

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3196 Rank Serjt Name W<sup>r</sup> B Luffin  
 Intended place of residence. Herring Neck Lewis
2. Occupation Cook  
 Classification of soldier B Medical Category C
3. The above named man is discharged in consequence of... **DEMOBILIZATION**.....

**Eligible for War Service Gratuity**

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

Place .....  
 Date MAR 12 1919 ..... *H. Mews Serjt*  
 for Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S.....  
12. 3. 19.....

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT.  
*W. Luffin*  
 Signature of soldier  
*Asst. Qtr. Capt*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S.....  
12. 3. 19.....

*W. Luffin*  
 Signature of soldier  
*T. J. Danahy*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 11. 11. 16..... No of days on Military  
 Discharged from service 16. 3. 19 plus 14 days..... Service 850 days

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.....  
MAR 16 1919.....

*R. H. Lait Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place Asst. Qtr. Mfr.....  
March 30 1919.....

*W. Howley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*H. B. 2019/619*

30  
31  
32  
33  
34  
35

3196



# FIRST NEWFOUNDLAND REGIMENT

*Watts.*

## ATTESTATION OF.

No. 3196 Name William Bennett Guffin Corps .....

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... William Bennett Guffin
2. What is your full Address? ..... } Herring Neck, N.S.B.
3. Are you a British Subject? ..... } Yes.
4. What is your age? ..... } 21 Years 2 Months
5. What is your Trade or Calling? ..... } Buy Goods Clerk
6. Are you Married? ..... } No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... } No
8. Are you willing to be vaccinated or re-vaccinated? ..... } Yes.
9. Are you willing to be enlisted for General Service? ..... } Yes.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } Yes.

I, William Bennett Guffin, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Wm Bennett Guffin SIGNATURE OF RECRUIT.  
Chas. A. Ayle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been given as replied to and the said recruit has made and signed the declaration, and taken the oath before me at St. Johns on this 1st day of November, 1916.

Signature of Attesting Officer Chas. A. Ayle

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1916 }  
Place..... } 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.

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



## Casualty Form—Active Service.

Regiment or Corps NewfoundlandRank 1/c Surname Steffen Christian Name William BernardReligion Methodist Age on Enlistment 21 years 2 monthsEnlisted (a) 1.11.16 Terms of Service (a) Duration Service reckons from (a) 1.11.16

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

Extended ( ) Re-engaged ( ) Qualification (b) .....  
or Corps Trade and Rate .....Occupation Clerk Signature of Officer W. J. ...

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked	<u>Southampton</u>	<u>2-12-17</u>	
		Disembarked	<u>Rever</u>	<u>4-11-17</u>	
<u>29<sup>th</sup> 7/18</u>	<u>06 Ser</u>	<u>Wounded in action</u>	<u>Field</u>	<u>1-12-17</u>	<u>5-23</u>
<u>21-1-18</u>	<u>7-4</u>	<u>Wounded in action</u>	<u>Field</u>	<u>20-1-18</u>	<u>B.213</u>
	<u>24 Gen M/</u>	<u>AD G.W. Check (M) on</u>	<u>64 CES</u>	<u>21-1-18</u>	<u>W 3034</u>
	<u>107 FA</u>	<u>AD G.W. Check trans</u>	<u>64 CES</u>	<u>20-1-18</u>	<u>606752</u>
	<u>D. G. B. W.</u>	<u>Joined Base Depot</u>	<u>Rever</u>	<u>9-2-18</u>	<u>Rever 10/18</u>
	<u>D.</u>	<u>3 Medical Board</u>	<u>"</u>	<u>12-2-18</u>	<u>Rever 10/18</u>
	<u>Opdun</u>	<u>Reported unfit</u>	<u>Field</u>	<u>20 F</u>	<u>1918 B.213 27/18</u>
<u>14/4/18</u>	<u>57 FA</u>	<u>AD 7/4/18 to Shaver dis to duty</u>		<u>7/4/18</u>	<u>60164</u>
	<u>64 CES</u>	<u>AD Shaver</u>		<u>13/4/18</u>	<u>60409 13/18</u>
		<u>Wounded in Action</u>			<u>B.213 27/18</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smiths, &amp;c.

(6228) W. 11863/M1477 2,400,000 1/17 McA &amp; W Ltd Forms B/1024 (E, 888)

P.T.O.





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

# MEDICAL HISTORY

OF

Surname Duffin Christian Name William B.

Table I.—GENERAL TABLE.



Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>1</u> day of <u>Nov</u> 191 <u>6</u>		on	day of 191
	at <u>St John's N.Z.</u>		at	
Declared Age	<u>21</u> years <u>2</u> months		years	days
Trade or Occupation	<u>Dry Goods clerk</u>			
Height	<u>5</u> feet <u>7</u> inches		feet	inches
Weight	<u>127</u> lbs.		lbs.	lbs.
Chest Measurement	Grith when fully expanded ... <u>38 1/2</u> inches			inches
	Range of Expansion ... <u>4 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamont Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's N.Z.</u>		at	
	on <u>1</u> day of <u>Nov</u> 191 <u>6</u>		on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Newfoundland Regt. 3196</u>			
Transferred to	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature of treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
1. Gen. Hosp. BEECH HOUSE HOSPITAL	19	4	18	1	5	18	Bullet W. R. Shoulder Fracture	12 29	W.S. healed, Red-12-4-18 Movements now normal. No disability	K.M.B. A. Archibald
2. LONDON C. HOSPITAL WANDSWORTH	30	5	18	30	5	18	"	-	discharged to furbergh	G.C. Hall Capt. Genl

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

Date	Brief Details, and Signature
7-11-16	SP
14-11-16	T.A.B. SP
15-12-16	S SP
29-12-16	vac. SP
8/1/19	Recommended Reformation
	<p><i>W. Sobey, M.O.</i>  <small>REG. 1</small>  <small>ROYAL NEWFOUNDLAND REG.</small></p>
	<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></p>
	<p>27.2.19  <small>Date of S.M.B.</small>  <i>J. W. [Signature]</i>  <small>Assistant Adjutant</small>  <small>Discharge Depot-Newfoundland</small></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<p><i>H. H. Horrigel</i>  <i>Windsor</i></p>	31-1-17	3-2-17			
	3-2-17				



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

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

Examination of William B. Luffin  
aged 21 years conducted at W. B.  
Date: Dec 1 1916 Recruiting Officer:

NO OF TEST	FINDING
------------	---------

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 no
- 8 no
- 9 no no
- 10 n
- 11 n
- 12 n
- 13 No get top flat.
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 Get 46 lb.
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

3196

5-7 1/2  
12 7/8  
34 38 1/2  
St. 250 lbs per  
John Luffin

John Luffin Recruiting Officer  
W. B. Luffin

Subject no 15



No. This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## 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. *Royal Norfolk Regiment*.....
2. Regt. No. *3190* 3. Rank. *Sgt*.....
4. Name *T. V. FFIN*.....
- (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
- in category (or grade).....
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regt. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. 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 relevant official documents.
- 1st incl. by 8.4 Fall near over left malar not attached.  
2nd incl. T + T B.W. right shoulder healed.*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war                      | .....               | .....             |
| (ii.) Previous active service                            | .....               | .....             |
| (iii.) Climate in pre-war service                        | .....               | .....             |
| (iv.) Ordinary military service before the war           | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *Complains of good deal watery*  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) 1st nod. 2nd nod. movement to full & free complains no disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
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 aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatentment?*  
*Produce in O.*

ROYAL NEWFOUNDLAND REG.

Station *Hayes Barracks*  
 Date *8 JAN 1919*

Medical Officer in charge of case.

\* 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

**OPINION OF THE MEDICAL BOARD.**

**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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in 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.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

*G.S.W. left face & right shoulder  
Scar over malar bone tender. Complaints of  
watery eye. Wound of shoulder healed  
no disability*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war .. .. .

(ii.) Previous active service.. .. .

(iii.) Climate in pre-war service .. .. .

(iv.) Ordinary military service before the war .. .. .

(v.) Serious negligence or misconduct on the part of the soldier .. .. .

Give details:

.....	<i>yes</i>	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	<i>no</i>	.....

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

*G.S.W.* .. .. .

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

less than 5%

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

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

Date *Feb 27 1919* .....

Station *Director of Medical Services* .....

Date *FEB 27 1919* .....

Station *No. 101 A.M.D.* .....

Date .....

Station .....

Date .....

President or Chairman.

Members.

Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *Director of Medical Services* .....

Discharge Approved under Para. 392 ( ) King's Regulations.

or Transfer Approved to Class of the Reserve.  
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T).)

Station .....

Date .....

O.C. Discharge Centre.

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## 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. *Royal Newfoundland* } Former Trade }  
 or Occupation }
2. Regtl. No. *2196* 3. Rank. *Serjt* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *T. UFFIN*  
 (Surname) (Christian Names)
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;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability,  
 12. Place of origin of disability.  
 13. 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 relevant official documents.

*1st wound to face  
 scar over left eye  
 healed not attached. 2nd wound to  
 bullet wound right shoulder  
 healed*



14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war                      | Yes                 |                   |
| (ii.) Previous active service                            | No                  |                   |
| (iii.) Climate in pre-war service                        | No                  |                   |
| (iv.) Ordinary military service before the war           | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. | No                  |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *Gen. A.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report 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?

*Complains good deal of watering left eye, as result of wound.*

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*gfd. movements at shoulder full and free. Complains of no disability.*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
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 aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Reputation*

*W. H. M. O.*

ROYAL NEWFOUNDLAND REG.

Station *WESLEY DOWN CAMP*

Medical Officer in charge of case.

Date *18 JAN 1919*

\* 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

2196  
Suffin  
Recpt. A.P. 64 recd. Aug 1/20

Sunny Side  
of Beck  
Aug 1/20

Dear Sir:-

Please find enclosed  
Recpt for A.P. 64. computed.

I would also ask you what  
about my discharge badge, I made  
enquiry about it through the Secty  
G.W.A., & he said that he made an  
interview at the Militia Dept & that  
it was being ordered at his request.

It is several months now since I  
made the enquiry, but no sign  
of the badge, Hoping to hear  
from you concerning this matter

I remain

Yours Truly

W. B. Suffin

14240

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name *Williams* 2. Surname *Suffin*

3. Rank *Sgt* 4. Regt. No. *3196*

5. Address in full to which future payments of gratuity are to be forwarded. *Herring Neck N.S. Bay*

6. Date of enlistment in the Regiment. *11-11-16*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*

8. Relationship of such dependents. *None*

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Hfld. If so, give dates, and particulars of such service. *No*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *2 yrs 2 months*

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

*no*

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

*no*

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

*no*

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

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

*no*

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

*no*

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

*no*

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge. *16-3-19*..... (b) Reason for discharge.....

*Discharged on demobilisation*

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....

*Yes, Passendale & Arras April 1918. France December 1917 to April 1918.*

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

(b). If (a), are you in receipt of full pay and allowances from that Committee?..... (a) *no*..... (b) *no*.....

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

Signature of Applicant: *W. Luffin*  
 Place of Residence: *Herring Hill, N.Y. Bay*  
 Declared before me at: *Saint John's*  
 This *15th* day of *March* 1919.

*John Faveland*  
 Barrister at Law  
 &  
 Notary Public

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due	
.....	.....	.....	..... <i>5.00</i> .....	..... <i>3.50</i> .....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified Correct.				Registrar.	





April 5th., 1919

#3196 Sergt. William Tuffin,

Herring Neck, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque  
for Seventy dollars (\$70.00), being amount of first payment due  
you on account of the "War Service Gratuity."

Yours truly,

Paymaster & U.I./R Records  
Captain.



## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *William Suffin*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3196*

Intended address *St. John's*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *John*

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 *St. John's 28-8-1896*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*William Suffin* *Serjt.*

(Rank)

Station **ST. JOHN'S.**

Date *26-2-19*

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

Medical Officer i/c Hospital  
Unit, or Command Depot

Station

Date





## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *William Siffin*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3196*

Intended address *St. John's*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *John*

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 *St. John's 28-8-1896*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*William Siffin* *Serjt.*

(Rank)

Station **ST. JOHN'S.**

Date *26-2-19*

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

Medical Officer i/c Hospital  
Unit, or Command Depot

Station

Date



## Civil Re-establishment Committee



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

To resume previous occupation  
(clear)

W. Luffin

Signature of Man.

Reg. No.

3196

C. M. Dukakis

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

191



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 196 Rank Private Name Wuffin William B  
 Date of Enlistment 11.1.16 Address Hampton Park, Wellington  
 Occupation Clerk Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. Physically fit Disability Rating less than 5%  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1		
B 178	W 3494	B 122	Board 1st	" 2		
B 178a	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				

Date 12-3-19
 H News Jr  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*W Wuffin*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00(b) Clothing Supplied Joseph H. SnowdonDate 12-3-19

O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant-No. R 72979234 to his home  
at Benny New and Release Certificate No. 1293 issued.

Date 12-3-19 *ASDicks Capt*  
Demobilization Officer

## 4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
therewith settled. He has received pay and allowances to 30-3-19

Date 12-3-19 *H. Mews Lt*  
Depot Paymaster.

IN RESPECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 16.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	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			

Date 12.3.19 *ASDicks Capt*  
Demobilization Officer

## APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

MAR 16 1919

Date 12.3.19 *R.H. Sait Capt*  
O. C. Discharge Depot.

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

Date .....

March 31, 1919

#3196 Sergt. William K. Tuffin,

Herring Neck.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1613."

Yours truly,

Captain,  
Paymaster & O.i/c Records



*Trans*  
15053 *Exp*

March 26th, 1919

Department of Militia

The sum of Fifteen Dollars \$15.00 is due  
Mr John Oundre Herring Neck for driving 3196 Sergt. W. TUFFIN  
to his home.

Voucher Attached.

*OK \$15.00*

*31-3-19. C. B. Duke*

Demobilization Office  
Discharge Depot - New Orleans

No. *9* 239

TRAVELLING WARRANT

Date

*12-3-19*

The Royal Newfoundland Regiment

*of Saffin*

*Annual*

*Mr John Aundre*

*\$15.00*

Please issue 1st Class Passage and Meals for

No.

*3196*

Rank

*Ept*

Name

*Saffin*

From

*Leavesports*  
**ST. JOHN'S**

To

*Herby Ness*

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*C. S. Duke*

SIGNATURE OF ISSUING OFFICER.

Lybeck  
Mar 18/19

Capt Deeks  
Empire Barracks  
St Johns

Dear Sir:-

Please find enclosed Order for  
expenses of Draining Stg Suffins from  
Lewis pote to Hermybeck £15.00

Yours truly  
John Underhill

15/19

April 8th.1919.

Mr. John Cundre,

Herring Neck,

Notre Dame Bay.

Dear Sir,-

I beg to enclose herewith cheque for \$15.00, being  
the amount due you for driving Sgt. Tuffin from Lewisporte  
to Herring Neck.

Yours faithfully,

Capt. & Paymaster.



No. 19853/2239

0657645



NEWFOUNDLAND CONTINGENT

From:

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

To:

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

5th December 1918

Dec. 6 1918.

Subject: 3196, A/Sgt. W. Triffin

Receipt hereunder.

With reference to the following telegram (10464) from the Hon. Minister of Militia, received

*Claren*

LIEUT. COLONEL

COMMANDING OFFICER ROYAL NEWFOUNDLAND REGIMENT

Pay to 3196 Triffin 315:0:0

Received the sum of Fifteen  
Pounds (£ 15.0.0) on account of  
cable remittance from Newfoundland.

Draft of 15:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Suffin - W.

*A. O. Minnett Maj.*

Chief Paymaster & O. i/c Records.

No. 3196 Rank A/Sgt.

Witness C. H. Kelly



No. 13774/1400

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,

2/Bn. R. Newfoundland Regt.  
Winchester.

30th, August

1918

Subject: 3196, Corp. W.B. Tuffin #

With reference to the following telegram ( 7676 ) from the Hon. Minister of Militia, received

"Pay to 3196 Tuffin £10. 0. 0

Draft £ 10. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*H. A. Munnick Maj.*  
Chief Paymaster & O. i/c Records.

Sept 2 1918

Receipt hereunder.

*Ok*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.      Batt'n  
Royal Newfoundland Regiment

Received the sum of Ten.

Pounds on account of  
cable remittance from Newfoundland.

Tuffin W  
No. 3196 Rank epl

Witness. *J. R. Hopkins. 6-2 mds*

TO, ~~7~~ The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:- Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
3196	l/c	Duffin	\$ 2.50	W. J

I have the honour to be, Sir,  
~~Very truly yours,~~  
Your obedient servant.

Date 12. 7. 18

W. Duffin

8109/10

2st London Gen. Hospital,  
Camberwell.

23rd May 8

3196, L/Opl. W.B.Tuffin,

4648

Pay to 3196 Tuffin £10:0:0

*No. Receipt*





19853/2239

2/Bn Royal Wfld. Regt.  
Winchester.

5th December 8

3196, A/Sgt. W. Triffin

✓  
10464

Pay to 3196 Triffin £16:0:0

15:0:0

*Paid*



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

*Duplicate*  
*Meth.*

No. *3196*

Name *William Bennett Yuffin* Corps

Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <i>William Bennett Yuffin</i>   |
| 2. What is your full Address? .....  | 2. <i>Stening Beck, N.B.</i>       |
| 3. Are you a British Subject? .....  | 3. <i>Yes</i>                      |
| 4. What is your age? .....   | 4. <i>21</i> Years <i>2</i> Months |
| 5. What is your Trade or Calling? .....  | 5. <i>Byg Goods Clerk</i>          |
| 6. Are you Married? .....  | 6. <i>No</i>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>No</i>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>Yes</i>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>Yes</i>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                   |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <i>Yes</i>                     |

I, *William Bennett Yuffin*, 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.

*Wm Bennett Yuffin* SIGNATURE OF RECRUIT.  
*Chas H. Aye* Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St. John's* on this *1st* day of *November*, 191*6*.

Signature of Attesting Officer *Chas H. Aye Opt*

CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191.....

Place..... } Approving Officer.

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

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







# The Royal Newfoundland Regiment

# 9396

## DEMobilIZATION OF

Reg. No. 9396 Rank Sergeant Name Luffin, William B.  
 Date of Enlistment 1. 11. 14 Address Stearns Road, District Hamilton, Ont.  
 Occupation Clerk Classification for Discharge 1B Medical Category 1B  
 Recommendation S.M.B. Physically fit Disability Rating Less than 5%  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	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		

Date 12-25-19

H. News Jr.  
 O. C. Discharge Depot.

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment.

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

W. Luffin

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Joseph ...

12-3-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1293* to his home at *Army Hill* and Release Certificate No. *1293* issued.

Date *12-3-19*

*Edwards Capt*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *30* and *3* matters in connection

Date *12-3-19*  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

*H. M. H.*  
Depot Paymaster.

Discharge approved for *16 3 19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *12 3 19*

*Edwards Capt*  
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAR 10 1919*

*R.H. Sait Capt.*  
O. C. Discharge Depot.

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

*James H. H.*  
*Brooklands*

EXTRACT FROM STATEMENT OF A/C TO 31-1-19  
FROM PAY & RECORD OFFICE LONDON

3196 A/Sgt. Tuffin, W.B. Dr. Bal. £1-3-9

This is transferred to Pay Office from 263319

Reg. No. 3196. Rank 1st Lt. Name Tuffin. W.B.  
Attested ..... Address Herring Tech. U.S.A.  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 4-7-19.  
Returned on S.S. .... Cause Discharge

27-2-19 Lee - Dis - from the Army.

12.3.19.

PASSED TO DEMOBILIZATION OFFICER

16.3.19

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 3196

Extract of Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated April 1st 1919.

---

The Discharge of the undernoted on Demobilization  
has been CONFIRMED by Officer i/c Records from  
noted date.

3196 Sgt. William Tuffin.

30/3/19.

C.R. 3196

Extract from Daily Orders part II, Depot St. John's  
dated March 26<sup>th</sup>, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C. C. Discharge Depot on <sup>note</sup> date:

#3196 Sergt. Wm. Tuffin.

16-3-19.

C.R. 3196

Extract from Copy of Medical Board held THURSDAY  
AFTERNOON Feb. 27th, 1919.

3196 Sgt. Wm. Tuffin.

Recommended discharge from the Army.



C.RJ 3196

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, 11-2-19.

The undernoted returned from Overseas and reported to  
Depot 7-2-19.

Repatriated on Demobilization.

3196 Pte. Peter Heath.

C.R. 3196

Extract from Daily Orders Part II Unit The Royal  
HZA, Regt. The Light's, 11-3-18.

The Unarmoured returned from Germany and reported  
to Depot 7-6-18.

Reprinted on A.P. 1879.

3196 Sgt. W.B. Tuffin.

CR 3196  
Counter No. \_\_\_\_\_

# NEWFOUNDLAND 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 transmission.

In case the Message shall never reach its destination 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.

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 the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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 \_\_\_\_\_

Address **Dept. Of Militia.**

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated

Feb. 6th, 1919.

To

M. Simms,

Herring Neck.

Req to inform you that #3196 Sgt.W.B. Tuffin, onlu soldier  
from Herring Neck on CORSICAN

Minister of Militia.

FOR TYPEWRITER

C.R. 3196

Extract from Memorial Roll of the Royal WFLA.

Regt. Embarked 3 S. Convoy, Jan. 23, 1919.

3196 Sgt. Tuffin.

C.R. 3196

Extract of ORDERS BY LT. COL. B.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
20/11/18.

---

#3196 Cpl. J.B. Tuffin.

"H" Co'y. to be Acting Sergeant.

CR 3196

Extract from Daily Orders Part 11 By Lt. Col. Barton,  
D.S.O. Commanding 2nd Bn. Royal Wfld. Rgt. dated -8-18.

THE FOLLOWING TO BE ACTING CORPORAL

3196 L/C. Tuffin, W.B.

C.R. 3196

Extract of Orders Part 11 by Lt. Col., R.A. Berners, D.S.O., Commanding  
2nd. Bn., Royal Newfoundland Regiment, dated 15/6/18.

The following having reported back from the first Battalion is posted  
to "H" Company:-

3196 L/Cpl. Tuffin

14/6/18.



C.R.

3196

Extract from Casualties received from P & R Office.  
London 31st, May, 1918.

The undermentioned man was discharged from the 3rd, L.G.H.  
S.W. on 30/5/18, and granted fur lough to 8/6/18. fit for  
duty 1.

3196 L/C. Tuffin, W.

Authority:

A.Ps.W.3016 from 3rd, L.G.H.

C.R. 3196

Extract from Telegram despatched to Synoptical, London  
dated May 21, 1918

Pay to as follows:-

#3196 Pte. Tuffin

\$10.

C.R.

3196

Extract from Casualties received from Bay & Record  
Office, London, dated April 25, 1918.

#3196 L/C. W. Tuffin.

Gunshot wound Right Shoulder, mild.

Admitted 10th General Hospital, Rouen, April 15th, 1918.

## NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 3196

**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.

In case the Message shall never reach its destination 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.

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 the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

Adjut. of Militia

Line Number	Rcd	By	Sent	by	Check

Date **11 22nd 1918**

**John Tuffin, Herring Neck, N.D.B.**

Regret to inform you that Record Office, London, officially reports **No. 3196, Private William B. Tuffin at 1st London General Hospital Camberwell G.S.W. right shoulder.**

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

J.R. Bennett

Acting Minister of Militia.

**FOR TYPEWRITER**

Extract from Casualty received from the Pay & Record Office,

London, dated February 15, 1918.

The following Casualty in the 1st. Battalion, The Royal  
Newfoundland Regiment, with the British Expeditionary Force  
is reported under various dates:-

#3196 I/Cpl. W. Tuffin. ✓

Wounded.



C.R. 3196

WOUNDED & SICK N.C.O.'s. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

NO.1. RECORD OFFICE - E X E T E R.  
20010 Pte. Smith, W. 1/Hants.R.

LIST NO. H.A. 19497.  
Abscess Neck.....Adm.26 Gen.H.Etaples 7 Feb.18.  
Mild.

NO. TWO RECORD OFFICE - E X E T E R.  
14671 L/C. Wale, W.A. 6/Dorsets.

LIST NO. H.A. 19497.  
W.Shell Shock....Adm.26 Gen.H.Etaples 7 Feb.18.  
Sev.  
PUO.Mild.....Adm.26 Gen.H.Etaples 7 Feb.18.

INFANTRY RECORDS - L I C H F I E L D. (PART 1.)  
3567 Cpl. Riley, J. 2/5 Sher.For.

LIST NO. H.A. 19497.  
Scabies Mild.....Adm.26 Gen.H.Etaples 7 Feb.18.

NO.1. RECORD OFFICE - S H R E W S B U R Y.  
8829 Sjt. Wilsher, S. 7/K. Shrop. L.I.

LIST NO. H.A. 19497.  
NYD.N.Mild.....Adm.26 Gen.H.Etaples 7 Feb.18.

ARMY SERVICE CORPS.  
S/25016 Sjt. Williams, A.V. ASC.GHQ.2 Supp. Depot.  
M2/155781 Pte. Hill, E. ASC.MT.att.RGA. 239 SBAC.  
T4/262821 Dvr. Emery, W. ASC.MT.att.RE.314 RCC.

LIST NO. H.A. 19497.  
Impetigo Mild....Adm.26 Gen.H.Etaples 7 Feb.18.  
Synov.Knee R....Adm.26 Gen.H.Etaples 7 Feb.18.  
Mild.  
Nervous Breakdown. Adm.26 Gen.H.Etaples 7 Feb.18.  
Mild.

NEW FOUNDLAND EXPEDITIONARY FORCE.  
3196 L/C. Tuffin, W. 1/Newfoundland.

LIST NO. H.A. 19497.  
GSW.L.Cheek.....Dis.to M.B.Dep.ex 34 Gen.H.Etaples 7 Feb.18.

GOVERNMENT CONTRACTORS.

Mr. Pyane, C.A. Employee. Messrs. McAlpine & Sons.  
Mr. Williams, D. -do-

LIST NO. H.A. 19497.  
Tonsillitis Mild..Adm.24 Gen.H.Etaples 7 Feb.18.  
-do- .....Adm.24 Gen.H.Etaples 7 Feb.18.



282

C.R. 3196

Extract of Casualties received from Pay & Record Office,  
London, dated January 31, 1918.

#3196 L/Cpl. W. Tuffin. ✓

Wounded 21/1/18. Auth:- O.C. 24th General Hospital. 21/1/18

# CABLEGRAM

No. of M. 155

Line No. ....



Prefix.	Code	(Office of Origin and Service Instructions)	For Postage Stamps.
Words.	Charge.	<i>Via Commercial</i>	This form will be accepted at any Post Office.
	£    s.    d.		

26/1/18

ON NEWFOUNDLAND GOVERNMENT SERVICE

To **MILITARY****ST JOHNS (NEWFOUNDLAND)****24TH HORSESHOE STAPLES JACKETED TRAMBYRN LEFT CREEK**
*B3196*  
**MILD ~~BOY~~ TUFFIN**
**SINOPTICAL**NOT TO BE  
TELEGRAPHED.

Having read the Conditions printed upon the back of this form, I request that the above Telegram may be forwarded according to the said Conditions, by which I agree to abide.

Signature.....

Address, **52, Victoria Street, S.W. 1.**CABLE ADDRESSES, REGISTERED IN ANY PART OF THE WORLD (OR WITH ANY COMPANY),  
ARE AVAILABLE OVER THE COMMERCIAL CABLES.

[For List of Stations p. 10.]

C.R.



C.R. 3196

WOUNDED & SICK N.C.O.s & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

NEWFOUNDLAND EXPEDITIONARY FORCE.  
3196 L/C. Tuffin, W. 1/Newf. GSW.D. Cheek.....Adm.24 Gen.H.Etaples LIST NO.H.A.18795.  
Mild. 21 Jan.18.

WOMENS ARMY AUXILIARY CORPS.  
7200 Pte. Shepherd(Miss) WAAC.att.of D.of NYD.Mild.....Adm.24 Gen.H.Etaples LIST NO.H.A.18795.  
Louisa. Forest. 21 Jan.18.

GOVERNMENT CONTRACTORS.  
Mr.McMill.C. MCAlpine & Lac.Wd.R.Foot..Adm.24 Gen.H.Etaples LIST NO.H.A.18795.  
Sons.Etaples (Acc)Mild. 21 Jan.18.

MILITARY POLICE.  
3027 Cpl. Truelove, A. MP.att.GHQ. NYD.....Adm.24 Gen.H.Etaples LIST NO.H.A.18795.  
21 Jan.18.

COOK - RECORD OFFICE  
5007 Pte. O'Halloran, S. 2/Lunster Fus.att Endarteritis ..adm.24 Gen.H.Etaples LIST NO.H.A.18795.  
763 Aerial Lab.Co. Mild. 21 Jan.18.



3176  
Counter No. \_\_\_\_\_

# NEWFOUNDLAND AND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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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 \_\_\_\_\_

Address Dept of Militia,

Line Number	Rcd	By	Sent	by	Check
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Jan. 24th, 1918.

Dated

John Tuffin, Herring Hook, N.D.B.

To

Regret to inform you that Record Office, London,  
officially reports

3196, L/Cpl. Wm. B. Tuffin at 24th General Hospital  
Staples, Jan. 21st, G.S.W. left cheek mild.

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

Acting Minister of Militia.

FOR TYPEWRITER

C.R. 3196

Extract from Nominal Roll Draft No.34: 52 Other Ranks from 2/1st  
Newfoundland Regiment, Agr, 1/1st Newfoundland Regiment B.E.F.  
Embarked Southampton 1/18/17.

3196 L/C Tiffin, W.B.

MP.

C.R. 3196

Extract from Nominal Roll Draft authorized St. John's, per  
S.S. "GRANFAN" 31/1/17 sailed Halifax 16/4/17.

3196 Pte. W.B. Tuffin.

C.R.

3196

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov.9th, 1916.

3196 Pte; W.B. Tuffin.

Attached to the Strength from Nov.1, 1916.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
329.

Number of Sheets *Just*  
Signature of O. C. Company *Frank Reynolds*

Regiment of *Newfoundland.*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay		
No.	<i>3196</i>	<i>Suffin</i>	<i>W.B.</i>	Age on	<i>21</i> years <i>2</i> months	<i>Appointed Lt Col. 10/7/17.</i> <i>do</i> <i>do</i>		
Joined	Date	Place and Date of Enlistment	Period of	Trade	Religion			<i>do</i> <i>do</i>
Joined	Date	<i>St. John's N.S.</i> <i>1.11.16</i>	with Colours <sup><i>150</i></sup> years. with Reserve <sub><i>365</i></sub> years.	<i>Clerk</i>	<i>Math.</i>			
Joined	Date			Place of Birth	<i>do</i> <i>do</i>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial.	By whom awarded	REMARKS
<i>Apr</i>	<i>12.5.17</i>	<i>Pte</i>	<i>1</i>	<i>Drunken at South H. Street at 8.45 pm.</i>	<i>Pte Le Gros</i> <i>L. G. Hayes</i> <i>R. S. R.</i>	<i>Admonished</i>	<i>14.5.17</i>	<i>Lt Col. Whitaker</i>	
<i>Demobilized St. John's 30/19</i>									
<i>To be carried over</i>									

Army Form B. 121.



Receipt for Army Book 64

No... *3196*... Name... *W. B. Tuffin*...

To Certify that I have received the AB 64 of the above  
named soldier.

Name *W. B. Tuffin*

Date *Aug. 13/29*...

Place *Herring Creek*.....

N.B. For completion and return to the Department of Militia  
Insert in corner of envelope "AB 64"





C.R. 3196

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 3196.. NAME. .. Exe. Sgt. Wm. Saffin

DATE. Jan. 27<sup>th</sup> 1920  
PLACE. Irving. N. Y. ..

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL-1914-1919.

---

C.R. 3196

I certify that I have received a issue of 2 inches  
of Riband of British War Medal-1914-1919

No. 3196. Ex. Sgt. W.B. Luffin

(Date). Jan. 27<sup>th</sup>.....1920

(Place). Haring. North.....

