

# FIRST NEWFOUNDLAND REGIMENT

Questions to be put to the Recruit before Enlistment, 1. What is your name? ...... 2. Wrat is your full Address? ..... 3. Are you a British Subject? ..... 4. What is your age? ...... 5. What is your Trade or Calling? ..... 6. Are you Married? ..... 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,\* which? 8. Are you willing to be vaccinated or re-vac-) cinated? ...... 9. Are you willing to be enlisted for General Ser-) Name .... 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... Corps ..... II. Are you willing to serve upon the conditions as embodied in the roll of service } II. to be signed by you if you are accepted? ..... ...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. angred ... SIGNATURE OF RECRUIT. OATH TO BE TAKEN BY RECRUIT ON ATTESTATION 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 recreet has made and signed the declaration and taken the oath before me at. M. 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. Approving Officer. † 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.

DESCRIPTIVE REPORT ON ENLISTMENET To correspond with entries on the Medical History Sheet. tandard! Name Apparent age 18 years 4 months. Height 5 feet 51/2 Girth when fully expanded 38 inches Chest Measurement Range of expansion 3 inches Distinctive marks..... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin William Elsand Palls | Relationship. 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. (d) (a) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Service not al-lowed to reckon for fixing the rate of pension Signature of Officers certifying correctness of Promotion, Reductions, Casualties, &c. Army Rank Dates which served Depot entries Service towards limited engagement reckons from Ioined at Total Service forfeited as above.....

[date of discharge]

Total Service towards Engagement to.



# FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

| No.            | 2167                                     | Name                                    | Wassed                                | Mongard  | Corps                                       |
|----------------|--|---|---------------------------------------|--|---|
|                |  | <b>Ouestions</b> to                     | be put to the                         | Recruit before   | Enlistment.                                 |
| T              | What is your nam                         | 7.07                                    | ANT TO SERVE OF SERVER                | Mara   | ed Stanford                                 |
|                | What is your nam                         |   | (                                     | 2  | and places.                                 |
| 2.             | Wrat is your full                        | Address?                                | }                                     | 1  |   |
|                |  | 0.112                                   |                                       | 111  | 9   |
|                | Are you a British What is your age?      |   |                                       | 1 100  | Years Months                                |
|                | What is your Trad                        |   |                                       | A CONTRACTOR OF THE PARTY OF TH | Kingt                                       |
|                | Are you Married? .                       |   |                                       | 6. 70  |   |
|                | Have you ever ser                        |   |                                       | 700  |   |
|                | jesty's Forces, nav                      | al or military, it                      | f so,* which?                         | 7  |   |
| 8.             | Are you willing to cinated?              |   |                                       | 8  | <del></del>                                 |
| 9.             | Are you willing to vice?                 |   |                                       | 9  | A   |
| 10.            | Did you receive a stand its meaning,     | Notice, and do<br>and who gave i        | you under-} t to you?                 | TO   | Name  |
| 11.            | Are you willing to<br>to be signed by yo | serve upon the co                       | onditions as em                       | bodied in the roll   | of service } II,                            |
| bea<br>bou     | I  | lis Majesty King (<br>hfully defend His | George the Fifth<br>Majesty, His Ho   | ECRUIT ON ATTE   | lefo: 1                                     |
| •              |  | CERTIFICATI                             | OF MAGISTRA                           | TE OR ATTESTING  | OFFICER.                                    |
| he             | The Recruit above would be liable to be  | named was cautio                        | ned by me that                        | if he made any fals  | se answer to any of the above questions     |
|                | The above questions                      | were then read                          | to the Recruit                        | in my presence.  |   |
|                | I have taken care th                     | at he understands                       | s each question,                      | and that his answer  | to each question has been duly entered      |
| , as           | thisday of                               | d recruit has mad                       | e and signed the                      |  | aken the oath before me at. M               |
| on             | this                                     |   | ure of Attesting                      |  | Milallaway                                  |
|                |  |   |                                       |  | · Keend.                                    |
|                |  |   |                                       | APPROVING OFFIC  | d properly filled up, and that the re-      |
|                |  |   |                                       |  | appoint him to the the the                  |
| qui            | If enlisted by specia                    |   |                                       |  |   |
| Dat            | te                                       |   |                                       |  |   |
|                | .ce                                      |   | · · · · · · · · ·                     |  | Approving Officer.                          |
| ,              | † The signat                             | ure of the Approx                       | ving Officer is to<br>which the Recru | be affixed in the  | presence of the Recruit.                    |
|                | * If so, Recruit is t                    | o be asked the na                       | rticulars of his                      | former service, and  | to produce, if possible, his Certificate of |
| Disch<br>viz:— | arge and Certificate of                  | f Character, which                      | should be retur                       | ned to him conspic   | cuously endorsed in red ink, as follows,    |

# DESCRIPTIVE REPORT ON ENLISTMENET Applicable to all ranks. To correspond with entries on the Medical History Sheet.

|                          |                  | Narsed.                                   | Star         | Mard            |  |                     |                       | *                            |
|--------------------------|------------------|---|--------------|-----------------|--|---------------------|-----------------------|------------------------------|
| A pparent                | age              | 18 years                                  | 4 mont       | hs.             | Heig                                   | ht S                |                       | feet 5/2 inches              |
|                          |                  | (Girth when f                             | ully expan   | ided 3          | 8                                      | inches              |                       |                              |
| Chest Me                 | asurer           |   |              |                 | inches                                 |                     |                       |                              |
| Distinctiv               | ve ma            | rks                                       |              | \ .             |  |                     |                       |                              |
|                          |                  |   |              |                 |  | A COLOR             |                       |                              |
|                          |                  | INFORMA                                   |              |                 |  | RECRU               |                       |                              |
|                          |                  | ess of next of kin                        | M            | Illian          | n /                                    | Har                 | you                   | d<br>L                       |
| lfra                     | nd               | Walls                                     |              | Relation        | ıship                                  |                     | 10                    | ether,                       |
|                          |                  |   | Particula    | rs as to Ma     | rriage                                 |                     |                       |                              |
| (a) C                    | Christian        | and Surname of Woman to (c) Presen        | whom married | , and whether s | pinster or v                           | vidow. (b)          | Place as              | nd date of marriage.         |
|                          | (a)              | -   | (b)          |                 | (c)                                    |                     |                       | (d)                          |
|                          |                  | . ,                                       |              |                 |  |                     |                       |                              |
| Agrae &                  | - 1              |   |              |                 |  |                     |                       |                              |
|                          |                  |   | Particula    | rs as to Ch     | ildren                                 |                     |                       |                              |
|                          | Chris            | stian Names                               | 1 41111111   |                 |  | Date                | and Pla               | ce of Birth                  |
|                          |                  |   | EMENT        | OF THE          | Service not                            | al- Service         | e in Re-<br>ot allow- | Signature of Officers certi- |
| Corps in<br>thich served | Rgt. or<br>Depot | Promotion, Reductions,<br>Casualties, &c. | Army Rank    | Dates           | lowed to rect for fixing trate of pens | he ed to re wards ( | ckon to-<br>G. C. Pay | fying correctness of entries |
| ervice towa              | rds limit        | ed engagement reckons from                | 1 23-        | 2-16            |  |                     |                       |                              |
| oined at _               | A                | ohnis on &                                | ebruar       | 1 23/16         |  |                     |                       |                              |
| 5/                       | 1                | 486 111                                   | 11           | 1.1.6           | 23-3-                                  | 10 1                | 9                     | Lu la 38 to                  |
| ines to                  | 3 Ha             | tion 21 1 16                              | 1/-1/1       | 21/11           | 111                                    | 1/1                 | A                     | with 3 ten that 1            |
| Ear to                   | and              | 15 th States                              | 1 4g         | Hal bio         | 1                                      | 1711-16             | Tu                    | book her attacher behr       |
| Lanke                    | to               | 131. \$ 25-3-17                           | (max) 100    | Halin 18        | -4-17                                  | Nouns               | tes                   | 16-8-17 Solomite             |
| 5.45                     | in.              | Shoulder & me                             | d 17.8-      | 17 mans         | and de                                 | lane                | 24-                   | -17 In they town 17          |
| the ho                   | ids              | worth 18-9-12 June                        | but her      | attacker 1      | Somman                                 | Apon                | 18-11                 | -17 attacher toest           |
| enton                    | u                | and for direla                            | 29 2 12-1    | 2-18            |  |                     |                       |                              |
| 1                        |                  | -0  |              |                 |  | 1                   |                       | <u>·</u>                     |
|                          |                  | Dem                                       | robiles      | ation           | #                                      | John                | 0                     | 5-2-1919.                    |
|                          | .1 03            | e forfeited as above                      | -            |                 |  |                     |                       |                              |
| Tota                     | ai servic        | Content as above                          |              |                 |  |                     |                       |                              |
| Total Service to         |                  | 5   |              | [date of discha | 1 1                                    | years 34            | (S)                   |                              |

I hereby enlist for service at tone or abroad in the King's Perces under the following conditions.

> For the duration of the present wer, or until my Discharge.

Subject to the Army, Act. The Eggs'e Regulations, and to such ordinances as may apply or may be made to apply to the Byttich Rogalar Aymy.

Subject to the Resignations Volunteer Agt.

6 Goorge V. Chapter IV.

Man H Stanford

Extract from Heminel, Hell of Hills Negt. Dweft Hest.

from Smi He. to Lut He Hells! Hebested Hemthemytes, 9-7-16.

2167 Pte. H. Stanford.

C.H 2167

Extract from Daily Orders part II, Depot St. John's dated Feb. 7/1919.

The discharge of the undernoted on demobilisation have been APPROVED by Officer 1/c Records on 5-2-19.

#2167 Pte. Harold Stanford.

Extract of Daily Orders by Major N.S. Sullivan, Commanding Newfoundland Forestry Companies.

The following man who was attached temperarily to the 2nd Batta. Royal Mild. Regt. is struck off the strength from this date.

2167 Pte. J. Stanford.

Extract from Nominal Rell of Hfld. Regt. Draft No.22, proceeded Overseas, 24-3-17 Embarked Sputhempten, 25-3-17

2167 Pte. H. Stanford.

Extract from Daily Orders part 11, Depot St. John's dated January 23rd., 1919.

The undernoted discharge on demobili zation have been APPROVED by Officer Commanding Discharge depot from 22-1-19.

#2167 Pte. H. Stanford.

Extract from Medical Board held Jan. 14th, 1919.

2167 Pte. H. Stanford.

Recommended discharges as permanently Unfit.

Extract from Beily Orders part 11, Depot St. John's dated Doc. 23rd. 1918.

The u/m returned from Overson and reported at Depot 21-12-18.

#2167 Pte. H. Stanford.

Extract from from Nomihal Roll of Repatriation draft No. 79 per S.S.COR-SICAN, which embarked at filbury Docks 12/12/18. from 2nd., Battalion of the New foundland Regiment.

#2167 Pte. H, Stanford.

C.r. 277

Extract from OREDERS by Major M. S. Sullivan commanding Newfoundland Forestry Companies. dated 14/10/18.

The undermentioned having arrived here from the 2nd. Battalion of the Royal Newfoundland Regt.,on , one menth's probation are attached to the Strenght from 12/10/18 and posted to C. Oo'y for rations.

Pte. B. Stabford.

C.R. 22/7/18

From: 2367 PTE. F. SKEANES, R. Nfld., Regt., Camp. No. E. K. III Friedrichsfeld near Wesel. 22/7/18. (8259)

Dear Sira:-

Your letter of May 16th. 1918 received, thanking you very much for same. I am pleased to be able to tell you that

I am at last receiving my parcels, of food and clothing in fairly good condition and large numbers. Please accept for the Newfoundland Regiment and the War Contingent Association my greatest thanks for all their trouble thay are taking on behalf of my bring supplied. My health is good. My address is as indicated.

Sd. F. SKEANS.

# FOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its tran

In case the Messagre shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Messagre remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message. sams under the courts of the N. F. I., they was returned the amount paid by the Sender for such stessage.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or ulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howevers such

resulting from the non-transmission or mon-delivery of the Ressage, or delay or error in the transmission or nearest memory and the second of the second of

Sent

I request that the following Telegra according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Address

Check

Number Dated

September 22, 1917.

To

Mr. William Stanford.

Grand Falls.

Record Office, London, today reports No. 2167. Private Harold Stanford, has been admitted to Wandsworth.

R.A. SQUIRES

Colonial Secretary.

### 2167 PTE.HAROLD STANFORD

EXT.OF CASUALTY LIST RECEIVED SEFT. 22nd 1917 PREVIOUSLY REPORTED G.S.W.RIGHT, 3HOULDER, Mild, ETAPLES#AUG.17th. "ADMITTED WANDSWORTH."

HOUNSLOW-REGULAR & TERRITORIAL FORCES 6708 Pte. Steer.W. LIST.NO.H.A.13364. 4/Mdx.R. ....Dis. to Base. Dep. ex 24 Gen.H. Itaples 24.Aug.17. PW/3251 Pte. Chick, G. 18/Mdx.R. Influenza.....Dis. to Base Dep. ex 24 Gen. H. Etaples 24. Aug. 17. 9029 Pte. Egan, F. 2/att.7/R.W. Syno.R.Knee....Adm. 24 Gen.H. Etaples 24.Aug. 17. Kents.R. old. Mild. 50820 Pte. Jelley, G. 16/Mdx.R. Conjunctivitis.Mild..Adm. 24 Gmn.H. Etaples 24.Aug.17. L/11464 Pte. Howell, W. 17/Mdx.R. Spastic. Paraplexia..Adm. 24 Gen. H. Etaples 24. Aug. 17. Gl160 Cpl. Scripps, A.W. 8/E.Kents. .. Old Yila. 201409 L/C. Krouse, G.J. 1/7 Mdx.R. GSW.arm.R.....Trans. to Rouen ex 26 Gen.H. Etaples 24.Aug.17. 19202 Pte. Paget, A.W. 1/7 Mdx.R. GSW. Wrist.L.... Trans. to Rouen ex 26 Gen. H. Etaples 24. Aug. 17. 65972 Pte. Neal, A. 2/R.Fus. GSW. Arm. L..... Trans. to Rouen ex 26 Gen. H. Etaples 24, Aug. 17. 48131 Pte. Pomphret .C. 4/R.Fus. Skin Disease.Mild..Adm. 26 Gen.H. Etap es 24.Aug.17. 66977 Pte. Sutten, F.G. 7/R. Fus. Nerveus......Adm. 26 Gen.H. Etaples 24.Aug.17. Breakdown Mild. 6708 Pte. Steer, W. 4/Mdx.R. Nervous.....Adm. 26 Gan.H. Etaples 24.Aug.17.

| T | H C | H E S | T E | R | - RFCORD | OFFICE | 1397 | Ptc. Datey | E.E. | 16/R1f.Bde. | 17/R1f.Bde. | 17/R1f.Bde. | 17/R1f.Bde. | 18/R1f.Bde. | 18/R1f.Bd

"F" Shell-Gee. Trans. to Rouen ex 26 Jen.H. Etaples 24 Aug. 17.
Arm.L.
NYD. Mild. ... Adm. 20en.H. Haype 25 Aug. 17.
Brond itis. ... Adm. 2 Gen.H. Haype 25 Aug. 17.
Influenxa.Mild. Adm. 2 Gen.H. Haype 25 Aug. 17.

Nyalgia.Mild...Adm. 2 con.H. Havre 25.Aug.17. OterrheeaMild...Adm. Gen.H. Havre 25.Aug.17.

NEWFOUNDLAND CONTINGENT 2167 Ptc. Stanford, H. 1/Newfld. Rgt. 1 USW. Ehldr. R.

Trans. to Rouen ex 26 Gen.H. Etaples 24.Aug.17.

# 2167 Private Harold Stanford.

Extract of telegram dated August 23rd. 1917

G.S.W. right shoulder.

G.S.W. right shoulder.

Admitted to 26th. General HHospital, Etaples, Aug. 17th.

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# OUNDLAND POSTAL TELEGRAPHS



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## Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

the Sender the amount paid for its transmission. \*

In case the Message shall never reach its de-stination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

remains under the control of the N. P. T., they will refund the amount raid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from th non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such

Finding from 1.1 finds transfersion of ensurements of the ensurement of the ensureme

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

### (NOT TRANSMITTED)

| Signature of   | Sender |    |      |    |       |  |
|----------------|--------|----|------|----|-------|--|
| Line<br>Number | Red    | Ву | Sent | by | Oheck |  |

Dated To August 23, 1917.

Mr. William Stanford, Grand Falls.

Regret to inform you that Record Office

London, officially reports No. 2167; Private

Harold Stanford, was at Twentysixth General Hospital.

Phonlan Aumust annual and a contract of the co

Etaples, August seventeenth, suffering from mild

gunshet wound in right shoulder.

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

JOHNOGODENNEDOXX R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

CR. 1167

Extract from Casualties received from factorities P.S.R.office, London. August.23,1917.

25th General Hospital Estaples, August 17th.

2167 Stanford.

G.S.W. right shoulder

Extract of Cfommunication List received from P. &1 R. O. Jan 18th. 1917.

2167. Pte H. Stanford.

The following man has been discharged from the 3rd Lond n General Hos. and granted furlough from 17/1:/17 to 26/1/17. Fit for 11 Command Depot. -

## SICK AND WOUNDED N.O.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

| 苦   |            | HAMILTON RECORD | OFFICE         |                       | No.H.A.1208                            |
|-----|------------|-----------------|----------------|-----------------------|--|
| 151 | 10205 Pte  | Boyle C.        | 1/R Scots Fus  |                       | .Hos.Le Treport 15th November 1916     |
| 31  |            | Bywater C,      | 14/H.L.I.      | P.U.O.                | do.                                    |
| 24  | 43112 L/c  |                 | 2/R Scots      | GSW Buttock           | do.                                    |
| 1   | 16832 Pre  | Crawford J.B.   | 2/ do.         | GSW Leg R.            | do.                                    |
|     | 40826 "    | Harkness J.L.   | 1/R Scots Fus. | GSW Eye R.Lost        | do.                                    |
|     | 12496 "    |                 | 2/H.L.I.       | GSW Leg L.            | do.                                    |
|     | 40199      | Linton W.R.     | 1/R Scots Fus  | GSW Thigh             | do.                                    |
|     | 25420 . 11 | Logan J.        | 2/H.L.I.       | GSW Neck              | do.                                    |
|     | 11912 .    | Nicholls J.     | 2/H.L.I.       | GSW Log R.            | do.                                    |
|     | 15443 "    | Rafferty J.     | 1/R Scots Fus. | GSW Hip R.            | do.                                    |
|     | 23759 "    | Terry C.        | 2/ do.         | GSW Head              | do.                                    |
|     | 2983 #     | McNaught W.     | 17/H.L.I.      | ICT Arm L. Trans.to   | 3 Con Dep.Le Treport ex 3 Gen.H.15th   |
|     | 2900 #     | monaugue as     | 11, 11-11-1    | November              | 1916                                   |
|     | 24069 "    | Beedie A.       | 14/H.L.I.      | NephritisTrans.to     | HS.at Havre ex 3 Gen.H.15 November 1   |
|     | 20697 "    | Kelly H.        | 2/S.Scots Fus. | Confusional Insanity. | do.                                    |
|     |            | McNiven J.      | 2/R Scots Fus. | Bronchitis            | do.                                    |
|     | 40479 "    |                 | 1/Scots Rifs.  | Bronchitis            | do.                                    |
|     | 40406 #    | Smith W.H.      |                | Debility              | do.                                    |
|     | 10179 "    | Williams W.     | 2/ do.         | Postaniante Ne to Ba  | se Dila Bilame er 25 Gen. H. 15 Nov. 1 |

|        | HOTTED WEST AND | Davaden imposite diameter |   |
|--------|-----------------|---------------------------|---|
| 2484   | Gnr Jackson A.  | 63/HND VAC. RFA.          | I |
| Z6004T | L.S.Tiffin F.   | Hawke Bn RND,             | P |
| 776070 | : D Honon P     | angon Bn PND              | T |

### Manager 1

|                                | NO. REAL BOOK  |
|--------------------------------|--|
| Impetigo<br>P.U.O<br>Influenza | adm.25 Gen.H.Hardelot ex 26 Gen.H.15 Novr.1916<br>.Dis.to Base Dtis.B'logne ex 25 Gen.H.15 Nov.18<br>.Trans.to 7 Con Dep.B'logne ex 25 Gen.H.15th<br>November 1916 |

NEWFOUNDLAND CONTINGENT
2167 Pte Stanford B. 1/Newfoundlands

# No.H.A 4208

Influenza.....Trans.to ES.at Havre ex 5 Gen.H.15 Novr.1916 X

### COPY OF TELEGRAM.

November 21, 1916.

To Mr. William Stanford, Grand Falls.

Regret to inform you that the Record Office,
London, officially reports
Stanford, has been admitted to Wandsworth suffering from
influence.

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

J. R. BENNETT,

Colonial Secretary.

Extract of Casualties received from Pay & Record Office, London, dated Tove ber 20,1916.

#2167 Pte. H. Stanford.

Influenza.

At 3rd London General Hospital, Wandsworth, S. W. 17/11/16.

(£gd) Horace Fagan, Capt. R.A.M.S.t., Registrar, R...M.S.t., 2rd London General Hospital, andaworth, £.W. Extract of Cablegram resei ed from Synoptic 1 London, dated Tovember 20,1916.

#2167 Stanford,

Influenza, admitted andsworth,

### NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. &. R.O. Nov 16th 1916.

2167 Pte H. Stanford.

1/Newfoundland Influenza. Adm. 3 Gen. Hog. Le Treport 7th November 1916.

CR2167

Extract from flominal Roll Embarked St. John's for Overseas, Bar. 22, 1916. "H".

2167 Pte. H. Stanford.

Harold Granford vsd attested for General
Service with the NEWFOUNDIAND RECIDENT ON February 23rd 1916
Regimental No. 2167 was alloted to Ptet H. Cranford

AUTHORITY:
Record Ledger,
Dept. of Militia.
March 25th 1919

H. Stanfora. C.R. 2167 P P 0

Army Form B. 1179A

Noze.—This Form is only to be forwarded to the Ministry of Punions in cases of discharge under para, 392 (rvi or svia). Ring's Regulations, when the soldier has suffered in automate in beath store he early office that part and a case of transferred to San P, or P, (7) of the Reserve.

In the case of the suffered in automate is beath stored in the suffered in the s

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

(Christian Names)

5. Age last birthday.....

349d, Wt.18789,1320, \$60,000(\$), 8/18, S.O.F.Rd.

7. Former Trade or Occupation 7a. If the soldier claims previous service in Army, he should state-(a) Former Regts. or Corps:

with Regtl. Nos.

| . Posted for duty on.   |  |   |
|---|--|---|
|   | at   |   |
|   | rade)  |   |
|   |  |   |
|   | n injury was it caused   | ,   |
| (a) in action   | (b) on field service   |   |
| (c) on duty   | (d) off duty?  | (b) Date of Discharge;  |
| . If a Court of Inquir  | ry was held on an injury state :-  | (c) Cause of Discharge.   |
| (a) When  |  |   |
| (b) Where   |  | (d) Particulars of Pension or Gratuity<br>(if any)  |
| (c) Opinion of Co   |  |   |
| NOTE.—The foregoin  | g particulars are to be filled in and A.F.B. 17  | 9 B (statement by the soldier) completed before the soldie  |
|   | ange of the case.  |   |
| the invalid's military and<br>case.   | medical documents. He will also carefully d  | by the Medica. Officer in charge of the case. In answerin<br>sect of the case and to such information as may be recorde<br>listinguish and clearly state when cases are due to veneres  |
| the invalid's military and<br>case.<br>10. If brought t   | to the following questions are to be filled in a<br>suffice himself exclusively to the medical aspet<br>medical documents. He will also carefully deforward for invaliding, disability in respi-   | by the Medical Officer in charge of the case. In answering the case and to such information as may be recorded istinguish and clearly state when cases are due to veneres eat of which invaliding is proposed to be stated here   |
| the invalid's military and<br>case.<br>10. If brought t   | to the following questions are to be filled in it of the medical asper medical documents. He will also carefully of the medical documents. He will also carefully offorward for invaliding, disability in respices should be reported upon in answer to  | by the Medical Officer in charge of the case. In answering the case and to such information as may be recorded istinguish and clearly state when cases are due to veneres eat of which invaliding is proposed to be stated here   |
| the invalid's military and case.  10. If brought is (Other disabilities) Date of origin of disability Place of origin of disability.  | to the following questions are to be filled in minimal misself exclusively to the medical apprincipation of the military of the medical apprincipation of the military of the medical documents. He will also carefully of forward for invaliding, disability in respicts should be reported upon in ansiger to ability.   | by the Medica: Officer in charge of the cose. In asswering, the cost of the case used to such information as may be received to the cost in the control of the cost instruction as may be received in the cost of |
| Date of origin of dis<br>Give concisely the chicagon of the concisely the chicagon of the chicago | to the following questions are to be filled in infinite instance (activity to the medical asymmetical documents. He will also carefully of forward for invaliding, disability in respires should be reported upon in anyone to ability, sability, as a sit is recorded in the Medical are as it is recorded in the Medical | by the Medicas Officer in charge of the case. In accounting the control of the case and to such information as may be received instinguish and clearly state when cases are due to venerae ect of which invaliding in groopose to be stated here, question No. 19). If no disability enter "nil."   |
| Date of origin of dis<br>Give concisely the chicagon of the concisely the chicagon of the chicago | to the following questions are to be filled in infinite instance (activity to the medical asymmetical documents. He will also carefully of forward for invaliding, disability in respires should be reported upon in anyone to ability, sability, as a sit is recorded in the Medical are as it is recorded in the Medical | by the Medicas Officer in charge of the case. In accounting the control of the case and to such information as may be received instinguish and clearly state when cases are due to venerae ect of which invaliding in groopose to be stated here, question No. 19). If no disability enter "nil."   |
| Date of origin of dis<br>Give concisely the chicagon of the concisely the chicagon of the chicago | to the following questions are to be filled in infinite instance (activity to the medical asymmetical documents. He will also carefully of forward for invaliding, disability in respires should be reported upon in anyone to ability, sability, as a sit is recorded in the Medical are as it is recorded in the Medical | by the Medical Officer in charge of the case. In answering set of the case and to such information as may be recorded istinguish and clearly state when cases are due to venerea ect of which invaliding is proposed to be stated here.   |

| 1   | 4.  | State 1           | whether the disabilitie  | es are                                       |                               | (4        | a) attributable to       | (b) aggravated by                             |
|---|-----|-------------------|--|--|-------------------------------|-----------|--------------------------|---|
|   |     | (i.)              | Service during the pro   | esent war                                    |                               |           | Jus                      |   |
|   |     | (ii.)             | Previous active servio   | e  |                               |           |                          |   |
|   |     | (iii.)            | Climate in pre-war se  | rvice  |                               |           | NO                       |   |
|   |     | (iv.)             | Ordinary military ser  | vice before th                               | he war                        |           | ho                       |   |
|   |     | (v.)              | Serious negligence or<br>man's part.   | r misconduct                                 | t on the                      | } .       | ho                       |   |
| 1   | 14  | (a). If           | not due to any of<br>specific condition d  | these cause<br>o you attribu                 | es, to whate it?              |           | pa.                      | ,   |
| in all cases such ; as 'actal injur- ies, eye, ear, nose and theat, disabilities, acc, a specialist's re- port is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated. | 15. | What              | is his present condition (A note should be mad- when it is likely to a gress of the disability   | n?<br>e as to Weight<br>fford evidence       | in all case of the prove      | g         | forterer as st           | by not pamper<br>ontder free<br>arm pocations |
| 4   |     |                   |  |  |                               |           |                          |   |
|   | 16. |                   | n operation performed<br>s its nature?   | ? If so, who                                 | en and wh                     | at        |                          |   |
|   | 17. | If not            | , was an operation ad  | vised and dec                                | clined?                       |           |                          |   |
|   | 18. | dire<br>ser       | the case of loss or decay<br>the the result of work<br>ectly attributable to a<br>vice under such condi-<br>nt was unobtainable?                 | ands, injury<br>ective service               | or disea<br>or throu          | se<br>gh  |                          |   |
|   | 19. | not<br>Sta<br>hav | particulars of any other<br>t in themselves suffici<br>ate whether or not the<br>we been aggravated by:<br>r, and if so, to what or<br>aditions? | ent to cause<br>by are attributed are during | invaliding table to the prese | or<br>ent |                          |   |
|   |     |                   |  |  |                               |           |                          |   |
|   |     |                   |  |  |                               | 1         |                          |   |
|   | 20. | Do yo             | ou recommend—  |  |                               | 1.        | Latria                   | tion .  |
|   |     |                   | (a) Discharge as perma   | nently unfit                                 | ? 6                           | 16        | patria                   | (2)   |
|   |     |                   | (b) Change to United 1   | Kingdom?                                     |                               | 1         | N                        | w.  |
|   |     | Note              | —(b) is only applicable.<br>Foreign Stations.  | le to soldiers                               | invalided                     | at        | Mr. CH                   | BOANT MEMEDRADITAL                            |
|   |     | 1                 | HITTER DAMES CHIE  |  |                               | -         | Medical Officer is       | charge of case.                               |
|   |     | ation .           | 0 NOV 1018   |  |                               |           |                          |   |
|   | Di  | ite               |  | intely after acti                            | ive service                   | show      | ld be attributed therein | unless there is evidence that                 |
|   | it  | is due to         | o some other cause   | many after act                               | we service                    | , 6400    | d be attributed thereto, | uniess there is evidence that                 |

| admitted   |                              |
|--|------------------------------|
|  | Army Form W. 3016.           |
| 17.16.   | . , 4                        |
| No Date  | tan 17 = 1914                |
| (1) To the Officer i/c Records,  |                              |
| 58 Victoria St   |                              |
|  |                              |
| 3.6  | (Station.)                   |
| (2) The Officer Commanding,  |                              |
|  | 1                            |
| Iga continue   | W4 -                         |
| - Jyld Continge<br>ayr.  | (Station).                   |
| 0  |                              |
| (3) The Paymaster,   |                              |
| 58 Vierona S   | r.                           |
| 81   |                              |
|  | (Station). ,                 |
| Regimental No. 2164  |                              |
| Rank and Name Ota Stanford.  | # .                          |
| - t 0 14 10  |                              |
| Pariment on Come 12: hud   |                              |
| has been granted a furlough from   | 4-2264                       |
| has been granted a furlough from   | 10 Jun 20                    |
| His address while on leave will be:-   |                              |
| 58 Victoria St   |                              |
|  | 2 - 2246                     |
| This man has been furnis   | and distribute               |
| a de la cono   | and).                        |
|  | 171                          |
| I consider he is fit for Vight slaty.  | nana Depol                   |
| Horaca O   | nand Depolizan Capt RA.MECTE |
|  | Registrar, R.A.M.C.          |
| or : 1   | Loudon General Bosnital      |
| Officer in charge  | Hospital, S. W.              |
|  | (Station).                   |
| 4 84 2 1 4 1 |                              |

\* Strike out that which is inapplicable.

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

(1140) Wt.8254/1876. 10,000 books. H.C.&L.,Ltd. 615.

FORM K 1963

concerned, viz. :



# 1ST NEWFOUNDLAND REGIMENT

# ALLOTMENTS

to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons

I. Harold Stanford , Regl. No. 7167 hereby agree, until further notification by me, and in similar official form to make an Allotment of

Dollars and Seventy Cents, per diem, from my Pay,

| Identity<br>Certificate<br>No. | Whether Wife, Child,<br>other Relative or<br>Friend            | Name (in full)   | Address   | AMOUNT (each person |
|--------------------------------|--|--|---|---------------------|
| 1905                           | mother   | mo billiam Stanf   | rd Grave Falls  | 7                   |
|                                |  |  |   |                     |
|                                |  | **   |   |                     |
|                                |  | . —  |   |                     |
|                                |  |  |   |                     |
|                                | •  |  | Total Allotment, S  |                     |
|                                | This form must be<br>signed by the Office<br>required payments | completed by the Officer Commanding<br>er Commanding Company and handed<br>on application. | Company, signed by the Volun<br>i to the Paymaster as authority | to make th          |
| (Sig.)                         |  | Officer Commanding   | Horold Stant  | ovd.                |
| A                              | John 74  | Company (Rank  | k) Third  | ٠. ۵                |

| rom 27-10-17     |        | to.  | 30-11-17   |           | (da  | tes |
|------------------|--------|------|--|-----------|------|-----|
| Date             |        | 100  | Date CREDI   | rs        |      |     |
| Terior,          | .,     |      | 26 1 Balance   | 1         | 1 10 | 1   |
| 87% to 30;       | 77     |      | Beriod   |           |      |     |
| Allotment        |        |      | 27/2 to 30;  | ",        |      | -   |
|                  | e.     |      | Pal  | '         |      |     |
| 35 days @ 7      | 5      | 08   | indicate of  | 8.00      |      |     |
| Detactment Pa    |        |      | 35 days a  | 100       | , ,  | l   |
| Sheet for mout   |        |      | 2 = 38.00  | 1         | 1 3  | 1   |
| of Hovember      |        | 170  | Juld allowar   | ice       |      | -   |
| o o mousiave     | a      | 110  | Fuld altoward 35 days 2  | 100       |      |     |
|                  |        |      | \$3.50   | 3         | 14   | 1   |
|                  |        |      |  |           |      | -   |
|                  |        |      |  |           |      |     |
|                  |        |      |  |           |      | 1   |
|                  |        |      |  |           |      | 1   |
|                  |        |      |  |           |      | 100 |
|                  |        | 100  |  |           | 130  |     |
|                  |        |      |  |           |      |     |
|                  |        |      |  |           | 1    | 38  |
|                  |        |      |  |           | 1    |     |
|                  |        |      |  |           | 100  |     |
|                  |        |      |  |           |      |     |
| KED.             | ,      | /    |  |           | 1    | 2   |
| Creditor Balance | /      | 11 6 | Debtor Balance   |           |      |     |
| Tot              | al £ 4 | 92   | State of the State | Total £ 9 | 9    | 2   |

Commandant, Northern Command Depot, Ripon, Yorks,

FM/WF

Pay & Record Office, 19th, December, 7

2167, PTE. H. STANFORD, lat. NEWFOUNDLAND REFIMENT.

Eith reference to the enclosed letter 11/12/17 (7728): Statement of account to 30/11/17 is enclosed for reference. This Soldier's account at 30/11/17 shews a credit balance of 51-11. 6, which can be paid to him and included in Detachment Pay Sheet for Decapher period, please.

Chief Paymaster to 1/c Records.

go the

Took land stospital Sept-27 190 Jo G.C. pay + Records Dear Sir would you kindly rend me the sum of 3 \$ (three privade) From my acount & remain yrs Einearly pt IIC7 Hetarford 1st Batt SEP. 1917 Ph Slamford has permission to draw took Synd Chaque matron. Red SEP 2 7 1917 Assid 29-9-17 (10020/33) of.

... 10020/33.

Matron

29th Sept.,

Brooklands Military

Weybridge, Surrey.

2167 Pte. H. Stanford, 1st Nfld Rgt. 6847. 3:0:0

is 2167 Rank Pts Rame Stanford DEBITS Date £ s d CREDITS Reriod From To Days Rata 4 N 4 Balance Ration allower 9 10 16 17 10 2/ 10 0 Balance Acquittance Holls Hospital Advances A.B. 34 P.& R.O. Payments 8 18.10 3 0 0 leash 416 9/1/1 6/15 0

LAST PAY CERTIFICATE

OFFICE COPY

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17. Name Hanford. Regtl No. 2/67, Rank Fite. Unit ROYAL NEWFOUNDLAND REST: who was repatreased to New foundland on 11/2/18 Authority STATEMENT OF ACCOUNT DR. PARTICULARS PARTICULARS Balance Dr. from Balance Cr. from Pay 19 days @ \$ 100 Allotment 19 days @ nod 1/3 30 12 110 00 Cash Payments: Field Allce /9 days 6 \$ 100 Other Allces dave @ g Other Debits: Other Credits: Bai Dangar. Dopy sent to of the 21303/210 Total Debits Total Credits Balance due by Paymaster Balance due to Paymaster have appetuly examined this Statement of Account and find it to be a correct extract from the Pay Dec 11/4918 hade up/Checked In accordance with information received in the Pay & Record Office and is therefor onloject to amendment if and as may be found necessary. Pay & Record Office, London,

Stanford, H. 2167 Hay Left

Should Falls.

June 1st 1919. Appenio and the Mining Check on Office Hought Il would be advisable to chop you a note to an to lugarm. You of the fact. It is nother Strange had the Clerk heen Mailed that I did not presive It. thay he It was over looked der Jome way; Hopiney to precio the Same we the near future. I am from they huly blampord Than 1 11216 outstanding " apr 1 14102 may 1 18580

#### February 5th., 1919

#2167 Pte.Harold Stanford, Brand Falls.

Dear Sir :-

Please find enclosed "Discharge Certificate No.832."

Yours faithfully,

Captain, Paymaster & O.i/c Records

Demobilisation Form 9

# The Royal Newfoundland Regiment

| - Arguntus  |
|---|
| PROCEEDINGS ON DISCHARGE  |
| 1. No. 2167 Rank Me Name H Stanford   |
| Intended place of residence. Lranfallo Smell  |
| 2. Occupation Off machinat  |
| 3   |
| Tateacat Category   |
| 3. The above named man is discharged in consequence of DEMOBILIZATION.  |
| ELIGIDIT TON BOOT DIOCUADOR DAY   |
| ELICHBLE for POST DISCHARGE PAY   |
| 4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  |
| Place JAN 20 1919 |
| Date JAN 20 1919 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. http://pnipcharge.tion.  |
| Place and date I John It Stanford   |
| 20-1-19 Signature of soldier Capl,  |
| Signature of witness  |
| CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER  6. I hereby certify that, am in a position to resume civilian occupation immediately on discharge.   |
| Place and Date fan 26 1919 . If Stayford  |
| ST. JOHN'S. Signature of soldier  |
| Signature of witness  |
|   |
| 7. Enlisted for service   |
| No ot days on Military  |
| Discharged from service.  |
| APPROVAL OF DISCHARGE   |
| <ol> <li>The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records,<br/>The Royal Newfoundland Regiment, twenty-eight days from date.</li> </ol>   |
| Place ST. JOHN'S.   |
| JAN 2 2 1919 Officer Commanding Discharge Depot The Royal Newfoundland Regiment.  |
| Date  |
| CONDIDUATION OF PROPERTY.   |
| 9. The discharge of above mentioned soldier is hereby confirmed the   |
| Place A Johns, Ned Jim towley leaft   |
| Date Thrusy 5/1919. Officer le Records The Royal Newfoundland Regiment  |
|   |

Date 118 mary 5/1919.

# The Royal Newfoundland Regiment

V DEMOBILIZATION OF

| Date of Enlistment    Address   Addr | Reg. No. 216 - Rank So Name Al Stanford  |
|--|--|
| Occupation   |  |
| Recommendation S.M.B   |  |
| Passed to Demobilization Officer with following documents:—  N.P. P[26]  | Occupation   |
| N.F.   P 26  | Recommendation S.M.B. Levelmenthy . Unfolksability Rating 20. 4 La Month   |
| B 178.   | Passed to Demobilization Officer with following documents:-  |
| B 178.   | N.F. P 36    B 268   B 121   N.F. Med   D.F. 1   |
| B 178a.  | B 178 W 3494 B 122 3. Board 1st " 2  |
| B 179.   | B 1788.  |
| Date   | B 179 / D 400B Form L do 3rd " 4   |
| Date   | B 179a do 4th do 4th   |
| Date   |  |
| PARTICULARS FOR DEMOBILIZATION  2. Civil Re-Establishment.  I am   | B 179c B 120 M 93  |
| Particulars passed to Vocational Officer for information and action.  Date   | Civil Re-Establishment.     I amin a position to resume civilian occupation.   |
| Date   | 4 Stanford   |
| 2. Clothing.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  | Particulars passed to Vocational Officer for information and action.   |
| a. Clothing.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.  | The State of the S |
| Certified that Clothing Regulations have been complied with:   | Date   |
| (a) Clothing Allowance payable. Hoods  |  |
| (b) Clothing Supplied  | (a) Clothing Allowance payable. How the control of  |
| Date   |  |

| 3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 546R. to his home |
|---|
| at Whine Laure and Release Certificate No. 879 issued.  |
| 12. 1. 10 " OAA: 11-CU  |
| Date 20-1-19 ENNUMBUH   |
| Demobilization Officer  |
| 4. Pay and Allowances.  |
| The herein named soldier's accounts have been correctly balanced and all matters in connection                              |
| therewith settled. He has received pay and allowances to  |
| Date 24-1-19. With they Capt  |
| Depot Paymaster.  |
| Discharge approved for 2.2 1.19   |
|   |
| Forwarded with following documents to O.C Discharge Depot.  |
| N.F. P[66 B 268 B 121   |
| E 178 W 3494 B 122 Board 1st " 2 / Format   |
| B 178a K. D 400A B 1915 do 2nd " 3  |
| B 179 D 400B Form L do 3rd " 4  |
| B 179a D 400C Form K do 4th 5   |
| B 179b B 103 ME 2 " 6 B 179c B 120 M 93   |
| D 1136  |
| Date 22 1. 19 ENDUKOCOM   |
| Demobilization Officer.   |
| APPROVED.   |
| Documents as above forwarded to:—   |
| Officer ile Records.  |
| Board of Pension Commissioners.   |
| with following additional documents.  |
| ELICHBLE for POST DISCHARGE PAY   |
| JAN 2 9 1919 Pott A   |
| Date O. C. Discharge Depot.   |
|   |
| Received the above noted documents from O. C. Discharge Depot.  |
|   |
| Date  |
|   |

be used only for Special Reserve Recruits, and for Special Reservists ender Army.

### MEDICAL HISTORY

| Surname | Stan | ford |
|---------|------|------|
|         |      |      |

| Surname Stanford  |                 | Christian Nan    | no Star    | Hatin                     |     |
|---|-----------------|------------------|------------|---------------------------|-----|
|   | Table I_GF      | ENERAL TABLE     | S. WAR 3   | 0 1911                    | 8   |
| Birthplace:—Parish  | Table 1. GE     | Coun             | 1-1        | 0 1811                    |     |
| Dutuplace. I arish  | I SPECIAL       | RESERVE.         | I day      | LAB ARMY                  | -   |
| Examined  | _               | February 1016    | on day     |                           | 1   |
| Declared Age  | 18 300          | ars days         | yea        | me de                     | nya |
| Trade or Occupation   |                 |                  |            |                           |     |
| Height  | 5 feet          | 5½ inches        | fe         | et inel                   | hes |
| Weight  |                 | 1/5 lbs.         | 2          | -1                        | be. |
| Chest Girth when fully expanded   |                 | 38 inches        |            |                           | hes |
| ment (Range of expansion  | 21              | 3 inches         |            | -                         | 4   |
| -   | Right           | Left             | Right      |                           |     |
| Vaccination Marks Arm   | - Augus         | l izu            | Right      |                           | à   |
|   |                 |                  |            |                           | 4   |
| When Vaccinated Y   | R.EV= 4/4       | 7,               | -          |                           | 1   |
| Vision }  | LE-V= 1/6       | -                | R.EV=      | <b>)</b>                  |     |
|   | (a)             |                  | (a)        |                           |     |
| (a) Marks indicating congenital peculi-<br>arities or previous disease  | 1               |                  | - SHAPLAN  | CONTINUE S                | 17  |
|   |                 |                  | E LANCE    | ORIA ST.                  |     |
|   | (b)             | *                | (6) 8 4 SE |                           |     |
| (b) Slight defects but not sufficient to<br>Cause Rejection   | -               |                  |            | DAD OFFICE                |     |
|   | THE THE PARTY   | 10 * 47          | 4-10       | 13                        |     |
| Approved by (Signature)   |                 | 74)              | FOUNDLA    | ND CONTINGE               |     |
| (Rank)  |                 | Medical Officer. |            | DON, S. W. Medical Office | er. |
|   |                 |                  | * 00.00    | J.1917                    |     |
| Enlisted  | on day of       | 191              | at AT & RE | CORD OFFICE               |     |
|   | . Corps.        | Regtl. No.       | Corps.     | Regtl. No.                |     |
| Joined on Enlistment  | 14 hld. Reg.    | 2167             |            |                           |     |
|   | 7               |                  |            |                           |     |
| Transferred to  | 15 4cm          | foundlar         | d          |                           |     |
|   |                 |                  |            |                           |     |
| Became non-effective by   |                 | 3                |            |                           |     |
|   | on day of       | 191              | on da      | y of 191                  |     |
| (Signature)   |                 | D. "             |            | 1 5                       |     |
| (Rank)  | G. 1968         |                  |            | [P.T.                     | 0.  |
| March Control of the | STATE OF STREET |                  | -de        | HISTORY IN CO.            |     |

|                                     |    |                           |     |    |                  |         | Table II.—Only for admission | n to hos                      | pital or to the sick list in case of Warrant Officers treated in quarters.  |  |
|-------------------------------------|----|---------------------------|-----|----|------------------|---------|------------------------------|-------------------------------|---|--|
| Name of Hospital                    | -  | dmitte<br>Hospit<br>Monti | -   | -  | Hospita<br>Month | from al | Disease                      | Number<br>Days in<br>Hospital | Bonarie bearing on the cause, nature or treatment of the case likely to be of interest or of further uss. In cases of explains, and or treatment of the case in the case of explains, and or treatment out of hospitals will be about an absorption progress, including particulars of treatment out of hospitals (transiers, acc, with be given in the special spiritule case since. | Signature of Medical Officer                       |
| 3 Joudon General Hope<br>Wandsworll | 7  | 11                        | 16  | 17 | 1                | 17.     | Influenza                    | 61.                           | Reported sick - T. 101. 2. To apparent Cause.   | H Figur CoffRandy                                  |
| 3 Jaden Genestal                    | 17 | 9                         | 17. | 9  | 10               | 17.     | 5.5.W R Shoulder<br>Slight   |                               | *   | ge Ralf mus  |
| Report                              | 18 | 10                        | 14  | 17 | ,                | 18      | ilo.                         | 91                            | Les BTT INB   | Jellanis<br>Lt. Col., R.A.M.O.,                    |
| Inzeley Du                          | 15 | 5-                        | 18  | 22 | 5-               | 18      | Jaundice Costanday           | y                             | Terroul. In changed to suly   | orthern Command Depot, RIPON.  **Harman Capt Rawa. |
|                                     |    |                           |     |    |                  |         |                              |                               |   |  |
|                                     |    |                           | ,   |    |                  | *       |                              |                               |   |  |
|                                     |    |                           |     |    |                  |         |                              |                               |   |  |
|                                     |    |                           |     |    |                  |         |                              |                               |   |  |
| 100                                 |    |                           |     |    |                  |         |                              |                               |   |  |
|                                     | 1  |                           |     |    |                  |         |                              |                               |   | [r. <del>7.</del> 0.]                              |

Table III.—Boards: Courts of Inquiry, Vaccination, Incculations, &c.: Examination for Field or Foreign Service, Extension, Re-many ment, or prolongation of Service; Issue of Service gical appliances; Particulars of Dental Treatment, &c.

| » Date       | Brief Details, and Signature   |
|--------------|--|
|              |  |
| 5-5-16.      | 1 St. Inoculation Sonhis.  |
| 17.6.16      | 1 St. Anoculation Show'd. T. A. D. Hother The world All.   |
| 24 .6.16     | Vaccon ales accomply to the  |
| 6- 7- 16     | Fit for foreign Leroice. N. 2 6.   |
| 17-1-1918    | BIT (Lo) Charles Will improve 2 Frota for how  |
|              | - Oblita for how   |
| 28 JUN 1018  | Branded at the 1 0 0 1 711 1 harden 2  |
|              | Boarded at Hayley Down Cemp Warked States Carpenty Warked States Comments of Market States Comments of Market States Comments of Market States |
|              | Wilgor Rame  |
|              | Ope Rame   |
|              | in app Neme.   |
| 20 MOV 1019  | 0 -0   |
| OU NOV 1 OHL | ELEY DOWN GAMP. Recomment Refelication  MAR Region From, NOVAL NEWFOUNDLAND REB.   |
|              |  |

#### TABLE IV SERVICE TABLE

| TABLE IV.—SERVICE TABLE. |                                |   |  |                                      |   |  |  |  |  |
|--------------------------|--------------------------------|---|--|--------------------------------------|---|--|--|--|--|
| Station or Troopship     | Date of Arrival or Embarkation | Date of<br>Departure of<br>Disembarkation | Station or Troopship   | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation |  |  |  |  |
| St This , rold .         | 22/2/6                         | 9/4/6                                     |  |                                      |   |  |  |  |  |
| ;                        |                                |   | It is hereby a has been before Board and he for distinct.  The form of the for | s been c                             | ing Medical                               |  |  |  |  |
|                          |                                |   |  |                                      |   |  |  |  |  |
|                          |                                |   |  |                                      |   |  |  |  |  |

Nº 1963





## 1ST NEWFOUNDLAND REGIMENT

### ALLOTMENTS

| Certificate Whether Wife, Child, other Relative or Friend |             | NAME (in full)                                     |          | Apr            | AMOUNT (each person) |          |        |
|---|-------------|--|----------|----------------|----------------------|----------|--------|
|   |             |  |          |                |                      |          | 1      |
| 1905 71   | cottes      | mo louchane  | Hard     | nd Gra         | ud. Fall             |          | .70    |
| <b>'</b>  |             |  | 1        |                | 3                    |          |        |
|   |             |  |          |                |                      |          |        |
|   |             |  |          |                |                      |          |        |
|   |             |  |          |                |                      |          |        |
|   |             |  |          |                |                      | -        |        |
|   |             |  |          |                |                      |          | -      |
|   |             |  |          |                |                      |          | -      |
|   |             |  |          |                |                      |          |        |
|   |             |  | -        |                |                      | -        |        |
|   |             |  | -        |                |                      |          |        |
| OTF THE   |             |  |          |                | otal Allotment, 5    |          |        |
| OTEThis for   | m must be c | ompleted by the Officer Co<br>Commanding Company a | mmanding | Company, signe | d by the Volum       | teer, co | unter. |
|   |             |  |          |                |                      |          |        |

## 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 perist any returned sailors and soldiers (whether disabled or not) to find employee. My decision is as follows:

Lo work as Machinist

A Stanford

CARDUAN Coff.
Signature of the Vocational Officer or his Representative.

Place It John's Date 20/1/19

Norz.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (rvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (rvi.), King's Regulations, when the soldier has suffered impairment in beath since his entry into military service, or in cases of transfer to Class P., or P. (fv.) of the Reserve In cases of subliers not discharged gr transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension the Form to the Sector to the Secretary, Royal Hopptath, Chelses, S.W. J.

### Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

| 1. Unit and Corps. 10   | 7. Former Trade or Occupation                                       |
|---|---|
| 2. Regtl. No. 2/67. 3. Rank. Ple  | 7a. If the soldier claims previous service in                       |
| 4. Name STANFORD. (Surname) (Christian Names)   | Army, he should state— (a) Former Regts, or Corps; with Regtl. Nos. |
| 5. Age last birthday  |   |
| 6. Posted for duty on at in category (or grade)   |   |
| 8. If the disability is an injury was it caused   |   |
| (a) in action (b) on field service  |   |
| (c) on duty (d) off duty?   | (b) Date of Discharge;  |
| If a Court of Inquiry was held on an injury state:—     (a) When  | (c) Cause of Discharge.   |
| (b) Where   | (d) Particulars of Pension or Gratuity<br>(if any)                  |
| (c) Opinion of Court  |   |
| Note.—The foregoing particulars are to be filled in and A.F.B. 179 a<br>seen by the Officer in charge of the case.                              | (statement by the soldier) completed before the soldier             |
| Statement of Case   |   |
| Note.—The answers to the following questions are to be filled in by them he will take care to confine himself exclusively to the medical assect | the Medica. Officer in charge of the case. In answering             |
| the invalid's military and medical documents. He will also carefully distinct   | inguish and clearly state when cases are due to venereal            |
| <ol><li>If brought forward for invaliding, disability in respect</li></ol>  | of which invaliding is proposed to be stated here.                  |
| (Other disabilities should be reported upon in answer to que  | testion No. 19). Af no disability enter "nil."                      |

relevant official documents.

 Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other

Date of origin of disability.
 Place of origin of disability.

| 14. State whether the disabilities are (a) attributable to (b) aggravated by  | OTHER OF THE MEDICAL BOARD   |
|---|--|
| (i.) Service during the present war (ii.) Previous active service.  | NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.   |
| (iii.) Climate in pre-war service   | Expressions such as "may," "might," "probably," etc., are to be avoided.   |
| (iv.) Ordinary military service before the war  | (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in  |
| (v.) Serious negligence or misconduct on the man's part.  | the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.  |
| 14 (a). If not due to any of these causes, to what specific condition do you attribute it?  |  |
| In all cases such 15. What is his present condition? Icar over Thoulese   | (a) Any disability claimed or discovered. Y.S. W. Shoulder Sight   |
| in all some son 15. What is his present condition do you attribute it? Sear over should be income or a son of the son of | (b) The present condition thereof.   |
| precise to be attached with Eainful movements at shoul  | der Kasalso den ver elbon - nomestrang   |
| redirectable and free, Strength of right arm  | 21. Give diagnosis and particulars of:  (a) Any disability claimed of discovered.  (b) The present condition thereof.  Alex Hundres Dear ver alborn - two disability along the discovered of the disability and the discovered of the discovered of the disability and the discovered of t |
| weakeres!   |  |
|   |  |
| 16. Was an operation performed? If so, when and what was its nature?  | 22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by   |
| 17. If not, was an operation advised and declined?  | (i) Service during the present war   |
| 18. *In the case of loss or decay of teeth,—Is the loss of  | (ii.) Previous active service  |
| teeth the result of wounds, injury or disease<br>directly attributable to active service or through   | (hi.) Climate in pre-war service   |
| service under such conditions that dental treat-  | (iv.) Ordinary military service before the war   |
| ment was unobtainable ?   | (v.) Serious negligence or misconduct on the ko  |
| 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, State whether or not they are attributable to or have been agenyarated by service during the present war, and if so, to what or by what specific military conditions?  | part of the soldier .<br>Give details :  |
|   | 22 (a). If not due to any of these causes, to what specific condition do the Board attribute   |
|   | it?  |
| 20. Do you recommend—   | 23. Is the disability in a final stationary condition? If  |
| (a) Discharge as permanently unfit?   | not not  |
| (b) Change to United Kingdom?   | (a) How long is the present degree of dis-   |
| Note—(b) is only applicable to soldiers invalided at Foreign Stations.  | ability likely to last?  |
| ROYAL NEWFOUNDLAND REG.   | (b) If the present degree of disability is not   |
| HAZELEY DOWN GIMP. Medical Officer in charge of case.   | likely to last 12 months can a further<br>assessment at a reduced rate be made   |
| Station   | with reasonable confidence to cover a  |
| - 30 MOV '019   | period of 12 months in all? If so, the<br>reduced percentage and the period to   |
| Date Q. Q. 13   | which it will be applicable should be indicated in the answer to Question 24a.   |
| * 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   | indicated in the answer to Question 244.   |

ORINION OF THE MEDICAL POADD

| 24  | . (a) | What is the degree of disablement at which, in the opinion, he should be assessed at present, independent of the should be assessed at present, independent of the should be expressed in the following percentages 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Viid, Warrant of 17/4/18) issued as A.O. 162 of 181, structions to Pension Boards) (assessment to be st words as well as figures). | dent of<br>element<br>:—100,<br>Royal<br>and In- | 20%        | sit a       | works  |
|---|-------|---|--|------------|-------------|--|
|   | (6)   | In case of aggravation or where there is any eviden<br>there was a disability on entry, what in your opini<br>the degree of disablement which existed at the<br>joining the Army?   | ion was  | ~          |             |  |
| 25  | . If  | an operation was advised and declined, was the efusal unreasonable?   |  |            |             |  |
| ent<br>Civil-<br>ers, he<br>te his          | . (a) | Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?  | ye.  |            |             | Opinion of Mili-<br>lary Member in<br>case of dis-<br>agreement. |
| n the                                       | (b)   | In what other grade do the Board place him?   |  |            |             |  |
|   |       | Do the Board recommend change to the United<br>Kingdom (in the case of a soldier invalided at a<br>foreign station)?  |  |            |             |  |
| o be<br>when 27<br>ler is<br>other<br>e IV. | . Do  | the Board find that the soldier has suffered any impairment in health since his entry into the Service?   | yes  |            |             |  |
| 28  |       | treatment being recommended on Army Form . 179c?  |  |            |             |  |
| 20  | . Do  | es the soldier require :—   |  |            | 100         |  |
|   |       | n attendant for his journey home?   |  |            |             |  |
|   |       | ansport from railway station to his home?   |  |            |             |  |
|   | c) Th | ne constant attendance of another person in his own   | ,  | 1          |             |  |
|   | h     | ome?  | - hp   | 10         |             |  |
|   |       | Signatur  | "The   | 7          |             | (n   |
|   |       | / 10  | / Con V  | . an       | £           | President   Chairman   |
| St  | ation | Volens /  | 2 Dun  | clary      | Vait        | .)   |
| n   |       | 1 houseles 5  | 101  |            |             | Members.   |
| D   | ate . |   | yport  | 2000-11    | adder.      | ; ]  |
|   | Di    | ischarge Approved proder Para. 392 (xvi) King's Reg   | ulations.y                                       | M          | rephe       | igon h   |
| S   | ation | SCAR.   | /  |            | /           | Only applic  |
|   |       | Off 14 1019 (1)   | ficer in cha                                     | rge, Centi | al Hospital | Patients is  |
| D   | ate . | OR  |  |            |             | , nosperan.  |
|   | D     | scharge Approved under Para. 392 ( ) King   | s Regulation                                     | ons.       |             |  |
|   |       | melet Approved to Class of the Reserv   |  | ant W or Y |             | n cross  |

Station O.C. Discharge Centre.



### 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

| Name in full Harolol Hayore.                     |
|--|
| Regiment from which discharged 161. Newfoundland |
| Regimental number 3167.                          |
| Intended address granol Talls.                   |
| Height on discharge 5 Feet 8                     |
| (X)  |
| Color of hair on discharge                       |
| Complexion Only.                                 |
| Color of eyes                                    |
| Descriptive Marks Scaron Michaele .              |
|  |

Figure on discharge Christian name of Father Christian name of Mother

Wife's maiden name in full Date and place of marriage

Christian names of children Place and date of soldier's birth.

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) Harold Stayond Date 13.1.19

Lecrify that the above named soldier signed the foregoing declaration in my prese the above description and details are, to the best of my knowledge correct.

Medical Officer Unit, or Com

|   | woundland on 11/2/   | ,  |     |    |          |        | Cause  | -      |       |   |   | _ |
|---|--|----|-----|----|----------|--------|--|--------|-------|---|---|---|
|   |  |    |     | ST | ATEM     | ENT C  | OF ACCOUNT   |        |       |   |   |   |
| - | PARTICULARS Balance Dr. from   | 18 | ¢   | £  | 8        | d      | PARTICULARS  | 1 3    | 0     | £ | В | - |
|   | Allotment 19 days 9 for Cash Payments:  1 of Pay 2 do.  Other Debits:  Bas. Damegra  Mess Stoppo | /3 | 30. | 2  | 14 10 19 | 8. 0 4 | Balance Cr. from Pay // days @ \$ / 2 Field Allce // days @ \$ / 2 Other Allces days @ \$ Other Credits: | 19, 21 | 90 90 | 4 | 3 |   |
| - | Total Debits Balance due by Paymaster  |    |     | 4  | 5-       | 11     | Total Credits Balance due to Paymaster   |        |       | 4 | 5 |   |

| ewfoundland on 11/12  | / 18 AT | utnor | ty_  |                 | Unit ROYAL NEWFOUNDLAND REGT. who   |     |    |    |   |   |
|---|---------|-------|------|-----------------|---|-----|----|----|---|---|
|   |         |       | STAT | FMENT           | OF ACCOUNT  |     |    |    |   | - |
| PARTICULARS Balance Dr. from  | \$      | ¢     | £    | B d             | PARTICULARS Balance Cr. from  | 1 8 | ø  | £  | 8 | _ |
| Allotment 19 days 9 70%. Cash Payments: 18 Pay. Other Debits: Ban. Larages Whis. Slopp. | 1/3     | 30 /  |      | 14 8 10 00 19 4 | Pay /9 days @ \$ / 00  Pield Allcos /9 days @ \$ / 00  Other Allcos days @ \$  Other Oredits: | 119 | 90 | 14 | 5 |   |
| Total Debits Balance due by Paymaster   |         | 1     | 4 3  | 5 11            | Total Credits Balance due to Paymaster  d find it to be a correct extract fi                  |     |    | 14 | 5 |   |

Chief Paymaster & Officer 1/c Records.

| Place  | Date<br>of offence | Rank | Cases of<br>Drunken-<br>ness | Offence                     | Names of Witnesses | Punishment awarded | Date of award or<br>of order dispensing<br>with trial  | Chnract<br>Cyn-<br>By whom awarded | Remarks |
|--------|--------------------|------|------------------------------|-----------------------------|--------------------|--------------------|--|------------------------------------|---------|
| lipan. | 4.x11.17           | Ru.  |                              | about four muskely parket   |                    | 7 Lays CB          | 4. 11.7  | aft Talbet                         | IJ.     |
| fin    | 14-11-17           | pu   |                              | abent-fer muskely herde 11- | o letturner        | 14 days es.        | 17-12-17   | 46 Linking                         | 97      |
| Ripon. | 11-1-18            | 8te  | -2                           | Dirty on 8. A.M. parade     | Soft Smith         | 2 days CB          | No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa |                                    |         |
|        |                    |      |                              |                             |                    |                    |  |                                    |         |
|        |                    |      |                              |                             |                    |                    |  |                                    |         |
|        | -                  |      |                              |                             |                    |                    |  |                                    |         |

| Place        | Date<br>of offence | Rank | Cases of<br>Drunken- | Offence              | Names of Witnesses | Punishment awarded | Date of award or<br>of order dispensing<br>with trial | By whom awarded | Remarks     |
|--------------|--------------------|------|----------------------|----------------------|--------------------|--------------------|---|-----------------|-------------|
| or the field | 21/7/16            | Ptv. |                      | that long Cap badge  | gras mens          | Pay 1/-            |   | Holl Hadow      | Klesserlett |
|              |                    |      |                      | , , ,                |                    | - / /              |   |                 |             |
|              |                    | -    | -                    |                      |                    |                    |   |                 | ->          |
| 181          |                    |      |                      | Invalided to England | 15.11.16.1489      |                    |   |                 |             |
|              |                    |      |                      |                      |                    |                    |   |                 |             |
|              |                    | -    |                      |                      |                    |                    | -   |                 |             |
|              |                    |      |                      |                      |                    |                    |   |                 |             |
|              | -                  |      |                      |                      |                    |                    |   |                 |             |
|              |                    |      |                      |                      |                    |                    |   |                 |             |
|              | 1                  |      | 400                  |                      |                    | Charles and the    |   |                 | [r.r o      |

Got Farner, 5 days C. B. 13-11-17 Cape. Tallet IP.T.O. Harold Stanford, GRAND FALLS.

Dear Sir:

With reference to your letter of May 5th. I beg to advise you that three cheques on account of War Service Gratuity has been forwarded to you, one in March, April and May.

I notice that you state you have not received the one for April. This cheque must secondingly be mislaid somewhere in the mails. If, however, it does not turn up by the end of the month, write again and arrangements will be made to have duplicate issued.

Yours truly,

March 28.1919

#2167 Pte Herold Stenford, P.O.Box #174, Grand Falls.

Dear Sir:Referring to your application I one lose chaque
for seventy delars (370,00), being amount of first
payment due you on account of "mar Service Grataity."

Yours truly.

Captain,

I have Served three years kinus Senenteen days, I presume a will get the three years Gratuity

#### DEPARTMENT OF MILITIA.

11/2

#### WAR SERVICE GRATUITY.

St. John's Newfoundland.

| Declaration required of Officers and men of the Royal Hermoundland   |
|--|
| Regiment, who claims War Service Gratuity under Order-in-Council   |
| deted Jenuary 28th.1919.   |
| A complete reply must be given to every question in this Declaration. There must be no blanks and no dashed. 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  |
| REGORDS, MY & RECORD OFFICE, ST. MOHII'S.  |
| Christien n. ne. Harold 2. Sumare Stanford   |
| 3. Rank. Pte 4. Regtl . Ho. 214.7  |
| 5. Address in full to which future payments of gratuity are to fax be  |
| forwarded. Handle Stanford   |
| Post Box 174 Grand Falls, N.F. L.O   |
| 6.Date of enlistment in the Regiment. Felt 23nd 1916   |
| 7. Home of dependent, if ony, to whom Separation Allowance is being  |
| issued, or was being issued, immediately prior to your discharge   |
| not applicable   |
| s. Fabblicable   |
| 8. Relationship of such dependents NAT. applicable   |
|  |
| 10.1s said dependent, now, or was said dependent at mry time in receipt  |
| of Separation Allowance on account of nother soldier? not applicable   |
| 11. Were you on active service only in Bild. If so , give dates, and martic  |
|  |
| not applicable   |
|  |
| 12. Give total length of time which you served on active service,  |
| vhether in Mild, or Overseas   |
| two years three hundred and justy eight.   |
| days   |
|  |

4-4

| 13. Have you had more than one enlistment? If so, give particulars of  |
|--|
| discharge and re-emlistments, and under what regimental numbers  |
|  |
| not applicable   |
|  |
| 14. Have you clready received any withent of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents       |
| have already received and by whom poid   |
| note applicable  |
|  |
| 15. Have you been assued with a tar service Badge? Me  |
| 16. Have you, during the present war, served in the Imperial Porces M.   |
| 17. Are you entitled to receive, or have you received any Cratuity in  |
| the nature of Bost bischinge Roy from the Imperial Porces? If so,  |
| state amount received, or so which you are entitled  |
| net applicable   |
| 18. Did you revert Overseas to a rank lower than the substantive rank  |
| held by you on your creivel in inglend? A  |
| (b). If so, was such reversion in consequence of misconduct or in-   |
| efficiency? not applicable   |
| 19. Are you now servin in the Regt.? . 20 If not give: (a) Date  |
| of discharge 34. 5. 19.19(b) Reason for itc. 176   |
| medicaly unfit for general Servere   |
|  |
| 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   |
| . Somme and ypres Sectors from July 2. th 1816   |
| to hot It 1916 ares and ypres Sectors  |
| to Art 7th 1916 Arkas and Apres Section  |
| (b).If 80%, are you in receipt of full pay and ellowences from that  |
| comittee I, am . mt, receiving any treatment or  |
| may nake this telemm declaration, conscientionally believing it to be true, and knowing that it is of the same force and effect as if made |
| true, and knowing that it is of the same force and effect as if mane under eath.   |
|  |

-3-

Place of Residence: Stand States N.F.

Declared before no at: Grand Falls

This J day of March 1969

Signature of Barrister of the
Supreme Court, Stipendiary Nagle

trate, Notery Public, Justice of the
Peace, or Comissioner of affidevite.

POST DISCHARGE PAY.

Date paid Paid Paid War Sorvice Hot mount due Gratuity due 350.00

Cortified Correct. Paymenter.

Shand Falls. May 5th 1919. Hometer of Militar Dear Sir: I week to Sugarn you that I have received two checks. for the amount of Seventy Dollars. Each. In was Service Shatuity. Un being for the mouth of mouth the other for. May. The amount for April month. have notto the present date been received. I may also day I have unter regarding Same. But Tao fer have not received any reply. ne reson at form Earliest Conveniences whether this check has been forward to me I. Kave the Ronon to be Sir. four Obedient Servant. 1st ch mailed Mar. 27/19 & Grand Falls

2th ... ... May 1/19 \ may A

Nº 1963



### 1ST NEWFOUNDLAND REGIMENT

### ALLOTMENTS

|  | notification by me, and in similar  Dollars and Ceverus the undermentioned Person and or Person | Cents, per diem, i   | rom my Pay,                  |
|--|---|--|------------------------------|
| of identity of, and pro-   | duction of the relative Identity  | Costificates by the D  | ade on proof                 |
| concerned, viz. :  |   |  | or Persons                   |
| Allotment begins   | march zz  | 1916   |                              |
| Identity<br>Certificate<br>No. Whether Wife, Child,<br>other Relative or<br>Friend | NAME (in full)  | Address  | AMOUNT (each person)         |
|  |   |  |                              |
| 1905 mother  | molaritis 11- 1   | , 6 2  | . 70                         |
| 1.   | mo loilliam Hanfor  | a crava tall   | 1-10                         |
|  |   | · · · · · · · · · · · · · · · · · · ·                        | 1 10                         |
|  |   |  |                              |
|  |   |  |                              |
|  |   |  |                              |
|  |   |  |                              |
|  |   |  |                              |
|  |   |  |                              |
|  |   |  | -                            |
|  |   |  |                              |
|  |   |  |                              |
|  |   | Total Allotment, \$  |                              |
| IOTE.—This form must be consigned by the Officer required payments of              | ompleted by the Officer Commanding Co<br>Commanding Company and handed to<br>a application.     | ompany, signed by the Volunt<br>o the Paymaster as authority | eer, counter.<br>to make the |
| Sig. Fred G. a   | · Ruped   |  |                              |
|  | 2 Lient 100   | Horold Stant   | m of                         |
| Von  | icer Commanding   | No of the land   | 200-                         |
|  | Company (Renk)  | Janate   | 0.000                        |
| 1.1.0.0  | (Kank)  |  |                              |

M. E. (2) Form N.F. 1915



This Form is to be used in connection with Pamph,  $\frac{M. k. (1)}{N.F. 1915}$ 

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

7

| Date:  | 18          | conducted at Grand Falls |
|--------|-------------|--------------------------|
| NO. OF | Feb 18/14   | Recruiting officer       |
| TEST   | 1-1-1-1     | FINDING Recommend        |
| 1      | no deject   |                          |
| 2      | 100         |                          |
| 3      | 1           |                          |
| 4      |             |                          |
| 5      | "           |                          |
| 6      |             |                          |
| 7      | 1           |                          |
| 8      |             |                          |
| 9      |             |                          |
| 10     | *           |                          |
| 11     | 11. 15      | ha.                      |
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| 13     | no defect   | 0                        |
| 14     | * 1         |                          |
| 15     |             | 2167                     |
| 16     |             | 2''                      |
| 17     |             |                          |
| 18     |             |                          |
| 19     | 6/6.        | bot.                     |
| 20     |             |                          |
| 21     |             |                          |
| 22     |             |                          |
| 23     |             |                          |
| 24     |             |                          |
| 25     | 76.         |                          |
| 26     |             |                          |
| 27     |             |                          |
| 28     |             |                          |
| 29     | *           |                          |
| 30     |             |                          |
| 11     | "           |                          |
| 2      | "           |                          |
| 3      | 5.          |                          |
| 4      | 5" 5"2"     | L- ,-1,                  |
| 5      |             | 5-5/2                    |
| 6      | 128         | 115 lbs. Now of Swis,    |
| 7      | 332         |                          |
| 8      | 1.259 per d | ay )                     |
| 9      | nother      |                          |
|        | tovouy      | MBChambelain             |

Grand falls april 26/19 To Secretary Board of Bensions Dear Sin I have not received my quantity woney for april month get I when he have her hery Pleased if you will look this matter up, yours faithfully Howld Stayford 7 167 Particular passed 30.4.19 WIT. Washing gul mailes to Grallo apr 2/1919 1

2167 hand Laces May 12th 1919. Jo. Vaymaster. Milita Building St Johns.

Dear Sir:

yours of May 6 ! to hand with resource to the cheek of April Month for war. Survei Gratuity: I regret to Sujoin you That the above Maintioned cheeks have to the present date been received by Mac: I have received two cleeks for the amount of \$7000 Each. One being for Moarch Mounth. The other for May. The amount for April Month Still remains

I zear that this check. have by some means been Moislaid or other ways have your askay, I should be greatly obliged of jurker Inquire Could be made So as to local Same as Soon as

proscher.

Home Very Freely, Roseros Stanford,

Grand Falls
8.3.19

Lo Paynaster Royal N.F.L.D Regt.

Dear Sir.

Staving been told a must apply for a form to fill for my gratuity. I herewith make application for Some.

I have the borrow to be Sir you obtaint Servant

Hardd Stauford

PG Box 194

# Medical Report on an Invalid.

### Station Haseley Down Comp.

# Date Mev. 30th. 1918.

## 1. Unit Royal Rewfoundland

- 2. Regimental No. 2167
- 3. Rank Pte
- 4. Name Stanford
- 5. Age last birthday
- 6. Enlisted on

#### 7. Former Trade ! or Occupation )

- 7a. If with previous service in Army, state-
  - (a) Former Unit:
  - (b) Regimental No. :
  - (e) 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.Right Shoulder.

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the ease. In answering them he will earefully 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 renerval disease.

- 9. Date of origin of disability,
- 10. Place of origin of disability.

- 12. Give your opinion as to the causation of the disability, stating whether in your
  - (a) attributable to or aggravated by Yes service during the present war, service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during
  - (c) attributable to or aggravated by want of proper care on the man's part, eq, intemperance, misconduct, &c.

| 10. | What is his present condition? Scar ove   | er sponte    | er pesterie           | rly, not painful,                            |
|-----|---|--------------|-----------------------|--|
|     | Weight should be given in all cases when Ri<br>it is likely to afford evidence of the Ri<br>progress of the disability.   | ight arm     | at shoulder weakened. | free. Strength en                            |
|     |   |              |                       |  |
| 14. | If the disability is an injury, was it caused—  |              |                       |  |
|     | (a) In action?  |              |                       |  |
|     | (b) On field service?   |              |                       |  |
|     | (e) On duty?  |              |                       |  |
|     | (d) Off duty?   |              |                       |  |
|     |   |              |                       |  |
| 15. | Was a Court of Inquiry held on the injury?  |              |                       |  |
|     | If so—(a) When?   |              |                       |  |
|     | (b) Where?  |              |                       |  |
|     | (c) Opinion?  |              |                       |  |
|     |   |              |                       |  |
| 16  | Was an operation performed? If so,  |              |                       |  |
|     | what?   |              |                       |  |
|     |   |              |                       |  |
| 17. | If not, was an operation advised and declined?  |              |                       |  |
|     |   |              |                       |  |
| 18. | In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable   |              |                       |  |
|     | to active service?  |              |                       | 4  |
| 19. | Give particulars of any other disabilities<br>existing, but not in themselves sufficient<br>to cause invaliding, and state whether<br>they are attributable to or have been<br>aggravated by service during the present |              |                       |  |
|     | war.  |              |                       |  |
|     |   |              |                       |  |
|     |   | 1            |                       |  |
|     |   |              |                       |  |
|     |   |              |                       |  |
|     |   |              |                       |  |
|     |   |              |                       |  |
|     |   |              |                       |  |
|     |   |              |                       |  |
|     |   |              |                       |  |
| 20. | (a) Discharge as permanently unfit, or<br>(b) Change to England?  | Renatri      | ation.(2)             |  |
|     | (7) Change to Digano !  |              |                       |  |
|     |   |              |                       |  |
|     |   | J. St.       |                       | Capt. NFLD. Regt.<br>medical charge of case. |
|     |   |              |                       |  |
|     | I have satisfied myself of the g  | eneral accur | acy of this repo      | ert, and concur therewit                     |
| exe | ept†  |              |                       |  |
|     | 7.1   |              |                       |  |

\*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 would in oexisylations are to be made.

Date.

Officer in charge of Hospital.

### Opinion of the Medical Board

Norsa.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Beard the host reliable information to enable him to decide upon the man's claim to pension.

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

(iii.) The rates of pension vary directly according to whether the disability is, (s) caused or appropriated by service in the present war, (a) due to causes not connected with present war, viz. (1) earlier active service, (2) elimatic 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.
(iv.) A disability is to be regarded as due to climate when it is enamed by multiury service shroud in climates.

(v.) A disability is to be regarded as doe'to climate when it is caused by military serrice abroad in climates where there is a special liability to contract the disease. G.S.W.Shoulder Right Has also scar over ellow-no disability. Has full movement of shoulder.

attributable to

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, eg., 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?

 What is the degree of disablement at which, in the Board's opinion, be should be assessed for pension purposes at present? Degrees of disablement should be ex-pressed 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 orthopædic 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 recom-mended.

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

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

N.S. Fraser. President. J.Sinclair Tait. Members. L.Paterson. Major.

Signatures :-

AEWFOUNDLAND

St. John's Station

Jan 14th. 19. Date

Approved Station/ JAN 14 1919 Date\_

(Sgd) Cluny Macpherson. Major. Administrative Medical Officer.

No.

Yes.

G.S.W.

20% 6 months.

Yes.

| The Royal Newfoundland Regiment   |
|---|
| PROCEEDINGS ON DISCHARGE  |
| I. No. 2167 Rank Pte Name H. Stanford Intended place of residence. Grend Falls  |
| 2. Occupation   |
| Classification of soldier   |
| 3. The above named man is discharged in consequence of DEMOBILIZATION.  |
| ELIGIBLE FOR POST DISCHANGE PAY   |
| <ol> <li>His accounts are correctly balanced and I have impartially inquired into all matters brought before me,<br/>accordance with Regulations.</li> </ol>  |
| Place S.T. JOHN'S (sgnd) C. C. Duley, Capt.  Date Jan, 20, 1919 for Comanding Discharge Depot The Royal NewYoundland 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 a just demands up to the present date, and hereby release the Discharge Depot, Royal Newtoundland Regimer of all financial responsibility in my connection. |
| Place and date S.T. JOHN'S. (sgnd) H. Stanford  |
|   |
| 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. (sgnd) H. Stanford Signature of soldier  |
| Jan. 20, 1919 " J. Daymond, Sgt. Signature of witness   |
| STATEMENT OF SERVICE  |
| 7. Enlisted for service 18-2-16 No of days on Militar   |
| Discharged from service. 22-1-19 plus 14 days Service 1084  |
| APPROVAL OF DISCHARGE   |
| <ol><li>The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ijc Record<br/>The Royal Newfoundland Regiment, twenty-eight days from date.</li></ol>   |
| Place Eq. (agnd) R. H. Tait, Capt.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.   |
| Date Jan. 22, 1919  |
| CONFIRMATION OF DISCHARGE   |
| 9. The discharge of above mentioned soldier is hereby confirmed.  |
| Place   |
| Date Officer ijc Records The Royal Newfoundland Regiment  |



Reg. No. 2/60 Rank Ate Attested ..... Address. Allotment..... Allottee uc from 21-12-18

| Army For    | m B. 103.          |  |  |                   |  |
|-------------|--------------------|--|--|-------------------|--|
|             | 1                  | Casualty Form-Activ  | re Service.                            | ~                 | D/404  |
| Regiment    | gr Corps/          | reinfoundland key  | A Regim                                | ental Num         | ex. 7/6  |
| Rank        | Surnam             | e Ottanford Chr  | istian Name                            | 14.               |  |
| Religion_   | meth               |  | nlistment/                             | 8 years           | 4 months.  |
| Enlisted (  | Reb. 23/16         | Terms of Service (a) duration of   | Service reckor                         | s from (a)        | THE LEWIS CO.  |
| Date of pro | omotion to present |  | appointment to lar                     | 7.0               | 16 11 CHA 2 TO 1   |
| Extended    | }                  | Re-engaged [   | Qualification (b)<br>r Corps Trade and | ( E               | MOA 3 1 1870.7   |
|             |                    |  |  |                   | i/c Records.   |
|             | Report             | Record of promotions, reductions, transfers, casualt de., during active service, as reported on Army Fe B. 213, Army Form A. 36, or in other official documents  | ies,                                   | Date of           | Remarks<br>Taken from Army Form                            |
| Date        | From whom received | B. 213, Army Form A. 36, or in other official documes.  The authority to be quoted in each case.   | Place of Casualty                      | Casualty          | B. 213, Army Form A. 36,<br>or other official<br>documents |
|             | 88 7 a.            | Embarked Disembarked Disembark |  | 21 JUI<br>6-11-16 | 19160 562  |
| As.         | for mosta          | Invalided to Engles de Seport Influence  | d see 3 ga Ho                          | 1. 15/11/1        | 6 W 5083   |
| 1           |                    |  | the Buch of                            |                   | CAPTAIN.   |
| Lex.        |                    |  |  | Headquarters,     |  |

(q) 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, (p) Signaller, Shooting-smith, &c. [P.T.O. Option Wilson-Lay J.P.E.O. Ltd. Form/Bist.

| 5                                       |                      |   |                   | mental N         | umber 2/6  |
|---|----------------------|---|-------------------|------------------|--|
| 割一。                                     |                      | Casualty Form-Active S  |                   |                  | 1.   |
| 16                                      |                      | iment or Corps ! tew founde   |                   | Á:               | 251  |
|   | water Surnam         | 11  |                   | Harr             | 4/2  |
|   | Methodist            | Age on Enl  | istment           | years            | mont   |
|   | a) I Johns 1         | Terms of Service (aluration of wa   | Service recke     | ns from (        | a) February 2  |
| Date of pro                             | ométion to present r | ank Date of app   | ointment to lane  | e rank           | 0 '  |
| Extended-                               |                      | -engaged Qualification  | on (b)            |                  |  |
|   |                      |   | Trade and Rate.   |                  |  |
| Occupation                              | Rachinist            |   |                   |                  | gnature of Offic   |
| 111111111111111111111111111111111111111 | Report               |   |                   |                  | thature of Ome   |
| Date                                    | From whom received   | Record of promotions, reductions, transfers, casualties, de., during active service, as resoured on Army Form B.213, Army Form A.26, 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 |
|   |                      | Embarked A  | land ton          | 25.3.)           | 7  |
|   |                      | Disembarked   | Romer             | 26.4.1           | 7  |
|   |                      | Joined Battalion  | 184               | PR 1917          | B 213  |
| 18.6.17                                 | OC. Unit             | Wounded in Action   | 16,               | UG 1917          | B 2 15   |
| 198.17                                  | 4 6.1.8              | Ad. Glw. Shoulder   |                   | 12.8.17          | 200000   |
| 30.8.17                                 | 26 5 Hosp.           | Ad sew & Showever   | Etable            | 12019            | KA 13048   |
| 12.9.17                                 |                      | S.A) Ad. Do   | Roven             | 4-1              | Ha 124 2   |
| 1/                                      | 100                  | Invalided to Enfan  | ,                 | 3.8.17           | 14.107-20  |
|   | 1                    | · comprised to congress   |                   | 79.67            | W3083  |
|   |                      |   |                   |                  | 120  |
|   |                      |   | ·eac              |                  | 7  |
|   |                      |   |                   |                  | San Intention State  |
|   |                      |   |                   | E 150 Test       | man mapped Som   |

<sup>(</sup>a) In the case of a man who has rejengaged for, or sulisted into Section D. Army Reserve, particulars of such re-engagement or collistment will be entered. (b) Signaller, Shoeing-Smith, &p. (6228) W.13861/M1477 2.400.000 1/17 McA & W Ltd Forms B./103/4 (E. 886)

Squadron, Troop, Battery and Company Conduct Sheet. Army Form B. 121. V. P. Griffith & Sons Ltd., Printers, Old Balley, E.C. lew found laux legt [6:6] W:017/2124 1000m 6/15m 93 50 Good Condust Badges, Service Pay or Proficiency Pay of Enlistment) moth Joined Place of Birth Joined Period of Chair toor Will Cases of Drunks Date of OFFENCE Names of award or of order dispensing with trial Place Rank Punishment awarded By whom awarded REMARKS Offence Witnesses late for 7. 15 a. m. Pande Cop. E tollie 3 days C.B. sign Lint B. to agra Absent from 9.15 parase Coff E. Ellie 3 days C.B. 5. b. 1 Magis lo. J. Ren deep 5.6-16 Major W. F. Rendea To be carried over

Squadron, Troop, Battery and Company Conduct Sheet. Army Form B. 121. Regiment of 27th Bath Royal newfoundland Significand O. C. Company Regimental Number and Name Enlistment Good Conduct Badges, Service Pay or Proficiency Pay Stanford H Age on Date of Place OFFENCE Punishment awarded By whom awarded REMARKS Repou 4-12-14. Pte about frumwaketry parade Sqt. Coleman 7 days C.O. 4.12.7 Capt Talkot F44.8. P.4.a.R. Phan.

To be earried ove

Dorpits 2 19 2.



# The Royal Newfoundland Regiment

2164 Ho DEMOBILIZATION OF A Stanford

| Reg. No                       | Name // //                                       |
|-------------------------------|--|
| Date of Enlistment.           | 1-2-16 Address B Falls District Turllings        |
|                               | Classification for Discharge D Medical Category  |
| Je Je                         | emanenty Unf Disability Rating 20% for 6 Month   |
|                               |  |
| Passed to Demobilization Offi | cer with following documents:-                   |
| eul II                        | The Act OF 1                                     |
|                               | B 121 N.F. Med D.F. 1 B 122 3. Board 1st " 2     |
|                               | / B 1915 do 2nd " 3 3.                           |
|                               | Form L do 3rd " 4                                |
| B 179 D 400B                  | Porm K do 4th " 5                                |
| В 1796 В 103                  | ME 2 " 6   |
| В 179с В 120                  |  |
|                               | 111  |
| 2.                            | Althory Capt.                                    |
| Date 20-1-                    | Ø. C. Discharge Depot.                           |
|                               | 7/-  |
|                               | PARTICULARS FOR DEMOBILIZATION                   |
| I. Civil Re-Establishment.    |  |
|                               | in a position to resume civilian occupation.     |
|                               | 4 Stanford                                       |
|                               | A Slayou.  |
|                               | A Cartan Land                                    |
| Particulars passed t          | o Vocational Officer for information and action. |
|                               |  |
| Date                          |  |
|                               |  |
| 2. Clothing.                  |  |
|                               | hing Regulations have been complied with:-       |
| (a) Clothin                   | g Allowance payable \$ 60.00                     |
|                               | g Allowance payable. Double A throw fair         |
|                               |  |
| Date. 20 - 1-1                | 9 Oilc. Re-clothing.                             |
| Date. F.7.7                   |  |

| 3. Transportation and Release Certificate.   |
|--|
| The above named has been provided with Travelling Warrant No. 9 4 to his home                  |
| at   |
| 1018.10.   |
| Date 20-1-19 CANTOCANO CAN   |
| 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 5-2-19                                |
|  |
| Date 16-1-19. Antaley Capt   |
| Depot Paymaster.   |
| Discharge approved for 22.1.19   |
| Forwarded with following documents to O.C Discharge Depot.                                     |
| N.F. PGS   |
| 5 178. W 3494 B 122 3 Board 1st. " 2 // John C   |
| B 178a   |
| B 179 D 400B Form L do 3rd " 4   |
| B 179a D 400C Form K do 4th "- 5   |
| B 179b B 103 ME 2 " 6  |
| B 179c B 120 M 93  |
|  |
| Date 22-1:19 LANGELL   |
| —— Demobilization Officer.   |
|  |
| APPROVED.  |
| Documents as above forwarded to:-  |
| Officer ijc Records. Board of Pension Commissioners.   |
| with following additional documents.   |
| ELICIPLE C POST DISQUIDGE DAY  |
| ELICIBLE for POST DISCHARGE PAN  |
| JAN 2 2 1919   |
| Date Date  |

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

Janey 73/1

O. C. Discharge Depot.