

3023



FIRST NEWFOUNDLAND REGIMENT

Capt.

No. 3023

Name Frederick Hule

Corps

ATTESTATION OF

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. *Frederick Hule*
- 2. What is your full Address? ..... 2. *37 Gower St. St. John's*
- 3. Are you a British Subject? ..... 3. *no*
- 4. What is your age? ..... 4. *39* Years ..... Months
- 5. What is your Trade or Calling? ..... 5. *clever*
- 6. Are you Married? ..... 6. *no*
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. *no*
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. *yes*
- 9. Are you willing to be enlisted for General Service? ..... 9. *yes*
- 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. *yes*

I, *Frederick Hule* 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.

*Edg Aug 14/16*

*Frederick Hule* ..... SIGNATURE OF RECRUIT.

*A. C. Adams* ..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Frederick Hule* 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 *14* day of *Aug* 191*6*

*Frank Aye* ..... Signature of Attesting Officer

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Frederick Wall

Apparent age 39 years — months. Height 5 feet 9 inches

Chest Measurement { Girth when fully expanded 37 inches  
Range of expansion 4 inches

Distinctive marks.....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Miss Maudie Wall  
77 New St | Relationship Daughter

### Particulars as to Marriage

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

(a) <u>Emily M. Wall</u> <u>(deceased)</u>	(b) <u>St John's</u> <u>1900.</u>	(c) <u>—</u>	(d) <u>Chd Capt</u>
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### Particulars as to Children

Christian Names	Date and Place of Birth
<u>Frederick</u>	<u>St John's - 1902.</u>
<u>Jack</u>	<u>St John's - 1909</u>

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-8-16</u>									
Joined at <u>St John's</u> on <u>August 14/16</u>									
<u>Discharged July 1, 1919</u>									
<u>Embarked by Chris St. Nigel to Windsor 31-1-17</u>									<u>Embarked for D.S. 23/18.</u>
<u>Disembarked same 28/18</u>									
<u>6 Mos Hospital Royal Infirmary 1/19</u>									<u>L. Capt 4/19 admitted</u>
<u>Returned to camp 11/19</u>									<u>Admitted 3 L. H. Washburn 14/19</u>
<u>Arrived camp 1-6-19</u>									<u>to enforce all duty for demobilization 22/19</u>
<u>Demobilization St John's 1-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>1-7-19</u> (date of discharge)					<u>2</u> years	<u>322</u> days			
" " " Pension " " " " " " " "									





This Form is to be used in connection with Pamph. M. E. (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.

Examination of *Federick Udle*  
aged *39-0* man. conducted at *C. L. B.*  
Date: *Aug 10/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no - ho*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *has top plate with five*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/9 n. 6/8 left.*
- 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*

*No report later. etc.*

*5023*

*eyes 15 years ago left arm no scar.*

*5-9  
141 lbs  
35-39"*

*daughter was killed Udle & Powers  
daughter*

Signature of Medical Examiner: *J. W. Larsen*



C.R. 3023

Extract from Daily Orders Part II Unit Royal Newfoundland  
Regiment in France dated 28/2/19.

Transferred to U.K. 11/2/19 Sick.

3023, L/Cpl. F. Udle.



C.R. 3023

Extract from preliminary report. At a medical board held on Thursday evening June 18th. the following was the finding.

3023 L/C. F. Udle.

Recommended discharge from the Army.

C.R. 3023

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 1-7-19.

3023 L/Cpl. Fred. Udle.

C.R. 3023

Extract from Daily Orders part II, Depot Winchester dated  
10-4-19. By Lieut. Col., B.J. Barton, D.S.O., Officer  
Commanding Newfoundland 2nd. Battalion.

The undermentioned having reported back from the 1st. Battalion  
is taken on the strength and posted to "H" Co.. ~~2-4-19~~.

#3023 L/C. F. Udale.



C.R. 3023

Extract from Daily Orders Part 11 Depot, St. Johns,

Date June 18th 1919.

3023, L/C. F. Udale.

Reported at Headquarters 1/6/19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 3023

Extract of Casualties from Pay & Record Office, London.  
dated March 25th/19.

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3023, L/Cpl. F. Udle.

was discharged from 3rd London General Hospital 24/3/19.  
Granted furlough from 24/3/19 to 2/4/19. Category B.11.

Authority:

A.F.W. 3016 from O.C. Hospital.

C.R. 3023

March 3rd, 1919

Miss Mildred Udle  
87 Gower Street  
C I T Y

Dear Madam:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning No. 3023, Private Fredrick Udle, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.



C.R. 3023

Feb. 17th 19

Dear Miss Udle:-

*I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that*

**No. 3023, L/Cpl. Fredrick Hale was admitted to 3rd London General Hospital Feb. 15th suffering from influenza**

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

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

*Yours faithfully,*

**Miss, Mildred Udle  
57 Gower Street  
CITY**

*Minister of Militia.*

C.R.

3023

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT IN FRANCE DATED FEBRUARY 16th/19.

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Appointed L/Cpl.

#3023 Pte. F. Udle.

4/2/19.

C.R. 3023

Extract from Nominal Roll of Sick and wounded  
from the France expeditionary Force admitted  
3rd., LONDON GENERAL HOSPITAL 18/2/19.

3023 L/C. F. Udle.

**INFLUENZA.**

C.R. 3023

Extract from telegram from Syn. to Mil. dated 15-219

Wandsowrth Infulenza Feb. 13th.,

L/C. 3023 Utle.



C.R. 3023

Extract from War Office List No. H.A. 34949.

Admitted 6th. Gen. H. Rouen 11th. Feb. 1919.

#3023 L/C. F Udle.

Influenza.

C.R. 3022

Extract from Nominal Roll of draft No. 86, from the 2nd.,  
Battalion, Winchester to the 1st., Battalion of the  
Newfoundland Regiment, Embarked Southampton, 23/11/18.

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#3082 Pte. W. Udale.

## NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

C.R. 5023

No. 12923/159/P&amp;A

From

PAY &amp; RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W.

To

The Hon. the Minister of  
Militia,  
St. John's,  
Newfoundland.

FM/WF

27th, November, 1917.

## SUBJECT:

3023, PTE. F. UDLE.

Reference Nos.

## REPLY

Dated December 20, 1917.

191

Please return ORIGINAL and retain DUPLICATE.

With reference to Allotment Form No. 2865 & 2793: It is understood that the former is cancelled on 15/5/17, payment of \$90.00 to Magistrates Court having been completed on that date, with the exception of 5¢, which will be deducted from pay for 16/5/17 from which date Form K. 2793 became effective.

Stoppages made in Udle's a/c are 15/5/17, 55¢, 16/5/17 onwards 50 cents per day, please.

Kindly verify.

*A. J. ...*  
Major,  
Chief Paymaster & D. i/c Records

The history of this case is as follows:- On August 17, 1916, Pte. Udle signed an allotment form K2793 for fifty cents per day, payable to the Bank of Montreal to be deposited in the joint names of his daughter Mildred and his nephew Fred Cernick. On August 26 1916 he signed a fresh allotment form K2865 payable as follows:- thirty five cents per day to the Bank of Montreal and thirty five cents per day to the Magistrate's Court until the sum of ninety dollars had been paid. In view of the fact that the total amount payable under these two allotments, was more than the entire pay of a private, it was but natural to assume even in the absence of direct request to that effect that form 2865 cancelled and succeeded form K2793. Acting on this supposition form K2793 has been disregarded by this office and payments have been made in accordance with form K2865. Under this allotment the ninety dollars payable to the Magistrate's Court has been paid in full and the amount allotted to the Court discontinued from the date of last payment, the balance of the allotment payable to the Bank of Montreal has been continued up to September 1st 1917 when it was increased to fifty cents per day in order that Separation allowance might be granted.

*A. J. ...*  
Minister of Militia



## 1ST. NEWFOUNDLAND REGIMENT

MEMORANDUMNo. 238

FROM-

HEADQUARTERS.  
ST. JOHN'S  
NEWFOUNDLAND.

November 27th. 1917 191

TO

The Chief Paymaster

London, England.

50

SUBJECT.

Compulsory Allotment -  
No. 3023 Pte. F. Udle.

REFERENCE NOS. \_\_\_\_\_

REPLY

DATED 2nd, December 1918

PLEASE RETURN ORIGINAL AND RETAIN DUPLICATE

This soldier's allotment (Form K. 2865. 35¢ per diem) has been increased to 50¢ per diem from Sept. 1st. 1917, for the purpose of granting S.A.

Kindly obtain Pte. Udle's approval or else his reasons for refusing the increased stoppage.

*[Signature]*  
Capt.  
Paymaster

Kindly <sup>refer</sup> ~~return~~ to this office No. 12923/159, 27/11/17, allotment forms Nos. 2865 & 2793, and advise what action has been taken, meanwhile there is no need to refer to Pte. Udle as provision for allotment of 50 cents per day is already made.

Copy of Form K. 2793 effective from 1/5/17 is enclosed for reference.

*[Signature]*  
Major,  
Chief Paymaster & O i/c Records.

FM/WF

NEWFOUNDLAND GOVERNMENT  
PAY & RECORD OFFICE.

8264  
29 DEC 1917



## MEMORANDUM

for C.S.O.

In reply to Memorandum 12923/159/P&amp;A

In case of #3023 Pte. F. Hudle.

*for file*  
 On August 17th, 1916. Pte. <sup>Hudle</sup>~~Hudle~~ signed an Allotment, Form K-2793, for 50cts. per day payable to the Bank of Montreal to be deposited in the joint names of his daughter Mildred and his nephew Fred Cornick.

On August 26th, 1916 he signed a <sup>fresh</sup>~~fresh~~ allotment, Form K-2865, payable as follows; 35cts. per day to the Bank of Montreal and 35cts. a day to the Magistrates Court, until the sum of \$90.00 had been paid.

In view of the fact that the total amount payable under these two allotments is more than the entire pay of a Private, it is but natural to assume, even in the absence of direct request to that effect, that Form K-2865 cancels and supersedes Form K-2793.

Acting on this most natural supposition, Form K-2793 has been disregarded altogether by this Office, and payments have been made in accordance with Form K-2865. Under this allotment the \$90.00 payable to the Magistrates Court has been paid in full, and the amount allotted to the Court, discontinued from the date of last payment.

The Balance of the allotment, that is the 35cts. per day payable to the Bank of Montreal, has been continued. I therefore, do not understand the action taken by the Chief Paymaster, as indicated by his statement marked A.

I have continued payments at the rate of 35cts. per day only, from the date on which payment to the Court was completed, to Sept. 1st, 1917, on which date, the allotment was, at the direction of the Minister of Militia, increased to 50cts. per day, so that Separation Allowance might be granted.

*M. Howley*  
 Capt. & Paymaster.

C.R. 3023

Extract of Nominal Roll of Officers and men embarked St. John's

31-7-17 Sailed Halifax 16-4-17. S. S. AUSONIA.

#3023 PTE. F. UDLE.

C.R. 3023

Fredk. Udle was attested for General Service  
with the NEWFOUNDLAND REGIMENT on ..August 14th 1916  
Regimental No. 3023 was allotted to Pte F.Udle

AUTHORITY:

Record Officer

Dept. of Militia,

March 20th, 1919.

C.R. 3028

Extract from Daily Orders Part II Unit The Royal BFLA.  
Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by C.O. Discharge Depot with effect from  
15-6-19. 17-6-19

3028 L/Cpl. F. Udle.



F. Nolle

3023

~~3033~~

P. 420.



No. 2865



# 3 1ST. NEWFOUNDLAND REGIMENT 13

## ALLOTMENTS

I, Fredrick Udde, Regl. No. 3023

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> 00 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> 00 Persons concerned, viz.:

Allotment begins September 1st/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2869	daughter wifes	(1) Bank of Montreal in name of Mildred Udde and or Fred Connick 40 Harvey & Co	St. John's 87 Lower St. S.S. Office St. John's	35
2870		(2) Magistrate's Court per Sgt. Giphart until amount of thirty dollars (\$30.00) is paid	St. John's	35
Total Allotment, \$				- 70

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

(Sig.) Chas. A. Aye Capt.  
Officer Commanding  
to Company  
St. John's Dep.  
Aug. 26<sup>th</sup> 1916.

(Sig.) Fredrick Udde  
(Rank) Rte.  
Witness J. P. P.





3 1ST. NEWFOUNDLAND REGIMENT 13

ALLOTMENTS

I, Frederick Udde, Regl. No. 3023

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins September 1st/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		(1) Bank of Montreal in name of	St. John's.	35
2869	daughter nephew	Mildred Udde and or Fred. Ponsick c/o Harvey & Co	87 Lower St. S.S. Office St. John's	
2870		(2) Magistrate's Court per Sgt. bliphant until amount of thirty dollars (\$30.00) is paid	St. John's	35
Total Allotment, \$				<u>70</u>

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

Sig. Charles H. Appleby  
Officer Commanding  
Company  
St. John's, N.F.  
Aug. 26<sup>th</sup> 1916.

Sig. Frederick Udde  
Pte.  
Witness  
F. Ponsick



**NEWFOUNDLAND CONTINGENT.**

**MEMORANDUM.**

3023

No. 12923/159/P&A

**From**  
**PAY & RECORD OFFICE.**  
 58, VICTORIA STREET,  
 LONDON, S.W.  
**FM/WF** 27th, November 1917

**To**  
 The Hon. the Minister of  
 Militia,  
 St. John's,  
 Newfoundland.

**SUBJECT:**

3023, PTE. F. UDLE.

**Reference Nos.**

With reference to Allotment Form No. 2865 & 2793: It is understood that the former is cancelled on 15/5/17, payment of \$90.00 to Magistrates Court having been completed on that date, with the exception of 5¢, which will be deducted from pay for 16/5/17 from which date Form K. 2793 became effective.

Stoppages made in Udle's a/c are 15/5/17, 55¢, 16/5/17 onwards 50 cents per day, please.

Kindly verify.

*[Signature]*  
 Major,  
 Chief Paymaster & O i/c Records

**REPLY**

Dated December 20, 1917. 191

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

The history of this case is as follows:- On August 17, 1916, Pte. Udle signed an allotment form K2793 for fifty cents per day, payable to the Bank of Montreal to be deposited in the joint names of his daughter Mildred and his nephew Fred Cornick. On August 26 1916 he signed a fresh allotment form K2865 payable as follows:- thirty five cents per day to the Bank of Montreal and thirty five cents per day to the Magistrate's Court until the sum of ninety dollars had been paid. In view of the fact that the total amount payable under these two allotments, was more than the entire pay of a private, it was but natural to assume even in the absence of direct request to that effect that form 2865 cancelled and superseded form K2793. Acting on this supposition form K2793 has been disregarded by this office and payments have been made in accordance with form K2865. Under this allotment the ninety dollars payable to the Magistrate's Court has been paid in full and the amount allotted to the Court discontinued from the date of last payment, the balance of the allotment payable to the Bank of Montreal has been continued up to September 1st 1917 when it was increased to fifty cents per day in order that Separation allowance might be granted.

✓ 448  
 11 JAN 1918  
 RECEIVED  
 INCH DATE

Minister of Militia  
*[Signature]*  
 Major C.O.  
 for Min. of Militia

A

*Persh*  
*Ref 2 P 938*

18925/189/PAA

The Hon. the Minister of  
Militia,  
St. John's,  
Newfoundland.

Dec. 20/17

FM/WF

27th, November ..... 7

3025, PTE. F. UDLE.

With reference to Allotment Form No. 2865 & 2793; It is understood that the former is cancelled on 15/5/17, payment of \$90.00 to Magistrates Court having been completed on that date, with the exception of 5¢, which will be deducted from pay for 16/5/17 from which date Form K, 2793 became effective.

Stoppages made in Udle's a/c are 15/5/17, 55¢, 16/5/17 onwards 50 cents per day, please.

Kindly verify.

Major,  
Chief Paymaster & O i/c Records.

The history of this case is as follows:- On August 17/16, Pte. Udle signed an allotment form K2793 for fifty cents per day, payable to the Bank of Montreal to be deposited in the joint names of his daughter Mildred and his nephew Fred Corniel. On August 26th 1916 he signed a fresh allotment form K.2865 payable as follows: *2865* thirty five cents per day to the Bank of Montreal and thirty *2793* five cents per day to the Magistrates Court until the sum of Ninety dollars had been paid. In view of the fact that the total amount payable under these two allotments was more than the entire pay of a private it was but natural to assume even in the absence of direct request to that effect that form 2865 cancelled and superceded form K2793. Acting on this supposition form K2793 has been disregarded by this Office and payments have been made in accordance with form K.2865. Under this allotment the ninety dollars payable to the Magistrates court has been paid in full and the amount allotted to the court discontinued from the date of last payment, the balance of the allotment payable to the Bank of Montreal has been continued up to September 1st 1917 when it was increased to fifty cents per day in order that Separation Allowance might be granted.

(sd) W.F.Rendell, Lt. Col.  
for Minister of Militia.

*See WF 9/54  
20.12.17*



## 1ST. NEWFOUNDLAND REGIMENT

## MEMORANDUM

No. 255

FROM-

HEADQUARTERS.

ST. JOHN'S  
NEWFOUNDLAND.

TO

Chief paymaster  
& Officer i/c Records  
Loyal Newfoundland Regt.  
58 Victoria Street  
London S. W.

191

SUBJECT. BRANCH

Pay

Allotment  
No. 3023 re. Pte. Udale.  
REFERENCE NOS.

BY

DATE

REPLY

DATED: 16th, July 1918.

PLEASE RETURN ORIGINAL AND RETAIN DUPLICATE 11425

With reference to your No. 12923/159 to Minister of Militia and your reply to my No. 258, I beg to state that the note "Cancelled till (2) of form K. 2865 is paid" does not appear on the form in our possession, consequently we have acted solely on form K. 2865, paying only 35/- per day after the amount of £90.00 had been paid into Court.

In order to adjust without further trouble to you, I am depositing difference between K. 2865 and K. 2793 in B.O.M. <sup>mutual</sup> and payment covering period from completion of payment to Court, to Aug. 31st. 1917. will be shown on pay sheets of January 1918. Since Sep. 1st. 1917 allotment has been paid on basis of Form K. 2793.

1ST NEWFOUNDLAND REGIMENT	RECORD OFFICE
PAID	2799
RECORDED	FEB 1918
By Capt. & Paymaster	
ACK'D.	
Ans'd.	
File No.	

This matter has now apparently been satisfactorily settled. It is understood that Separation Allowance is being paid to Pte. Udale's dependants from 1/9/17.

The enclosed claim in respect of the allowance although apparently not necessary is forwarded for your retention.

Major,  
Chief Paymaster & O i/c Records.

FM/WF



SEPARATION ALLOWANCE

1. Regimental No. and Rank	3023 Pte
Name	Frederick Duwain Udle
Unit	7 <sup>th</sup> Nfld Regiment
2. Full Name of Dependent.	Mildred Daisy Udle (Wife) Jack Udle (Son)
3. Address	Church St. E. Ophange St Johns
4. Have you made previous claim for Separation Allowance? If so, state particulars.	No.
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	Yes 50%
6. Date of Marriage.	Nov 9 <sup>th</sup> 1899
7. Name and Address of your last Employer.	Harley Co. Ltd St Johns
8. The amount of your salary or wages immediately prior to Enlistment.	\$14 <sup>00</sup> per week
9. Are your wages or any portion being paid by your employer during your absence?	No
10. If paid, what is the amount per month?	Nil
11. Name of Corps prior to enlistment in the Nfld Contingent.	

Allotment of 50% payable to Dependents.

I CERTIFY that the above is a true statement.

Guardian S. Cornick St Johns

Frederick Duwain Udle

Signature of Officer forwarding this application.

*A. White*

Unit 2/1<sup>st</sup> Newfoundland Regt

LT-COL

Date Dec. 19<sup>th</sup> 1917

COMMANDING, 2nd/4th N.F.L.D. REGT.



## NEWFOUNDLAND CONTINGENT

## SEPARATION ALLOWANCE

1. Regimental No. and Rank	3023 Private
Name (in full)	Udale, Frederick
Date of Enlistment	Aug. 14 <sup>th</sup> 1916
Unit	2 <sup>nd</sup> Batt. Royal Newfoundland Regt.
2. Name(s) of Dependent(s) (in full)	Udale, Mildred
Relationship	Udale, Jack
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated).	Mildred Udale % Mrs. J. Martin, 19 <sup>th</sup> Duckworth St. St. John's, Jack Udale % Dr. Jones Kenton St. Thomas' Ch. St. John's
3. Ages of Children:	
Girls under 17 years	14 yrs. 5 months
Boys " 16 "	8 yrs. 2 months
4. Children's Guardian	Fredk. Barwick
Address	% Harvey & Co. Ltd St. John's, Nfld.
5. Particulars of Allotment	\$ 50 <sup>¢</sup> cents per day in favour
Allottee	of Fredk. Barwick (in trust)
Address	% Harvey & Co., St. John's, Nfld.
Date effective from	Sept 1, 1916
6. Date of Marriage	Nov. 14 <sup>th</sup> 1898
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	Yes. on old form 2, S.P. 82 but nothing has been since heard.
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.

9. Name and address of your last Employer.	Harvey & Co. Ltd. St. John's Nfld.
10. The amount of your salary or wages immediately prior to Enlistment.	\$14 <sup>00</sup> per week.
11. Are your wages or any portion being paid by your employer during your absence?	No
12. If paid, what is the amount per month?	Nil
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	_____

I CERTIFY that the above is a true statement

Fredrick. Uddle

Signature of Officer forwarding this Application.

D. B. Burns

LIEUT. COLONEL,

Unit \_\_\_\_\_

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Date \_\_\_\_\_

21 MAR 1918

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

## NEWFOUNDLAND CONTINGENT

## SEPARATION ALLOWANCE

1. Regimental No. and Rank	3023	Private
Name (in full).	Udle, Frederick	
Date of Enlistment	Aug. 14th 1916	
Unit	2nd Batt. Royal Newfoundland Regt.	
2. Name(s) of Dependent(s) (in full)	Udle, Mildred Udle, John	
Relationship		
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Mildred Udle, C/o Mrs. T. Martin 192, Duckworth Street, St. John's, Jack Udle, C/o Dr. Jones, Rector St. Thomas Ch. St. John's,	
3. Ages of Children:		
Girls under 17 years	14 yrs. 5 months	
Boys " 16 "	8 " 2 months	
4. Children's Guardian	Fredk. Cornick, C/o Harvey & Co. Ltd. St. John's, Nfld.	
Address		
5. Particulars of Allotment	<input checked="" type="checkbox"/> 50¢ cents per day in favour of <u>Fredk. Cornick (in trust)</u> <u>C/o Harvey &amp; Co. St. John's, Nfld.</u>	
Allottee		
Address		
Date effective from	Sept. 1916	
6. Date of Marriage.	Nov. 14th 1898	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	Yes on old form N.F.P.82 but nothing has been since heard	
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No	

9. Name and address of your last Employer.	Harvey & Co. Ltd. St. John's, Nfld.
10. The amount of your salary or wages immediately prior to Enlistment.	\$14.00 per week
11. Are your wages or any portion being paid by your employer during your absence?	No
12. If paid, what is the amount per month?	Nil
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

Frederick Udle

Signature of Officer forwarding this Application.

Unit \_\_\_\_\_

R. A. Berners, Lieut. Colonel  
Commanding 2/Bn Royal Newfoundland Regt.

Date 21 Mar 1918

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case  
of children) examined \_\_\_\_\_

If Soldier is sole support, does  
Statutory Declaration  
accompany this Application? \_\_\_\_\_



## NEWFOUNDLAND CONTINGENT

## SEPARATION ALLOWANCE

1. Regimental No. and Rank	5025	Private
Name (in full)	Udle, Frederick	
Date of Enlistment	Aug. 14th 1916	
Unit	2nd Batt. Royal Newfoundland Regt.	
2. Name(s) of Dependent(s) (in full)	Udle, Mildred Udle, John	
Relationship		
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Mildred Udle, O/o Mrs. T. Martin 192, Duckworth Street, St. John's, Jack Udle, O/o Dr. Jones, Rector St. Thomas Ch. St. John's,	
3. Ages of Children:	14 yrs. 5 months 8 " 2 months	
Girls under 17 years		
Boys " 16 "		
4. Children's Guardian	Fredk. Cornick, O/o Harvey & Co. Ltd. St. John's, Nfld.	
Address		
5. Particulars of Allotment	50¢ cents per day in favour of Fredk. Cornick (in trust) O/o Harvey & Co. St. John's, Nfld.	
Allottee		
Address		
Date effective from	Sept. 1916	
6. Date of Marriage	Nov. 14th 1898	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	Yes on old form N.F.P. 82 but nothing has been since heard	
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No	

9. Name and address of your last Employer.	Harvey & Co. Ltd. St. John's, Nfld.
10. The amount of your salary or wages immediately prior to Enlistment.	\$14.00 per week
11. Are your wages or any portion being paid by your employer during your absence?	No
12. If paid, what is the amount per month?	Nil
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

Frederick Udle

Signature of Officer forwarding this Application.

Unit \_\_\_\_\_

**R. A. Berners, Lieut. Colonel**  
Commanding 2/Bn Royal Newfoundland Regt.

Date 21 Mar 1918

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

3023 Pte. 5. Hale.

Form 12. 2865. 70 day. 35<sup>+</sup> payable to daughter  
(daughter, Mildred Hale, 87 Gower St, or  
J. Connick ~~of~~ Harvey & Coy) of Bank  
of Montreal. 35<sup>+</sup> also "payable to  
Magistrates Court until sum of  
\$90.00 is realized". New form 12. 2793  
50<sup>+</sup> then to come into effect according  
to Depot Pay Books this book place  
1/6/17. We have no information as to date  
of commencement of 12. 2865 consequently do not know  
at what date said ~~to~~ would have been realized —

AUG 1917

NO. 2865

3/1st. Nfld. Regt.

NEWFOUNDLAND CONTINGENT / 3

ALLOTMENTS

Fredrick Uddle

Reptl No. 3023

I 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, to and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz:-

Allotments begin September 1st / 16

Identity Certif. No.	Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (each person)
2869	(1) Daughter Nephew	Bank of Montreal in nam. of Mildred Uddle or Fred Cornick	St. Johns. 87 Lower St. of Harvey & Coy S. S. Office St. Johns.	\$ - 35 <sup>c</sup>
2870	(2) <i>Cancelled 10/5/17 for 14/5/17</i>	Magistrate's Court per Sgt. Elephant until amount of \$90 is paid		\$ - 35 <sup>c</sup>
<i>Total allotment - 70<sup>c</sup></i>				

Note:- This form must be completed by the Officer Commanding Company, signed by the volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sg.) Chas. R. Ayre Capt. Officer Commanding D. Company.

*Particulars copy to Warburton Bank*  
O.C. Coy.  
2114 NEWFOUNDLAND REGT.

Fred. Uddle

St. Johns. Nfld.

Aug. 26<sup>th</sup> 1916

NEWFOUNDLAND REGIMENT  
PAY RECORD OFFICE  
1916  
490 (Rank) Pte  
Res'd.  
Acc'd.  
Paid.  
File No.

NOTED  
C.G.M.S.  
Date \_\_\_\_\_ Coy \_\_\_\_\_

E. J. Piment



25 AUG 1917

FORM NO. 1

3/rd. Inf. Regt.

No. 2793

NEWFOUNDLAND CONTINGENT 13

ALLOTMENTS

I, Fredrick Halls Reptl No. 3023  
 hereby agree, until further notification by me, and in similar official  
 form, to make an Allotment of 50 dollars and 50 cents  
 per diem, from my Pay, to and for the benefit of the undermentioned Per-  
 son and or Persons, such payment to be made on proof of identity of, and  
 production of the relative Identity Certificates by the Person and or Per-  
 sons concerned, viz:-

*Allotments begins 16/5/17*

Identity Certif. No.	Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (each person)
2846	Daughter Nephew	Bank of Montreal in name of Mildred Halls and Fred. Cornish	87 Lower St. % Harvey & Co. B. S. Office St. John's.	B- 50
<i>Total Allotments.</i>				

*Cancelled this (2) of Form K. No. 2865 is paid @ R. Byrne*

Note:- This form must be completed by the Officer Commanding Company, signed by the volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sg.) Chas. R. Agne Capt  
 Officer Commanding  
 Company.

(Sg.) Fred. Halls

St. John's

NEWFOUNDLAND REGIMENT  
 PAY RECORD OFFICE  
 REG. NO. 4708  
 (Rank) Pvt.  
 Aug 17th 1917  
 Certified true copy  
Robertson Capt.  
 O.C. "C" COY.

**NOTED**

C.Q.M.S.

Date: \_\_\_\_\_ Coy: \_\_\_\_\_

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... **1st Royal Newfoundland** 7. Former Trade or Occupation } **Accountant**.
2. Regtl. No. **3023** 3. Rank... **L/Corporal** 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name **UDLE, Frederick**  
(Surname) (Christian Names)
5. Age last birthday... **42**
6. Posted for duty on... **14.8.16** at... **St. Johns, Nfld.**  
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 (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (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."  
**AGE and DEBILITY FOLLOWING INFLUENZA.**
11. Date of origin of disability. **11.9.19.**
12. Place of origin of disability. **Rouen - France.**
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.  
**Complained of Headache, pain in limbs and back, cough, feverish. Now convalescent.**

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?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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?

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

Improved, but still feels very weak. States his real age is 44. Has the appearance of a man of this age.

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?

--

NIL.

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.

Dispersal - Authority H.C. xiv 29.1.19 & A.O.I. 169 of 1919.

(sgd) Fletcher Barrett, Capt.

Medical Officer in charge of case.

3rd London General Hospital  
Station ..... Wandsworth, S.W.18.

Date ..... 20.9.18.....

\* 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.

**Debility after Influenza.**

**Still debilitated, but much improved.**

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war .. .. .	.....	<b>Yes</b> .....
(ii.) Previous active service.. .. .	.....	<b>No</b> .....
(iii.) Climate in pre-war service .. .. .	.....	<b>No</b> .....
(iv.) Ordinary military service before the war .. .. .	.....	<b>No</b> .....
(v.) Serious negligence or misconduct on the part of the soldier .. .. .	.....	<b>No</b> .....

Give details :

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

**Active Service Conditions**.....

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

**No**

- (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.

**Six Months**



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?

**90%. (Thirty)  
Six Months.**

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

**For Newfoundland  
as Grade II.** Opinion of Military Member in case of disagreement

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 invalided at a foreign station)?

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?

**No**

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?

**No**

**No**

**No**

Signatures:—

**Frank Bateson, Col.**

**Thos. B. Jarlyon, Capt RA.M.C.**

Station ..... **3rd London General Hosp Wandsworth, S.W. 18.**

Date ..... **22nd March, 1919.**

} President or  
Chairman.

} Members.

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

Station .....

Date .....

Officer in charge, Central Hospital.

} Only applicable  
in cases of  
Patients in  
Hospitals.

OR

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.

**Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

**NOTE.**—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

**Part I.**

A.F.W. 3977a has been sent to O.O. \_\_\_\_\_

A.F.W. 3977b has been sent to \_\_\_\_\_

The Regimental Paymaster, \_\_\_\_\_

58 Victoria St

58 Victoria St

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 3023 Rank L Col  
 Name Male (Surname) Frost (Christian names in full).  
 Unit and Corp. 1st Royal Newfoundland  
 Station Wandsworth 9th Div Capt  
 Officer i/c Hospital.  
 Date 19. 3 1919

**NOTE.**—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).

(i) Where enlisted \_\_\_\_\_

(ii) Date of arrival in United Kingdom \_\_\_\_\_

(iii) Port of arrival \_\_\_\_\_

(iv) Ship on which arrived \_\_\_\_\_

(v) Name of Shipping Line or Agent \_\_\_\_\_

(vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_



In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977c whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T.F. Association, and forwarded without delay to the Officer i/c Records.

Station \_\_\_\_\_

Date \_\_\_\_\_ 191 \_\_\_\_\_

Officer i/c Hospital.



3<sup>rd</sup> London Gen Hospital  
Wandsworth SW. 18  
London

J. Pymester

Sir:—

Royal Wld Regt

Please pay to me the sum of £1 and  
charge same to my Acct ~~W.C.~~

MS 3023

L/Pl J. Wld  
Royal Wld Regt

A.N. F. 100-0  
N.R. 26/2/09  
Receipt No. 1430



Approved.  
One pound  
for  
Capt Wld



3<sup>rd</sup> London Gen Hospital,  
Wandsworth SW18

To the Paymaster

Sir:--

Please remit to me the sum of  
£ 1.0.0 and charge same to my Acct.

referred  
afforded grat

9<sup>th</sup> Lt Col F. N. N. N.  
of the Royal W. B. B.

14-3-19

OK for £ 1.0.0

J. E. H.



3<sup>rd</sup> London Gen Hospital  
Wandsworth SW18  
London  
England

To the Paymaster

6/2/49

Sir--

Please remit to me  
the sum of £2.0.0 and charge  
same to my account.

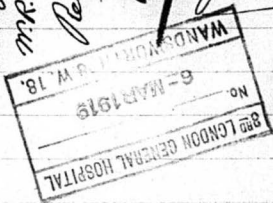
Oblige  
Yr Obedt Servt  
No 3023

Royal Wfld Regt

P.N. F2-0-0

M.R. 4/4/49

Receipt No. 1548



*[Handwritten signature and scribbles]*

*To be reclassified*

3212/1/P & A.

xxx To

3023 L/C. F. Udle,  
R. Newfoundland Regt.,  
3rd London Gen. Hospital.

From

xx

C.P. & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
S. W. 1.

25th February 9.

With reference to your letter of 22/2/19: I have to inform you that no N.C.O. or man who is confined to Hospital is allowed to receive payment from this Office unless his application is counter-signed by the O.C. of that Hospital. If you will forward your application counter-signed as above, the money will be sent to you.

Your paybook has not yet been received from Rouen, but when it arrives in this Office, it also, will be dealt with according to customary practice.

1694  
25 FEB 19

3212/1

For Chief Paymaster & O. i/c Recrds.

JF/NV

Lieut. ~~Grant~~.

Passed to you, please,  
for whatever action  
you think fit.

Please return this  
brief-note.

J. R. T. S.

Capt J. J. Fox

My attached  
to Socas is allowed  
money which is  
Hospital without the  
signature of O.C. of  
hospital - hence I  
am sorry nothing can  
be done. From

Shunt




Feb 22/19

Capt Fox

Sir:-

NEWFOUNDLAND CONTINGENT  
PAY & RECORD OFFICE

Would you oblige me with  
£1-0-0 as I am in <sup>1644</sup>Blighty suffering  
from Influenza and unable to get  
up. I don't know if my <sup>3212/1</sup> pay book  
was sent on from Rouen but as so  
would you oblige me by giving it  
to Pte Walsh also above amount  
if convenient

Yr oblige   
Yr obedient servant  
Lt Col R. D. Fox

**Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

**NOTE.**—On receipt of this notification the Officer i/c Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

**Part I.**

A.F. W. 3977a has been sent to  
O.C.

The Officer i/c Records

A.F. W. 3977c has been sent to  
The Regimental Paymaster

*58 Victoria St*      *58 Victoria St*

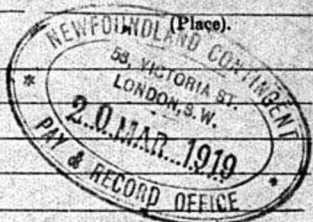
The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.\*

No. *3023* Rank *L Col*  
 Name *Male* *Frost*  
 (Surname) (Christian names in full)  
 Unit and Corps *1st Royal Newfoundland*  
 Station *Wandsworth* *95thmas Copt*  
 Date *19. 3* 191*9* Officer i/c Hospital.  
 \* Strike out if inapplicable.

**NOTE.**—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records:—

The soldier claims repatriation to \_\_\_\_\_ (Country).  
 (Place).  
 (i) Where enlisted \_\_\_\_\_  
 (ii) Date of arrival in United Kingdom \_\_\_\_\_  
 (iii) Port of arrival \_\_\_\_\_  
 (iv) Ship on which arrived \_\_\_\_\_  
 (v) Name of Shipping Line or Agent \_\_\_\_\_  
 (vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_



In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report on Part II. of this Form whether the claim is substantiated or not.

**Part II.**

Officer i/c Hospital,

The soldier's claim to be repatriated abroad\* \_\_\_\_\_ accepted. { Insert "is" or "is not." }  
 On termination of his leave he is to report to the Officer Commanding, { Strike out if inapplicable. }  
 \_\_\_\_\_ at \_\_\_\_\_ (Station)

Station \_\_\_\_\_

Date \_\_\_\_\_ 191 \_\_\_\_\_

Officer i/c \_\_\_\_\_ Records.

3023

Wells, Fred,

Pay Dept

Jul 1, 1919

#3023 L/C. Frederick Ude,

#94 Barnes Rd.,

City

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2569.

Yours truly

Captain,  
Paymaster & O.i/c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3023 Rank. 4 Cpl. Name. Udell F.  
 Intended place of residence. 24 Gables Street, 94 Barnes Pk.

2. Occupation Clerk  
 Classification of soldier B Medical Category R.

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, ST. JOHN'S

Date JUN 17 1919

*[Signature]*  
 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, ST. JOHN'S

Date JUN 17 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 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, ST. JOHN'S

Date JUN 17 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-16 No. of days on Military  
 Discharged from service 17-6-19 Plus 14 days Service 1056

### 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

Date JUN 17 1919

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 11 1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten]*  
 R. B. 2079 / 2569

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3023 Rank Sgt Name Fredrick Walle  
 Date of Enlistment 10-8-16 Address 8 Field St District St Johns  
 Occupation Clerk Classification for Discharge B Medical Category E  
 Recommendation S. M. B. permitted by unit Disability Rating 20% 6 mths  
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 16-6-19 O. C. Discharge Depot St Johns

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600

(b) ~~Clothing Supplied~~

Date 17-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home  
 at 8 Field St St Johns and Release Certificate No. 2890 issued.

Date 17-6-19 *J.A. Shawbaf*  
 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 17-6-19

Date 17-6-19 *J. M. H.*  
 Depot Paymaster.

Discharge approved for 17-6-19  
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	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
B179c	B 120	M 93		

*2 Form B*

Date 17-6-19 *J.A. Shawbaf*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 17 1919 *R.H. Sait Capt.*  
 O. C. Discharge Depot.

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

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 former Occupation.

*S. G. Udde*

Signature of Man.

*J. A. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Reg. No. 3023

Place ST. JOHN'S.

Date 17-6-19 191



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

# MEDICAL HISTORY

OF

Surname Helle

Christian Name Fredrick

Table I.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 10 day of Aug 1916	at St. John's	on _____ day of _____ 191	at _____
Declared Age	29 years	_____ days	_____ years	_____ days
Trade or Occupation	Seaman			
Height	5 feet 9 inches		_____ feet	_____ inches
Weight	147 lbs.			_____ lbs.
Chest Measurement	Grith when fully expanded	39 inches		_____ inches
	Range of Expansion	4 inches		_____ inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	15 years ago			
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	6/6	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>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's		at _____	
	on 1st day of Aug 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Regt.</u>	<u>3023</u>		
Transferred to				
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 or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	13	2	19				Debility + Influenza		Beardbill: see notes. Disability: Debility left Influenza. Still debilitated. Cause - Infection + acute. Some embolisms. Disablement: 30 7/8	 W. J. G. H. M. D. 1917 3rd London General Hospital, WANDSWORTH, S.W.

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
6-12-16	Vaccination <i>LD</i>
15-8-16	} <i>T.A.B.</i> <i>LD</i> 3 <i>LD</i>
14-11-16	
20-11-16	
OPHTHALMIC SURGEON CENTRE NO. 23, DUNDEE. 2. VII. 1917	

RANK & NAME Pvt. S. Malle		CORPS N.F.L.D.		DATE OF EXAM. 12.8.17
VISION WITHOUT GLS.	SPH	CYL	AXIS	VISION WITH GLS.
R 7/6	+1.25	-	-	7/6
L 7/6	+1.25	-	-	7/6
SIGNATURE OF M.O.				OPTICIAN'S INITIALS

16-7-18 Boarded at Hazely Down Camp Marked AIII (three)  
 22.3.19 Classified grade II  
 Major  
 Capt Rame.

WANDSWORTHABLE WY.—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
S.S. <i>Plongel</i>	July 31	Aug 31/17	I. is hereby certified that this Soldier has been taken to the Hospital at Dundee and has been classified as <i>B</i> for discharge on Demobilisation. Medical category <i>1</i> Date of S.M.S. <i>14.6.19</i> Discharge by <i>S. M. W. H.</i>		
Windsor, N.S.	Feb 3/17	16.4.17			
D. P. <i>Alsonia</i>	16.4.17				





## 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 *Fredk Udle*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3023*

Intended address *8 Field Street, St Johns*

Height on discharge *5* Feet *9*

Color of hair on discharge *Blond*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *✓*

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *Bridget Morris*

Date and place of marriage *St Johns, Nov. 1899*

Christian names of children *Mildred John,*

Place and date of soldier's birth *St Johns, Nov. 8<sup>th</sup>, 1895*

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)

*Fredrick Udle*

(Rank)

Station **ST. JOHN'S**

Date

*11-6-19*

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  
Unit, of



Station

Date



# Report of Medical Board.

Station	St. John's, Nfld.	Date	June 12/19.	
No. and Rank	3023. L/C.	Age	44	Height 5'9".
Name	UDLE FRADERICK.	Complexion	Fair	
Unit	Royal Newfoundland	Eyes	Blue	Hair Grey.
Address	8 Field St.			
Former Trade	Accountant			
Enlisted at	St. John's On May 14/16.	(The Board will please note how the soldier's appearance corresponds with above description).		
Disease or Disability	Original	AGE & DEBILITY FOLLOWING INFLUENZA.		

Subsequent

Present Condition (Compare with previous Board)

Pulse 96. Complains of general weakness. Some cough & shortness of breath.  
No accompaniments in ~~XXXXXX~~ lungs.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

20%. 6 Months.

DISCHARGE PERMANENTLY UNFIT.

Members of Board

N. S. FRASER. ....

(SGD) CLUNY MACPHERSON. MAJOR. ....

J. S. TAIT. ....

L. PATERSON. MAJOR. ....

Approving Medical Officer.



# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 3023 .....

Name Lt Col Frederick Rank R/Cpl .....

Address 122 Duckworth St .....

Present Medical Category E .....

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

(b) Standard Medical Board .....

Members of Board {

Riff Last  
O.C. Discharge Depot.

J. Paterson  
Senior Medical Officer

W. Borden  
M. O. Depot



# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3023 ..... Rank Lt Col .....  
 Name Wade Frederick ..... Unit and Corps Regal Bld .....  
(Surname) (Christian Names)

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France*

(b) In what capacity?

*Soldiering*

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

*Influenza*

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)



2. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

~~6th~~ General Hospital Rouen  
3rd London Gen Hospital

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

\_\_\_\_\_

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

\_\_\_\_\_

7. What is the name and address of your last employer before joining the Army?

Stanley & Co Ltd St Johns  
Wld

8. (a) What was your occupation before joining the Army?

Accountant

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station St Johns

Signed (Soldier)

*Frederick Udde*

Date March 19-3-19

Signed

*E. Jackson R.E. 57221*  
Witness

*Reclassified*

**Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.**

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), F., or P.(T) of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting. This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name Udale (Surname) Fredrick (Christian names in full)

Unit from which discharged Roy Newfoundland

Regimental Number 3023 Rank on discharge Lt Col Age on discharge 42

Married, widower with children, or single Widower

Occupation before enlistment Accountant

Special qualifications (if any) for employment in civil life as above

Nature and locality of employment desired —

Full postal address to which proceeding on discharge C/o Harvey & Co Ltd St Johns Newfoundland

Name of Approved Society (if any) —

**PART B.** Period of service, and in what Corps ... ..

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed ... ..

Service towards pension ... ..

**PART C.** Number of G.C. badges — medals —

Wounds and actions in which received —

**PART D.** Where born (parish, town and county), and date St Johns 8 Nov 1877

Colour of hair on discharge Brown Colour of eyes Grey Complexion Fair

Christian name of father —

Christian name of mother deceased

NOTE.—Army Forms D. 400 and W. 3463a and b are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463a and b are to be completed by the Officer i/c Central Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

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

Christian names of children and dates of birth  
 MILDRED AGE 14 yrs  
 JACOB AGE 8 yrs

Date and place of 1st enlistment  
 14th Aug 1916 - St John's

Figure on discharge  
 5-10/2

Descriptive and other distinguishing marks  
 - STU -

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) \_\_\_\_\_

Rank \_\_\_\_\_  
 Station \_\_\_\_\_  
 Date \_\_\_\_\_

I certify that the above-named soldier signed the foregoing declaration in my presence:  
 (Rank) \_\_\_\_\_  
 O.C. unit or Officer i/c Hospital. \_\_\_\_\_

THE CONTROLLER,  
 MINISTRY OF PENSIONS,  
 BURTON COURT,  
 111 KING'S ROAD,  
 LONDON, S.W.3.

The soldier named overleaf was  
 Discharged under para. \_\_\_\_\_ King's Regulations  
 or \_\_\_\_\_  
 Transferred to Class\* \_\_\_\_\_ of the Reserve.

Military character \_\_\_\_\_  
 I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records. \_\_\_\_\_

Station \_\_\_\_\_  
 Date \_\_\_\_\_ 191 \_\_\_\_\_

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 questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Geo* ..... 2. Surname..... *Waller* .....
3. Rank..... *R.S.* ..... 4. Regt. No..... *3023* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *94 Barnes Road, St. J.* .....
6. Date of enlistment in the Regiment..... *Aug. 14/16* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *Daughter* .....
9. Address in full of such dependents..... *94 Barnes Road, St. J.* .....
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 Nfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Two years* .....
- 10 mos and 2 weeks*



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

.....  
.....  
.....  
.....

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.

.....  
\$2.96 Clothes, Etc.....  
.....

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.?..... If not give? - (a) date of discharge.....

..... July 4, 19..... (b) Reason for discharge.....

..... Demobilization.....

.....

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

..... France & Germany.....

.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

.....

.....

.....

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:

*Fred. Ude*

Place of Residence:

*94 Barnes Road, City*

Declared before me at:

*St. Johns, N.B.*

This

*17* day of

*1919*

*John M. Carthy*

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

POST DISCHARGE PAY.

Date paid	Sold	Sold	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	.....

Raymaster



DUPLICATE  
MAIL COPY

Posted 26 JUL 1918

253

Chief paymaster  
& Officer i/c Records  
Royal Newfoundland Regt.  
58 Victoria Street  
London S. W.

Allotment  
No. 3035 Pte. F. Udle.

16th, July

1

with reference to your No. 12933/159 to Minister of Militia and your reply to my No. 233, I beg to state that the note "Cancelled till (3) of form K. 2865 is paid" does not appear on the form in our possession, consequently we have acted solely on form K. 2865, paying only 25/- per day after the amount of £90.00 had been paid into Court.

In order to adjust without further trouble to you, I am depositing difference between K. 2865 and K. 2793 in B.O.M. and payment covering period from completion of payment to Court, to Aug. 31st, 1917, will be shown on pay sheets of January 1918. Since Sep. 1st, 1917 allotment has been paid on basis of Form K. 2793.

This matter has now apparently been satisfactorily settled. It is understood that Separation Allowance is being paid to Pte. Udle's dependants from 1/9/17.

The enclosed claim in respect of the allowance although apparently not necessary is forwarded for your retention.

*[Signature]*  
Major,  
Chief Paymaster & O i/c Records.

*[Signature]*  
Capt. & Paymaster.

FM/WF



## SEPARATION ALLOWANCE

1. Regimental No. and Rank	3025 Private
Name	Frederick Owain Udle,
Unit	<del>E/1st Newfoundland Regt.</del>
2. Full Name of Dependent.	Mildred Dacey Udle (Age 14) Jack Arthur Udle ( " 7)
3. Address	Church of E. Orphanage, St. John's
4. Have you made previous claim for Separation Allowance? If so, state particulars.	No
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	Yes 50%
6. Date of Marriage.	Nov, 9th 1899
7. Name and Address of your last Employer.	Harvey & Co, Ltd, St. John's
8. The amount of your salary or wages immediately prior to Enlistment.	£14.00 per week
9. Are your wages or any portion being paid by your employer during your absence?	No
10. If paid, what is the amount per month?	Nil
11. Name of Corps prior to enlistment in the Nfld Contingent.	

I CERTIFY that the above is a true statement.

Guardian, F. Cornick, St. John's      Frederick Owain Udle

Signature of Officer forwarding this application.

G. W. Whittaker, Lieut Colonel  
Commanding ~~E/1st Newfoundland Regt.~~

Unit E/1st Newfoundland Regt.

Date December 19th 1917

*Subscribed to by  
F. Cornick  
F. G. Chelmsley*



DUPLICATE  
MAIL COPY

N.F.P./82.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

Posted

<p>1. Regimental No. and Rank Name (in full) Date of Enlistment Unit</p>	<p><b>3023 Private.</b> <b>Udle, Frederick,</b> <b>August 14th, 1916.</b> <b>2nd. Bn. Royal Newfoundland Regt.</b></p>
<p>2. Name(s) of Dependent(s) (in full) Relationship</p>	<p><b>Mildred Udle,</b> <b>John Udle.</b></p>
<p>Address (if allowance is claimed for children, name and address of person with whom they reside should be stated)</p>	<p><b>Mildred Udle,</b> <b>c/o, Mrs. T. Martin,</b> <b>192, Duckworth Street,</b> <b>St. John's.</b> <b>Jack Udle,</b> <b>c/o Dr. Jones,</b> <b>Rector St., Thomas' Ch. St. John</b></p>
<p>3. Ages of Children: Girls under 17 years Boys " 16 "</p>	<p><b>14 years. 5 months.</b> <b>8 " 2 "</b></p>
<p>4. Children's Guardian Address</p>	<p><b>Frederick Cornick,</b> <b>c/o Harvey &amp; Co, Ltd.,</b> <b>St. John's. Nfld.</b></p>
<p>5. Particulars of Allotment Allottee Address Date effective from</p>	<p><b>£ .50 cents per day in favour</b> <b>of Frederick Cornick, (in trust),</b> <b>c/o Harvey &amp; Co, St. John's.</b> <b>September 1916.</b></p>
<p>6. Date of Marriage</p>	<p><b>November 14th, 1898.</b></p>
<p>7. Have you made previous claim, for Separation Allowance? If so, state particulars.</p>	<p><b>Yes an old Form N.F.P./82 but nothing has been since heard.</b></p>
<p>8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?</p>	<p><b>No.</b></p>

9. Name and address of your last Employer.	Harvey & Co., Ltd., St. John's, Newfoundland.  \$14. 00 per week.
10. The amount of your salary or wages immediately prior to Enlistment.	No
11. Are your wages or any portion being paid by your employer during your absence?	Nil
12. If paid, what is the amount per month?	-----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

**Frederick Udle,**

Signature of Officer forwarding this Application.

**R.A. Berners, Lt. Colonel,**  
Commanding 2/Bn, Royal Newfoundland Rgt.

Unit 21 March. 1918.

Date \_\_\_\_\_

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_



## NEWFOUNDLAND CONTINGENT

## SEPARATION ALLOWANCE

1. Regimental No. and Rank	3023 Private.
Name (in full)	Udle, Frederick,
Date of Enlistment	August 14th. 1916.
Unit	2nd. Bn. Royal Newfoundland Regt.
2. Name(s) of Dependent(s) (in full)	Mildred Udle, John Udle.
Relationship	
Address (if allowance is claimed for children, name and address of person with whom they reside should be stated)	Mildred Udle, c/o, Mrs. T. Martin, 192, Duckworth Street, St. John's. Jack Udle, c/o Dr. Jones, Rector St, Thomas' Ch. St. John
3. Ages of Children:	
Girls under 17 years	14 years. 5 months.
Boys " 16 "	8 " 2 "
4. Children's Guardian	Frederick Cornick, c/o Harvey & Co, Ltd., St. John's. Nfld.
Address	
5. Particulars of Allotment	\$ .50 cents per day in favour of Frederick Cornick, (in trust), 8/o Harvey & Co, St. John's.
Allottee	
Address	
Date effective from	September 1916.
6. Date of Marriage	November 14th, 1898.
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	Yes an old Form N.F.P./82 but nothing has been since heard.
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.



9. Name and address of your last Employer.	Harvey & Co., Ltd., St. John's, Newfoundland.
10. The amount of your salary or wages immediately prior to Enlistment.	\$14. 00 per week.
11. Are your wages or any portion being paid by your employer during your absence?	No
12. If paid, what is the amount per month?	Nil
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

Frederick Udle,

Signature of Officer forwarding this Application.

Unit R.A. Berners, Lt. Colonel,  
Commanding 2/Bn, Royal Newfoundland Rgt.

Date 21 March, 1918.

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

Form K.

5.55 returned

No. 2993

3rd Newfoundland Regt

May 3/17

N.F.P. / 13

NEWFOUNDLAND CONTINGENT 13

ALLOTMENT

I, (No.) 2023 (Rank) P L 9 (Name) Mdsr Frederich hereby agree, until further notification by me, and in required form, to make an allotment of \_\_\_\_\_ dollars and Fifty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Allotment begins 16-5-17

Identified Certify No

2846

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person) \$ c
Daughter Nephew	Bank of Montreal in name of medrus Mdsr and or Fred Hornick	87 Lower St of Harvey St S S Officer St John's	
Annoted with (2) Form K No 2023 is paid C. R. Byrne			
Total			- 50

This Allotment to take effect from and including 191

NOTE:- This Form must be completed and Signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the C/Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) Ches R. Byrne Capt. Officer Commanding, Company.

Dated at St John's Aug 17th 1916

(Sig.) Fred Mdsr Allottor.











3 1ST. NEWFOUNDLAND REGIMENT 13

ALLOTMENTS

I, Fredrick Udle, Regl. No. 3023

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

Allotment begins September 1st/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2869	daughter replew	(1) Bank of Montreal in name of Mildred Udle and or Fred Udle 40 Harvey St.	St. John's. 87 Lower St. S.S. Office St. John's	35
2890		(2) Magistrate's Court per Sgt. Blythant until amount of twenty dollars (\$20.00) is paid	St. John's	35
Total Allotment, \$				- 70

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

(Sig.) Chas. H. Rye Capt.  
Officer Commanding  
to Company  
St. John's Regt.  
Aug. 26<sup>th</sup> 1916.

(Sig.) Fredrick Udle  
(Rank) Pte.  
Witness  
E. Omeint

November 7th, 1917.

Dear Sir,-

Herewith enclosed cheque for the sum  
of Forty Dollars, to be placed to the credit of Fred.  
Cornick, Guardian-Wale Children.

Yours faithfully,

3023

Capt. & Paymaster.

The Managers  
Bank of Montreal,  
City.

Bank of Montreal,

Curling, Nfld.

3436

1003

12 Dec/18.

Paymaster

Royal Nfld Regt.

Melina Dept.

Sofonis

Sir

Enclosed please  
find your cheque, for  
\$20.<sup>00</sup> in favour of  
F. Cornick, Guardian  
Wid. Children, which  
was sent to me by  
mistake.

In approval by  
Mr F. Cornick at  
Harvey's Steamship

office.

Trusting that this  
will reach you safely

I remain

Yours truly

W. R. Cornick

3023

February 6th. 1918.

The Bank of Montreal,  
C i t y.

Dear Sirs:

Re No. 3023, Pte. Utle.

We are makin a deposit of two cheques  
for the above man in payment for January. The allot-  
ment numbers are #2865 and #2793.

In future the allotment number of this  
man will be 32793, therefore #2865 will be discontinued  
from February 1st. inclusive.

Yours truly,



February 6th. 1918.

The Bank of Montreal,  
C i t y.

Dear Sirs:

Re No. 3023, Pte. Uile.

We are makin a deposit of two cheques  
for the above man in payment for January. The allot-  
ment numbers are #2865 and #2793.

In future the allotment number of this  
man will be #2793, therefore #2865 will be discontinued  
from February 1st. inclusive.

Yourstruly,

St. John's,

Sept. 18th, 1919.

The Minister of Militia,  
City.

Dear Sir:-

The writer begs to notify you that in future all moneys coming due to Ex A/Cpl. F. Wile, or his dependents are, at his request, to be made payable to him and not in my trust (per Bank of Montreal) as has been the practice in the past.

Sincerely yours,

J. J. Cornick,

*P.M.*  
for attention please  
W.F.R.  
12/9/19  
F.W.

F.G.

M.E.

AM

3023 Mable

Please make payment of our  
pay<sup>t</sup> W. S. G. Authorized.

W. F. H.

2/7/19

F. C. J.

Oct 3/19

Capt Howley

Sir: -

- Kindly give Mildred my  
Cheque.

PS

This is my  
daughter  
~~\_\_\_\_\_~~

Yours  
L. Adle



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70 <sup>00</sup>/<sub>100</sub>

Nov 5<sup>th</sup> 1919

Received from the First Newfoundland Regiment

the sum of Seventy \_\_\_\_\_ Dollars.

~~on account~~  
balance of Pay. W.S.G.

Hundred & 00/100  
H. J. [Signature]

Ch. No.	19094	Initials	Ed
Pay Ledger	266	Initials	W
Gen. Ledger		Initials	

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 3023

Rank Private

Name J. Hale

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 14 1919

Received from the First Newfoundland Regiment  
the sum of Seventy <sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay. W.S.G.  
~~balance~~

P. Udd

Ch. No.	2434	Initials	W.S.G.
Pay Ledger	266	Initials	W.S.G.
Gen. Ledger		Initials	

A. C. 3023

Rank  
S/Pl

No. 3023

Rank

Private

Name

Udler, F.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

Oct 3<sup>rd</sup>

19 19

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.S.J.  
balance

Mildred Udle.

Regtl. No. 1 Rank C.S.

Ch. No. <u>14188</u>	Initials <u>EW</u>
Pay Ledger <u>266</u>	Initials <u>EW</u>
Gen. Ledger.....	Initials.....

No. 3022

Rank

Pte

Name

F. Middle

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
32.

Number of Sheets

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company Thos. H. [Signature]

Regimental Number and Name  
No. 3025 Wade J  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_

Enlistment  
Age on 39 years - months  
Place and Date of Enlistment } St. John's, Nfld.  
14.8.16  
Period of { with Colours 222 years.  
with Reserve 235 years.

Trade Clerk  
Religion C. of E.  
Place of Birth \_\_\_\_\_

Good Conduct Badges, Service pay or proficiency pay  
Appointed. 1/10

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
<u>Asst.</u>	<u>8.8.17</u>	<u>Pte</u>		<u>Being in charge of an untidy tent</u>	<u>Cpl Suley</u>	<u>2 days C.B.</u>	<u>1.5.17</u>	<u>Capt J.E. Pry</u>	<u>CS</u>
<u>Barry</u>	<u>28-7-17</u>	<u>"</u>		<u>Disobeying orders.</u>	<u>Cpl O'Rally</u>	<u>7 days C.B.</u>	<u>28-7-17</u>	<u>Major Rendell.</u>	<u>CCB</u>
<u>Hazley Lewis Corp</u>	<u>3.5.18</u>	<u>"</u>		<u>Absent of 2 Pm for 4 hrs</u>	<u>Sgt Connor</u>	<u>2 days C.B.</u>	<u>1.5.18</u>	<u>1/4. Evans</u>	<u>W.C.</u>
				<u>Demobilized</u>	<u>H. John</u>	<u>1.7.19</u>			
				<u>To be carried over</u>					

C.R. 3023

Extract from telegram from Military to Syn., London  
dated Sept. 26th 1919.

PLEASE ARRANGE PASSAGE TO ST. JOHN'S  
AS SOON AS POSSIBLE FOR MISS. L. YOUNG  
98, QUEEN'S ROAD, BUCKLAND, PORTSMOUTH.

-----



C.R. 3023

Extract from telegram sent to Synoptical, London,  
Oct.18/19.

Reference my telegram Sept. 25th Miss Young  
when may she be expected.

C.R. 3023

Extract from telegram received from Synoptical, London  
Oct.27th, 1919.

With reference to your telegram Oct.18th no application  
received from Miss Young: meanwhile passage has been provided  
for per "Sachem" provisionally Nov.27th

.R! 3023

Extract from telegram sent to Synoptical, London  
Oct.16/19.

Reference my telegram Sept. 25th Miss Young  
when may she be expected.

# NEWFOUNDLAND CONTINGENT.

## MEMORANDUM.

No. \_\_\_\_\_

C.R. 3023

From

PAY AND RECORD OFFICE,

58, VICTORIA STREET,

30th October, LONDON, S.W. 1.

191

To The Minister of Militia,

St. John's,

Newfoundland.

**SUBJECT:**  
OVERSEAS TRANSPORT:  
MISS L. YOUNG.

Reference Nos.

With reference to the following exchange of telegrams:

1. Received 27/9/19 (331).  
"Arrange- passage to- St. Johns  
"Wld- as soon as- possible for-  
"Miss- L- Young- 98- Queens  
"Road- Buokland- Portsmouth-  
"Military."
2. Received 20/10/19 (343).  
"Ref. my telegram 25th Sept.-  
"Miss-Young- when do you expect-  
"her- to leave"  
"Military."
3. Despatched 27/10/19 No. 369.  
"Ref. your telegram 18th Oct.-  
"no application received from-  
"no reply received yet from-  
"Miss- Young- meanwhile-  
"passage has been provided-  
"Sachem- provisionally- Nov. 27-  
"Synoptical."

The under-quoted letter has been received to-day:

"In reference to the letter I received from you about my passage to Newfoundland, I am unable to go out to Fred Udle till the New Year. If he still wishes me to go out to him, but I am writing to him by this mail and explaining the reason.

Thanking you for your letter."

*W. J. Munnell*  
Major,  
Chief Staff Officer (London).

REPLY

Dated

Nov 18th

191

9

Please return ORIGINAL and retain DUPLICATE.

Noted please.

Lieut-Col.,  
Chief Staff Officer  
for Minister of Militia

MT/NV



Miss L. Young,  
94 Baines Road,  
Buckland,  
Portsmouth,  
England.

3023  
C.R. 30-23

Yes

94 Baines Road,  
St. John's, Nfld.,  
September 24, 1919.

Lieut. Col. Rendell,  
Office, Militia Bld.,  
Water Street, City.

Sir:-

Whilst serving overseas attached to the Royal Newfoundland Regiment, I became acquainted with an English lady, namely, Miss L. Young, whom I intended making my wife before leaving England; but owing to my having to break up my home when I enlisted I thought it necessary to come back and see my children and get their opinion. Now having again opened my home, I have decided to send for her and request you to do your best in helping me to get this lady a free passage here, as I am still attached to the Regiment.

Hoping you will give this matter your kind consideration,

I beg to remain,  
Sincerely yours,  
Ep. S. Pl. W. Ude.

A3073

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3023 Rank Lt Col Name Frederick W  
 Date of Enlistment 10-8-16 Address 8, Fildelott District St Johns  
 Occupation clerk Classification for Discharge B Medical Category 1  
 Recommendation S. M. B. permanently unfit Disability Rating 20% 6 mths  
 Passed to Demobilization Officer with following documents:—

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

Date 16-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600
- (b) Clothing Supplied [Signature]

Date 17-6-19 O i/c. Re-clothing [Signature]

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 8 St Johns and Release Certificate No. 28901 issued.

Date 17-6-19

J.A. Sawbott  
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 17-1-19

Date 17-1-19

J.A. Sawbott  
Depot Paymaster.

Discharge approved for 17-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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
B179c	B 120	M 93		

3 Form B

Date 17-6-19

J.A. Sawbott  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUN 17 1919

R.H. Sawbott  
O. C. Discharge Depot.

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

Date June 26/19

James Heath  
Officer in Records

Reg. No. *3023* Rank *Co.* Name *Walc. H.*  
Attested ..... Address *123. Buckworth St*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.1.19.*  
Returned on S.S. *Rossian* Cause *Discharge*

*13-6-19*  
*16-6-19*  
*17-6-19*

*Recd. Discharge from Army*  
**PASSED TO DEMOBILIZATION OFFICE**  
**DISCHARGE APPROVED ON DEMOBILISATION.**



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 of 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. *1<sup>st</sup> Roy Newfoundland*
2. Regtl. No. *5023* 3. Rank. *L. Cpl* 7. Former Trade or Occupation } *Accountant*
4. Name *Male* *Fredenck* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *42*
6. Posted for duty on. *14 Aug 1916* at *St Johns*  
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 (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (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."

*Age and disability following influenza*

11. Date of origin of disability. *11/7/19*
12. Place of origin of disability. *Rouen France.*
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.  
*Complained of headache, pain in limbs and back, temp. 104° evening  
low intermittent.*

14. State whether the disabilities are
- |  |                     |                |
|--|---------------------|----------------|
| (i.) Service during the present war .. .. .                | (a) attributable to | (b) aggravated |
| (ii.) Previous active service .. .. .                      | 40                  |                |
| (iii.) Climate in pre-war service .. .. .                  | 40                  |                |
| (iv.) Ordinary military service before the war .. .. .     | 40                  |                |
| (v.) Serious negligence or misconduct on the man's part. } | 40                  |                |
- 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, &c., 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?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*Disimproved but still feels very weak. States his real age is 44. Has appearance of a man of this age*

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? *nil*

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.

*Discharged  
 Authority A.O. XIV  
 29 Jan 1919  
 + a.c. 1.69 of 1919*

*Hilbert Rowett Carr*  
 Medical Officer in charge of case.

Station *B London Genl. Hq*  
 Date *20/1/19*

\* 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.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being killed, 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.

*Debility after Influenza  
Still debilitated, but  
much improved*

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:

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

*Active Service Contributory*

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.

*no.  
Six months*

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?

30 (Thirty)  
Six weeks

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

v.

In Newfoundland  
as  
grade 4.

Opinion of Military Member in case of disagreement.

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 invalided at a foreign station)?

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?

No.

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?

} No.

Signatures:—

*Handwritten signature*  
*H.C.B. Carlyon*

President or Chairman.  
Members.

Station *Hendon*

Date *22.3.19*

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

Station .....  
Date .....  
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

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.



N. M. D.

# Report of Medical Board.

Station **St. John's, Nfld.** Date **JUNE 12th., 1919.**  
 No. and Rank **3023 - L/CPL.** Age **44** Height **5'9"**  
 Name **UDLE FREDERICK** Complexion **FAIR**  
 Unit **Royal Newfoundland** Eyes **BLUE** Hair **GREY**  
 Address **8 FIELD STREET**  
 Former Trade **ACCOUNTANT**  
 Enlisted at **ST. JOHN'S** On **MAY 14 1916** (The Board will please note how the soldier's appearance corresponds with above description).  
 Disease or Disability Original **AGE AND DEBILITY FOLLOWING INFLUENZA**

Subsequent

Present Condition (Compare with previous Board)

*Age 46. Complaints of general weakness  
some cough & shortness of breath. No accompaniments  
in lungs*

**THE ENTIRE DISABILITY:** To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *0%*

**PENSIONABLE DISABILITY:** To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *10% Six months*

Recommendation of Medical Board

*Discharge permanently unfit.*

Members of Board

*Clayton Macpherson  
Major*

*W. L. ...  
J. P. ...  
J. P. ...*

Approving Medical Officer.

