

3222

ROYAL NEWFOUNDLAND REGT:

Discovered 2-4-54

1914-1918

53
57
634
104
17

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 8227 Name Wm Upwood Corps Sheet

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wm Upwood
2. What is your full Address? 2. St. John's St. 208
3. Are you a British Subject? 3. no.
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Fireman
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? yes.

I, Wm Upwood, 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.

William Upwood SIGNATURE OF RECRUIT.

W. H. Moore Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Upwood, 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 on this 9 day of Nov 1915.

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 Certificates 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 Wm Howard
 Apparent age 22 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Howard | Relationship father
Camp St. Wash DC

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 " " " Pensions " [" "] " " " "

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 8227 Name Wm Upward Corps Med.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Wm Upward
2. What is your full Address? 2. St. John's
258
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years 7 Months
5. What is your Trade or Calling? 5. Patrolman
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? yes

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

Wm Upward SIGNATURE OF RECRUIT.
H. J. St. John Signature of Witness.

5 Nov 16

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Upward, 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 9 day of Nov 1916.

Signature of Attesting Officer Chas. Aye Capt.

CERTIFICATE OF APPROVING OFFICER.

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

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:—(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 Tom Howard
 Apparent age 23 years 9 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John H. Howard
Company B, 1st Regt. U.S. Cavalry | Relationship father
 Particulars as to Marriage _____

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Regt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>9-11-16</u>									
Joined at <u>St. John's</u> on <u>November 9th 16</u>									
<u>Discharged St. John's July 23/18</u>									
<u>Embarked at St. John's for transport U.S. 31st Co. Embarked for St. John's</u>									
<u>Embarked for St. John's 11-6-17. Suffered from dysentery in the field 2-7-17. Wounded 9-10-17</u>									
<u>Admitted 89th H.A. & S.V. 4th Regt. Cavalry 9-10-17. Admitted to 1st Regt. Cavalry 12-10-17.</u>									
<u>Involved in capture of 35-10-17. Admitted to 1st Regt. Cavalry Hospital, France (over)</u>									
<u>Remained in 1st Regt. Cavalry Hospital, France 11-2-18. Discharged to 1st Regt. Cavalry Hospital, France</u>									
<u>Went to 1st Regt. Cavalry, Camp, St. John's 5th 11-22-17. Embarked for St. John's 12-6-18</u>									
<u>Embarked to St. John's 12-6-18. Remained in 1st Regt. Cavalry 12-6-18. Arrived St. John's 6-7-18.</u>									
<u>Re-embarked for St. John's 23-7-18</u>									
Total Service forfeited as above <u>24-7-18</u>									
<u>Struck of strength 19-10-18</u>									
Total Service towards Engagement to <u>23-7-18</u> (date of discharge) <u>1</u> years <u>257</u> days									
Pensions <u>Reckoned as 88 days</u>									



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

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

Examination of William Howard
 aged 22 - 7 months conducted at SHB
 Date: Nov 9th 16 Recruiting Officer:

NO OF TEST FINDING

NO OF TEST	FINDING
1	Grant
2	no
3	yes at present - small it.
4	no
5	no
6	no
7	yes
8	yes
9	no
10	n
11	n
12	n
13	2 roots to be extracted
14	n
15	n
16	n
17	n
18	n
19	6/12 Bath
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
33	no
34	5-7"
35	132 lb.
36	35-38"
37	\$25.00 per month
38	Parents live from Howard Army Co H.D. Bay
39	none

[Large handwritten scribble]

[Handwritten initials]

Signature of Medical Examiner: Geo. Burden

ST JOHN'S, BRIDG.

August 2nd, 1918

To G.O.,
Royal Field Regt.
Headquarters

SIR:

The undermentioned men have been discharged
on the dates given.

Kindly note and post in Daily Orders Part II

I have the honour to be,

Sir,

Your obedient servant

(sgnd) J.M.HOWLEY

Capt. & Paymaster etc.

528	Pte.	Moore, J.W.	July 2/18	Med. Unfit
548	"	Barron, S.F.	Do	Do
1420	"	Sheppard, L.	Do.	Do.
2199	"	Bell, E.	Do.	Do.
3222	"	Upward, W.	July 23	Do.
3297	"	Braschett, J.	Do.	Do.
3945	"	Phillips, C.	Do.	Do.
380	Sgt.	Luff, John	Do.	Do.
1085	Pte.	Pomer, F.J.	Do.	Do.
2025	"	Locke, S.	Do.	Do.
2264	"	Chafe, J.	July 26	Do.
2489	"	Hobson, J.	Do.	Do.
2742	"	Vaughan, H.	Do.	Do.
2800	"	Hess, F.	Do.	Do.
1764	"	Taylor, A.H.	Do.	Do.
1987	"	Brown, A.	Do.	Do.
2467	"	John, P.	Aug. 1	Do.

I, 3222 The Hon Apward a discharged soldier of the Royal Newfoundland Regiment, hereby agree to serve in the Royal Newfoundland Regiment for Home Service in the Dominion of Newfoundland as long as my services shall be required, under the same terms and conditions under which I was serving before discharge.

The Hon Apward
Mark
John H. H. H.

I, 3222 The Hon Apward 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 do 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.

The Hon Apward
Mark
John H. H. H.

WITNESS: John H. H. H.

Place H. John.

Date 5-8 1918

Effective 20-7-18.

October 19th. 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/o Records.
Militia Dept.

1609. Pte. Walsh, R.
3222. Pte. Upward, WM.

The marginally noted men were recommended for discharge as permanently unfit (2nd Board), by Medical Board, held on Friday, October 18th. I am sending them herewith for your attention, and necessary action please. Their Accounts on Company Pay Sheets have been squared up to and including October 19th. 1918. They have no allotments current.

WFC

53222

October 18th. 1918

From Assistant Adjutant
Depot.

To Director Medical Services.
Militia Dept.

3222, Pte. Upward, W.

Above noted man was recommended for discharge, as being medically unfit on July 23rd, and was duly struck off the strength of regiment from that date. On 24 July, he was re-attested for Special Duty at Headquarters, Princes Rink. He now wishes to be released from t-his work, and wishes to proceed to his home in Harrys Harbor, NDB, after he has finished his Medical Board to-night.

WFC

July 10th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

300 Sargt. J. Luff
2998 Pte. F. J. Power
2999 " W. Upward
3007 " J. Bruchatt
2943 " G. Filmer
2955 " S. Locke

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Tuesday, July 9th.

I am sending them herewith for your attention and necessary action, please.

W Upward

C.R. 3222

~~PAID~~

1082/2

22nd January

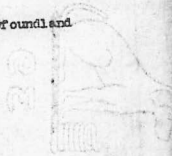
8

Mrs. N. W. Hills,
346, Old Kent Road, S. W. 1.

5: 0: 0

3222, Pte. W. Upward, Royal Newfoundland

Regiment.



11293/1./Records./HA-JC.

(2760) W & WINDS/11293 11293/200 THE J.C.A.R. (E828)

Army Form C. 343

Form
C. 343

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,

53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

MEMORANDUM.

From

No. 8
GENERAL HOSPITAL
ROUEN.

No.

8.222/17

Date.

To

To Officer Commanding,
8th General Hospital,
Rouen, France.

ANSWER.

Pay & Record Office,

25th October, 1917

3222, Upward, Pte. W.

Will you please state
the present condition of
the above-named man who was
seriously ill at your
Hospital on the 13/10/17,
suffering from wounds?

8th General Hospital Rouen
Oct 29 1917

This man was transferred
to England 25.10.17. He
was suffering wounds
R leg & Arm.

BRANCH

Role

ACTIONED UPON

Chief Paymaster & O. 1/c Records.

BY

J.F. Brew

Capt for

DATE

121 N WINDS/11293/200 THE J.C.A.R. (E828)
PAY & RECORD OFFICE

Ref. No.

16253

Rec'd.

- 2 NOV 1917

Acc'd.

Ans'd.

File No.

ORIGINAL.

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 3222 (Rank) Private (Name) W. Upward
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 3221 dated 1/4/17 in favour of
Mother Mrs John Upward
for £ 3 cts 50 per diem.

Such cancellation to take effect on the 25th day of
February 1918

2. I agree to accept all risks and consequences of this appli-
cation failing to reach Headquarters, St. John's, in time to become
operative at above nominated cancelling date; and that in the event
of such non-delivery, and thereby the allotment continuing to be
paid to the Allottee, I also agree to such further stoppage in the
Pay Books as may be necessary, or otherwise to refund such overpaid
amount or amounts.

Dated at

58 Victoria St-
London S.W.
February 1918

W. Upward X. *mark*
Allotter.

Approved and Witnessed:

M. C. C. C. C.
O. O. Registrar, N.F.P.
3rd London General Hospital,
WANDSWORTH, S. W.



To be made out in TRIPLICATE and delivered at the Pay &
Record Office not later than date of cancellation, in
accordance with P. & R. O. C. L./10, 9/12/16.

No. 3227 Rank PvtName Edwards

Pay	F.A.	Wkr	Total	N.F.P./73
Less Allotment				
Net Rate				

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance <i>brt forward</i>		43	2	0	Balance <i>brt forward</i>					43	3	3
Acquittance Rolls					Pay @ Net Rate	29 ⁵ / ₁₈	10 ⁶ / ₁₈	13	110	14	30	2 18 9
Hospital Advances		17	0		Rahim Allee							18 9
A.B. 84.					6 ⁶ / ₁₈ to 14 ⁶ / ₁₈							
P.&R.C. Payments					9 day @ 2/1							
44-90 Receipt no 7661	10 ⁶ / ₁₈	2	10	0	2-11-9	11 ⁶ / ₁₈	14 ⁶ / ₁₈	4	110	4	40	18 1
46-19 Cash 7739	14 ⁶ / ₁₈	1	14	0		15 ⁶ / ₁₈	19 ⁶ / ₁₈	5	110	5	50	1 2 7
48-13-0 Cash 7800	19 ⁶ / ₁₈	1	0	0	Rahim Allee							14 7
					Scheduled to 21/6/18							
					7 days @ 2/1							
					R.A. 1-11-9							
					1-3-0							

~~47-0-9~~~~48-13-5~~

49-16-0

No. 3227 Rank 1st Lieut Name Upward W

50 Ch. Allowance up to 25/7/18 ✓
 Pay F.A. Wks Total N.S.
 100 10 110 ✓
 Less Allotment none ✓
 Net Rate 110/ ✓
 Paid 25/7/18 ✓

DEBITS	Date	£ s d			CREDITS	Period From To	Days	Rate	\$	%	£ s d		
Balance					Balance	21 12/17					13	16	9
Acquittance Rolls					Pay @ Net Rate	22 22/17 28 2/17	69	60	41	40	8	10	2 ✓
Hospital Advances		1	8	0 ✓		23 13/17 5 1/18	36	110	39	60	8	2	9 ✓ 30 9 8
A.B. 64.			2	6		6 1/18 19 1/18	14	110	15	40	3	3	3 ✓ 33 12 4
P.&R.O. Payments		21	0	0 ✓		20 1/18 22 1/18	3	110	3	30	13	7	7 ✓ 34 1 6
Cash 6433	5 1/18	8	0	0		23 1/18 25 1/18	3	110	3	30	13	7	7 ✓ 35 0 1
Receipt 6658	19 1/18	2	0	0		26 1/18 27 1/18	2	110	2	20	9	0	0 ✓ 36 9 1
Cash 7712	22 1/18	1	0	0	Portion Allowance								
Cash 6764	25 1/18	1	0	0									
Cash 6806	27 1/18	1	0	0	Portion Allowance from 22-11-18 to 29-11-18 28 1/18 28 5/18	31	710	34	10		7	5	7 ✓ 36 3 1
69 09		1	0	0	Days @ 19								
80 63		1	0	0									
Receipt No 7436		6	0	0									

~~22 8 10~~
~~52 5 0~~
~~20 14 6~~
~~33 14 6~~
 35 2 0
 36 2 0
 35 2 0

Portion Allowance from 22-11-18 to 29-11-18 28 1/18 28 5/18
 Days @ 19
 6-1-5

1081/2

22nd January 1918

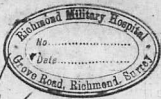
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3222, Pte. W. Upward,
Royal Newfoundland Regiment,
Richmond Military Hospital

21 1 18 791

S: O: O

Mrs. N. W. Hills,
546, Old Kent Road, S.W.1.



168/12
1052/2

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

IN ✓ 491
22 JAN 1918

RICHMOND MILITARY HOSPITAL,
Grove Road,
RICHMOND, SURREY.

DATE 21/1/18

Regt. Paymaster

OK HC
\$5-0-0
22/1/18

168/12
1052/2

[Handwritten signature]

Please remit

\$5 (Five Pounds)

to *Mr. W. Hills*, 346 Old Kent Road, and deduct same
from my Credit.

S.W.I

Pls. W. Upward, 3222.

PPWamen
Capt. R. A. M. O.
Registrar

1st Newfoundland Regiment.

D. Coy.



RICHMOND MILITARY HOSPITAL,
Grove Road,
RICHMOND, SURREY.

WOUNDED OFFICER
 A. HESLOP
 295
 12 JAN 1918
 No. 108 101

DATE. 11/1/18

Regt. Paymaster.

ok £3-0-0
AW. 12-1-18

Please remit £3. (Three Pounds)

to Mrs. M. W. Hills, 346 Old Kent Road, London, S. E. I. and deduct same from my Credit.

Plc. W. Upward. 3222.

1st. Newfoundland Regiment.

D. Company.

740/11
745/11

pp Warner

Capt. R. A. M. G.
Registrar.

745/1

14th January 8

3822, Pte. W. Upward

1st Newfoundland Regt.

Richmond Military Hospital

11 1 18 495

5: 0: 0

Mrs. H. W. Hills, 346, Old Kent Road, London, S. E.1.

71
[Signature]

.740/1

14th January

8

Mrs. N. W. Hills,
348, Old Kent Road,
London, S. E. 1.

S: O: O

3222, Pte. W. Upward
1st Newfoundland Regt.

[Handwritten signature]



RICHMOND MILITARY HOSPITAL.
Grove Road,
RICHMOND, SURREY.

DATE 21/1/18

Regt. Paymaster.

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
Vol. Nos. <input checked="" type="checkbox"/> 1157	
Rec'd - 9 FEB 1918	
Adm. And'd	
Vol. Nos. 001	
1786/3	
and deduct same	
4/1/18	
Pte. W. Upward 3222	
1st Royal Newfoundland Regiment	
D Coy.	

Please remit

£2 (Two Pounds)

to W. W. Hills, 346 Old Kent Road, S.W. E.

from my Credit.

Pte. W. Upward 3222

1st Royal Newfoundland Regiment
D Coy.

OK
* 2-0-0
7/7/18
JRS
MPC

Capt. R. A. M. C.
Regt.

1786/3
1787/3

1767/3

4th February

8

5222, Pte. W. Upward

Royal Newfoundland Regt.

Richmond Military Hospital

31 1 18 1157

2:0:0

Mrs. N. W. Hills, Old Kent Road, London, S, W. 1.

7521.

1786/5

4th February

8

Mrs. N. W. Hills,

346, Old Kent Road,

London, S. W. 1.

2:0:0

3222, Pte. W. Upward, Royal Newfoundland Regt.

7521.

3rd London General
Hospital Wandsworth

SW 18

22.2.18

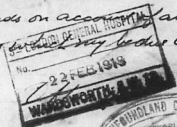
Sir

Please remit to 3222

Pte W Upward the sum of 2⁰⁰

Two Pounds on account of any

balance ~~owed~~ my bed as come



OK No. 5819
H.R.P.
22.0.0

WUC

1st 3222



Pte W Upward mark

4th Field Regiment

3rd London General

Hospital

Wandsworth

SW 18

NEWFOUNDLAND RECORDS PAY & RECORD OFFICE	
Ref. No.	V 1721
Rec'd.	19 FEB 1918
Acc'd.	<i>[Signature]</i>
Am'd.	
File No.	

BRANCH
Pay
ACTED UPON
BY <i>[Signature]</i>
DATE

To the
~~Paymaster,~~
 52 Victoria Street,
 18/2/18



Dear Sir,

I beg to ~~wish~~ *make*
 application for the sum of
 £1, the money to be withdrawn
 from my credit.

Rs 1-0-0
 Au. 19²¹/₁₈

I am,

Your obedient servant,

3222 Ste W. Upward,

Approved. D Company.

[Signature] 1st Newfoundland Reg^t

Registrar, R.A.M.C.

3rd London Ge.

WINDSWO

. 2766/60

Srd London General
Wandsworth.

20th February

8

W. Upward

5222

Pte

1:0:0

7582

3010/68

3rd London General
Wandsworth

25rd February 8

5222 Pte

W. Upward,

1:0:0

7803.

OK £. 1-0-0
AW - 22/2/18

To the
Paymaster. (Newfoundland contingent)

58 Victoria Street.

21/2/18 Pay

LONDON GENERAL HOSPITAL

~~PAID~~ UPON 21 FEB 1918

Six, BY ~~[Signature]~~ WANDSWORTH, S.W. 18.

~~DATE~~ beg to make application for
the sum of £1, which money to be
withdrawn from my credit.

I am,

Your obedient servant,

W. Upward,

Company,

Ref. No. 1863

Rec'd. 22 FEB 1918 Newfoundland Regiment.

Ack'd ~~approved~~
Anch'd. 30/10/18 to be held by H.C.

FHo No. Pyrgon Capt

Registrar, R.A.M.C.I

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

30/10/18

Newfoundland Contingent
58 Victoria St
London S.E.

To the Paymaster: 1/2 Records

Sir -

Please remit

to me the sum of £7 on account
of any balance which may be
due to me.

3222 P. H. W. upward

324 London General
Wandsworth S.W.

March 18/18.

of £7. --

3222 18/3/18
P. H. W.

Approved
W. W. W.

FILE	BRANCH
	INITIALS



Cheque 1897

OK
9/10/14
100
100

Regimental Paymaster.

59 Victoria St London S.W.

NEWFOUNDLAND CONTINGENT,
PAY & RECORDS OFFICE.

Ref. Nos. in 4187

Please forward the sum of £1-0-00 or

of pay due to No 3222 ... Rank Pte ... Name Upward, W. 2357/5

Regt. 1st Newfoundland Regt. to Miss M. Ridge

55 Upper Gloucester Road Brighton

Signed W. Upward

Countersigned



7357/5

O.C. Pavilion General Hospital,
Brighton.

7357/5

Pavilion Mill.
Brighton,

9th May 8

W. Upward

3222 Private

1:0:0

8063.

Handwritten mark

5468

QUEEN MARY'S CONVALESCENT AUXILIARY HOSPITALS,

ROEHAMPTON HOUSE,

ROEHAMPTON, S.W.

TO THE OFFICER IN CHARGE OF RECORDS.

56 Victoria St. Westminster

I beg to inform you that the undermentioned men have been admitted as patients to this Hospital.

Regt. No.	Rank and Name.	Unit.	Date of Admission.
3222	P. Howard W. Neufundland	Neufundland Regt.	May 22.

After these men have been fitted with artificial limbs, they will appear before a final Invaliding Board for the purpose of discharge from the Service.

May 23/1918.

H. Stedman
Commandant.

Queen Mary's Convalescent Hospital.

ADMITTED (16 copies of 100.)

22.5.18
 NOTIFICATION that a Soldier has been sent
 Home from Hospital to await Discharge
 under para. 392 (xvi.) King's Regulations.

Soldier's } 3222-
 Regtl. No. }

Name Murray
 (Surname first)

Corps or Regiment } 1st Kermanshah
 (also Unit if known) }

To Officer i/c of Records 58 Victoria St.

Regimental Paymaster " "

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 5.6.18, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 6/6/18

to (full address) 58 Victoria St. SW.

Date 6/6/18 W. B. Murray } Officer
 } Comm.

Place _____ Hospital.

CAPT. R. A. M. C.
 copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

No. _____ Date _____ 191

- * (1) To the Officer i/c Records } 58 Victoria St
- * (2) The Officer Commanding } 2nd bank, Wincoburgh
- * (3) The Paymaster } 58 Victoria St Station

* Strike out that which is inapplicable.

Regimental No. 3222 Adm: 4/2/18

Rank and Name 1st Lt Royal Pte upward bat.

Regiment or Corps 1st Royal

has been granted a furlough from } transferred to
Pavilion mil. Hospital

His address while on leave will be } Brighton
on 6/5/18

- I consider he is fit for
- I. DUTY.
 - II. COMMAND DEPOT for Registrar, R.A.M.C.F.
3rd London General Hospital,
 - III. EMPLOYMENT STANDSWORTH, S. W.

Officer in charge G C Hall Hospital.
Capt. 1st Station.

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

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

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

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

To the Officer i/c Records

38 Victoria St.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has this day been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1626 of 1916.)

Soldier's surname Upward, Christian names William
(in full)

Regt. No. and Rank 3222 No. Regt. or Corps 1/R Newfoundland
(If T.F. this should be stated)

His address on discharge will be Harry Harbour Robie Dam Bay
Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that no allowance is being issued in respect of him.

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

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



Station _____

Date 5 June 1916.

W. H. H. H.
President of Board
(Approving Officer).

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

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



Ward 7
London Gen. Hospital
Wandsworth

3-5-18

The Chief Paymaster
Royal Naval Dep^t

Sir

Please advance
me the sum of £1 one
charge the same to my
account. And oblige

Your obedient servant
3222 The W. Upward

A.K.
£1.0.0
JAB 3/5/18
Receipt No. 6909

approved

Signature
Capt Rambo



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

From a Hospital or Unit as "Medically Unfit."

1st Newfoundland (Regiment).

No. 3222, Rank Pte, Name Upward W

has orders to proceed to his home:

(Address 58 Victoria St SW)



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

Fulham 10am 14/6/18

Officer Commanding.

Stanley Perry
CAPT, R. A. M. C.



Place

Date

Name of Hospital or Unit from which the Soldier proceeds

MEMORANDUM.

From

*322 Lt. W. Upwood
Royal Welch Fusiliers*

To
*Chief Paymaster
H.Q. Staff*

Date *14.6.1918*



Please pay to *Mr* Robinson, 43 Battersea Rise, the bill for board at the rate of 2s 6d per day for the period 14th June to the date of my departure for Newfoundland and charge the amount of my account from

Wm. Upwood
Lieut. Colonel
Royal Welch Fusiliers

Wm. Upwood
Lieut. Colonel
Royal Welch Fusiliers

5710 H.A. Robinson
Date 21.6.18 by *[Signature]*
BOOK

[Signature]

14-6-18 To 21-6-18 : 17/6

= 7 days @ 2/6 = 17/6

amt to be paid
Mrs. Robinson

(~~17/6~~)

17/6

ADMITTED TO (of 100.)

22.5.18
 Queen Mary's Hospital,
NOTIFICATION that a Soldier has been sent
 Home from Hospital to await Discharge
 under para. 392 (xvi.) King's Regulations.

Soldier's } 3227. Rank Pte
 Regtl. No. }
 Name Upward W.
 (Surname first)
 Corps or Regiment } 1 Kentford Island
 (also Unit if known) }
 To Officer i/c of Records 58 Victoria St
 " "
 Regimental Paymaster " "

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 5 6 18, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~as a gratuity~~.

He proceeded on (date) 6/6/18
 to (full address) 58 Victoria St SW.

Date 6/6/18 W. B. Perry Officer
 Comm.

Hospital
CAPT. R. A. M. O.

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

4.

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

Attached correspondence is passed to you please.

Pte. Upward, W, 3222, appeared before a final
Invaliding Board at this Hospital on the 5th June, 1918, and was
sent to the King George Hospital, Stamford Street, S.E., on the
following day for final disposal and discharge.

Rochampton
8.8.18.

General
J. Curvey for *Dr* Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

NEWFOUNDLAND
7176
9 AUG 1918

Repetent
22/8/18
J.M.

Roehampton

3rd LONDON GENERAL HOSPITAL
No. _____
16 JUL 1918
WANDSWORTH, S.W. 18.

16 JUL 1918

O.C.
Pavilion Military Hospital,
Brighton.

3222 Pte.W. Upward R.Nfld.

The enclosed correspondence is passed to you,
the above named Patient having been transferred to your
hospital on the 6th. May 1918 please.

H. Jagan

A/Major R.A.M.C.(T) for
O.C. 3rd London General Hospital.

P.T.O

11283/274

NEWFOUNDLAND CONTINGENT

11283/274

From:

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

To: Officer Commanding,

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

13th, July 1918

ALLOTMENT

No. 3222, PTE. W. UPWARD,
Royal Newfoundland Regt.

With reference to the enclosed application for cancellation of Allotment of the above-named, 18/2/18 (1720), kindly ascertain and advise:-

1. Whether the Allotment is payable to a dependent as a sole or contributory means of support?
2. Whether Separation Allowance (in addition to Allotment) is being paid to any person in Newfoundland or elsewhere on his behalf, and if so, to whom?
3. The reason for cancellation.

Should the Soldier's reply to "2" be in the affirmative he should be informed that Allotment may not be cancelled without reference to the Minister of Militia in Newfoundland, to whom reason for cancellation will require to be submitted.

[Signature] Major.

Chief Paymaster & O. i/c Records.



191

Reply to Mother who is not dependant on me

Insufficient funds for local allowance

BRANCH
 Pay
 ACTED UPON
 BY
 DATE



To
 O.C. 3rd London General Hospital
 Wandsworth. Approved.
 18/2/18. *J. J. [Signature]*

Registrar, R.A.M.C.
 3rd London General Hospital
 WANDSWORTH, S. W.

NEWFOUNDLAND REGIMENT
 PAY & RECORD OFFICE
 Ref. No. *✓ 1720*
 Rec'd. 19 FEB 1918
 Ack'd.
 Ans'd.
 File No.

Sir,
 I wish to have my allotment of 50 per day, payable to my mother, Mrs John Upward, Harry's Harbour, Newfoundland, stopped.

The reasons for my stopping the allotment, are as follows:-
 (i) My mother is not dependant on me.
 (ii) I have insufficient funds for sick furlough.

Thanking you in anticipation for putting this through the proper channel for attention,
 I am

Your obedient servant,
3222, Pte. W. Upward,
D Company,
1st Newfoundland Regiment.

8

285/274.

SUSPENSE CLEANED

P198

Srd. London General Hospital,
..... Wandsworth, S. W. 18.

13th, July

SEER, PTE. W. UPWARD,
Royal Newfoundland Regt.

18th 2. 18 1780 ✓

14727/15

Richmond Military
Richmond

31st December 7

W. Upward

3222 Pte

5:0:0



RICHMOND MILITARY HOSPITAL,
Grove Road,
RICHMOND, SURREY.

Rect. Paymaster.

OK ~~HO~~ Newfoundland Contingent
£5 = 0 = 0
31/12/17

14727/15

DATE 28/12/17 RECORD OFFICE

NEWFOUNDLAND CONTINGENT	
RECORD OFFICE	
8228	
29 DEC 1917	
14744/15	
BY <i>[Signature]</i>	
P.S.	

Please remit £5 (Five Pounds) to Pte. W. Upward 3222 from my credit.

Miss Roberts above address
at Richmond William Hallal
Home Road, Richmond Surrey

Pte. W. Upward, 3222,
1st Newfoundland Regt. (T Coy.)

William Major, R.A.M.C.,
O i/c Richmond Military Hospital,
Surrey.

Upward, D^{July}

3212

Gay Sept.

3222 Pt. W. Upward

Cancellation of allotment Form No. 3221

Owing to non receipt of form W.F. P/12
previous to posting requis for February
cancellation of allotment for the above man can
only be made effective from March 1/19 inclusive
for your action please.

NEW ZEALAND CONTINGENT

DUPLICATE MAIL COPY
Posted 28 MAR 1918
CANCELLATION OF ALLOTMENT



I, (No) 3222 (Rank) Private (Name) W. Upward
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 3221 dated 1/4/17 in favour of
Mother, Mrs John Upward
for $\$ =$ cts 20 per diem.
Such cancellation to take effect on the 28th day of
February 1918.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at 28 Victoria St
London Sw
February 1918

To certify Major Timewell

W. Upward X His
Allotter. mark

Approved and Witnessed:

[Signature]
C.O. "HOSPITAL" P.A.M.C.I.
3rd London General Hospital
WANDSWORTH, S.W.

NOTED
[Signature]
C.O.I.S.
Date 15/2/18

To be made out in TRIPPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

St. John's, SEP 6 1918

Regiment

Newfoundland Forestry Companies,

Billeting Account,

To M^{rs}. B. Melloy

Newgreen St.

Billeting Soldiers as undermentioned

from Aug 30th /18 to Sept 6th /18

3222 Pte W Howard 6 00

ACCOUNT Board & Messing
CIT NO 2147 INITIALS [Signature]

Certified correct for \$ 6.00

R.T. A. Sognette Adj. Lieut.
Billeting Officer.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 54-22

July 23rd 1918.

Received from the First Newfoundland Regiment
the sum of Seventy four 72 Dollars.
on account
balance of Pay.

W Edward

Ch. No.	371	Initial	<i>[Signature]</i>
Pay Ledger	28	Initial	<i>[Signature]</i>
Gen. Ledger	RP	Initial	<i>[Signature]</i>

Regtl. No. _____ Rank _____

[Handwritten initials]

No. 32.22.

Rank PG

Name upwards 2.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰

July 8th 1918

Received from the First Newfoundland Regiment
the sum of Fifteen Dollars.
on account of Pay.
balance

His
X upwards
mark

Regtl. No.

70
Rank
C. J. S.

Ch. No.	85	Initials	JH
Pay Ledger	28	Initials	[Signature]
Gen. Ledger	RP	Initials	[Signature]

No. 3222

Rank

Pte.

Name

J. M.

Upward

MA

11

DUPLICATE.
ORIGINAL.

H.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 3222 (Rank) Private (Name) W. Upward
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 3221 dated 1/4/17 in favour of
Mother Mrs John Upward
for $\$$ 3 cts 50 per diem.

Such cancellation to take effect on the 28th day of
February 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date: and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

38 Victoria St
London SW
February 1918

W Upward X His
Allotter. mark

Approved and Witnessed:

Mullenkamp
O.C. " Hospital, R.A.M.C.T.,
3rd London General Hospital,
WANDSWORTH, S. W.



To be made out in TRIPPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

Same m/o effect on and including
April 1st 1918.

Proceedings on Discharge.

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

No. <u>3222</u>	Army Rank <u>Sowate</u>		
Name <u>Upward</u> <u>William</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge _____			
Place of discharge _____			
<p>1. <i>Description at the time of discharge.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Age <u>23</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measurement (girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Seaman</u> </td> <td style="width: 50%; border: none; vertical-align: top;"> Descriptive marks. <u>Amputation Right Arm.</u> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content; margin-left: auto;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.38. No. <u>92263</u> DATED <u>22 JUN 1918</u> </div> <p>Intended place of residence (To be given as fully as practicable) <u>Home No. 11 The Home Bay Newfoundland</u></p> <p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>		Age <u>23</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measurement (girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Seaman</u>	Descriptive marks. <u>Amputation Right Arm.</u>
Age <u>23</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measurement (girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Seaman</u>	Descriptive marks. <u>Amputation Right Arm.</u>		
2. The above-named man is discharged in consequence of _____ _____ _____			
<p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>			
To be filled in on the soldier quitting the Colours.	3. Military character:— _____		
	4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____		
	Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
	_____ Initials of Commanding Officer.		
Army Form B. 2088 has been issued to* _____			

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3222 Rank Pte Name W. Upward Unit Royal Hfld. Regt. who was Repatriated
to Newfoundland on 22/ 6/18 Authority A. F. B. 179 Cause Class A

STATEMENT OF ACCOUNT

DR.

PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.
Balance Dr. from				Balance Cr. from 21/12/17				
Allotment 69 days @ 50	34	50	7 1 9	Pay 183 days @ \$1.00	183	00	13 18 9	
Cash Payments & R. O.			4 1 6	Field Allowance 183 days @ \$.10	18	30		
Hospital Advances			3 9 0	Other Allowances days @ \$	201	30	41 7 3	
Other Debits:				Other Credits:				
				Ration Allowance.				
				6/6/18 22/18 17 days @ 2/1			1 15 5	
Total Debits			57 12 3	Total Credits			56 19 5	
Balance due by Paymaster				Balance due to Paymaster			12 10	
			57 12 3				57 14 9	

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

(Place) _____ (Date) 191

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 21/ 6/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

21/6/18 191

A. J. Munnell Maj.
Chief Paymaster & Officer i/c Records.

Allotment of 50¢ cancelled 28/2/18

PERIOD: FROM 22/12/17 TO 22/6/18

CHECKED.

21/6/18

LAST PAY CERTIFICATE

DUPLICATE
MAILED COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3222 Rank Pte Name W. Upward Unit Royal Field Regt. who was Repatriated to Newfoundland on 29/6/18 Authority A.F.P. 172 Cause Class A

DR.

STATEMENT OF ACCOUNT

PARTICULARS	£ s d			PARTICULARS			CR.					
	£	s	d	£	s	d	£	s	d			
Balance Dr. from				Balance Cr. from								
Allotment 69 days @ 50	54	80		21/12/17			13	16	9			
Cash Payments P. & R. O.			47	Pay 185 days @ £ 1.00	185	00						
Hospital Advances			5	Field Allow 185 days @ £ .10	18	50						
Other Debits:				Other Allowes days @ £	201	30	41	7	3			
				Other Credits:								
				Ration Allowance.								
				6/6/18-22/6/18, 17 days @ 2/1			1	15	5			
Total Debits			57	12	5							
Balance due by Paymaster				Total Credits			56	19	5			
			57	12	5							
				Balance due to Paymaster					19	10		
										57	14	9

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

(Place) _____ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office London to 21/6/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

21/6/18 191

Chief Paymaster & Officer in Charge Records.

CHECKED.

21/6/18

Allotment of 50% cancelled 28/2/18

PERIOD: FROM 22/12/17 TO 22/6/18

COPY.

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. <u>3222</u>	Army Rank <u>Private</u>	
Name <u>Upward William</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>July 23rd 1918</u>		
Place of discharge <u>St. John's Nfld</u>		
1. Description at the time of discharge.		
Age <u>23</u> years <u>4</u> months	Descriptive marks. <u>Amputation Right Arm.</u>	
Height <u>5</u> feet <u>7</u> inches		
Chest measurement <u>34</u> inches girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>Fair</u>		
Eyes <u>Blue</u>		
Hair <u>Brown</u>		
Trade <u>Seaman</u>		
Intended place of residence (To be given as fully as practicable) <u>Wants St. John's, same bay Newfoundland</u>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service on account of wound received in action</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
To be filled in on the soldier quitting the Colours.	3. Military character:— <u>Very good</u>	
	4. Character awarded in accordance with King's Regulations:—	

Certified that the above is an accurate copy of the character given by me on Army Form B. 2967* and that Army Form D. 489 was awarded in this case.		
Initials of Commanding Officer.		
Army Form B. 2688 has been issued to*		

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

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

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

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____

Commanding _____ Batta. _____ Regiment.

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

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

(Place) St. John's

W. Thomas (Signature of Soldier.)

(Date) 3 August 1918

J. Ireland (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. *Statement of service.*

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

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

Total " " "

11. *Confirmation of discharge.*

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

(Place) _____

(Date) _____

Signature _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservations

Holland

X Edward

COPY

Army Form B. 103.

Regimental Number

3222

Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REGIMENT.

Regiment *4th* Corps *Newfoundland*

Rank *Sgt* Surname *Neward* Christian Name *William*

Religion *Methodist* Age on Enlistment *22* years *7* months

Enlisted (a) *9.11.16* Terms of Service *3 years* Service reckoned from *1st June 16*

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

Extended Re-engaged Qualification (b) *1st Class*

Occupation *fisherman* Trade and rate *1st Class* Signature of Officer *C. H. Hill*



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 50, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 50, or other official documents.
Date	From whom received				
			Embarked <i>Southampton</i>	<i>11.6.17</i>	
			Disembarked <i>London</i>	<i>12.6.17</i>	
		<i>Joined Battalion</i>		<i>2.7.17</i>	<i>B 212</i>
		<i>Wounded in Action</i>		<i>9.10.17</i>	<i>B 213 12/10/17</i>
<i>9.10.17</i>	<i>89 F.A. 8 Gen. Hosp</i>	<i>Adm. 1st Reg. Force on transf. of C.O.</i>		<i>9.10.17</i>	<i>B 213 12/10/17</i>
		<i>as</i>	<i>London</i>	<i>12.10.17</i>	<i>NA 10125</i>
<i>"B. 213 12/10/17"</i>		<i>transferred to England</i>		<i>25.10.17</i>	<i>W 3083</i>


McNorrey
C. H. Hill

(*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 16) Signaller, Shoeing-Smith, &c. W. 2628—M2723 20000 9/17 (35611) C. P. & S. Ltd., Furg B/182, E. 11067. P.T.O.

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Rank Pte Surname Upward Christian Name William
 Religion Methodist Age on Enlistment 22 years 7 months
 Enlisted (a) 9.11.16 Terms of Service (a) Duration Service reckons from (a) 9.11.16
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate
 Occupation Bookerman Signature of Officer W. G. Smith

COPY SENT
 O.C. H.Q. Report
 ST. JOHNS, N.F.L.D.
 Date From whom received
 P.38. NO. 2215/19
 DATED 22 JUN 1918

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.18, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.18, or other official documents
	Embarked <u>Shampton</u>	<u>11.6.17</u>	
	Disembarked <u>Rouen</u>	<u>12.6.17</u>	
	Joined Battalion	<u>2 JUL 1917</u>	<u>0 213</u>
<u>Wounded in Action</u>	<u>9 OCT 1917</u>	<u>0 213</u>	<u>12 OCT 1917</u>
<u>89 F A</u>	<u>4 Cpls S</u>	<u>9.10.17</u>	<u>801933</u>
<u>8 Gp M P</u>	<u>Rouen</u>	<u>19/10/17</u>	<u>AA-15125</u>
<u>Transferred to England</u>		<u>25/10/17</u>	<u>W 30073</u>
		MAJOR G. H. O., 3rd Echelon Infantry Section G. H. O., 3rd Echelon	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shipping-Smith, &c.
 58250 W.13863/M1477 2,400,000 LIT McA & W Ltd Forms B./1034 (B. 808) P.T.O.

Reg. No. 3222 Rank Pte Name Upwards, W.

Address Hays Hs. N.D.P.

Allotment Allottee

Date of Allotment Returned from Overseas 6-7-18

Embarked for Overseas Cause

9-7-18	Rec. Discharge Per Unit
10-7-18	Sent to Paymaster for Disposal.
15-7-18	Takes up Special Duty at Depot.
S.C. 14-7-18 to 29-7-18.	

DISCHARGED - MEDICALLY UNFIT JUL 23 1918

24-9-18 Reattested for Special at Depot
Home from 1-9-19 to 12-9-19.

Shook off the shingles from 1918 to 1921

C.R. 3222

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 9, 1918.

The following men returned from overseas and reported
at depot July 6, 1918.

#3222 Pte. W. Upward.

C.R. 3222

Extract from Telegram received from London, dated June
25th, 1918.

The following man embarked June 22 per Government
transport to Halifax being repatriated:

#3222 Pte. William Upward.

C.R. 3222

Extract of Casualties from Pay and Record Office, London, dated 8th. June 1918.

FOR REPATRIATION.

3222 Pte. W. Upward

ex King George Hospital, London, S.E., 6/6/18, is granted furlough to 10 a.m.
14/6/18 with orders to report at the P. & R.O., on the latter date for disposal

Authority: A.F. W. 3201.

C. 7. 3222

Extract of Casualty received from Pay & Record Office, London
dated 27th May 1918.

5222, Pte. W. Upward

Was transferred from the Pavilion H. Hosp. Brighton, to Queen Mary's
Conv. Aux. Hosp. Rehampton, S.W. 22-5-18.

3222 Pte. William Upward. ✓

C.R. 4040

Ext. of Casualty list received Oct 29th, 1917.
Previously reported Gunshot Wound Back, Rouen,
Oct 13, and now reported removed from seriously
Ill List Oct 25th,

C.R. 3222

Extract from Serial Roll of Draft No. 25: Reported Southampton 11/6/19
from 2/1st Newfoundland Regiment, Newton-on-Ayre, to 1/1st Newfoundland
Regiment N.E.F.

3222 Pte. Upward, W.

N.F.

C.R. 3222

Extract from Memorial Roll Draft embarked St. John's per
S.S. "GRAMPIAN" 31/1/17 sailed Halifax 16/4/17.

3222 Pte. W. Upwards.

C.R. 3222

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's Oct. 21 1918.

3222 Pte. W. Upward.

Who was re-attested from special duty at depot has been
struck off the strength from 19-10-18.

C.R. 3222

Preliminary Report

Extract from List to O.C. Depot from The Director of Medical Services
dated October 19th 1918.

At a Medical Board held on Friday October 18th., the following was a
finding:-

3222 Pte. Wm. Upward

2nd Board. Re-attested . Recommended Discharge - Permanently Unfit.

Extract from Daily Orders part 11, from Unit The Royal
Wfla. Regt. St. John's, dated August 2, 1918.

#3222 Pte. W. Upwards.

Having been found Medically Unfit is discharged
from July 25, 1918.

C. 3222

Extract from Daily Orders part II, from Unit The Royal
Nfld. Regt. St. John's, dated August 5, 1918.

#3222 Pte. W. Upwards.

Re-attested for special duty at Depot from 24-7-18

attested for General Service with the Royal Nfld.
Regt. 3-3-18

C.R. 3222

Extract from list of men of the Roy 1 Newfoundland Regiment
discharged on various dates.

3222 Pte. W. Upward,

Discharged 23 - 7 - 18 Medically unfit



31st. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

William Upward, Regt. No. 3222 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person or Persons concerned, viz: Allotment begins Dec 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3183	Wife	Mrs John Harrys Flannery (Mary Jane) Upward	M. D. 93.	50
				50
Total Allotment, \$				50

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 R. Ayré Capt.
Officer Commanding
to Company
Dec 4 1916

(Sig.) William Upward
(Rank) Pte.

Right Arm. 7 1/2 x 7 1/2 inches.

Medical Report on an Invalid.

Station _____

Date _____



4 - JUN 1918

1. Unit *Newfoundland Regt.*
2. Regimental No. *3222*
3. Rank *Private*
4. Name *Upward W.*
5. Age last birthday *23*
6. Enlisted on _____
 at _____
7. Former Trade or Occupation *Seaman*

8. Disability.

G. S. W. Right Arm. (Amputation)

COPIES SENT TO
O. C. H. Q.
ST. JOHNS, N.F.L.D.
F.P.38. NO. *2015/50*
DATED *2 JUN 1918*

Statement of Case.

Note.—The answers to the following questions are to be filled in by the officer in command of the case. In answering them he will carefully discriminate between the man's own statements and evidence recorded in his military and medical documents. He will also carefully distinguish entirely due to venereal disease.

9. Date of origin of disability.

9th October 1917

10. Place of origin of disability.

Langerholde, Belgium

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

When taken down from air, was hit by shell in right arm, it lay on left shoulder. He took to CAS when wounds were dressed, then to Co S. H. Room, when right arm was amputated in middle third - by 20th Bde, came to Redoubt Military Hospital when he got there was amputated and shell removed from it. Stump healed in February 1918.

12. (a) Give your opinion as to the causation of the disability.

Shell wounds

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Active Service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

In good health Has a wound struck in middle third of rt. arm Has scars on outer side of left leg & thigh, and behind left shoulder

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

Yes
Yes
Yes
No

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Amputated
3rd week

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

76. wound for 2 1/2 hrs

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

19. Do you recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

Yes

He also has a wound on the right arm
could be the cause

Hugh K Shaw M.B. (Physician R.C.)
Officer in medical charge of case.

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

Station _____

Date _____

Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1166, Pay Warrant, 1912.)
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.
20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?

Active Service S.W.

Has the disability been aggravated by

- (a) Intemperance?
 (b) Misconduct?
 (c) Any of the conditions mentioned in question 20, and if so, which?

to

yes

22. Is the disability permanent?
 23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
 In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Total 7/8 this 1/2

- 24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?
 25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Yes

S. W. Clark Col. President.
Provan Captain
 Members.



Station 5 - JUN 1918

Date _____



Station _____

Date 5 - JUN 1918

S. W. Clark
 Administrative Medical Officer.

Opinion of the Medical Board.

Notes.—(1) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1167 and 1168, Pay Warrant, 1912.)

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service &c.

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

21. Has the disability been aggravated by

23.A. Is he fit for discharge from the Service as an out-patient and will he require out-patient treatment on discharge from Hospital?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

Yes

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Total 7/8 then 1/2

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

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

26. Do the Board recommend

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

Yes



[Signature] Col. President.
[Signature] Captain
Members.

Station 5 - JUN 1918

Date _____



[Signature]
Administrative Medical Officer.

Station _____

Date 5 - JUN 1918

Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS.—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his signing this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.
The Form will often be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

Name in full William Upward
Regiment from which discharged 1. Royal Newfoundland
Regimental number 3222
Where born (Parish, Town and County) and when Harry's Harbour, Newfoundland, March 17th 1895
Intended address Harry's Harbour, North Cove, N.B., Newfoundland.

Height on discharge 5 Feet 4 Inches
Colour of Hair on discharge Brown Colour of Eyes Blue
Descriptive marks Amputation R. Arm. Above elbow Complexion Flesh.
Figure on discharge Normal
Christian name of Father John S. H. S. R. Reg. L. Shoulder
Christian name of Mother Mary Jane.
Wife's Maiden name in full }
Date and Place of Marriage } Single
Christian names of Children }
Nature and locality of civil employment desired Undecided

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) The mark x of William Upward
Station Roehampton, S.W. (Rank) Pte. Date 5/6/18
Witness Christfort

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.



Queen Mary's Convalescent Hospital:
Date 5-JUN 1918

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Allowed with Stations	Years	Days
			India		
			O.C. H.Q.		
			S. Afr. ST. JOHNS, N.F.L.D.		
			W.P.38. No. <u>992381</u>		
			DATED <u>22 JUN 1918</u>		

Date inclusive to which pay has been issued

Sum due on account of advance of Pension }

Sums due on account of public debts ...

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

Medals

Other distinguishing marks

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

Station _____

Officer in Charge

Date _____

Records.

COPY.

Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, so, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.
The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Medical Board when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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



A Name in full William Upward
 Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT
 Regimental number 2222
 Where born (Parish, Town and County), and when Marry's Pt. Nfld March 19, 1895.
 Intended address Marry's Pt. Nfld
 Height on discharge 5 Feet 7 Inches
 Colour of Hair on discharge Brown
 Descriptive marks Amputation Right Arm
 Figure on discharge Normal
 Christian name of Father John
 Christian name of Mother Mary Jane
 Wife's Maiden name in full }
 Date and Place of Marriage } Single
 Christian names of Children }
 Nature and locality of civil employment desired Undecided

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) Wm Upward Witness C. Montfort

Station Exhampton, S.W. (Rank) Sgt
 Date 2/6/18
 I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.
Queen Mary's Hospital

Station Exhampton, S.W. Date 2/6 June 1918

B Period of Service and in what Corps

Regiment	Years	Days	All Services Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed					
Service towards Pension					

Date inclusive to which pay has been issued }
 Sums due on account of public debts ... } Sum due on account of advance of Pension }

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

TABLE II.—Only for admissions 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 of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	22	5	18	6	6	18	Amputation Right Arm	16	ARTIFICIAL LIMB PROVIDED.	<i>J. H. Lawrence</i> Q.M. for Captain Adjutant Queen Marys Convalescent Hospital



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
322

Number of Sheet *First*
Signature of O. C. Company *W. C. O'Connell*

Regiment of *1st Newfoundland*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<i>3222</i>	Age on	<i>27</i> years <i>7</i> months	Trade	<i>Fisherman</i>		
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date			Place of Birth			
Joined	Date	Period of	with Colours <i>2 1/2</i> years. with Reserve <i>3 1/2</i> years.				
Joined	Date						

Place	Date of Offence	Rank	Cause of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P. 38. No. <i>9913/50</i> DATED <i>22 JUN 1918</i></p> </div>									
<p style="font-size: 1.5em; margin: 0;"><i>Discharged Medically Unfit</i></p> <p style="font-size: 1.5em; margin: 0;"><i>St. John's, 23 7/8</i></p>									
<p>To be carried over</p>									

Army Form B. 121.

COPY.


Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Colclough Sons Ltd., Printers, Old Bailey, E.C. 4. Forms
11439. W4687/212348 5/17a 23 59

Regiment of **ROYAL NEWFOUNDLAND REGIMENT.**

Signature of O. C. Company: *[Signature]*
Signature of Squadron: *[Signature]*

Regimental Number and Name <i>222 Upward N.</i>		Enlistment Age on <i>22</i> years <i>7</i> months		Type <i>Pikeman</i>		Good Conduct Badge, Service Pay or Proficiency Pay	
Place and Date of Enlistment <i>St. Johns Nfld</i>		Period of (with Colours years. with Reserve years.)		Beliefs <i>Meth</i>			
Joined _____ Date _____	Joined _____ Date _____	Joined _____ Date _____		Place of Birth _____			
Joined _____ Date _____	Joined _____ Date _____	Joined _____ Date _____		Joined _____ Date _____			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order expiring with unit	By whom awarded	REMARKS

To be carried over

Army Form B. 121.

✓
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: *William*..... 2. Surname: *Upwards*.....
3. Rank: *Private*..... 4. Regtl. No.: *3232*.....
5. Address in full to which future payments of gratuity are to be forwarded: *Harvey Harbour Nfld B.*.....
6. Date of enlistment in the Regiment: *Nov 9th 1916*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge: *Not Applicable*.....
8. Relationship of such dependents: *Not Applicable*.....
9. Address in full of such dependents: *Not Applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not App.*.....
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: *1 Year 3rd 36 days*.....

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

Not Applicable

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

Not Applicable

15. Have you been issued with a War Service Badge? *No*

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

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.

Not Applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not Applicable*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not Applicable*

19. Are you now serving in the *Res.*? If not give: (a) Date of discharge *12/12/18* (b) Reason for discharge

Probably *(Wounded, received as Actual)*

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, April 1917 to Oct. 1917
Wounded Battle Somme

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? *Not Applicable*

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: *William Upward*
 Place of Residence: *Harop Harbor North Bank*
 Declared before me at: *St. Johns*
 This *27th* day of *June* 19.*19*...

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

Wm. G. Jones Esq.

POST DISCHARGE PAY.

Date paid	Full Soldier.	Half Dependent.	War Service Credibility.	Net amount due
.....
.....
.....
Certified correct.			Paymaster	

LAST PAY CERTIFICATE

N.F.P./94

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

Regt No. 5000 Rank pte Name W. Upward Unit Royal Wfld. Regt. who was Repatriated
to Newfoundland on 22/6/18 Authority W. P. 123 Cause Class A

DR.

STATEMENT OF ACCOUNT

PARTICULARS	£ s d			PARTICULARS	£ s d			CR.
	£	s	d		£	s	d	
Balance Dr. from				Balance Cr. from				
Allotment 60 days @ 50	34	50	7 1 9	Pay 183 days @ £ 1.00	183	00	15 16 9	✓
Cash Payments: & R. O.			47 1 6	Field Allowance 183 days @ £ .10	18	30		
Hospital Advances			5 9 00	Other Allowances days @ £	201	30	41 7 3	✓
Other Debits:				Other Credits:				
Total Debits				Ration Allowance.				
Balance due by Paymaster			57 12 3	6/6/18-22/6/18, 17 days @ 2/1.			1 15 5	✓
			57 12 3	Total Credits			56 19 5	✓
				Balance due to Paymaster			18 10	✓
							57 14 0	✓

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

(Place) _____ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. O.C. " " Company. London to 21/6/18

21/6/18 191

Chief Paymaster & Officer i/c Records.

Allotment of 50p cancelled 28/2/18

PERIOD: FROM 22/12/17 TO 22/6/18

CHECKED.

21/6/18

Receipt for Army Book 64

No. 3222 Name W. Upward

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

Name William Upward

Date Aug. 16th 20

Place Harrys Station

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



Fold Here

ON HIS MAJESTY'S SERVICE

— " — " — " —

To the Officer in Charge of Records,

The Royal Nfld Regt.

Dept of Militia,

St. John's Nfld.

Fold Here

RECEIVED
MAY 21 1914

RECEIVED
MAY 21 1914

July 5th. 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 1114), is forwarded herewith toWilliam Upward,in respect of his service as No. 3222 Rank Pvte.Name Wm. Upward, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received 24th / 7 / 21 H. J.Signature William Upward.Date 24 July 1921Address Harrys Harbour, N. S. B.

COPY

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

MEDICAL HISTORY of

Surname Upward Christian Name W.



TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined (on _____ day of _____ 191
at _____)

Declared Age _____ years _____ days.

Trade or Occupation ... _____

Height _____ feet, _____ inches.

Weight _____ lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

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

When Vaccinated ... _____

Vision { R.E.—V—
L.E.—V—

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

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

Approved by (Signature) _____
(Rank) _____

Medical Officer.

Enlisted { at _____
on _____ day of _____ 191

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.	522
Transferred to ...		

Became non-effective by _____
on _____ day of _____ 191

(Signature) _____
(Rank) _____

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

Name of Hospital	Admitted to Hospital			Discharged From Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of repeated 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				
<i>Queen Mary Convalescent Hospital</i>	<i>22</i>	<i>5</i>	<i>18</i>	<i>6</i>	<i>6</i>	<i>18</i>	<i>Amputation Right Arm.</i>	<i>16.</i>	<i>Artificial limb provided</i>	<i>Sgt. P. J. [unclear] M. for [unclear] [unclear] Queen Mary Convalescent Hospital</i>

Medical Report on an Invalid.Station Queen Mary's Con. HospitalDate 3 June, 1918

- | | |
|--|--|
| <p>1. Unit Royal Mfld.</p> <p>2. Regimental No. 3222</p> <p>3. Rank Private</p> <p>4. Name UPWARD, W.</p> <p>5. Age last birthday 23</p> <p>6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ Nov. 9th., 1916
St. John's</p> | <p>7. Former Trade $\left\{ \begin{array}{l} \\ \text{or Occupation} \end{array} \right.$ Seaman</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***GUN SHOT WOUND RIGHT ARM (AMPUTATION)**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **October 9th., 1917**
10. Place of origin of disability. **Langemark, Belgium**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- When taking down prisoners, was hit by gas shell in right arm, rt. leg, and left shoulder. Was taken to C. C. S. where wounds were dressed, thence to No. 6 G. H. Royen when right arm was amputated in middle third. On 20th. October came to Richmond Mil. Hospital when bone of stump was scraped and shrapnel stump healed in Feb. 1918**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, *e.g.*, intemperance, misconduct, &c.

Active Service**Shell wounds**

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

In good health. Has a sound stump in middle third of right upper arm. Has scars on outer side of left leg and thigh and behind left shoulder

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

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

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Amputation
Bone scraping
F.B. removed from right thigh

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

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

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

The above has been compiled from
the man's statement

20. Do you recommend—

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

Yes

(Sgd) HIGH K. SHAW, M. B. Surgeon

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and, in the event of the 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.

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

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

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

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

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

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

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

(v.) Whether it is constitutional or hereditary.

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

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

23. Is the disability permanent?

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

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

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

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

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

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

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

Active Service. G. S. W.

Yes

Total 2/12 then 1/2

Yes

Signatures:—

(Sgd) J. M. CLARK, COL.

President.

Station Rochampton

P. P. WARREN, Capt. R. A. M. C.

Members.

Date 5/6/18

Approved.

Station DO

(Sgd) J. M. CLARK

Administrative Medical Officer.

Date

Medical Report on an Invalid.

COPY.

Station Queen Mary's Hospital
Richmond
 Date 4 June 1918

- | | | | |
|----------------------|--------------------------------|-------------------------------|--------|
| 1. Unit | ROYAL NEWFOUNDLAND REGIMENT. | 7. Former Trade or Occupation | Seaman |
| 2. Regimental No. | 3222 | 7A. If with previous service | |
| 3. Rank | Act | (a) Former Unit; | |
| 4. Name | Upward W | (b) Regimental No.; | |
| 5. Age last birthday | 23 | (c) Date of Discharge; | |
| 6. Enlisted | at St John's
1st of Nov. 16 | (d) Cause of Discharge. | |



8. Disability in respect of which invaliding is Proposed.

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

R. S. W. Right Arm (Amputation)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

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

9 October 1917.
Langemark, Belgium

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

When taking down prisoners, was hit by gas shell in right arm, at leg & left shoulder. Was taken to Cpl. where wounds were dressed, thence to No. 8. F. H. Louca, when right arm was amputated in middle third. On 29 October came to Richmond Mil. Hospital, when bone of stump was scraped & scrofula removed from right thigh. Stump healed in February 1918.

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

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

Active Service

R. S. W. Shell Shock Wounds.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

In good health. Has a pointed bump in middle third of right upper arm. Has scars on outer side of left leg & thigh & behind left shoulder.

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

} Yes.
No

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Amputation.
Bone scraping
P.B. removed from left thigh

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

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

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

20. Do you recommend—

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

The above has been compiled from the man's statements
K.H.S.

Yes
Hugh K Shaw, M.B. Surgeon
Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filed in by the Board, as, in the event of the 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.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
23. Is the disability permanent?
24. If not permanent, how soon do the Board recommend re-examination?
25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
- Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.
26. If an operation was advised and declined, was the refusal unreasonable?
27. Do the Board recommend—
- (a) Discharge as permanently unfit, or
- (b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—
- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

Active Service, G.S.W.

40.

Yes

Total 2/2 then 1/2

Yes

Queen Mary's Hospital, Nap

Station

Date

Approved

Station

Date

J. H. Clark Col
H. Warren Capt.

President.

Members.

J. H. Clark

Administrative Medical Officer.

St. John's, SEP 13 1918

Regiment
Newfoundland Forestry Companies,
Billeting Account,

To *M^{rs} B. Malloy*

Newgower Street

Billeting Soldiers as undermentioned

from *Sept 6th / 18* to *Sept 13th / 18*

3222. Mr. W. J. Howard 7 20

*154m
2637 EW*

A. Fogarty

Certified correct for \$ *7.20*

W. S. Dicks / in
Billeting Officer.

R. T.