVEMBER 9, 1917
PREVIOUSLY REPORTED SHELL WOUND S RIGHT THIGH. ETC.,
LE TREPORT OCTOBER 25. NOW REPORTED AT MILITARY
HOSPITAL. GROVE ROAD. RICHMOND. GUNSHOT WOUND
RIGHT ARM.

✓

October 29, 1917.

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. 2227, Private Albert Spooner, who was previously reported at LeTreport, October 11th, suffering from shell wounds in the right thigh, etc.) was removed from seriously ill list October 25th.

Yours faithfully,

Colonial Secretary.

Mr. Arch. Spooner,
79 Gower St.

2227. PTE. ALBERT SPOONER.

EXTRACT OF CASUALTY LIST RECEIVED NOVEMBER 9, 1917
PREVIOUSLY REPORTED SHELL WOUND S RIGHT THIGH. ETC.,
LE TREPORT OCTOBER 25. NOW REPORTED AT MILITARY
HOSPITAL. GROVE ROAD. RICHMOND. GUNSHOT WOUND
RIGHT ARM.

✓

C.R. 2227

Albert Spooner was attested for General
Service with the NEWFOUNDLAND REGIMENT ON March 2nd 1916
Regimental No. 2227 was allotted to Pte S. A. Spooner

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919

2227, Pte. Albert Spooner. ✓

Ext. of Casualty list received Oct 29th, 1917.
Previously reported Shell Wounds Right Thigh etc.,
Le Treport, Oct 11, and now reported removed
from seriously Ill list, Oct 25th.

November 9, 1917.

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. 2227, Private Albert Spooner, who was previously reported at LeTreport, October 25th, suffering from shell wounds right thigh, etc., has been admitted to Military Hospital, Grove Road, Richmond, suffering from gunshot wound right arm.

Yours faithfully,

Colonial Secretary.

Mr. Arch. Spooner,
79 Gower St.

C.R. 2227

Extract from Nominal Roll of MFLA. Regt. Draft No. 28
from 2nd Bn Depot, to 1st Bn. B.E.F. Embarked Folke-
stone, 5-9-17.

2227 Spooner.

C.R. 2227

Extract from Nominal Roll of Nfld. Regt. Draft No. 11 from
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton, 3.10-16.

2227 Pte. A. Spooner.

C.R 2227

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's 5-9-18.

2227Pte. Albert Spooner.

Discharged having been found medically, is struck off the
strength from 22-8-18.

C.R. 2227

Extract of cablegram received from Synoptical London,
Dated Aug. 25/18.

In answer to your telegram Aug. 22nd, debit balance
at July 21st., Spooner, S.18.3. Last pay certificate
forwarded by mail July 30th.

CR 2227

~~RECEIVED~~

Extract from Telegram despatched to Synoptical, London,
dated August 22, 1918.

The following for discharge from the service August 22nd.

#2227 Pte. Spooner.

C.R. 2227

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

2227 Pte. A. Spooner,

Discharged 22 - 8 - 18, Medically unfit

C.R. 2227

Extract from Daily Orders part 11, from Unit The Royal NCM.
Reg. St. John's, dated August 5, 1918.

The following men returned from Overseas and reported
at Depot August 4th.

#2227 Pte. A. Spooner.

C.R. 2227

Extract of Casualties from Pay & Record Office, London dated
15th July 1918.

For Repatriation.

2227 Pte. A. Spooner

was granted an extension of leave to 22/7/18 with orders to await
instructions at Depot.

Authority: Pay and Record Office.

C.R. 2227

Extract from Casualties received from the Pay and Record Office
June 27th 1918.

#2227 Pte. A. Spooner

Have been granted extension of furlough to 2-7-18

AUTHORITY:-. Officer in charge of records, Newfoundland Contingent:-.

C.R. 2227

Extract from Casualties received from P & R Office London,
June 21st, 1918.

The H/N. has been granted furlough from 20/6/18 to 10 a.m.
29/6/18 with orders to report at the P & R Office on the
latter date for Disposal.

2227 Pte. Spooner, A..I.

Ex 3rd London General Hospital.

Authority: A.F's. W.3201 from Hospitals.

COPY

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 7/2026

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (1454) W2957/M2509 250m 127s 93 66

Form B. 121. 41.

Regiment of 1st Newfoundland

Signature of O. O. Company

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.		Age on	18 years 7 months	Leamster			
2227	Spencer AB	Place and Date of Enlistment	St John's	Religion			
Joined	Date	March 1898		Methodist			
Joined	Date	with Colours		Place of Birth			
Joined	Date	with Reserve		St John's			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCES	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Inn	2/16	Pte	1	Drunk in Camp 9 pm	Cpl Sweeney Cpl Hodge	Admonished	4/16	Capt Fox	J.E.J.
Racecourse	4.4.17	"		Breaking out of barracks	Cpl Field	7 days C.B.	6.4.17	Lt Col Whitaker	J.E.B.
"	5.4.17	"		Absent from roll call till 10.20 pm	Cpl Field	5 days C.B.	6.4.17	Lt Bethune	J.E.B.
"	12.5.17	"		Absent from 0835 parade to 9 pm parade	Cpl Spunell Cm Patrick	3 days C.B.	14.5.17	Capt March	20 p/b's day pay Red
"	21.5.17	"		Slovenly conduct in High H about 9.20 pm	documentary evidence	7 days C.B.	25.5.17	Lt Col Whitaker	
"	16.6.17	"	2	Drunk and creating a disturbance in High H about 9 pm	Lt Roberts Pte Sexton	2 wks 2/6 4 days C.B.	18.6.17	Capt March	J.E.B.
"	19.6.17	"		Absent from 6.30 am parade until 8.35 am	Lt Graham	3 days C.B.	20.6.17	Lt Bethune	20 p/b's day pay
"	6.7.17	"		Absent from 6.30 am parade	Lt Merry	20 p/b's day pay	6.7.17	Capt Rendell	A.C.H.
"	17.7.17	"		Breaking out of barracks at about 4.45 am	Cm Patrick Egt. Winsor	48 hours detention	18.7.17	Capt March	A.C.H.
				Needs all Unfit 22/18					

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (estd) W501/212 1000in 6/15as 23 56

Forms
B. 121.
29.

Regiment of

of Newfoundland

Number of Sheets

1 First

Signature of O. C. Company

A. Hendell

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay																
No.	<i>1227 Spooner, A. E.</i>	Age on	18 years 7 months	Trade	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">COPIES SENT</th> </tr> <tr> <td style="width: 33%;">To</td> <td style="width: 33%;">No</td> <td style="width: 33%;">DATE</td> </tr> <tr> <td>M or M.</td> <td style="text-align: center;"><i>1760/97</i></td> <td style="text-align: center;">21 JUL 1918</td> </tr> <tr> <td>1st. Bd.</td> <td></td> <td></td> </tr> <tr> <td>2nd. Bd.</td> <td></td> <td></td> </tr> </table>			COPIES SENT			To	No	DATE	M or M.	<i>1760/97</i>	21 JUL 1918	1st. Bd.			2nd. Bd.		
COPIES SENT																						
To	No	DATE																				
M or M.	<i>1760/97</i>	21 JUL 1918																				
1st. Bd.																						
2nd. Bd.																						
Joined	Date	Place and Date of Enlistment	<i>St. John's March 2, 1916</i>	Religion																		
Joined	Date	Period of	with Colours years.	Place of Birth																		
Joined	Date				with Reserve years.	<i>St. John's.</i>																
Joined	Date																					

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Days or award or of order depending with trial	By whom awarded	REMARKS
<i>Drine</i>	<i>2 9/16</i>	<i>Pvt.</i>	<i>1</i>	<i>Drunk in Camp, 9 pm.</i>	<i>Cpl. Innes Cpl. Hooper</i>	<i>Admonished</i>	<i>4/16</i>	<i>Capt. Fox</i>	<i>B.T.T.</i>
<i>Raccours</i>	<i>4.4.17</i>	<i>..</i>	<i>..</i>	<i>Breaking out of Barracks</i>	<i>Cpl. Field</i>	<i>7 days. C.B.</i>	<i>6.4.17</i>	<i>Lt. Col. Whitaker</i>	<i>J.S.B.</i>
<i>..</i>	<i>5.4.17</i>	<i>..</i>	<i>..</i>	<i>Absent from Roll Call</i>	<i>Cpl. Field</i>	<i>5 days. C.B.</i>	<i>6.4.17</i>	<i>Lt. Bethune</i>	<i>J.S.B.</i>
<i>..</i>	<i>12.5.17</i>	<i>..</i>	<i>..</i>	<i>Tattoo till 10.40 pm</i>	<i>Cpl. Spence</i>	<i>3 days C.B.</i>	<i>14.5.17</i>	<i>Capt March</i>	<i>Forfeit 1 days pay</i>
<i>..</i>	<i>21.5.17</i>	<i>..</i>	<i>..</i>	<i>Absent from 0835 parade to 2 pm parade</i>	<i>Documitory</i>	<i>7 days C.B.</i>	<i>25.5.17</i>	<i>Lt. Col. Whitaker</i>	<i>Forfeit 1 days pay</i>
<i>..</i>	<i>16.6.17</i>	<i>..</i>	<i>2</i>	<i>Drunk and creating a disturbance on High St.</i>	<i>Cpl. Roberts Pvt. Sexton</i>	<i>Fined 2/6</i>	<i>18.6.17</i>	<i>Capt March</i>	<i>J.S.B.</i>
<i>..</i>	<i>19.6.17</i>	<i>..</i>	<i>..</i>	<i>about 9 P.M.</i>	<i>Cpl. Graham</i>	<i>4 days C.B.</i>	<i>20.6.17</i>	<i>Capt March</i>	<i>Forfeit 1 days pay</i>
<i>..</i>	<i>19.6.17</i>	<i>..</i>	<i>..</i>	<i>Absent from 6.30 AM. parade till 8.35 A.M.</i>	<i>Cpl. Graham</i>	<i>2 days C.B.</i>	<i>20.6.17</i>	<i>Lt. Bethune</i>	<i>Forfeit 1 days pay</i>
<i>..</i>	<i>6-7-17</i>	<i>..</i>	<i>..</i>	<i>Absent from 6.30 am parade</i>	<i>Cpl. Innes</i>	<i>1 day pay</i>	<i>6-7-17</i>	<i>Capt A. Hendell</i>	<i>W.A.</i>

To be carried over

R. 121
Army Form B. 121.

Success 11.7.07 Rte

Brought forward

Breaking out of Barrabas while Sgt Winsor detention
off duty by M.O. at about 11.45 am.
Capt Mansel Cox

48 hours r.p.7

Casualty Form - Active Service.

Regiment or Corps Newfoundland

Rank Private Surname Spencer Christian Name Arthur E.

Religion Methodist Age on Enlistment 18 years 7 months.

Enlisted at St. John's Terms of Service (a) Durables Service reckons from (a) 2/3/11

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Junoauab Capt Signature of Officer.

COPIES SENT

To _____ No. _____ DATE 21 JUL 1918

M. or M. _____
O.C. 1st. Dn. _____
2nd. Dn. _____

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
From whom received				
	Embarked <u>Stempton</u>		<u>5.8.17</u>	
	Disembarked <u>Rover</u>		<u>7.8.17</u>	
	Joined Battalion <u>28</u>		<u>AUG 1917</u>	<u>B 213</u>
<u>Sp. Med</u>	Wounded in Action		<u>9-10-17</u>	<u>B 213 12-10-17</u>
<u>9-10-17</u>	<u>29 4a</u> <u>Ad. G. W. White</u> <u>Regt. Troop</u>		<u>4 Oct 17</u>	<u>801933</u>
	<u>24th Gen. Hq.</u>		<u>Le Tripoli</u>	<u>10/10/17</u> <u>NA 15079</u>
	<u>Sp. Med</u>	Transferred to England		<u>5/17</u> <u>11/2/18</u>

Spencer

14 NOV 1917

REGIMENTAL OFFICE

REGIMENTAL SIGNAL OFFICER

(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) Signaller, Shoeing-Smith, &c.

COPY.

Army Form B. 103.

Regimental Number 2227

Casualty Form Active Service:

Regiment or Corps 10th Newfoundland
 Rank Plt. Surname Spence Christian Name J. A. S.
 Religion Methodist Age on Enlistment 18 years 7 months
 Enlisted (a) 2/3/16 Terms of Service (a) Duration of War Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer. 1

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked <u>Emb. Southampton 3/10/16</u>			
		Disembarked <u>14/10/16</u>	<u>14/10/16</u>	<u>4/10/16</u>	
		<u>Joined Battalion</u>			
<u>14/11</u>	<u>J. Patrick</u>	<u>Invalided to England</u>			
		<u>J. G. J. Legson</u>	<u>9th Bn. Royal Fusiliers</u>	<u>7/1/17</u>	<u>10 2083</u>
		<u>(Sgt) J. M. Burchell</u>			<u>Captain</u>
		<u>for 1st Coy. 1101 Reg. Inf. Section</u>			
		<u>13th Bn. Fusiliers</u>			

(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) Signaller, Sheeag-Smith, &c.

Casualty Form - Active Service

ROYAL NEWFOUNDLAND REGIMENT,

Regiment or Corps

COPY.

Rank..... *Plt* Surname *Spencer* Christian Name *Albert E.*
 Religion..... *Methodist* Age on Enlistment *18* years *7* months
 Enlisted (a)..... *1916* Terms of Service (a) *3* years Service reckons from (a) *7/2/16*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... *(Sgt) J. Mearch Capt* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked <i>Southampton</i>	<i>5.8.17</i>	
			Disembarked <i>Roson</i>	<i>7.8.17</i>	
		<i>Joined Battalion</i>		<i>25.8.17</i>	<i>B213</i>
	<i>OC Mont</i>	<i>Wounded in action</i>		<i>9.10.17</i>	<i>B213-12/10/17</i>
<i>9.10.17</i>	<i>89 J.A.</i>	<i>Ad. G.W. Brown & Noel Mans</i>	<i>4 CCS</i>	<i>9.10.17</i>	<i>ED 1933</i>
	<i>2 Lt Gen Hosp</i>	<i>" do</i>	<i>Le the part</i>	<i>10/10/17</i>	<i>2.A.15079</i>
	<i>4 Panama</i>	<i>Transferred to England</i>		<i>5/1/17</i>	<i>403083</i>
			<i>(Sgt) J. Mearch</i>		<i>2nd Lt form up</i>
			<i>Co York Road, Ind</i>		<i>2nd Lt</i>
			<i>6749 3rd Regt</i>		

(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) Signaller, Sheehy-Smith, &c.

W. 8027-142000 10000 7/17 (20000) C. P. & S. Ltd. Forms B. 103 B. 1655.

I.P.T.C.

COPY.

Medical Report on an Invalid.

Station 3rd London Genl. Hospital
Date Wandsworth 15/6/18

- 1. Unit 1st R. Field.
- 2. Regimental No. 2227
- 3. Rank Platoon
- 4. Name Spooner A.
- 5. Age last birthday 19
- 6. Enlisted { on 3/Jan. 1916
at St. Gobus

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

8. Disability in respect of which invaliding is Proposed.

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

G.S.O. } Rt. Arm } Rt. Side of Chest; Rt. Eye
Septic. Ulcerations } } }
Spec. Uranium } } }

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. 9 October 1917
- 10. Place of origin of disability. Ypres
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Received Shrapnel wounds as above, 7. & removed in France from Rt. Ankle
outer margin of Rt. Eye. No intrathoracic lesion,
Came to England on 6 Nov. 1917. On 20th/1/18 incisions made for drainage of Rt. Hip Joint at Richmond!
Admitted here 22/1/18. 2 B. removed since laid open in region of Rt. ant. Sup. Spine 26/1/18. Developed Erysip. Returned here on March 10th 1918 from M.A.P. Wounds then healed.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). G.S.O.
(b) constitutional or hereditary, and not aggravated by service during the present war. Active Service
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Opinion of the Medical Board.

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

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

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

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

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

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

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

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

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

23. Is the disability permanent ?

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

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

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

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England ?

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

(a) Sanatorium ;

(b) Hospital ;

(c) Convalescent home ;

(d) Asylum ; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Yes
✓
✓
No
No
No
Gsw

✓
yes
✓

100

vide 16

yes

yes as an outpatient
see M on the

No

No

2nd Station London and Hosp

Date Wandsworth Sec. 17. VI. 18

Approved 2nd Station London and Hosp Wandsworth Sec.

Date 17. VI. 18

A. H. Volcker, Major, R.A.M.C., resident.

R. G. B. Howard, Esq., Members.

A. H. Volcker, Major, R.A.M.C., Administrative Medical Officer.

Medical Report on an Invalid.



Station 3rd London General Hospital,
Date 15/6/18 WANDSWORTH, S.W.

1. Unit 1st R. NFD.
2. Regimental No. 2227
3. Rank Pte.
4. Name Spooner, A.
5. Age last birthday 19.
6. Enlisted on 3. Mar. 1916
at St Johns.

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

8. Disability in respect of which invaliding is Proposed.

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

G.S.W. Rt Hip. } Rt arm. (Rt. Side of chest, Rt Eye.
Septic arthritis (Fractured olecranon)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in 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 entered by him as a member of the contingent.

9. Date of origin of disability.

9 October 1917.

10. Place of origin of disability.

Gpres.

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

Received Chopral wounds as above.
F.Bs removed in France from Rt. axilla, anti
mony in Rt. Eye. No vitreous in lens.
Came to England on 6th Nov. 1917. On 20-11-17, incisions made for drainage
of Rt Hip Joint at Richmond.
Admitted here on 22-1-18. F.B. removed obvious lead gran in region of rt.
ant-hip. Spine. Developed Septic. Returned here on 10-1-18 from M.H.D.
Wounds then healed.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

G.S.W.

Active Service.

COPIES SENT		No.	DATE
O.C. 1ST. EN.	27/6/18		
O.C. 2ND EN.			

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.

Wounds healed & unpaired vs in R Pt. Eye. Walks with a limp. Extensive scarring round elbow joint & limitation of extension.

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

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

270

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?

4
3 op's

- ① Trepanning of wounds at Cal.
- ② for removal of P.B.s
- ③ For drainage of Hip Joint

vide 11.

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

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

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

20. Do you recommend—

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

Permanently unfit.

A. A. Davies Col.

Officer in medical charge of case.

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

except †

3rd London General Hospital,
Station *WANDSWORTH, S.W.*

H. E. Domett Col.

Officer in charge of Hospital.

Date *June 14th 1918*

Col. A.M.S.

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

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

Opinion of the Medical Board.

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

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

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

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

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

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

(i) Service during the present war;

(ii) Climate;

(iii) Ordinary military service;

(iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v) Whether it is constitutional or hereditary.

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

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

23. Is the disability permanent?

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

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

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

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

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

yes

✓

no

no

f.s.w.

✓

yes

✓

100

wide 15.

yes

✓

yes as an out patient
six months

No

No

Signatures:—

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 17.VI.18

A. J. Worrell, Major R.A.M.C. President.

W. B. Thomas, C.S.

Members.

Approved London General Hospital.

Station WANDSWORTH, S.W.

Date 17.VI.18

A. J. Worrell, Major R.A.M.C.
Administrative Medical Officer.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in the margin.



A Name in full *Spooner, Albert.*
Regiment from which discharged *1/ R. NFD.*
Regimental Number *2227.*
Where born (Parish, Town and County), and when *St Johns - nfd*
Intended address *90 Mrs M. Spooner, 87 Gorham St. St Johns nfd.*

Height on discharge *5 Feet 6. Inches*

Colour of Hair on discharge *dk Brown*

Colour of Eyes *Blue.*

Descriptive marks *sl. R. hip B. below. R. side*

COPIES SENT	
To	No
M of M.	<i>11/6/18</i>
U.C. 1st Bn.	
2nd Bn.	
DATE	<i>21 JUN 1918</i>

Figure on discharge *medium.*

Christian name of Father *Archibald.*

Christian name of Mother *Mary.*

Wife's Maiden name in full *—*

Date and Place of Marriage *—*

Christian names of Children *—*

Nature and locality of civil employment desired *clerical wrk - St Johns.*

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) *Albert Spooner*

Station *Wandsworth*

(Rank) *Private*
Date *June 14th 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 *3rd London General Hospital, WANDSWORTH, S.W.*

S. J. Davies Esq. Medical Officer i/c Hospital.
Date *June 14th 1918*

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed ...					
Service towards Pension ...					
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }				
Sums due on account of public debts ...					

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

COPY.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Spooner, Albert
Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.
Regimental Number 2227
Intended address 2227 St John's Rd, Spoons, 87 Lower St. St John's Nfld

Height on discharge 5 Feet 6 Inches
Colour of Hair on discharge DK. Brown
Figure on discharge Medium
Christian name of Father Archibald
Christian name of Mother Mary
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____

Colour of Eyes Blue
Complexion Fair

Nature & locality of civil employment desired Clerical Work, St John's

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) Albert Spooner (Rank) Private
Station Wandsworth **Date** June 14/1918

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.

3rd London General Hosp St John's Medical Officer i/c Hospital.

Station Wandsworth S.W. **Date** June 14th 1918

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts ...						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

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

MEDICAL HISTORY

Surname Spooner Christian Name Albert



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

		SPECIAL RESERVE.		REGULAR ARMY.	
		Right	Left	Right	Left
Examined	on <u>29</u> day of <u>February</u> 191 <u>6</u> at <u>St. John's, nfld.</u>			on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>18</u> years _____ days			_____ years _____ days	
Trade or Occupation					
Height	<u>5</u> feet <u>6</u> inches			_____ feet _____ inches	
Weight	<u>139</u> lbs.			_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>38</u> inches Range of expansion... <u>3 1/2</u> inches			_____ inches _____ inches	
Physical Development					
Vaccination Marks	Arm _____ Number _____				
When Vaccinated					
Vision	R.E.—V= <u>4/9</u> L.E.—V= <u>4/6</u>			R.E.—V= <u>9</u> L.E.—V= <u>9</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)			(b)	
Approved by (Signature)	<u>Samuel Patterson</u>				
(Rank)	<u>2nd Lt</u> Medical Officer.				
Enlisted	at <u>St. John's</u> on <u>22</u> day of <u>Feb</u> 191 <u>6</u>			on _____ day of _____ 191 <u>1</u>	
	Corps. _____ Regtl. No. _____			Corps. _____ Regtl. No. _____	
Joined on Enlistment	<u>1st nfld Reg 2227</u>				
Transferred to	<u>Newfoundland</u>				
Became non-effective by					
	on _____ day of _____ 191 <u>1</u>			on _____ day of _____ 191 <u>1</u>	
(Signature)					
(Rank)					



COPIES SENT		
To	feet No.	Dates
M. OF M.	<u>1176/178</u>	<u>21 JUL 1918</u>
O.C. 1st. BN.		_____ lbs.
" 2ND BN.		_____ inches
		_____ inches

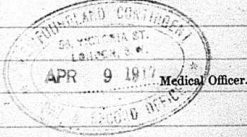
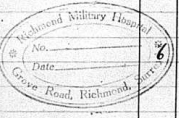


Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further 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				
8th LONDON GENERAL HOSPITAL WANDSWORTH.	18	1	17	7	3	17		48		
	6	11	17	21	1	18	The apert wds Rt elbow, Thigh Sleg Amp. part. Rt. ulna	Impunity Transferred 3rd London General Hosp.	R. C. Allison Cpl. Jpr Major, R.A.M.C. Military Hospital, Surrey.	
3rd LONDON GENERAL HOSPITAL WANDSWORTH.	11	6	18				G.S.W. R. Hip Ram R. side of chest R. eye Septic arthritis Trauma	Board bill see overleaf Disability - G.S.W. R. Hip Ram R. side of chest R. eye Septic Arthritis Trauma Impaired L. eye R. eye D. V. with a limp Cause - G.S.W. on Active Service. Total - Ability to earn a livelihood at present 100%	W. H. M. J. C. Capt. R. A. M. C. 3rd London General Hospital, WANDSWORTH, S.W.	

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records

5th Victoria St.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname *Spencer*, Christian names *A*
(in full)

Regt. No. and Rank *2227 Pte.* Regt. or Corps *1st Re. Newfoundland*
(If T.F. this should be stated)

His address on discharge will be *90 Mrs M Spencer - 87 Gower St, St. John's, Newfoundland*

This information is for the Central Army Pension Issue Office only. The Soldier states that _____ allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,
Station *WANDSWORTH, S.W.*

Date *17th June 1918.*

A. L. Vogelbein, Major, R.A.M.C.
President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

COPY.

Army Form

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

MEDICAL HISTORY of

Surname Spoones Christian Name Albert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 29 day of February 1916
 at St. John's Nfld.

Declared Age ... 18 years ... days.

Trade or Occupation ... _____

Height ... 5 feet, 5 inches.

Weight ... 139 lbs.

Chest Measurement { Girth when fully Expanded. 38 inches.
 Range of Expansion 3 1/2 inches.

Physical Development ... _____

Vaccination Marks { Arm ... _____
 Number _____
 Right _____ Left _____

When Vaccinated ... _____

Vision ... { R.E.—V— 6/9
 L.E.—V— 6/6

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

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

Approved by (Signature) Lamon Paterson
 (Rank) Capt Medical Officer.

Enlisted ... { at St. John's
 on 29 day of Feb 1916.

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.	<u>2227</u>
Transferred to ...		

Became non-effective by _____
 on _____ day of _____ 1916.

(Signature) _____
 (Rank) _____

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London Gen Hosp	18	1	17	7	3	17		48		
Richmond M. Hosp General Rd., Richmond	6	11	17	24	1	18	Impaired M. Rt. Elbow Highway Comp. Inac. Rt. W. L.		Improving Transferred to 3rd London Gen. Hosp.	H. Comanison Capt for Major R. Amc McK. Richmond M. Hosp Survy.
3rd London Gen Hosp Wandsworth.	11	6	18				Gr R. Hip R. Pain, Pain of Chest, Right Leg, etc. Arthritis Inac. Obese		Board held. See overleaf Disability - Gr W. R. Hip, R. Arm, R. side of chest Right Leg & the Arthritis Inac. Obese Impaired vision Right Walks with a limp Cause - Gr W. on active service Total - Inability to earn a livelihood at present 100%	E. H. Bingley Capt. R. Amc 3rd London Gen Hosp Wandsworth.

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

Date	Brief details, and signature
<p>July 16/16 " 10/16 18/10/16 20/16</p>	<p><i>[Large blacked-out redaction]</i> Dental treatment completed H.F.W.</p>
<p>$\frac{IAB}{2}$</p>	<p>4/may/1917 18/may/1917 W.W. Clouston Capt. Ram. C.</p>
<p>7.6.18</p>	<p>Board held Found + permanently unfit. Board — approved 07/6/18 E.H. Bingley Capt Ram. C. for the 3rd London Inf. Hosp Wandsworth Sec.</p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

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

Date	Brief details, and signature
<p>July 24/16 " 10/ 18/16 27/16</p>	<p>1st Inoculation 2nd do. Successful result. Dental treatment completed H.F.O.</p>
<p>IAB 2</p>	<p>4/may/1917 18/may/1917 W.W. Austin Capt. Ram. C.</p>
<p>7. 6. 18</p>	<p>Board held Found + permanently unfit Board — approved 17/6/18 E.H. Bengley Capt. Ram. C. for the 3rd London Gen. Hosp Wandsworth Sec.</p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

1891

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.



Fold Here

Signature

Address

1891

SEP 2 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Albert Spooner

in respect of his service as No. 2227 Rank Pte.

Name A. Spooner Royal Nfld. Regt.
Nfld. Inf. Bn.

Receipt of the same should be acknowledged hereon.

Received Medals.

Signature Sr Pte Albert Spooner

Date 30 Day off Sept 1921

Address St. Y. Lower St. City

[P.O.]

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs

MAY 1 - 1962

Registered to: _____

Charged to: _____

Ottawa Ont

Date April 30/62

To ● Copy for H.O. FILE

Attention of

NAME SPOONER, Albert.

SERVICE 2227 WW1 C.P.C. No. 260273
 NUMBER ROY.NFLD.REGT W.V.A. No.

NAVY
 ARMY X
 R.C.A.F.

The DEPARTMENT has received information from

Mrs. R. Spooner, 3305 Church Ave., Brooklyn 3, New York USA April 24/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 23/62

Cause of Death _____

Place of Death Long Island College Brooklyn USA.

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

Copies to: W.S.R.
 V. I.
~~PAC~~
~~DOC~~
 H.O.

} Destroy form if advice of death already received.

M. J. [Signature]